Stakeholder Identified Strengths and Challenges

County staff, clients and the community identified the following overarching themes as strengths and challenges of the child welfare and juvenile probation systems:

1. All individuals who work with children and families involved with the child welfare and juvenile probation systems care deeply about child and family well-being.
2. **Safety, permanency and well-being outcomes** would improve if youth and families were engaged early on as a driver in their own case planning.
3. Service providers, community members, tribal representatives, educators and other stakeholders want to more fully participate in case planning.
4. The recruitment of more foster homes, particularly treatment foster homes (foster homes that are equipped to care for children with more intensive health, developmental and emotional needs) and those who will accept older youth, is the cornerstone to having a full continuum of foster care in Sonoma County. Sonoma County has a high rate of youth placed in group homes due to the lack of treatment foster homes.
5. Permanency outcomes for young children are very good and could inform quality improvements to programs and services for older youth whose permanency outcomes are not as positive.
6. The community wants more and better outreach and education about child abuse and reporting.
7. Sonoma County boasts a wide array of community-based services but there continue to be barriers to clients' ability to seamlessly access services. These barriers are particularly acute for Spanish-speaking families and families who live in outlying areas.
8. Stakeholders' (including youth and parents) experience of the child welfare system varies depending upon the social worker assigned. There is variation in practice across the entire spectrum of the child welfare system.

Conclusions

Sonoma County has a long history of providing high-quality child welfare services to children, youth, families and the community. Social workers develop and maintain strong relationships with their clients and go above and beyond to ensure their well-being. The Human Services Department provides a diverse and plentiful array of effective prevention and treatment services and has strong partnerships in the community. And yet for myriad reasons outlined in this report, outcomes for young children are better than the outcomes for older youth. Older youth who have been in foster care for an extended time period tend to remain in foster care rather than exiting to a forever family.

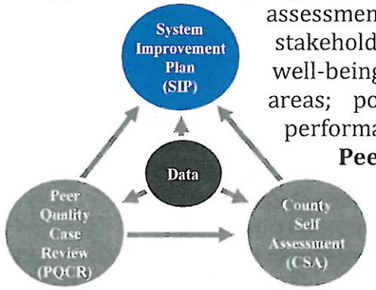
The focus of the Probation Department during the past CSA term was a commitment to specific, measurable improvements in performance outcomes which the Department felt would positively impact child safety, permanency and well-being. Efforts have been focused on maintaining youth in the community and providing pre-placement services to a larger number of youth and families' however, the number of out-of-home placement cases continues to rise.

Next Steps

As they move into the development of the 2014-2019 System Improvement Plan, the Human Services and Probation Departments will continue to engage stakeholders, including families and youth, in identifying effective strategies to improve safety, permanency and well-being outcomes for the individuals they serve. The SIP will build on the strengths identified in the 2013 CSA and provide evidence-informed solutions to the barriers and challenges it outlines.

EXECUTIVE SUMMARY

The **Child Welfare and Juvenile Probation County Self-Assessment (CSA)** is a systematic approach to examining the strengths and challenge areas for both organizations. This assessment, which is a collaborative process of the county and its stakeholders, includes analysis of a variety of indicators of child and family well-being; agency performance in all federal and state outcome areas; policy, procedural and systemic factors that affect county performance; and the availability of resources. The CSA also includes a **Peer Case Review** intended to provide counties with issue-specific, qualitative, case-level information gathered by external peer experts. This Self-Assessment process is mandated and outlined by the Federal Children and Family Services Review and takes place every five years in each California County.



The findings and themes that emerge during the CSA process serve as the foundation for the **System Improvement Plan.** The SIP acts as the county's roadmap for system improvements, as well as the operational agreement between the county and the state in the local implementation of strategies to improve safety, permanency and well-being outcomes of children and their families. This report will form the basis of the Sonoma County 2014-2019 System Improvement Plan.

County Self Assessment Process

The 2013 County Self-Assessment process included 3 large community meetings and 16 focus groups. 216 individuals attended these meetings representing a wide variety of child welfare and probation stakeholders including county staff, current and former foster and probation youth, foster parents, group homes, mental health, public health, Indian Child Welfare experts representing local Native American tribes, education, child care, prevention partners community-based organizations and others. Input from these groups were used in conjunction with quantitative analysis of county performance on federal outcome measures to create a portrait of county strengths and challenges in all aspects of the child welfare and probation systems.

"I think it's the county that wants to improve and all of us too, even after all the things we went through. This is probably one of the best counties to be in foster care." – current foster youth and focus group participant

2013 SONOMA COUNTY CHILD WELFARE SELF ASSESSMENT

Measure	Measure Description	2012 Sonoma	2012 California	State/ National Target	Change since last SIP	Action moving forward
SONOMA COUNTY STRENGTHS *Sonoma County outcome and process measures in the following areas are at or surpass the state/national targets.*						
SAFETY	***No* Recurrence of Maltreatment** *This measures repeat maltreatment by the child's parents.*	93.8%	93.1%	>94.6%	Improvement	STRENGTH/ WATCH
	***No* Recurrence of Maltreatment in foster care**	100%	99.6%	>99.68%	No change	STRENGTH
	Timely Response – Immediate Response (Child Abuse Investigations) *This measures the timeliness of response to investigate child abuse allegations.*	94.5%	98%	>90%	No change	STRENGTH
PERMANENCY	**Adoption Score** *This measures successful adoption if reunification is not an option.*	120.4	114.0	>106.4	Improvement	STRENGTH/ WATCH
	Re-entry Following Reunification *This measures children reentering foster care within 12 months of reunifying with parents.*	8.3%	13%	<9.9%	Decline	STRENGTH/ WATCH
	Placement Stability Score *This measures the number of placement transitions while in foster care.*	98.2	99.8	>101.5	Decline	STRENGTH*/ WATCH
WELL-BEING	**Health/Dental.** *These measure the number of children in foster care who received timely well-child exams and dental exams. There are too few doctors and dentists in Sonoma County that accept Medi-Cal.*	86.9% (Health)	94.4% (Health)	N/A	Improvement	STRENGTH/ WATCH
		72.9% (Dental)	75.9% (Dental)			
SYSTEMIC FACTOR – Service Array	*Families must have access to an array of effective, community-based and culturally appropriate services in order to remediate the problems that brought them to the attention of child welfare or probation in the first place. The availability of such services is a systemic precondition for improving child welfare outcomes. Family, Youth & Children's Services currently contracts with 163 service providers. Over the last 3 years, FY&C has changed its procurement process to recruit service providers who offer evidence-based practices and works with contractors to have programs accepted to the Sonoma County Upstream Portfolio.*					STRENGTH
SONOMA COUNTY CHALLENGE AREAS *Sonoma County outcome and process measures in the following areas are below the state/national targets or were identified locally as being an area of weakness and will be addressed in the 2014-2019 System Improvement Plan.*						
PERMANENCY	**Reunification Score** *This measures successful family reunification following removal.*	107.9	113.0	>122.6	No change	SIP
	Exits to Permanency Score *This measures exits from foster care for children in care for an extended time period.*	98.7	110.9	>121.7	Decline	SIP
WELL-BEING	**Least Restrictive Placement.** *Sonoma County's rate of youth in group homes exceeds the state rate.*	21% (Group Home or Shelter)	7% (Group Home or Shelter)	N/A	Decline	SIP
	Psychotropic Medication. *This measure provides the percent of children in foster care who have been authorized to receive psychotropic medications.*	24.4%	13.4%	N/A	No change	SIP
PROCESS	**Timely Social Worker Contacts** *This measures the timeliness and regularity of ongoing contact between social workers and youth.*	85%	93.4%	>90%	No change	SIP
SYSTEMIC FACTOR – Foster Parent Recruitment and Retention	*Sonoma County has a core group of committed foster parents who assist the county in achieving its programmatic outcomes. Having enough foster homes to meet the placement and cultural needs of children in care is systemic precondition for achieving timely reunification and exits to permanency. In January 2013 there were100 county-licensed foster homes, of which 52 were actively accepting placements from the county. This does not include relative homes approved for placement and foster homes licensed through foster family agencies.*					SIP
SONOMA COUNTY "WATCH" AREAS *Sonoma County outcome and process measures in the following areas may be slightly below the state/national targets, have been identified as needing additional information or analysis, or have internal data collection inconsistencies which prevent analysis of performance.*						
SAFETY	**Timely Response – 10 Day Response (Child Abuse Investigations)** *This measures the timeliness of response to investigate child abuse allegations.*	81.9%	93.5%	>90%	No change	EXPLORE
WELL-BEING	**Siblings Placed Together.** *This measure shows the rate at which sibling groups are placed together in foster care. There is no state target for this.*	61%	73%	N/A	No change	WATCH
	Older Youth Self-Sufficiency. *Measures an array of self-sufficiency outcomes for youth who exited foster care placement due to having reached the age of majority. Due to data issues, the data could not be analyzed.*				New Measure	IDENTIFY
	ICWA Placement. *This measures the number of Native American children who are placed with caregivers who are also Native American. Due to training and data issues, the data are incomplete and invalid and therefore could not be analyzed.*				Incomplete data	IDENTIFY
	Education. *This measure reflects the percentage of Sonoma County children in foster care who have ever had an Individualized Education Plan. Due to flawed data collection methods, there were too few data to be analyzed.*				Incomplete data	IDENTIFY

STRENGTH – Existing practice strength; will not be included in the 2014-2019 System Improvement Plan
SIP – Will be addressed in 2014-2019 System Improvement Plan
WATCH – Performance is close to the state target or there has been a recent and significant practice change; will be addressed in 2014-2019 System Improvement Plan
IDENTIFY – Data collection issues have been identified and will require additional research before strategies can be developed
EXPLORE – Possible underperformance on an outcome measure but where more detailed analysis is needed before implementing changes.

** The placement stability composite **score** is based on county performance in 3 measures. Sonoma County exceeds the state rate and target in 2 of the 3 individual measures. In 2012, Sonoma County dipped below the state rate in the third placement stability measure bringing the composite score below the state score.*

Sonoma County Self Assessment

Child Welfare
Juvenile Probation

Submitted to
California Department of Social Services
By
Sonoma County Human Services Department
Sonoma County Probation Department

September 2013

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California – Child and Family Services Review Signature Sheet

County	SONOMA
CSA Period Dates	SEPTEMBER 2013
SIP Period Plan Dates	2014-2019
Outcome Data Period	2009 – 2012
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Board of Supervisors (BOS) Signature	
BOS Approval Date	AUGUST 20, 2013
Name	DAVID RABBITT, CHAIR
Signature*	

*Signatures must be in blue ink

Mail the original Signature Sheet to:	Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814

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Introduction

INTRODUCTION

Background and Purpose

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs to ensure conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000 marking the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California began its first round of the CFSRs in 2002. The goal of the CFSR process is to help states make consistent improvements in child welfare service delivery in order to achieve optimal child safety, permanency and well-being outcomes.

In California, the CFSR process is conducted at the county level once every five years. It is comprised of the following components:

1. County Self Assessment (CSA) including a Peer Case Review (PR)
2. System Improvement Plan (SIP)
3. Quarterly Outcome and Accountability Data Reports – *continuous quality improvement*

The purpose of the County Self-Assessment (CSA) is for each county, in collaboration with their community and prevention partners and the California Department of Social Services, to examine its strengths and challenge areas from prevention through the continuum of foster care. The assessment process includes analyses of agency and community indicators of child and family well-being; performance in all federal and state outcome areas; policy, procedural and systemic factors that affect county performance; and the availability of resources.

The CSA also includes a Peer Case Review intended to provide counties with issue-specific, qualitative information gathered by external peer experts. Information on local child welfare practice is collected through an intensive interview, focus group and case review process. The Peer Case Review illuminates program and practice strengths as well as those in which improvement is needed. Sonoma County held its Peer Case Review for three days during the week of June 10, 2013.

The findings and themes that emerge during the CSA process serve as the foundation for the System Improvement Plan. The SIP acts as the county's roadmap for system improvements for the next five years. It also serves as the operational agreement between the county and the state in the local implementation of strategies to improve safety, permanency and well-being outcomes of children and their families. This report will form the basis of the Sonoma County 2014-2019 System Improvement Plan.

Guiding Principles of the CSA

The guiding principles of the CSA process outlined below are intended to ground the CSA in common language and values. They can be used to orient staff and stakeholders and are referred to throughout the CSA process. They are also intended to assist in the integration of the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP) and the Promoting Safe and Stable Families (PSSF) needs assessment into the CSA

process. This integration streamlines the use of CAPIT/CBCAP/PSSF funds to address the unmet needs identified in the CSA and have direct impact in improving outcomes.

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanence and well-being.
- The entire community is responsible for child, youth and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when children's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of prevention services and after care prevention.
- Engagement with consumers and the community is vital to promoting safety, permanence and well-being.
- Fiscal strategies must be arranged to meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, our system and other systems.

Sonoma County Self-Assessment Process and Team

Sonoma County has a long history of and values agency and community collaboration. It was with this in mind that the process to conduct the 2013 Sonoma County Self Assessment (CSA) was developed. The 2013 CSA was guided by a Steering Committee composed of representatives of the Family, Youth and Children's Division of the Sonoma County Human Services Department, the Sonoma County Probation Department, the California Department of Social Services (CDSS), the Office of Child Abuse Prevention (OCAP) and the Bay Area Regional Training Academy. The County Self-Assessment process included both large community meetings and focus groups. Nineteen (19) such meetings were held during the CSA process and reached 216 individuals representing a wide variety of child welfare and probation stakeholders including child welfare and probation staff, youth, foster parents, group homes, mental health, public health, substance abuse treatment, Indian Child Welfare experts representing local Native American tribes, education, child care, prevention partners, CDSS and others (for a full list, see Appendix A).

Sonoma County used a participative model for its CSA by involving Self-Assessment Team members directly in the analysis of the data, identifying areas of concern and high performance, and suggesting possible explanations or hypotheses for its current performance. The Self-Assessment Team had the following roles and responsibilities:

- Examine child welfare/probation policies
- Analyze agency performance in federal and state outcome areas
- Engage county staff, youth, the community and stakeholder groups in identifying strengths, barriers, and gaps in service delivery
- Review and provide information on systemic factors that affect performance
- Identify programs/networks/partnerships to improve outcomes
- Share the Self-Assessment with other agency staff and community members

The Self-Assessment Team held three (3) large community meetings in May 2013. Each meeting was focused on safety, permanency or well-being. They also held sixteen (16) focus groups with key essential stakeholder groups. Some of the focus groups were focused on the broader areas of safety, permanency or well-being; others were more targeted to the child welfare Peer Case Review topic of placement in group homes. The themes that emerged during these 19 meetings is listed in Appendix B and described in detail in the body of this report.

It is expected that members of the Self-Assessment Team and other community partners will continue to be involved in the development of the System Improvement Plan (SIP).

County Self-Assessment Report

Sonoma County Human Services and Probation Departments would like to thank the following individuals for their assistance with producing the 2013 County Self Assessment Report.

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- Mignon Evans, Initial Services Section Manager
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- Jennifer Kaley, Child Welfare Training Coordinator
- Diana Loretz, Permanency Services Section Manager
- Vickie Miller, Senior Office Assistant
- Felisa Pinson, Program Planning & Evaluation Analyst
- Katherine Pitts, Senior Office Assistant
- Kerry Stokes, Administrative Aide
- Leslie Winters, Valley of the Moon Children's Center Section Manager

Probation Department

- Larissa Heeren, Department Analyst, Sonoma County Probation Department
- Brad Michnevich, Juvenile Division Director, Sonoma County Probation Department
- Jennifer Moore, Probation Supervisor, Sonoma County Probation Department

Methodology

Like other child welfare and probation agencies, the Sonoma County Human Services Department (HSD) and Sonoma County Probation Department (PD) find themselves doing business in a rich milieu, with many factors to be considered when analyzing outcome information. In conducting the county self-assessment the HSD and PD paid particular attention to the following factors:

Outcome and Process Data	Child welfare and probation data in CWS/CMS via Safe Measures, UC Berkeley and Business Objects; Sonoma County policy and procedures; local ad-hoc and/or qualitative data.
Stakeholder Input	Ongoing internal and external stakeholder input on county policies, practices and programs.
Policy and Procedure	Description of Sonoma County's program guidelines, expectations of staff and business rules.
County Culture	The vision, values and assumptions held by the Human Services Department, Juvenile Probation, the Juvenile Courts, law enforcement, the provider community, the community stakeholders and the public.

The HSD used the following approaches in analyzing data:

- Trend Analysis: A review of measures from 2009 through 2012. This long-range approach enabled Sonoma County to determine trends that might be the result of practice or policy changes, facts which might not be reflected in a review of the quarterly data only.
- Ad-Hoc queries (Safe Measures, Business Objects): Review of reports that allowed the HSD to "drill down" below the surface of the statistics and begin to identify underlying processes affecting performance.
- Case Level Analysis: Review of cases in areas where the overall percentage of cases is so small that one or two cases in a quarter create a dramatic change in the overall results.
- Caseload Demographics: Relative impact of services by race/ethnicity, age and gender.
- Content analysis of qualitative data obtained from the various community and stakeholder meetings.

Action Key

Like most counties, Sonoma has identified strengths as well as a few areas needing improvement. In determining which outcome measures would be the focus of the updated System Improvement Plan (SIP), the HSD used the following Action Key to categorize the proposed action for each outcome measure:

Strength An area that the county does very well in or a policy/practice that works well. In many cases, these areas will become the foundation upon which the County builds needed changes.

Watch The County defines Watch areas as those that have surpassed the state/national target but may have recently dipped below the target and therefore require ongoing monitoring and possible programmatic adjustments. Factors categorized as Watch may be included in the SIP.

Identify The County defines these areas as requiring attention when there may

be under-performance on an outcome measure but where there may be data management or data integrity issues. These areas require more study of data issues and/or of policy and procedures. The County will continue to monitor these areas and re-evaluate for the SIP. Factors categorized as Identify may be included in the SIP.

Explore The County defines areas as an Explore when there may be under-performance on an outcome measure but where more detailed analysis is needed before implementing changes. Factors that are categorized as Explore will not be included in the SIP, but may be discussed.

SIP Factors in this category have been identified as needing improvement and will be included in the SIP.

Systemic Factors

In reviewing the seven systemic factors the County utilized information from the following sources.

- Peer Case Review conducted in June 2013.
- Community Meetings on Safety, Permanency and Well-Being
- Focus Groups with Indian Child Welfare Act (ICWA) liaisons, Group Homes, Foster Parents, youth, Mental Health, and Child Welfare staff/supervisors/managers
- Group discussions with staff and service providers
- The Core Self-Assessment Team
- Comments from the general public

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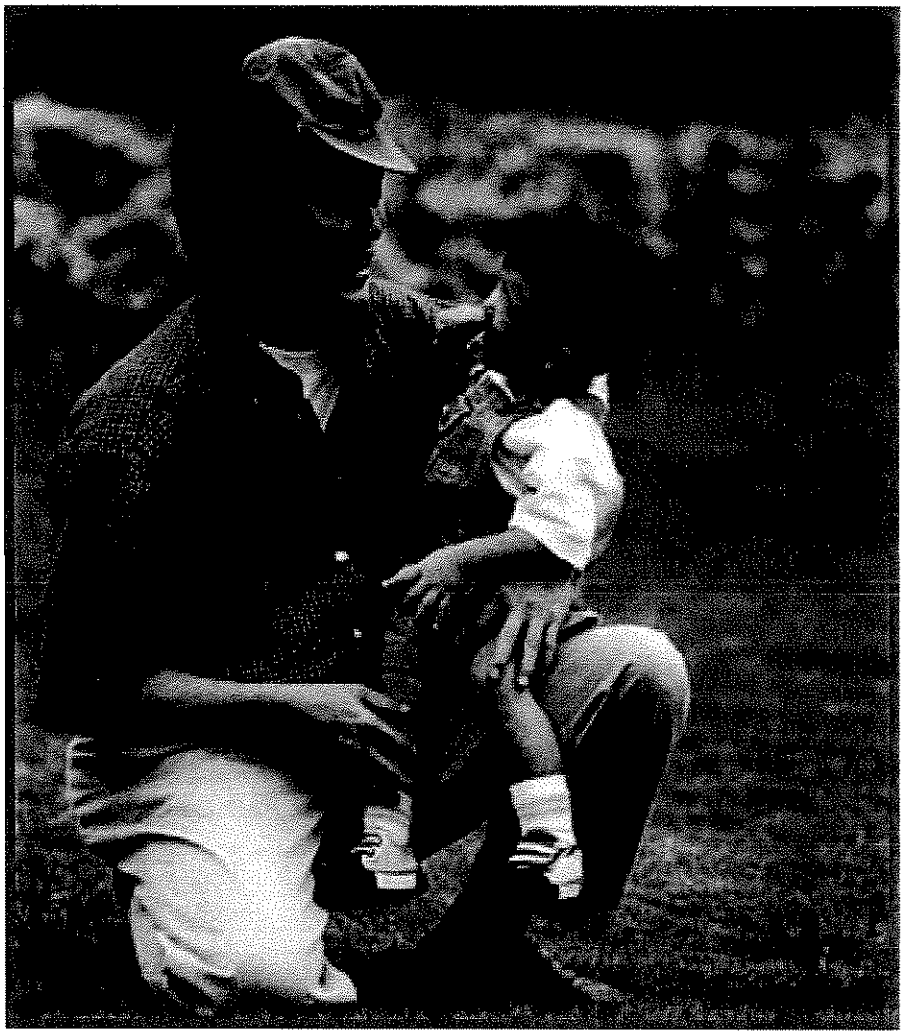

Part I: Demographics and Outcomes Data

DEMOGRAPHIC PROFILE

Sonoma County is located approximately 50 miles to the north of San Francisco. The county is bordered by the Pacific Ocean on the west, Marin County on the south, Napa, Solano and Lake Counties on the east and Mendocino County on the north. The County is 1,576 square miles and is known for its scenic beauty, with 76 miles of sandy beaches and cliffs on the Pacific Ocean, redwood forests, rolling hills and over million acres of land and water. The climate is mild throughout the year. Although two thirds of the population lives in one of the nine incorporated cities, almost 65% of the land is dedicated to agriculture. One third of the population resides in the city of Santa Rosa.

- In January 2012, the county population was estimated to be 487, 672.[1]
- In 2012, 66% of the total population was White, 24% Latino, 5% Asian, 2% Black, .1% American Indian and 3% "Other."[2] The percentage of Latino children is 41% compared to 48% White children.
- In 2012, there were an estimated 104,978 children ages 0-17 living in Sonoma County.[3]

Children by Age and Race/Ethnicity, 2012

Age/Race	Black	White	Latino	Asian/P.I.	Native American	Multi-Race
Under 1	70	2,572	2,284	236	47	308
1-2	184	4,946	4,668	305	72	604
3-5	246	7,282	7,868	525	125	949
6-10	442	13,674	12,502	1003	238	1509
11-15	449	15,445	11,305	1076	240	1409
16-17	208	6,781	4,295	461	104	547
Total	**1,599**	**50,700**	**42,921**	**3,606**	**826**	**5,326**

Data source: 2012 CA Department of Finance: 2010-2060 Population Projections by Race/Ethnicity, Detailed Age & Gender

The Employment Development Department[4] reported that in March 2012, 8.6% of Sonoma County residents were unemployed compared to 9.8% in 2011. According to the U.S. Census Bureau, Small Area Income and Poverty Estimates[5], the median household income increased from $58,703 in 2010 to $60,792 in 2011. According to the Sonoma County Human Services Department, 7,140 individuals received CalWORKs assistance in April 2013, down 8.8% from April 2012.[6]

In 2011, about 12.2% of the Sonoma County population had incomes below the federal poverty level, down from 12.8% 2011. 15.9% of people under age 18 were living below the poverty level in 2011 compared to 14.8% in 2010. Within Sonoma County, children who are living at or below 100% of the federal poverty level are concentrated primarily within Santa Rosa and the Sonoma Valley. In Santa Rosa, 17% of children live at or below 100% of the federal poverty level. In the Sonoma Valley/Boyes Hot Springs area the rate is 18%. A map of child poverty in Sonoma County is included as Appendix C.

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[1] California Department of Finance. Population estimates available at http://www.dof.ca.gov/research/demographic/reports/estimates/e-1/view.php
[2] Sonoma County Economic Development Board. http://edb.sonoma-county.org/documents/2011/economic_demographic_profile_2011.pdf
[3] California Department of Finance. http://www.dof.ca.gov/research/demographic/reports/projections/P-1/, Report P-1 (Age): State and County Population Projections by Major Age Groups, 2010-2060 (by decade)
[4] Employment Development Department, Labor Market Information Division, Report 400 C Monthly Labor Force Data for Counties Annual Average 2012-Revised and Monthly Labor Force Data for Counties Annual Average 2011-Revised http://www.calmis.ca.gov/file/lfhist/12aacou.pdf
[5] U.S. Census Bureau. http://www.census.gov/did/www/saipe/data/interactive/#
[6] Monthly Trendex Report, May 2013. Sonoma County Human Services Department. http://hsdi/i2/Documents/TrendexMay2013.pdf

14.3% of individuals living in Sonoma County had no health insurance, a much lower percentage than the state average, according to the Sonoma County Economic Development Board's *2013 Sonoma County Indicators Report.*[7] The number of Sonoma County kids who went to the Emergency Room in 2011 with intentional injuries is too small for analysis with the exception of youth ages 16 and 20 who had a rate of 87.4 per 100,000 same-age youth.[8] This is nearly half the rate of California youth age 16-20 of whom 146.4 per 100,000 experienced intentional injury. In 2010, Sonoma County had 5.2 requests for assistance regarding domestic violence per 1,000 residents. This is lower than the state rate of 6.7 requests for assistance per 1,000.[9]

The median cost of a home in Sonoma County increased to $394,706 in March 2013 from $325,000 in March 2011.

The following table provides additional County information and demographics:

Description	Data	Source
Native American Tribes	There are 6 federally recognized Native American Tribes located within Sonoma County, including Cloverdale Rancheria, Dry Creek Rancheria, Federated Indians of Graton Rancheria, Lytton Rancheria, Manchester-Pt. Arena Rancheria, Stewarts Point Rancheria. The Mishewal Wappo Tribe, which is not federally recognized, is also located in Sonoma County.	Sonoma County Indian Health Services, (http://www.ihs.gov/california/index.cfm/health-programs/northern-california/sonoma-county-indian-health-santa-rosa/)
School Drop-Out Rate	In 2011-2012, the drop-out rate for grades 9-12 was 3.3%.	California Department of Education, Dataquest, (http://data1.cde.ca.gov/dataquest/DropoutReporting)
Teen Births	In 2010, there were 11.4 births per 1,000 girls ages 15 to 17 residing in Sonoma County. There were 33.6 births per 1,000 girls ages 18 and 19 in Sonoma County. Both rates represent a decline from 2007 Sonoma County teen birth rates.	Kids Data (http://www.kidsdata.org/data/topic/table/teen_births-mother_age.aspx)
Homeless Individuals and Youth	In 2011, there were 4,539 homeless people counted in Sonoma County including 136 youth. Applying a HUD approved formula, it is estimated that 12,565 individuals were homeless at some point in 2011.	2012 Sonoma County Homeless Census & Survey Comprehensive Report. Sonoma County Task Force for the Homeless. http://sonomacountyhomeless.org
Number of Children on the Child Care Waiting Lists	Sonoma County 4C's, a child care agency, maintains a Centralized Eligibility List of all children that are enrolled in or on a waiting list for participating subsidized child care programs. According to the Centralized Eligibility List, on June 26, 2013 there were 3,135 children enrolled in subsidized child care, and another 3,345 children on the waiting list.	Sonoma County Office of Education (http://www.scoe.org/files/needs-assessment-2009.pdf)
Number of Children Participating in Subsidized School Lunch Programs	In 2012, 30,657 children or 44.8% of Sonoma County students participated in Free or Reduced Price Lunch program, which is a 6% increase since 2009.	Kids Data, (http://www.kidsdata.org/data/topic/table/free-school-meals-eligible.aspx)

[7] Sonoma County Economic Development Board. http://edb.sonoma-county.org/documents/sotc_2013/sotc_Abridged_Indicators_2013.pdf
[8] Sonoma County: Child & Youth Safety, Kids Data, Packard Foundation, available at http://www.kidsdata.org/data/region/dashboard.aspx?loc=338&cat=1
[9] ibid

Description	Data	Source
Number of Children Receiving Age Appropriate Immunizations	The percentage of kindergartners receiving all required age appropriate immunizations has slightly increased since 2009. In 2009, 87.7% of kindergartners had received all required immunizations. In 2011, that rate increased to 89.9%.	California Department of Health, (http://www.cdph.ca.gov/programs/immunize/Documents/kindergarten_assessment_results2011.pdf)
Number of Low Birth Weight Babies	In 2010, 5.8% of babies born in Sonoma County were born at low birth weight, defined as less than 2,500 grams. 2010 is the most current time period for which data on birth weight are available.	California Department of Health, (http://www.cdph.ca.gov/data/statistics/Pages/CountyBirthStatisticalDataTables.aspx)
Number/Rate of Families with no Health Insurance	In 2009, 7.3% of children living in Sonoma County had no health insurance, which is a drop from the 2007 rate of 8.9%. 2009 is the most current time period for which data are available on health insurance coverage.	UCLA Center for Health Policy Research, California Health Interview Survey. Accessed online at http://healthpolicy.ucla.edu/chis/data/public-use-data-file/Pages/public-use-data-files.aspx

Analysis of County Demographic Profile

Sonoma County has many positive attributes including physical beauty, a well-rooted and recession-resistant wine industry and an array of positive health indicators. The rate of teen births, the number of intentional injuries, number of children with vaccinations and children with health insurance improved since 2010, which is evidence of an increasingly comprehensive and seamless prevention system for young children in Sonoma County. Sonoma County continues to experience geographical "pockets" with poor health indicators, including areas of high poverty, higher teen births, higher unemployment and barriers to accessing community-based services. The geographical areas with the most risk are not necessarily areas devoid of services as one would expect in a more rural part of the county. In fact, Santa Rosa's Roseland area is home to a rich array of prevention services and collaborative health initiatives. It is also a community with a high concentration of children living in poverty. Areas in the western and eastern parts of the county also experience more adverse health and socio-economic outcomes due to high levels of poverty, services being located outside of their immediate community and a local culture of independence, i.e. not wanting outside assistance.

Child Welfare Services (CWS) Participation Rates

The following table shows child welfare participation rates for 2009 and 2012. These data come from the state child welfare data system, Child Welfare Services Case Management System (CWS/CMS), as aggregated and analyzed by the UC Berkeley Center for Social Services Research (http://cssr.berkeley.edu/ucb_childwelfare/). A map of the referrals received in Sonoma County in 2012 is included as Appendix D.

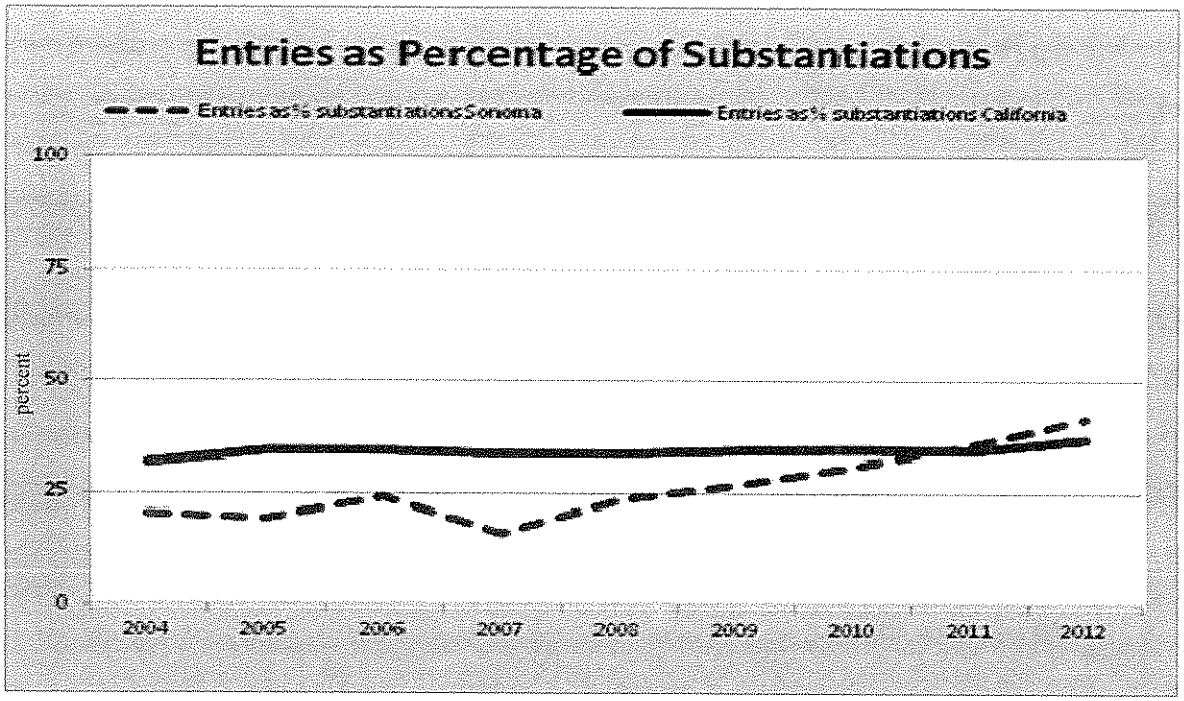
Participation Measures	Sonoma County Child Welfare Participation Rates				
	2009 Number*	2009 Rate per 1000	2012 Number*	2012 Rate per 1000	2012 Rate per 1000 (California)
Child Population	107,640		104,978		
# Children in Referrals	3,248	30.2	2,851	27.2	53.1
# Children in Substantiated Referrals	850	7.9	562	5.4	8.9
Children entering out-of-home care	227	2.1	236	2.2	3.3
Percentage of substantiations resulting in removal	26.7%		42%		37.3%
Children entering out-of-home care for first time	204		203		
Children in out-of-home care	477		507		

* Numbers are based on calendar year data, except for the "children in out-of-home care" numbers which are point in time on 7/1/2009 and 7/1/2012.

Analysis of Referral and Removal Rates

According to the Department of Finance estimates, since 2009 the number of children in Sonoma County has decreased by 2.5%. The number of Sonoma County children in referrals decreased in the same time period by 12.2%. Following the same trend, the proportion of children in referrals that were determined to be substantiated decreased by 6.4% in 2012 from the 2009 rate. However, the percentage of children who were removed from their homes increased in 2011 and 2012. In 2012, Sonoma County surpassed the state average in the proportion of substantiated allegations that resulted in removal.

The Family, Youth & Children's Division (FYC) began using Structured Decision Making tools in October 2010. As a result, decisions spanning from intake to reunification readiness have become more standardized and targeted. At the point of accepting a report of child abuse for investigation SDM helps intake social workers identify and respond to more emergent situations. Therefore, FYC believes the increase in the percent of children removed is a result of using a more nuanced and standardized risk assessment tool; in other words, the reports that social workers investigate are more likely to include imminent safety risks and therefore result in removal.



Child Welfare Services Caseload Demographics

The following tables and graphs provide demographic information on children in referrals and in out-of-home care. These data come from the state child welfare data system, Child Welfare Services Case Management System (CWS/CMS), as aggregated and analyzed by the UC Berkeley Center for Social Services Research (http://cssr.berkeley.edu/ucb_childwelfare/).

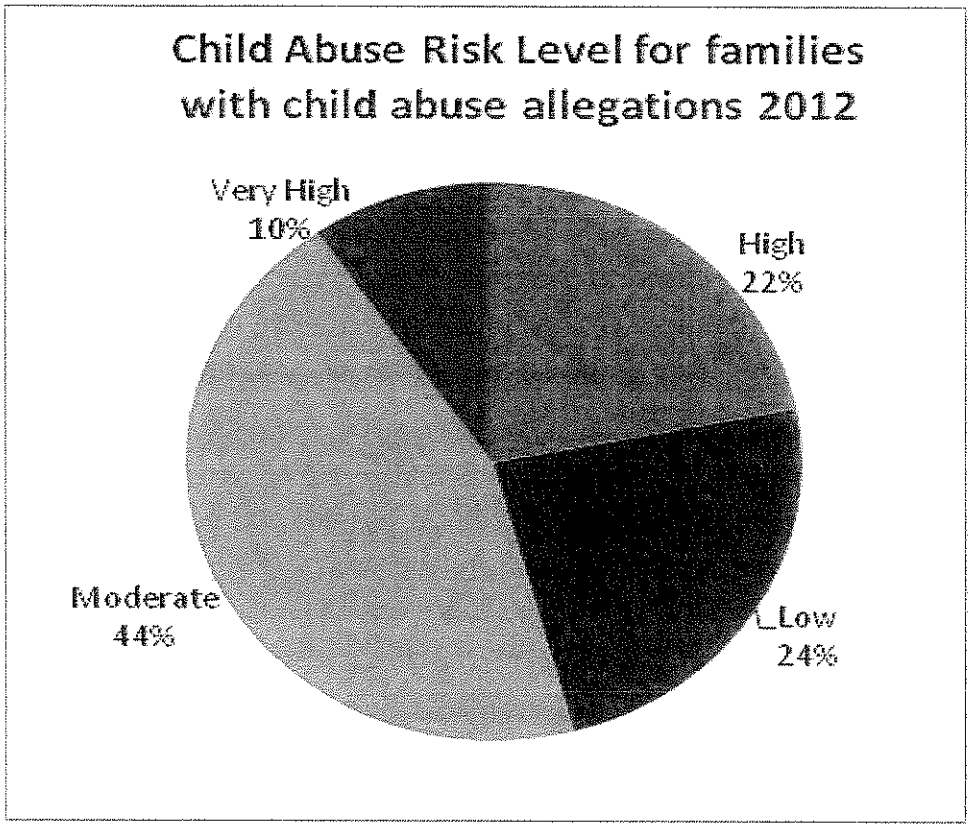
Children in Referrals and Out-of-Home Care by Age in Sonoma County, 2012					
Age Group	**Total Child Population**	**Children with Referrals, 2012**	**Rate per 1000 children**	**Children in out-of-home care, 2012**	**Rate per 1000 children**
Under 1	5,517	206	37.3	46	8.3
1-2	10,779	280	26.0	65	6.0
3-5	16,994	530	31.2	62	3.6
6-10	29,369	881	30.0	105	3.6
11-15	29,923	732	24.5	128	4.3
16-17	12,396	222	17.9	101	8.1
Total	**104,978**	**2,851**	**27.2**	**507**	**4.8**

Children in Referrals and Out-of-Home Care by Race/Ethnicity in Sonoma County, 2012							
Race/ Ethnicity	**Total Child Population**	**Children with Referrals,**	**Rate per 1000 children**	**Children with Substantia**	**Rate per 1000 children**	**Children in out-of-home**	**Rate per 1000 children**

		2012		tions, 2012		care, 2012	
Black	1,599	114	71.3	24	15	31	19.4
White	50,700	1,312	25.9	268	5.3	280	5.5
Latino	42,921	997	23.2	211	4.9	164	3.8
Asian/P.I.	3,606	49	13.6	14	3.9	1	.3
Native American	826	67	81.1	17	20.6	31	37.5
Multi-Race	5,326	0	0	0	0	0	0
Missing		312		28	0	0	n/a
Total	**104,978**	**2,851**	**27.2**	**562**	**5.4**	**507**	**4.8**

Explanatory Notes for Participation and Caseload Demographic Tables

- UC Berkeley counts unduplicated numbers of children, so if a child is on multiple referrals during the year, they are only counted once during the year.
- UC Berkeley uses population projections from the California Department of Finance to calculate rates.



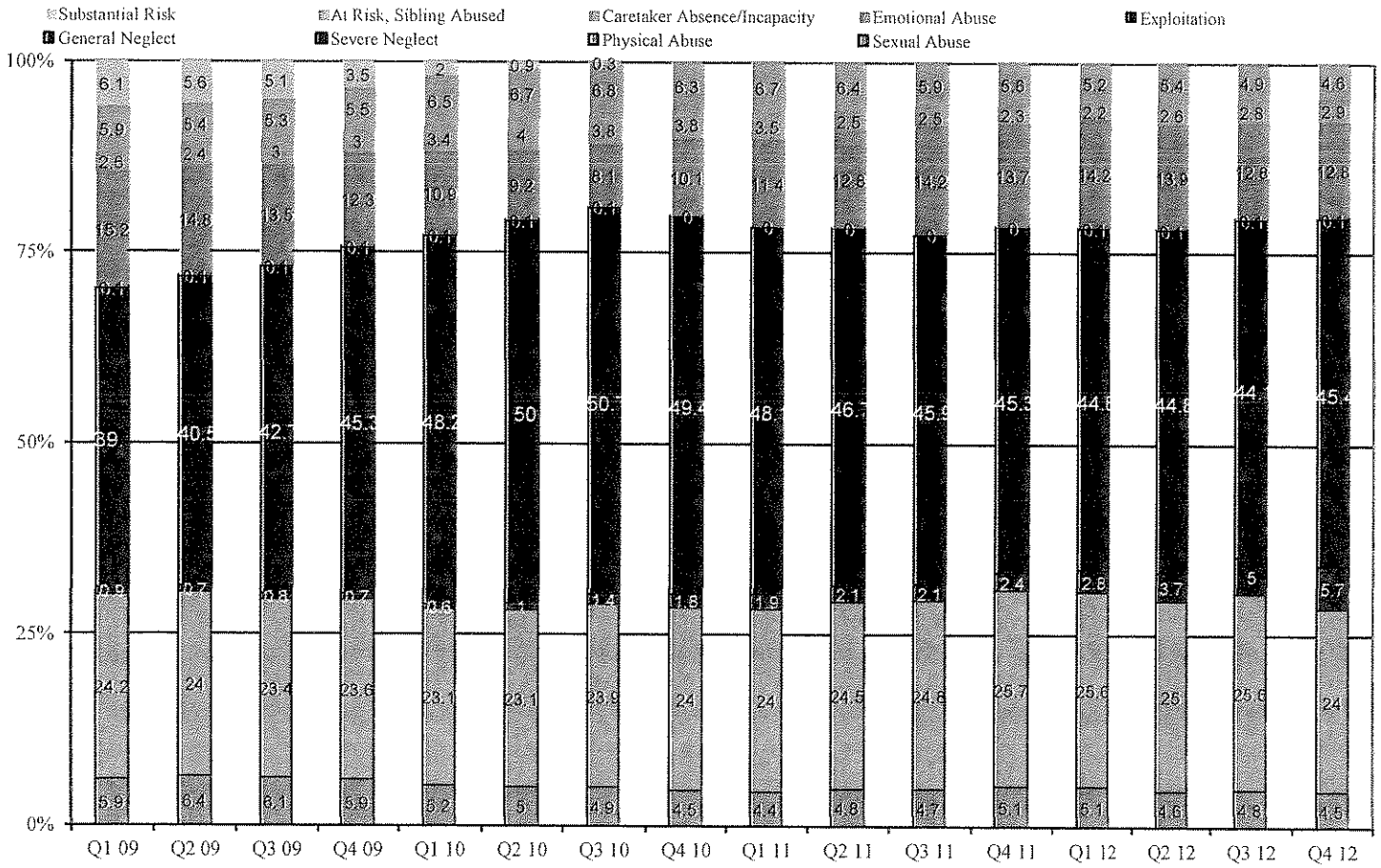
Children with Allegations: The graph below shows the number of children by allegation type during the time period of analysis for this County Self Assessment (2009-2012). As the graph

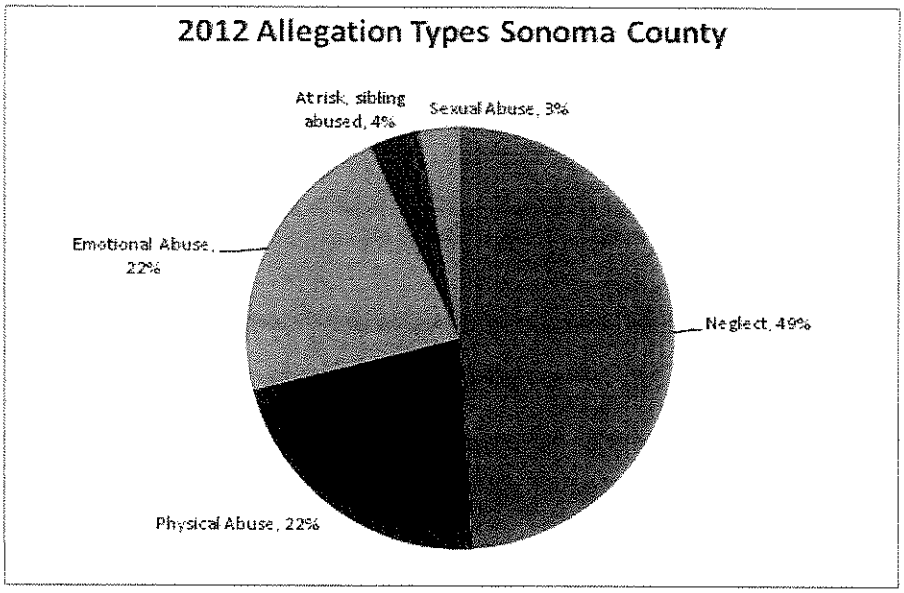
illustrates, allegations of general neglect and severe neglect have increased during this time period. In fact, prior to the fourth quarter of 2007 the proportion of general neglect allegations had never been above 31% of the total number of allegations. Since 2007, the proportion of general neglect allegations rose to a high of 50.7% in Q3 2010 and has settled at 45.4% in Q4 2012. Similarly, allegations of severe neglect were at an all time high (as a proportion of total allegations) at 5.7% in Q4 2012. This may be partly due to the elimination in 2010 of "substantial risk" as a valid option.

Data Source: CWS/CMS 2012 Quarter 4 Extract.

Children with Allegations by Allegation Type

Sonoma County Human Services Department





Probation Participation Rates

In fiscal year 2012-2013 there were:

- 1089 Number of Minors booked into Juvenile hall
- 760 Number of Minors on Probation
- 125 Number of Minors Placed in Out-of-Home Care by Probation
- 77 Number of Minors currently in Placement (July 2013)

Education System Profile

Sonoma County is divided into 40 school districts for kindergarten through twelfth-grade (K-12) educational services. According to the Sonoma County Office of Education (http://www.scoe.org/files/ed-facts-2012.pdf) there were 70,688 students enrolled for the 2011/2012 school year.

Although many districts are small in size, there are 175 public schools that are located in Sonoma County. There are 102 elementary, 23 middle/junior high, and 19 high schools, as well as 24 alternative schools and 7 independent study schools. Fifty-one of these schools are charter schools, up from 28 charter schools in 2008. Seventy-seven Sonoma County schools have been named California Distinguished Schools and ten have been recognized as National Blue Ribbon Schools.

Based on totals from Sonoma County Office of Education, enrollment in Sonoma County schools has been slowly decreasing since 2001, with some districts more impacted than others. This enrollment trend is not unique to Sonoma County; nearly half of all school districts in California are seeing enrollment declines.

Another enrollment trend in Sonoma County (http://www.scoe.org/files/ed-facts-2012.pdf) is the growing diversity of students in public schools. Today, forty percent of students are Latino, 22 percent are in the process of learning English, and 44 percent receive free or reduced-price meals. Approximately 12 percent of students receive special education services.

According to the Sonoma County Office of Education Facts 2012-2013, the passage rates for Sonoma County tenth-graders taking the California High School Exit Exam (CAHSEE) were ahead of state averages. 87 percent of Sonoma County sophomores passed the English-language arts portion of the test and 86 percent passed the math portion. Statewide passage rates were 83 percent for language arts and 84 percent for math.

The availability of the Santa Rosa Junior College (SRJC), with its satellite campus in southern Sonoma County is vital to many county programs. SRJC is the service provider for the Kinship Education Program, the Foster Parent Education Program and the Independent Living Program (ILP) classes for youth. Each year, SRJC and other organizations host "Independent City," an all-day event that walks youth through typical adult transactions, such as opening a bank account, buying a car, or shopping on a budget. Local business leaders and volunteers assist with the day's activities. Another annual event that the county sponsors is a formal graduation dinner and party for foster youth that successfully complete high school or a GED.

California State University at Sonoma (SSU) is also a strong asset. The college provides educational services to clients and serves as a resource to the department in the areas of technical assistance.

Education Analysis

The high number of school districts in Sonoma County presents a challenge in meeting the educational well-being of foster youth. Often, multiple schools and districts exist in areas with small population. This has historically made it difficult to track progress in meeting children's educational needs. Additional systemic barriers include the requirement for youth placed in group homes to have Individualized Education Plans in order to attend the on-site non-public school which may itself be a requirement for placement and counter to the spirit of the law. The Sonoma County Office of Education employs an Education Liaison who is co-located at the FYC office and works with youth, families, foster families, social workers, attorneys and schools to obtain the optimum educational placement for children, to keep them in their neighborhood schools and to provide any other support services youth need to stay in school and complete their education.

The non-public school located at the Valley of the Moon Children's Home (county-operated emergency shelter) will not re-open in the 2013-2014 school year primarily due to the county and local schools working together to enable children to attend local public schools.

Countywide Prevention Activities and Strategies

Sonoma County is committed to prevention, investing in initiatives and programs that prevent adverse outcomes and downstream societal costs. Two of the four goals in the Sonoma County Strategic Plan are prevention-focused. Three countywide initiatives have been created within the

last five years each with policy and financial support from the Sonoma County Board of Supervisors. The **Upstream Initiative**, **Health Action Sonoma County** and **Cradle to Career** Initiatives are collective impact approaches to social, education and public health services. Their purpose is to transform the way that these service systems are conceptualized, moving from topic-driven and discrete service sectors to a continuum of evidence-based community supports spanning the pre-natal stage into adulthood.

Sonoma County Human Services Department and Probation Department, in conjunction with their community partners, provide a range of child abuse prevention programs. These programs are integrated into a broad spectrum of services that cover the full continuum of child welfare from prior involvement in the system to permanent and stable placement or reunification. In every phase of service, the aim is always to prevent abuse or further abuse, to stabilize families and placements, and to provide programs that promote the long-term health and well-being of children. The County collaborates with a vast array of non-profit, community-based organizations that, in turn, offer a wide variety of services geared toward the needs of county residents.

Prevent Child Abuse Sonoma County is Sonoma County's Child Abuse Prevention Council. PCASC consists of individuals working in agencies concerned with children's issues. It meets monthly and facilitates community input to the County's child abuse prevention efforts. The public is encouraged to attend PCASC meetings.

The following illustrates the types of activities geared toward child abuse prevention in Sonoma County:

Prevention Activities

The Human Service Department Family Youth and Children's Division provides family-centered programs and services designed to ensure safe, permanent, nurturing families for Sonoma County's children, while strengthening and attempting to preserve the family unit. The Mission of the HSD-FYC is to offer appropriate, evidence-based services to protect children and preserve families, recognizing these core values:

- The family is the most appropriate unit for rearing children as long as the children are free from abuse and neglect
- A wide range of parenting practices can provide the sufficient standard of care
- Every child has a right to a permanent home for their care and upbringing

To that end, HSD uses a number of programs to prevent child abuse and neglect. The Human Services Department is the designated agency to administer CAPIT/PSSF/CBCAP funds.

Child Abuse Prevention, Intervention and Treatment (CAPIT) programs were established by Assembly Bill 1733 (Welfare and Institution Code Sections 18960-18964) to fund agencies addressing needs of children at high risk of abuse or neglect and their families. Similar to CAPIT, the **Children's Trust Fund (CTF)** also provides funds to offer services that address the needs of children at high risk of abuse or neglect. The revenue for these funds is generated through taxes on Birth Certificates and private donations. In 2012-2013, Sonoma County received $140,000 in CAPIT funding and $153,000 in CTF funding. HSD uses these funds to

offer services for families referred to programs by Social Workers in the Division of Family, Youth and Children. These referred families are determined by the social worker[10] to be at a high risk of abuse or neglect, but do not have an open CPS case. The following agencies were selected as a result of a Request for Proposals process to provide these critical prevention based services:

2012-2014 Sonoma County CAPIT/CTF-Funded Programs		
Name of Agency	**Description of Services**	**CAPIT/CTF amount**
California Parenting Institute	Prevent Child Abuse Sonoma County Child Abuse Prevention Council (countywide)	$25,000
California Parenting Institute	Parenting Support Services and Education (countywide)	$53,000
Committee on the Shelterless	KidsFirst Child Abuse Prevention and Transitional Housing Services (homes are located in southern Sonoma County)	$70,000
Department of Health Services	In-home Public Health Nursing Support (countywide)	$52,000
Petaluma Peoples Services	KidsMatter Warmline Resource Assistance Program (countywide)	$93,000

The **Promoting Safe and Stable Families (PSSF) Program**, under Title IV-B of the Social Security Act, funds services "to build healthy marriages and to improve parenting skills to prevent child abuse." Funded services also promote timely reunification when children must be separated from their parents for their own safety and works to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families.

To ensure that PSSF funds are distributed throughout the continuum of care, a minimum of 20% of the PSSF allocation must be distributed into each of four service categories: family preservation, family support, time-limited reunification and adoption support. In Sonoma County, PSSF funds are used together with funds from the **Community-Based Child Abuse Prevention (CBCAP) program** for family preservation and family support services. In 2012-2013, the total amount of PSSF/CBCAP funding for family preservation and family support services was $178,785.

2012-2014 Sonoma County PSSF/CBCAP-Funded Programs		
Name of Agency	**Description of Services**	**PSSF/ CBCAP amount**
Alternative Family Services	Family Support Program – "wraparound"	$59,595

[10] Social workers use Structured Decision Making Child Maltreatment Risk Assessment to assess families' risk level.

	type program for families at risk of child abuse or neglect. Program aims to build indigenous support for families in their own communities.	
California Parenting Institute	Positive Parenting Program (Triple P) – in-home parenting education for families at risk of child abuse or neglect.	$59,595
Social Advocates for Youth	Functional Family Therapy – short-term, solution-focused family therapy for families at risk of child abuse or neglect.	$59,595

The remainder of the PSSF funding is devoted to reunification and adoptions services carried out by social workers employed by the HSD for families involved with the child welfare system.

Services through the contracted providers in the CAPIT/CTF and PSSF/CBCAP funded programs are initiated through social worker referral only In all PSSF programs, service providers work closely with child welfare staff, who, during the course of their ER investigations identify at-risk families appropriate for PSSF services.

Other Prevention and Intervention Services and Programs

The initiatives and programs below represent a sampling of the prevention strategies in Sonoma County that have a stated goal of preventing child abuse and neglect.

Prevent Child Abuse Sonoma County

Prevent Child Abuse Sonoma County is Sonoma County's Child Abuse Prevention Council. It is staffed and managed by a non-profit organization, California Parenting Institute, which spearheads dialogue and community activities related to child abuse prevention. Sonoma County's efforts to prevent child abuse and neglect are highlighted each year when the County has a Child Abuse Prevention Campaign, called the "Blue Ribbon Campaign." The goal of the April 2013 campaign was to raise public awareness regarding the issue of child abuse and neglect, and to promote positive parenting skills countywide. Blue Ribbon Campaign activities included:

- A Board of Supervisors Resolution declaring April 2013 Child Abuse Prevention Month.
- The Child Abuse Prevention Council ("Prevent Child Abuse Sonoma County") distributed child abuse prevention materials including mandated reporter booklets, blue ribbon pins, stickers and bookmarks.
- An annual training, luncheon and awards ceremony: Most recently, on April 25, 2013 the event was held at the Mary Agatha Furth Center in Windsor featuring Mark Katz, PhD and the Director of Learning Development Services, an educational, psychological and neuropsychological center, and the author of On Playing a Poor Hand Well, and provided information on resilience and protective influences and the important role that school can play on influencing later success for at risk youth and families.
- In addition to the Blue Ribbon campaign, Prevent Child Abuse Sonoma County also

provided free and low cost parenting classes throughout the community in both English and Spanish. 2012 classes focused on topics including New Mother Support Group, Terrific Toddlers, Positive Parenting and Discipline without Shouting or Spanking.

- The PCASC also worked with other community partners to create, publish and distribute the 2012 Child Abuse Prevention Annual Report. This twelve-page report highlighted child abuse issues and prevention efforts in Sonoma County and was distributed as a newspaper insert in several local newspapers, including the Sonoma County Press Democrat, North Bay Business Journal and the Petaluma Argus Courier.

First 5 Sonoma County

First 5 Sonoma County invests in Sonoma County's youngest children by funding programs and services that promote, support and improve the early development of children from the prenatal stage through age five. In its Strategic Plan for 2011-2020, First 5 Sonoma County maintained that School Readiness was its overarching goal and identified goals that support School Readiness. Along with their established core beliefs and guiding principles, these goals guide First 5's investments in programs and system change.

- Goal 1: Ensure the Health and Healthy Development of Children
- Goal 2: Ensure Families are Supported and Nurturing
- Goal 3: Ensure that Early Care and Education is High Quality
- Goal 4: Increase Integration of Systems and Effect Policy Change to Fill Gaps and better Serve Children and Families
- Goal 5: Engage Entire Community to Support Achievement of First 5 Sonoma County Goals

Sonoma Kinship Family Center (SKFC)

Children who come under the supervision of the Human Services Department Family, Youth and Children's Services Division as the result of abuse or neglect are often placed with members of their extended families rather than placed with unrelated foster parents or in group homes. The Kinship Support Services Program (KSSP) provides funding for the SKFC to help strengthen families who are raising the children of their extended families. Most often these services prevent children from entering the child welfare system. Services include information and referral to community resources such as legal aid to assist in guardianship applications, education, support groups, access to technology, case management and other services related to their needs.

Prevention and Early Intervention Program (PEI)

As a result of the passage of Proposition 63, Sonoma County Mental Health Services Act recently awarded service contracts to various community-based organizations for early intervention services. In 2009-2010, PEI contracts were awarded to California Parenting Institute, Jewish Family and Children's Services, Early Learning Institute and Petaluma People Services Center for prevention and early intervention services including universal social/emotional screening, Triple P parenting support and services related to Peri-natal Mood Disorder.

Team Decision Making (TDM)

Sonoma County implemented Team Decision Making in February 2012. In an effort to implement the program well, the HSD chose to implement the program for one placement related decision, *At Risk of Imminent Placement*, and only for children in Santa Rosa at risk of removal. Between May 2012 and April 2013, there were 136 TDM meetings held on behalf of 83 children who were at imminent risk of removal.

Structured Decision Making

In response to the last County Self Assessment process (2010) in which the county's rate of recurrence of maltreatment was below the state/national target, Sonoma County decided to transitioned from the Comprehensive Assessment Tools to Structured Decision Making. Sonoma County began using SDM in October 2010. The SDM family of tools provides a consistent framework for social workers who are making a variety of decisions regarding response time, child safety, family risk, child and family service needs and readiness to reunify. It also enables the whole service system to focus its resources on high and very high risk families.

Extended Foster Care

As a result of the passage of AB 12 in 2010, California extended the length of time that youth can remain in foster care to 21. The youth are referred to non-minor dependents (NMD). As youth near the age of majority (age 18), they are given the option of exiting foster care or remaining in foster care. In order to remain in foster care beyond age 18, youth must either be in school or working part time. If they elect to and are eligible to remain in foster care, they continue to receive the same benefits they received prior to turning 18. The HSD has assigned one Permanency Planning social worker to the NMD caseload. At the time of this report, 52 youth had elected to remain in foster care as non-minor dependents.

VOICES

For most young people aging-out of the foster care system, the last thing they want is another institutional "system." VOICES has dispelled much of this aversion by creating an environment that is not "clinical" in its perception, language, and interactions. Instead, the young staff (former foster youth) have designed a healthy, welcoming and lively community center that provides crucial services while also fostering a sense of home and family. VOICES is a "touchstone" in a world that is often overwhelming as youth transition into adulthood upon their 18th birthday.

VOICES utilizes a strategy of integrated service delivery in order to provide a supportive, safe, and youth-friendly community center where youth can utilize peer-based resources, feel connected, and build a foundation for their futures. VOICES brings a broad range of services together under one roof – increasing accessibility and the effectiveness of service delivery for youth transitioning out of systems of care. Over the last three years, VOICES Sonoma has worked to create seamless service systems by building collaborative partnerships with 31 agencies, both public and private. Staff representing 15 agencies are now co-located at the VOICES Center in Santa Rosa. **In 2012, VOICES Sonoma served 631 transition-age youth who visited the VOICES Center 4,921 times.**

Independent Living Skills Program (ILP)

The ILSP is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management. In 2011 the HSD decided to contract out the ILP program. This decision was based on the idea that teenage youth are more likely to be engaged through a community based organization rather than by the County. The HSD contracts with On the Move/VOICES to provide these ILP services. VOICES provides opportunities for countywide outreach to current and former foster youth, on-site workshops and training, and connections to additional community resources. VOICES youth and adult staff support young people in GED preparation, high school graduation, credit recovery, tutoring, budgeting and time management - all with the goal of helping youth to become self-sufficient. **In 2012, VOICES provided 85 youth with information on and referrals to services; 150 youth received outreach materials; 46 youth were assessed and received targeted case management; 35 youth received specialized education and financial counseling. The program aims to serve 375 youth in 2013.**

Transitional Housing Placement Program (THPP) and Transitional Housing Program Plus:

Sonoma County contracts with True to Life's Child and Family Services (TLC) to provide housing and supportive services under the THPP and the THP-Plus foster care program. The programs assist with independent living situations for foster youth age 16-18 who are either wards or dependents, who actively participate in the Independent Living Skills Program (ILP) and have been in a stable foster home or group home placement for the last six months.

MyLIFE Transition Program

Sonoma County contracts with VOICES to provide the My LIFE program. The purpose of VOICES Sonoma's My LIFE program is to provide emancipating foster youth a team of mentors who support young people's progress towards setting and meeting long-term goals. To achieve this purpose, VOICES Sonoma has set the following goals for the My LIFE program:

1. Transitioning foster youth will identify permanent connections with adults who will support the youth post-foster care.
2. Transitioning foster youth and their peer mentors will lead a process for youth, caregivers and systems professionals to create one unified LIFE plan that prepares the participant for successful independent living.
3. Transitioning foster youth will make progress towards their education, employment, wellness and housing goals with the assistance of effective coaching and access to well coordinated, appropriate and needed services.

In 2012, VOICES served 40 youth in the MyLIFE program. The program aims to serve 100 youth in 2013.

Sonoma County Family Permanency Collaborative (Wraparound Services)

In response to the last County Self Assessment (2010), Sonoma County implemented a Wraparound Program in accordance with SB 163. Sonoma County contracts with Social Advocates for Youth in partnership with the Seneca Center to provide wraparound services through the Sonoma County Family Permanency Collaborative. The program integrates the services and resources the SAY-Seneca team has identified as critical to addressing families' unmet needs to enable youth to avoid placement in a higher level of care or to step down from a higher level of care. The program is currently approved to serve 72 youth. The HSD, Probation,

its other partner organizations and the contractor have recently re-structured the program to better serve (and serve more) youth needing to step down from group care.

Services are provided in a strengths-based, family-centered, and culturally competent manner. In addition, all services are guided by the principle of "unconditional care" and program staff do whatever it takes to support the youth and family in achieving successful outcomes, harnessing the expertise of other organizations and partners to make it happen. To that end, most services are provided in clients' and families' homes, or their preferred locations, and services are provided around-the-clock, with staff expected to maintain flexible schedules and participate in a rotating on-call system to address the needs of families in crisis.

PROBATION DEPARTMENT PREVENTION ACTIVITIES AND STRATEGIES

Case Management of Delinquent Youth – Prevention and Intervention Strategies

Supervision Strategies:
Throughout the supervision period, Deputy Probation Officers (DPO) will employ evidence-based delinquency interventions when working with youth, while also monitoring the youth's compliance with service referrals and the terms and conditions of supervision. Proper use of these strategies is a skill that the Department strives to support in each DPO through trainings and various quality assurance efforts. When engaging in case management practices it is vital for DPOs to adhere to principles of risk, need and responsivity, consistent with public safety expectations. Effective Practices in Community Supervision (EPICS) is an integrated supervision model that was recently adopted and will be used by all DPOs with youth under the Department's supervision along with the following supervision strategies.

***Structuring a Delinquent Youth's Time*:**
Structured time tends to redirect energy toward positive and/or neutral activities. DPOs endeavor to structure 40% to 70% of a higher-risk youth's time in pro-social and therapeutic activities during the first 3-6 months of supervision. Note: intensive involvement with lower-risk youth can be counterproductive and unnecessary. DPOs should avoid significant intervention with such youth.

***Addressing Barriers*:**
Youth are referred to relevant programs and services to assist them in overcoming challenges and developing strong links to pro-social activities, companions, family members and communities.

Incentives and Responses to Behaviors:
Incentives reinforce positive behavior and a youth's motivation to achieve goals. Effective responses to anti-social behaviors and probation violations can address criminogenic needs and reinforce accountability. DPOs address such positive and negative behaviors in the context of supervision and case management.

***Family-Focused Approaches*:**
Youth with strong family ties and support, along with connections to pro-social adults, are less likely to recidivate. Engaging an offender's family and natural supports in the community in the

supervision process can enhance intrinsic motivation to internalize behavioral changes, encourage greater accountability, and increase success.

***Cognitive-Behavioral Change Services*:**
Therapeutic programs that incorporate cognitive-behavioral approaches attempt to effect changes in thinking by focusing on the present and reinforcing the concept that feelings and behaviors are caused by thoughts, and not by external influences.

Juvenile Probation Department Prevention and Intervention Programs

The Probation Department administers and participates in a wide range of prevention, early intervention and diversion programs in an effort to reduce the incidence of youth crime and recidivism. A focus of the Department over the past year was to improve the assessment process of youth first entering the juvenile system and before entering the Juvenile Hall process.

The use of a detention risk assessment tool to measure the potential risk of recidivism can make a substantial impact on which youth are detained. In addition, focusing on the identifications of youth criminogenic needs has positioned the Probation Department to refer youth to program services comprised of a specific risk level. When a youth is taken into custody at Juvenile Hall but before being released, a pre-screen PACT (Positive Achievement Change Tool) is administered. If the youth's risk level is moderate or higher a full PACT assessment is conducted. If a youth is cited for an offense the intake Probation Officer at Probation Services administers a pre-screen PACT. If a youth score is in the moderate range a full PACT is conducted. The results of the pre-screen and full screen indicate a level of risk to re-offend and Probation can determine the most appropriate level of service. Thus low risk offenders are diverted from the Juvenile Hall and directed to appropriate community based services. The implementation of these assessment tools has initially diverted youth who once would have remained in custody pending judicial proceedings.

The Juvenile Services Division delivers a strength based, family-centered approach that provides a variety of intervention programs which include restorative justice, family counseling, gang intervention, substance abuse treatment, and gender responsive groups.

Some of the services and collaborations sponsored by the Probation Department are as follows:

Aggression Replacement Training (ART) is an evidence-based practice and a cognitive-behavioral intervention incorporating three specific interventions: skill-streaming, anger-control training, and moral reasoning training. The curriculum consists of three components: Structured Learning Training (The Behavior Component), Anger Control Training (The Emotional Component), and Moral Reasoning (The Values Component). In group sessions, participants gain tools that allow them to solve problems, make decisions, and interact positively in social situations. The program is also known as Lifeskills Training. The program is a bound curriculum so program starts will be scheduled approximately 5 weeks apart throughout the year.

Services are provided by The Center for Social and Environmental Stewardship in Santa Rosa at the Vista Academy site, and by Seneca at Finley Center. Groups are conducted twice a week in

two hour sessions for ten weeks. The program targets males assessed as moderate-high/high risk to reoffend (and moderate over-rides).

Assertive Community Treatment (ACT), an evidence-based practice, is a family treatment program for juvenile probationers diagnosed as having severe mental health disorders. The program aims to empower families by granting them a high level of decision-making authority at each point in the treatment process. Family members have the opportunity to invite others—teachers, relatives, neighbors, and/or clergy—to become members of their treatment team and participate in the weekly Family Team Meetings. Treatment services are provided in-home, and includes wraparound type mental health treatment, intensive case management, medication monitoring, crisis intervention, and family support.

Services, which are delivered in the clients' homes, are conducted throughout the County. Clients are screened for eligibility by the ACT team and enrolled into the program as part of the ACT probation caseload. The service team includes the ACT probation officer and staff of Sunny Hills Services including licensed clinicians, family advocates, and a psychiatrist. Spanish speaking services are available. The course of treatment is six months, at the end of which clients are invited to enroll in a two-month aftercare program. To qualify for the program, minors must be Medi-Cal eligible. Target population is youth who have been assessed as moderate risk to re-offend or above.

Functional Family Therapy (FFT) is an empirically-grounded, family-based intervention program for acting-out youth. A major goal of Functional Family Therapy is to improve family communication and supportiveness while decreasing intense negativity. Other goals include helping family members identify and adopt positive solutions to family problems, and developing positive behavior change and parenting strategies. The intervention involves a strong cognitive/attributional component which is integrated into systemic skill-training in family communication, parenting skills, and conflict management skills. Term of treatment is twelve weeks. Functional Family Therapy is available to youth who have family dysfunction who are assessed as moderate-high and high risk to reoffend, and those who are low/moderate risk but have been placed on supervision.

Mobile and In-Office FFT is available throughout the County, with Social Advocates for Youth providing service in Santa Rosa, West County and North County, and Petaluma People Services providing FFT in Petaluma, Sonoma, Rohnert Park and Cotati.

Vista Academy Juvenile Evening Reporting Center (Vista) Vista Academy is an intensive, community-based, after-school program intended to supervise, assist, and serve juveniles who have been referred by Probation and Court-ordered to attend the program. Vista provides intensive services that are designed to structure a significant amount of a minor's free time over a period of several months. Ideal candidates are male, age 14-17, who struggle to maintain successful probation because of poor impulse control/ inadequate consequential thinking and would benefit from the structuring of significant amounts of their free time. Many candidates will be gang-involved youth. Current program capacity is 24 youth and the expected length of participation is four to six months. The current contracts allows for both a moderate-high and high risk group and a separate moderate risk (younger) gang youth in a second group.

Project PRIDE is a mental health treatment program for gang-affiliated juvenile offenders (and their families) who have less serious mental health disorders who reside in Santa Rosa. The Departments of Probation and Mental Health, the Juvenile Court, Sunny Hills Services (provider), and the City of Santa Rosa Gang Intervention Services collaborate to offer highly individualized plans of care, ensuring that the juvenile's mental health needs are addressed and treated. Project PRIDE is designed to serve the whole family, creating a cohesive, wraparound model of youth-centered, family-focused, community-based support. Services include home, school and community-based one-on-one support, psycho-educational training, and family support and counseling.

Project PRIDE is offered at any risk level, but there are other criteria that must be met to qualify. The minor must be on probation, meet the criteria for medical necessity according to the DSM (Diagnostic and Statistical Manual of Mental Disorders), be a resident of Santa Rosa, have a known or suspected gang affiliation, be Medi-Cal eligible and have a mental health diagnosis other than developmental disorder, primary substance abuse disorder or primary conduct disorder. In addition, the minor must have substantial impairment in two or more of the following: self-care, school functioning, family relationships, and ability to function in the community, or be either at risk of home removal or have been removed from the home.

Restorative Group Conferencing is a program based on community restorative justice principles, involving a face-to-face, facilitated meeting between the victim and the offender with the goal of repairing harm and restoring the community to the state of well-being it enjoyed before the crime occurred. During the meeting, the participants are encouraged to tell their stories of the crime—what led to the crime and the aftermath. Participants ask questions about the crime and get answers to help them understand what happened and why it happened. Cases are referred to trained facilitators who conduct meetings between the victims, offenders, and their families. The group, which includes the Probation Officer, works together to develop a contract that will determine restitution to affected parties and address the offender's competency development. The family component aides discovery of underlying issues that may be contributing to criminal behavior and provides a support network for offenders to help them be successful in meeting their agreements and develop healthy community skills. Probation Officers provide up to 5 months of follow-up to ensure that the minor completes their goals as set forth in the contract. A typical case of Restorative Group Conferencing is sixteen weeks. Restorative Group Conferencing is available to youth assessed at any level of criminogenic risk.

WRAP Program: The Seneca Wrap Program works in close partnership with Family, Youth & Children, Mental Health, Juvenile Probation, and Education, as well as with SAY and other service providers to create an effective and responsive wraparound system. The goal of Seneca's Wrap Program is to offer a family-centered, strength-based and outcome-oriented alternative to group care placements (level 10 or higher) for youth with complex and enduring needs and their families. Seneca is focused on doing whatever it takes to achieve the best possible outcomes for enrolled youth and families, and to return the youth and family to a place where group care is no longer warranted.

At the heart of wraparound are the Child and Family Teams. Child and Family Teams place families in the center of the planning process and encourage formal and informal supports to unite around the shared hopes and goals of the family. Plans coming out of Child and Family

Team meetings build on individual and family strengths to address unmet needs and involve use of community resources. Seneca's Wrap Program offers a range of services in support of this process including rehabilitation, case management, crisis support, therapeutic intervention, transportation, and case coordination. Additional services include post placement transitional services, family finding services, continued care for prior wrap youth who may need additional support for a brief period of time, and Therapeutic Behavioral Services.

Accountability Circles: Youth assessed as low-moderate risk to reoffend can be immediately be plugged into a 10 week Accountability Circle. The circles are comprised of youth offenders at varying stages of the Accountability process. The defining factor the process will be "becoming men by stepping up to our responsibilities, healing the harms we have caused, and making positive contributions to our community." Groups of 8-12 male offenders who also participate in a separate restorative conference, meet weekly in group for 10-12 weeks. The curriculum emphasizes responsibility and accountability, with an ongoing focus on how each youth is "stepping up" to complete the restorative agreements they reached in their individual conferences. This program is delivered by Restorative Resources at Spring Lake Park.

Interactive Journaling Groups uses materials from the Change Companies' *The Courage to Change* Interactive Journaling® System designed to engage low and moderate risk youth and motivate them to make positive behavioral changes. The curriculum is based on leading research in the field of behavioral change. The journals use a highly graphic approach, and blend core behavior-change content with targeted questioning designed to engage participants in exploring risks, needs and skill deficits, as well as strengths, resources and solutions to problem behaviors. Sonoma County Probation has identified three journals to be delivered in rotational group format: Social Values; Responsible Thinking; and Peer Relationships.

Girls Circle provides group services to female juvenile offenders in the Girls Circle format, a promising model endorsed by the Office of Juvenile Justice and Delinquency Prevention. The program utilizes a girl-responsive, Motivational Interviewing approach to treatment services involving relationship building, ritual, and directed techniques to elicit self-change. Structured, skill-building activities promote critical thinking skills development in the areas of relationship building, communication skills, self-esteem, drug and alcohol resistance, and planning for the future. Girls Circles are offered at every level of Probation services—juvenile diversion, community supervision, detention, and in local placements.
The program is provided throughout the County, in weekly 2-hour groups conducted in eight-week cycles.

Individual Trauma Counseling Verity provides one-hour trauma counseling sessions to female and male offenders. Referrals start at 6 sessions with the ability to staff the case and extend longer. This counseling supports clients who have been emotionally, sexually, physically or developmentally traumatized at some time in their life. Verity counselors trained in trauma therapy use many clinical methods to facilitate recovery including understanding emotional reactions, encouraging new thought patterns and behavior alterations, anger management, art therapy, play therapy, exploration of new avenues of self-care and encouraging clients to navigate and understand their own process of healing.

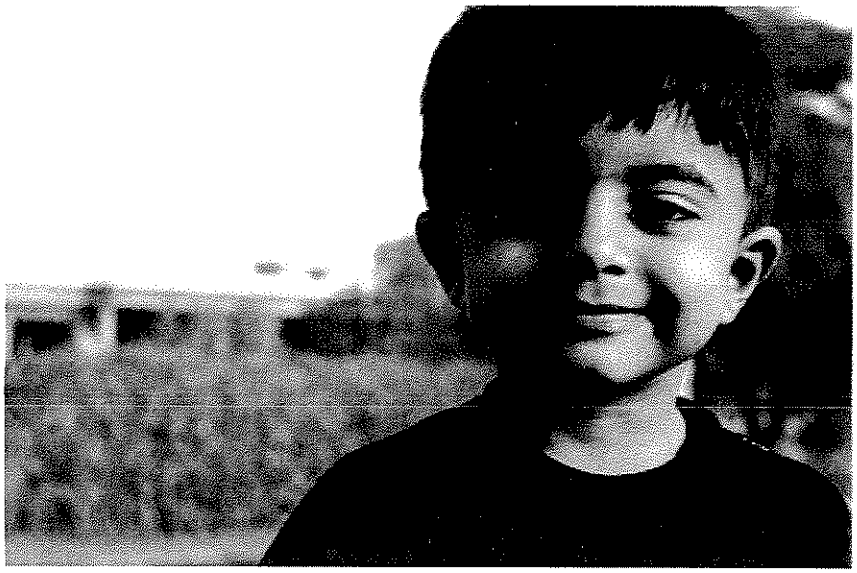
Healthy Relationships is a seven-week workshop for teen boys and teen girls who are disconnected from social supports and are at risk for domestic (and sexual) violence. Groups consist of discussion and activities focused on sexual assault prevention. Each group introduces a new topic to the same group of juvenile offenders. The workshop promotes healthy relationships, while addressing teen and family violence issues.

Recourse Victim-Offender Reconciliation Program (REVORP) prepares young offenders for a mediation session where they hear from their victims the impact of their actions and then work to repair the harm done. Rooted in the principles of restorative justice, the model is similar in nature to Restorative Resources but is intended for less complicated cases that can likely be resolved quickly, perhaps even in one session. This service is self-funded, not paid for by Probation.

The REVORP Program consists of two tracks:
Track 1 is a diversion program intended for low risk youth with misdemeanor offenses. This level consists of a 4 week program in which youth participate in mediation and are required to complete their personal reconciliation plan. Track 2 is intended for high risk youth with misdemeanor offenses. This level consists of an 8 week program and includes all aspects of Track 1 with 3 additional components.

REUNIFICATION SERVICES AND PERMANENCY (PSSF)

Under Promoting Safe and Stable Families (PSSF), at least 20% of the allocation to the County is devoted to Time Limited Reunification (TLR) Services. In Sonoma County, the allocation funds social work time and family services that support family reunification such as parent education, counseling, etc. Similarly, at least 20% of the County's PSSF allocation must be used in support of Adoption Support. In Sonoma County, the allocation funds social work time and family services that support adoptions such as respite care, counseling, etc.



Part II: Public Agency Characteristics

PUBLIC AGENCY CHARACTERISTICS

Overview of Human Services Department – Family, Youth & Children's Division

The Sonoma County Human Service Department (HSD), Family Youth & Children's Division (FYC), is the agency responsible for investigating allegations of child abuse and neglect. FYC provides the full spectrum of child welfare services and programs from community education and prevention programs to foster care and adoption services. It manages the county-operated Valley of the Moon Children's Center (VMCC), which houses the emergency shelter and oversees the Redwood Children's Center, a site for multi-disciplinary forensic interviews. FYC manages foster and adoptive parent licensing, recruitment and retention. FYC believes that child protection is a community responsibility and will be achieved only through effective collaboration and transparent service delivery. The organizational chart for FYC is included as Appendix E.

FYC Mission:

The Sonoma County Family, Youth and Children division ensures the safety and well-being of children and youth by providing families with the resources they need, promoting supportive placements and permanency for children and youth and building community connections that empower all members of the community to support the safety of children.

FYC Vision:

The vision of the Sonoma County Family, Youth and Children Division is that all children and families that are involved with the child welfare system are treated with dignity and respect and are kept free from abuse and neglect. Families and the community understand and embrace their shared responsibility to ensure that children are safe and families are supported. All children have permanent homes and successfully transition into adulthood. The services that the Family, Youth and Children division provide are transparent to families and the community. As an organization, FYC holds itself accountable for upholding the mission and working towards the vision.

Child Welfare Case Management

Family, Youth and Children's Division provides a full spectrum of prevention, intervention and case management services to families and children who come to the attention of the child welfare system.

- Child abuse awareness and training
- Mandated reporter training
- Intake and assessment (child abuse hotline)
- Emergency Response
- Safety and Risk assessment
- Diversion through community-based prevention services (PSSF/CAPIT)
- Voluntary Family Maintenance
- Informal Supervision (WIC 301)

- Court intake
- Dependency investigations
- Team Decision Making (for imminent risk of removal)
- Concurrent Planning
- Family Reunification
- Referral to full array of prevention and treatment services
- Foster care case management
- Permanency Planning
- Foster Home Licensing
- Foster parent recruitment and retention
- Family finding
- Supervised visitation
- Foster care and AAP eligibility
- Emergency Shelter
- Forensic interviewing
- Adoptions Services including post-adoption support (launched July 1, 2013)
- Family Group Conferencing (locally called TEAM, launched June 24, 2013)

Valley of the Moon Children's Home and Center

The new Valley of the Moon Children's Home, opened in June of 2005, was designed to provide a pleasant and homelike atmosphere for children awaiting placement. The building has a number of wings that can accommodate children by age, gender and special needs. Bedrooms are limited to two children each with attractive furnishings, desks and private spaces for each child. Each wing has its own common area, with televisions, computers and reading nooks. The physical structure of the home allows staff members to separate children if their behaviors become disruptive. A separate admitting wing also decreases disruptions for children already in residence and affords new children privacy during the admissions process. There is a restaurant style kitchen, a large airy dining room, several playgrounds and a new school building. Since the new shelter was opened, staff members report that morale for everyone has improved, that there are fewer 'acting-out' incidents and that there has been a significant decrease in the use of physical restraint of children by staff. The average daily census at VMCH prior to July 2012 was 25-30 children, however in fiscal year 2012-2013 the average has been 17. It is not uncommon for a resident's stay to last 30-90 days.

The adjoining Valley of the Moon Children's Center houses medical, dental, mental health and administrative and support services for the Children's Home.

Redwood Children's Center

The Redwood Children's Center houses child advocacy services, where forensic interviews with child sexual abuse victims are conducted in safe and friendly surroundings. Child victims of other forms of abuse or who are witnesses to crime are also interviewed. Children's interviews are video recorded thereby decreasing the trauma of repeated interviews. Located at the new Sonoma County Family Justice Center, law enforcement and district attorneys participate in the interview through a one-way mirror to assure that interviews are forensically sound. A well-conducted forensic interview can often serve as a child's testimony and may decrease the likelihood of having to appear in court. Medical exam services are available on-site as needed.

Forensic interviewers are conducted by bilingual (Spanish/English) and bicultural social workers.

Voluntary Family Maintenance

Sonoma County has a Voluntary Family Maintenance program which, when appropriate, offers parents an opportunity to voluntarily work with a child welfare social worker on reducing the safety risks to their children. The program includes an informal supervision component (WIC 301) which, while voluntary, includes cases where the allegation was substantiated and a petition has been prepared should the family fail to comply with the voluntary case plan. The County's VFM program has bilingual (Spanish/English), bicultural social workers.

Adoptions

Until July 1, 2013, Sonoma County contracted with the CDSS, Adoption Services, Rohnert Park District Office, to provide all aspects of public adoption services for Sonoma County dependent youth. This configuration of services required staff from both agencies to work collaboratively in order to facilitate timely adoptions. Dependent children were referred for adoption assessments through regular joint meetings. Families interested in adoption were referred to the Rohnert Park District Office of CDSS.

After the last CSA cycle, where adoptions outcomes for older children were of concern, Sonoma County began exploring options that would enhance adoption services for older children. While in the process of exploration, the adoptions program funding was realigned to the County giving the responsibility for adoptions to the counties effective July 1, 2011. Beginning in early 2012, while CDSS Adoption Services continued to provide services to Sonoma County children and families, Sonoma County launched an intensive planning process in coordination with CDSS Adoptions Branch Rohnert Park District Office. The program was transitioned to Sonoma County effective July 1, 2013.

The Human Services Department Adoptions Program staffing consists of 6 full time MSW adoption social workers, a full time MSW supervisor, a full-time AAP/post-adoption support social worker, a full-time family finding social worker[11], and a clerical support person. The entire staff has received training in performing SAFE home studies, AAP negotiations and benefits, adoption assessments, concurrent planning, and other relevant topics to perform their new assignments. As of July 1, 2013 all ongoing cases were transferred to the county from CDSS Adoption Services as well as all the ongoing AAP cases.

Sonoma County Juvenile Probation

The Sonoma County Probation Department (PD) operates two facilities for young people in the juvenile justice system: the Juvenile Hall and the Probation Camp for males. While both of these facilities serve young people at different stages in the juvenile justice system, the common thread is an environment that allows the young people to confront and take responsibility for their criminal behavior and, in turn, to build on their strengths and develop skills in preparation for a successful return to the community.

[11] The family finding social worker was created as a result of adoptions program planning but the position is located within the Court Services Unit to engage families immediately after removal.

The Sonoma County Juvenile Hall is located in Santa Rosa with a bed capacity of 140. The Probation Camp located in Forestville currently has a capacity of 24 youths.

The majority of the minors come into the system through the Juvenile Hall. They are at times angry and oppositional, anxious and fearful, or detached and depressed. Some attempt to hurt themselves, their peers or staff. In truth, some of the minors are severely emotionally disturbed and extremely anti-social, while others are detained as a consequence for unacceptable illegal behavior. They are at a crossroad and it is an important time for them and their families.

The PD challenge is to support and stabilize, and to create a structure that places expectations for respectful interaction, while participating in daily educational and pro-social activities.

Some of the minors are committed by the Juvenile Court to the Probation Camp. This intensive program concentrates on individual case plans that assist in the development of healthy and positive choices. Staff provide therapeutic support to assess past traumas and dysfunctional family dynamics that impact self-destructive behaviors. The PD provides strong educational and vocational programs to better prepare them for a smooth transition into their communities and then support that transition with Aftercare staff and services that monitor initial activities and reinforce the positive progress made by the graduates and their families.

The mission of Probation residential programs is to create opportunities for young people to successfully return to their community. To that end, we approach this challenge with a determination to provide troubled minors with consistent, caring and creatively structured environments that provide an opportunity to integrate constructive changes and positive choices with newly learned skills.

The Sonoma County Probation Department is mandated to provide custody to juveniles in a secure, safe and humane environment. Juveniles are released home with court ordered expectations or detained, pending suitable placement in a group home, residential program or commitment to DJJ, and for trial disposition in Adult/Juvenile Court.

The Probation Department Juvenile Division utilizes the Positive Achievement Change Tool (PACT), a comprehensive risk/needs standard assessment which is given to every juvenile entering the probation system. This tool provides information necessary to determine the level of supervision needed for the youth in the community based on a youth's risk to re-offend. Depending on their risk level, the youth are diverted to programs which target dynamic risk factors which include: anti-social values, criminal peers, low self-control, dysfunctional family ties, substance abuse and criminal personality.

Individualized case plans are created on all youth assessed as high, moderate or low risk to re-offend. Deputy Probation Officers (DPOs) develop a case plan in consultation with each minor (and family) they supervise, based on the youth's assessed risks and needs, and other relevant circumstances related to successfully engaging the youth and family in programming. The case plan will identify interventions, supervision strategies, treatment programming, services, and educational/vocational training and employment activities that are appropriate to the youth's strengths and needs. Public safety concerns will be addressed in each supervision case plan to

prevent further delinquency and victimization. The case plan will include "**SMART**" goals (e.g., **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound) and activities for the minor to achieve related to assessed risks and needs, and supervision conditions. The case plan process is intended to be collaborative in nature; criminogenic needs and protective factors identified in the assessment are to be discussed with the minor and parent(s)/guardian, and their input obtained as regards establishing goals and objectives. Responsivity factors are an important consideration in developing a case plan and supervision strategies. These items are not necessarily risk factors, but may require special consideration in case planning that influences the style and/or mode of service/ supervision. Referrals should be made to effective programs that address identified risk factors. The case plan will promote positive change and assist in developing pro-social behaviors. The Effective Practices for Community Supervision (EPICS) integrated supervision model will be applied in all instances in which a minor is in a supervision status of Informal/Formal Probation, Wardship, Deferred Entry of Judgment, and/or DJJ Parole, who are determined to be high, moderate or low risk to reoffend, either by the PACT or by an approved override. The EPICS model integrates structured social learning and cognitive behavioral therapy techniques into probation officers' interactions with youth.

Stakeholder Input on the Sonoma County Structure and Operations

Sonoma County takes pride in providing exceptional services to the community, families and youth it serves; services that go above and beyond the minimum standard of practice. Sonoma County believes that child protection is a community responsibility and will be achieved only through effective collaboration and transparent service delivery. Therefore, HSD values input from its partners, including the families and youth it serves, on all aspects of the child welfare system including how the system itself is structured to deliver services.

Through nineteen (19) community meetings and focus groups, county staff and its community partners identified strengths, challenges and systemic factors that may be contributing to the outcomes the county strives to achieve. The themes listed below emerged as a result of a content analysis of all of the qualitative data collected through the CSA process. These factors will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County environmental factors that may affect service delivery

- General economic condition
- Fluctuations in poverty rate due to economy
- Wide variation in socio-economic levels within county; concentration of poverty in specific geographical areas
- Custody disputes which overflow into and clog the child abuse intake system
- Undocumented immigrants' fear of deportation preventing them from seeking or accepting services
- Ongoing lack of resources due to recession
- Local and state political climate
- Changes in Dependency Commissioner and other legal partners
- Local legal culture for child welfare services and juvenile delinquency; expectations for services and approaches

- 40 school districts

Sonoma County Organizational Strengths

- Organizational values of keeping families intact, ensuring child well-being and taking the time to create permanent reunifications
    - Minimizing placement moves
    - Move out of VMCH quickly
    - Facilitating FR goals; proximity
    - Keeping siblings together
    - Placing with relatives when possible
    - Belief that people can heal
- Staffing decisions have an impact on workload and workflow
    - Hiring bilingual staff has improved the quality of service to Spanish-speaking families
    - Having a designated ICWA social worker has resulted in consistency of practice, improved relationships with tribes and an resource for other social workers
    - Having a designated Linkages social worker has resulted in consistency of practice, improved relationships with SonomaWORKS staff and a resource for other social workers
    - Releasing social workers to conduct mandated reporter training has created more informed reporters and additional points of contact in critical locations from which multiple reports come
- While case transfer process varies from case to case, most social workers take the time to get as much case information such as discussing history, risk, and case direction with the previous social worker and the youth/family, reading court reports, psychological evaluations, etc.
- Good relationships with Court staff, minors' and parents' counsel, foster parents and Indian Child Welfare Act representatives
- Dual-status (WIC 241) protocol is working well

Sonoma County Organizational Challenges

- Organizational values are often in conflict, resulting in inconsistent application of the values:
    - Child safety and keeping families intact result in varied approaches to families
    - Keeping siblings together in a group home (connections vs. lower level of care)
    - Lack of consistent definition about permanency
    - Funding is not tied to values – higher payment for alternatives to group homes and for homes that will take older youth
- Social workers assigned to specific programs results in multiple transfers for each case – lack of continuity poses challenges for youth, parents, foster parents, service providers
- Caseloads, especially in FR and PP, have been too big resulting in diminished relationships, lag in ability to respond and troubleshoot crises

- No formal structure for
  - approving placement in higher level of care (aside from CMC)
  - group home review meetings
  - case transfers
- Staffing decisions have an impact on workload and workflow
  - Loss of social workers co-located at schools result in diminished community relationships and possibly in fewer reports
  - TDM facilitators also carry caseloads which prevents them from doing either – TDM or casework – optimally
- Lack of consistency among social workers across the spectrum of service delivery:
  - Information asked for and given at the time of reporting an allegation of child abuse
  - Response time in Emergency Response and criteria for substantiating allegations and removing children
  - Knowledge of and referral to contracted and other community services such as Wraparound, ILP, CASA, role of Educational Liaison, etc.
  - Utilization of internal programs such as Icebreakers, TDM, etc.
  - **Process/expectation for involving family, youth and others in case planning process**
  - Process for communication with other involved individuals such as direct care staff at VMCH, service providers, foster parents, tribes/ICWA, etc. (for example, foster parents state that it depends on which social worker they are working with on whether their weekly reports are ever read)
  - Inconsistent supervisory practices resulting in lack of clarity for social workers and variation in interpretation/practice
    - When and for whom to use group homes; which level for what behaviors
    - How often group home placement is discussed in supervision
    - How much "risk" is acceptable to place in lower level of care
    - Information about resources
    - Expectations on Icebreakers
    - Expectations on communication standards of practice

County Government Structure

Political Jurisdictions

The County of Sonoma government organizational chart is included in Appendix F. The County is governed by the County Board of Supervisors and a Chief Administrative Officer. Each Supervisor is responsible for their assigned regional designated area. The County works with each of the twelve city jurisdictions and the three local tribal governments. Other political jurisdictions include school districts of which there are 40 and the County Office of Education (SCOE), Law Enforcement agencies. Law Enforcement services are provided by local municipal Police Departments for the county's incorporated cities. The County Sherriff provides law

enforcement services for the remainder of the unincorporated areas of the County. Tribal police patrol their reservation and areas immediately outside of Tribal gaming facilities.

In Sonoma County, the government entities that are responsible for services to children in foster care include:

- The Human Services Department (Family Youth & Children, Employment and Training and Economic Assistance divisions)
- The County Juvenile Probation Department
- The Department of Health Services (Public Health and Behavioral Health)
- The Sonoma County Sheriff's Department and city Police Departments
- Sonoma County Office of Education (SCOE)
- State Adoptions Bureau (note: as of July 1, 2013 State Adoptions will no longer provide adoptions services for Sonoma County Dependent children)
- The Juvenile Court
- Sonoma County District Attorney

Other entities include county school districts, law enforcement agencies, hospitals, clinics, group homes and minors' attorneys.

Sonoma County has the following law enforcement jurisdictions:

- Sonoma County Sherriff
- Santa Rosa Police Department
- Sebastopol Police Department
- Healdsburg Police Department
- Windsor Police Department
- Petaluma Police Department
- Rohnert Park Police Department
- Sonoma Police Department

Probation

The Probation Department is an integral part of the Sonoma County Criminal and Juvenile Justice System. This system includes the Sonoma County Juvenile Court, District Attorney, Public Defender and Sheriff's Office.

Probation has responsibilities of protecting the community, assisting courts in decision-making, working to affect positive change in offenders, serving victims, and operating safe and secure detention facilities. This myriad of responsibilities makes probation unique in the criminal justice system, requiring sworn probation employees to be comfortable fulfilling responsibilities of peace officers assuring public safety, while working toward the rehabilitation of offenders.

Probation's philosophy that building relationships and working collaboratively with our County, Justice System, Local Law Enforcement, and Community Based Partners facilitate the success of our department's mission.

The Probation Department is committed to providing the most effective services, while recognizing that resources are not unlimited. Therefore, we value information, strive to use evidence-based practices, and utilize outcome measures to evaluate program success.

County Operational Areas

Child Welfare Services falls under the Human Services Department and Juvenile Probation Department umbrellas. Over 90% of HSD-FYC social work staff have masters degrees or higher. There are several social workers who have promoted from Social Worker I/II/III positions after acquiring the requisite experience in lieu of an advanced degree. As of June 30, 2013, a Social Service Worker IV position, which is the standard position for case carrying and intake social workers, has a salary of $5,007 - $6,087 per month. Social work staff represent all of the race/ethnicity categories used in this report to classify youth in foster care, African American, White, Latino, Asian and Native American. Every program offered at FYC has Spanish-speaking staff available.

Social worker positions are posted online and recruitments are broadcast widely attracting applicants from outside of the county. Additionally, the HSD maintains a robust internship program with several local universities from which graduates regularly continue on into permanent employment. The average supervisor to social worker ratio is 1:7.

The staffing composition for HSD and (Juvenile) PD are outlined in the table below.

SONOMA COUNTY STAFF SUPPORTING CHILD WELFARE SERVICES (JUNE 2013)			
Program	Line Staff Positions	Supervisors	
Adoptions	8.0	1	
Emergency Response (Including telephone intake, specialized court unit and out-stationed staff)	30.0	4	
Family Maintenance (Voluntary)	6.0	1	
Family Reunification (includes Court Family Maintenance)	22.0	3	(also supervises court FM and PP)
Permanency Planning	10.0	1	
TEAM/301/Linkages	6.0	1	
Independent Living Program			Contracted with VOICES
Placement Specialists	4.0	1	
Foster Care Recruitment	1.0		(supervised by Placement Specialist supervisor)
Direct Care Staff	26	7	
Forensic Interviewers	1.75		(supervised by Placement Specialist supervisor)
Social Work Assistants	7.0	1	
Foster Care EW's	3.75		(supervised by Program Analyst)
CWS/CMS Support	1.0		

SONOMA COUNTY STAFF SUPPORTING CHILD WELFARE SERVICES (JUNE 2013)			
Program	Line Staff Positions	Supervisors	
Office Support/Clerical	25	4	
Managers	9.0		
Total HSD:	**160.5**	**24**	
Placement Probation Officers	4	1	
Office Support/Clerical	1		
Managers	1		
Total PD:	**6**	**1**	

1. Staffing Characteristics/ Issues

a. Turnover Ratio

HSD - In fiscal year 2012 the HSD FY&C Division experienced a 6.4% turnover of all division staff (including support staff, managers and supervisors).

Concerns about turnover center less around the numbers of staff who will be leaving than about the loss of experience. The FY&C Division has been fortunate to have low turnover so there is a pool of highly experienced, seasoned staff in nearly every program. Supervisors in particular bring an historical perspective to issues that can be very helpful to less experienced child welfare social workers. As long-term staff continue to retire or leave, it will be important to transfer the knowledge and experience to new staff in the division.

PD – The Probation Department Placement Unit has experienced a great deal of turnover within the last few years due to retirements and other moves. In 2012, a new supervisor was assigned to the placement unit; however, this individual had been a placement officer previously and came to the unit with a high level of experience. In 2012, three of the four placement officers were newly assigned to the unit. Although they are senior probation officers, DPO III's, they did not have specific knowledge relating to foster care youth.

b. Private Contractors

The HSD has personal service contracts or MOUs with 163 service providers including therapists, parent educators, resource workers and various service specialists to provide specialized supportive services tailored to clients needs at every stage of CPS involvement. These services are designed to provide resources to each social worker that they can offer the families as an integral part of their overall case management.

PSSF/CBCAP and CAPIT/CTF funded programs offer all available services targeted at prevention efforts for families at a high risk of abuse or neglect, but are not involved in a CPS case. PSSF offers family stabilization and family preservation services to people within their own communities. Sonoma County puts the majority of the Federal Title IV-B Promoting Safe and Stable Families (PSSF) and Community Based Child Abuse Prevention (CBCAP) funds into the community, via contracts with prevention service providers.

Currently the HSD holds contracts with three Community-Based Organizations (CBOs) to provide evidence-based prevention and family support services to families at risk of abuse or neglect. With the oversight of the First 5 Commission, the HSD also contracts with four agencies to provide a variety of prevention services with Child Abuse Prevention, Intervention and Treatment (CAPIT) and Children's Trust Fund (CTF) funding. (See Section I for more information about PSSF/CBCAP/CAPIT funded programs.)

Client Support Services are designed to meet the needs of families involved in family maintenance and family reunification cases. Client Support Services are provided in the areas of parent education and resource assistance. Other contracted services provide specific resources or assistance to families, such as drug and alcohol abuse treatment, therapy services and some community based supervised visitation services (in addition to in-house supervised visitation).

All services are authorized by individual social workers working with the family, and are only initiated through a referral from that social worker.

Sonoma County HSD contracts with Sunny Hills Services to manage the **Sonoma Kinship Family Center (SKFC)**, which offers intensive services to relative caregivers. The SKFC provides, support groups, after school programs, and referrals to other service organizations including legal aid organizations who assist with guardianship applications.

The HSD contracts with True to Life Children's Services to provide transitional housing for emancipating or recently emancipated foster youth through the **THPP and THP+ programs**.

The HSD contracts with On the Move/VOICES to provide **Independent Living Skills Program (ILSP) services**. The ILSP is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management.

The HSD contracts with Social Advocates for Youth (SAY) to provide an **emergency shelter for non-minor dependent youth**. Russell Avenue Stepping Stone, which is set to open on July 1, 2013, is a temporary housing program for up to 90 days for homeless foster care Non-Minor Dependents. The objective is to provide foster youth with services that will help them transition to a more stable lifestyle. This will be highly collaborative in nature and include partnerships and linkages that will assist the Non-Minor Dependents in learning how to live independently.

SAY will provide support for program participants to work toward self sufficiency and independence and to provide shared living space to those participants in the program. Participants work with staff to help them access resources and services that will help them make necessary changes in their lives. Youth have the opportunity to develop good tenant skills and to gain the self confidence to become self- sufficient. Youth will be partners in a communal living situation designed to foster cooperation and mutual support among peers working to transform their lives. All participants will be encouraged to contribute in a positive manner to their community

c. Worker Caseload Size by Service Component

Child Welfare Caseloads

The HSD is dedicated to providing quality services in all programs. In Sonoma County, Intake Social Workers staff the child abuse reporting hotline. Emergency Response Social Workers investigate child abuse/neglect referrals, provide early preventive services to families, remove children as needed and usually in coordination with law enforcement. Court Services Social Workers file petitions in Juvenile Court and provide case management post-removal through the Detention and Jurisdictional/Dispositional Hearings. Voluntary Family Maintenance Social Workers provide case management services including referrals to services to families who agree to engage with child welfare services on a voluntary basis for six to twelve months.

Placement Social Workers provide ongoing case management services to families whose children have been removed and/or are court-ordered to receive child welfare services. These social workers oversee the care and welfare of foster children and provide reunification services to families (or family maintenance services when children remain at home) who are in need of agency supervision and services. Family Reunification (FR) social workers manage cases from Juris/Dispo through the Family Reunification process. When a case transfers to Permanency Planning (PP), it typically transfers to a PP social worker. There are several FR/PP workers who carry mixed caseloads and will hold cases throughout their involvement with child welfare services.

Adoptions social workers assume primary responsibility for a case at the time of the .26 Hearing. Up until that point, they may have had a secondary role for the purposes of concurrent planning and matching. Once an Adoptions social worker becomes the primary worker, he or she holds the case until the adoption is finalized and the case is dismissed. There is one social worker who is available after that for ongoing post-adoption support.

Caseloads are built around the needs of families and specialized skills of the social workers. The average monthly worker caseloads in 2012 were:

CASELOAD SIZE BY PROGRAM 2012	
Program	Average Monthly Caseload
PP	29.41
FR	20.31
FM	22.93
ER Investigations	9.24

Probation Caseloads

Sonoma County probation officers earn $49,715 - $90,330 per year. There are a number of specialized caseloads within the Juvenile Probation Division. As a result of the outcome of risk assessments and realignment of the Juvenile Division cases, caseloads have been re-categorized determined by the level of risk to re-offend. A positive outcome to this assessment was a significant reduction of the average caseload per field supervising officer. In 2008 a DPO II/III supervised approximately 60-65 minors. After the implementation of the validated assessment tool the average caseload reduced to 30-35 youth in 2010. However, with the implementation of individualized case plans, the development of department contact standards based on risk level and the introduction of the EPICS interventions, probation caseloads have been reduced as follows: High risk caseloads average 15-20 minors and low/moderate risk caseloads average 30-35 minors. Specialized caseloads have been expanded to include three Gang caseloads, two Sex Offender caseloads, two Mental Health caseloads (ACT and Project PRIDE) and two Wrap caseloads. These caseloads have a maximum size of 15 minors. The Probation Department also has four Placement caseloads that average 20 youth per caseload. The caseloads with youth in placement are the caseloads included for analysis in this CSA Report.

The reduction per officer allows for greater involvement in the community, close working relationships with families, the development of individualized case plans, structured interventions (EPICS) that address offender risk, need and responsivity and opportunity to liaison with schools and other law enforcement agencies within a specific geographic location in Sonoma County.

Bargaining Unit Considerations

Child Welfare Social Workers are represented by Service Employees International Union (SEIU), and the direct care staff (VMCH) by Sonoma County Law Enforcement Association (SCLEA). SEIU Local 1021 represents county employees in Sonoma and Mendocino Counties as well as city employees in several Sonoma County municipalities. It is the largest labor organization in northern California.

The HSD and SEIU have in the past used interest-based bargaining. One component of interest-based bargaining is the Joint Labor Management Committee (JLMC), created to address issues and collaboratively problem-solve issues during a contract period. The FYC JLMC addresses work issues specific to the Family, Youth & Children's Division. There is one committee for the work issues that arise at the Apollo Building and another for the issues related to the Valley of the Moon Children's Home.

At FYC, job stewards are sometimes included in workgroups reviewing process or procedural changes. FYC routinely includes the SEIU business agent in informational meetings or briefings on upcoming regulation or policy changes. At the Valley of the Moon Children's Home, managers and members of SCLEA meet at JLMC, and SCLEA representatives are routinely included in meetings to discuss procedural or operational changes.

FINANCIAL/MATERIAL RESOURCES

a) **Source and Expenditure of Funds:**
Title IV-E Child Welfare Services Allocation: The County regularly expends the revenue earned through state and federal funds and is currently in an overmatch situation. Sonoma County routinely utilizes an annual ER augmentation, authorized by the legislature in 2000.

Title IV-B, Promoting Safe and Stable Families (PSSF): Currently, the HSD claims 40% of the PSSF allocation to in-house staff who provide Time Limited Reunification and Adoption Support services. The remaining 60% of the allocation funds contracts with three community-based organizations (CBOs) who provide community based family preservation and family support (prevention) services to families. Historically, the HSD has augmented the PSSF funding with Community Based Child Abuse Prevention (CBCAP) monies. In 2012-2013, HSD issued a Request for Proposals for the PSSF/CBCAP funding. The proposals submitted were evaluated by a team of qualified reviewers who rated the proposals based on the criteria listed in the RFP. The three PSSF/CBCAP contracts were approved by the Sonoma County Board of Supervisors in June 2013. The HSD regularly expends its entire PSSF allocation.

Realignment: In 2011, several more specific streams of child welfare funding, including Kinship, ILP, THPP and THP+, were realigned to the county; however, the HSD made the determination not to significantly alter the impacted services/programs based on this change in funding.

Kinship Services: Utilizing Kinship Support Services Program (KSSP) funding, Sonoma County HSD contracts with Sunny Hills Services to manage the Sonoma Kinship Family Center (SKFC), which offers intensive services to relative caregivers. The SKFC provides guardianship clinics, support groups, after school programs, and referrals to other service organizations.

Independent Living Skills Program (ILP): The ILSP is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management. The HSD contracts with On the Move/VOICES to provide these ILP services. The VOICES ILP Program was launched in July 2012. VOICES provides opportunities for countywide outreach to current and former foster youth, on-site workshops and training, and connections to additional community resources. VOICES youth and adult staff support young people in GED preparation, high school graduation, credit recovery, tutoring, budgeting and time management - all with the goal of helping youth to become self-sufficient.

Transitional Housing Placement Program (THPP) and Transitional Housing Program Plus: Sonoma County contracts with True to Life's Child and Family Services (TLC) to provide housing and supportive services under the THPP program. This program assists with independent living situations for foster youth ages 16-18 who are either wards or dependents, who actively participate in the Independent Living Skills Program (ILP) and have been in a stable foster home or group home placement for the last

six months. The program rate is $3260 per month per participant. Each participant receives housing, educational, and employment assistance as well as other supportive services to assist with independent living skills. Services are coordinated with the help of an inter-disciplinary team consisting of an ILP staff member, the case carrying worker as and the professional staff at TLC. In Fiscal year 2011-2012, the program served 15 youth. In order to maximize the effectiveness of the program and in light of the County's high housing costs, the program uses a host home component that allows youth to rent a room in a private home, as well as a single site apartment model where youth are closely supervised.

In March 2007, Sonoma County HSD began a **Transitional Housing Program Plus**, which serves emancipated youth aged 18-24. True to Life's Child and Family Services (TLC) administers the program which provides housing subsidies and supportive services designed to prepare youth for the transition to fully independent living. The program rate is $2500 per month per participant and there are 13 participants enrolled at any one time. Each participant receives housing, educational, and employment assistance as well as other supportive services to assist with independent living skills. Host homes and scatter site apartments are being utilized. TLC has a housing specialist that is responsible for working with the community and developing housing sites. TLC employs a case manager who assesses the youth's needs and develops a plan for each youth to achieve full independence. The total contract for THP+ is $390,000.

Priority is given to homeless youth, pregnant and parenting youth and youth exiting group homes. Referrals are made by social workers and ILP workers. Each application is discussed by ILP, HSD and TLC staff. The youth in the program are very stable and there has been very little attrition in the program.

b) **County's Overall Processes and Systems for Financial Accountability:**
All County transactions are individually coded with an ID and cross-referenced by date, fund, department, code, amount and a general description. All contracts are aligned with county control codes. Transactions are reviewed, monitored and approved by the Accountants in accordance with Generally Accepted Accounting Principles and the applicable State and Federal regulations. CAPIT, PSSF, CBCAP and Children's Trust Fund (CTF) expenditures are logged under the applicable codes. CAPIT/CTF and PSSF/CBCAP contracts are cost reimbursement contracts. Each contractor submits a monthly invoice that is reviewed by an Account Clerk and Program Analyst prior to approval. CAPIT and PSSF programs are monitored on a regular basis and program-related expenditures are part of that review.

CAPIT/PSSF/CBCAP, Children's Trust Fund and other Funding Sources

Sonoma County was allocated $293,000 CAPIT/CTF and $287,456 in PSSF/CBCAP for FY 12-13. Services supported with child abuse prevention funding were described in Section I.

Part III: Peer Case Review

PEER REVIEW

County child welfare agencies and probation departments are responsible for jointly conducting a Peer Case Review in collaboration with CDSS. The Peer Case Review is the process by which counties learn, through qualitative examination of county practice, how to improve services for children and families with respect to one specific outcome. During the review, staff from peer counties interview host county case carrying social workers and probation officers regarding county practice. Utilizing peers from other counties promotes the exchange of best practice ideas between the host county and the peer counties.

The chosen focus areas for the Sonoma County 2013 Peer Case Review were *Least Restrictive Environment* with a focus on placement in group homes (child welfare) and *Probation was Reunification within 12 months* (probation). Family, Youth and Children's Services chose Least Restrictive Environment as a topic because the county has historically had a high proportion of youth in group homes (19% in Q4 2012). Probation chose Reunification within 12 months because the majority of youth placed in foster care through delinquency proceedings return to the home upon program completion. The national standard/goal for reunification within 12 months is 75%. Between 10/01/11 and 09/30/12, only 25% of probation youth reunified within this time period.

Sonoma County selected peer counties based on their strong performance in the selected performance area. Family, Youth & Children's Division utilized a case selection methodology that included three comparison groups differentiated as follows:

1. All three groups had youth who had a) been in out of home care for a minimum of 24 months; b) exited placement during calendar year 2012; and c) had been assessed as having "challenging" behaviors and/or mental health issues and/or prescribed psychotropic medications.
2. Group 1 had four cases of youth who spent no time in group homes.
3. Group 2 had four cases of youth who were placed for a period of time in a group home and exited to permanency.
4. Group 3 had four cases of youth who were placed for a period of time in a group home and exited to *non-permanency*.

The Peer Case Review was conducted during the second week of June 2013 at the Hyatt Vineyard Creek. The county utilized an outside consultant to facilitate the activities of the Peer Case Review including the daily and final debriefs and the summary of findings and recommendations outlined below. The interview tools used for the Peer Case Review can be found in Appendices G and H.

Child Welfare Peer Review

PEER REVIEW
FAMILY, YOUTH AND CHILDREN'S SERVICES

Findings and Recommendations

Assessment of Placement Needs

Strengths of Social Work Practice:

- Engaged parents and others in assessment process (face-to-face, family team meetings, collaterals, service providers already in the family's life, IEPs, mental health, etc.)
- Utilized transfer summary- comprehensive information that was passed on from previous worker
- Attempts were made to include the youth in the decision making process
- Workers took time to meet with prior social worker
- Placement Specialist involvement is helpful– each specialist is focused on different ages, and the placement specialists know the families and are able to give recommendations
- Workers made efforts to "think outside of the box" i.e. workers re-engaged parents and reinstated rights; continued to assess parents regardless of length of time and legal status
- Workers had a step-down plan in mind before youth entered group care
- IEP assessment was completed prior to placement in level 14 placement
- ICWA specialist assisted with helping to find placements that would be supported by the tribe

Challenges/Barriers:

- Social workers had to seek out initial case carrying social worker; no formal system in place to transfer case outside of transfer summary document
- No "warm handoff" when case was transferred to new social worker
- ICWA representation posed barriers to permanency; assessment was to adopt, however it was changed to legal guardianship; delayed placement because of tribal approval.

Initial Placement

Strengths of Social Work Practice:

- Mental health needs were addressed quickly
- Social workers made efforts to facilitate ongoing and convenient contact with biological families
- Chosen placement was able to meet the needs of the child/youth; especially for kids who had an NPS placement
- Youth was engaged in placement determination
- When possible social workers place youth with relatives instead of group homes
- Youth participated in selection of placement including pre-placement visits
- Psych evaluation was completed that supported worker's desire to not place in a group home; worker thought "outside the box"
- Youth able to stay at school of origin; close enough to continue family connections

Challenges/Barriers:

- Youth went straight to emergency shelter as there were no other placement options available
- Monolingual (English) placement specialist unable to support in bilingual foster home; language barrier
- Treatment homes/ITFC homes are limited
- What is considered the minimum sufficient level of care is higher during reunification than after reunification has been terminated
- No formal review for placement in a higher level of care
- Family finding efforts not well documented; at times unknown if kin was initially sought out
- Few intermediate level placements available when considering stepping down from higher level of care
- Family members may have been ruled out based on their criminal histories and weren't reassessed later

Case Plan

Strengths:

- Youth advocated for self and expressed needs; social worker allowed for this process.
- Strong collaboration by all service providers in development and utilization of the case plan
- Positive CASA experience and involvement
- School was involved in case plan (especially at an NPS)

- Social worker utilized and consistently updated the case plan

Challenges/Barriers:

- Low involvement from parents; lack of visitation
- Case plan was only updated at the next status review instead of in the interim as youth's behavior changed
- Group home wasn't able to meet the needs of the youth

Placement Management

Strengths of Social Work Practice:

- Open communication with the supervisor
- Supportive supervisor who is knowledgeable
- Workers put in effort and energy to re-engage family members to help the youth step down and meet their goals
- Some group homes were supportive of the step down plan
- Youth was able to be maintained with a relative instead of going to a group home
- Wrap was utilized as part of the step-down plan
- Collaboration meetings including MDTs, IEPs, mental health, etc.

Challenges/Barriers:

- Inconsistency in meeting mental health needs of children
- Lack of mental health services prior to youth returning home and a lag in time connecting services once youth is home
- Group homes was not supportive of the step down plan
- Lag in transition time as Wrap wasn't assigned until the youth returned home
- Mental Health assessed and determined that a youth should step down from placement
- Mental Health made a determination that a child didn't need services, which led to the child needing a group home placement; child's needs were never addressed
- Differing values regarding frequency and necessity of visitation and parental contact between group home and worker

Systemic

Sonoma County Strengths:

- Agency culture at all levels of compassion and empathy toward youth and families
- Weekly supervision with supervisor

- Value of focusing on permanency and best interest in the youth
- TDMs are helpful
- County is recognizing needs and implementing (i.e. recent implementation of adoptions unit, AB12, and TDMs)
- Placement Specialist is helpful
- Focus on placement with family members and identifying life-long connections
- Mental Health utilizing CANS assessment
- Involvement of Minors' attorneys
- Education liaisons helpful in supporting placements

Challenges/Barriers:

- Need more foster homes, county homes, ITFC homes (especially teenagers and sibling sets)
- Group homes not on board with supportive step down plans; lack of a value for permanency and isolation of families
- Worker and Group Home staff disagreed on visitation
- No court involvement in group home placement process (no filing of 387)
- Placement is based on what is available rather than the child's needs
- High caseloads impede assessment and create a lack of time for a thorough in-person assessment
- Minor's attorney often vocal about (in)appropriate placement
- TDMs happen at the forefront and not throughout the life of the case
- Little opportunity to gather information from families on an ongoing basis regarding placement options
- Placement Specialist previously wasn't available
- Need for bilingual placement specialist, therapeutic services for bilingual youth and families, and bilingual placements
- Culturally sensitive services lacking for Latino families
- Progression into the delinquency system impacted level of placement
- Accessing IEP assessments in a timely manner

Training topics requested by Sonoma County Social Workers

- Psychotropic meds and pharmacology
- AB 12 educational training
- Training for foster parents related to trauma/therapeutic training for foster homes

- FFAs who have ITFC homes to deliver more training to ITFC homes
- ITFCs need to be properly trained
- Worker training for least restrictive placements
- Group homes to be trained in permanency and life-long connections
- Group homes to be trained in the step down process
- Workers to receive training on interpretation of secondary trauma post-removal that manifests itself in the youth's behavior
- Grief and loss training for workers and caregivers
- Involve CYC youth in trainings to increase empathy and understanding
- Time-limited, behaviorally specific case planning training for workers

Recommendations from Sonoma County Social Workers interviewed in Peer Review

- Utilize TDM process for all placement decisions
- Provide financial incentives to foster homes for taking youth who have more challenging behaviors
- Increase Wraparound Services
- Increase supportive services that facilitate step down process
- Create a review board for approving higher level placements
- Hire staff for family finding and engagement at the front end
- Lower caseloads
- Recruit and develop more ITFC homes
- Use Wilmar Center (Sonoma Valley) more often for grief and loss treatment
- Spanish speaking placement specialist would be beneficial

Recommendations from Peer Social Workers

(Monterey County) TDM happens at every change of placement and most every youth from the PP unit is at the table. CYC's emphasis on "Nothing about me without me" motivated a lot of their process.

(San Luis Obispo) TDM takes place at 4 points in every case (imminent risk of placement, emergency placement, placement change, exit from placement). 2 full time and two part time facilitators. High rate of relative/NREFM placements and many of these people are found at TDMs.

(San Luis Obispo) Does not have a receiving home; has emergency beds. Wraparound and TBS is heavily emphasized

(San Luis Obispo) All social workers are trained to do home approvals.

(San Luis Obispo) Centralized Group Staffing process where staff need to report on why they believe their youth should move into a higher level of care.

(San Luis Obispo) Hiring a recruitment and retention social worker. Administrative assistant will call county foster homes 1-2 days after a youth is placed to check-in with the foster parent. Information gathered is then emailed on to the worker and the supervisor is copied.

(San Francisco) TDM is used often, especially at exit—focuses on services that are in place and supports as kids reunify.

(San Francisco) MAST (Multi Agency Systems Team) and PARC (Placement and Review Committee) meetings—a way to provide checks and balances as youth transition through the group home process. Approvals are made prior to youth returning to home from group homes.

(San Mateo) Placement Review board is used every two weeks to discuss all youth in group home placements.

(Stanislaus County) Mental health is stationed in the same office as child welfare. TBS services is utilized a lot!

The chosen focus area for the Sonoma County 2013 Peer Case Review for Sonoma County Juvenile Probation was *Reunification within 12 Months*.

PEER REVIEW
SONOMA COUNTY JUVENILE PROBATION

Findings and Recommendations

Maintaining Connections

Strengths of Probation Officer Practice:

- Family involvement – placements were chosen that supported visitation, including transportation and working/engaging with families.
- Big emphasis on ensuring families are able to maintain contact with the youth via phone and technology (ie: Skype)
- Youth was encouraged to find connections during placement and continue to utilize those connections when they returned home

- After returning from placement, connection was maintained with the placement officer

Challenges/Barriers:

- Lack of transportation, particularly when Youth are placed far from home (including in and out-of-state placements).
- Parent's own limitations and barriers (mental health issues, parenting skills, and physical health issues)
- Low family involvement in engaging in services; inability to motivate and engage the family in maintaining contact with the youth

Engagement

Strengths of Probation Officer Practice:

- PO stayed in regular contact with the youth
- PO engaged and built rapport with the youth; made effort and took time for engagement and relationship building

Challenges/Barriers:

- Monthly contact is inconsistent with the parents/guardian and is mostly not a face to face contact
- Language barrier and translation issues
- Lack of follow up services with the parents and support both prior to and at the time of reunification
- Mental health issues of the youth that prevented their engagement in the placement

Assessment and Services

Strengths of Probation Officer Practice:

- Used PACT in all cases that reinforces assessment process and documents it
- Screened with a multidisciplinary team committee
- Fostered pro-social activities for the minor (ie: sports participation, politics, art)
- Placement Transition Program (WRAP like/aftercare)

Challenges/Barriers:

- Translation issues; siblings were sometimes used to provide translation
- Lack of continuous engagement with/from the family hindered ongoing assessments
- The court ordered placements regardless of what the assessment findings were
- PACT not helpful in making placement decisions (ie: over rides)

- Lack of awareness and understanding for parental readiness for the youth to return home

Placement Matching

Strengths of Probation Officer Practice:

- PO attempted to meet the needs of the minor
- Attempted to find local placements

Challenges/Barriers:

- Not having an accurate initial assessment that identified the issues that would make placement successful
- Severe behavioral issues requiring simultaneously treatment needs such as sex offender and AOD

Permanency/Aftercare Services

Strengths of Probation Officer Practice:

- Utilized the PTP program for youth exiting placement and returning home, which provided after care services for the youth
- Valued family reunification as a priority for the Youth

Challenges/Barriers:

- Low family engagement due to communication barrier (i.e. language differences)
- Limited parenting skills
- Different cultural expectations for the youth on return home (eg work instead of education)

Training topics requested by Sonoma County Probation Officers

- Training to facilitate monthly parent meetings
- As Latino population is growing, decrease the language barrier
- Juvenile sex offender treatment training

Recommendations from Sonoma County Probation Officers interviewed in Peer Review

- Smaller case loads in order to spend more quality time with the Youth
- Create a policy that requires monthly face-to-face contacts and/or support groups with parents
- Increase services for parents to help prepare for the youth to return home (ie:

parenting classes)

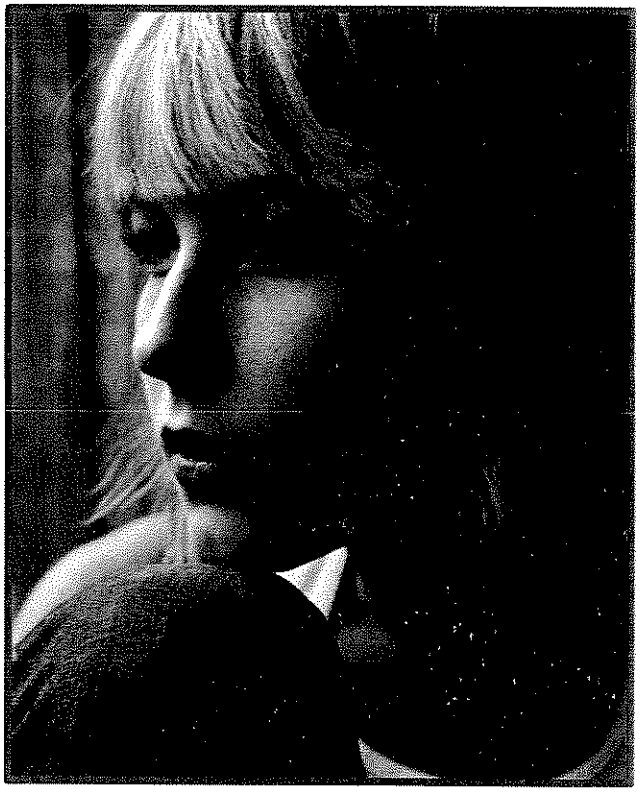
- Increased funding to support families with reunification activities, ie: transportation, re-locating from gang locations, pro-social interests
- Increased understanding for the courts related to the value of placement as treatment rather than punishment
- Streamline documentation so less time is spent on paperwork
- More funding for well trained professional services to support families; for example, utilizing therapists and not interns

Recommendations from Peer Probation Officers

(Placer County) Addressing face-to-face contact issues with parents by inviting parents to a monthly parent group ("Parent Night") that includes food and is family friendly and includes babysitting. Keynote speakers and resources are provided for parents. This also provides an opportunity for POs to meet with parents and discuss expectations and address questions.

(Merced County) Piloted a Family Finding program through Seneca Center. Team meeting facilitation increased, as well as buy-in. "Family Finding" was a shift to seeing the outcome as "life long connections" rather than "placement options."

(Placer County) Lack of concurrent planning within practice; it's being discussed and focused on more recently.



Part IV: Federal & State Outcome Measures

FEDERAL AND STATE OUTCOME MEASURES

The discussion below on Safety and Permanency is derived from data that were extracted from the Child Welfare Services/Case Management System (CWS/CMS). Well-being process and proxy data and outcomes are also discussed; however specific measures on child well-being have yet to be developed. All of the data described in this section were extracted from the UC Berkeley Center for Social Services Research and are available at http://cssr.berkeley.edu/ucb_childwelfare/.

Summary of Composite Scores

The Child and Family Services Review (CFSR) process includes composite scores in addition to individual data measures. Composite data scores incorporate a wider range of performance areas relevant to a particular child welfare domain. Each composite is made up of individual measures related to the specific child welfare domain, which provide the actual data for the analysis. The Family Reunification composite, for example, is comprised of four individual measures related to family reunification. The weight of each measure, or the contribution to the component score, is determined using a statistical technique called principal components analysis which is performed by statisticians at the UC Berkeley Center for Social Services Research.

Overall, Sonoma County's composite scores range from excellent to needing improvement. In 2012, two of the four composite scores were at 93% or higher relative to the national target; this is equivalent to an A grade. The other two composite scores were equivalent to B- and D+ grades respectively in 2012.

The following section provides an analysis of each composite and individual outcome measure. For the purposes of analysis, the most recent quarter for which data are available (Quarter 4 2012) will be used to represent the county's current performance. It is important to note that each quarter represents 12 months of county performance data; each "quarter" is actually a rolling annual report. Therefore, a reference to a rate in "Q4 2012" is a rate of the 12 months preceding the end of that quarter which in this case is January – December 2012. Data from Quarter 4 2009 will be used for the purposes of comparison with the objective of illuminating where performance has improved or declined over the life of the current System Improvement Plan (2010-2013). Quarter 4 2009 data were selected as the "baseline" measures because it marks the first quarter after the last CSA was written and using the fourth quarter minimizes the effect of "seasonal" variation in casework.

A detailed table illustrating the county performance for each measure is included as an appendix.

SAFETY 1 – Children are first and foremost protected from abuse and neglect.

Measure S1.1: *No* Recurrence of Maltreatment **Action: Watch**

Definition: This safety measure reflects the percentage of children who were not victims of a substantiated or inconclusive child maltreatment allegation within six months of another

substantiated child maltreatment allegation. This measure is framed in the negative meaning the percentage of children reflect those who were ***not*** re-abused within the time period.

S1.1 No Recurrence of Maltreatment		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 94.6%	88.8%	93.8%

Trend Comparison: Prior to 2010 Sonoma County had historically performed below the national target of 94.6%. In Quarter 4 (Q1) of 2009 88.8% of children were not re-abused within 6 months. Beginning in Q4 2010 the rate increased to 94.4% and has hovered within one percentage point through the current reporting period.

Race/Ethnicity: In Q4 2012, which includes recurrence data for the entire 2012 calendar year, Latino children experienced the most recurrence of maltreatment as defined in this measure. 92.3% of Latino children were **not** re-abused within six months of a previous substantiated allegation compared to 95.1% of white children and 100% of African American children. The numbers for Native Americans are too small for analysis.

Age: In Q4 2012, toddlers between the ages 12 months and 36 months experienced the most recurrence of maltreatment. 87.9% of these children were not re-abused within six months of a previous substantiated allegation compared to the countywide rate of 93.8%. In terms of raw numbers, this means that out of the 33 one and two year olds who had substantiated allegations, 4 experienced a second substantiated incidence of abuse within 6 months of the first. The age group with the highest number of original substantiations, 6-10 year olds, experienced a 95.5% no recurrence rate in Q4 2012. Of the 66 children ages 6-10 with substantiated allegations, three experienced another substantiated incidence of abuse. 91.3% of the 44 babies (under age 1) had no second incidence of child abuse or neglect within six months.

County Response: In response to the last County Self-Assessment, FYC implemented new programs and made changes to county practice to decrease the number of children who were experiencing repeat abuse or ongoing neglect, changes we believe to be contributing factors to our improvement in this measure:

- *FYC moved from the Comprehensive Assessment Tools (CAT) to Structured Decision Making in October 2010. This change has resulted in a more focused approach to identifying and serving high and very high risk families and aligning county resources to addressing their risk factors.*
- *All PSSF and CAPIT funds are now used by community-based service providers to provide prevention services to families who are being diverted from the child welfare system. It has become a de facto Differential Response program.*
- *FYC convened and participated in a workgroup focused on addressing systemic and practice issues related to substance exposed newborns including required staffing for reports involving newborns and enhanced communication with hospitals about reporting.*
- *FYC has one social worker who is co-located in the SonomaWORKS office. In response to the last CSA, the department tightened the parameters and direction of the program,*

resulting in more effective collaboration between child welfare and public assistance staff.

- *In February 2012, FYC implemented Team Decision making for referrals and cases in which children are at imminent risk of removal. This has resulted in families getting engaged in their own case planning and accessing services more quickly. It has also provided a vehicle for pulling family supports together to support parents in keeping their children safe.*
- *Children under age five are empirically linked to higher risk for child abuse (see SDM Risk Tool). The higher number of Sonoma County babies and toddlers who experience a recurrence of maltreatment is evidence of this.*

Measure S2.2: *No* Recurrence of Maltreatment in Foster Care **Action: Strength**

Definition: This safety measure reflects the percentage of children who were not victims of a substantiated or inconclusive child maltreatment allegation by a foster parent or facility staff while in out-of-home care.

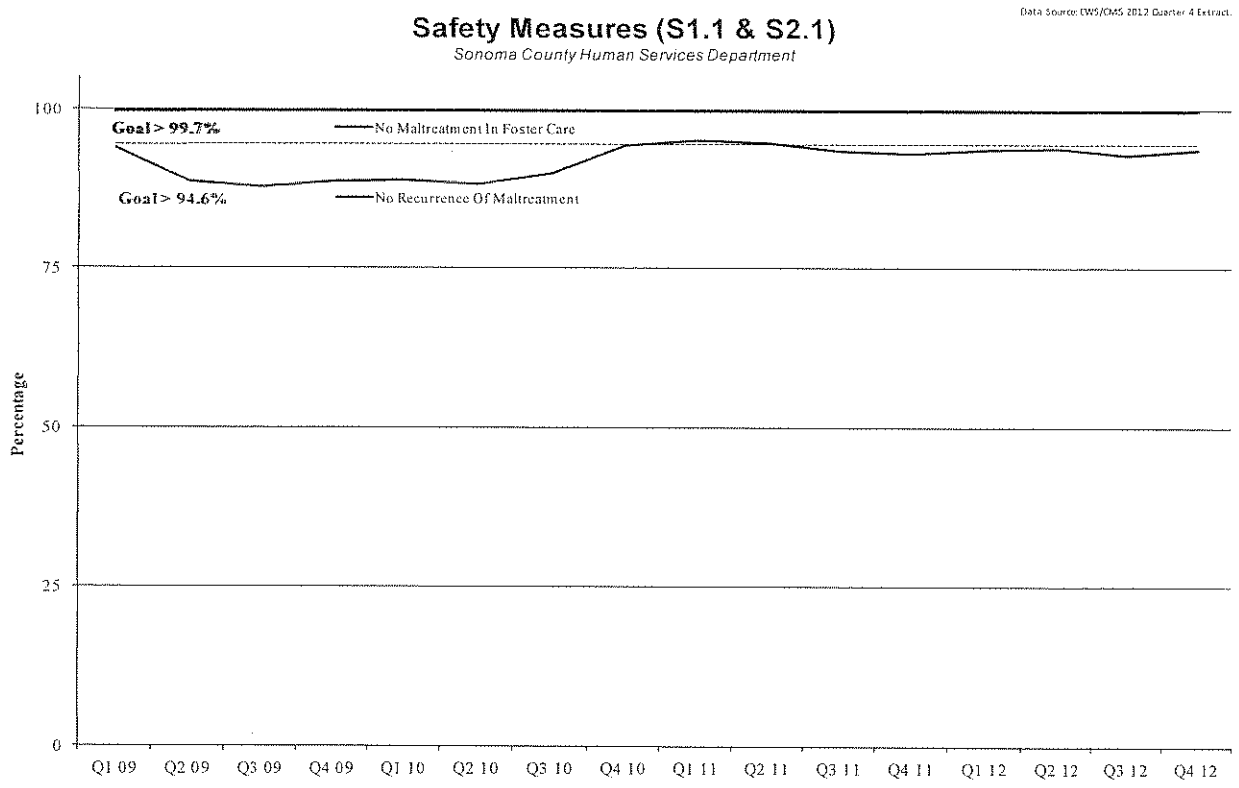
S2.2 No Recurrence of Maltreatment in Foster Care		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 99.68%	**100%**	**100%**

Trend Comparison: Sonoma County has historically performed higher than the national target of 99.68%. The rate of *no* maltreatment in foster care has not dipped below 100% since Q3 2008.

Race/Ethnicity: There have been no instances of child maltreatment of a child in foster care during the period of analysis covered by this report: 2009 – 2012. Dating back to 2002, the number of children who experienced a recurrence of maltreatment while in foster care is too low to yield meaningful analysis.

Age: There have been no instances of child maltreatment of a child in foster care during the period of analysis covered by this report: 2009 – 2012.

County Response: FYC and Sonoma County Behavioral Health have partnered to ensure that all children and youth who enter foster care are screened and possible assessed for mental health and developmental needs. Two mental health clinicians are located at the Valley of the Moon Children's Home to assess all youth who come through its doors. Depending on the results of the assessment, youth are referred to mental health services. One mental health clinician provides screening to all other children who come into foster care but who do not first go to VMCH. Mental health screening, assessment and services are essential for children who have experienced trauma and contribute to more stable and nurturing placements.



SAFETY 2 – Children are safely maintained in their homes whenever possible and appropriate.

Measure 2B: Percent of Child Abuse and Neglect Referrals with a Timely Response (process measure) **Action: Strength/Explore**

Definition: This measure computes the percentage of referrals in which face-to-face contact with a child occurs, or is attempted, within the regulatory timeframes. NOTE: For this measure, the quarter includes data for investigations active in that quarter only; it is not a rolling annual count.

2B Timely Response to Allegations of Child Abuse and Neglect			
National/State Target	Response Type	Sonoma County Q4 2009	Sonoma County Q4 2012
> 90%	Immediate	90.0%	94.5%
	10-Day	88.3%	81.9%

Trend Comparison: In every quarter since Q1 2009, the percentage of Sonoma County child abuse/neglect referrals requiring an immediate response that had a timely response has remained consistently above the target of 90%.

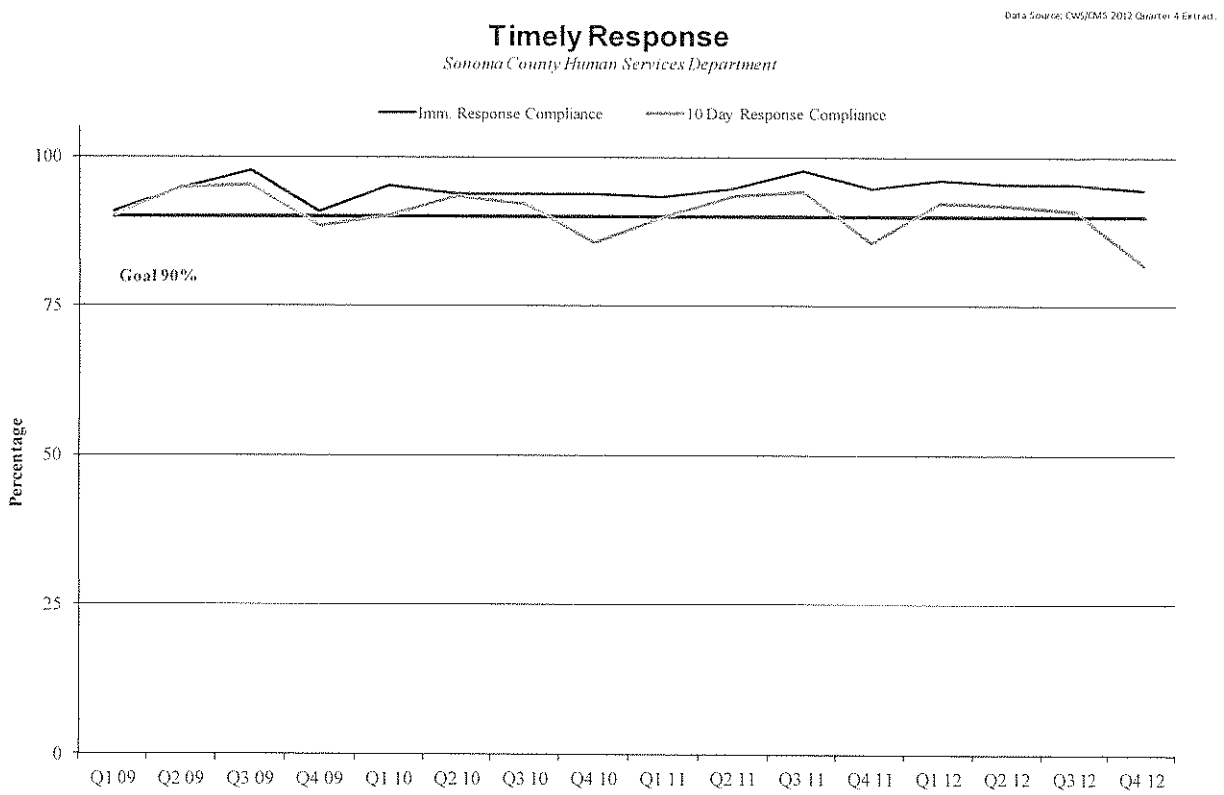
The percentage of child abuse/neglect referrals requiring a 10-day response that had a timely response followed a slightly different pattern. Since 2009, it has had periodic dips below the

target. Interestingly, this has consistently happened during the fourth quarters of 2009, 2010, 2011 and 2012.

Race/Ethnicity: For investigations requiring an immediate response, the rates for all race/ethnicity groups were all above the target of 90% in Q4 2012. For investigations requiring a response within 10 days, the rate of timely response was the lowest for African Americans at 78.9% compared to the countywide rate of 81.9%. For investigations involving White children the rate of timely response was 82% and for Latino children it was 82.9%. The numbers for Native Americans are too small for analysis.

Age: For investigations requiring an immediate response, the rate of timely response for babies (under age 1) was the lowest of all the age categories; it was 88.2% in Q4 2012. Of the 17 babies who required an immediate response, social workers met the required timeframe for 15 of them. The rates of timely response for all other age groups exceeded the 90% target. For investigations requiring a response within 10 days, the rate of timely response was the lowest for three to five year olds (77.6%), followed by 11-15 year olds (79.2%). For babies under age 1 who required a 10-Day response, 19 out of 20 of them received a timely response.

County Response: FYC is proud of its performance in the timely response measures which have been consistently above the state target with the exception of the fourth quarter of each year. For nearly the entire time period covered by this CSA, Sonoma County has had a furlough in effect which resulted in county offices closed for the days between Christmas and New Years Day. A "skeleton" crew was on shift during the furlough period and prioritized immediate-response referrals. FYC believes the furlough to be the primary cause of the annual dip in compliance for 10-day referrals. Moving forward, FYC will be more strategic in its staff coverage during the fall/winter months that typically have more staff requests for time off.



Probation: Measure 2B is not applicable to probation.

Measure 2C: Timely Social Worker Visits with Child (process measure) **Action: SIP**

Definition: This measure computes the percentage of children in active cases who received a monthly visit, out of all those children for whom a visit was required. This includes children in Emergency Response cases, Family Maintenance (both voluntary and court-ordered), Family Reunification, Permanency Planning and Supportive Transition (non-minor dependents). NOTE: For this measure, the quarter includes data for cases active in that quarter only; it is not a rolling annual count.

2C Timely Social Worker Contacts with Children in Cases		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 90%	91%	85%

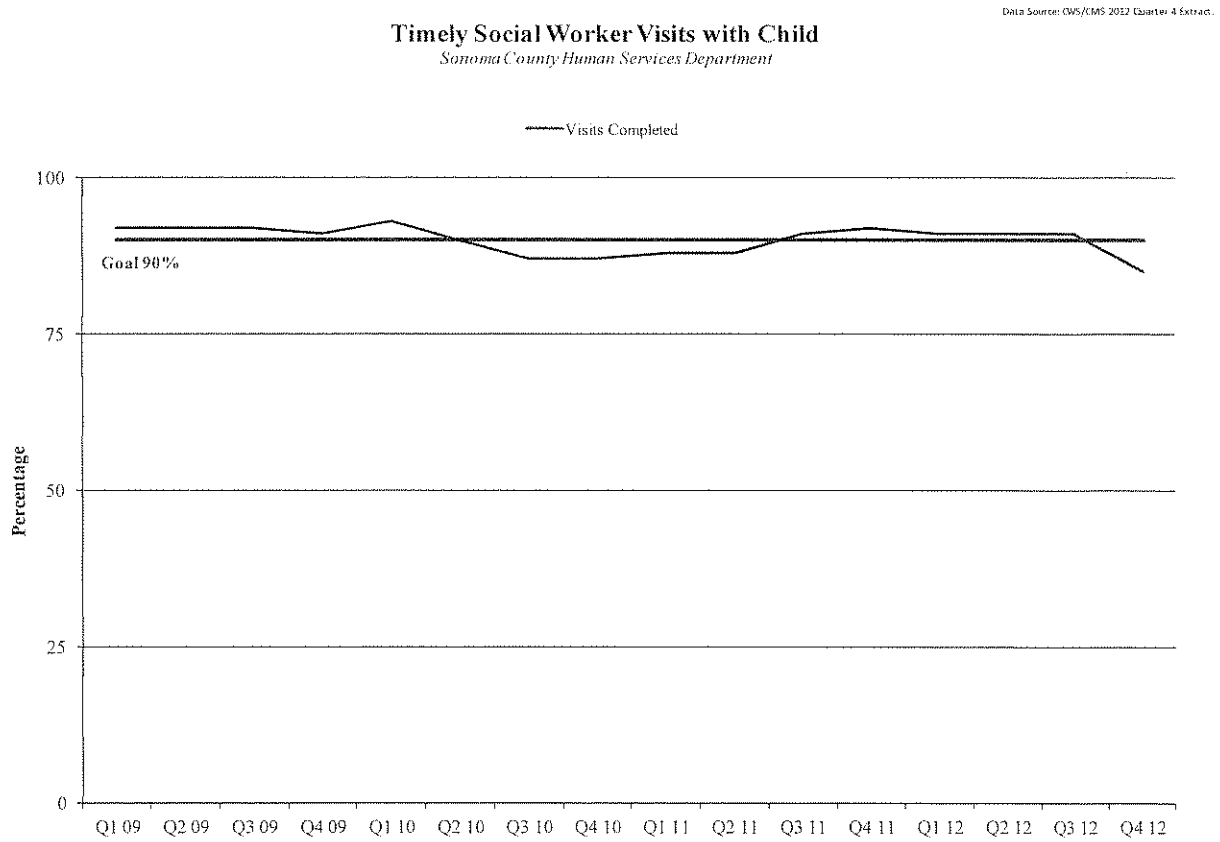
Trend Comparison: As the graph below illustrates, Sonoma County has hovered around the state/national target of 90% between 2009 and 2012. Except for the time period July 2010 to June 2011, the county has achieved a rate of timely contact with children in active cases that is above 90%. In the most recent quarter, Sonoma County's performance declined to its current rate of 85%.

Race/Ethnicity: In Q4 2012, social workers exceeded the 90% target of timely monthly contact with Latino children but did not consistently do so for either White, African American or Native American children.

Age: In Q4 2012, social workers exceeded the 90% target of timely monthly contact with babies under age 1 but did not consistently do so for children over age 1. Monthly contact with non-minor dependent youth (age 18-20) was the lowest with a quarterly contact rate of 78%, followed by youth ages 16-17 with a rate of 79.3%. 85% of toddlers ages 12 to 36 months received timely monthly contacts during Q4 2012.

County Response: Sonoma County continues to make efforts to improve compliance with this measure. Strategies that the FYC has implemented as a result of the last CSA include:

- *Providing laptops and Citrix tokens to be used on a rotation by field social workers*
- *Creating a monthly data reporting system for each social worker that includes compliance on monthly visits*
- *Positive recognition for social workers who are consistently above the target*
- *Support, coaching and discipline for social workers who are consistently below the target*
- *Training in Safe Measures so social workers and supervisors can access compliance and case management data directly*



Measure 2C: Timely Probation Officer Visits with Youth (process measure) Action: SIP

Definition: This measure computes the percentage of youth in active probation placement cases who received a monthly visit, out of all those children for whom a visit was required.

2C Timely Probation Officer Contacts with Youth in Placement		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 90%	90.6%	87.9%

Trend Comparison: A comparison between Q4 2009 and Q4 2012 shows a slight decline in performance for this measure, causing the PD to fall below the target.

Race/Ethnicity: The ethnic group with the highest rate of timely visitation was Asian/Pacific Islander with 100% of visits performed on time. The ethnic group with the lowest rate of timely visitation was Black with 81% of visits occurring on time. All other groups had fairly similar rates of timely visitation (between 87 and 89%).

Age: The age group with the highest rate of timely visitation was 18-20 year olds with 93% of visits performed on time. The age group with the lowest rate of on-time visitation was 6-10 year olds with 85% of visits occurring on time.

Probation Response: In 2012 the Probation Department was made aware of tracking issues in the CWS/CMS system, and that probation departments across the state were now being held responsible for visiting youth monthly in juvenile hall while they awaited placement and for attempts to visit and locate AWOL youth. The Probation Department immediately came into compliance with this new rule (DATA) and it is anticipated that this performance measure will continue to be above the National/State target into the future.

Stakeholder Input to Safety (1) and (2)

Safety is the primary mission of the Family, Youth and Children's Division of the Sonoma County Human Services Department. There are a number of factors that could affect child safety outcomes. Through nineteen (19) community meetings and focus groups, county staff and its community partners identified strengths, challenges and systemic factors that may be contributing to the safety measures above. The items listed below emerged as a result of a content analysis of all of the qualitative data collected through the CSA process. These factors will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Safety Strengths

- Well-trained, MSW-level social workers across entire spectrum of child welfare services including receiving and triaging reports of child abuse (hotline)
- Hotline staff are thorough and ask purposeful questions; often communicate next steps to caller
- Prompt response from Emergency Response social workers to allegations of child abuse and neglect; take the time to gather information, talk to reporter; cooperative with school staff

- Smaller ER team creates more consistent practice
- Having bilingual Emergency Response social workers
- Implementation of Structured Decision Making (SDM) for assessment; helping to focus agency's efforts on higher risk families (Child Welfare)
- Focus on higher risk families who may be less likely to access services without intervention
- Implementation of Team Decision Making (TDM) when deciding whether to remove child from his/her home
- Use of assessment tools (Probation)
- Prevent Child Abuse Sonoma County (CAPC)
- Mandated Reporter training offered countywide
- Annual child abuse awareness campaign
- Valley of the Moon Children's Home as a safe place for recently removed children and for youth for whom placement is disrupted
- New policy with hospitals regarding assessment and reporting on substance exposed newborns
- Substantiation rates as a percent of total allegations are fairly consistent across all race/ethnicities
- Coordination with ICWA representatives during child abuse investigations; tribes are attending detention hearings
- Increased collaboration with community organizations
- Increase in SCARs even if no report made right away
- Having an Emergency Response social worker do the investigation of an allegation for a child who is already in foster care is helpful; objective set of eyes
- Many, but not all, law enforcement agencies are responsive, engaged, collaborative
- Using removal and out of custody petitions more often to protect children at highest risk

Safety Challenges/Unmet Needs

- Recession: high unemployment, public services scaled back, school schedules shortened, etc.
- Not enough nor well-targeted community education, training on child abuse reporting
- Lack of shared understanding about child abuse criteria:
    - child abuse vs. parenting issue
    - child welfare vs. law enforcement
    - knowledge of allegation types
    - assumption that child abuse happens elsewhere (NIMBY)
- Variation in approaches to and perspective of making child abuse reports:
    - Cultural context
    - Personal choice and belief systems
    - Worries about confidentiality
    - Uncertainty about how CPS will respond to report
    - Inconsistent response by intake workers, depends on who caller is speaking to
    - Lack of understanding about what happens with report; follow-up

    - Fear of reporting and what it means to family
- Variation in school policies that act as a barrier to reporting such as a requirement that the report is made by the principal and lack of teachers' knowledge on how to make a report
- Law Enforcement:
    - Lack of cross-referrals from law enforcement
    - Shift to warrant system from police holds came with little training on exigency
    - Police reports received and processed well after (sometimes months) incident has occurred making investigation difficult
    - Variation in collaboration, engagement, responsiveness of law enforcement agencies
- General neglect and severe neglect allegations have increased since 2007, possibly due to the recession, increased methamphetamine distribution and use, high cost of child care, the elimination of substantial risk as a valid allegation type
- Disproportionate representation of Native Americans and African Americans in number of referrals relative to population
- Policy and procedure on Emergency Response investigation of allegations for a child who is already in foster care is confusing and may impede timely response to safety issue; role of Community Care Licensing is unclear
- Inconsistent response by social workers about what constitutes abuse and neglect, i.e. outcome depends on who is assigned
- Gaps in communication between Emergency Response and Placement social workers
- Increase in removals: inconsistent criteria for deciding on removal
- Too quick to remove without considering lower level options such as Voluntary Family Maintenance or Informal Supervision (301)
- Team Decision Making (TDM):
    - Inconsistent use of TDM
    - seems like decision has already been made
    - No dedicated TDM facilitators (have caseloads)

Systemic Factors Related to Safety Outcomes

- Organizational changes within last 2 years including new Commissioner, shift to warrant system, consolidated ER units, implementation of SDM and TDM, changes to staffing of Immediate Response referrals
- Increased coordination among service providers and public agencies – coordination has improved within the last three years but there is still need for additional coordination
- Wide array of community-based prevention services available to many families whose children remain in the home
- Services unavailable and difficult to access outside of urban core
- Dearth of bilingual services and services for undocumented residents
- No longer have co-located social workers, community services in schools
- Frequent changes in assigned social workers which can result in gaps in knowledge about child behavior, placements and family characteristics

- Youth placed out of county and out of state resulting in a rotation of social workers completing monthly contacts
- Difficulty accessing out-of-county data (CWS/CMS)
- Delayed data entry into CWS/CMS
- Inefficient and lack of public transportation
- Shortage of affordable mental health/counseling services for low-income, high risk families
- Lack of funding for substance abuse treatment, family violence treatment, family resource centers and other family support services
- Lack of community-level indicators for child safety, i.e. how is decreased risk at the community-level demonstrated?

FYC has identified issues in data entry that affect agency performance on Safety Outcomes. For example, if visits between social workers or probation officers and youth are not recorded in a timely fashion into the database, the county's performance in Measure 2C will decline. Additionally, prevention programs in Sonoma County do not share a common MIS system or approach to data collection which act as a barrier to assessing the effect prevention services have had on child safety outcomes.

At the writing of the 2010-2013 SIP, there was a shift in how children are detained with more out-of-custody petitions being filed by child welfare workers rather than by law enforcement. This is believed to be a contributing factor to the increase in child removals since 2010. However, despite the increase in removals over the past several years, Sonoma County continues to experience a lower rate of removal (per capita) than the state average.

The availability of prevention and treatment services also affects how Sonoma County children fare in terms of safety. Since 2010, the County has increased the amount of funding for services available to families who are diverted from the child welfare system. Since July 2012, all CAPIT/PSSF/CBCAP funds are dedicated to services that prioritize families referred by the HSD as a result of an investigation of child abuse or neglect. Demand for services in more rural, outlying areas of the county continues to exceed the supply of such services.

Probation:

With about 5,000 referrals per year, Probation has approximately only 70 to 90 children in placement at any given time. When Juvenile Probation suspects abuse and neglect in a family, the division may provide the family with local resources; however, the case will be referred to HSD pursuant to the Sonoma County Dual Status 241.1 Protocol. Probation's strong partnerships with the HSD and with Sonoma County Mental Health permit Probation to address children's safety needs through the Dual Status Protocol process. Probation utilizes the CWS/CMS database to investigate whether a youth (or family) referred to the Probation Department has a history of referrals with HSD. This information is then provided to the Court for consideration at the Detention Hearing and at Disposition.

PERMANENCY 1 – Children have permanency and stability in their living situations without increasing reentry into foster care.

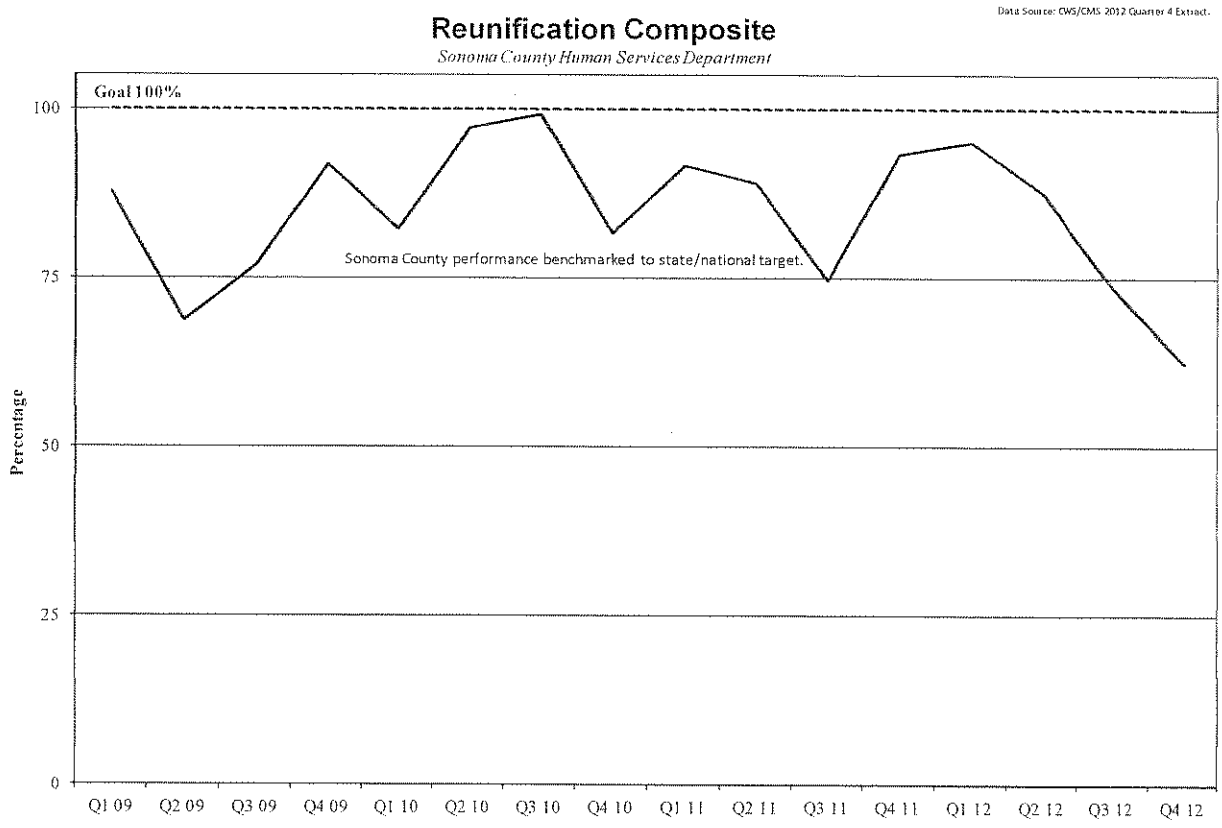
PERMANENCY COMPOSITE 1

Action: SIP

Timeliness and Permanency of Reunification

Definition: This composite is made up of four individual measures related to the timeliness and permanency of reunification, which provide the actual data for the analysis. The weight of each measure, or the contribution to the component score, is determined using a statistical technique called principal components analysis which is performed by statisticians at the UC Berkeley Center for Social Services Research.

Sonoma County Reunification Composite				
TARGET SCORE	2009 Reunification Composite Score	2009 Reunification Composite GRADE	2012 Reunification Composite Score	2012 Reunification Composite GRADE
122.6	109.1	B	107.9	B-



County Response: Sonoma County continues to have average success in the area of family reunification. It has only rarely met or exceeded the individual performance measures that make up the reunification composite with the exception of re-entry following reunification in which the

county has historically and consistently exceeded the target. In other words, it may take longer for Sonoma County children to reunify with their parents but when they do they do not return to foster care due to re-abuse. Sonoma County holds its low re-entry rate to be a source of considerable pride. Nonetheless, FYC believes the following issues/factors have contributed to the county's underperformance in timely reunification:

- *Ice Breaker meetings of parents and foster parents have been inconsistently implemented.*
- *Parent Mentor program has not been funded to expand beyond a "pilot" and at that has been only partially implemented (only 1 parent mentor).*
- *Many experienced Family Reunification social workers have retired or moved to other programs resulting in a "new" FR workforce.*
- *There was a change in Dependency Court Commissioner.*
- *FYC will explore reunification trends with regard to the age groups with special attention on babies and toddlers (lower timely reunification) and 6-10 year olds (higher timely reunification).*
- *FYC will explore data entry issues that may affect timeliness of reunification such as whether placement episodes are end-dated at the time the trial home visit commences.*
- *Because Sonoma County has a long history of reunifying children well after reunification services have been terminated, its median time to reunification is likely to always be longer than the goal established by the state.*

INDIVIDUAL REUNIFICATION MEASURES

Measure C1.1: Reunification Within 12 Months (exit cohort) (composite weight: 22%)

Definition: This permanency measure reflects the percentage of children who were discharged to reunification and were discharged within 12 months of removal from the home. This is a measure of the *timeliness* of reunification; it is not a measure of the percentage of children who reunified.

C1.1 Reunification Within 12 Months (exit cohort)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 75.2%	**60.4%**	**44.2%**

Trend Comparison: During the current SIP cycle, Sonoma County steadily improved its rate of timely reunification to a peak of 70.5% observed in Q3 2010. However, since that time, Sonoma County's rate of reunification within 12 months has been declining to its current rate of 44.2%.

Race/Ethnicity: 53 Latino and 60 White children exited to reunification during the period of analysis (Q4 2012).[12] However, only 36.7% of White children were reunified within 12 months compared to 50.9% of Hispanic children. Of the 10 Native American children reunified during

[12] The period of analysis for most of the Berkeley data is a 12 month time span with rolling counts. For example, Quarter 4 of 2012 refers to the time period between January 1, 2012 to December 31, 2012. Quarter 1 of 2013refers to the time period of April 1, 2012 to March 31, 2013. Each new quarter is incorporated into the previous 3 quarters' data.

the period of analysis, 5 did so within 12 months (50%). Of the three African American children who reunified during Q4 2012 none did so within 12 months. The total numbers of African American and Native American children in the entry cohort are very small and should be interpreted with caution

Age: In Q4 2012, the proportion of children who reunified within 12 months of removal was higher for younger children than older children.

Measure C1.1 Reunification within 12 months (exit cohort) – by age Q4 2012			
Age	**Number of children who reunified**	**Number reunified w/in 12 months**	**Percentage**
Under 1 year	7	7	100%
1-2 years	16	9	56.3%
3-5 years	25	13	52%
6-10 years	40	17	42.5%
11-15 years	27	8	29.6%
16-17 years	14	3	21.4%
18-20 years	0	0	0
This measure calculates the number of children who were reunified within 12 months of removal out of the total number of children reunified during the time period.			

Measure C1.3: Reunification Within 12 Months (entry cohort) (composite weight: 12%)

Definition: This permanency measure computes the percentage of a cohort of children who reunified within 12 months of removal. The entry cohort is comprised of children entering foster care for the first time within a 6-month period (July 1, 2011 and December 31, 2011). This measure differs from the previous measure (C1.1) in that this measure includes all children who entered during a time period regardless of when, whether and how they exited, whereas C1.1 includes only children who exited to reunification during a time period regardless of when they entered.

C1.3 Reunification Within 12 Months (entry cohort)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 48.4%	**23.2%**	**32%**
This measure computes the percentage of children who entered foster care between 7/1/11 and 12/31/11 and reunified within 12 months of entry.		

Trend Comparison: Overall, Sonoma County has gradually improved its rate of timely reunification during this period of analysis, continuing a trend that started in 2003. At that time, 16.9% of children who entered foster care for the first time within the specified 6 month timeframe exited to reunification within 12 months of being removed from the home. In Q4 2009, Sonoma County's rate of timely reunification had increased to 23%. Between 2009 and 2012, Sonoma County continued to increase the rate of timely reunification reaching a peak of 42.7% in Q2 2011. While the current rate (Q4 2012) of 32% reflects a decrease and is below the national target of 48.4%, the ongoing trend has been a gradual but steady improvement in this outcome measure.

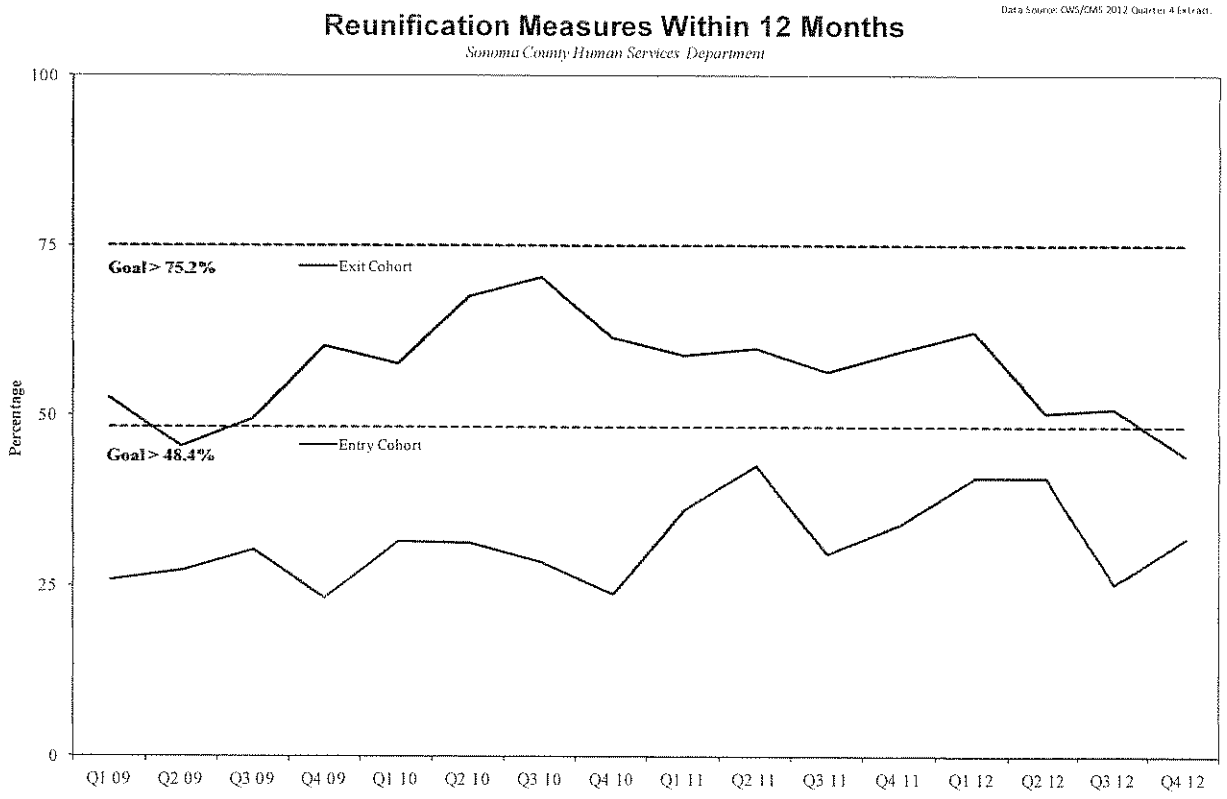
Race/Ethnicity: In Q4 2012, of children in the entry cohort, 25.9% of White children reunified within 12 months of removal. The rate was 38.9% for Latino children. The total numbers of African American and Native American children in the entry cohort are very small (n=3 and n=4 respectively) and should be interpreted with caution: No African American children and 1 Native American child reunified within 12 months of removal.

Age: In Q4 2012, children ages 6-10 who entered foster care for the first time within the specified 6-month time period had the highest rate of reunification within 12 months of removal at 46.4%. Infants under 1 year of age had the lowest rate of reunification within 12 months of removal at 14.2%. Of the 35 infants in the entry cohort, 48.6% were still in care in Q4 2012. 68.9% of toddlers, 60% of preschool-age children and 53.6% of 6-10 year olds were still in care.

Measure C1.3 Reunification within 12 months (entry cohort*) – by age Q4 2012				
Age	**Number of children in entry cohort**	**Number reunified w/in 12 months**	**Percentage**	**Number of kids still in care** on 1/1/2013**
Under 1 year	35	7	20%	25
1-2 years	16	4	25%	11
3-5 years	15	6	40%	9
6-10 years	28	12	42.9%	16
11-15 years	25	10	40%	15
16-17 years	3	1	33.3%	2
18-20 years	0	0	0	0

**The entry cohort includes all children who were removed between July 1 and December 31, 2011.*
***This table does not reflect the children who exited foster care due to adoption, guardianship or emancipation.*

Exit Outcomes – Sonoma County					
All children who entered care between 4/1/2009 and 9/30/2009	Child/Youth Reunified at 36 months	Child/Youth Adopted at 36 months	Child/Youth in Guardianship at 36 months	Child/Youth Emancipated at 36 months	Child/Youth Still in Care at 36 months
Age 0-5 (at entry)	53.2%	31.9%	2.1%	0%	10.6%
Age 6-10 (at entry)	59.1%	9.1%	4.5%	0%	27.3%
Age 11-15 (at entry)	54.5%	4.5%	0%	4.5%	36.4%
Age 16 and older (at entry)	28.6%	0%	0%	71.4%	0%



Measure C1.2: Median Time to Reunification (exit cohort) (composite weight: 21%)

Definition: This permanency measure computes the median length of stay (in months) for children discharged to reunification. Length of stay is calculated as the date of discharge from foster care minus the latest date of removal from the home.

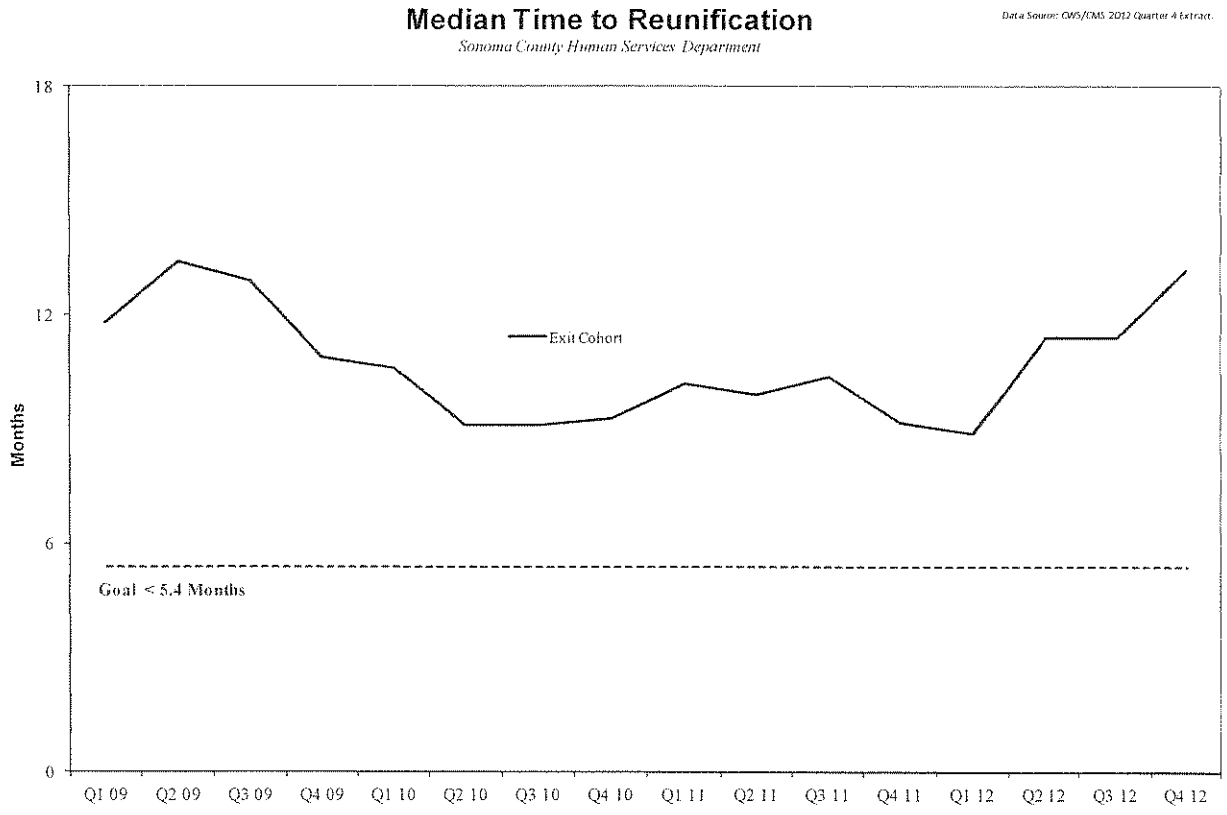
C1.2 Median Time to Reunification (in months)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
< 5.4 months	**10.9 months**	**13.2 months**

Trend Comparison: Between 2009 and 2010, Sonoma County experienced a decrease in the median length of stay in foster care for children who exited to reunification. In Q2 2009 the median time to reunification was 13.4 months; in Q2 2010 the median time to reunification was 9.1 months. The rate hovered around a median of 9 months for nearly two years when it began to increase again. The median time to reunification for the children who exited to reunification in 2012 was 13.2 months.

Race/Ethnicity: African American children spent the longest average time in foster care before reunifying at 14.1 months (median). White children spent 13.9 months; Native American children 12.7 months and Latino children 11.8 months. The measure for African American and Native American children should be interpreted with caution due to low numbers at 3 and 10 respectively.

Age: Children who reunified at a younger age spent less time in foster care before reunifying with their parents. As the table below depicts, the length of stay in foster care increases as does the child's age.

Measure C1.2 Median time to reunification (exit cohort) – by age Q4 2012			
Age	**Number of children who reunified**	**Number reunified w/in 12 months**	**Median (in months)***
Under 1 year	7	7	5.2 months
1-2 years	16	9	11.5 months
3-5 years	25	13	11.7 months
6-10 years	40	17	13.1 months
11-15 years	27	8	15.6 months
16-17 years	14	3	21.1 months
18-20 years	0	0	0
**The median is calculated only on the lengths of stay in foster care of the youth who reunified; children who are still in care or who exited to another form of permanency are excluded from the calculation.*			



Measure C1.4: Reentry Following Reunification (composite weight: 46%)

Definition: This permanency measure reflects the percentage of children reentering foster care *within 12 months* of a reunification discharge.

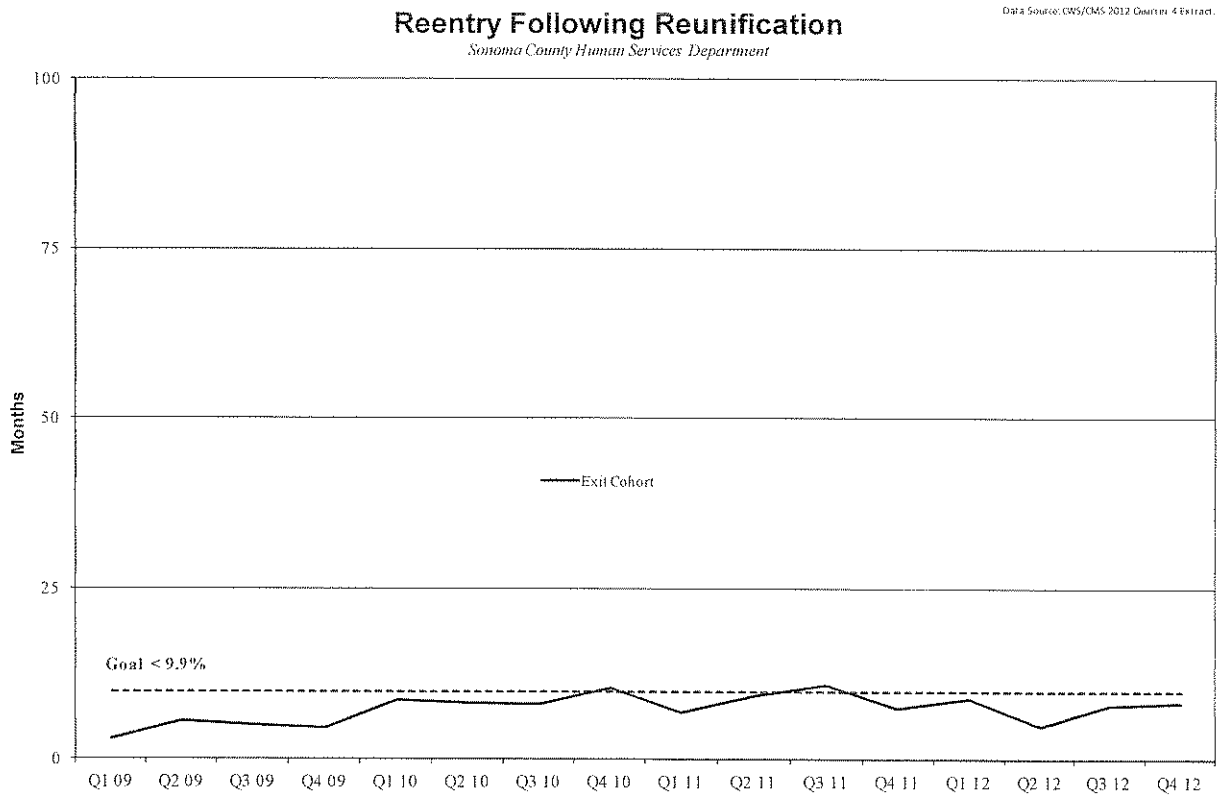
C1.4 Re-Entry to Foster Care Following Reunification		
National/State Target	**Q4 2009 Sonoma County Performance**	**Q4 2012 Sonoma County Performance**
< 9.9%	**4.7%**	**8.3%**
This measure calculates the rate of re-entry of children into foster care at some point in 2012 after having reunified between January and December 2011.		

Trend Comparison: This measure is one of Sonoma County's greatest strengths. Sonoma County has consistently performed well in this area, with rates below the state/national target. In fact, Sonoma County's Q1 2009 rate of reentry into foster care was the third lowest in the state. However, Sonoma County's re-entry rate has risen within the last three years. In Q4 2009, the rate of reentry into foster care was 4.7%. In Q4 2012, the reentry rate was 8.3%. For the first time in the past decade Sonoma County experienced two quarters, Q4 2010 and Q3 2011 in which re-entry rates did not meet the state target.

Race/Ethnicity: In Q4 2012, the rate of reentry into foster care was lowest for Native Americans at zero although there were only 3 Native American children who were included in the analysis. 4.7% of Latino children re-entered foster care after reunification which is below the countywide rate. White children and African American children re-entered at rates higher than the countywide rate at 9.1% and 23.1% respectively.

Age: In Q4 2012, of the 13 children who reentered foster care within 12 months of being discharged to reunification, none were under one year at the time of reunification. 5 of the children who re-entered during 2012 were ages 6-10 at the time of reunification in 2011, a rate of 13.2% which is higher than the state/national target.

Measure C1.4 Re-entry within 12 months* of reunification (exit cohort) – by age Q4 2012			
Age	**Number of children who reunified 2011**	**Number of children re-entered 2012**	**Percentage**
Under 1 year	13	0	0
1-2 years	23	2	8.7%
3-5 years	27	3	11.1%
6-10 years	38	5	13.2%
11-15 years	44	3	6.8%
16-17 years	11	0	0
18-20 years	0	0	0
**This measure calculates the rate of re-entry of children into foster care at some point in 2012 after having reunified between January and December 2011.*			



Stakeholder Input to Permanency Composite 1 (Reunification)

Sonoma County takes pride in providing exceptional reunification services to families, services that go above the standard of practice. Often, this means providing intensive family reunification services that may extend beyond the target 12 month period. It is common practice for families to receive family maintenance services after reunification services end. As a result, Sonoma County has historically had one of the lowest re-entry rates in the state.

The factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Reunification Strengths

- Well-trained, MSW-level social workers in Family Reunification who care about children and families
- Sonoma County philosophy of keeping families intact
- Emphasis on successful reunification – low rate of reentry into foster care: Sonoma County has consistently had fewer children re-enter foster care following reunification than the state as a whole
- Timely reunification for children under age 10
- Will re-consider reunification as appropriate well after Family Reunification services have been terminated

- High quality emergency foster care program with specialized training in medically fragile infants
- Valley of the Moon Children's Home prevents inappropriate initial placements
- Placement with relatives or extended family
- Ice Breaker meetings of parents and foster parents are effective for engaging parents in reunification process; better for children's well-being during reunification process
- Foster parents mentor each other
- Dependency Drug Court
- Wide array of services for parents during Family Reunification
- Sonoma Kinship Family Center to support relative caregivers during reunification
- Existing and emerging partnerships/collaborations
- ICWA (Indian Child Welfare Act) Roundtable and Protocol
- Use of SDM (family strengths and needs assessment) to guide development of case plan
- Increased use of evidence-based practice
- Increased collaboration with other county departments, community organizations and service providers

Reunification Challenges/Unmet Needs

- Children age 6-10 reunify quickly with their parents but re-enter foster care more frequently than the county average or the state/federal target.
- White children (10.9%) re-enter foster care following reunification more often than Latino children (4.8%).
- Children who have been removed due to physical abuse take longer to reunify than children who have been removed due to neglect.
- Adoptions and Safe Families Act (AFSA) reunification timelines often unrealistic especially with prevalence of methamphetamines
- Lack of Treatment Foster Care homes
- Services difficult to access outside of urban core
- Demand for bicultural, bilingual services exceeds supply, long wait lists
- Family reunification case plans are "cookie cutter" (i.e. one size fits all) and do not include SMART goals
- Case plan demands are high and are often uncoordinated with other requirements
- Parents are not engaged early enough in the case planning process
- Not using family group conferencing to engage parents in developing and achieving case plan goals
- Ice Breaker meetings held inconsistently and sometimes only after requested by foster parents
- CASAs not used during Reunification
- Lack of data/knowledge about effectiveness of services
- Social workers not aware of all services available; refer to service providers they are comfortable with and not necessarily because of knowledge of service quality (as related to client outcomes)

Systemic Factors Related to Reunification Outcomes

Systemic factors affecting timely reunification include court delays due to contested and continued hearings, families slow to engage in their case plans and services not being available when a parent is ready to engage. In addition, the shortage of services for Spanish-speaking families may contribute to reunification being delayed beyond the 12 month timeframe, lack of enforcement of Icebreakers, lack of subsidized housing and child care.

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PERMANENCY COMPOSITE 2

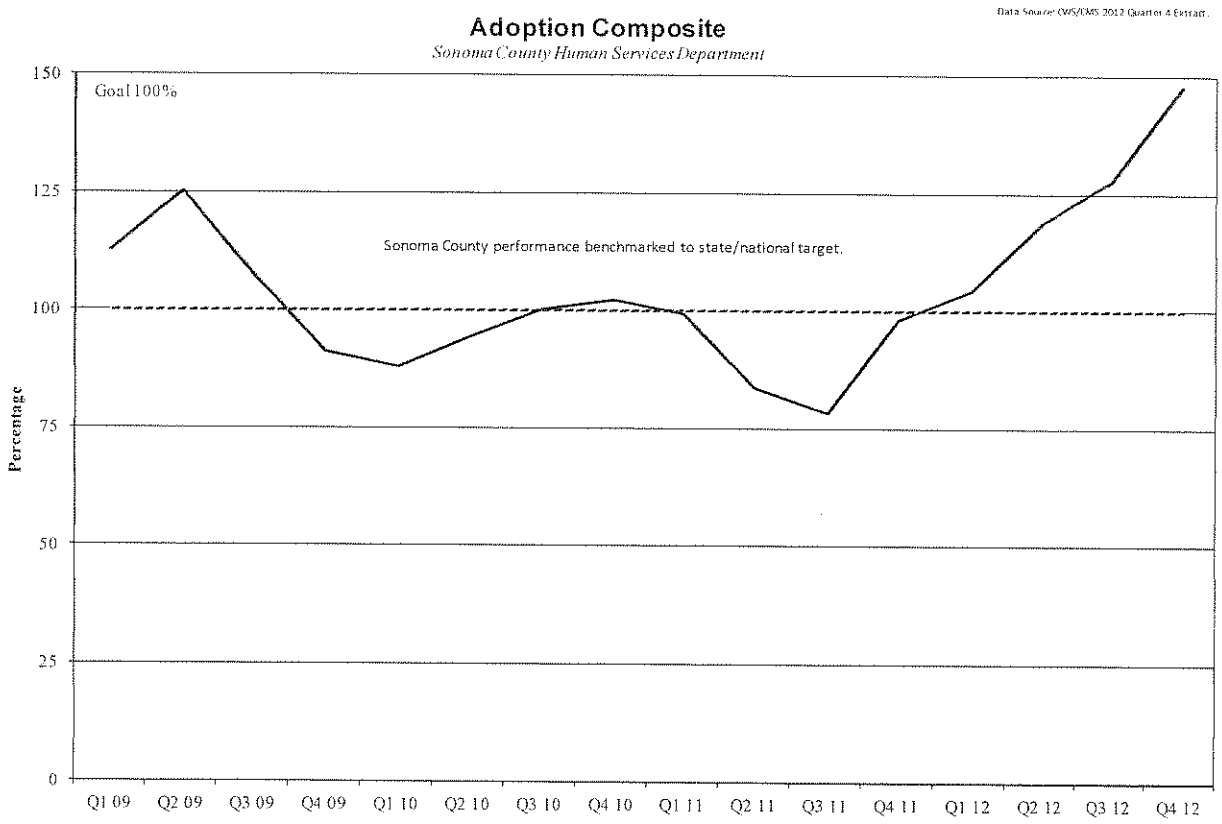
Action: Strength/Watch[13]

Timeliness of Adoptions

Definition: This composite is made up of five individual measures related to the timeliness of adoptions, which provide the actual data for the analysis. The weight of each measure, or the contribution to the component score, is determined using a statistical technique called principal components analysis which is performed by statisticians at the UC Berkeley Center for Social Services Research.

Sonoma County Adoption Composite				
TARGET SCORE	2009 Adoption Composite Score	2009 Adoption Composite GRADE	2012 Adoption Composite Score	2012 Adoption Composite GRADE
106.4	111.6	A+	120.4	A+

[13] Adoptions data support the conclusion that adoptions practices are a strength and therefore unnecessary to include in the 2014-2019 SIP. It has been designated as a "Watch" item due to the fact that the County will assume responsibility for all public adoptions functions effective July 1, 2013 and should therefore be closely monitored by the County via the SIP to ensure integrity of program implementation.



County Response: Over the course of the time period covered by this County Self Assessment, Sonoma County has performed very well overall in adoptions, a trend the county will strive to continue as it assumes responsibility of the Adoptions Program in July 2013. Of the Latino children who were adopted, fewer of them were adopted within 24 months when compared to White children. The county will explore the reasons for this during the next year to pinpoint what may be systemic reasons for this. That there were no adoptions of Native American children is evidence of the county's support of local tribal preferences on adoptions. Additionally, older youth are not exiting foster care to adoptions at the same rate or as quickly as younger children. As part of the assumption of the adoptions program, beginning July 1, 2013 FYC will be recruiting specifically for adoptive homes for older youth.

The delay in infants exiting to adoption after parental rights have been terminated is believed to be due to delays with home studies. This, too, will be addressed in the county's implementation of the adoptions program.

INDIVIDUAL ADOPTION MEASURES

Measure C2.1: Adoption Within 24 Months (exit cohort) (composite weight: 15%)

Definition: This permanency measure computes the percentage of children adopted within 24 months of removal. Only placement episodes ending in adoption are included. This is a measure of the *timeliness* of adoption; it is not a measure of the percentage of children who were adopted.

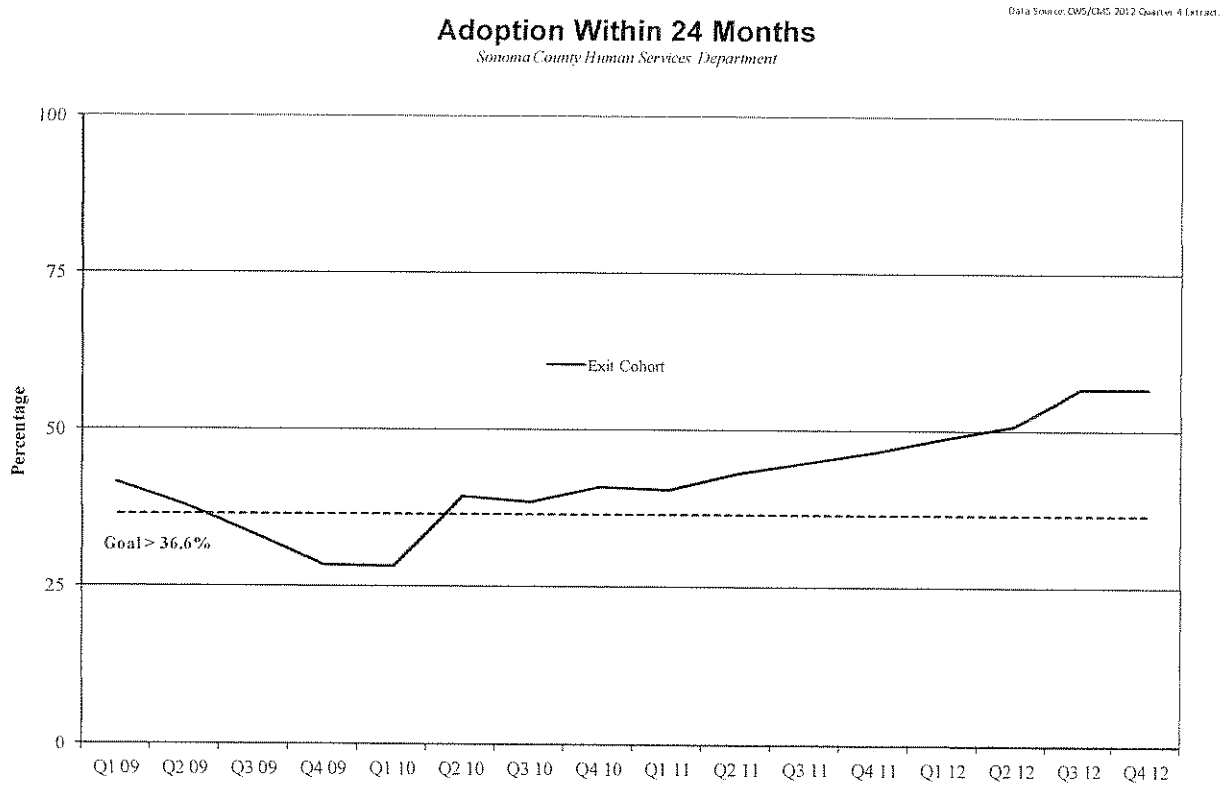
C2.1 Adoption Within 24 Months of removal (exit cohort)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 36.6%	**28.6%**	**56.9%**

Trend Comparison: Between 2010 and 2012 Sonoma County's rate of timely adoptions steadily improved. In Q4 2009, 28.6% of children who exited to adoptions did so within 24 months of removal. In Q4 2012, 56.9% of Sonoma County children who exited to adoption did so within 24 months of removal.

Race/Ethnicity: Of the children who exited to adoption in Q4 2012 within 24 months of removal, White children did so at a rate that was higher than the county rate. Of 32 white children who exited to adoption during the period of analysis 62.5% did so within 24 months compared to 46.7% of Latino children (out of 15). 50% of African American children and no Native American children were adopted within 24 months of removal. It should be noted that the total number of African American children that were adopted - regardless of how quickly - during this time period was only 4; there were no Native American children adopted during this time period regardless of timeliness.

Age: The data for this measure reflect a possible relationship between age and timely adoption. As the table below illustrates, of all children who exit to adoption the younger the child the more likely he or she will be adopted within 24 months of removal.

Measure C2.1 Adoption within 24 months (exit cohort) – by age Q4 2012			
Age	**Number of children adopted 2012**	**Number of children adopted within 24 months**	**Percentage**
Under 1 year	3	3	100%
1-2 years	21	16	76.2%
3-5 years	11	5	45.5%
6-10 years	12	5	41.7%
11-15 years	4	0	0
16-17 years	0	0	0
18-20 years	0	0	0
This measure calculates the number of children who were adopted within 24 months of removal out of the total number of children adopted during the time period.			



Measure C2.2: Median Time to Adoption (exit cohort) (composite weight: 19%)

Definition: This permanency measure computes the median length of stay (in months) for children discharged to adoption. Only placement episodes ending in adoption are included.

C2.2 Median Time to Adoption (exit cohort)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
< 27.3 months	**30.6 months**	**20.8 months**

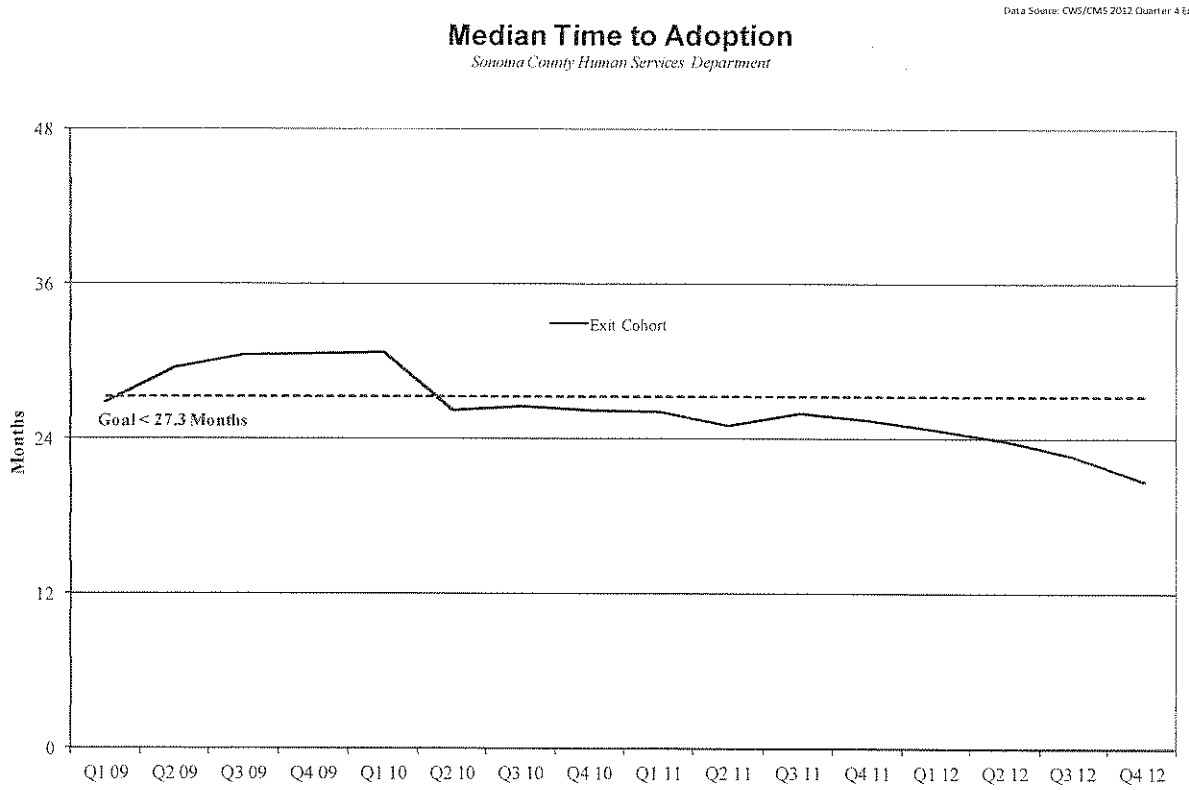
Trend Comparison: Sonoma County has made consistent gains in this area. In Q2 2010, Sonoma County children who exited to adoption surpassed the state target of 27.3 months and continued to get shorter (which is desirable) as evidenced by the current rate of 20.8 months in Q4 2012.

Race/Ethnicity: Of the children who exited to adoption in Q4 2012, Latino children spent more time in foster care than other ethnicities at 26.2 months (median). White children spent 19.1 months (median) in foster care before exiting to adoption. There were 4 African American children who exited to adoption during the period of analysis. No Native American children exited to adoption.

Age: In Q4 2012 the age group with the longest time in foster care before exiting to adoption was 11 to 15 year olds with a median of 52.7 months; however, there were only 4 youth in this age range who were adopted and therefore included in the analysis. There were only four

children over age 10 who exited to adoption during the period of analysis and none over the age of 15. Predictably, the youngest children (younger than 3) spend less time in foster care before exiting to adoption. Surprisingly, the median length of time for 3-5 year olds was longer than that for children age 6 to 10.

Measure C2.2 Median time to adoption (exit cohort) – by age Q4 2012			
Age	**Number of children who adopted**	**Number adopted within 24 months**	**Median (in months)***
Under 1 year	3	3	10.8 months
1-2 years	21	16	18 months
3-5 years	11	5	29.6 months
6-10 years	12	5	26.4 months
11-15 years	4	0	52.7 months
16-17 years	0	0	n/a
18-20 years	0	0	n/a
**The median is calculated only on the lengths of stay in foster care of the youth who were adopted; children who are still in care or who exited to another form of permanency are excluded from the calculation.*			



Measure C2.3: Adoption Within 12 Months (17 months in care) (composite weight: 22%)

Definition: This permanency measure reflects the percentage of children in foster care for 17 continuous months or longer on the first day of the period of analysis who were then adopted by

the end of the period of analysis (12 months). This measure is gauging the timeliness of adoptions for youth who have been in out-of-home care for longer than the "typical" duration of family reunification services. It is a proxy measure of the effectiveness of concurrent planning practices.

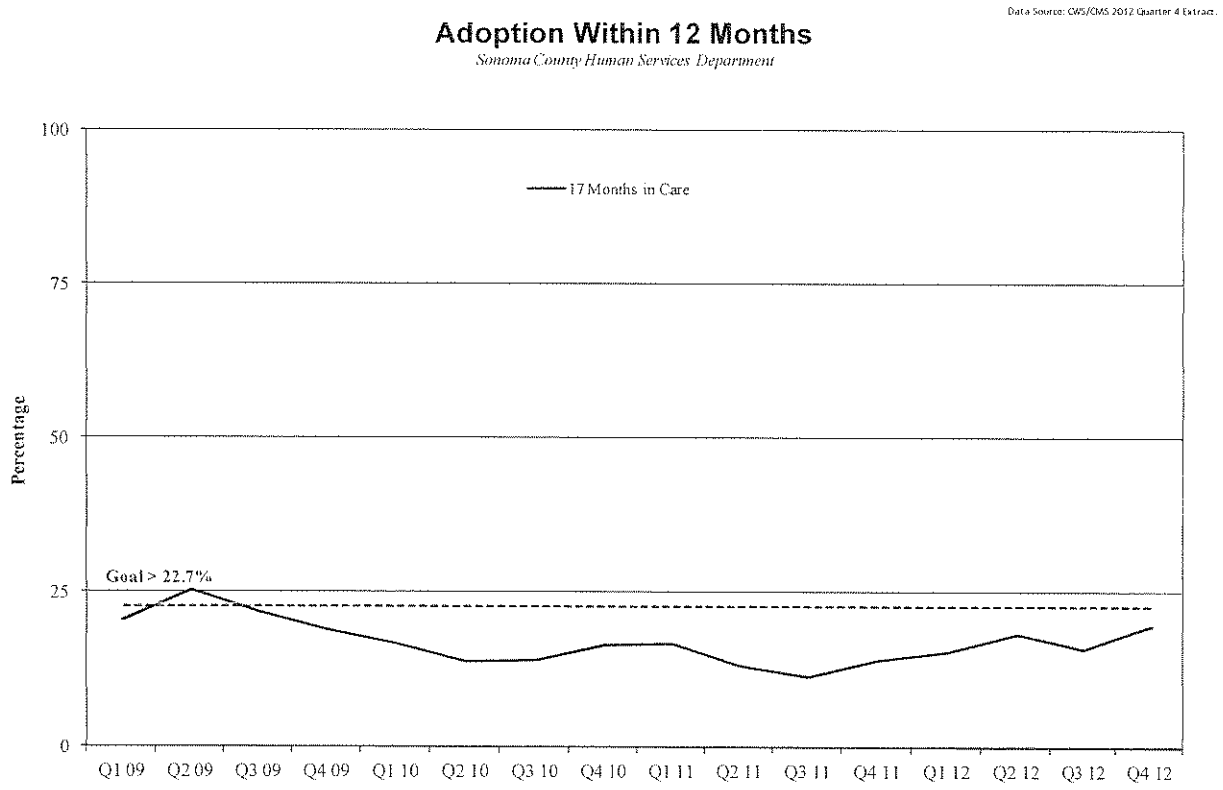
C2.3 Of Youth in Care at least 17 Months - Adoption Within 12 Months (exit cohort)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 22.7%	19%	19.7%

Trend Comparison: During the time period covered by this report, Sonoma County's performance has remained relative steady at or around 19%. Since data have been collected on this measure, there has only been one quarter (Q2 2009) where Sonoma County has surpassed the state/federal target of 22.7%.

Race/Ethnicity: In Q4 2012, the percentage of children who had been in foster care for longer than 17 months and then adopted within the next 12 months was the lowest for Native Americans although the total number included in the analysis was low (n=6). Of the six Native Americans who had been in foster care for 17 or more months, none were adopted within the next 12 months. African American children had the highest rate of this adoption measure at 30% (three of a possible ten African American youth were adopted); if analyzed alone, this subgroup met the national target. 20% of white children and 19.4% of Latino children were adopted within 12 months.

Age: In Q4 2012, there were 125 children ages 11 and older included for analysis in this measure. Of those, only 5 were adopted by the end of the year (period of analysis). The rates for all children age 10 and younger exceeded both the national target and the overall county rate.

Measure C2.3 Adoption within 12 months (17 months in care) – by age Q4 2012			
Age	**Number of children in care >17 months**	**Number of children adopted within the next 12 months**	**Percentage**
Under 1 year	0	n/a	n/a
1-2 years	14	9	64.3%
3-5 years	12	10	83.3%
6-10 years	32	12	37.5%
11-15 years	68	5	7.4%
16-17 years	57	0	0
18-20 years	0	0	n/a
This measure calculates the number of children who had been in foster care for at least 17 months at the beginning of the year and then adopted within the next 12 months.			



Measure C2.4: Legally Free Within 6 Months (17 months in care) (composite weight: 18%)

Definition: This permanency measure computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, who then became legally free for adoption within the next 6 months.

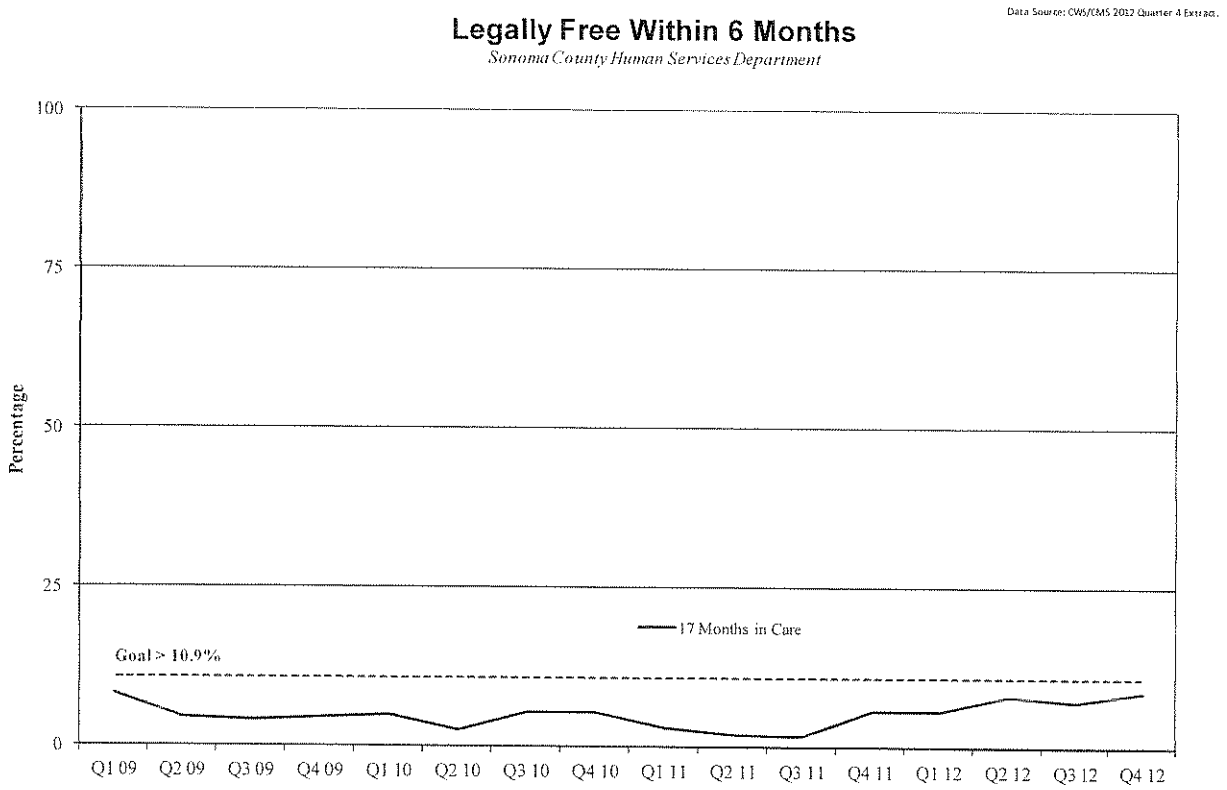
C2.4 Legally Free Within 6 Months (17 months in care)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 10.9%	4.5%	8.7%

Trend Comparison: In 2003, Sonoma County's rate of children who became legally free within six months after having been in care for 17 months or longer was 11.5%. Since then, Sonoma County's performance in this area has declined and between 2009 and 2012 has hovered between 4% and 8%.

Race/Ethnicity: In Q4 2012, the number of white children in care for 17 months or longer was nearly two times the number of the next largest ethnicity, Latino children. Latino children exceeded the national target of 10.9%, with 13.2% of the youth in care for 17 months or longer having been made legally free within 6 months. Only 7.4% of white youth were made legally free within 6 months.

Age: In Q4 2012, 83% (123 children) of all the children included in the analysis for this measure were ages 11 and older and only 3 became legally free for adoption within 6 months. Of the smaller number of younger children, 6 of 7 children under age 5 were made legally free for adoption within six months.

Measure C2.4 Legally free within 6 months (17 months in care) – by age Q4 2012			
Age	**Number of children in care >17 months**	**Number of children legally free within the next 6 months**	**Percentage**
Under 1 year	0	n/a	n/a
1-2 years	2	1	50%
3-5 years	5	5	100%
6-10 years	19	4	21.1%
11-15 years	68	1	1.5%
16-17 years	55	2	3.6
18-20 years	0	0	n/a
This measure calculates the number of children who had been in foster care for at least 17 months at the beginning of the year and then made legally free within the next 6 months.			



Measure C2.5: Adoption Within 12 Months (Legally free) (composite weight: 26%)

Definition: This permanency measure computes the percentage of children discharged from foster care to adoption within 12 months of becoming legally free (termination of parental rights).

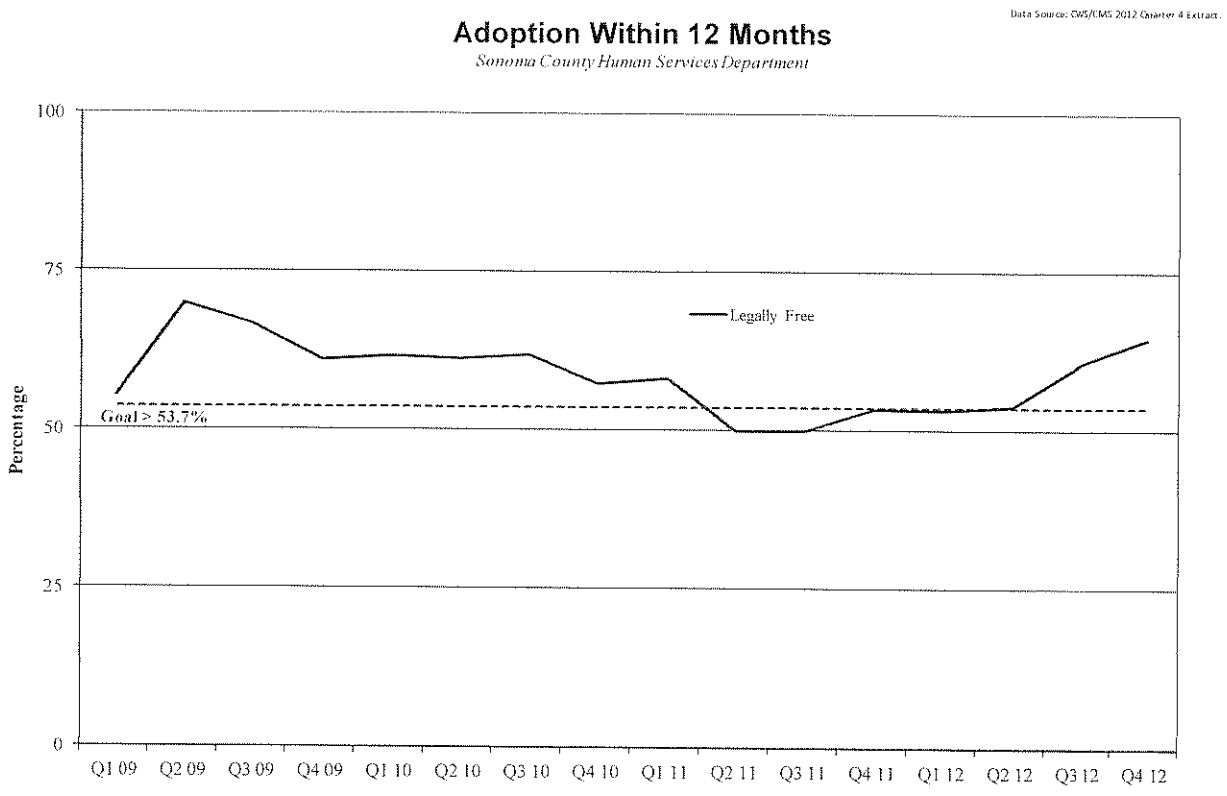
C2.5 Adoption Within 12 Months (legally free)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 53.7%	**61.1%**	**64.6%**

Trend Comparison: Aside from a dip in 2011, Sonoma County has generally performed above the state/national target in this performance measure. In Q4 2009 the county's rate was 61.1%; in Q4 2012 it was 64.6%.

Race/Ethnicity: In Q4 2012 there were 65 youth legally free to be adopted. Of these, 4 were African American, 37 were White and 24 Latino. Of the white children who exited foster care to adoption after becoming legally free, 64.9% did so within 12 months of termination of parental rights (TPR). Of the Latino children who exited foster care to adoption after becoming legally free, 66.7% did so within 12 months of TPR. Two of the four African American children were adopted within 12 months of TPR.

Age: As the table below illustrates, Sonoma County has achieved rates of adoption for children who have been made legally free that are above the state/national target in nearly all age groups. The only exceptions to this are infants under age 1 and youth age 16-17. Only 37.5% of the babies who were legally free for adoption were adopted within 12 months of termination of parental rights. The number of 16-17 year olds is too small to make conclusions about its 50% rate.

Measure C2.5 Adoption within 12 months (legally free) – by age Q4 2012			
Age	**Number of children legally free**	**Number of legally free children adopted within 12 months of TPR**	**Percentage**
Under 1 year	8	3	37.5%
1-2 years	20	13	65%
3-5 years	16	12	75%
6-10 years	12	9	75%
11-15 years	7	4	57.1%
16-17 years	2	1	50%
18-20 years	0	0	n/a
This measure calculates the number of children who were designated as legally free for adoption and then adopted within the next 12 months.			



Stakeholder Input to Permanency Composite 2 (Adoptions)

When children cannot be reunified with their family because the risk of continued abuse or neglect is too great an alternative family structure must be developed, including adoption. Throughout this period of analysis Sonoma County contracted with CDSS State Adoptions Branch for adoptions functions. **On July 1, 2013, Sonoma County assumed responsibility for all adoptions of Sonoma County dependent children and youth.**

The factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Adoption Strengths

- Currently exceeds the state/national target for adoptions as measured by the Adoptions Composite
- Meet state/national target for timely adoptions (C2.1), median time to adoptions (C2.2) and adoptions within 12 months for children who are legally free (C2.5)
- Successful adoptions of children who enter foster care under age 6 and who do not reunify; fewer than 10% remain in foster care at 36 months after removal
- All FYC Adoptions social workers have Masters Degrees in social work or closely related field

- Placement specialists who focus on relative searches and placements in support of concurrent planning
- Exhaustive relative searches for young children
- FY&C Placement Specialists and CDSS Adoptions Branch worker jointly visit potential concurrent homes within 2 months of children entering care
- Young children are made legally free and exit to adoptions within regulatory timeframe
- Strong relationships between social workers and youth
- ICWA (Indian Child Welfare Act) Roundtable and Protocol value cultural preferences of tribes

Adoption Challenges/Unmet Needs

- Children removed between ages 6-10 have fewer adoption options than pre-school age children. Examining 5 entry cohorts of children removed between the age of 6 and 10 (2004-2006), if he or she isn't adopted within 48 months of removal, the chances of ultimately being adopted are less than 5%.
- After Family Reunification there is only limited concurrent planning (few Plans A, B, C, etc.)
- Home studies can take too long to complete
- Not enough adoptive homes for older youth; State Adoptions not "accepting" children over age 6 for adoptions
- No re-referral process to adoptions after family reunification for children who weren't "accepted" by adoptions before
- State Adoptions does not utilize all possible resources for unmatched children
- Lack of Spanish-speaking adoptions workers and adoptive families
- FY&C Placement Specialist only for English-speaking cases
- Results of various relative searches not well documented in case file and get lost in transfers to multiple workers over life of the case
- Infants who have been made legally free are not exiting to adoption within 12 months of termination of parental rights
- Older children are not made legally free quickly
- Older children, even when legally free, are not exiting to adoption within 12 months of termination of parental rights
- PIP classes are too infrequent
- County perceives barriers to tribal customary adoptions; barriers unclear to tribes
- Tribes worry about the county exploring adoptive homes before paternity and ICWA eligibility are established

Systemic Factors Related to Adoption Outcomes

Systemic factors that may affect performance on this measure include:

- Good relationships with State Adoptions, Rohnert Park Branch
- Child welfare mandates related to adoption and tribal customs may conflict
- The local juvenile court culture that promotes extended reunification efforts
- Children whose undocumented immigration status tends to delay a finalized adoption for many months or even years

- AB 12 eligibility may conflict with use of adoptions as a permanent plan for youth
- Court continuances or delays
- Unresolved paternity issues
- The structure of adoptions in Sonoma County in which adoptions has been completed by CDSS State Adoptions Branch and are outside of the immediate control of FYC; **this will change effective July 1, 2013 with the assumption of adoptions by FYC.**

Probation:

This outcome area does not apply to Probation.

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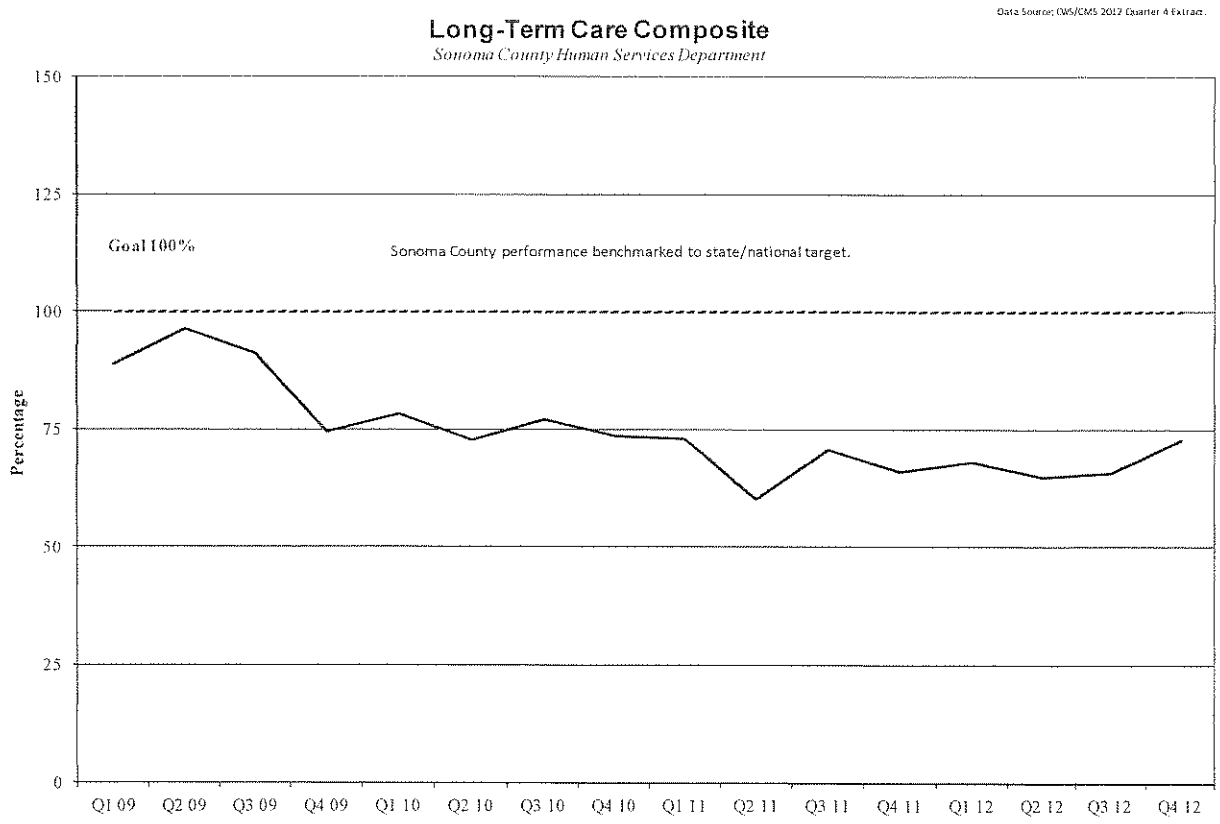
PERMANENCY COMPOSITE 3 **Action: SIP**

Achieving Permanency for Children in Foster Care for Long Periods of Time

Definition: This composite is made up of three individual measures related to achieving permanency for children in foster care for long periods of time, which provide the actual data for the analysis. The weight of each measure, or the contribution to the component score, is determined using a statistical technique called principal components analysis which is performed by statisticians at the UC Berkeley Center for Social Services Research.

Sonoma County Long Term Care Composite				
TARGET SCORE	2009 Long-Term Care Composite Score	2009 Long-Term Care Composite GRADE	2012 Long-Term Care Composite Score	2012 Long-Term Care Composite GRADE
121.7	113	B+	98.7	B-



County Response: Sonoma County children and youth who have been in foster care for an extended period of time do not exit what is intended to be temporary foster care at the rate they should. This has been an underperforming area in Sonoma County for several years and in fact was the topic of its Peer Quality Case Review in 2009. In response to the last CSA, FYC implemented SB 163 Wraparound specifically in order to improve in this area with the rationale that stepping youth down from group care and into the community would result in youth reunifying or being adopted; the implementation of this program while successful in many ways has not served the youth who would impact the measures included in this composite. Program revisions have recently be made to better target youth already in group homes to step them down back into the community. FYC has also made its rate of group home placements a priority and commissioned an evaluation of group homes frequently used by the county which has resulted in the beginnings of an overhaul of its placement processes.

Thinking ahead to the 2014-2019 System Improvement Plan, improving permanency outcomes for older youth will be a top priority. This will be accomplished within the framework of the state-level Continuum of Care Reform initiative. Additionally, the county will be assessing the impact of AB 12 (extended foster care) on exits to permanency: extended foster care benefits act as an incentive to youth who are nearing the age of majority to remain in foster care rather than advocate for or accept an exit to a permanent home.

INDIVIDUAL LONG-TERM MEASURES

Measure C3.1: Exits to Permanency (24 months in care) (composite weight: 33%)

Definition: This permanency measure computes the percentage of children discharged to a permanent home by the last day of the period of analysis and prior to turning 18 who had been in foster care for 24 months or longer.

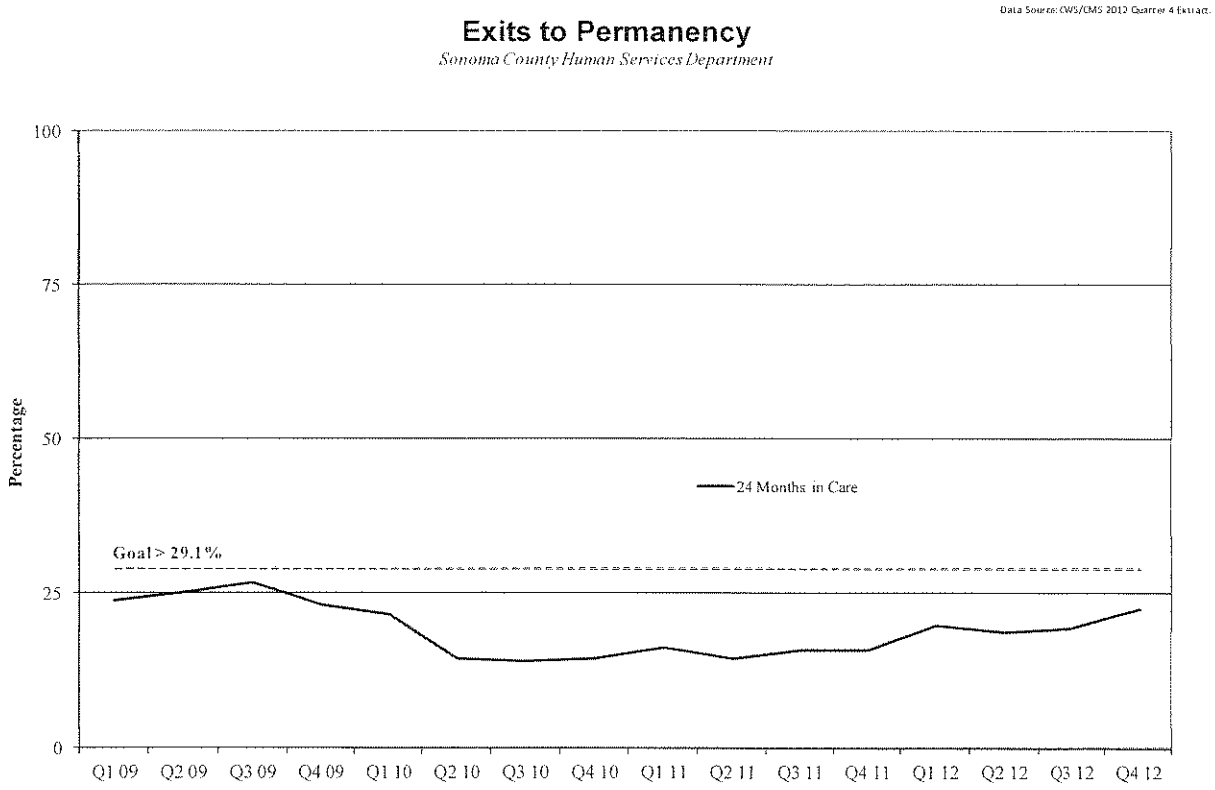
C3.1 Exits to permanency for youth in care for more than 24 months		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 29.1%	**23.3%**	**22.6%**

Trend Comparison: This outcome measure was the subject of Sonoma County's 2009 Peer Case Review and the county had been seeing some improvement at the writing of the 2010 System Improvement Plan. However, Sonoma County's performance since 2010 has been consistently lower than both the state/national target and its own historical performance in this area, hovering around 15% through 2011. There are some recent signs of improvement with the most recent quarter for which there are data (Q4 2012) showing a rate of 22.6% of youth who were in care for at least 24 months having exited to permanency in 2012.

Race/Ethnicity: In Q4 2012, the number of white children in foster care for 24 months or longer was nearly one and a half times the number of Latino children. Of the 87 white children in foster care for more than 24 months, 25.2% of them exited to permanency in Q4 2012. Of the 57 Latino children in foster care for more than 24 months, 17.6% exited to permanency in the same time period. Of the 7 African American children in foster care in Q4 2012 one exited to permanency. Of all ethnicities, only Native Americans surpassed the national target with 37.5% (of 8 youth total) exiting to permanency after 24 months or longer in care.

Age: In Q4 2012, the rate of successful exits to permanency steadily declined the older the child. For children ages 6-10, 34.7% exited to permanency after 24 months in foster care. For children ages 16-17, the rate dropped to 6.8%. Only 11 children age 5 and under were in foster care for more than 24 months during the period of analysis and 10 of them exited to permanency. 79% of children in care for more than 24 months are age 11 and older.

Measure C3.1 Exits to permanency (24 months in foster care) – by age Q4 2012			
Age	**Number of children in foster care >24 months**	**Number of children in foster care > 24 months and exited to permanency**	**Percentage**
Under 1 year	0	n/a	n/a
1-2 years	4	3	75%
3-5 years	7	7	100%
6-10 years	23	8	34.7%
11-15 years	66	14	21.1%
16-17 years	59	7	6.8%
18-20 years	0	0	n/a
This measure calculates the number of children who had been in foster care for at least 24 months and exited to permanency within the reporting period.			



Measure C3.2: Exits to Permanency (Legally free at exit) (composite weight: 25%)

Definition: This permanency measure reflects the percentage of children who were discharged to a permanent home prior to turning 18 who were legally free for adoption. This measure includes only children who were legally freed for adoption at the time of discharge from foster care and were discharged to reunification, adoption, or guardianship. It gauges the degree to which a county terminates parental rights without have viable concurrent plan. In other words, for a county to have anything less than 100% means it had at least one youth who was made legally free for adoption and then wasn't adopted before turning 18 (the age of majority). This is due to a plan of adoption having "failed."

C3.2 Exits to permanency for youth who were "legally free"		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 98%	96.2%	98.6%

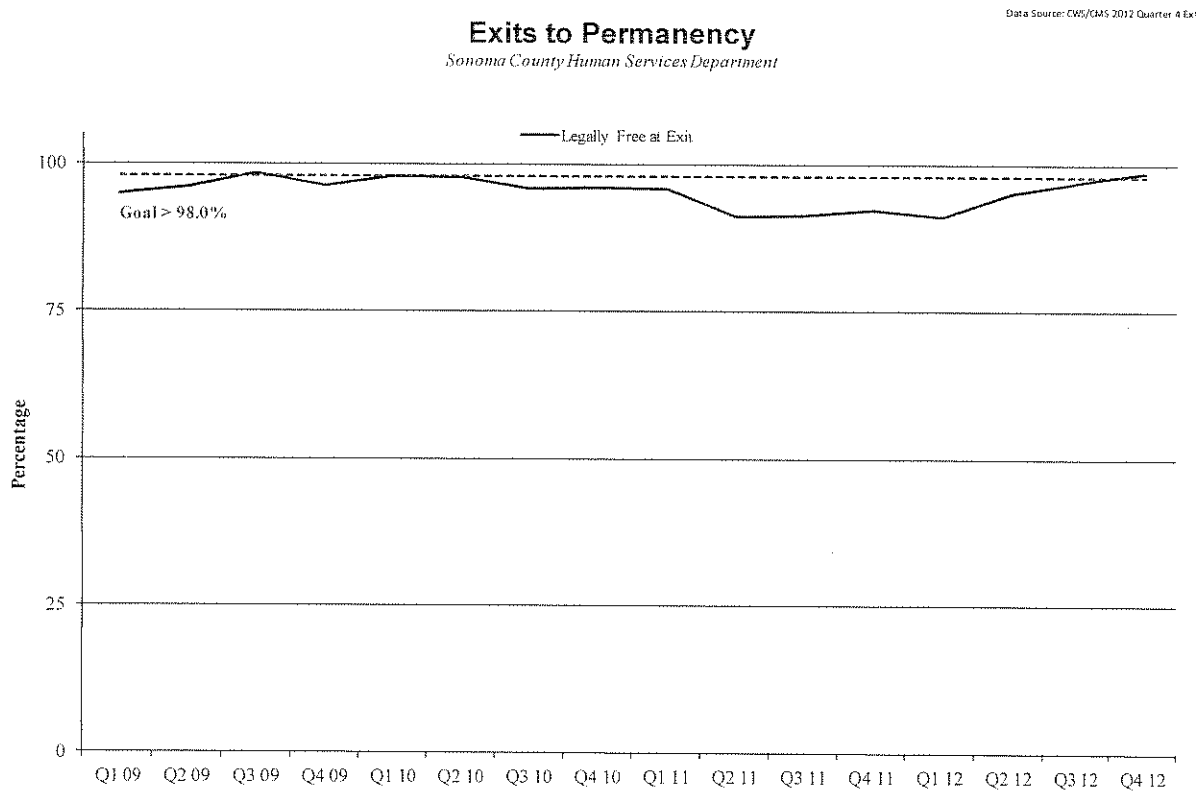
Trend Comparison: Sonoma County has historically been at or near the state/national target for this measure. In 2011 and the beginning of 2012 the county experienced a decline in the rate of exits for this population with a low of 91.1% in Q3 2011 and Q1 2012. However, performance in improving and in fact the most recent quarter for which there are data (Q4 2012) the county achieved a rate of 98.6% which exceeds that state/national target.

Race/Ethnicity: Overall in Sonoma County, all race/ethnicity groups meet or nearly meet the state/national target of 98%. Both African American and Latino youth the rate of exits to permanency was 100% in Q4 2012. White youth were slightly below the target at 97.5%.

Age: In Q4 2012 all age categories had exit rates of 100% in this measure except the age group 18-20, which by definition could not be considered a successful exit by age 18. There was one youth who exited after turning age 18.

Measure C3.2 Exits to permanency (legally free at exit) – by age Q4 2012			
Age	**Number of children in foster care >24 months**	**Number of children in foster care > 24 months and exited to permanency**	**Percentage**
Under 1 year	2	2	100%
1-2 years	26	26	100%
3-5 years	17	17	100%
6-10 years	17	17	100%
11-15 years	5	5	100%
16-17 years	1	1	100%
18-20 years	1	0	0%
This measure calculates the number of children who were legally free AND exited to permanency within the reporting period.			

Data Source: CWS/CMS 2012 Quarter 4 Extract.



Measure C3.3: In Care 3 Years or Longer (emancipation/age 18) (composite weight: 42%)

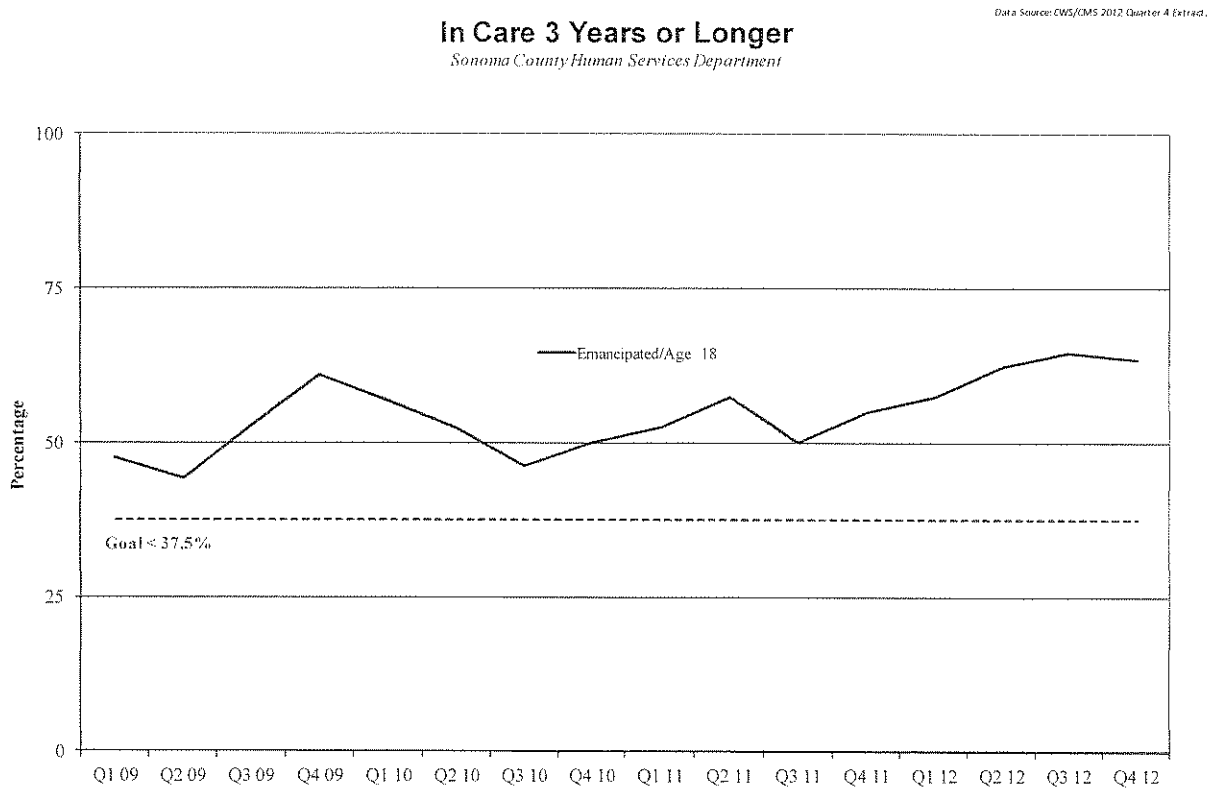
Definition: This permanency measure reflects the percentage of children in foster care for 3 years or longer who were then either discharged to emancipation or turned 18 while still in foster care.

C3.3 Youth in care 3 years or longer who emancipated or turned 18		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
< 37.5%	**61.1%**	**63.6%**

Trend Comparison: During the last CSA process, Sonoma County's rate of youth who had been in care for 3 years or longer *and* had emancipated had hovered around 70%. During the current time period of analysis (2009-2012), the county's performance in the outcome area was improved and has hovered around 60%. The Q4 2012 rate was 63.6%.

Race/Ethnicity: In Q4 2012, 44 Sonoma County dependents either emancipated or turned 18. Of these, 2 were African American, 28 were White and 14 were Latino. For both African American and Latino youth, 50% had been in foster care for 3 years or longer. Only 28.6% of the White youth who emancipated had been in care for 3 years or longer.

Age: There is no need for age analysis since the measure itself is related to age and is only applicable to emancipation-age youth. All of the 44 youth who were included in this measure for Q4 2012 were age 18 or older.



Stakeholder Input on Permanency Composite 3 (Exits to Permanency)

When children cannot be reunified with their family because the risk of continued abuse or neglect is too great an alternative family structure must be developed, including adoption or guardianship. Sonoma County takes pride in providing exceptional reunification services to families, services that go above the standard of practice. It is not unusual for Sonoma County children who have long been in permanency planning with a plan of long term foster care to ultimately exit foster care to reunification. However, as the section above illustrates, Sonoma County has struggled with meeting the performance targets in this area.

The factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Exits to Permanency Strengths

- Children age 2 and under stay in foster care for less than 12 months before reunifying or less than 24 months before being adopted.
- Children who enter foster care while younger than age six have a great likelihood to reunify, be adopted or exit to legal guardianship. For example, of all children removed between 4/1/2009 and 9/30/2009, at 36 months after being removed, only 10.6% were still in care.
- Placement in Group Homes
  - VMCH provides an opportunity for a comprehensive assessment of youth's placement needs to improve the appropriateness of placement decisions
  - VMCH direct care staff have insight into placement needs of youth who are placed there; critical incidents and daily logs are available to case carrying social workers upon request
  - VMCH holds weekly multi-disciplinary team to discuss placement needs of youth recently admitted and for others based on need/request; MDT includes direct care staff, placement specialist, mental health, school case carrying social workers
  - Placement review meeting for youth at VMCH for 45 days and in Emergency Foster Homes for 60 days
  - Sonoma County Mental Health using CANS assessment tool on all youth admitted to VMCH to identify mental health needs of child which can indicate a need for day treatment; assessments happening within 30 days
  - VMCH Placement Specialist works with case carrying social worker to identify available and appropriate placements
  - Some social workers actively look for lower level of care from the time they receive a case, work with Mental Health and group home to begin a transition plan
  - Some group homes proactively participate in and support family reunification; encourage parent participation in child's residential program
  - Group homes connect and bond with the youth placed there; consider themselves a family

    - Group homes provide written reports on youth placed there every 3 months and hold update meetings every quarter
    - Placement goals are established at admit to group home
- Active CASA (Court Appointed Special Advocates) Program
- Family Finding Program (provided through Seneca)
- Independent Living Skills Program (provided through VOICES)
- Wraparound Program (provided through SAY/Seneca) perceived as very helpful in maintaining youth with their families
- ICWA (Indian Child Welfare Act) Roundtable and Protocol
- Rate of guardianships for ICWA eligible children
- Strong relationships between social workers and youth
- KinGAP benefits
- Sonoma Kinship Family Center as a support of relatives exploring guardianship and adoption

Exits to Permanency Challenges/Unmet Needs

- **High rate of group home placements; harder to exit from group home:**
    - Initial Assessment of Level of Placement:
        - No formal assessment process or tool for level of placement, done differently by different social workers
        - Lack of understanding/knowledge about the differences between group home levels and when to use which one based on children's needs
        - Assessment may happen in court services, based on observed needs that are the result of the trauma related to the removal/upheaval/time at VMCH rather than on long-term behavioral/emotional needs of the youth
        - Assumption that foster homes will not work
        - Placement assessment too often leads to group home, at times due to the availability of group homes locally which can support visitation during family reunification and that are willing to accept "challenging" children; placements based on convenience/availability rather than on the child's needs
        - Case carrying social workers often unaware of MDT meeting at VMCH
        - VMCH direct care staff have insight into placement needs but perceive their opinions are not sought out nor valued
        - Placement packet in combination with "approval" by group home considered by social workers to be the assessment itself
        - Social workers do not always receive results of Mental Health CANS assessment
        - Different approaches to placement: some social workers start with higher level of care with a plan to step down; others start with lower level knowing they may need to increase the level

    - Youth's needs for psychotropic medication may contribute to decision to place in a group home
    - Youth's educational needs may contribute to decision to place in a group home
  - Reassessment of Level of Placement:
    - No formal structure or process for the reassessment of youth placed in group homes
    - No expectation to create a step-down plan at the time of admission
    - Different opinions about which is the priority: stepping down to lower level or maintaining stability of current placement
    - If placement was made by prior worker an alternative decision feels difficult/undermining after the fact
    - Case carrying workers feel they don't have enough time to do the extensive work to transition youth to lower levels of care
    - Social workers and group homes may disagree about youth's readiness to step down
    - Referral to placement specialist for step down are lowest priority b because youth already in placement
  - Goals While in Group Home Placement:
    - Setting up placement goals with placement happens informally, a conversation about case history, future direction; VMCH does not typically participate in the goal-setting process
    - Group homes drive the treatment plan while at the group home; may not reflect or support case plan goals and change often based on additional issues identified by group home staff
    - Treatment plans often omit important information about issues contributing to need for psychotropic medication resulting in youth continuing on medication for a prolonged period of time
    - Progress reports are behavior-based and often fail to address therapeutic progress on issues that prompted placement in the first place
    - Lack of agreement with group homes about youths' readiness to "graduate"
    - Group homes require kids to have IEP to be accepted for placement in order to attend onsite non-public school
    - Group homes do not have step down processes built in
  - Systemic:
    - No higher-level approval required for placement in group homes
    - **Perception of an overriding priority to move youth out of VMCH within 30 days even if an appropriate placement hasn't been found (this was the most common comment received on this topic across all focus groups)**
    - Perception of an overriding priority to maintain placement stability in group home rather than "risk" transition to lower level of care if lower level may not work long term

    - Competing values: move out of VMCH, placement stability, keeping siblings together, permanency
    - Placement in a higher level of care is frequently not listed as a case plan service in the case plan; reflects perception of group home as "housing" rather than "treatment"
    - Inadequate supply of treatment and regular foster homes
    - Infrequent and inconsistent communication between VMCH staff and case carrying social workers about placement needs of youth
    - County and group homes have divergent goals for youth placed in group homes; no formal agreement about placement services
    - Some group homes require minimum lengths of stay which act as a barrier to time-limited, treatment-oriented placement
    - Lack of treatment foster homes; perception that management is not doing enough to develop ITFC options
    - No expectations that regular foster homes will take older youth with moderately challenging behaviors
    - Perception that foster parents would take higher need children if there was more support for foster parents
    - Content of placement assessment not well documented in case file
- Of the youth age 11-17 who have been in foster care for more than 2 years only 14% exited to a permanent home between October 2011 and September 2012.
- Of all youth who exit foster care due to reaching the age of majority, males (74.1%) are more likely than females (52.4%) to have been in foster care for 3 years or longer.
- Psychologists often use language that eliminate or reduce permanency options rather than identify treatment needed in order to facilitate permanency
- Concurrent planning done sequentially and often does not continue into Permanency Planning (post Family Reunification); no Plans A, B, C, D for teens
- Family Finding Program not done routinely for every case, only those referred to contractor
- Wraparound Program serving more "at risk" youth than "step down" youth
- Permanency options not fully explored – or re-explored – with caregivers
- Caregivers may delay guardianship to maintain eligibility for services
- Youth do not feel involved in case planning
- Sonoma County does not routinely use family group decision making
- County and group homes have divergent goals for youth placed in group homes

Systemic Factors Related to Exits to Permanency Outcomes

Systemic factors that may affect performance on this measure include:

- AB 12 eligibility may conflict with use of adoptions and guardianships as a permanent plan for youth
- Cultural preferences related to permanency may be at odds with child welfare mandates
- Case review system does not routinely assess and reassess permanency goals
- Systemic factors specifically related to group home placements listed in section above

Probation:

The Probation Department Juvenile Services Placement unit assists youth transitioning into adulthood. The Placement Probation Officers have recently focused on pre-release planning for youth returning from placement. This focus stresses improvement in preparation of youth for transition before leaving the placement program. Aftercare monitoring by the Probation Officer increases stabilization of supervision, family reunification and coordination of appropriate resources. Placement Officers monitor youth ordered to placement by the Court and work closely with group homes, County facilities and more structured placement facilities both within and outside the State. This monthly monitoring insures that youth are receiving needed services to insure a successful transition back into the community.

The average number of youth maintained in Court ordered out-of-home placement in fiscal year 12/13 was 81 per month. Although the SB163 Wraparound Program (Wrap) was implemented in 2010, the Probation Department did not see a reduction of out-of-home placement referrals until 2013. Over the past three years, the County has steadily opened more Wraparound slots ultimately offering services to a maximum of 72 families. The Wrap Program is a collaboration between Family Youth and Children Services, Probation and Mental health.

The Juvenile Probation Placement Unit is an integral part of transitioning youth back into the community upon completion of the Placement Program. The mission of Aftercare is to assist in the successful transition of past placement youth as they return to the community. Once youth are able to establish and maintain a stable pattern of responsible behavior in the community these cases are referred to the Court for discharge from Probation Supervisor.

Aftercare supervision is provided through programs based on wraparound principles. The Probation Department utilizes four programs for aftercare services, and services are linked to families based on the specific need of each youth and their family and through consideration of funding streams. The Aftercare supervision period ranges from 3-5 months in which the Probation Officers contacts during this time period include the youth's parents, local schools, and community resource providers. The Probation Officers also may work with the Independent Living Program which is a valuable resource assisting youth in acquiring basic life skills and encouraging career exploration, education and job preparation.

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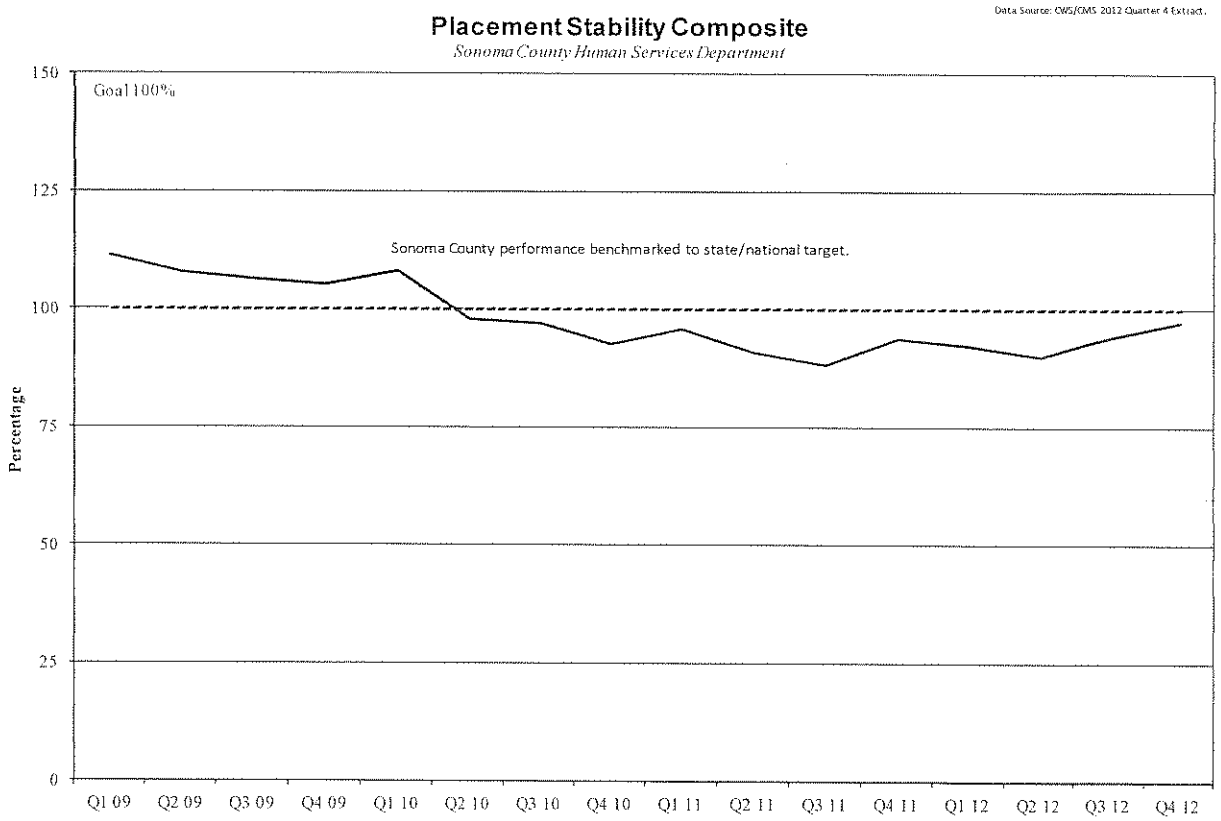
PERMANENCY COMPOSITE 4 **Action: Strength/Watch**

Placement Stability

Definition: This composite is made up of three individual measures related to placement stability, which provide the actual data for the analysis. The weight of each measure, or the contribution to the component score, is determined using a statistical technique called principal components analysis which is performed by statisticians at the UC Berkeley Center for Social Services Research.

Sonoma County Placement Stability Composite

TARGET SCORE	2009 Placement Stability Composite Score	2009 Placement Stability Composite GRADE	2012 Placement Stability Composite Score	2012 Placement Stability Composite GRADE
101.5	105.5	A+	98.2	A



County Response: Sonoma County has an emergency shelter for children and youth who come into foster care. In addition to providing immediate safe shelter and care, the Valley of the Moon Children's Home acts as an assessment center at which the full spectrum of children's needs are assessed in order to find the most appropriate placement possible. With regard to placement stability, the existence of the VMCH acts as a built-in barrier to placement stability as it is currently defined (more than 2 placements over the life of the case) in that all youth will automatically have 2 placements after they transition from VMCH into the selected placement. Despite the flaws in the methodology of these measures, Sonoma County has (and continues to) perform(ed) very well in the area of placement stability. In fact, Sonoma County is frequently invited to participate in Peer Case Reviews in other counties to share promising practices. This supports the county's conclusion that having an assessment center that allows for thorough assessment results in better, more stable placements for youth. Young children are often placed in a concurrent home directly from the emergency placement. Older children and in particular those who spend time in group homes do experience multiple placement transitions.

INDIVIDUAL PLACEMENT STABILITY MEASURES – These measures are differentiated by the length of time a youth was in foster care at the time of analysis. All

measures of placement stability are based on each youth having had 2 or fewer placements during their entire time in foster care. ***Sonoma County exceeds the state/national target in two of three Placement Stability measures and has remained strong in this since the last County Self Assessment Process in 2010.***

Measure C4.1: Placement Stability (8 days to 12 months in care) (composite weight: 33%)

Definition: This permanency measure computes the percentage of children who have been in foster care for *8 days or more but less than 12 months* with two or fewer placements.

C4.1 Placement stability for youth who have been in care <12 months		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 86%	89.9%	87.4%

Trend Comparison: Sonoma County has historically achieved high rates of placement stability for youth who have been in care 12 or fewer months. Although the rate has slightly declined since 2009 it still remains above the state/national target and is an area of strength for the county.

Race/Ethnicity: In Q4 2012, all race/ethnicity groups in Sonoma County surpassed the state/national target of 86% except Latino children. 88.7% of African American children, 91.6% of White children and 90% of Native American children had 2 or fewer placements. 79.3% of Latino children had 2 or fewer placements.

Age: In Q4 2012, all age subgroups experienced two or fewer placements at a rate above the state/national target (86%) except for children ages 1-2 (80%) and children ages 3-5 (84.6%). The 67 children under age 1 in foster care for less than one year had the highest rate of placement stability at 91%.

Measure C4.1 Placement stability (< 12 months in care) – by age Q4 2012			
Age	**Number of children in foster care <12 months**	**Number of children in foster care <12 months with 2 or fewer placements**	**Percentage**
Under 1 year	67	61	91%
1-2 years	35	28	80%
3-5 years	52	44	84.6%
6-10 years	51	45	88.2%
11-15 years	41	37	90.2%
16-17 years	15	14	88.7%
18-20 years	0	n/a	n/a
This permanency measure computes the percentage of children who have been in foster care for *8 days or more but less than 12 months* with two or fewer placements.			

Probation: The baseline data for this measure from Q4 2009 indicates that 100% of all children in care between 8 days and 12 months had only 1 or 2 foster care placements as compared to Q4 2012 when 91.5% of children had only 1 or 2 foster care placements. While the PD's performance declined since the baseline time period, it remains over the State/National target.

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Measure C4.2: Placement Stability (12 to 24 months in care) (composite weight: 34%)

Definition: This permanency measure computes the percentage of children who have been in foster care for *12 months or more but less than 24 months* who have had two or fewer placements. It is important to note that age is calculated based on age at the beginning of the time period of analysis.

C4.2 Placement stability for youth who have been in care 12 to 24 months		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 65.4%	**64.5%**	**69.3%**

Trend Comparison: As reported in the previous County Self Assessment and continuing with the current CSA, Sonoma County consistently achieves satisfactory rates of placement stability for children who have been in care for 24 or fewer months. There are periods in which the rate dips below the state/national target but only by several percentage points and are balanced out by periods in which the rate exceeds the target. The average placement stability rate for children in care between 12 and 24 months between January 2009 and December 2012 was 64.7%.

Race/Ethnicity: In Q4 2012, African American and White children surpassed the state/national target of 65.4% whereas Latino and Native American children did not. 73.3% of African American children and 77.1% of White children had 2 or fewer placements. 61.6% of Latino children and only 14.3% of Native American children had 2 or fewer placements. There were 7 Native American youth included for analysis in this measure.

Age: In Q4 2012, all age subgroups experienced two or fewer placements at a rate above the state/national target (65.4%) except for children ages 11-15 with a rate of 61.9%. The 30 children under age 1 in foster care for between one and two years had the highest rate of placement stability at 80%.

Measure C4.2 Placement stability (12-24 months in care) – by age Q4 2012			
Age	**Number of children in foster care >12 months and <24 months**	**Number of children in foster care >12 months and <24 months with 2 or fewer placements**	**Percentage**
Under 1 year	30	24	80%
1-2 years	33	23	69.7%
3-5 years	28	20	71.4%
6-10 years	62	42	67.7%
11-15 years	42	26	61.9%

16-17 years	10	7	70%
18-20 years	0	n/a	n/a
This permanency measure computes the percentage of children who have been in foster care for *24 months or more but less than 24 months* with two or fewer placements.			

Probation: Baseline data indicates that 62.5% of all children in care in Q4 2009 for 12-24 months had only one to two placements as compared to Q4 2012 in which 73.8% of children in care had only 1 or 2 placements.

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Measure C4.3: Placement Stability (at least 24 months in care) (composite weight: 33%)

Definition: This permanency measure computes the percentage of children who have been in foster care for at least 24 months with two or fewer placements. It is important to note that age is calculated based on age at the beginning of the time period of analysis.

C4.3 Placement stability for youth who have been in care > 24 months		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
> 41.8%	**42.9%**	**32%**

Trend Comparison: During the previous County Self-Assessment cycle, Sonoma County reported improvements in this third placement stability measure. Between 2007 and 2009 the county consistently achieved quarterly rates above the state/national target. Beginning in 2010 and continuing today the rate has steadily – but slowly – declined to its current rate of 32% (Q4 2012).

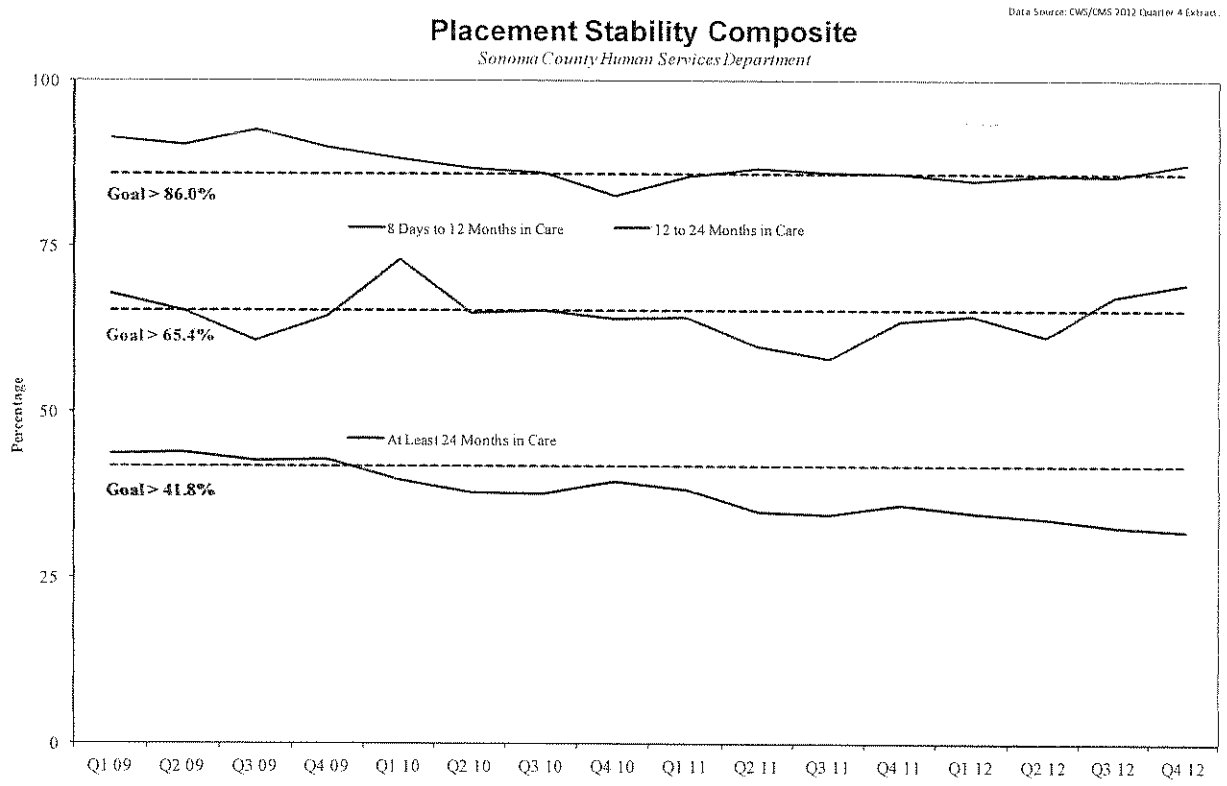
Race/Ethnicity: In Q4 2012, only African American surpassed the state/national target of 41.8% whereas White, Latino and Native American children did not. 45.5% of the 11 African American children included in this measure had 2 or fewer placements. 34.5% of White children, 29.3% of Latino children and 10% of the 10 Native American children had 2 or fewer placements.

Age: In Q4 2012, the only age groups that exceeded the state/national target were children ages 1-2 and children ages 6-10. They achieved placement stability rates of 69.2% and 58.1% respectively. Children ages 16-17 had the lowest placement stability rate at 16.2% followed by children ages 11-15 at 29.4%.

Measure C4.3 Placement stability (> 24 months in care) – by age Q4 2012			
Age	**Number of children in foster care >24 months**	**Number of children in foster care >24 months with 2 or fewer placements**	**Percentage**
Under 1 year	0	n/a	n/a

1-2 years	13	9	69.2%
3-5 years	9	3	33.3%
6-10 years	31	18	58.1%
11-15 years	85	25	29.4%
16-17 years	68	11	16.2%
18-20 years	1	0	0%
This measure calculates the number of children who were legally free AND exited to permanency within the reporting period.			

Probation: The baseline rate data indicates that 50% of probation youth in care during Q4 2009 for 24 months or longer had only 1 or 2 foster placements while in Q4 2012, 46.7% of youth had 1 or 2 foster placements.



Stakeholder Input on Permanency Composite 4 (Placement Stability)

While children are in temporary foster care it is critical that they experience as few movements from one placement to another as possible. To that end, the measures above gauge how a county is doing in providing placement stability to the youth in their care. Sonoma County has historically performed very well in this area and in fact is often sought out by other counties to share practices related to placement stability.

The factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Placement Stability Strengths

- Sonoma County youth overall experience fewer moves from one foster home to another than the state/federal target
- Valley of the Moon Children's Home facilitates comprehensive placement assessment, relative searches
- High quality emergency foster care program with specialized training in medically fragile infants
- Placement with relatives or extended family
- FY&C Placement Specialists
- FY&C Emergency Foster Care Coordinator
- Sonoma Kinship Family Center to support stability of relative placements
- High number of youth in group homes which provide stable placement
- Strong relationships between social workers and youth
- Concurrent planning with State Adoptions starts at case onset
- Strong CASA program
- VMCH makes effort to support residents' participation in extracurricular activities despite its being a temporary placement

Placement Stability Challenges/Unmet Needs

- Not using a family group decision making model to discuss placement in context of case plan goals
- Not using Team Decision Making at every placement change
- Family Finding Program not done routinely for every case, only those referred to contractor
- Case carrying social workers not trained on placement issues and placement assessments
- Re-assessments for lower level of care not done often enough
- Youth placed out of county and out of state
- Lack of child care assistance interferes with placement stability
- Caregivers not routinely utilizing Sonoma Kinship Family Center for support
- Services are often disrupted when placement is disrupted

Systemic Factors Related to Placement Stability Outcomes

Systemic factors that may affect performance on this measure include:

- Specialized training for foster parents
- Lack of foster homes equipped to provide long-term care to children with challenging behaviors
- Data integrity issues related to entering placement information

Child and Youth Well-Being Measures

The third overarching goal area of the child welfare system, in addition to child safety and permanency, is child and youth well-being. This goal focuses the attention of the child welfare system on ensuring that children's are well cared for while in foster care. Child well-being refers to children's physical, educational, emotional and mental health and includes maintaining family and cultural connections while in foster care and ensuring that youth are prepared for independent, self-sufficient living when they reach adulthood. In terms of placement in out of home care, emphasis is placed on keeping siblings together, placing in the lowest level of care and preserving tribal customs by placing Indian children in tribally approved homes.

County staff and its community partners identified strengths, challenges and systemic factors that may be contributing to the well-being measure below. Additionally, stakeholders discussed indicators of well-being for youth in foster care including:

- Being successful in school
- Ability to self-regulate/self-soothe
- Physical growth on target
- Positive emotional and social growth
- Meeting developmental milestones
- Attachment/ability to develop/maintain relationships
- Maintain relationships with siblings and other family members
- Regular life rhythm; feeling "normal"
- Having hope for the future
- For older youth: functional competencies, self-efficacy, insight, resilience, positive self-image, engagement in school and desire to contribute back to community

These indicators were suggested as additional and more accurate measurements of youth well-being in the next County Self Assessment cycle.

Stakeholders identified several general **strength**s that contribute to the well-being youth in out of home care including:

- FYC and Probation value the well-being needs of children
- AB 12 (extended foster care) has resulted in increased support for older youth
- VMCH taking additional steps to maintain continuity of youth's extracurricular activities
- MyLIFE transition meetings to prepare youth for the transition to independent living
- VOICES drop-in center offers a peer-supported environment for current and former foster youth to receive social, educational and health services and receive peer support

Stakeholders identified several factors that **challenges** youth sense of well-being including:

- Being involved with child welfare can cause children to be over-scheduled with case-related appointments resulting in a diminished feeling of "normalcy" and not feeling settled
- Frequent case transfers disrupt attachment to social workers and compound youth's feelings of loss
- The prohibition on social workers maintaining relationships with youth after they exit the system may be difficult for youth and contribute to ongoing attachment issues

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WELL-BEING PROCESS MEASURE: YOUTH SELF-SUFFICIENCY

Measure 8A: Children Transitioning to Self-Sufficient Adulthood **Action: Identify**

Definition: This collection of measures captures an array of outcomes for youth who exited foster care placement due to emancipation.

Trend Comparison: Data for these measures were only begun to be collected in Q4 2008 and are based on social worker reports of youth at the time of emancipation. In Q4 2012 there were no data entered for Sonoma County youth. In Q3 2012, data were provided for four youth. Of these Sonoma County youth who emancipated during the quarter, 50% completed high school or equivalency, 0 had obtained employment, 50% had housing arrangements, 25% received ILP services and 50% had a permanency connection with an adult. Due to AB 12, fewer youth are emancipating each quarter. Until the youth who are currently 18-20 years old reach the *new* emancipation age, the number of emancipating youth is expected to be too low to analyze.

County Response: Data on youth self-sufficiency at the time of emancipation are limited and are based on social worker responses to survey questions. These factors pose validity and reliability flaws to the data. As of June 10, 2013, 52 youth had elected to remain in foster care past their 18th birthday resulting in very few opportunities to collect data on youth self-sufficiency.

Stakeholder Input on Youth Self-Sufficiency

The third overarching goal area of the child welfare system, in addition to child safety and permanency, is child and youth well-being. Child well-being refers to children's physical, educational, emotional and mental health and includes maintaining family and cultural connections while in foster care. If youth remain in foster care until they become legal adults, it is the responsibility of the child welfare system to prepare them for independent living and self-sufficiency.

The self-sufficiency factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Children Transitioning to Self-Sufficient Adulthood Strengths

- Strong relationships between social workers and older youth
- VOICES drop-in center in Santa Rosa with co-located social and health services and educational resources
- ILP classes at Santa Rosa Junior College
- ILP services provided through VOICES
- ILP courses offered at various group homes

- MyLIFE Transition meetings for emancipating youth provided through VOICES
- Family finding provided through Seneca Center
- Employment assistance programs through SonomaWORKS and various community-based organizations
- Strong CASA Program
- ICWA Roundtable and Protocol
- Valley of the Moon Children's Foundation resources to youth while at VMCH
- Educational stipends for youth entering college
- Transitional Housing Programs for youth nearing the age of majority
- Wraparound Program offered through SAY/Seneca provide ILP services
- New emergency shelter for non-minor dependent youth returning to foster care
- Youth emancipating with positive, permanent connections

Children Transitioning to Self-Sufficient Adulthood Challenges/Unmet Needs

- Transitional Housing Programs do not meet the demand
- Life Skills discussion don't start early enough nor do they include identified connections
- Some youth emancipating without positive, permanent connections
- Some youth emancipating without housing, high school diplomas or other essential health and social services

Systemic Factors Related to Youth Self-Sufficiency Measure

Systemic factors that may affect performance on this measure include:

- Services are for older youth, i.e. CHOPS, VOICES, Worth our Weight, etc., are not coordinated which poses challenges for youth to access
- Program eligibility criteria may be at odds with permanency goals, e.g. AB 12, ILSP, KinGAP, etc.
- Data collection methods for well-being measures are unreliable; validity untested

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WELL-BEING PROCESS MEASURES: PRESERVING FAMILY/CULTURAL CONNECTIONS & LEAST RESTRICTIVE ENVIRONMENT

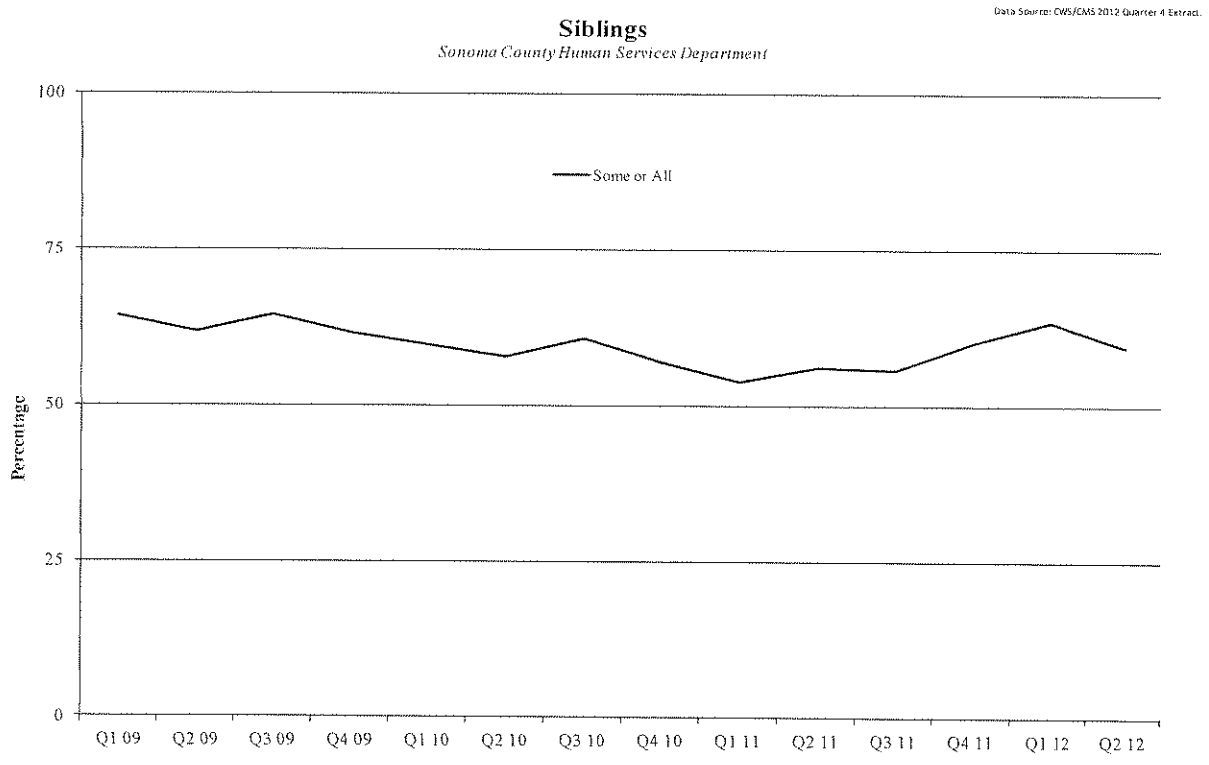
Measure 4A: Siblings Placed Together in Foster Care Action: Watch

Definition: This measure provides point-in-time counts of sibling groups placed in Child Welfare supervised foster care. Data are for children placed with **all or some** of their siblings.

4A Siblings placed together in foster care (placed with some or all siblings)		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
N/A	61.6%	60.9%

Trend Comparison: There is no state or national goal for the percentage of children placed with some or all of their siblings. Between 2003 and 2010 Sonoma County achieved a rate at or above 60%. In early 2010, the rate dipped below 60% and declined to a low of 53.8% in Q1 2011. In early 2012 the rate rose to just above 60% and has hovered there with the most recent quarter (Q4 2012) at 60.9%. The state average was at 73.3% in the most recent quarter.

Race/Ethnicity: In Q4 2012, at 52.9%, Native Americans (n=9) had the lowest rate of children being placed with all or some siblings of all ethnic groups. African American children (n=9) had the highest rate at 64.3%. There were 76 white children with siblings, 59.8% of whom were placed with some or all of their siblings. 61.8% of Latino children (n=55) were placed with some or all of their siblings.



Measure 4A Siblings Placed Together by Race/Ethnicity Q4 2012 Sonoma County		
Ethnicity	**Placed with All or Some Siblings**	**Placed with All Siblings**
African American	64.3%	64.3%
Latino	61.8%	43.3%
White	59.8%	38.2%
Native American	52.9%	41.2%
Total placed with siblings	**60.9%**	**42.3%**

Measure 4A Siblings Placed Together by Placement Type Q4 2012 Sonoma County

Ethnicity	Placed with All or Some Siblings	Placed with All Siblings
Pre-Adopt	66.7%	66.7%
Kin	71.6%	56.8%
Foster Family Home	45%	45%
Foster Family Agency Home	72.2%	37%
Group Home	42.5%	22.5%
Valley of the Moon Shelter	77.8%	33.3%
Total placed with siblings	**60.9%**	**42.3%**

County Response: Sonoma County's rate of siblings placed together has remained steady since the 2010 CSA. This item has been indicated as a Watch because, while there is no state or national target, an examination of the data indicates that these measures in Sonoma are lower than some similar size counties and the statewide average, the County has determined that this is an area that requires ongoing monitoring and possible programmatic adjustments. Placement with relatives provides the greatest likelihood that siblings will be placed together. The county will be evaluating the impact of AB 12 (extended foster care) on the rate of siblings placed together. For youth who become adults and remain in foster care the goal of placement with sibling(s) might conflict with self-sufficiency goals.

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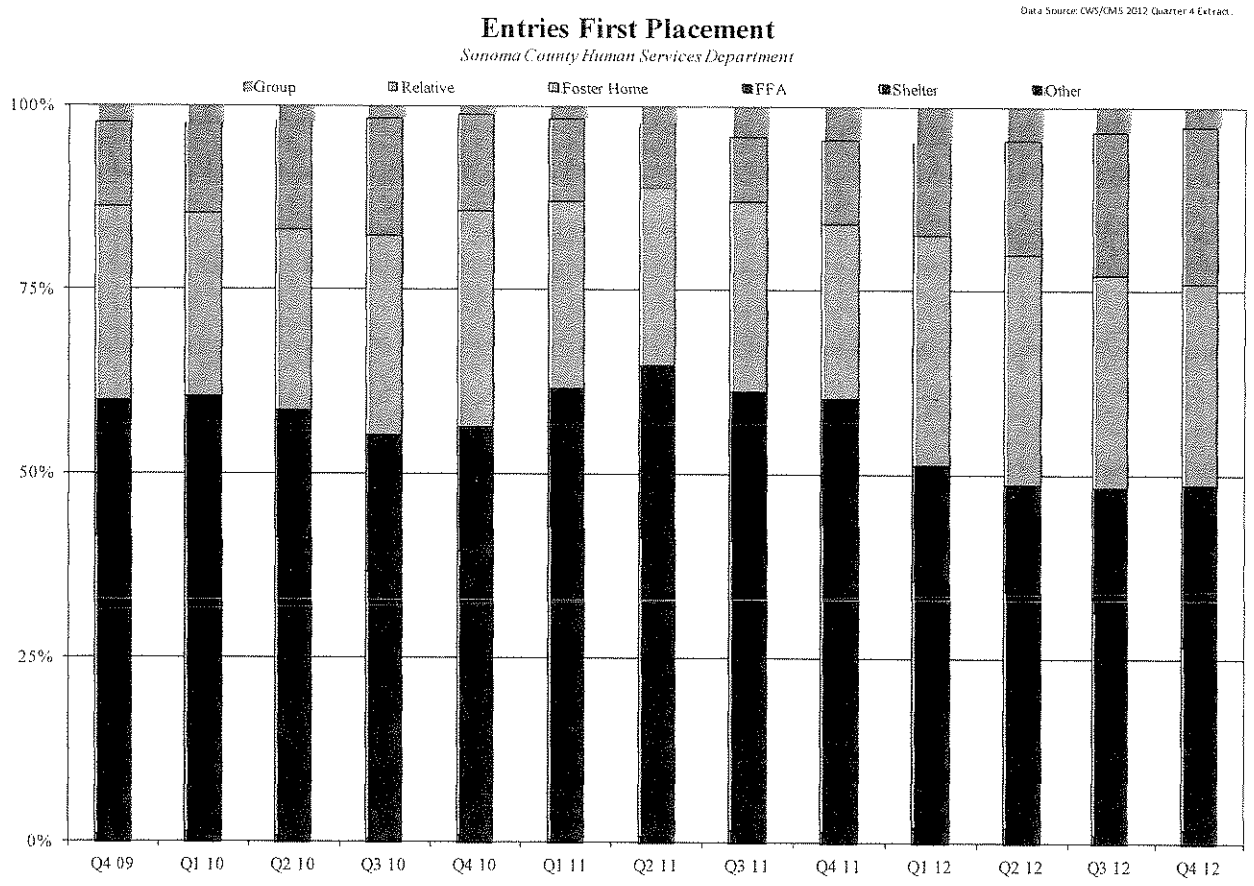
Measure 4B: Foster Care Placement in Least Restrictive Settings - Least Restrictive Entries (First Placement) and (Point in Time Placement) **Action: SIP**

Definition: This measure reflects first entries into foster care by placement type categories with the assumption that all children are placed in the lowest level of care appropriate to meet their needs.

Trend Comparison *First Entries*: Sonoma County has a county-operated emergency shelter, the Valley of the Moon Children's Home (VMCH). It provides a pleasant and homelike atmosphere for children who were recently removed and are being assessed for placement. The County also has a network of foster parents with specialized training who act as emergency placements for children ages five and under who cannot go to VMCH. Together, these placements comprise between 80-90% of all first time placements in Sonoma County. In the most recent three quarters (April – December 2012), Sonoma County has increased the number of children placed immediately with relatives and non-related extended family members.



Race/Ethnicity: Of all children first entering foster care in 2012, Latino children were immediately placed with relatives more often than any other race/ethnicity group. White children were initially placed in a county-licensed foster home nearly three times more often than Latino children.

Measure 4B First placement type by ethnicity 2012						
Ethnicity	**Relatives**	**County-licensed Foster Home**	**Foster Family Agency Home**	**VMCH**	**Other**	**Total**
African American	0	50%	30%	20%	0	100%
Latino	34.7%	12.2%	18.4%	28.6%	6.1%	100%
White	15%	32.5%	23.3%	24.2%	5%	100%
Native American	33.3%	33.3%	0%	33.4%	0	100%

Age: The table below shows the first placement types for all children who entered foster care during 2012. Young infants are most likely to be initially placed in a county-licensed foster home (78%). Toddlers ages 1-2 years old were initially placed in foster family agency homes

(47.1%) or in county-licensed foster homes (29.4%). Children ages 6-10 had the highest rate of any age category of being initially placed with relatives (40.6%) and youth ages 11 and older were most often placed at VMCH directly after removal.

Measure 4B First placement type by age 2012						
Age	**Relatives**	**County-licensed Foster Home**	**Foster Family Agency Home**	**VMCH/ Group**	**Other**	**Total**
Under 1 year	9%	78%	11%	2%	0	100%
1-2 years	14.7%	29.4%	47.1%	8.8%	0	100%
3-5 years	34.2%	13.2%	50%	2.6%	0	100%
6-10 years	40.6%	5.4%	5.4%	48.6%	0	100%
11-15 years	3.7%	0	7.4%	81.5%	7.4%	100%
16 years and older	0	8.3%	8.3%	66.7%	16.7%	100%

Trend Comparison *Point-In-Time (PIT) Placements*: When looking at point in time data, one sees where children were placed on one day of each quarter, a snapshot. While imperfect in assessing the true distribution of placement types over a period of time it does minimize the likelihood of false conclusions resulting from a count of all placements during the time period (all placements would inflate counts due to placement disruptions and movements). Sonoma County's placements – in all categories - have remained relatively stable since Q1 2009. All have variably increased and decreased during the CSA time period of analysis (2009-2012). The only exception to this is county-licensed foster homes which had begun to decrease at the time of the last CSA (6% in Q1 2009), a decrease which continued through 2009, slightly increased in 2010 and 2011 and is now resting at 9%.

County Response: Sonoma County has historically had a high rate of youth placed in group homes and this continues to be true for the time period covered by this County Self Assessment. In 2011, the HSD contracted with Harder+Company to conduct an evaluation of group homes frequently used by the department for placement. The summary of the results were used as the launching pad for a collaborative effort between the department and group homes to develop shared placement and outcome goals for youth placed in group homes. This will be an area of focus in the 2014-2019 System Improvement Plan.

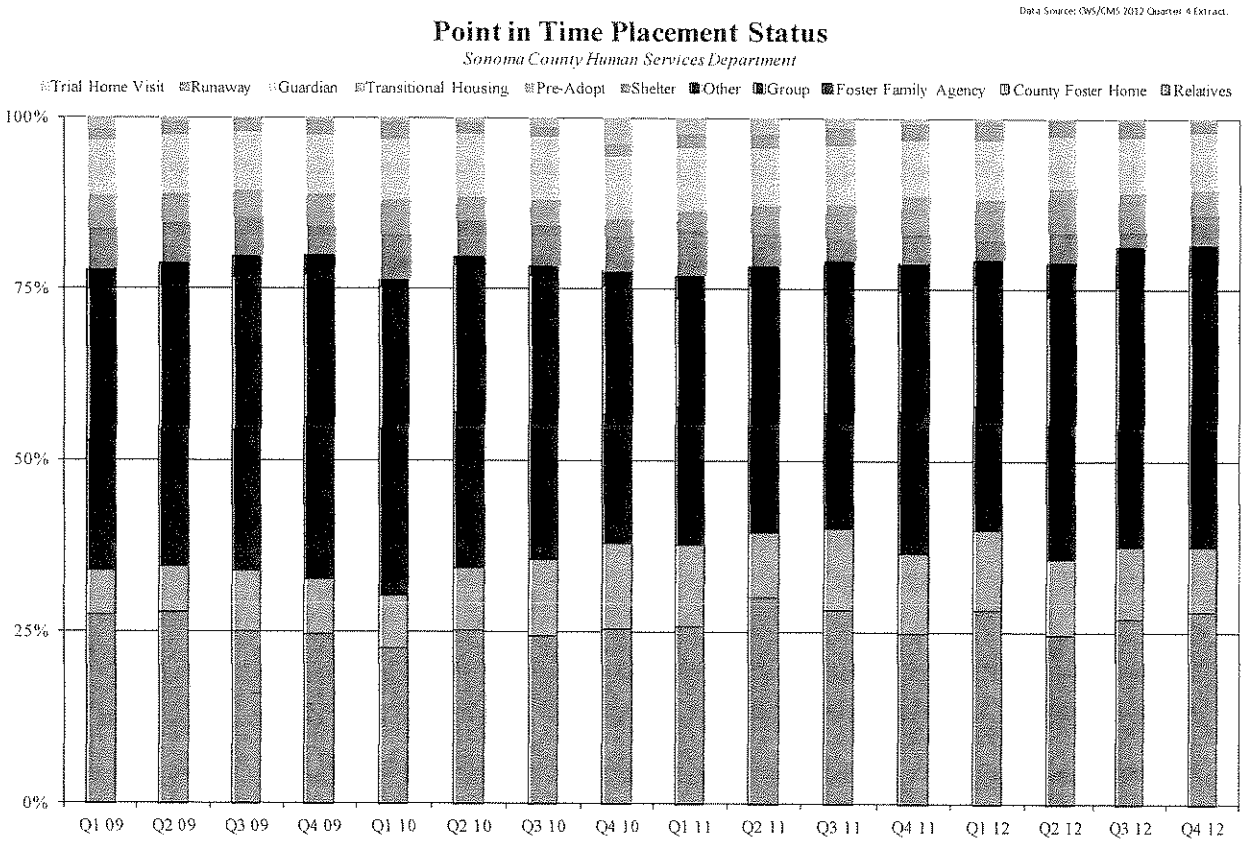
YOUTH EXPERIENCE IN GROUP HOMES

Sonoma County Human Services Department contracted with Harder+Company to evaluate outcome for youth placed in group homes. As part of the evaluation, Harder+Company conducted four focus groups of 39 youth: 3 focus groups were of youth currently placed in local group homes and one at VOICES of former foster and probation youth. Below are the themes that emerged from the focus groups.

Experience at Valley of the Moon Children's Home	
Positive (+) • Stable schedule, daily routine • Calm environment • Felt safe with staff • "Out of hand" situations quickly under control • Staff were comforting, supportive • Contact with family members	Negative (-) • Separation of groups, i.e. siblings, genders, special needs • Felt "too" secure with all doors able to open only with scan cards • Proximity to Juvenile Hall confusing • Peer teasing, taunting, antagonizing, bullying • Not enough therapy • Physical contact with staff meant you were in trouble • Physical contact with siblings not allowed
Experience at Group Homes	

Positive (+)
• Enrichment activities such as camping, Six Flags, music classes, bowling, billiards, roller-blading, firefighting exploring
• Transition to Transitional Housing Programs
• Positive relationships with group home staff
• If staff agree with decisions, would take action to support, e.g. tattoo removal, family connections
• Independent living skills
• Structure
	Negative (-)
	• Environment too restrictive:
	  • Dress
	  • Values
	  • How/what to eat
	  • Limited involvement of youth in decision-making
	  • Restrictions on own money
	  • Lack of belief that youth can survive outside of group home
	• Type and number of youth, some with aggression, anger issues
	• Not enough classes/therapy for anger management
	• Requirement to change schools

Experience with FYC Social Worker	
Positive (+) • Social worker advocates for youth needs • Saw social worker often	Negative (-) • Didn't see social worker often, not sure how often social worker was supposed to visit • Issues/requests take a long time
Hopes for the future	
• To have a better life • To be independent • To have a job, go to Marine Corps	• To graduate, take GED, attend SRJC • To have good relationships • To live with grandma/mom/aunt



Race/Ethnicity: On January 1, 2013, Sonoma County children of all races and ethnicities were in all placement types and at relatively proportionate levels to one another. A couple of minor exceptions are fewer Latino children placed in county-licensed foster homes than non-Latino children; fewer White children in foster family agency homes than other race/ethnic groups; and fewer African American and Native American children placed in group homes or at VMCH than White and Latino children. Another interesting finding is the number of Native American youth placed on January 1, 2013 in guardian homes (51.8%), coded as "other" in the table below.

Measure 4B Point in time placement type by ethnicity – January 1, 2013						
Ethnicity	**Relatives**	**County-licensed Foster Home**	**Foster Family Agency Home**	**VMCH/ Group**	**Other***	**Total**
African American	26.5%	14.7 %	26.5%	8.8 %	23.5%	100%
Latino	26.2 %	7.3 %	22.6 %	25.6%	18.3%	100%
White	29.4 %	11.1 %	19.4 %	25.1%	15%	100%
Native American	31%	0	6.9%	10.3%	51.8%	100%
**"Other" includes pre-adopt, court-specified, transitional housing, guardian, trial home visit, runaway, SILP.*						

Age: In Sonoma County, young children (under age 5) are much more likely to be placed with relatives than older children. On January 1, 2013 41-46% of children ages 0-5 were placed with relatives compared to 8-17% of youth age 11 and older. County-licensed foster homes are primarily used for young infants under age 1 whereas foster family agency homes are primary used for children ages 1-5 as illustrated by the table below. On this point in time, the age category with the most youth placed in group homes or at VMCH was 11-15 years. Youth ages 18-20 years are predominantly placed in the "other" category due to their higher number in transitional housing, in a guardianship, having run away from placement or placed in a SILP.

Measure 4B Point in time placement type by age – January 1, 2013						
Age	**Relatives**	**County-licensed Foster Home**	**Foster Family Agency Home**	**VMCH/ Group**	**Other***	**Total**
Under 1 year	41.2%	41.2%	17.6%	0	0	100%
1-2 years	43.8%	12.5%	39.1%	8.8%	4.7%	100%
3-5 years	45.9%	13.1%	31.1%	0	9.8%	100%
6-10 years	35.3%	5.9%	20.6%	22.5%	15.7%	100%
11-15 years	17.4%	4.1%	12.4%	50.4%	15.7%	100%
16-17 years	15.9%	7.3%	18.3%	30.5%	28%	100%
18-20 years	7.7%	3.8%	13.5%	15.4%	59.6%	100%
*"Other" includes pre-adopt, court-specified, transitional housing, guardian, trial home visit, runaway, SILP.						

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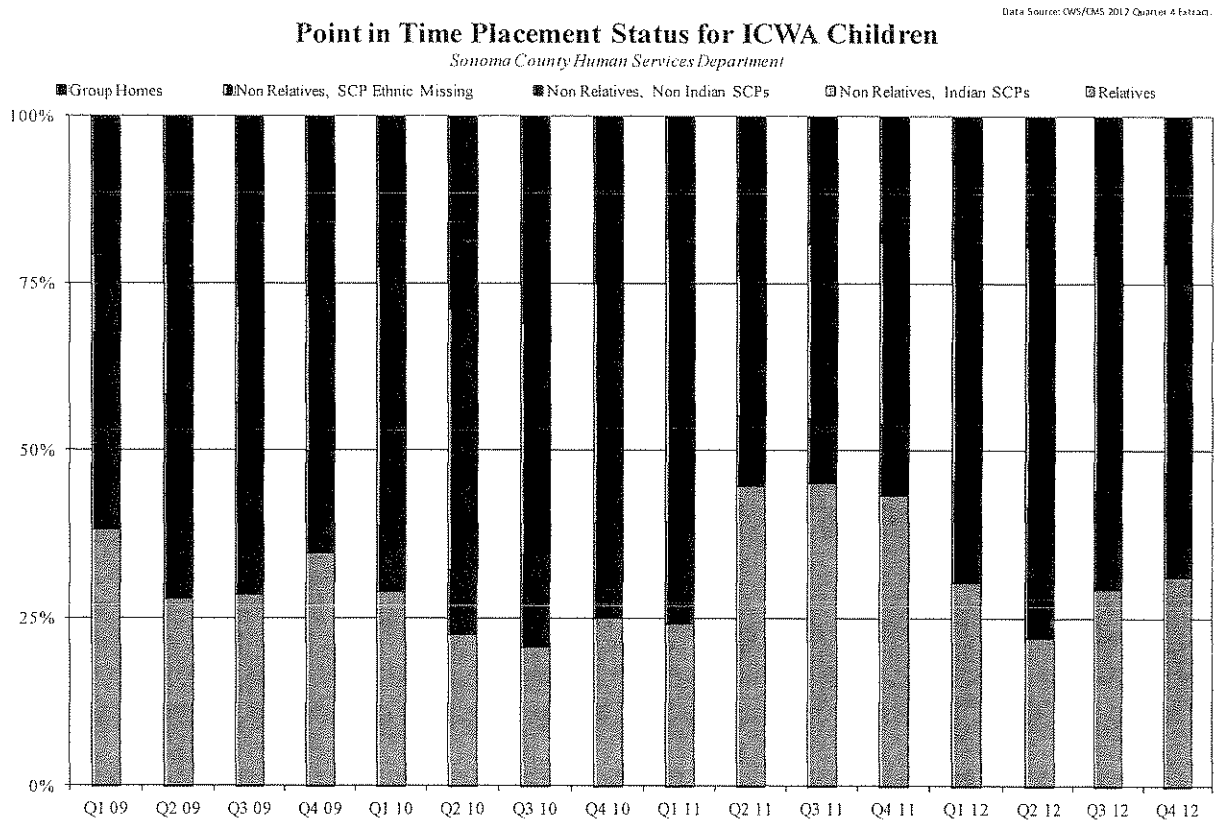
Measure 4E: Rate of ICWA/American Indian Placement Preferences Action: Identify

Definition of ICWA Eligibility by Placement Type: This measure reflects children eligible for Indian Child Welfare Act (ICWA) by placement type. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account. The resulting placement status categories are placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

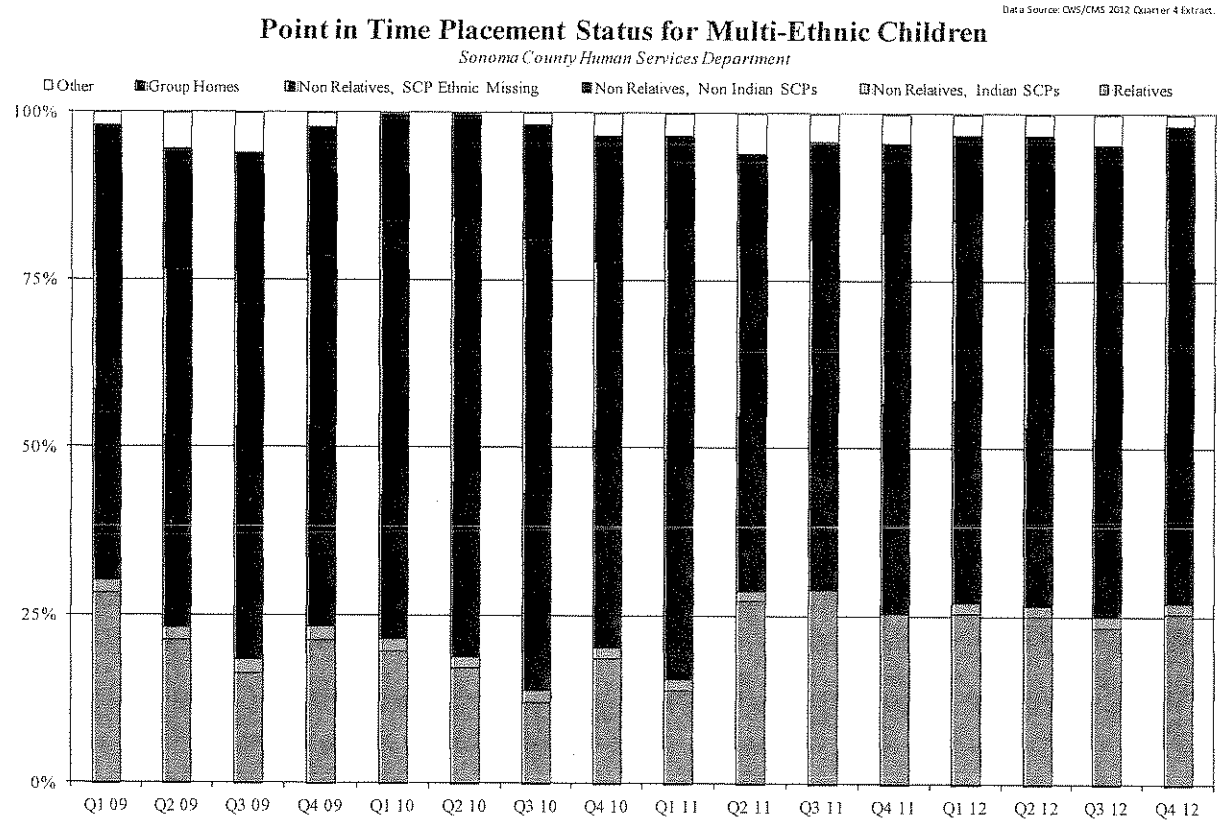


Trend Comparison of ICWA Eligible Placement Types

- In Q4 2009, there were 26 ICWA eligible children. In Q4 2012, there were 32.
- The rate of ICWA eligible children placed with relatives has variably increased and decreased between 2009 and 2012. The current rate is 31.2% which is down from a high of 45.2% in Q3 2011.
- In Q4 2012, the rate of ICWA eligible children placed with relatives was higher at 31.2% than the county average of 27% (all children placed with relatives during the same time period).
- The percentage of ICWA eligible children placed in non-relative, non-Indian homes has remained the same between 2009 and 2012.
- ***The proportion of ICWA eligible children placed in non-relative, unknown caregiver ethnicity has increased from 23.1% in Q4 2009 to 31.3% in Q4 2012, indicating a possible gap in data collection.***
- The percentage of ICWA eligible children placed in group homes was 21.9% in Q4 2012 which is slightly lower than Q4 2009 (26.9%).

Definition of Placement of Mulit-Ethnic Children by Placement Type: This measure reflects children who have a primary or secondary ethnicity of "American Indian" in CWS/CMS regardless of ICWA eligibility. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account. The resulting placement status categories are placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative

substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.



Trend Comparison of Children with Primary or Multi-Ethnic American Indian by Placement Type

- In Q4 2009 there were 47 children identified as American Indian. In Q4 2012, there were 59.
- The rate of American Indian children placed with relatives grew slightly from Q4 2009 (21.3%) to 25.4% in Q4 2012 which was slightly lower than the county average of 27% (all children placed with relatives during the same time period).
- The rate of American Indian children placed in non-relative, non-Indian foster homes has slightly decreased in Q4 2012 from Q4 2009, from 29.8% to 25.4%.
- ***The proportion of American Indian children placed in non-relative, unknown caregiver ethnicity has increased from 25.5% in Q4 2009 to 32.2% in Q4 2012, indicating a possible gap in data collection. This rate has been as high as 41.1% during the time period of analysis covered in this CSA report (Q1 2010).***
- The rate of American Indian children placed in group homes increased from the baseline to the current from 6.7% to 17.6%, although the total number of American Indian children placed in group homes in Q1 2009 was small (n=9). The increase in placement in group homes reflects an overall county trend of higher group home placements.

Description of Sonoma County infrastructure and process for the placement of children:

Both HSD and the PD strive to place children in their own homes and if that is not possible to find placements with relatives, non-related extended family members (NREFMs), or in the least restrictive level of care that is most appropriate for the child's needs.

The County's initial placement practices consider the special needs of children with complex physical/mental health or behavioral needs in several different ways.

Placement Unit

In 2013, FYC created a unit with a focus on placement and development of a robust foster care program. The unit consists of four Placement Specialists, the Emergency Foster Home Coordinator, the Foster Home Developer. The newly forming unit is housed within the Valley of the Moon Children's Center which will allow for greater opportunity to interact with those children and youth needing placement, the mental health staff and direct care staff working with the children. The unit will emphasize placement with relatives and concurrent planning and will include lifelong connections work. The unit will be piloting a much needed screening process for all youth being considered for residential placement; and a periodic review process for all children in residential placement. The unit will have a strong recruitment and retention focus and will share the responsibility of recruitment events. The licensing social worker works within the same goal framework as the Placement Unit but is supervised by the VMCH Volunteer Coordinator with reporting lines to a different section manager. The reason for having the licensing social worker operate outside of the direct supervision of the Placement Unit supervisor is to minimize the conflict of interest between licensing guidelines and child-driven placement decisions.

Placement Specialists

The HSD has four Placement Specialists whose primary task is to find and support placements for children in out-of-home care. All four are masters-level Social Worker IVs and have vast experience in working with caregivers and connecting them to resources in the community. Three of the Placement Specialists, including one bilingual specialist, work closely with licensed foster parents and relative caregivers to facilitate the placement of young children into their homes, sometimes requiring considerable special care. The fourth Placement Specialist works exclusively with youth residing at Valley of the Moon Children's Home for whom a concurrent home may not yet be identified.

Valley of the Moon Children's Home and Center

The new Valley of the Moon Children's Home, opened in June of 2005, was designed to provide a pleasant and homelike atmosphere for children awaiting placement. Therefore, it serves as the first placement for many children directly following removal. It also provides an opportunity for a comprehensive assessment to take place to identify the mental health, educational, health-related and placement needs of children who come into foster care. Therefore, health, dental and mental health clinicians are co-located at VMCH to provide assessment services the content of which feeds into social workers assessment of children's placement needs.

The average daily census at VMCH prior to July 2012 was 25-30 children, however in fiscal year 2012-2013 the average has been 17. It is not uncommon for a resident's stay to last 30-90 days.

Emergency Foster Care Program

Children ages 6 and under who are taken into protective custody are usually placed in an Emergency Foster Home rather than the VMCH, allowing them to remain in a family environment. These foster parents receive specialized training and support to better meet the needs of young children in crisis, particularly newborn babies that may have been substance exposed in utero.

Indian Child Welfare Roundtable and Handbook

The HSD has a collaborative relationship with local Native American Tribes and strives to make decisions that are in support of Native American preferences and cultures. To that end, the HSD and local tribes regularly meet to discuss child welfare in general and ICWA in particular. As a product of the Indian Child Welfare Roundtable, the HSD and local tribes developed an ICWA Protocol Handbook in 2010 which is currently being revised.

LifeLong Connections Program (family finding)

This program was implemented in Sonoma County in 2006 through assistance from the California Permanency for Youth Project (CPYP). LifeLong Connections addresses the need for youth in foster care to establish a permanent relationship with appropriate adult mentors, relatives, guardians, or adoptive parents it is focused both on developments of relationships and on finding a permanent home for the foster youth. The goal of the LifeLong Connections Permanency Team is to engage in intensive family finding efforts as a way to identify individuals with a connection to youth in or out of home care and then to create opportunities for relationships to develop and ultimately for exits to permanency to occur.

Until 2011, the program was provided by Family, Youth & Children's Division staff. In 2011, the county utilized Wraparound reinvestment funds to subcontract with Seneca Center to provide family finding services. Social workers refer youth to Seneca who conduct thorough search including mining the case file looking for any persons who may be connections and even potentially options for placement.

Stakeholder Input on Maintaining Family/Cultural Connections & Least Restrictive Placement

Preserving family relationships, cultural connections, appropriate and lowest level placements

The well-being factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County Strengths in preserving connections and making appropriate placements

- Organizational value in keeping siblings together in placement
- Social workers often search for and reach out to family that children didn't have contact with prior to removal to explore as connections/placement options

- Strong relationships between social workers and older youth
- Family finding provided through Seneca Center
- Strong CASA Program
- ICWA Roundtable and Protocol
- Youth emancipating with positive, permanent connections
- Local group homes that accept large sibling groups and enable visitation with family

Sonoma County challenges in preserving connections and making appropriate placements

- Lack of foster homes who can/will take large sibling groups
- Siblings often split based on different placement needs or lack of options to keep them together
- Youth are at times faced with a new social worker or a new service provider; affects attachment
- Although children are entitled to attend the same school after removal, children are often enrolled in new schools following removal affecting continuity of education and school connections
- Supervised visits continue beyond the point they should have transitioned to unsupervised; affects family connections
- Foster parents perceive the visitation policy as having negative effects on the well-being of children in their care especially as regards to cancellations due to child illness and taking children on vacation
- Some youth emancipating without positive, permanent connections
- Some youth emancipating without housing, high school diplomas or other essential health and social services

Systemic Factors Related to Permanency Process Measure Outcomes

Systemic factors that may affect performance on this measure include:

- Program eligibility criteria may be at odds with permanency goals, e.g. AB 12, ILSP, KinGAP, etc.
- Data collection methods for these measures are unreliable; validity untested

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WELL-BEING PROCESS MEASURES: CHILDREN RECEIVE SERVICES ADEQUATE TO THEIR PHYSICAL, EMOTIONAL, EDUCATIONAL AND MENTAL HEALTH NEEDS

When children are removed from their homes due to abuse and/or neglect they are entitled to health and dental health examinations according to the following periodicity:

Age Categories - Health	Age Categories - Dental
Under 1 Month Old	3 years
1 to 2 months	4 years
3 to 4 months	5 years

5 to 6 months	6 years
7 to 9 months	7 years
10 to 12 months	8 years
13 to 15 months	9 years
16 to 23 months	10 years
2 years	11 years
3 years	12 years
4 to 5 years	13 years
6 to 8 years	14 years
9 to 12 years	15 years
13 to 16 years	16 years
17 to 20 years	17 years
	18 years
	19 years
	20 years

Measure 5B(1): Timely Medical Exams **Action: Strength**

Definition: This measure provides a count of children in foster care who have received at least one medical exam according to the periodicity table above. For example, a child must receive one exam while two years old. Out of compliance refers to a child who leaves an age period without an exam. The types of medical exams included in this measure are Health/CHDP Services, CHDP Medical Delivered, HEP CHDP Equivalent Physical Exam and HEP CHDP Physical Exam. "Medical Visit" does not quality as a medical exam.

5B(1) Timely Medical Exams		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
N/A	85.9%	86.9%

Measure 5B(2): Timely Dental Exams **Action: Watch**

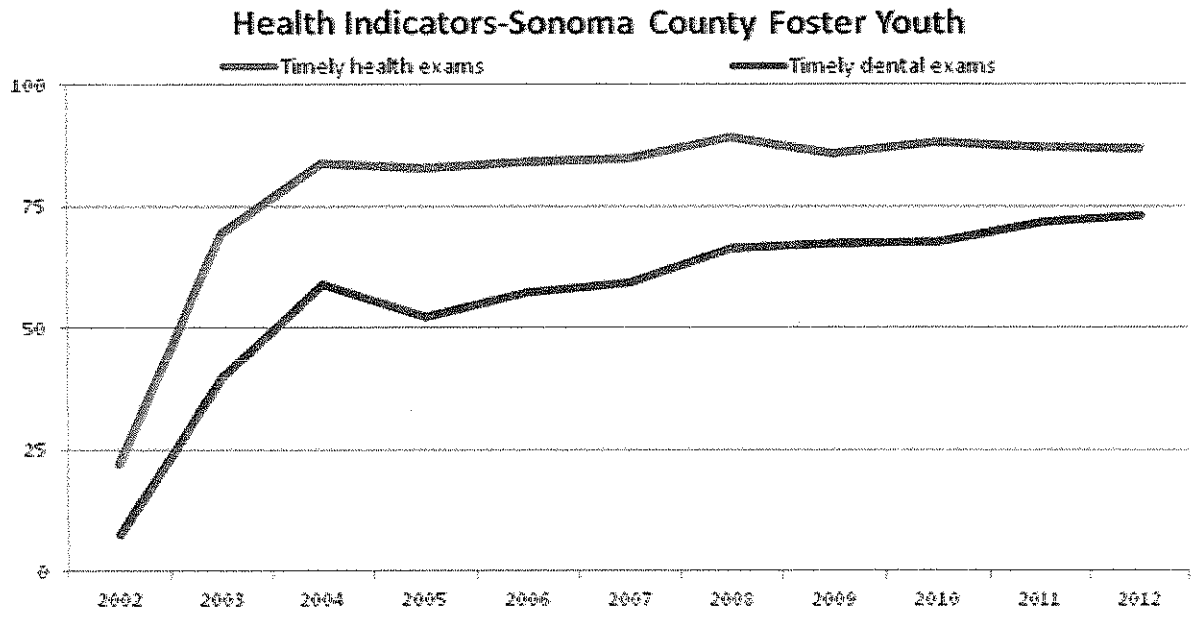
Definition: This measure provides a count of children in foster care who have received at least one dental exam according to the periodicity table above. For example, a child must receive one exam while two years old. Out of compliance refers to a child who leaves an age period without an exam. The types of dental exams included in this measure are CHDP Dental Delivered and HEP Periodic Dental Exam. "Dental Visit" does not quality as a dental exam.

5B(1) Timely Dental Exams		
National/State Target	Q4 2009 Sonoma County Performance	Q4 2012 Sonoma County Performance
N/A	67.4%	72.9%

Trend Analysis: As the graph below illustrates, the rate of timely health and dental exams increased steadily since 2002 when data collection began on these services. Between 2004 and the current time period, between 81-89% of Sonoma County children in foster care have received timely health examinations.

The rate of children receiving timely dental examinations has also steadily improved over time. The current (Q4 2012) rate of 72.9% is the highest in Sonoma County's history.

County Response: As is the case across the state, there is a lack of dentists who will accept publicly funded dental insurance. However, the Valley of the Moon Children's Home has a new state of the art dental clinic and has developed resources including arrangements with dentists to provide dental exams to the children and youth who temporarily reside at the Children's Home.



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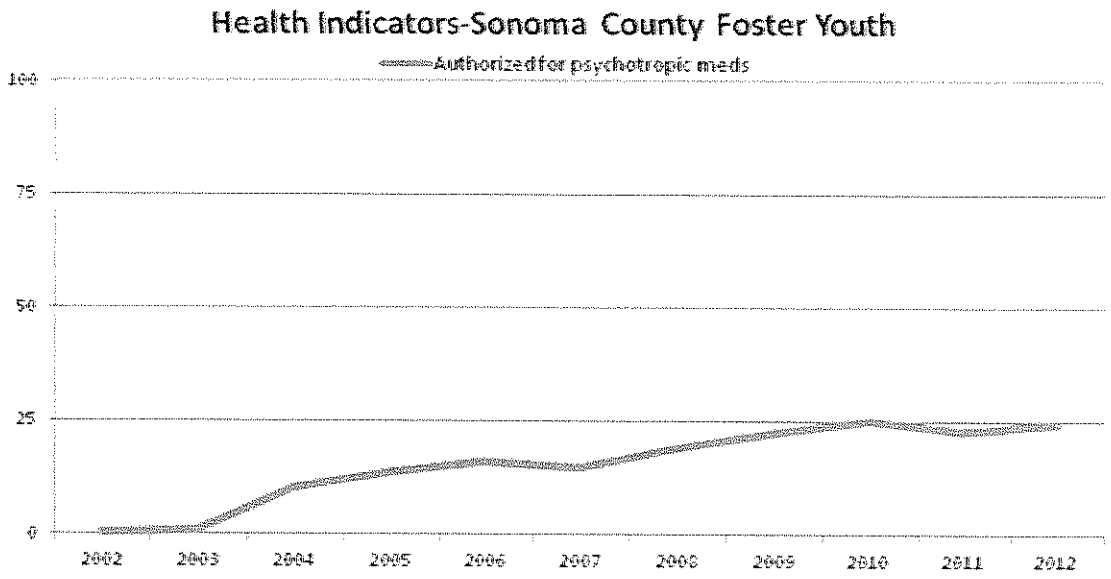
Measure 5F: Authorized for Psychotropic Medications **Action: SIP**

Definition: This measure provides the percent of children in foster care with a court order or parental consent that authorizes the child to receive psychotropic medication.



Trend Comparison: Since 2003 when data collection began on the authorization of psychotropic medications until 2010, the percentage of foster youth authorized for psychotropic medications had steadily increased. Between 2010 and 2012 the rate leveled out and was 24.4% in Q4 2012. As a means of comparison, the rate of foster youth for all of California during the same time period was 13.4%. Aside from Mono and Sierra Counties with 1 and 2 youth in out of home care respectively, Sonoma County has the highest rate of youth authorized for psychotropic medications in the state.

Race/Ethnicity: Both Black and Native American subgroups had too few numbers for meaningful analysis.

Measure 5F Sonoma County youth* in out of home care authorized for psychotropic medications				
Ethnicity	**Youth authorized for psychotropic meds Q4 2009**	**Youth not authorized for psychotropic meds Q4 2009**	**Youth authorized for psychotropic meds Q4 2012**	**Youth not authorized for psychotropic meds Q4 2012**
African American	9.1%	90.9 %	18.2%	81.8 %
Latino	20.2 %	79.8 %	21.7 %	78.3 %
White	26.5 %	73.5 %	26.9 %	73.1 %
Native American	19.2%	80.8%	26.3%	73.7%
**Excludes ICPC, non-foster care placements, NDLG placements*				

Age: In Q4 2012, of all youth authorized for psychotropic medications, 80% were age 11 and older, 19% were ages 6-10.

Placement Type: As one might expect, the rate of children authorized for psychotropic medications who are placed in group homes far exceeded rates for other placement types. In Q4 2012, there were 130 Sonoma County foster children authorized for psychotropic medications, 77 of whom were placed in group homes (59.2%). The second highest rate was for children placed in foster family agency homes at 14.6%. Of all of the youth who were authorized for psychotropic medications during Q4 2012, only 3.8% were placed at VMCH.

Gender: In Q4 2012, more boys were authorized for psychotropic medications than girls. Of all boys in foster care, 30.5% of them were authorized for psychotropic medications, compared to 17.4% of all girls.

County Response: Sonoma County public health nurses are diligent in the data entry of youth authorized for psychotropic medication. It is unclear whether authorizations are routinely end-dated and if this in fact matters with regard to the methodology of this measure. Sonoma County will explore other counties' practice with regard to data entry of psychotropic medications.

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Measure 6B: Children in Foster Care with Individualized Education Plans (IEP)

Action: Identify

Definition: This measure computes the percentage of children ages 3-18 in out-of-home care during the quarter who have ever had an IEP.

Measure 6B Sonoma County Children in Foster Care with IEPs 2012			
	Total # Kids in Foster Care 2012	# Kids with IEP	Percent of Total
Sonoma	507	2	.3%
California	52,726	3,923	7.4%
Data excludes children younger than 3 or older than 18 years of age, all ICPC, children placed outside of CA, probation, run-aways, nono-dependent legal guardians and placements less than 31 days.			

Geographical Comparison: The rate of Sonoma County children in out-of-home care who have *ever* had an IEP is lower than all of its Bay Area counterparts at less than one half of one percent.

Additional Analyses: Because Sonoma County data reflect so few children with active Individualized Education Plan there is no way to drill down any further into demographic considerations such as age or race/ethnicity.

County Response: The number of dependent children who have ever had an IEP is incorrect. FYC knows that data on IEPs are not entered in CWS/CMS. This process gap will be addressed in the 2014-2019 System Improvement Plan.

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Stakeholder input on well-being process measures related to children receiving services adequate to their individual needs

The health and education factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Well-Being (Health/Dental/Psychotropic Medications/Education) Strengths

- The availability of an Educational Liaison to assist foster and probation youth with navigating the school system; co-location at the FYC administrative office
- Santa Rosa Junior College and others provide dental services to the community at low cost
- Valley of the Moon Children's Home provides dental screening and treatment to children residing there
- Healthy Families expanding access to medical care
- Co-location of Sonoma County Mental Health clinicians at Valley of the Moon Children's Home and at FYC administrative office to facilitate prompt screening and assessment of all children who are admitted to Valley of the Moon Children's Home or placed in out-of-home care
- Effective screening and intervention system for young children through Watch Me Grow and other Prevention and Early Intervention funded programs (MHSA)
- Public Health Nurses who monitor physical and dental assessments and treatments of children in foster care and enter related data into databases; liaise with medical providers
- Each year, SRJC and other organizations host "Independent City," an all-day event that walks youth through typical adult transactions, such as opening a bank account, buying a car, or shopping on a budget
- VOICES Center collects and disseminates information on local resources to former foster youth
- Sonoma Kinship Family Center to support relative caregivers
- Educational scholarships to foster youth attending college

Well-Being (Health/Dental/Psychotropic Medications/Education) Challenges

- Medi-Cal primary care pediatricians are hard to find; children often see a new provider for each visit preventing continuity of medical care
- Foster parents are not aware of the services that are available
- "Regular ed" students receive less attention and may not have all educational needs met
- Lack of orthodontic care for youth with Medi-Cal – significant gap for youth who need orthodontic work
- Few options for enrichment activities
- High rate of children authorized for psychotropic medications

- Placement transitions may interfere with medication management; youth may go for periods of time without sufficient medication while a new prescription is being processed
- Difficulty in maintaining continuity of educational services as youth change placements or return home
- Programs may not have adequate cultural competence, especially in working with Native Americans
- The school system, particularly the older grades, is often inflexible and unable to meet kids' individual needs
- True number of children with IEPs unknown – data entry issue

Systemic Factors Related to Well-Being (Health Health/Dental/Psychotropic Medications/ Education) Outcomes

The department has identified issues in data measurement that affect agency performance including **entering IEPs**, **end-dating psychotropic medications** and capturing and entering **ethnicity**.

Maintaining contact with CASAs and therapists while at VMCH has been identified as a challenge.

Sonoma County has 40 school districts which can present difficulties for youth changing placements.

The supply of Medi-Cal providers is very limited and does not meet the need for medical and dental care.

Probation:

The Probation Department has on site school for youth who are in Juvenile Hall and Probation Camp. Youth are referred to SCOE (Sonoma County Office of Education) for appropriate reviewing of Individual Education Programs and works with SCOE staff to see IEP (Individual Educational Program) requirements are met.

A court liaison serves a critical function in the juvenile justice process. This position is assigned to work with the juvenile judicial system to facilitate the educational services and placement of adjudicated youth into local schools and to monitor the adjudicated youth's progress in completing educational goals and accessing appropriate services including work force preparation skills. This individual works cooperatively and closely with the Sonoma County Court, Sonoma County Juvenile Probation Services, Attorneys, staff of public and private schools, Community Organizations that provide support services, SCOE staff, parents and guardians, families of students and advocates.

Probation Officers work cooperatively with parents and guardians of youth to enroll their children in school. They also interact closely with parents of expelled youth to enroll them in community or alternative schools. Probation Officers coordinate with school administration and staff in an ongoing effort to determine appropriate educational and vocational paths for youth

under their supervision. In addition they attend IEP's (Individual Education Plan) and provide support to the youth's family.

As a result of a realignment of the Juvenile Division, field officers are assigned geographically throughout Sonoma County which results in continuity of service to most High School and Junior High districts.

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FAMILY WELL-BEING – FAMILIES HAVE THE CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS (PSSF)

The Human Service Department Family Youth and Children's Division provides family-centered programs and services designed to ensure safe, permanent, nurturing families for Sonoma County's children, while strengthening and attempting to preserve the family unit. The Mission of the HSD-FYC is to offer appropriate, evidence-based services to protect children and preserve families, recognizing these core values:

- The family is the most appropriate unit for rearing children as long as the children are free from abuse and neglect
- A wide range of parenting practices can provide the sufficient standard of care
- Every child has a right to a permanent home for their care and upbringing

To that end, HSD uses a number of programs to prevent child abuse and neglect.

The **Promoting Safe and Stable Families (PSSF) Program**, under Title IV-B of the Social Security Act, funds services to build healthy marriages and to improve parenting skills to prevent child abuse. Funded services also promote timely reunification when children must be separated from their parents for their own safety and works to remove barriers that stand in the way of adoption when children cannot be safely reunited with their families.

Child Abuse Prevention, Intervention and Treatment (CAPIT) programs were established by Assembly Bill 1733 (Welfare and Institution Code Sections 18960-18964) to fund agencies addressing needs of children at high risk of abuse or neglect and their families. Similar to CAPIT, the **Children's Trust Fund (CTF)** also provides funds to offer services that address the needs of children at high risk of abuse or neglect. HSD uses these funds to offer services for families referred to programs by Social Workers in the Division of Family, Youth and Children. These referred families are determined by the social worker to be at a high risk of abuse or neglect, but do not have an open CPS case.

Stakeholder Input - Families have enhanced capacity to provide for their children's needs (PSSF)

The prevention factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County Strengths in building families' capacity to provide for their children's needs

- Availability of Services
  - Variety of therapy modalities including cognitive behavioral, family systems and art/sand therapy; individual, family, couple, group (specific examples listed include Functional Family Therapy, peer counseling, in-home therapy)
  - Diverse array of services available along central Santa Rosa corridor
  - Developmental screenings and home-visits for developmental services
  - WIC services
  - Free resources/services available to general community
  - Wraparound Program and the services it offers
  - Parenting education available to FYC clients and through multiple other referral sources
- Improved availability of mental health services in the community
- Quality of Services
  - Increased availability and use of evidence-based practices such as Triple P, Functional Family Therapy, Team Decision Making, Strengthening Families
  - Services offered in clients' homes
  - Upstream Portfolio of Model Practices providing assistance to organizations to improve quality
- Countywide focus on prevention, investing "upstream" to prevent adverse outcomes and costs "downstream"
- Use of CAPIT/PSSF/CBCAP funds for families being diverted from the Child Welfare System; currently funded services include parenting, emergency family shelter, nurse/family home visiting program, family violence prevention, counseling, resource assistance
- Prevent Child Abuse Sonoma County (CAPC)
- Coordinated system of developmental screenings for all children age 0-5 (Watch Me Grow program)
- Use of evidence-based prevention programs for families at risk of abuse or neglect
- First 5 Sonoma County funds for services to families with children ages 0 – 5
- Community services are working more collaboratively (specific examples include system for developmental screenings, parent educators and resource assistants, First 5 Sonoma County)
- Organized system of subsidized child care and development programs that prioritize services to children at risk of abuse or neglect

- Community health clinics in high-poverty or rural areas that accept Medi-Cal, including St. Joseph Health System Mobile Health Clinic that brings its health care clinic directly into neighborhoods
- Wide array of community-based prevention programs available

Sonoma County Challenges/Unmet Needs in building families' capacity to provide for their children's needs

- **Sonoma County public transportation system creates a barrier to clients' accessing services, particularly outside of the urban core (this topic came up 26 times during community meetings and focus groups)**
- Recession created more families without basic necessities such as stable housing, access to food and clothing, and employment
- Some service providers have long waitlists (specific examples listed were mental health, substance abuse treatment, housing)
- Community is not aware of the free resources/services available to them
- Lack of awareness by FYC social workers about the prevention services available to the families with whom they work
- Availability of Services
    - Dearth of service providers that are bilingual (Spanish/English) and bicultural
    - Dearth of prevention services in outlying rural areas of the County
    - No Wraparound Program for younger children, i.e. "Baby Wrap"
    - Insufficient supply of subsidized or low-cost enrichment activities for school age youth such as camps, karate and Girl Scouts
    - Lack of family resource centers
    - Too few Medi-Cal or county-funded substance abuse treatment beds
    - Not enough subsidized and transitional housing for families; existing program have extensive eligibility requirements
    - Not enough Medi-Cal and Denti-Cal providers
    - Dearth of low-cost counseling programs
    - Long wait list for subsidized child care
- Service Coordination
    - Not enough co-located services
    - Delay in receiving developmental assessments
    - High drop-out rate of families referred through Emergency Response and therefore have no social worker monitoring their attendance/progress
    - Duplication of services
    - Lag time in referrals to services

Part V: Systemic Factors

SYSTEMIC FACTORS

Seven systemic factors affecting child welfare services in Sonoma County are reviewed in this report. These seven are the same factors reviewed in the Federal Child and Family Services Review (CFSR) and are defined in federal law. The Systemic Factors are: Relevant Management Information Systems, Case Review System, Foster/Adoptive Parent Licensing, Recruitment and Retention, Quality Assurance System, Service Array, Staff/Provider Training, and Agency Collaborations.

A. Relevant Management Information Systems (MIS)

1. CHILD WELFARE SERVICES TECHNOLOGY LEVEL

CWS/CMS continues to be the primary system used by HSD. It has been in use since September 1997 and there have been numerous refinements made to the application to improve its ease of use for social workers. Sonoma County has been an active participant in the ongoing workgroups to develop improved functionality. This consists of participating in the development of requirements and approval of the design changes, weekly conference calls, and in-county testing of changes or refinements. Sonoma County also participates in the Bay Area Regional Committee and the Policy Impact Analysis Committee.

Hardware

Below is a list of equipment available to field staff. The hardware listed below facilitates the provision of services to staff by simplifying access to resources and data entry.

- 214 Desktop Computers
- 25 Laptops that have the capability for remote connectivity to the County's network and the CWS/CMS application.

Software

- *CWS/CMS:* Sonoma County utilizes all aspects of CWS/CMS. The county has expanded use to include input from the Social Work Assistants, who record all contacts, and the Public Health Nurses, who input data into the Health and Education notebooks, as well as data from Valley of the Moon Children's Home.
- *Business Objects CAD:* (3 licenses) Business Objects is an Administrative tool that allows queries to be run on data that is originated in the CWS/CMS application. The data output can be used to identify trends, problem areas, areas needing improvement, and areas of strength.
- *Safe Measures [CRC]:* Safe Measures allows social work line staff, supervisors and managers to see compliance measures countywide and for their individual units and caseloads.
- *Structured Decision Making (SDM):* A family of Assessment Tools used at key decision points during the life of a case covering response time, safety, risk, family/child strengths and needs and reunification. Sonoma County moved from the CAT Assessment Tools to the Structured Decision Making Tools in October 2010.

- *Training Region:* A state-supported, CWS/CMS computer system that is identical to the at-work application that allows social workers to practice using the system before they are assigned actual cases.
- *Statistical Package for the Social Sciences:* Statistical software that allows for in-depth statistical analyses.
- *CalWIN:* Welfare payment database that allows data matching between welfare clients and child welfare children.
- *Residential Care System (RCS):* a database that allows VMCH staff to store information about the care of children residing at VMCH. VMCH is preparing to move to a new residential care data management system called TIER.
- *Efforts to Outcomes:* database used to store and track Team Decision Making meetings and to track forensic interviews conducted at the Redwood Children's Center.

Other Factors

Sonoma County has available numerous stand alone databases or excel sheets to track information that cannot be easily queried or captured at all in CWS/CMS, for example:

- Linkages Program
- Client Support Services database
- Prevention Services database
- Substance Exposed Newborn longitudinal dataset
- Dependency Drug Court
- Subsidized Child Care
- Kinship Support Services Program
- Court Reports (late or missing reports, continuances, pretrial settlement conferences, etc.)
- Emancipating Youth outcome report (tracking outcomes of youth who emancipate)

CAPIT/CBCAP/PSSF MIS

Under the oversight of the Board of Supervisors, Sonoma County HSD coordinates all administrative processes for the contracts funded through CAPIT/CTF and CBCAP/PSSF. Additional oversight is provided by the First 5 Commission for contracts funded by CAPIT/CTF (First 5 was designated to have oversight responsibility by the Board of Supervisors).

The procurement processes for all contracts funded through CAPIT/CTF and CBCAP/PSSF is coordinated by the HSD. RFP processes are completed every three years to select contractors that can best provide evidence-based practices in the identified prevention service areas. The Board of Supervisors and First 5 Commission approve all CAPIT/CTF and the Board of Supervisors approves all CBCAP/PSSF funding decisions.

Sonoma County HSD maintains all data for families receiving CAPIT/CTF and CBCAP/PSSF Services. CAPIT/CTF data is collected by the agencies on an ongoing basis which they submit to the HSD on a quarterly basis. Summarized data is reported to the Board of Supervisors annually as part of the contract renewal process. The First 5

Commission receives annual reports and requests follow up information as needed in order to maintain its' oversight role.

PSSF/CBCAP data are also collected by the community-based organizations that provide the services. Data are collected via Excel (quantitative) and Word (narrative) and aggregated for reporting purposes to both the County of Board of Supervisors and California Department of Social Services on an annual basis. Additionally, the Triple P provider uses an evidence-based child behavior rating tool, the Eyeberg Child Behavior Inventory, which assesses child behavior pre and post receipt of Triple P.

HSD is leading the process to develop a collective impact evaluation for all prevention service providers. As part of that, each provider has created a logic model for their services. Quarterly reporting on outcomes will be tied to the logic model outcomes that have been approved by HSD staff.

2. DATA QUALITY

Sonoma County identified the following areas where the quality of data is affecting the County's perceived outcome performance.

- Race/Ethnicity – Data on race/ethnicity are often entered into CWS/CMS during the referral stage and may not be assessed or entered consistently across the department. The County should explore its protocol for assessing race/ethnicity and its policy and procedure for entering race and ethnicity data.
- Social Worker Contacts – Sonoma County's performance in the area of Timely Response and Social Worker Contacts is believed to be better than the data show. The county has historically been slow to enter contacts into CWS/CMS as illustrated by county performance data. In the two to three months following a visit the county appears to be under the target compliance of 90%. However, the compliance rate goes up in the four to six months following the visit, indicating a delay in data entry. The County has taken steps to address this process error.
- Well-Being Measures – The rate of Sonoma County youth with IEPs is believed to be severely underreported in CWS/CMS (false low). Conversely, the rate of youth authorized for psychotropic medications is among the highest in the state, a rate that may be affected by a failure to consistently end-date authorizations (false high).
- Mutual Clients – It is difficult to identify clients being served in multiple systems.
- Tickler System – CWS/CMS tickler system is not comprehensive enough. For example, it would be helpful to have a tickler system for cases approaching 24 months.

3. PROBATION MANAGEMENT INFORMATION SYSTEMS

Hardware

The Probation Department utilizes a variety of technologies to allow staff the ability to connect resources. Smart phones are assigned to a variety of staff to assist with caseload management in the field.

Radios, both portable and vehicle based, are utilized by all field officers with dispatch services administered by the Sheriff's Department.

Wireless Laptops with secure VPN connections are used by field officers to conduct field contacts, verify probation conditions, generate documents and run statistical reports as needed. Standard desktop computers are used by office personnel as well as the use of hard drives. Probation Officers also use network drives to store data.

Computers are also utilized to record pertinent information regarding each juvenile case heard during Juvenile Court proceedings.

Electronic Monitoring Systems are utilized to monitor youth restricted to their home. The device monitors their whereabouts at all times. Reports on any activity are readily available to the Probation Officer. Probation Officers and Juvenile Correction Counselors assigned to the electronic monitoring role are also designated standard radios (handheld + vehicle radios) as well as cellular phones.

Software

- IJS Integrated Justice System – a Court data system
- KJS Kids Juvenile System – which captures all information regarding juvenile court proceedings and tracking of cases.
- Eclyptics Interfaces with the Columbia Utilization Business System – (CUBS) accessing and recording accounts receivable, used by probation staff to track probationer's payments of restitution to victims along with records of fines and fees ordered.
- TMS (Training Management System) is a system that provides the ability to schedule staff for required training. It sends emails to supervisors and staff regarding upcoming training activities and tracks all attendance and stores reports in a historical database for efficient monitoring.
- PACT (Positive Achievement Change Tool) - risk assessment used to determine a juveniles risk to re-offend.
- DRAI-Detention Risk Assessment Instrument- Assisting staff in determining appropriate level of detention.
- Redwood Toxicology Online site used to track all urinalysis testing and results.
- BI (Behavioral Innovation) Monitoring System tracks juveniles placed on home detention Using electronic monitoring devices.
- ISD County Information System Department – working with the ISD enables probation to access critical information and reports to determine the best approach and strategy to deploy supervision staff in several geographic areas throughout the County.
- The Juvenile Records System was created to mirror the Probation Adult Caseload Management System (PACMAN). This system is the case management system for juvenile probation services and juvenile institutions.
- CWS/CMS: Probation utilizes this to enter case management and placement information
- Noble Case Plan – links assessed criminogenic needs from the PACT to case plan goals and action steps. Assists in organizing case plan interventions to reduce the risk to reoffend.

B. Case Review

COURT STRUCTURE/RELATIONSHIP

The Sonoma County Juvenile Court has two judges who presides over delinquency hearings. There is also one Juvenile Court Commissioner who presides over dependency hearings. Below are descriptions of the Juvenile Court's process for dependency and delinquency cases.

Child Welfare Services Dependency Court System

The Dependency Court system focuses on the protection of children and providing children with permanency through family reunification, adoption and guardianship, wherever possible.

Juvenile Court Dependency System	
Step	Action
1	CWS receives a report of suspected child abuse or neglect.
2	CWS conducts an investigation to determine the risk of harm to the child, for example: 1) whether child abuse or neglect exists; 2) whether there is immediate danger to the child; and 3) whether the child can remain at home or with a relative.
3	If CWS decides to remove the child from his/her home, a protective order will be sought, or a petition will be filed asking the Court to order the child detained at the Detention Hearing. If a warrant is issued, CWS has 24 hours to release the child back to the parents or file a petition for dependency. If Law Enforcement places a protective hold on a child, CWS has 48 hours to release the child back to the parents or file a petition for dependency.
4	If CWS files a petition, the Juvenile Court holds a Detention Hearing the next judicial day. At this hearing the Juvenile Court determines if the child must be detained, the child and parents are each appointed an attorney to represent their individual legal interests, and a social work investigation is ordered.
5	Within 21 days of the Detention Hearing, the Juvenile Court holds a Jurisdiction Hearing. The Jurisdiction Hearing is held to determine if there is enough evidence for the child to come under the jurisdiction of the Juvenile Court.
6	If the Disposition Hearing is not held immediately after the Jurisdiction hearing, it will be continued for 14 calendar days. At the Disposition Hearing, the Juvenile Court: a. Decides whether to declare the child a dependent: • If the child is adjudicated a dependent, the family will receive a Family Maintenance or Reunification plan or may have services bypassed due to the severity or longevity of the maltreatment. • If the child is not adjudicated a dependent, the Juvenile Court may dismiss the case or suggest Voluntary Services for the child and family. b. Addresses placement of the child, protective orders, visitation and services for the child and family.
7	After the Disposition Hearing, the social worker is responsible for assisting the family with the case plan ordered by the Juvenile Court.

8	Review Hearings are held at six-month intervals to evaluate the progress of the child and family and to facilitate permanency. Reunification services can be offered up to a maximum of 18 months.
9	If a youth is not returned to a parent, then the youth will enter a Planned Permanent Living Arrangement until the youth is either adopted, enters guardianship, emancipates or reaches the age of majority. Permanency Hearings are held every 6 months.

The HSD is a full participant in the team of professionals working in the Dependency Court of Sonoma County and provides a full-time court officer to facilitate the process. Each team member recognizes the specific roles that they have, either as an individual professional or as an organization. There is a mutual expectation that those roles will be carried out fully and professionally, while at the same time recognizing the importance of maintaining the primary focus of the Court process on the children and their families.

All children and parents in the Dependency Court have attorneys appointed for them, who, for the most part, are familiar with this Court's processes. Before hearings are set for trial, the Court routinely schedules mediation in the form of Settlement Conferences to provide all parties in a case with the opportunity to resolve issues of disagreement without the need for a trial.

In October 2012, the Court entered into a contract with Dependency Legal Services, a non-profit law firm dedicated to representing parents and children in California's juvenile dependency proceedings. There is also a panel of attorneys for parents in cases where there is a conflict. This partnership has continued up to the present time and appears to be very successful. Minors have the continuity of representation, and social workers are able to work with the attorneys to expedite court matters on behalf of children in detention and in care. The children's attorneys routinely keep office hours at FY&C in order to facilitate communication and collaboration with social workers.

The Commissioner recognizes the need for all parties to be heard in Court on cases, which sets a tone of respect in the Court arena.

Probation's Delinquency Court System

The Delinquency system focuses on the rehabilitation of the youth and protection of the community. The Juvenile Court Delinquency system proceeds, in general, as follows:

Juvenile Court Delinquency System	
Step	Action
1	When law enforcement takes a child into custody, law enforcement decides whether to: 1) detain the child in Juvenile Hall; 2) release the child to his/her parents, or 3) release and refer the child to a diversion program. Note: If the child is not detained, the case proceeds to Step 5.
2	Probation Department's Intake Unit assesses each case to determine whether to request the filing of a petition for wardship.
3	If a petition is requested, the District Attorney files a petition and the Probation Department conducts an investigation to ascertain the facts of the allegations for the

	detention report.
4	If the child is detained, the Juvenile Court holds a Detention Hearing. At this hearing, the child is appointed an attorney to represent the child's legal interests. During this hearing, the Juvenile Court reviews the petition and determines whether the child should be either returned home (with or without restrictions) or detained in Juvenile Hall.
5	The next hearing is a Readiness Hearing. At the Readiness Hearing, the Juvenile Court accepts the child's admission or denial to the charges presented in the petition: • If the child admits the charges, the case is then set for disposition. • If the child denies the charges, the case will be set for an Adjudication Hearing, which is similar to a trial. At the Adjudication Hearing, if the Juvenile Court finds the allegations in the petition true, the Court sets a Disposition Hearing. If the Juvenile Court finds the allegations false, the petition is dismissed.
6	At the Disposition Hearing, the Juvenile Court decides whether or not to declare the child a ward of the Court. If declared a ward, the Court sets probation conditions for the child and determines the child's placement while on probation.
7	After the Disposition Hearing, Review Hearings are scheduled at 12-month intervals to monitor the child's progress while on probation.

Probation uses a collaborative group process for making placement decisions. The Multi Disciplinary Team/Screening Committee consists of a Probation Supervisor, Probation Officers, Mental Health, and AODS (Alcohol and Other Drug Services) representatives. The recent PQCR noted that Sonoma County's screening is a positive process which includes the youth's input regarding placement decisions. The MDT/Screening Committee meets twice per week, considers the assessment tool used to indicate a youth's risk level to re-offend. The use of this tool when conducting interviews with the youth and family have strengthened decisions of whether a youth should be placed outside their home or whether an alternative plan remaining in the home is in the best interest of the youth.

In cases where the recommendation to the Court for out of home placement is appropriate and ordered, the youth is assigned to one of the four placement Probation Officers who monitor the youth as s/he progresses through a specific placement program.

As required by law, each officer visits the youth at the placement site whether the minor is placed inside the County, in another county, or in a facility outside of California. Monthly progress reports are filed to record the youth's progress in the program and to ensure he/she is receiving appropriate care at each placement. These reports are then entered into the CWS/CMS system, to track and record the department's compliance with state and federal mandates. Quarterly reports are submitted by each group home, program or facility and the youth's case is reviewed by the Juvenile Court every six months. The placement supervisor monitors compliance with the state regulations regarding visitors and each visit is documented.

P. 68 Case Review: 241.1 WIC (Dual status)

The Sonoma County Superior Court, Juvenile Court, Probation Department, Family Youth and Children's Services, District Attorney Office, Public Defender Office, Mental Health

Department, and Conflict Attorneys Office utilize a written protocol pursuant to WIC 241.1 dual status.

Youth who appear to need both probation and children's protective services intervention are considered for dual supervision under 241.1 WIC. Representatives for these agencies meet bi-weekly or more frequently if necessary to discuss dual status cases and determine the best services and needs of the youth. A recommendation is made to Juvenile Court from 241.1 WIC committee.

This process has worked well to forge collaboration and cooperative relationships between the Probation Department and Family Youth and Children's Division and ensures that the best interest of the child is the focus of the recommendation to the court.

COURT CONTINUANCES

The use of court hearing continuances can influence the effectiveness of the dependency and delinquency court systems. Court continuances occur for a variety of reasons and circumstances and can vary case to case. The following are common reasons for continuances:

- New or missing information that might change a recommendation for the hearing
- Conflict or disagreement between parties (department, parents or attorneys)
- Late court report at the time of a hearing
- Incarcerated parents not produced
- Children who want to appear but are unable to attend
- Attorneys having not seen their client before a hearing

TIMELY NOTIFICATION OF HEARINGS

Sonoma County provides timely notice to all parties involved in dependency and delinquency cases (e.g. parents, foster parents, Tribes, pre-adoptive parents, relative caregivers, etc.). All caregivers may address the Juvenile Court at hearings in person or in writing. County Counsel and CWS work together to ensure proper Indian Child Welfare Act (ICWA) noticing by providing social work and legal clerical staff with clear instructions on procedures. HSD has a collaborative relationship with the local Tribes as evidenced by the regularly scheduled ICWA Roundtable meetings and the development and utilization of the ICWA Handbook (finalized January 2010).

Notification is provided to parents for each hearing in the following ways:

Type	Notification
Detention Hearings	Phone call to a known number, or by first class mail if no phone number is available.
Jurisdiction/Disposition Hearings	Parents are given notice in person at the Detention Hearing of the date of this hearing, or are sent written notice through the mail.
Review Hearings	Written notice 30 days prior to the date of the hearing.
Termination Parental Rights (TPR)	At prior hearing setting 366.26 Hearing with follow up by first class mail, by process server, by certified mail, by publication, or by noticing parents' attorneys.

All other parties receive notice of hearings according the timeframes set out in the California Welfare and Institutions Code.

1. PARENT-YOUTH-CHILD PARTICIPATION IN CASE PLANNING

Child Welfare Services

HSD policy requires social workers to engage with family and youth in the development of initial and subsequent case plans. Each case plan is developed based on an assessment of the family's strengths and needs (Structured Decision Making Family Strengths and Needs Assessment Tool) and is discussed and reviewed with the child and his/her parents. Social workers must obtain parents' signatures on case plans after parents have consulted with their attorneys.

In addition, HSD policy requires social workers to reassess family strengths and needs (SDM FSNA Tool) and to update the case plan as needed but at least once every six months. The update includes specific information about the current progress of the child and family, as well as any changes to the information in the case plan. Social workers are expected to work with parents and all children over age 10 in updating case plans so that they are individualized to families' specific needs. Case plans must address the following:

- Relevant social, cultural and physical factors for the child, parent and any other significant person(s) who reside in the home;
- Areas of improvement for the family that require intervention to alleviate the protective issue;
- Family strengths that facilitate positive resolution of the protective issue;
- Special needs of any child who is also a parent;
- Previous social services offered and/or delivered to the child or the family, and the results of same;
- Health/medical care information;
- Schedule of planned social worker contacts with the child/parent/caregiver; and,
- Visitation schedule between the parent(s) and the child(ren).

HSD-FYC is in the process of developing a new program called TEAM (Together to Engage, Act and Motivate) which is based on the family group conferencing model. At every point at which a case plan is being created or updated a multi-disciplinary TEAM meeting is convened to discuss the direction of the case, needed services and progress towards case plan goals. The parents and youth are the "drivers" of these meetings. The meetings are facilitated by non-case-carrying social workers and have clerical support staff to assist parents with accessing identified services.

Juvenile Probation Case Plans

Juvenile Probation develops case plans, pursuant to Division 31 Regulations, on all cases that come into placement. These case plans cover permanency issues and the services to be provided. The case plan must be signed by the parent, youth, and probation officer and must be updated every six months.

2. GENERAL CASE PLANNING AND REVIEW

Although appropriate caseloads per worker have become challenging due to lack of state funding, HSD takes great effort to ensure that caseloads are maintained at manageable levels, and has organized units along program lines which allows for each supervisor to usually supervise no more than eight to ten workers. As a result it is an expectation that each social worker has a weekly conference with their supervisor to discuss the cases on their caseload and review the assessment tools and case plans. This provides an opportunity for proactive case planning and discussion of such issues as placements or reunification plans before these situations break down. Social workers write court reports that contain a thorough discussion of each case for the Court to review, and have been recognized by the Dependency Commissioner as being consistently high quality.

C. Foster/Adoptive Parent Licensing, Recruitment and Retention

LICENSING, RECRUITMENT AND RETENTION **Action: SIP**

The HSD recruits, licenses, trains and retains resource (foster) families to provide out-of-home placements for children under the Department's supervision. With the assumption of the Adoptions Program into the Family, Youth & Children's Division and with the goal of increasing the number of foster and adoptive homes for older youth, sibling groups and youth with challenging behaviors, Sonoma County has placed additional emphasis on the importance of foster parent recruitment and retention. In 2012, FYC changed the way it reports on the number of foster homes to better gauge the capacity to meet the county's placement needs. Prior to 2012, FYC had reported on the number of licensed homes even if homes were not (and may not have been for some time) accepting placements. In January 2013, Sonoma County had 101 licensed foster homes of which 53 were "active." This represents an increase in the number of active county-licensed foster homes since 2009 from 33 to 53 homes.

Licensing

The HSD employs one full-time licensing social worker who works with potential resource homes through the licensing process. All adults residing in the prospective foster or relative home must pass the criminal records check which includes local, state and federal criminal records, CWS/CMS record, the Department of Justice (DOJ) Child Abuse Index (CACI) and, if applicable, the Adam Walsh Act. In Sonoma County, licensed foster homes are assessed on yearly basis; more often if the need arises. The County also has license revocation procedures in place when needed.

Relative and non-related extended family member (NREFM) families who are willing to provide homes for children must complete a "relative approval process" in order to be certified to provide placement. Initial relative assessments are conducted by the case carrying social worker, a placement specialist or the licensing social worker. Relatives and NREFMs must be reapproved every 12 months. In Sonoma County, reassessments are generally done by the licensing social worker.

Sonoma County is committed to providing placement stability to children who come under the HSD's supervision and therefore under most circumstances emergency placements are not made with relatives; placement with relatives takes place only after the relative and the relative's home have been thoroughly assessed. In addition, the HSD works with Tribes in finding tribally approved homes for children with tribal affiliation.

The HSD partners with foster parents and foster family agencies to ensure that children are receiving the highest quality care while they are in foster care. Foster parents are required to complete an educational series offered at the Santa Rosa Junior College in order to obtain a license. The HSD and the local foster parent association, Redwood Empire Foster Parent Association, partner to offer joint training opportunities and other professional development options. Relative caregivers are referred to the local KSSP site, the Sonoma Kinship Family Center (SKFC), for ongoing support services. The SKFC offers intensive services to relative caregivers including Legal Aid for assistance with guardianship applications, support groups, after school programs, emergency assistance and referrals to other service organizations. The support provided by the SKFC can prevent the need for the child to enter the dependency system.

Recruitment

Oversight of foster parent recruitment efforts has been restructured to provide a better link with retention and training programs. Until 2009, foster parent training and retention was managed separately from recruitment and licensing efforts. In May of 2009 the Section Manager responsible for Foster Parent Retention and Training was assigned to also lead the new recruitment efforts. This restructuring resulted from the realization that providing training is critical in the recruitment, development and retention of new foster homes.

An initial analysis of recruitment activities indicated that foster parents were the best and most successful recruiters. Sonoma County is in the process of developing methods for more strategically using foster parents as a key component to recruitment efforts.

Sonoma County has had a dedicated social worker -coordinator for retention and training of county licensed foster parents since 2000. The Foster Parent Recruiter position is in the process of being transformed. The newly titled "Foster Home Developer," will be responsible for recruitment while also supporting retention and training activities. The new position provides for continuity of relationship between the "recruiter" and new foster parents. It also allows more time to develop a better assessment of what the new foster parent's skills are and the areas that need development, which will drive retention and training activities.

A 2010 interview-survey of foster parents revealed that the biggest barrier to retention is that they did not feel they had input into decisions about the foster children in their care. As a result, Sonoma County developed a team meeting at which the foster parent along with all service providers and social workers involved in child's case meet to jointly assess and plan for each child's needs and discuss placement decisions. This multi-disciplinary meeting takes place if requested by the foster parent and is scheduled after 45 days of entry into care and subsequently thereafter as decided in the meeting. This forum allows foster parents to provide valuable information and influence the decisions affecting a child's life.

All current county recruitment brochures, materials and flyers are being updated to hone a consistent recruitment message. The County is also emphasizing the use of new media outlets including a website that went live in February 2010: www.sonomafostercare.org.

The County sought out participation in the Youth Law Center's state-wide work group, the *Caregiver Recruitment and Retention Project Advisory Committee*. The HSD-FYC Emergency Foster Home Coordinator for retention and training has been an active participant since June 2009.

Retention

In 2010, FYC was selected to participate in the Quality Parenting Initiative (QPI), then a pilot initiative sponsored by the Youth Law Center with the goal of increasing the opportunities for foster parents to be an integral part of the case management team. Partners in the QPI are foster parents, social workers, supervisors and managers, foster family agency social workers, placement specialists, foster parent recruiter and foster parent support social workers. The concrete expectations and activities of the QPI are increased communication and specified points in the case, ice breaker meetings, notice of court hearings, team meetings, child-focused transition planning and visitation, and support/training.

Sonoma County uses surveys and interviews with foster parents to measure retention effectiveness. HSD has developed different strategies to engage and support prospective and new foster parents as they reach each decision point.

Sonoma County supports the retention of foster parents through the following:

- An annual foster parent picnic sponsored by the HSD;
- "Cluster" meetings, training and two non-case carrying FTE social workers who provide support to foster parents
- REFPA, with funds from the Human Services Department, provides respite child care to licensed foster parents;
- Ongoing meetings between the REFPA leadership and the FYC Director;
- The HSD, with funding through the California Department of Education, provides child care subsidies to relative caregivers. The HSD also works closely with the Centralized Eligibility List in finding child care subsidies for foster parents.

Stakeholder input foster parent recruitment and retention

Sonoma County is fortunate to have a network of high quality, well-trained, experienced and passionate foster parents. In addition to a robust Emergency Foster Home program, the county also has increased the number of licensed (non-emergency) foster homes including much needed homes for Spanish-speaking children. Additionally, the county works with a number of foster family agencies to place children in foster and adoptive homes certified by the FFA. Having a steady and diverse supply of foster homes is a pre-requisite to enable children and youth to be placed in environments that are appropriate to their needs and will facilitate both well-being and permanency.

The foster parent recruitment and retention factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County Strengths in recruitment and retention of foster parents

- Emergency foster homes have advanced training and experience to provide high quality care to medically fragile and other special needs infants and young children.
- Have increased from one to two social workers specifically designated to support foster parents.
- Foster parent peer mentoring
- High quality and cohesive emergency foster care program
- Wide variety of services available for children in placement
- Mental health and developmental screenings and assessments on every child who becomes a dependent of the court
- Ice Breaker meetings are effective
- Foster parent training (PIP)
- Quality Parenting Initiative – an initiative sponsored by the Youth Law Center with the goal of increasing the opportunities for foster parents to be an integral part of the case management team

Sonoma County Barriers in recruitment and retention of foster parents

- Mental health and developmental screenings can take several months, delaying services to children
- Lack of treatment foster homes
- Lack of foster/adoptive homes for older youth, sibling groups and youth with challenging behaviors
- Frequent changes to assigned social workers
- Inconsistent expectations/practices/communication among social workers
- Ice Breaker meetings happen inconsistently, sometimes requires a request by the foster parent
- Foster parents inconsistently involved in case planning process
- Partners in Parents (PIP) classes are offered too infrequently

Probation:

Probation places most of its youth in group homes. In addition to group homes, Probation's Department Commitment Program (DCP) consists of two inter-linked placement facilities:

- Juvenile Hall; a locked facility
- Probation Youth Camp, a 24-bed, short-term correctional treatment facility for 19 to 18 year old males.

D. Existing Quality Assurance System

COUNTY ACCOUNTABILITY OF CAPIT/CTF/CBCAP/PSSF

CAPIT/CTF

The Board of Supervisors has designated the members of the First 5 Commission as the Commission authorized to provide oversight to the Children's Trust Fund and CAPIT contracts. The Human Services Department, in partnership with the CTF Commission, is responsible maintaining the contract, monitoring specific contract requirements and for collecting and reviewing data submitted via quarterly reports from each contractor, as well as all invoices for services provided.

Each contracted provider is developing their evaluation as part of the second year development of their program. Each evaluation plan will be tied to an HSD-approved logic model, and measure the outcome areas they have established in their logic model. To collect data, some agencies utilize a client survey, others an entrance and exit interview, and others a suggestion box. HSD staff review this information as part of twice annual contract meetings, which take place as a site visit once a year, and as a phone conference once a year. All agency specific evaluation data will feed into a broader outcomes focused HSD evaluation model.

The existing contracts with each service provider require ADA compliance. Additionally, through the RFP process, contracted providers that offer are scored based upon their ability to meet accessibility considerations and serve families throughout Sonoma County (amongst other factors). Agencies are also scored based upon their ability to engage difficult to reach clients.

If a contracted provider is not meeting the minimum requirements as outlined in their Scope of Work, the HSD Contracts Liaison is responsible for communicating and working through all barriers to ensure appropriate service delivery. First, the agency is verbally notified of perceived non-compliance. If the issue is not immediately resolved, staff inform the program in writing of the concern and request a meeting, which can be attended by any interested party. If the issue does not appear resolvable, it is presented to the full First 5 Commission to vote on a recommended action and then presented to the Director of the Human Services Department. The Director will modify or terminate the contract. Any appeal from the agency would go to the Board of Supervisors.

PSSF/CBCAP

The PSSF Collaborative is comprised of all the agencies that provide services to the community with PSSF, CAPIT, CTF and CBCAP funding. The collaborative meeting quarterly to discuss among other things how well the programs are meeting community needs and recommend adjustments to service design. The HSD and funded providers work collaboratively to improve service delivery, streamline services and align goals with AB 636 outcomes. All PSSF providers collect data on clients they serve with PSSF/CBCAP funds including data on family characteristics, demographics, need for services (pre-service assessment), post-service assessment family risk as well as data on services provided including length of time to receive services, number of sessions, type of services etc. PSSF/CBCAP providers report back to the HSD on client services every quarter.

The HSD works closely with PSSF providers to ensure contract compliance and fiscal austerity. This includes quarterly meetings, phone consultations with HSD staff and annual site visits. The HSD also works collaboratively with the PSSF/CBCAP contractors on implementing the program evaluation described above. In circumstances where non-compliance has been identified, the HSD provides technical assistance to the contractor to implement corrective action. If corrective action does not remediate the non-compliance, the HSD takes steps to terminate the contract.

CHILD WELFARE SERVICES QUALITY ASSURANCE

The HSD has made significant strides in expanding the quality assurance system since the last County Self-Assessment. There has been a focused and comprehensive effort to improve the quality of data, to expand reporting of compliance and outcome measures, and to improve the quality of child welfare practice. Major milestones include:

- Increased use of Safe Measures as a tool to track program compliance
- Increased use of Business Objects to illuminate trends and practice issues
- Increased communication regarding quality assurance through regular meetings, data reports, presentations, training and technical assistance

Sonoma County has identified quality assurance as an area in need of exploration especially in the area of internal case review and for activities where data integrity affects performance outcomes. This will be included in the 2014-2019 System Improvement Plan.

Indian Child Welfare Act

The HSD policies to meet the Indian Child Welfare Act (ICWA) mandates are available to all social workers in the HSD-FYC Policy and Procedure Manual. In addition, HSD, in partnership with local tribes, created the ICWA Protocol Handbook which is currently being revised. The Handbook is the product of the ICWA Roundtable which meets monthly. The HSD works closely with tribes on identifying and realizing ICWA service and placement preferences. With the recent influx of new social work staff, FYC will provide refresher training on the ICWA protocol once the revisions are complete.

Multiethnic Placement Act

The HSD believes that all children in foster care should be placed in a permanent home as quickly as possible. To that end, HSD has the following internal processes in place to assure compliance with the Multiethnic Placement Act (MEPA) when making placements:

- Routine monitoring of length of stay of all children in temporary placements
- Placement support meetings of placement specialists and potential placements to find homes for harder-to-place youth
- Regular Adoptions review meetings to identify potential adoptive homes
- Staff training on MEPA at CORE and Orientation

Policies for Monitoring the Effectiveness of Mental Health Services to meet identified needs

Aside from individual social workers consulting with mental health providers to monitor progress on individual case plan goals, HSD-FYC does not currently have a policy to measure the effectiveness of mental health services in meeting identified needs. This will be addressed in the System Improvement Plan.

Policies and Procedures for Documenting and Monitoring Child and Family Involvement in Case Planning Process

HSD-FYC social workers are required to provide the Juvenile Court the initial case plan either within 30 days after the initial contact with the child, or at the face-to-face contact immediately before the Disposition Hearing, whichever comes first. Social workers are required to develop case plans for all voluntary cases within 30 days of the initial face-to-face contact. Parents are required to sign and date the family case plan for child welfare and probation cases.

a. Concurrent Planning

The HSD-FYC policy is to provide concurrent planning for all children when: 1) a petition for dependency is filed; 2) the child is placed in out-of-home care; and/or, 3) the court has ordered reunification services. Every child who enters out-of-home care is reviewed for concurrent planning within the first 30 days by the Court Services Unit and then again at four and nine months by Family Reunification social workers. The case will continue to be reviewed every 1 to 2 months until a concurrent plan or exit plan is developed, or the case is dismissed.

HSD-FYC policy states that social workers are to address concurrent planning activities in court reports as follows:

Court Report: A court report for a family reunification case with concurrent planning must meet the following requirements, depending on the type of court report:

- Jurisdiction/Disposition Hearing Report: This court report must include both the reunification plan and the permanency alternative plan. The report must also include:
  1. Documentation of the social worker's discussion with the parent(s) about the requirement to plan for permanency and reunification concurrently, and the parent's option to voluntarily relinquish the child for adoption and participate in adoption planning; and,
  2. A statement of the reason(s) (e.g. parent unavailable/unwilling) and the steps made toward legal permanence for the child (e.g. child placed with relative willing to provide legal permanence or referred to State Adoptions for placement in a concurrent planning home), if there was no such discussion.
  3. Efforts made to locate perspective relatives for placement and their willingness and ability to be a concurrent home.
  4. Review Report: This court report must include an update on the alternative goals of permanency for the child if efforts to reunify fail, including whether the child was accepted by CDSS State Adoptions Branch, if relative searches have been updated and noting if anyone has come forward to provide guardianship.HSD-FYC policy states that social workers are to address concurrent planning activities in court reports as follows:

b. Termination of Parental Rights (TPR)

HSD-FYC assesses children for concurrent planning placements including adoptions by completing the following:

- Pre-assessments required prior to the Termination of Parental Rights (TPR) Hearing,
- Notices all parties including parents of the TPR Hearing.
- Update all parent searches and prepare a Declaration of Diligence, in a case involving an absent parent.

The court will not terminate parental rights unless an adoptive home is identified for the child. The court will continue to set 6-month Review Hearings until the adoption is finalized. Some of the reasons for delaying the TPR Hearing are for unresolved paternity, ICWA issues, and contested hearing by the child's parent(s). Parents have the legal right to contest the TPR Hearing or any other Permanent Plan Hearing.

c. Development of a Transitional Independent Living Plan (TILP)
The Independent Living Skills Program (ILSP) is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management.

The HSD-FYC policy for ILSP services requires that social workers refer youth by age 15 years six months. ILSP services are available to teens who meet the following requirements:

- 16 years of age minimum.
- Living in a foster home, group home or relative's home receiving AFDC-FC, which is federally funded under Title IV-E or state funded (non-IV-E).
- Residing in kinship care and in receipt of family reunification and/or permanent placement services.
- All KinGAP youth residing in non-relative guardianship care receiving state funds.
- Ward of Sonoma County under the supervision of the Probation Department who meet the age and AFCD-FC requirements.
- All dependents of California including those from other counties or states referred by a county or state with jurisdiction.

In 2011 the HSD decided to contract out the ILP program. This decision was based on the idea that teenage youth are more likely to be engaged through a community based organization rather than by the County. The HSD contracts with On the Move/VOICES to provide these ILP services. VOICES provides opportunities for countywide outreach to current and former foster youth, on-site workshops and training, and connections to additional community resources. VOICES youth and adult staff support young people in GED preparation, high school graduation, credit recovery, tutoring, budgeting and time management - all with the goal of helping youth to become self-sufficient. **In 2012, VOICES provided 85 youth with information on and referrals to services; 150 youth received outreach materials; 46 youth were assessed and received targeted case management; 35 youth received specialized education and financial counseling. The program aims to serve 375 youth in 2013.** VOICES program staff cite barriers in serving more youth namely reaching youth placed out of county and youth who state that they are not interested in receiving ILP services.

E. Service Array

Action: STRENGTH/WATCH

Sonoma County continues to provide mandated and traditional services for its children and families as it also strives to implement new and innovative programs that are evidence-based and will lead to improved child welfare outcomes. HSD and PD utilize a number of practices and initiatives to promote strengths-based, collaborative approaches in working with families. The programs and services described below are not an exhaustive list of programs and services available in the County, but rather represent over-arching systemic approaches to the delivery of effective child welfare services. This section also describes the County's prevention activities and includes an overview of the scope of CAPIT/CTF and CBCAP/PSSF funded programs.

AVAILABILITY OF COMMUNITY-BASED SERVICES

Sonoma County is fortunate to have a rich array of services available to families and youth. The HSD has contracts with more than 163 service providers including psychologists, therapists, parent educators, substance abuse treatment, child care providers, family resource workers, developmental screening and assessment, independent living skills, psycho-educational services, wraparound services, kinship support, post-adoption support, case management, housing services, public health nursing programs and information and referral. Services are provided for families involved with child welfare services based on an assessment of families' and children's needs. When families are referred for services through HSD-FYC the goal is to address the issues that brought them to the attention of child welfare services in the first place. Case plans detail the services offered to families and cite the individualized goals for each parent and/or youth.

Community-Based and Prevention-Focused Services and Collaborations	
Program	**Description**
Promoting Safe and Stable Families (PSSF); Community Based Child Abuse Prevention (CBCAP)	The HSD partners with three CBOs to provide early intervention and prevention services to families where the children are at risk of abuse or neglect. The programs are Triple P, Functional Family Therapy and a Family Support Program (wraparound-like program). Family Reunification Social Workers work with child welfare clients on time-limited family reunification with funding from PSSF. Reunification services include parent education, counseling, drug treatment, visitation, etc. HSD-FYC Adoptions Social Workers work with child welfare clients moving through the adoptions process with funding from PSSF.
Child Abuse Prevention Intervention and Treatment (CAPIT) and Children's Trust Fund (CTF)	The First 5 Commission, in partnership with the Human Services Department grants to community based organizations • Parent education • Therapy/counseling • Transitional housing

Community-Based and Prevention-Focused Services and Collaborations	
Program	**Description**
	• Resource assistance and Intensive Case Management • Respite Child Care and Therapeutic Preschool • Domestic Violence Support • Support for Victims of Sexual Assault • In Home Nursing Support
Project ESP (Linkages)	Originally funded by a grant from the State Linkages Collaborative. Continued funding for technical assistance is through a grant from the Department of Health and Human Services. Collaborative and integrated services for families who receive both child welfare and CalWORKs services. The program uses MDT's to address the needs of multi-need families. Clients are invited to attend the Multi-disciplinary team meetings, which include staff from Mental Health, AODS, Goodwill Industries and the Santa Rosa Junior College as well as the FYC and the Employment and Training Divisions of HSD. A CWS social worker is co-located in the E&T Division.
Subsidized Child Care	HSD receives funding from the California Department of Education to provide subsidized child care to families and relative caregivers of children involved with child welfare services. HSD provides child care funding to families while they wait on the Centralized Eligibility List of ongoing child care subsidies. The HSD works collaboratively with the Centralized Eligibility List and Title V providers to ensure that children involved with child welfare services are prioritized for enrollment.
First 5 Home Visiting Program	First 5 Sonoma County Commission funds a program that visits parents of new, first-born babies. The home visitor makes three visits to assess the home, provide information and make referrals, with an emphasis on well-child programs and practices.
Drug Court	Sonoma County's Drug Court offers first time adult offenders, who are HSD clients, diversion to treatment programs.
Dependency Drug Court	Sonoma County's Dependency Drug Court offers Family Reunification clients intensive services for drug abuse/addiction while they are progressing through their FR case plan. Clients meet with a counselor regularly and attend weekly support and team meetings. Client progress is closely monitored by the court. FYC has 3 several social workers (1 bilingual Spanish/English) who carry all the DDC cases.
Drug-Free Babies	Drug-Free Babies is a program funded by First 5 Sonoma County in which pregnant women are assessed and referred for treatment substance abuse by a Perinatal Specialist. The DFB program is a collaboration of Human Serivces, Public Health, Alcohol and Other Drug Services, and health care providers.
Prevention and Early Intervention Screening	As a result of the passage of Proposition 63, Sonoma County Mental Health Services recently awarded service contracts to various

Community-Based and Prevention-Focused Services and Collaborations	
Program	**Description**
and Assessment	community-based organizations for early intervention services including universal social/emotional screening, Triple P parenting support and services related to Perinatal Mood Disorder.
Sonoma County Mental Health	Sonoma County Mental Health outstations 2 clinicians at VMCH and one at the FYC Administrative office to provide mental health screenings and assessments to all children over five years old when they become dependents of the court. Clinicians analyze the screening results and makes appropriate referrals to mental health services. Clinicians also participate on client focused multi-disciplinary team meetings as necessary at VMCH and at Team Decision Making meetings as necessary at the FYC Administrative office.
Teen Parent Connections	The Sonoma Department of Health Services oversees the Adolescent Family Life Program (AFLP), Cal Learn, Minor Parent Services and Dads Make a Difference. These programs serve approximately 600 pregnant and parenting teens annually with the goal of reducing premature births, low birth weight and repeat births to teen parents.
Sonoma County Office of Education Foster Youth Educational Liaison	The Sonoma County Office of Education Foster Youth Educational Liaison supports the continuity of education for youth from all systems of care. The Liaison coordinates with youth, resource families, county agencies, the courts and schools to promote educational success for foster youth.
(PCASC)	The California Parenting Institute is contracted with the Human Services Department (through CAPIT/CTF funding) to assume staff support and coordination of Prevent Child Abuse Sonoma County. PCASC meets monthly and sponsors community events to enhance awareness of child abuse, its impact and how to report. Each year, the PCASC leads an outreach campaign throughout the county for Child Abuse Prevention Month, including training, outreach, an awards event and distribution of child abuse awareness materials.
Independent Living Skills Program	The ILSP is designed to help eligible youth in foster care transition to self-sufficiency when they age out of the system through training in independent living skills and supportive case management. Beginning in 2012, HSD contracted with On the Move to provide ILP services at the VOICES drop-in center in central Santa Rosa.
Sonoma Kinship Family Center	The HSD contracts with Sunny Hills Services to provide the Sonoma Kinship Family Center. The SKFC is a drop-in center that provides a myriad of supportive services to relative caregivers of children with both informal and formal caregiving arrangements.
The Sonoma County Task Force on the Homeless	This coalition of public and private service providers, community organizations, religious congregations, businesses and individuals works to end homelessness in Sonoma County through coordinating

Community-Based and Prevention-Focused Services and Collaborations	
Program	**Description**
	and leading education, advocacy, funding and community acceptance efforts.
Substance Exposed Newborns Workgroup	The SEN Workgroup was a collaboration of the Child Abuse Prevention Council (Prevent Child Abuse Sonoma County), foster parents, public health nurses and child welfare staff. Until it ended in early 2013, the workgroup met once per quarter to discuss issues related to the identification, reporting of and response to allegations of abuse or neglect of newborns who have been substance exposed while in utero. The workgroup developed a memo sent from the FYC Division Director to all medical facilities with information about the assessment of and reporting on newborns who come into their facilities for medical treatment. The workgroup also developed an internal child welfare policy that requires a supervisory consult for all reports by a medical professional involving a newborn. Additionally, this workgroup developed a longitudinal data system with which to track newborns and any recurrence of maltreatment up to their second birthday.
VOICES	V.O.I.C.E.S. Sonoma is a drop-in center located in Santa Rosa for transition-age youth from all systems of care. The center provides co-located services with a team of partner agencies, including housing, employment and education services, health and wellness services, economic assistance, independent living skills, etc.
Transitional Housing Programs	This program assists with independent living situations for current or former foster youth ages 16-24. The program pays up to $2,500 per month per participant, who receive housing, educational, and employment assistance as well as supportive services to help develop living skills.
Quality Parenting Initiative	In 2010, FYC was selected to participate in the Quality Parenting Initiative (QPI), then a pilot initiative sponsored by the Youth Law Center with the goal of increasing the opportunities for foster parents to be an integral part of the case management team. Partners in the QPI are foster parents, social workers, supervisors and managers, foster family agency social workers, placement specialists, foster parent recruiter and foster parent support social workers. The concrete expectations and activities of the QPI are increased communication and specified points in the case, ice breaker meetings, notice of court hearings, team meetings, child-focused transition planning and visitation, and support/training.
CWS Outreach and Speakers' Bureau:	The HSD provides coordination and speakers to make presentations on mandated child abuse reporting to a variety of groups. These presentations include specifics on what happens when a report is received, what CPS services include and what additional services are available to families. Groups include schools, hospitals,

Community-Based and Prevention-Focused Services and Collaborations	
Program	Description
	emergency room staff, fire departments, churches, childcare centers, service organizations and other jurisdictions.

Access to Services funded through CAPIT/PSSF/CBCAP

All services funded with CAPIT/CTF and PSSF/CBCAP are community-based, countywide, tailored to individual client needs and provided by public or non-profit organizations. All of these prevention services are bilingual (Spanish/English) and many are also bicultural. However, there is a dearth of services that are culturally appropriate for Native Americans, except those provided by or referred by Sonoma County Indian Health Project. All CAPIT/CTF and PSSF/CBCAP services are individualized to meet the unique needs of children and families served.

All PSSF/CBCAP programs are countywide and take place in location selected by the family, i.e. sometimes in an office setting, sometimes in community based location convenient for the client and some the clients' homes. All are accessible to persons, both adults and children, with disabilities.

CAPIT/CTF funds support prevention services throughout the county and all are offered countywide. Child abuse prevention activities are also supported by CAPIT funds and are carried out by Prevent Child Abuse Sonoma County. An example of a child abuse prevention activity is the "Blue Ribbon" campaign in recognition of child abuse prevention month in April. During the campaign, PCASC hosts a community event bringing together policymakers, service providers, school administrators, law enforcement, community partners and professionals who work together to support families.

Stakeholder Input on Service Array
The child welfare and probation systems will provide a full array of effective services to clients involved in their systems.

Sonoma County is fortunate to have a rich array of services available. The HSD has contracts with 163 service providers including therapists, parent educators, substance abuse treatment, child care providers, and family resource workers. Services are provided for families involved with child welfare services based on an assessment of families' and children's needs. When families are referred for services through HSD-FYC the goal is to address the issues that brought them to the attention of child welfare services in the first place.

The service array factors below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County Strengths in providing a full spectrum of effective client services

- Availability of Services

    - Variety of therapy modalities including cognitive behavioral, family systems and art/sand therapy; individual, family, couple, group (specific examples listed include Functional Family Therapy, peer counseling, in-home therapy)
    - Co-located mental health and education services at FYC
    - Diverse array of services available along central Santa Rosa corridor
    - Multiple employment-training options for youth
    - Developmental screenings and home-visits for developmental services
    - WIC services
    - Free resources/services available to general community
    - Plethora of services for older youth and near-adult teens (specific examples listed include VOICES, Worth our Weight, Chops, California Conservation Corps, Social Advocates for Youth)
    - Educational assessment
    - Court Appointed Special Advocates
    - Wraparound Program and the services it offers
    - Parenting education available to FYC clients and through multiple other referral sources
    - Services offered through group homes
    - Improved availability of mental health services in the community
- Quality of Services
    - Increased availability and use of evidence-based practices such as Triple P, Functional Family Therapy, Team Decision Making, Strengthening Families
    - Services offered in clients' homes
    - Upstream Portfolio of Model Practices providing assistance to organizations to improve quality
    - Movement toward outcome-driven services rather than fee-for-service
- Service Coordination
    - Community services are working more collaboratively (specific examples include system for developmental screenings, parent educators and resource assistants, First 5 Sonoma County)
    - Co-located Mental Health at FYC Administrative Office and at VMCH
    - Co-located educational liaison
- FYC Utilization of Services
    - FYC has well-developed, positive relationships with service providers
    - Utilization of family maintenance after reunification
    - When service referrals are automatic, i.e. referral to co-located mental health clinician, more likely to get done quickly
    - Children at VMCH are being seeing by mental health clinician within 2 days of admit

Sonoma County Challenges to providing a full spectrum of effective client services

Service Array barriers include the following:

- Availability of Services

    - Lack of therapists in North County, Sonoma Valley, in-home options county-wide, treatment for childhood trauma especially for recently removed children, parent-infant mental health program,
    - Dearth of service providers that are bilingual (Spanish/English) and bicultural
    - Dearth of prevention services in outlying rural areas of the County
    - Not enough Court-appointed special advocates
    - No Wraparound Program for younger children, i.e. "Baby Wrap"
    - Insufficient supply of subsidized or low-cost enrichment activities for school age youth such as camps, karate and Girl Scouts
    - Lack of family resource centers
    - Too few Medi-Cal or county-funded substance abuse treatment beds
    - Not enough subsidized and transitional housing for families; existing program have extensive eligibility requirements
    - Parent mentor program for peer to peer support for families in family reunification
    - Coaching/mentoring/class for youth to prepare them to transition from group care to a home-based environment
    - Services for Sonoma County dependent youth placed out of county
- Quality of Services
    - Quality of services varies among service providers; affects social workers' referral patterns
    - Unknown quality of therapy services; variation in meaning of therapy modalities, i.e. what does it mean to have trauma-competent therapists?
    - Low reimbursement rate for therapy may affect quality of services received
- Service Coordination
    - Not enough co-located services
    - Delay in receiving developmental assessments
    - High drop-out rate of families referred through Emergency Response and therefore have no social worker monitoring their attendance/progress
    - Youth employment options are not well-coordinated with one another
    - Duplication of services
    - Lag time in referrals to services
    - Continuity of services/enrichment activities for youth who have been recently removed
- FYC Utilization of Services
    - Referrals to services based more on individual relationships to providers than on objective analysis of service quality
    - Clients not referred to case plan services early enough
    - Developmental and/or mental health services for children are often started "too late" resulting in more entrenched delays/issues
    - Inconsistency in utilization of available services, e.g. Wraparound, due to fear of losing control of direction of services/case
    - Case plans – particularly in Family Reunification – are "cookie cutter" with regard to services; sometimes services are not available when client is "ready"

    - Due to lack of information about what services are available and about service quality, social workers may accept any service available at the time service is needed
- **Sonoma County public transportation system creates a barrier to clients' accessing services, particularly outside of the urban core (this topic came up 26 times during community meetings and focus groups)**
- Programs may not have adequate cultural competence, especially when working with Native Americans
- Some service providers have long waitlists (specific examples listed were CASA, mental health, substance abuse treatment, housing)
- Community is not aware of the free resources/services available to them
- HSD and PD caseloads are perceived as being too high and time constraints often affect case workers' abilities to help families access the services that exist
- Fear that move toward evidence-based practices will limit the diversity of interventions available; one size does not fit all

Probation Challenges to Service Array

- There is a need for more transition services for parents while a child is in placement.
- There is a need to offer services to youth past the age of 18 years old.
- There is difficulty accessing Mental Health Services and this affects a child's appropriate level of placement.
- Not all group homes are functioning well and offering quality services to children and youth.

Services to Native American Children

Sonoma County's Native American population is 1% of its total population.[14] Sonoma County Indian Health Project (SCIHP) is the largest single provider of services to identified Native Americans. The Project clinic is located in Santa Rosa, roughly the geographic center of the county. The county's one rancheria is in the northwest corner of the county, accessible only by California Highway 1 or another narrow two-lane road. It is difficult for families who live on the rancheria to access services located on the 101 corridor.

Other than SCIHP, there are few specialized services for Native American children and families in the county. Sonoma County has been instrumental in developing and maintaining effective relationships with representatives of all local tribes. This includes facilitation of the ICWA Roundtable and the development of an ICWA Protocol Handbook, which has been adopted by other counties. The county uses the ICWA roundtable bi-monthly meetings to facilitate discussions with the tribes about ways to develop culturally competent services and is currently working to update the ICWA Protocol Handbook.

[14] California Department of Finance. http://sonoma-county.org/edb/pdf/2009/economic_demographic_profile_ced.pdf

Development and Implementation of Evidence-based and Evidence-informed Prevention Programs and Practices

Sonoma County continues to provide mandated and traditional services for its children and families as it also strives to implement new and innovative programs that are evidence-based and will ideally lead to improved child welfare outcomes. As a matter of practice, the HSD requires service providers to develop the necessary program components to have their programs featured on the Sonoma County Portfolio of Evidence-based Practice (www.sonomaupstream.org) which is a local clearinghouse of evidence based practices sponsored by the Sonoma County Board of Supervisors.

HSD-FYC has implemented the following evidence-based and evidence-informed programs and practices internally and through its community partners and contractors:

- Parent Child Interaction Therapy (PCIT)
- Triple P parent education (PSSF/CBCAP/CAPIT)
- Functional Family Therapy (PSSF/CBCAP)
- Family Finding (LifeLong Connections) (promising practice)
- Wraparound Services (promising practice)
- Structured Decision Making (evidence-based practice)
- Team Decision Making (promising practice)
- Family Group Conferencing (currently under development in a new program called TEAM)
- Boys Town (VMCH)
- Therapeutic Crisis Intervention (TCI)
- Psychoeducational Treatment Model (PEM)

The Probation Department has implemented the following evidence-based and evidence-informed programs and practices through its community partners and contractors:

- Assertive Community Treatment (ACT)
- Functional Family Therapy
- Families in Action
- Girls Circle

F. Staff/Provider Training

STAFF TRAINING

a. New Hire Training HSD-FYC:

Within 3 months of their date of hire into the department, every new employee in the Human Services Department completes two days (16 hours) of mandatory training that includes an orientation to the department as well as a review of the HSD Manual of Policies and Procedures. This orientation includes sections on Ethics, Mandatory Reporting, Confidentiality, the Vehicle Use Policy, Ergonomics and Civil Rights. In addition to the New Employee Orientation, new workers to FY&C receive an additional 2 day induction

training which includes an overview of child welfare practices as conducted in Sonoma County, FY&C Division.

Per CDSS regulations, effective July 1, 2008, all new social workers must complete the Standardized CORE curriculum which is offered to our county by the Bay Area Academy. This Core Curriculum is comprised of 23 classes totaling 21 days, spread out over a six-month time period. 7 specified Phase I courses must be completed within the first year of employment; the remaining 16 courses, Phase II, must be completed within two years of the hire date.

Each Social Services Supervisor provides each new social worker with extensive exposure to the areas of knowledge and skills needed to be a competent worker in the division through on-the-job training, job shadowing, and advanced/additional trainings offered through Bay Area Academy. Training progress is assessed and reviewed during weekly supervision. Staff Development Training Coordinator tracks completion of training courses and maintains transcripts for social workers.

New Social Service Supervisors (SSS) are required to complete the "Foundations of Supervision" program, provided by the Bay Area Academy, within their first year of hire or promotion to their supervisor position.

b. Ongoing or In-Service Training:

The HSD offers the FY&C Division approximately 12 days of training annually as part of a contract with the UC Davis Extension's "Center for Human Services." In determining the topics to be addressed by these training days, the Staff Development Services Training Coordinator includes input from line staff, supervisors and child welfare managers. The FY&C Division works closely with Staff Development to provide staff training in other areas as needed.

Effective July 1, 2008, all social workers and supervisors were required by the same CDSS regulation (ACL 08-23) to complete 40 hours of continuing education every 2 years. In order to complete these hours social workers and supervisors may attend classes offered by the Bay Area Academy or by UC Davis. In addition, Staff Development periodically sponsors training that meets this requirement. Various training opportunities occur regularly within the FY&C Division when training can be provided at no cost to the Department. Some of these are coordinated by Staff Development; others are arranged by supervisors or other staff.

FY&C is effective in identifying and meeting many training needs through the use of monthly all-staff meetings, monthly joint Supervisor/Manager meetings and individual monthly unit meetings. Refresher trainings, reviews of best practices and evidence-based practices, and introductions to new services/programs are often provided at these monthly meetings. Supervisors specifically utilize unit meetings to provide training on community resources, case management, CWS/CMS or procedural changes.

FY&C supervisors are diligent about maintaining routine, dedicated conferences with staff. Every employee's annual Performance Evaluation highlights attendance at training in the previous year and identifies suggested training for the coming year.

There is ample opportunity for all FY&C staff to receive necessary and adequate training. Unfortunately, high caseloads sometimes prevent individuals from participating in training they might need or choose to attend.

CWS/CMS

Sonoma County has one Application Trainer/Mentor (ATM) who is dedicated to supporting the CWS/CMS application for end users. The ATM provides onsite support for all staff as well. She also acts as the liaison to the Regional Training Academy in identifying training needs and coordinating training related to CWS/CMS. The FY&C Division has a computer lab that is programmed with Scenario Manager. Scenario Manager allows staff to practice changes in a safe environment and allows the ATM to train more people at one time. The CWS/CMS ATM also manages the equipment for remote access to CWS/CMS including tokens and laptops. She is available to troubleshoot problems and connects laptop users to the department's Help Desk as necessary.

PROVIDER TRAINING

Foster parents who participate in the emergency foster care program attend monthly "cluster" meetings that include a training component. The emergency–foster care coordinator meets with regional groups of Emergency Foster Home parents in "cluster" meetings and formal and informal training is offered at these meetings as well. There is also a "men's group" for foster fathers offered at SRJC.

Foster parent mentors provide coaching and support to other county licensed foster parents through an informal mentoring program. These mentors are vital to the retention of new foster parents, who may be overwhelmed by the legal and emotional demands of fostering. For other providers, FY&C consistently invites staff from other jurisdictions and community-based organizations (CBOs) to attend U.C. Davis trainings, Bay Area Academy training, resource meetings and other training opportunities.

CAPIT/CTF and PSSF/CBCAP funded providers are encouraged to use these funds to attend required meetings, conferences and training events. The county requires all prevention service providers to participate in quarterly technical assistance meetings to discuss program implementation, communication and coordination, case review, data collection and evaluation.

PROBATION TRAINING

All Probation Officers attend a 5 week Probation Officer core training course (minimum 174 hours), a one week 832 PC training and then must complete 40 hours of additional officer training on an annual basis. As a part of their standard training all sworn staff receive training in working with dysfunctional families and child abuse reporting. Probation Officers also are trained in Motivational Interviewing (MI) to facilitate improved communication with clients.

This year (2013) all juvenile Probation Officers will receive training on Effective Practices in Community Supervision (EPICS), a structured interaction between officer and youth that focuses on a criminogenic need, targets criminal thinking and teaches new behaviors through modeling, role play and skill practice. The EPICS model reinforces socially acceptable behavior and sanctions socially unacceptable behavior. In addition, Placement Officers attend Probation Placement Officer's core training course (200 hours), within one year of their assignment, which includes a comprehensive review of state and federal guidelines pertaining to Division 31 of Title IVe of the Social Security Act.

G. Agency Collaborations

Sonoma County continues to build on its history of successful collaborations.

COLLABORATION WITH PUBLIC AND PRIVATE AGENCIES

The ability of Sonoma County agencies to effectively collaborate is a strength. The HSD has worked closely with other jurisdictions such as Public Health, Mental Health, Sonoma County Office of Education, Juvenile Probation and law enforcement to provide services to families. County collaboratives such as the Sonoma County Youth and Family Partnership (SCYFP) meet regularly to explore ways to coordinate services so that services dollars are maximized.

Sonoma County Youth & Family Partnership (SCYFP)

The SCYPF functions at three levels:

1. Partnership Level, staffed by Department Heads and Division directors, who make recommendations and set policy regarding services to children and families in the community.

2. Mid-Level, staffed by managers and program experts from the HSD, Juvenile Probation, Department of Health Services, the North Bay Regional Center and the Sonoma County Office of Education, who address and review procedural barriers to enhanced collaboration among the partner agencies.

3. Case Management Council, staffed by supervisors from the partner agencies, who meet to address the needs of difficult-to-serve or multi-need children and youth. The CMC has been in existence since 1996.

Quality Parenting Initiative

In 2010, FYC was selected to participate in the Quality Parenting Initiative (QPI), then a pilot initiative sponsored by the Youth Law Center with the goal of increasing the opportunities for foster parents to be an integral part of the case management team. Partners in the QPI are foster parents, social workers, supervisors and managers, foster family agency social workers, placement specialists, foster parent recruiter and foster parent support social workers. The concrete expectations and activities of the QPI are increased communication and specified points

in the case, ice breaker meetings, notice of court hearings, team meetings, child-focused transition planning and visitation, and support/training.

Project ESP (Linkages)

Project ESP (Linkages) utilizes a steering committee with managers and line staff from CalWORKS, Employment & Training, FYC, Mental Health, Alcohol and Other Drug Services to address ways of identifying and coordinating services for families active in both CalWORKs and CWS. A multi-disciplinary team (MDT) comprised of staff from these agencies meet twice monthly to conduct case conferences for these families. Parents are also invited to participate in the MDT meetings. FYC has a designated social worker who carries all Linkages cases; she is co-located at the SonomaWORKS office.

Sonoma County Mental Health

The Mental Health Services Act of 2005, Prop 63, enabled the county to establish an IEB mental health program for Child Protective Services children aged 8-12, called FAAST.

Sonoma County Mental Health has two clinicians located at VMCH and one at the main administrative office who assess children in foster care two times per year using the Child and Adolescent Needs and Strengths (CANS) assessment tools. The CANS is a validated assessment tool which helps identify appropriate services for specific mental health needs. If services are indicated, Mental Health staff refer children to appropriate services.

Currently, Sonoma County Mental Health and FYC are partnering to address the requirements of the class action lawsuit known as "Katie A." As part of that, Mental Health and FYC managers coordinated community input and conducted a "readiness assessment" which will inform the state action plan moving forward.

Valley of the Moon Children's Center

The Valley of the Moon Children's Center has partnered with the Redwood Empire Foster Parent Association (REFPA) to provide funding and fundraising support for the Emergency Foster Home respite care program, blue bag program, special needs scholarship program and social holiday events. Additionally, VMCC provides volunteer support for childcare during training meetings, clothing organization and blue bag construction.

A key component of the services provided through Valley of the Moon Children's Program is the use of the talents and resources of individual and groups of volunteers. These volunteers not only work directly with our children and youth at VMCC but they also become strong community advocates for the needs and rights of those in the child welfare system. The primary purpose of volunteers is to support the educational and recreational needs of children and youth in care at VMCC and in our Emergency Foster Homes. Examples of services that are provided by volunteers include working in our on-site school as tutors, art teachers, and yoga instructors; home work assistants; bedtime story readers; coordinate a garden program; provide art therapy services; assist with holiday activities; provide childcare for foster parent meetings and trainings; and coordinate placement bags for foster parents.

The Valley of the Moon Children's Foundation was established in 1994 to work in partnership with the Valley of the Moon Children's Center (VMCC) and Redwood Children's Center to positively impact the present and future lives of children and youth in the child welfare system in Sonoma County and to provide opportunities to aid them in becoming productive and equal members of the community. The Foundation is a non-profit board of volunteers who develop financial and community resources to support the needs of these children and youth. In recent years this has included supporting the dental program at VMCC, developing a scholarship program to support foster youth with post secondary education, funding grief support groups for children and youth at VMCC, and assisting in developing and funding V.O.I.C.I.E.S-Sonoma.

The Children's Home Auxiliary (i.e., the Cha Chas) is a group of volunteer women who work in collaboration to provide support and resources for the children and youth at Valley of the Moon Children's Center through the development and implementation of programs that serve their educational and recreational needs. Their programs have included but are not limited to: a bi-weekly book club for teens, cooking classes, sponsoring fieldtrips, classroom holiday parties, career day programs, self-care workshops, game days, and classroom enrichment programs such as yoga classes, art, poetry, and science guest teachers.

Prevention Services Providers

Prevention services providers (funded through PSSF/CBCAP and CAPIT/CTF) meet quarterly with staff from the HSD to review procedures, discuss cases, explore funding issues and conduct evaluation activities. These meetings are collaborative in nature, and offer involved staff the opportunity to build relationships with other service providers as well as HSD staff. As a result of these ongoing meetings, systems have been developed that reflect the input of both HSD staff and the service providers. Relationships have been established between HSD social workers (those that make the referrals to prevention services programs) and the program staff that follow through on the referrals. The spirit of the collaboration is also carried amongst the different service providers and they routinely communicate with each other on various cases where multiple agencies are involved (with appropriate releases maintained) in order to streamline and improve services to clients.

For a more in depth description of PSSF/CBCAP and CAPIT/CTF funded programs, please refer to page 19 of this report.

Client Support Services Providers

Contracted providers of Client Support Services (parenting, resource assistance) also meet with HSD staff on a quarterly basis. Topics of these meetings include ongoing communication between service providers and social workers, data collection and evaluation, and other best practice topics. Similar to the networking dynamics achieved through quarterly prevention service provider meetings, Client Support Service providers have developed ongoing relationships with social work staff and other service providers that have enhanced communication, collaboration and service delivery to families.

HSD-Contracted Therapists

Contracted therapy providers are invited to meet with HSD staff on a quarterly basis. Topics of these meetings include communication between therapists and social workers, process issues, therapeutic best practices and county updates designed to help therapists better understand the context of the work of CPS and their important role in that work. Additionally, an experienced LCSW at FYC hosts monthly meetings of local therapists at which therapists provide peer support and exchange knowledge/best practices in working with adults and children involved with the child welfare system.

County-Wide School Attendance Review Board (SARB)

A SonomaWORKS analyst and a Family, Youth & Children's Division analyst both participate on the countywide SARB. At one of the public forums for the previous self-assessment, a school employee made the suggestion that child welfare social workers be available on a case-by-case basis as consultants for the schools' School Attendance Review Teams (SART's). The social worker can now consult with team members, in a general way and without violating confidentiality, on a case, regardless of whether it is still active to child welfare services.

First Five Sonoma County

The Children and Families Commission, Sonoma County's First Five Commission, provides funding, collaboration, guidance and oversight for programs for children ages 0-5. The HSD Director is a First 5 Commissioner and HSD staff regularly participate on First 5 Sonoma County committees and work groups.

Sonoma County Child Welfare believes collaboration is essential in achieving positive outcomes for clients and is involved in numerous county and community partnerships including:

Program	Partnership
Maternal & Child Health: The Peri-Natal Substance Abuse Team	This team's goal is to reduce peri-natal substance abuse and to decrease the number of Sonoma County children born to addicted mothers or who are born testing positive for drugs. Participants include staff from Public Health and Mental Health, Alcohol and Other Drug Services, Maternal and Child Health and Planning and Prevention, HSD, private physicians, Drug Abuse Alternatives Center and Women's Recovery Services.
Kinship Support Services Program (KSSP)	The HSD partners with Sunny Hills Services and the Junior League of Napa and Sonoma Counties to provide the Sonoma Kinship Family Center. The SKFC is a drop-in center that provides a myriad of supportive services to relative caregivers of children with both informal and formal caregiving arrangements.
Substance Exposed Newborns Workgroup	The SEN Workgroup was a collaboration of the Child Abuse Prevention Council (Prevent Child Abuse Sonoma County), foster parents, public health nurses and child welfare staff. Until it ended in early 2013, the workgroup met once per quarter to discuss issues related to the identification, reporting of and response to allegations of abuse or neglect of newborns who have been substance exposed

Program	Partnership
	while in utero. The workgroup developed a memo sent from the FYC Division Director to all medical facilities with information about the assessment of and reporting on newborns who come into their facilities for medical treatment. The workgroup also developed an internal child welfare policy that requires a supervisory consult for all reports by a medical professional involving a newborn. Additionally, this workgroup developed a longitudinal data system with which to track newborns and any recurrence of maltreatment up to their second birthday.
Family Recovery Project	The FRP was a collaboration designed to improve the coordination among the Child Welfare, Alcohol and Other Drug, and Probation Systems to streamline services for families and youth involved in all systems. This collaboration dissolved in 2011.

INTERACTIONS WITH LOCAL TRIBES

The HSD participates in regular ICWA roundtable meetings. In addition to FY&C placement staff and managers, tribal ICWA representatives and tribal chairs attend. Guests have included CDSS staff, the Bureau of Indian Affairs ICWA manager and subject matter experts in the area of Indian Adoptions. Regular participants include the tribes involved in the Indian Child and Family Preservation Agency (Dry Creek, Cloverdale Rancheria, Lytton Springs Tribe, Hopland, Round Valley, Stewart's Point, Point Arena and Pinoleville) with frequent attendance from Robinson Rancheria and the Graton Federated Band of Miwoks.

FY&C staff collaborated with tribal ICWA representatives to develop an ICWA Protocol handbook for HSD social workers, and the handbook has been shared with other counties and Juvenile Probation.

Tribal members and child welfare staff also use the ICWA Roundtable forum to staff cases involving Indian children and to strategize ways to work collaboratively. The HSD continually seeks learning opportunities for its staff to develop a cultural understanding of tribal mores, customs and beliefs.

Barriers and challenges to increased and/or improved interaction with local tribes:

Early identification of Native American children improves all work with the tribes during the life of a child welfare case. Emergency Response field staff find that families do not always identify Native American ancestry or tribal enrollment/eligibility. This makes it extremely important for staff to take the initiative and ask. When a case moves to the court system and a Native American relative comes forward later in the process, this creates difficulties for the child, the tribe and the county. This can prolong court involvement and prevent children from achieving the earliest possible permanency.

In many Sonoma tribes, tribal resources are still limited, and there can be a lack of services for families. In these cases better communication between the child welfare Social Worker and the tribal liaison, early in the process, would allow the tribe to explore other service avenues. Family Group Conferencing for these families, which would include tribal representatives, might be an ideal way to identify resources.

Remoteness and lack of transportation are other barriers to services for Native American families. The Stewart's Point Rancheria is located at the northernmost tip of the county, nearly forty miles from central Santa Rosa, accessible only by a series of county-maintained roads and State Highway One which is a two-lane, windy road along the Sonoma Coast.

Differences in definition may also create barriers to improved interactions with the local tribes. In determining the safety of a child, tribal cultures look at the entire community to determine what resources are available to a child, while traditional child welfare has an expectation that one set of adults will provide for all of a child's primary needs. The requirements set for relative home approvals may not match the reality of some Native American homes.

One area where perspectives are sometimes different between local tribes and the HSD is the area of adoption. Adoption is a primary permanency solution under ASFA, and is strongly encouraged by law and regulation. The HSD works closely with local tribes to honor tribal placement preferences even when it may prevent a child from being adopted. The local ICWA coordinators report that aside from the cultural, historical and philosophical suspicion of adoption, there are serious unanswered legal questions as well. Adoption of a Native American child, even by tribal members, may jeopardize that child's tribal eligibility. Adoptions through Child Welfare will need to continue to be respectful of this cultural view, even if it inhibits planned adoptions.

Probation:

In July 2004, the Juvenile Probation Division attended initial training on the Indian Child Welfare Act. After the training they evaluated existing procedures to determine whether they needed to make changes in their processes. After additional trainings in subsequent years, Probation implemented processes to ensure compliance with the act. However, in 2012 the California State Supreme Court (in re W.B.) found that in most cases, ICWA does not apply to 602 W&I youth. Probation completed a protocol and re-trained staff, and are currently awaiting legal analysis of another recent US Supreme Court case to see what the implications, if any, are to 602 youth. Currently, Probation interacts with the Indian Health Project, Indian Child Family Preservation Program, and inquiry is made of the family to determine whether a juvenile is Native American. Further, Juvenile Probation staff members participate in the ICWA Roundtable meetings, and are in compliance with all ICWA regulations.

Part VI: Summary Assessment

The Sonoma County Self Assessment (CSA) process demonstrates that the Human Services and Probation Departments and the myriad agencies and collaborations that are part of the overall Child Welfare System work together to provide high-quality services to the children and families they serve. This is well supported by the County's positive child welfare outcomes. The following is a summary of Sonoma County's performance on each of the California Child and Family Services Review outcomes. This summary is based on analyses of the outcome data and systemic factors, substantial input from community stakeholders and findings of the Peer Case Review.

Overall, Sonoma County's composite scores range from excellent to needing improvement. In 2012, two of the four composite scores were at 93% or higher relative to the national target; this is equivalent to an A grade. The other two composite scores were equivalent to B- and D+ grades respectively in 2012. Safety scores are also included in the table below.

Summary of Composite Scores – Sonoma County 2012

Composite	National/State Target	Sonoma County Score 2012*	Sonoma County Performance relative to target**	Grade	Change since last CSA
Reunification	122.6	107.9	80%	B-	No change
Adoption	106.4	120.4	125%	A+	Improvement
Exits to Permanency	121.7	98.7	68%	D+	Decline
Placement Stability	101.5	98.2	94%	A	Decline

*The 2012 Composite Score is the mean of the county composite scores for each quarter in 2012.
**This figure is the mean of the (% of National/State Target) for each quarter in 2012.

Safety Measure	National/State Target	Sonoma County Rate 2012	Sonoma County Performance relative to target	Grade	Change since last CSA
No Recurrence of Maltreatment	>94.6&	93.8%	99%	A+	Improvement
No Recurrence of Maltreatment in Foster Care	>99.68%	100%	100%	A+	No change

Sonoma County takes pride in providing exceptional services to the community, families and youth it serves; services that go above the minimum standard of practice. Sonoma County believes that child protection is a community responsibility and will be achieved only through effective collaboration and transparent service delivery. Therefore, HSD values input from its partners, including the families and youth it serves, on all aspects of the child welfare system including how the system itself is structured to deliver services.

The environmental and organizational themes below were identified through 19 community meetings/focus groups and will be considered in the development of the 2014-2019 Sonoma County System Improvement Plan.

Sonoma County environmental factors that may affect service delivery

- General economic condition
- Fluctuations in poverty rate due to economy
- Wide variation in socio-economic levels within county; concentration of poverty in specific geographical areas
- Custody disputes with overflow into and clog child abuse intake system
- Undocumented immigrants' fear of deportation preventing them from seeking or accepting services
- Ongoing lack of resources due to recession
- Local and state political climate
- Changes in Dependency Commissioner and other legal partners
- Local legal culture for child welfare services and juvenile delinquency; expectations for services and approaches
- 40 school districts

Sonoma County Organizational Strengths

- Organizational values of keeping families intact, ensuring child well-being and taking the time to create permanent reunifications
    - Minimizing placement moves
    - Move out of VMCH quickly
    - Facilitating FR goals; proximity
    - Keeping siblings together
    - Placing with relatives when possible
    - Belief that people can heal
- Staffing decisions have an impact on workload and workflow
    - Hiring bilingual staff have improved the quality of service to Spanish-speaking families
    - Having a designated ICWA social worker has resulted in consistency of practice, improved relationships with tribes and an resource for other social workers
    - Having a designated Linkages social worker has resulted in consistency of practice, improved relationships with SonomaWORKS staff and an resource for other social workers

    - Releasing social workers to conduct mandated reporter training has created more informed reporters and additional points of contact in critical locations from which multiple reports come
- While case transfer process varies from case to case, most social workers take the time to get as much case information such as discussing history, risk, and case direction with the previous social worker and the youth/family, reading court reports, psychological evaluations, etc.
- Good relationships with Court staff, minors' and parents' counsel, foster parents and Indian Child Welfare Act representatives
- Dual-status (WIC 241) protocol is working well

Sonoma County Organizational Challenges

- Organizational values are often in conflict, resulting in inconsistent application of the values:
    - Child safety and keeping families intact result in varied approaches to families
    - Keeping siblings together in a group home (connections vs. lower level of care)
    - Lack of consistent definition about permanency
    - Funding is not tied to values – higher payment for alternatives to group homes and for homes that will take older youth
- Social workers assigned to specific programs results in multiple transfers for each case – lack of continuity poses challenges youth, parents, foster parents, service providers
- Caseloads, especially in FR and PP, have been too big resulting in diminished relationships, lag in ability to respond and troubleshoot crises
- No formal structure for
    - approving placement in higher level of care (aside from CMC)
    - group home review meetings
    - case transfers
- Staffing decisions have an impact on workload and workflow
    - Loss of social workers co-located at schools result in diminished community relationships and possibly in fewer reports
    - TDM facilitators also carry caseloads which prevents them from doing either – TDM or casework – optimally
- Lack of consistency among social workers across the spectrum of service delivery:
    - Information asked for and given at the time of reporting an allegation of child abuse
    - Response time in Emergency Response and criteria for substantiating allegations and removing children
    - Knowledge of and referral to contracted and other community services such as Wraparound, ILP, CASA, role of Educational Liaison, etc.
    - Utilization of internal programs such as Icebreakers, TDM, etc.
    - Process/expectation for involving family, youth and others in case planning process

- Process for communication with other involved individuals such as direct care staff at VMCH, service providers, foster parents, tribes/ICWA, etc. (for example, foster parents state that it depends on which social worker they are working with on whether their weekly reports are ever read)
- Inconsistent supervisory practices resulting in lack of clarity for social workers and variation in interpretation/practice including:
    - When and for whom to use group homes; which level for what behaviors
    - How often group home placement is discussed in supervision
    - How much "risk" is acceptable to place in lower level of care
    - Information about resources
    - Expectations on Icebreakers
    - Expectations on communication standards of practice

OUTCOMES – STRENGTHS

SAFETY STRENGTHS

Sonoma County has consistently reached or exceeded the state/national target on Safety Measures 1&2 (No Recurrence of Maltreatment and No Recurrence of Maltreatment in Foster Care).

Sonoma County practice strengths related to safety include:

- Well-trained, MSW-level social workers across entire spectrum of child welfare services including receiving and triaging reports of child abuse (hotline)
- Hotline staff are thorough and ask purposeful questions; often communicate next steps to caller
- Prompt response from Emergency Response social workers to allegations of child abuse and neglect; take the time to gather information, talk to reporter; cooperative with school staff
- Smaller ER team creates more consistent practice
- Having bilingual Emergency Response social workers
- Implementation of Structured Decision Making (SDM) for assessment; helping to focus agency's efforts on higher risk families (Child Welfare)
- Focus on higher risk families who may be less likely to access services without intervention
- Implementation of Team Decision Making (TDM) when deciding whether to remove child from his/her home
- Use of assessment tools (Probation)
- Prevent Child Abuse Sonoma County (CAPC)
- Mandated Reporter training offered countywide
- Annual child abuse awareness campaign
- Valley of the Moon Children's Home as a safe place for recently removed children and for youth for whom placement is disrupted

- New policy with hospitals regarding assessment and reporting on substance exposed newborns
- Substantiation rates as a percent of total allegations are fairly consistent across all race/ethnicities
- Coordination with ICWA representatives during child abuse investigations; tribes are attending detention hearings
- Increased collaboration with community organizations
- Increase in SCARs even if no report made right away
- Having an Emergency Response social worker do the investigation of an allegation for a child who is already in foster care is helpful; objective set of eyes
- Many, but not all, law enforcement agencies are responsive, engaged, collaborative
- Using removal and out of custody petitions more often to protect children at highest risk

Systemic factors that may contribute to increased safety of Sonoma County children include:

- Organizational changes within last 2 years including new Commissioner, shift to warrant system, consolidated ER units, implementation of SDM and TDM, changes to staffing of Immediate Response referrals
- Increased coordination among service providers and public agencies – coordination has improved within the last three years but there is still need for additional coordination
- Wide array of community-based prevention services available to many families whose children remain in the home
- Staff Training
- Prevent Child Abuse Sonoma County
- Child Abuse awareness campaign

REUNIFICATION STRENGTHS

Sonoma County practice strengths related to reunification include:

- Well-trained, MSW-level social workers in Family Reunification who care about children and families
- Sonoma County philosophy of keeping families intact
- Emphasis on successful reunification – low rate of reentry into foster care: Sonoma County has consistently had fewer children re-enter foster care following reunification than the state as a whole
- Timely reunification for children under age 10
- Will re-consider reunification as appropriate well after Family Reunification services have been terminated
- High quality emergency foster care program with specialized training in medically fragile infants
- Valley of the Moon Children's Home prevents inappropriate initial placements
- Placement with relatives or extended family

- Ice Breaker meetings of parents and foster parents are effective for engaging parents in reunification process; better for children's well-being during reunification process
- Foster parents mentor each other
- Dependency Drug Court
- Wide array of services for parents during Family Reunification
- Sonoma Kinship Family Center to support relative caregivers during reunification
- Existing and emerging partnerships/collaborations
- ICWA (Indian Child Welfare Act) Roundtable and Protocol
- Use of SDM (family strengths and needs assessment) to guide development of case plan
- Increased use of evidence-based practice
- Increased collaboration with other county departments, community organizations and service providers

Systemic factors that may contribute to positive reunification outcomes include:

- ICWA (Indian Child Welfare Act) Roundtable & Handbook
- Wide array of community-based prevention services
- Increased coordination among service providers and public agencies
- Staff Training
- The development and implementation of a new program based on the family group conferencing model (T.E.A.M.)

ADOPTION STRENGTHS

Sonoma County exceeds the state/national target in the Adoption Composite Score and has improved since the last County Self Assessment Process in 2010.

Sonoma County practice strengths related to adoption include:

- Currently exceeds the state/national target for adoptions as measured by the Adoptions Composite
- Meet state/national target for timely adoptions (C2.1), median time to adoptions (C2.2) and adoptions within 12 months for children who are legally free (C2.5)
- Successful adoptions of children who enter foster care under age 6 and who do not reunify; fewer than 10% remain in foster care at 36 months after removal
- All FY&C Adoptions social workers have Masters Degrees in social work or closely related field
- Placement specialists who focus on relative searches and placements in support of concurrent planning
- Exhaustive relative searches for young children
- FYC Placement Specialists and CDSS Adoptions Branch worker jointly visit potential concurrent homes within 2 months of children entering care
- Young children are made legally free and exit to adoptions within regulatory timeframe
- Strong relationships between social workers and youth

- ICWA (Indian Child Welfare Act) Roundtable and Protocol value cultural preferences of tribes

Systemic factors that may contribute to positive adoptions outcomes include:

- Foster Family Agency Adoptions
- Adoptive homes available for young children
- Good relationships with State Adoptions, Rohnert Park Branch

LONG TERM CARE (EXITS TO PERMANENCY) STRENGTHS

Sonoma County practice strengths related to long term care include:

- Children age 2 and under stay in foster care for less than 12 months before reunifying or less than 24 months before being adopted.
- Children who enter foster care while younger than age six have a great likelihood to reunify, be adopted or exit to legal guardianship. For example, of all children removed between 4/1/2009 and 9/30/2009, at 36 months after being removed, only 10.6% were still in care.
- Placement in Group Homes
    - VMCH provides an opportunity for a comprehensive assessment of youth's placement needs to improve the appropriateness of placement decisions
    - VMCH direct care staff have insight into placement needs of youth who are placed there; critical incidents and daily logs are available to case carrying social workers upon request
    - VMCH holds weekly multi-disciplinary team to discuss placement needs of youth recently admitted and for others based on need/request; MDT includes direct care staff, placement specialist, mental health, school case carrying social workers
    - Placement review meeting for youth at VMCH for 45 days and in Emergency Foster Homes for 60 days
    - Sonoma County Mental Health using CANS assessment tool on all youth admitted to VMCH to identify mental health needs of child which can indicate a need for day treatment; assessments happening within 30 days
    - VMCH Placement Specialist works with case carrying social worker to identify available and appropriate placements
    - Some social workers actively look for lower level of care from the time they receive a case, work with Mental Health and group home to begin a transition plan
    - Some group homes proactively participate in and support family reunification; encourage parent participation in child's residential program
    - Group homes connect and bond with the youth placed there; consider themselves a family
    - Group homes provide written reports on youth placed there every 3 months and hold update meetings every quarter
    - Placement goals are established at admit to group home
- Active CASA (Court Appointed Special Advocates) Program

- Family Finding Program (provided through Seneca)
- Independent Living Skills Program (provided through VOICES)
- Wraparound Program (provided through SAY/Seneca) perceived as very helpful in maintaining youth with their families
- ICWA (Indian Child Welfare Act) Roundtable and Protocol
- Rate of guardianships for ICWA eligible children
- Strong relationships between social workers and youth
- KinGAP benefits
- Sonoma Kinship Family Center as a support of relatives exploring guardianship and adoption

PLACEMENT STABILITY STRENGTHS

Sonoma County exceeds the state/national target in two of three Placement Stability measures and has remained strong in this since the last County Self Assessment Process in 2010.

Sonoma County practice strengths related to placement stability include:

- Sonoma County youth overall experience fewer moves from one foster home to another than the state/federal target
- Valley of the Moon Children's Home facilitates comprehensive placement assessment, relative searches
- High quality emergency foster care program with specialized training in medically fragile infants
- Placement with relatives or extended family
- FY&C Placement Specialists
- FY&C Emergency Foster Care Coordinator
- Sonoma Kinship Family Center to support stability of relative placements
- High number of youth in group homes which provide stable placement
- Strong relationships between social workers and youth
- Concurrent planning with State Adoptions starts at case onset
- Strong CASA program
- VMCH makes effort to support residents' participation in extracurricular activities despite its being a temporary placement

Systemic factors that may contribute to positive placement stability outcomes include:

- Specialized training for foster parents
- Placement options for children with challenging behaviors, e.g. local group homes

OUTCOMES – AREAS NEEDING IMPROVEMENT

All challenges contained in this section were identified by county staff, youth and community members.

SAFETY CHALLENGES

Sonoma County challenges related to safety include:

- Recession: high unemployment, public services scaled back, school schedules shortened, etc.
- Not enough nor well-targeted community education, training on child abuse reporting
- Lack of shared understanding about child abuse criteria:
    - child abuse vs. parenting issue
    - child welfare vs. law enforcement
    - knowledge of allegation types
    - assumption that child abuse happens elsewhere (NIMBY)
- Variation in approaches to and perspective of making child abuse reports:
    - Cultural context
    - Personal choice and belief systems
    - Worries about confidentiality
    - Uncertainty about how CPS will respond to report
    - Inconsistent response by intake workers, depends on who caller is speaking to
    - Lack of understanding about what happens with report; follow-up
    - Fear of reporting and what it means to family
- Variation in school policies that act as a barrier to reporting such as a requirement that the report is made by the principal and lack of teachers' knowledge on how to make a report
- Law Enforcement:
    - Lack of cross-referrals from law enforcement
    - Shift to warrant system from police holds came with little training on exigency
    - Police reports received and processed well after (sometimes months) incident has occurred making investigation difficult
    - Variation in collaboration, engagement, responsiveness of law enforcement agencies
- General neglect and severe neglect allegations have increased since 2007, possibly due to the recession, increased methamphetamine distribution and use, high cost of child care, *the elimination of substantial risk as a valid allegation type*
- Disproportionate representation of Native Americans and African Americans in number of referrals relative to population
- Policy and procedure on Emergency Response investigation of allegations for a child who is already in foster care is confusing and may impede timely response to safety issue; role of Community Care Licensing is unclear
- Inconsistent response by social workers about what constitutes abuse and neglect, i.e. outcome depends on who is assigned
- Gaps in communication between Emergency Response and Placement social workers
- Increase in removals: inconsistent criteria for deciding on removal
- Too quick to remove without considering lower level options such as Voluntary Family Maintenance or Informal Supervision (301)
- Team Decision Making (TDM):

- Inconsistent use of TDM
- seems like decision has already been made
- No dedicated TDM facilitators (have caseloads)

Systemic factors that may contribute to decreased safety of Sonoma County children include:

- Services unavailable and difficult to access outside of urban core
- Dearth of bilingual services and services for undocumented residents
- No longer have co-located social workers, community services in schools
- Frequent changes in assigned social workers which can result in gaps in knowledge about child behavior, placements and family characteristics
- Youth placed out of county and out of state resulting in a rotation of social workers completing monthly contacts
- Difficulty accessing out-of-county data (CWS/CMS)
- Delayed data entry into CWS/CMS
- **Inefficient and lack of public transportation**
- Shortage of affordable mental health/counseling services for low-income, high risk families
- Lack of funding for substance abuse treatment, family violence treatment, family resource centers and other family support services
- Lack of community-level indicators for child safety, i.e. how is decreased risk at the community-level demonstrated?

REUNIFICATION CHALLENGES

Sonoma County does not meet the state/national target in the Reunification Composite Score but has remained steady since the last County Self Assessment process in 2010.

Sonoma County challenges to reunification outcomes include:

- Children age 6-10 reunify quickly with their parents but re-enter foster care more frequently than the county average or the state/federal target.
- White children (10.9%) re-enter foster care following reunification more often than Latino children (4.8%).
- Children who have been removed due to physical abuse take longer to reunify than children who have been removed due to neglect.
- Adoptions and Safe Families Act (AFSA) reunification timelines often unrealistic especially with prevalence of methamphetamines
- Lack of Treatment Foster Care homes
- Services difficult to access outside of urban core
- Demand for bicultural, bilingual services exceeds supply, long wait lists
- Family reunification case plans are "cookie cutter" (i.e. one size fits all) and do not include SMART goals
- Case plan demands are high and are often uncoordinated with other requirements
- Parents are not engaged early enough in the case planning process

- Not using family group conferencing to engage parents in developing and achieving case plan goals
- Ice Breaker meetings held inconsistently and sometimes only after requested by foster parents
- CASAs not used during Reunification
- Lack of data/knowledge about effectiveness of services
- Social workers not aware of all services available; refer to service providers they are comfortable with and not necessarily because of knowledge of service quality (as related to client outcomes)

Systemic factors that may interfere with achieving positive reunification outcomes include:

- Families slow to engage in their case plans and services not being available when parents are ready to engage
- Services difficult to access outside of urban core
- Need for bicultural, bilingual services exceeds supply, long wait lists
- Adoptions and Safe Families Act (ASFA) timelines often unrealistic especially with prevalence of methamphetamine in Sonoma County
- Court delays due to contested hearings or continuances
- lack of enforcement of Icebreakers
- Dearth of subsidized housing and child care

ADOPTIONS CHALLENGES

Sonoma County challenges related to adoptions include:

- Children removed between ages 6-10 have fewer adoption options than pre-school age children. Examining 5 entry cohorts of children removed between the age of 6 and 10 (2004-2006), if he or she isn't adopted within 48 months of removal, the chances of ultimately being adopted are less than 5%.
- Concurrent planning done sequentially during Family Reunification; after FR limited concurrent planning
- Home studies can take too long to complete
- Not enough adoptive homes for older youth; State Adoptions not "accepting" children over age 6 for adoptions
- No re-referral process to adoptions after family reunification for children who weren't "accepted" by adoptions before
- State Adoptions does not utilize all possible resources for unmatched children
- Lack of Spanish-speaking adoptions workers and adoptive families
- FY&C Placement Specialist only for English-speaking cases
- Results of various relative searches not well documented in case file and get lost in transfers to multiple workers over life of the case
- Infants who have been made legally free are not exiting to adoption within 12 months of termination of parental rights
- Older children are not made legally free quickly
- Older children, even when legally free, are not exiting to adoption within 12 months of termination of parental rights

- PIP classes too infrequent
- County perceives barriers to tribal customary adoptions; barriers unclear to tribes
- Tribes worry about county exploring adoptive homes before paternity and ICWA eligibility are established

Systemic factors that may interfere with achieving positive adoption outcomes include:

- Child welfare mandates related to adoption and tribal customs may conflict
- The local juvenile court culture that promotes extended reunification efforts
- Children whose undocumented immigration status tends to delay a finalized adoption for many months or even years
- Court continuances or delays
- Unresolved paternity issues
- AB 12 eligibility may conflict with use of adoptions as a permanent plan for youth
- The structure of adoptions in Sonoma County in which adoptions has been completed by CDSS State Adoptions Branch and are outside of the immediate control of FYC; **this changed effective July 1, 2013 with the assumption of adoptions by FYC.**

LONG TERM CARE (EXITS TO PERMANENCY) CHALLENGES

Sonoma County does not meet the state/national target in the Long Term Care Composite Score. Sonoma County's performance in this outcome area has declined since the last County Self Assessment process in 2010.

Sonoma County challenges to long term care outcomes include:

- **High rate of group home placements; harder to exit from group home:**
  - Initial Assessment of Level of Placement:
    - No formal assessment process or tool for level of placement, done differently by different social workers
    - Lack of understanding/knowledge about the differences between group home levels and when to use which one based on children's needs
    - Assessment may happen in court services, based on observed needs that are the result of the trauma related to the removal/upheaval/time at VMCH rather than on long-term behavioral/emotional needs of the youth
    - Assumption that foster homes will not work
    - Placement assessment too often leads to group home, at times due to the availability of group homes locally which can support visitation during family reunification and that are willing to accept "challenging" children; placements based on convenience/availability rather than on the child's needs
    - Case carrying social workers often unaware of MDT meeting at VMCH
    - VMCH direct care staff have insight into placement needs but perceive their opinions are not sought out nor valued

    - Placement packet in combination with "approval" by group home considered by social workers to be the assessment itself
    - Social workers do not always receive results of Mental Health CANS assessment
    - Different approaches to placement: some social workers start with higher level of care with a plan to step down; others start with lower level knowing they may need to increase the level
    - Youth's needs for psychotropic medication may contribute to decision to place in a group home
    - Youth's educational needs may contribute to decision to place in a group home
  - Reassessment of Level of Placement:
    - No formal structure or process for the reassessment of youth placed in group homes
    - No expectation to create a step-down plan at the time of admission
    - Different opinions about which is the priority: stepping down to lower level or maintaining stability of current placement
    - If placement was made by prior worker an alternative decision feels difficult/undermining after the fact
    - Case carrying workers feel they don't have enough time to the extensive work to transition youth to lower levels of care
    - Social workers and group homes may disagree about youth's readiness to step down
    - Referral to placement specialist for step down are lowest priority b because youth already in placement
  - Goals While in Group Home Placement:
    - Setting up placement goals with placement happens informally, a conversation about case history, future direction; VMCH does not typically participate in the goal-setting process
    - Group homes drive the treatment plan while at the group home; may not reflect or support case plan goals and change often based on additional issues identified by group home staff
    - Treatment plans often omit important information about issues contributing to need for psychotropic medication resulting in youth continuing on medication for a prolonged period of time
    - Progress reports are behavior-based and often fail to address therapeutic progress on issues that prompted placement in the first place
    - Lack of agreement with group homes about youths' readiness to "graduate"
    - Group homes require kids to have IEP to be accepted for placement in order to attend onsite non-public school
    - Group homes do not have step down processes built in
  - Systemic:
    - No higher-level approval required for placement in group homes

- **Perception of an overriding priority to move youth out of VMCH within 30 days even if an appropriate placement hasn't been found (this was the most common comment received on this topic across all focus groups)**
- Perception of an overriding priority to maintain placement stability in group home rather than "risk" transition to lower level of care if lower level may not work long term
- Competing values: move out of VMCH, placement stability, keeping siblings together, permanency
- Placement in a higher level of care is frequently not listed as a case plan service in the case plan; reflects perception of group home as "housing" rather than "treatment"
- Inadequate supply of treatment and regular foster homes
- Infrequent and inconsistent communication between VMCH staff and case carrying social workers about placement needs of youth
- County and group homes have divergent goals for youth placed in group homes; no formal agreement about placement services
- Some group homes require minimum lengths of stay which act as a barrier to time-limited, treatment-oriented placement
- Lack of treatment foster homes; perception that management is not doing enough to develop ITFC options
- No expectations that regular foster homes will take older youth with moderately challenging behaviors
- Perception that foster parents would take higher need children if there was more support for foster parents
- Content of placement assessment not well documented in case file

- Of the youth age 11-17 who have been in foster care for more than 2 years only 14% exited to a permanent home between October 2011 and September 2012.
- Of all youth who exit foster care due to reaching the age of majority, males (74.1%) are more likely than females (52.4%) to have been in foster care for 3 years or longer.
- Psychologists often use language that eliminate or reduce permanency options rather than identify treatment needed in order to facilitate permanency
- Concurrent planning done sequentially and often does not continue into Permanency Planning (post Family Reunification); no Plans A, B, C, D for teens
- Family Finding Program not done routinely for every case, only those referred to contractor
- Wraparound Program serving more "at risk" youth than "step down" youth
- Permanency options not fully explored – or re-explored – with caregivers
- Caregivers may delay guardianship to maintain eligibility for services
- Youth do not feel involved in case planning
- Sonoma County does not routinely use family group decision making
- County and group homes have divergent goals for youth placed in group homes

Systemic factors that may interfere with achieving positive long term care outcomes include:

- Cultural preferences related to permanency may be at odds with child welfare mandates
- Case review system does not routinely assess and reassess permanency goals
- Systemic factors specifically related to group home placements listed in section above

PLACEMENT STABILITY CHALLENGES

Sonoma County challenges related to placement stability include:

- Not using a family group decision making model to discuss placement in context of case plan goals
- Not using Team Decision Making at every placement change
- Family Finding Program not done routinely for every case, only those referred to contractor
- Case carrying social workers not trained on placement issues and placement assessments
- Re-assessments for lower level of care not done often enough
- Youth placed out of county and out of state
- Lack of child care assistance interferes with placement stability
- Caregivers not routinely utilizing Sonoma Kinship Family Center for support
- Services are often disrupted when placement is disrupted

Systemic factors that may interfere with achieving positive placement stability outcomes include:

- Specialized training for foster parents
- Lack of foster homes equipped to provide long-term care to children with challenging behaviors
- Data integrity issues related to entering placement information

FOSTER PARENT RECRUITMENT AND RETENTION

Sonoma County Strengths in the recruitment and retention of foster parents

- Emergency foster homes have advanced training and experience to provide high quality care to medically fragile and other special needs infants and young children.
- Have increased from one to two social workers specifically designated to support foster parents.
- Foster parent peer mentoring
- High quality and cohesive emergency foster care program
- Wide variety of services available for children in placement
- Mental health and developmental screenings and assessments on every child who becomes a dependent of the court
- Ice Breaker meetings are effective
- Foster parent training (PIP)

- Quality Parenting Initiative – an initiative sponsored by the Youth Law Center with the goal of increasing the opportunities for foster parents to be an integral part of the case management team

Sonoma County Barriers in the recruitment and retention of foster parents

- Mental health and developmental screenings can take several months, delaying services to children
- Lack of treatment foster homes
- Lack of foster/adoptive homes for older youth, sibling groups and youth with challenging behaviors
- Frequent changes to assigned social workers
- Inconsistent expectations/practices/communication among social workers
- Ice Breaker meetings happen inconsistently, sometimes requires a request by the foster parent
- Foster parents inconsistently involved in case planning process
- Partners in Parents (PIP) classes are offered too infrequently

SERVICE ARRAY

Sonoma County Strengths and Challenges in providing a full spectrum of effective services to clients:

	STRENGTH	BARRIER
Availability of Services	▪ Variety of therapy modalities including cognitive behavioral, family systems and art/sand therapy; individual, family, couple, group (specific examples listed include Functional Family Therapy, peer counseling, in-home therapy) ▪ Co-located mental health and education services at FYC ▪ Diverse array of services available along central Santa Rosa corridor ▪ Multiple employment-training options for youth ▪ Developmental screenings and home-visits for developmental services ▪ WIC services ▪ Free resources/services available to general community	▪ Lack of therapists in North County, Sonoma Valley, in-home options county-wide, treatment for childhood trauma especially for recently removed children, parent-infant mental health program, ▪ Dearth of service providers that are bilingual (Spanish/English) and bicultural ▪ Dearth of prevention services in outlying rural areas of the County ▪ Not enough Court-appointed special advocates ▪ No Wraparound Program for younger children, i.e. "Baby Wrap" ▪ Insufficient supply of subsidized or low-cost enrichment activities for school age youth such as camps, karate and Girl Scouts ▪ Lack of family resource centers ▪ Too few Medi-Cal or county-funded substance abuse treatment beds

	▪ Plethora of services for older youth and near-adult teens (specific examples listed include VOICES, Worth our Weight, Chops, California Conservation Corps, Social Advocates for Youth) ▪ Educational assessment ▪ CASA ▪ Wraparound Program and the services it offers ▪ Parenting education available to FYC clients and through multiple other referral sources ▪ Services offered through group homes ▪ Improved availability of mental health services in the community	▪ Not enough subsidized and transitional housing for families; existing program have extensive eligibility requirements ▪ Parent mentor program for peer to peer support for families in family reunification ▪ Service for youth to prepare them to step down from group care to a home-based environment ▪ Services for Sonoma County dependent youth placed out of county ▪ Worry that move toward evidence-based practices will limit the diversity of interventions available; one size does not fit all
Quality of Services	▪ Increased availability and use of evidence-based practices such as Triple P, Functional Family Therapy, Team Decision Making, Strengthening Families ▪ Services offered in clients' homes ▪ Upstream Portfolio of Model Practices providing assistance to organizations to improve quality ▪ Movement toward outcome-driven services rather than fee-for-service	▪ Quality of services varies among service providers; affects social workers' referral patterns ▪ Unknown quality of therapy services; variation in meaning of therapy modalities, i.e. what does it mean to have trauma-competent therapists? ▪ Low reimbursement rate for therapy may affect quality of services received
Service Coord-ination	▪ Community services are working more collaboratively (specific examples include system for developmental screenings, parent educators and resource assistants, First 5 Sonoma County) ▪ Co-located Mental Health at FYC Administrative Office and at VMCH ▪ Co-located educational liaison	▪ Not enough co-located services ▪ Delay in receiving developmental assessments ▪ High drop-out rate of families referred through Emergency Response and therefore have no social worker monitoring their attendance/progress ▪ Youth employment options are not well-coordinated with one another ▪ Duplication of services ▪ Lag time in referrals to services ▪ Continuity of services/enrichment activities for youth who have been recently removed
FYC	▪ FYC has well-developed,	▪ Referrals to services based more on

Utilization of Services	positive relationships with service providers ▪ Utilization of family maintenance after reunification ▪ When service referrals are automatic, i.e. referral to co-located mental health clinician, more likely to get done quickly ▪ Children at VMCH are being seeing by mental health clinician within 2 days of admit	individual relationships to providers than on objective analysis of service quality ▪ Clients not referred to case plan services early enough ▪ Developmental and/or mental health services for children are often started "too late" resulting in more entrenched delays/issues ▪ Inconsistency in utilization of available services, e.g. Wraparound, due to fear of losing control of direction of services/case ▪ Case plans – particularly in Family Reunification – are "cookie cutter" with regard to services; sometimes services are not available when client is "ready" ▪ Due to lack of information about what services are available and about service quality, social workers may accept any service available at the time service is needed
Trans-portation		• **Sonoma County public transportation system creates a barrier to clients' accessing services, particularly outside of the urban core (this topic came up 26 times during community meetings and focus groups)**
Cultural Comp-etence		• Programs may not have adequate cultural competence, especially when working with Native Americans
Community Awareness		• Community is not aware of the free resources/services available to them
Waitlists		• Some service providers have long waitlists (specific examples listed were CASA, mental health, substance abuse treatment, housing)
Caseloads		• HSD and PD caseloads are perceived as being too high and time constraints often affect case workers' abilities to help families access the services that exist

CHILD ABUSE PREVENTION FUNDING (CAPIT/CTF/PSSF/CBCAP)

Sonoma County uses its Child Abuse Prevention, Intervention and Treatment (CAPIT) and Promoting Safe and Stable Families (PSSF) funds for an impressive number of countywide prevention activities and strategies. The populations identified as being at the greatest risk of child abuse or neglect are families with children under age 5, substance-exposed newborns, families living in the Sonoma Valley, Cloverdale and Russian River areas (due to few services being available, see page 13), families with previous allegations of abuse, and families who present with multiple, co-occurring risk factors such as substance abuse AND homelessness.

Sonoma County Strengths in building families' capacity to provide for their children's needs

- Availability of Services
  - Variety of therapy modalities including cognitive behavioral, family systems and art/sand therapy; individual, family, couple, group (specific examples listed include Functional Family Therapy, peer counseling, in-home therapy)
  - Diverse array of services available along central Santa Rosa corridor
  - Developmental screenings and home-visits for developmental services
  - WIC services
  - Free resources/services available to general community
  - Wraparound Program and the services it offers
  - Parenting education available to FYC clients and through multiple other referral sources
- Improved availability of mental health services in the community
- Quality of Services
  - Increased availability and use of evidence-based practices such as Triple P, Functional Family Therapy, Team Decision Making, Strengthening Families
  - Services offered in clients' homes
  - Upstream Portfolio of Model Practices providing assistance to organizations to improve quality
- Countywide focus on prevention, investing "upstream" to prevent adverse outcomes and costs "downstream"
- Use of CAPIT/PSSF/CBCAP funds for families being diverted from the Child Welfare System; currently funded services include parenting, emergency family shelter, nurse/family home visiting program, family violence prevention, counseling, resource assistance
- Prevent Child Abuse Sonoma County (CAPC)
- Coordinated system of developmental screenings for all children age 0-5 (Watch Me Grow program)
- Use of evidence-based prevention programs for families at risk of abuse or neglect
- First 5 Sonoma County funds for services to families with children ages 0 – 5
- Community services are working more collaboratively (specific examples include system for developmental screenings, parent educators and resource assistants, First 5 Sonoma County)
- Organized system of subsidized child care and development programs that prioritize services to children at risk of abuse or neglect

- Community health clinics in high-poverty or rural areas that accept Medi-Cal, including St. Joseph Health System Mobile Health Clinic that brings its health care clinic directly into neighborhoods
- Wide array of community-based prevention programs available

Sonoma County Challenges/Unmet Needs in building families' capacity to provide for their children's needs

- **Sonoma County public transportation system creates a barrier to clients' accessing services, particularly outside of the urban core (this topic came up 26 times during community meetings and focus groups)**
- Recession created more families without basic necessities such as stable housing, access to food and clothing, and employment
- Some service providers have long waitlists (specific examples listed were mental health, substance abuse treatment, housing)
- Community is not aware of the free resources/services available to them
- Lack of awareness by FYC social workers about the prevention services available to the families with whom they work
- Availability of Services
    - Dearth of service providers that are bilingual (Spanish/English) and bicultural
    - Dearth of prevention services in outlying rural areas of the County
    - No Wraparound Program for younger children, i.e. "Baby Wrap"
    - Insufficient supply of subsidized or low-cost enrichment activities for school age youth such as camps, karate and Girl Scouts
    - Lack of family resource centers
    - Too few Medi-Cal or county-funded substance abuse treatment beds
    - Not enough subsidized and transitional housing for families; existing program have extensive eligibility requirements
    - Not enough Medi-Cal and Denti-Cal providers
    - Dearth of low-cost counseling programs
    - Long wait list for subsidized child care
- Service Coordination
    - Not enough co-located services
    - Delay in receiving developmental assessments
    - High drop-out rate of families referred through Emergency Response and therefore have no social worker monitoring their attendance/progress
    - Duplication of services
    - Lag time in referrals to services

PROBATION - Probation Strengths

The Probation Department Juvenile Services Placement unit assists youth transitioning into adulthood. The Placement Probation Officers have recently focused on pre-release planning for youth returning from placement. This focus stresses improvement in preparation of youth for transition before leaving the placement program. Aftercare monitoring by the Probation Officer increases stabilization of supervision, family reunification and coordination of appropriate resources. Placement Officers monitor youth ordered to placement by the Court and work closely

with group homes, County facilities and more structured placement facilities both within and outside the State. This monthly monitoring insures that youth are receiving needed services to insure a successful transition back into the community.

- There is a collaborative group process for making placement decisions that include input from the child and family.
- Probation Officers use a risk assessment tool to determine a youth's level of risk to re-offend and direct youth to appropriate level of program services.
- Probation recognizes the importance of the Probation Officer-Youth relationships for the child's successful transition home; the probation officer continues to monitor the child's progress through the transition phase.

Challenges to Probation Officer Practice:

- Building relationships with parents is not always cultivated.
- Transition plans from placement back to the community are not always formulated and detailed.
- There are limited services for parents while a child is in placement.
- Limited funds are available to provide transportation for the parents to and from the county for the child and family to support family relationships and help in the change plan.
- A significant change in the degree of supervision when the child returns from placement back to the community.

SUMMARY OF ACTIONS BY PERFORMANCE MEASURE

Based on the analyses in this report each outcome area was designated with the following action:

Outcome/Process Measure	Designated Action*
No Recurrence of Maltreatment	WATCH
No Recurrence of Maltreatment in Foster Care	STRENGTH
Timely Response (Investigations)	STRENGTH/EXPLORE
Timely Monthly Contacts	**SIP**
Reunification	**SIP**
Adoptions	STRENGTH/WATCH
Exit to Permanency/Long Term Care	**SIP**
Placement Stability	STRENGTH/WATCH
Youth Self-Sufficiency	IDENTIFY
Siblings Placed Together	WATCH
Least Restrictive Placement	**SIP**
ICWA Placement	IDENTIFY
Health/Dental	STRENGTH/WATCH
Psychotropic Medication	**SIP**
Education	IDENITFY
Foster/Adoptive Parent Recruitment & Retention	**SIP**
Service Array	STRENGTH/WATCH
**See page 10 of this report for the definitions of the Action categories.*	

Items designated as "SIP" will be included in the 2014-2019 System Improvement Plan. Items designated as "Watch" or "Identify" may also have associated strategies included in the 2014-2019 SIP.

STRATEGIES FOR THE FUTURE

The following strategies and/or opportunities were identified during the CSA process. Further planning and development of initial strategies will take place in the development of the 2014-2019 System Improvement Plan (SIP).

SAFETY

- Expand Team Decision Making to children residing anywhere in the county at imminent risk of removal.
- Work with Prevent Child Abuse Sonoma County to expand and improve outreach and education efforts around child abuse prevention and reporting.
- Identify target population for voluntary family maintenance and create/formalize "prevention pathways" including diversion (ER), voluntary family maintenance with no 301 plan, voluntary family maintenance with a 301 plan and court family maintenance.
- Improve collaboration and coordination among prevention programs and services.
- Engage community partners in the development of the 2014-2019 SIP and facilitate a common understanding of child welfare goals, objectives and measures.
- Establish an accessible reporting system using SDM data that can communicate trends in the community in the areas of safety, risk, parental strengths and barriers (service needs).
- Continue to monitor and enforce timely data entry of social worker and probation contacts with children.

PERMANENCY

- Improve the FYC referral process of youth to the Wraparound Program to ensure that the target population (youth already in group homes) are being served by the program; continue to evaluate effectiveness in exits to permanency.
- Engage families early on in their case planning through family group conference meetings; include family-identified supports, service providers, foster parents and others.
- Launch the Human Services Department Adoptions Program building on the strengths of the previous program; ensure fidelity to the original program design
- Explore the feasibility of using Team Decision Making at other placement-related decision points in the life of a case.
- Enforce the practice holding Ice Breaker meetings of parents and foster parents immediately upon placement and as needed thereafter.
- Improve utilization of contracted services such as ILP services, MyLIFE conferences (emancipation conferences), LifeLong Connections and others.

- Continue to explore ways to align local child welfare practices to those known to be effective in achieving permanency and then implement identified strategies. Consider concurrent planning, assessment and reassessment practices, referrals to services, role of VMCH, Mental Health and AOD, and family/youth involvement in case planning.
- Explore if there are case management differences (or systemic issues) for Sonoma County children of different race/ethnicities or age groups. Focus in particular on length of time for Hispanic children to reunify and high rate of older youth in foster care for longer than 24 months.

SYSTEMIC FACTORS

- Analyze current practice of capturing child ethnicity and make appropriate changes to enhance validity.
- Engage in strategic planning on training needs based on overarching themes of the 2013 County Self Assessment.
- Take steps to fill gaps in service array, especially gaps in services that affect timely reunification.
- Continue with Quality Parenting Initiative with an emphasis on recruiting homes for older youth and homes willing to receive sibling groups.
- Recruit Treatment Foster Homes and develop a local continuum of foster care building on the strengths of the current system.
- With local group homes, develop shared outcomes and an outcome-oriented data system for youth placed in group homes.
- Participate in state-level Continuum of Care Reform and development of a CA CWS Practice Model.
- Collaborate and engage with Sonoma County Mental Health in responding to the requirements of the class action lawsuit known as "Katie A."
- Ensure a smooth transition of the Redwood Children's Center to the Family Justice Center; ensure full integration with FJC operations.
- Adopt a mobile work policy and purchase technology to facilitate mobile work.
- Address inconsistent approach to child welfare service delivery by developing a local Practice Model framework that reflects local values and priorities and is complementary to Continuum of Care Reform, Katie A and California Partners for Permanency.

APPENDICES

APPENDIX A

County Self-Assessment Community and Stakeholder Participation

Sonoma County Human Services and Probation Departments would like to thank the many individuals and agencies for their participation and valuable input in the County Self-Assessment process. There were a number of individuals who participated in focus groups but are not included on the list due to confidentiality or other reasons including youth, foster parents and members of the ICWA Roundtable.

Table 1: County Self-Assessment Community and Stakeholder Participants

Name	Affiliation	Name	Affiliation
Laura Alexander	Family, Youth & Children's Division	Donna Broadbent	Family, Youth & Children's Division
Yudith Arreguin	Family, Youth & Children's Division	Kate Buxbaum	Redwood Children's Services
Vanessa Azevedo	Family, Youth & Children's Division	Ligia Camara	Sonoma County Adult & Youth Development
Kathleen Alves	Family, Youth & Children's Division	Leticia Cantor-Lopez	R House
Claudia Avalos	Early Learning Institute	Linda Carlson	Exchange Club/Sonoma Bank
Gayle Ballinger	Foster Parent	Dene Carroll	Family, Youth & Children's Division
Tracie Barrow	Department of Health Services - WIC	Emilce Castro-Deller	Family, Youth & Children's Division
Greg Begin	Family, Youth & Children's Division	Dara Chanin	Family, Youth & Children's Division
Melissa Bentley	Social Advocates for Youth	Oscar Chavez	Sonoma County Human Services Dept
Jessica Birrer	Foster Parent	Karen Church	Parent Educator
Simone Boerner	Family, Youth & Children's Division	Cyndia Cole	Family, Youth & Children's Division
Leah Conde	Sonoma County Adult & Youth Development	Anna Costello	Family, Youth & Children's Division
Barbara Cromwell	Family, Youth & Children's Division	Shannen Fraley	Family, Youth & Children's Division
Timothy Dack	Family, Youth & Children's Division	Amber Freitas	Early Learning Institute
Jade de la Cruz	Family, Youth & Children's Division	Leticia Galyean	Seneca Center

Regina de Melo	Family, Youth & Children's Division		Jim Gattis	Sonoma County Adult & Youth Development
Wendy Durst	Seneca Center		Katie Greaves	Sonoma County Human Services Department
Drake Delzell	R House		Ann Grubaugh	Family, Youth & Children's Division
Mary DiGiacomo	Family, Youth & Children's Division		Billy Harville	Family, Youth & Children's Division
Laila DeRouen	Indian Child and Family Preservation		Bill Haigwood	California Parenting Institute
Judy Diaz	Family, Youth & Children's Division		Shari Hawkins	Family, Youth & Children's Division
Paul Dunaway	Family, Youth & Children's Division		Lupe Heredia	Family, Youth & Children's Division
Jerry Dunn	Sonoma County Human Services Department		Carrie Hess	Committee on the Shelterless
Meg Easter-Dawson	Family, Youth & Children's Division		Taylor Hockitt	The Children's Village
Liz Elgin DeRouen	Indian Child and Family Preservation		Mandy Hoffman	Sonoma County Office of Education
Michelle Doyel	Verity		Nick Honey	Family, Youth & Children's Division
Mignon Evans	Family, Youth & Children's Division		Libby Hutton	Sonoma County Counsel
Joel Evans-Fudem	Family, Youth & Children's Division		Dorothy Iriks	Social Advocates for Youth
Kathy Fisher	Therapist, Private Practice		Liz Jimenez	Jewish Family and Children's Services
Carla Fittipati	California Parenting Institute		Sabrina Johnson	R House
Barbara Fitzmaurice	Sonoma County Counsel		Fred Jones	Family, Youth & Children's Division
Daniel Flamson	Sonoma County Probation		Monica Julian	Attorney
Carol Fleming	YWCA Sonoma County		Stacie Kabour	Valley of the Moon Children's Home
Kira Kayler	Petaluma People's Services Center		Diana Murray	Sonoma County Adult & Youth Development
Cathy Kennedy	Department of Health Services		Raquel Oandason	Family, Youth & Children's Division
Phyllis King	Sonoma County Behavioral Health		Debbie Oliver	Community & Family Service Agency

Lorraine Laiwa	Indian Child and Family Preservation
Holly Lange	Sonoma County Public Health
Michelle Leisen	Roseland School Distict
Diana Lopez	Early Learning Institute
Diana Loretz	Family, Youth & Children's Division
Rachelle Lynch	Family, Youth & Children's Division
Dan Madrid	Foster Parent
Leslie Mann	The Children's Village
Elizabeth Martinez	Family, Youth & Children's Division
Hector Matias	Alternative Family Services
Elizabeth McCarthy	CA Senator Noreen Evans's office
Karen McClure	Family, Youth & Children's Division
Melissa McKinney	Family, Youth & Children's Division
Brad Michnevich	Sonoma County Probation
Stephanie Montez	Family, Youth & Children's Division
Jennifer Moore	Sonoma County Probation
Jennifer Morehouse	Sonoma County Behavioral Health
Patricia Morrow	Sonoma Kinship Family Center
Tina Moss	ELI
Madaliene Sowers	Family, Youth & Children's Division
Kerry Stokes	Family, Youth & Children's Division
Karen Sweet	Family, Youth & Children's Division

Jamie Ott	Family, Youth & Children's Division
Mark Owens	Federated Indians of Graton Rancheria
Holly Pace	California Parenting Institute
Stephen Palmer	Valley of the Moon Children's Home
Katherine Pitts	Family, Youth & Children's Division
Kelly Porter	YWCA Sonoma County
Michelle Porter	Department of Health Services
Pat Ray	Family, Youth & Children's Division
Myrna Ramirez	Family, Youth & Children's Division
Mark Regan	Valley of the Moon Children's Home
Michelle Revecho	Social Advocates for Youth
Pauline Richardson	Sonoma County Public Health
Sara Richmond	Family, Youth & Children's Division
Robin Robbins	Foster Parent
Miguel Rodriguez	Family, Youth & Children's Division
Anita Rosales	Social Advocates for Youth
Debra Sanders	Sonoma County Office of Education
Cesar Santiago	Seneca Center
Shelly Schubert	Bellevue School District
Robin Smith	FYC
Rolf Van Leuwin	Alternative Family Services
Melinda Velasquez	Redwood Children's Center

Tina Tambornini	Contracted Service Provider (resource assistance)		Leon Wakefield	Sonoma County Indian Health Project
Angie Tate	Family, Youth & Children's Division		Lara Walker	Graton Rancheria (FIGR)
Angela Tejeda	Family, Youth & Children's Division		Leslie Winters	Family, Youth & Children's Division
Christine Thomson	Early Learning Institute		Amy Wyse	Family, Youth & Children's Division
Amber Twitchell	VOICES Sonoma		Maria Zavala	California Parenting Institute
Christine Slaymaker	Community Action Partnership/Head Start			

The individuals listed above made important contributions to the assessment in terms of knowledge of child welfare and probation, cogent analyses of outcomes and systemic factors discussed in this document, and thoughtful suggestions for improvement. Their contributions are greatly appreciated.

APPENDIX B

Themes from content analysis of focus groups and community meetings.

BROADER ENVIRONMENT – economy, staffing trends, substance abuse

OUTREACH & TRAINING – more and better outreach and education about child abuse and child abuse reporting

COMMUNICATION – consistency internally within FYC and with community partners

INTERNAL (FYC) – organizational values inconsistent/unclear; staffing/infrastructure; knowledge of programs; use of programs/services; consistency of practice; placement assessment/reassessment

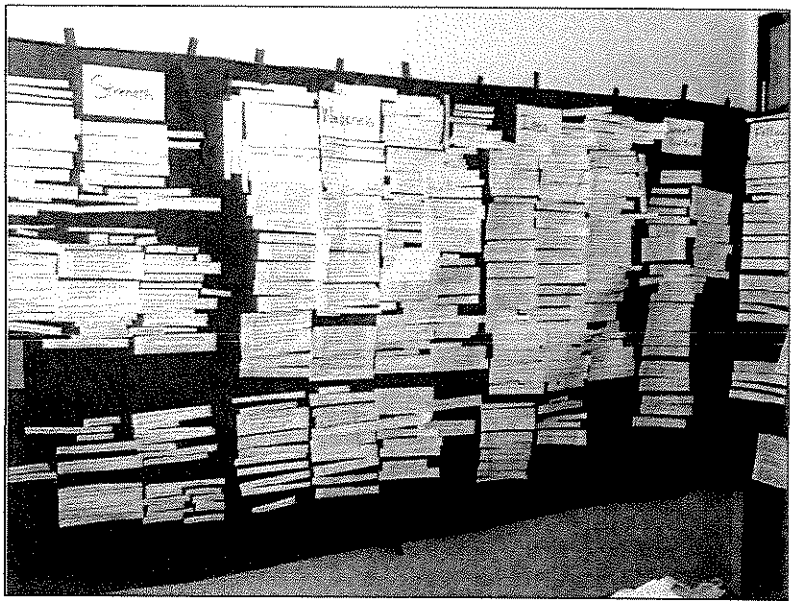
YOUTH WELL-BEING – children's sense of normalcy, medication, characteristics/components of well-being, visits

EMERGENCY RESPONSE – staffing/infrastructure; hotline; law enforcement; removal; investigation of open cases

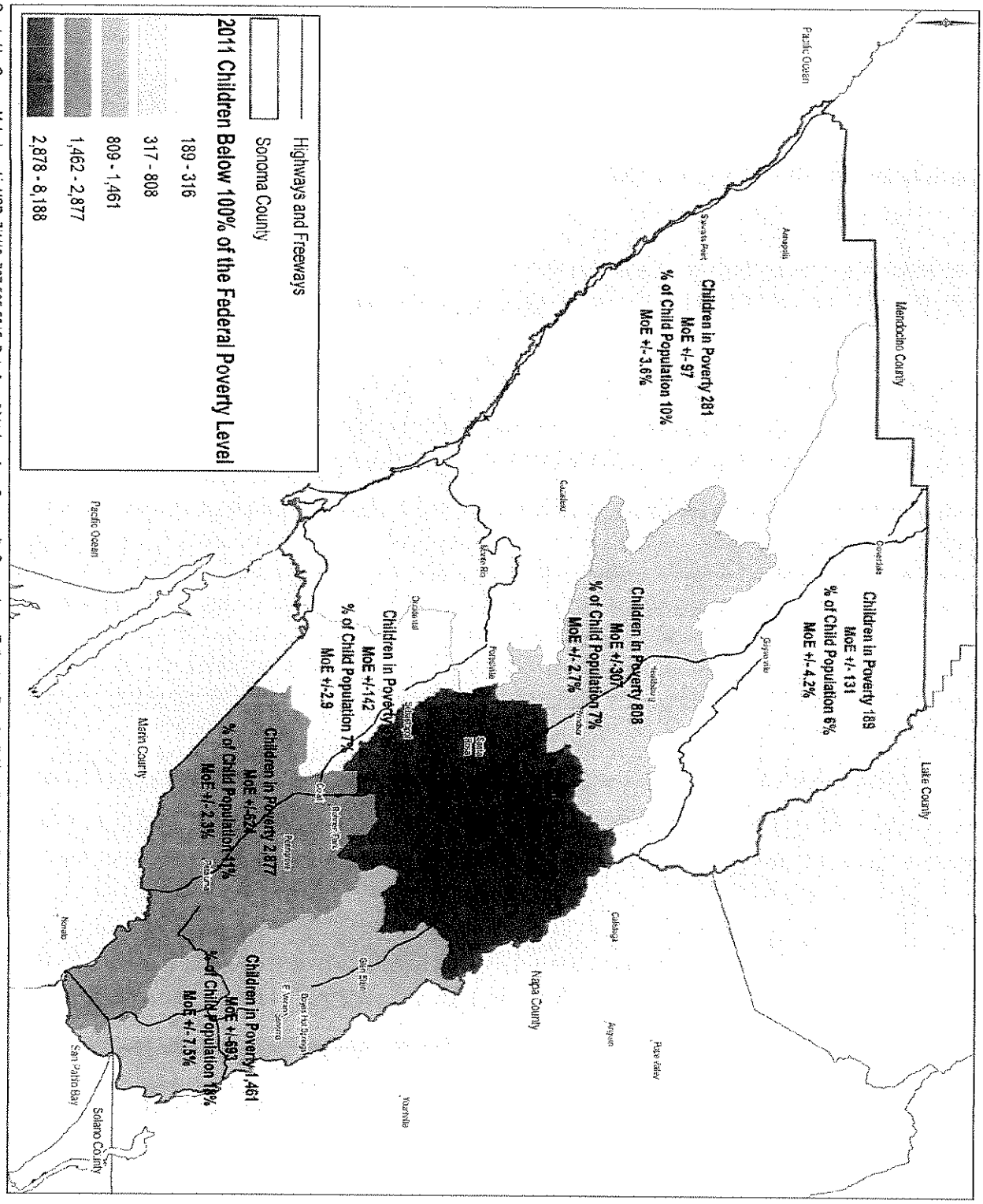
SERVICE ARRAY – availability of services, quality of services; use of services; service coordination

TEAMING – joint case planning and management; collaboration; family meetings/Ice Breakers

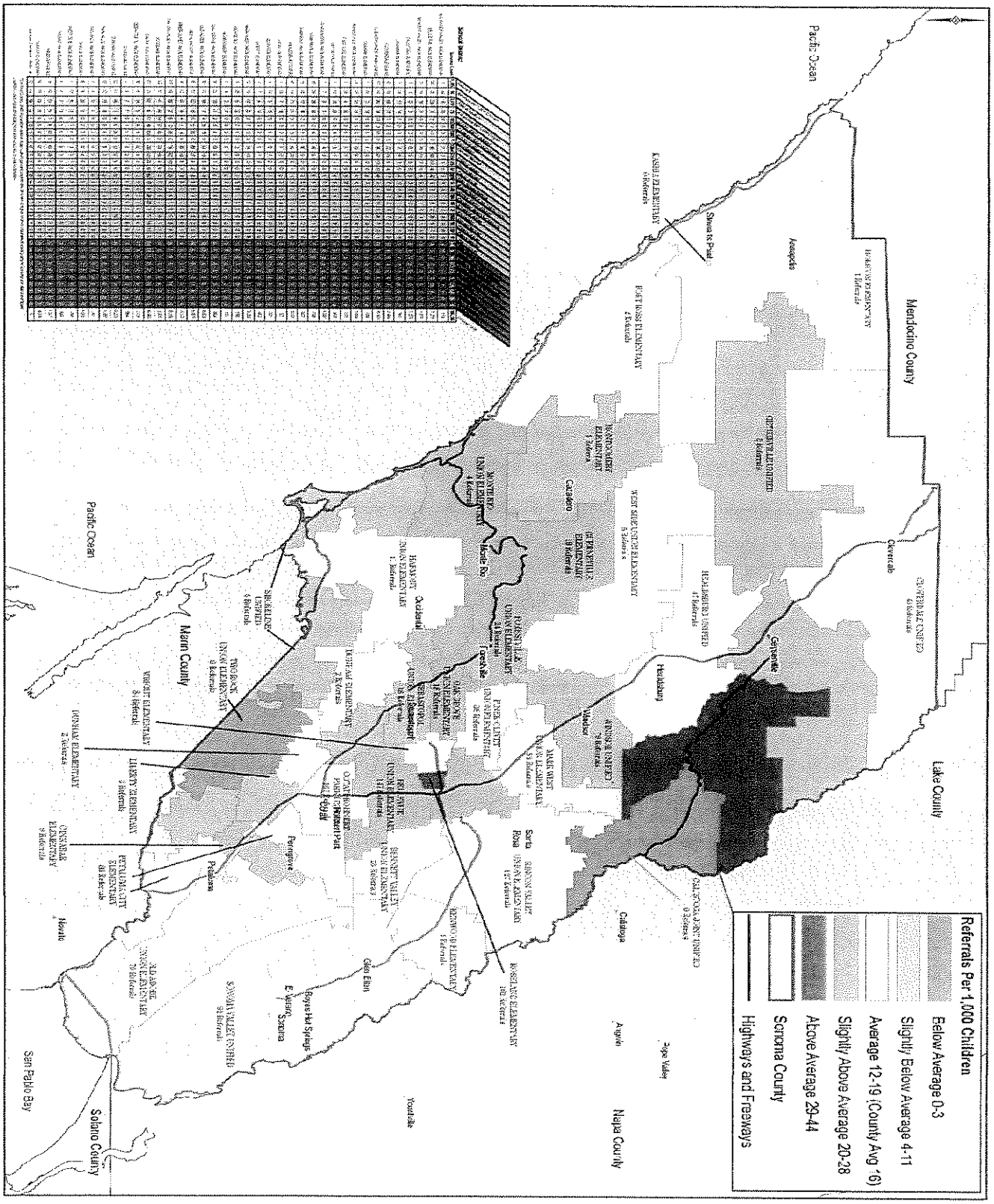
GROUP HOMES – values; assessment; reassessment; role of group home in setting goals; other placement options



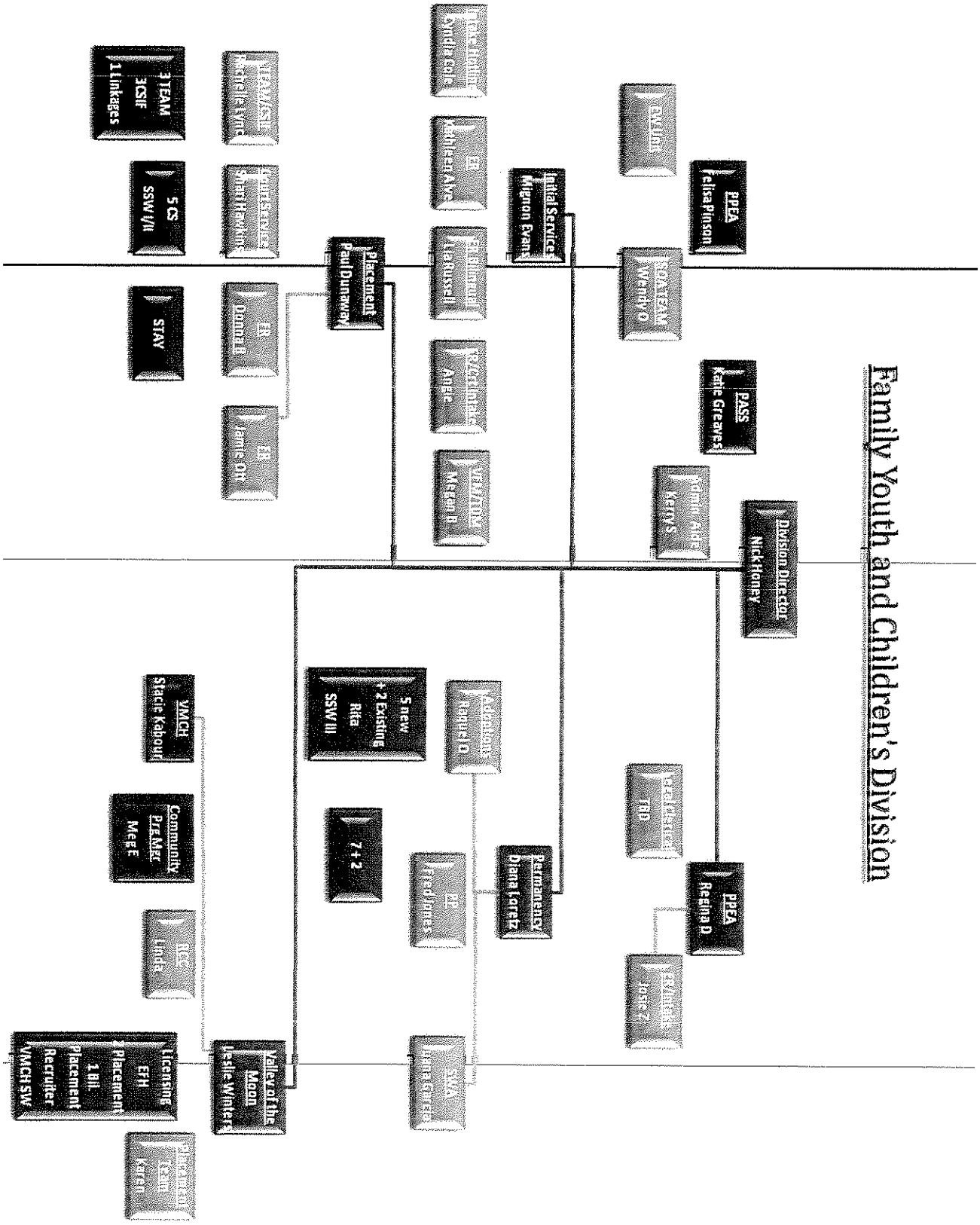
APPENDIX C


2011 Estimates on Child Poverty by Sonoma County Sub-Division
Mendocino County
Lake County
Napa County
Solano County
Marin County
Pacific Ocean
Pacific Ocean
San Pablo Bay
Sonoma County Self Assessment
Child Welfare Services & Juvenile Probation
Children in Poverty 189
MoE +/- 131
% of Child Population 6%
MoE +/- 4.2%
Children in Poverty 281
MoE +/- 97
% of Child Population 10%
MoE +/- 3.6%
Children in Poverty 808
MoE +/-307
% of Child Population 7%
MoE +/- 2.7%
Children in Poverty
MoE +/-142
% of Child Population 7%
MoE +/-2.9
Children in Poverty 2,877
MoE +/-524
% of Child Population 11%
MoE +/- 2.3%
Children in Poverty 1,461
MoE +/-693
% of Child Population 18%
MoE +/- 7.5%
Highways and Freeways
Sonoma County
2011 Children Below 100% of the Federal Poverty Level
189 - 316
317 - 808
809 - 1,461
1,462 - 2,877
2,878 - 8,188
Created by George Malachowski, HSD, 7/1/13, 707 565.5815. Data from 2011 American Community Survey 1-year Estimates. Data Available online at factfinder2.census.gov.

APPENDIX D

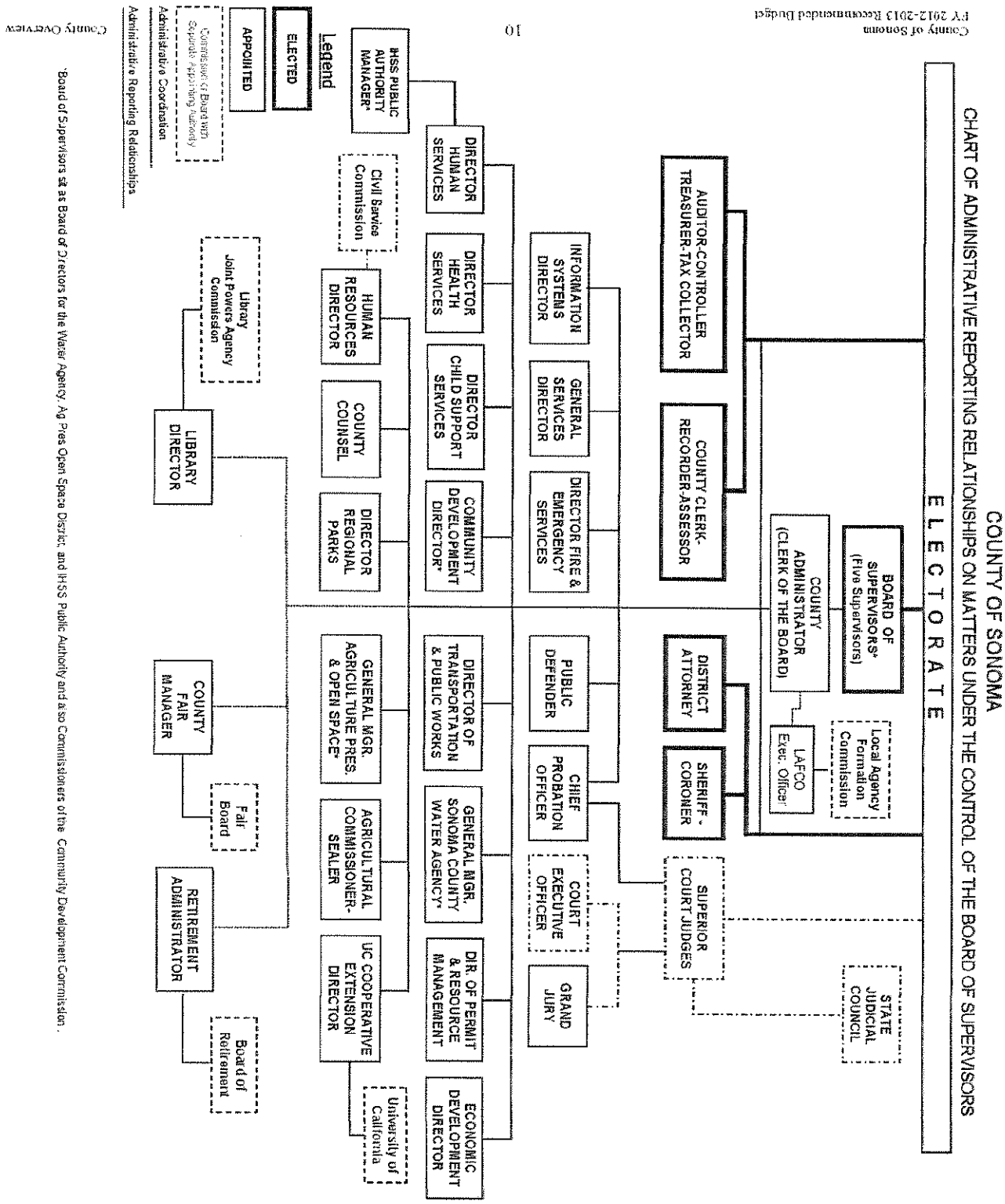

2012 Sonoma County Child Protective Services Referrals
Referrals Per 1,000 Children
Below Average 0-3
Slightly Below Average 4-11
Average 12-19 (County Avg 16)
Slightly Above Average 20-28
Above Average 29-44
Sonoma County
Highways and Freeways
Pacific Ocean
Mendocino County
Lake County
Napa County
Solano County
San Pablo Bay
Marin County
Sebastopol
Santa Rosa
Petaluma
Cotati
Rohnert Park
Sonoma
Glen Ellen
Kenwood
Boyes Hot Springs
E. Verano
Penngrove
Cloverdale
Geyserville
Healdsburg
Windsor
Forestville
Guerneville
Occidental
Cazadero
Jenner
Stewarts Point
Annapolis
Cotati
Angwin
Howarth
Sage Valley
Novato
Point Reyes Station
Bodega Bay
Bodega
Sonoma Valley Unified
Santa Rosa City Elementary
Rincon Valley Union Elementary
Bellevue Union Elementary
Bennett Valley Union Elementary
Cloverdale Unified
Healdsburg Unified
Oak Grove Union Elementary
Forestville Union Elementary
Fort Ross Elementary
Gravenstein Union Elementary
Harmony Union Elementary
Kashia Elementary
Kenwood Elementary
Liberty Elementary
Lincoln Elementary
Lincoln Elementary
Mark West Union Elementary
Maple Union Elementary
Mountain View Elementary
Oak Ridge Elementary
Petaluma City Elementary
Pleasant Valley Elementary
Rincon Valley Elementary
Roseland Elementary
Santa Rosa City Elementary
Sebastopol Union Elementary
Sonoma Valley Unified
Stewarts Point Elementary
Tomales Elementary
Twin Hills Union Elementary
Valley View Elementary
Wallace Elementary
Wright Elementary
Wright Elementary
Source Data:
Created by George Malachowski, HSD, 707 565 5815, 5/28/13. CPS Data from CWS-CMS 2012. Child Population data from 2006-2011 ACS 5 year estimates.

APPENDIX E


Family Youth and Children's Division
Division Director
Nick Haney
PPEA
Reina D
PASS
Katie Greaves
Admin Office
Kerry S
Permanency
Diana Lorelz
Adoptions
Raquel D
Placement
Paul Dunaway
Initial Service
Mignon Evans
Valley of the Moon
Leslie Winters
Licensing
EFH
2 Placement
1 Ref.
Placement
Recruiter
VMCH SW
VMCH
Stacie Kabourd
Community
PreMEC
MEEE
5 new
+2 Existing
Rita
SSW III
7+2
5 CS
SSW I/II
STAY
3 TEAM
3CSIF
1 Linkages

APPENDIX F

County of Sonoma Org Chart



APPENDIX G

Child Welfare Peer Case Review Tool

Sonoma County
California Child Welfare
Outcomes and Accountability System
Peer Case Review Key Informant Interview
SOCIAL WORKER

INTRODUCTIONS

❖ Briefly identify team members and their titles/affiliations. Explain each interviewer's role (time keeper, recorder and lead facilitator).

Purpose

❖ Explain general process

✓ No right or wrong responses
✓ Qualitative information about practice
✓ Concentrate responses on the focus topic: Least Restrictive Environment, Placement in Group Home
✓ Okay to generalize from other cases

GENERAL QUESTIONS

How long have you been a child welfare social worker?

We have received an overview about the case and will be asking you specific questions about it. Do you have any other general information about yourself or the case that you would like to provide before we get started?

Is the case we'll be discussing today an ICWA case?

CASE SPECIFIC QUESTIONS

Assessment

1. When you first got the case, how did you gather information about the youth, his/her history, strengths/challenges, etc?

2. Assessment process – How did you review the initial assessment for the appropriate level

and type of placement for this youth? What information did you need and how did you go about getting it?

3. In reviewing the initial assessment or if you made the initial assessment, how did the youth's educational needs factor into the assessment?

4. What were the roles of VMCH, MH, placement specialists, family, former social worker and other collaterals such as service providers, tribes, educators, etc. in providing information, observations, assessment on the initial placement needs? Was there an MDT at VMCH? If so, did you attend?

5. Did Mental Health do an initial assessment? If so, at what point in the process? Were there any tools used, such as the CANS or a psychological evaluation, to assess for behavioral and/or mental health issues, which might indicate a higher level of care?

6. If you received this case after the initial placement assessment was done, how was the assessment process, results documented in the case file? How was this communicated to you at the time of transfer?

7. At the time of the initial placement assessment, how was the youth and his/her family engaged regarding their opinion about placement needs including level of placement, location or placement objectives?

Initial Placement

1. What were the initial placement options you or the worker before you explored for this youth? Be specific about what you looked for and why, including the barriers you encountered (such as educational needs, location, visitation, child's behavioral needs).

2. If you received the case after the youth was placed and you didn't agree with the placement decision what actions did you take? What additional options did you explore?

3. At admission, what was the communication process with the placement about the initial goals for the youth while in placement? If you received this case after the goals were

established, how were the placement goals documented in the case file and communicated to you?

4. How was a supervisor involved in the placement process?

Case Plan

1. Was the placement listed as a necessary service in the case plan? For what case plan objective?

2. What was the communication with and involvement of the placement provider about the case plan objectives for the youth?

3. How was the youth engaged in the development of the case plan?

4. What was the family's knowledge of and engagement in the youth's case plan?

5. What were the educational needs of this youth? How were these needs attended to by the placement?

6. What was the concurrent plan for this youth? What actions were taken to pursue the concurrent plan while in this placement? How did the plan change over time? How did the placement support concurrent planning and achieving permanency goals and/or lifelong connections?

Placement Management

1. How were the initial goals for the youth while in placement continually assessed as to progress? How often? What role did the placement have in the evolution of these goals over time? How was the youth engaged in this process?

2. Did the youth stay in the placement for shorter, equal or longer amount than you originally anticipated? What role did the placement have in your decision to continue in or discharge

from the placement?

3. What was the role of Mental Health in the ongoing assessment of the youth's placement needs?

4. Did the youth's educational needs factor into his/her length of stay at the placement?

5. Did you develop a "step-down" plan at any point while the youth was in this placement? If yes, at what point and what did it entail? How did the placement support the step-down plan?

6. What happens when there is a disagreement between the social worker and the placement? What is the resolution/decision-making process?

7. Do certain placements make it easier to place with them either because of administrative ease, established relationships, trust, or for any other reason?
8. How was your supervisor involved in the ongoing placement management process?

Systemic
1. What is permanency? What does "the child's best interest" mean? What role do group homes play?

2. In your opinion, what is FY&C top value/priority for youth who come into care or who have been in care?

3. Do supervisors routinely ask about discharge plans for youth placed in group homes during supervision?

4. Is the assessment/placement system functioning optimally? If not, in what ways and how can it be improved?

5. What is the role of the courts in the decision to place in a group home?

6. What placement resources should the department focus on developing?

7. What kind of training would social workers – and/or group homes – benefit from with regard to placement and permanency?

8. What is Sonoma County's practice of concurrent planning for youth in PP? Is it common practice to have concurrent plans (Plan A, Plan B, Plan C) for youth after reunification?

APPENDIX H

Sonoma County Juvenile Probation Services
7425 Rancho Los Guilicos Road, Dept. B, Santa Rosa,
(707) 565-6229 (707) 565-8639 FAX

Timely Reunification
Probation Officer Interview Tool

Information

Interview Team: Click here to enter text.	
Probation Officer: Click here to enter text.	**Date of Interview:** Click here to enter text.

Introduction

- Interviewer Team: Briefly identify interviewers. Explain each interviewer's role, e.g., time-keeper, recorder, and lead interviewer.
- Briefly explain purpose of the interview:
  - Purpose is to obtain qualitative information about county practices and/or resources (as opposed to individual case characteristics), which impact the focus area.
  - Anonymity
  - No right or wrong responses
- Explain that the focus is on timely reunification.

Background

1) Please give us a summary of your experience, length of time with the County, and length of time in your current position: **Click here to enter text.**

   A. In the last three years, what trainings have you received that are specific to working with youth in placement? **Click here to enter text.**

   B. How many cases are you currently assigned? **Click here to enter text.**

   C. How long have you been assigned to this case? **Click here to enter text.**

2) Briefly describe why this youth was ordered into placement: **Click here to enter text.**

3) Briefly describe the placement history of the case:

   A. How long has this youth been in placement? **Click here to enter text.**

   B. How many placements has this youth had? **Click here to enter text.**

   C. How many of these placements were out of county? **Click here to enter text.**

4) How many probation officers has this youth had since they were placed? **Click here to enter text.**

5) Please describe some of the strengths and challenges of this youth.

   A. Strengths (Examples: athletic, gets along well with peers, funny, etc.): **Click here to enter text.**

   B. Challenges/barriers (Examples: runaway, self-harm, school issues, aggressive behavior, substance use/abuse, sexual acting out, etc.): **Click here to enter text.**

   C. How have these strengths and challenges impacted reunification efforts? **Click here to enter text.**

6) Please describe some of the strengths of the biological family that impacted reunification: **Click here to enter text.**

7) Please describe some of the challenges of the biological family that impacted reunification: **Click here to enter text.**

8) Describe the specific services provided by the Probation Department that helped successful reunification: **Click here to enter text.**

9) Please describe how community and agency partners (CASA, Wraparound, transition services, schools, etc.) impacted reunification: **Click here to enter text.**

Maintaining Connections

10) At what points in the case were the family-finding efforts made? **Click here to enter text.**

   A. If no search was initiated, please describe why. What were some of the complicating factors that prevented this search? **Click here to enter text.**

   B. What were the ongoing efforts to locate relatives throughout the life of the case? **Click here to enter text.**

   C. Were relatives assessed as potential for placement? **Click here to enter text.**

   D. If relatives were denied placement, please describe some of the reasons for denial. **Click here to enter text.**

11) Please describe the visitation pattern (frequency, location, etc.) between the youth and the following:

   A. Birth parents: **Click here to enter text.**

   B. Siblings: **Click here to enter text.**

   C. Extended family/NREFM or other important connections: **Click here to enter text.**

12) What factors did you (or the agency) consider when making decisions about the parent-youth visitation plan? (Examples: age, behavior, needs, relatives.) **Click here to enter text.**

13) Please describe the progression of visits from beginning of case to present (supervised to unsupervised to overnights to trial home visits): **Click here to enter text.**

A. What, if any, were the barriers to the progression of visits for this family? **Click here to enter text.**

14) What were the barriers in maintaining the youth's connections? **Click here to enter text.**

A. How have these barriers been addressed? **Click here to enter text.**

15) What kind of positive connections with other adults were you able to help the youth create and/or maintain? **Click here to enter text.**

A. How did these connections support the youth's reunification process? **Click here to enter text.**

B. If the youth did not create or maintain positive connections, what were the barriers? **Click here to enter text.**

Engagement

16) Did family engagement practice help in successfully reunifying this family? **Click here to enter text.**

17) How did you work with the youth and his/her family in developing shared goals and tasks? If this was difficult, why was this so? **Click here to enter text.**

18) What are some of the topics you talk about with the youth (Example: case planning, youth's activities, youth's rights, school, hobbies, etc.)? **Click here to enter text.**

19) In what ways have family issues/conflicts contributed to difficulties in using family engagement practices successfully with the youth an his/her family?

A. Family issues: **Click here to enter text.**

B. Youth issues: **Click here to enter text.**

20) Do you think the minor's delinquency impacted timely reunification? Choose an item.

A. If so, can you describe? **Click here to enter text.**

B. Describe how the severity of delinquency influenced your relationship with the youth and/or his/her family: **Click here to enter text.**

21) Based on your interactions and observations with the youth, do you think the youth has accepted responsibility for his/her behaviors? **Click here to enter text.**

Assessments and Services

22) Was the case taken to the Department Screening Committee prior to placement? Choose an item.

23) How was the PACT assessment utilized to determine appropriate placement? Choose an item.

24) Describe how and when you identified the family's strengths and needs and how you used this information during the life of the case: **Click here to enter text.**

25) Does the youth have mental or behavioral health issues? Choose an item.

A. If yes, how did you initially determine/assess the youth treatment needs? **Click here to enter text.**

B. Were you able to find appropriate treatment programs? Choose an item.

i. If no, please explain why: **Click here to enter text.**

26) What other types of barriers were identified for the youth (e.g., sexual acting-out, educational needs, developmental delays, physical health, etc.)? **Click here to enter text.**

A. What types of services did the youth receive to address the barriers? **Click here to enter text.**

27) Was this youth placed out of county or out of state? Choose an item.

A. If yes, how did distance affect the services this youth/family was able to receive? **Click here to enter text.**

28) What were some of the youth's interests? **Click here to enter text.**

A. Was the youth able to participate in enrichment activities (i.e., recreation, sports, afterschool programs, mentoring, etc.)? Choose an item.

B. If not, what were the barriers to participation? **Click here to enter text.**

Placement Matching

29) How did you, or the agency, match this youth with their placement(s)? **Click here to enter text.**

30) Please describe how the placement(s) supported the family's involvement in the youth's case plan: **Click here to enter text.**

31) Please describe how the following contributed to or hindered timely reunification:

A. Placement type: **Click here to enter text.**

B. Number of placement changes: **Click here to enter text.**

C. Geographical location: **Click here to enter text.**

Permanency Options/Aftercare Services

32) Describe how you assessed and discussed permanency options for this youth. How was it developed with the family? **Click here to enter text.**

33) Describe how and when permanency options were reassessed for this youth: **Click here to enter text.**

34) Was family reunification a priority for this family?

35) Tell us about the services that were offered to this family to promote reunification: **Click here to enter text.**

A. Were these services identified collaboratively with the minor and his/her family? Choose an item.

B. How long were services continued? **Click here to enter text.**

36) How did the youth's compliance or noncompliance with services affect timely reunification? **Click here to enter text.**

37) How was the youth assessed for their post-placement living arrangement (home, relative, THP, etc.)? **Click here to enter text.**

38) How did you assess this family's readiness for reunification? **Click here to enter text.**

39) What aftercare support services were offered to the youth upon their return from placement? **Click here to enter text.**

40) While transitioning back to the community, what barriers/issues did the youth experience? **Click here to enter text.**

A. How were those barriers addressed? **Click here to enter text.**

41) Was the youth referred to Independent Living Skills services? Choose an item.

A. If so, what services were provided? **Click here to enter text.**

B. If so, what impact did the services have, if any, on reunification efforts? **Click here to enter text.**

C. Please describe any barriers in accessing services for this youth (i.e., location, language, transportation, youth's participation, cultural issues, gaps in services, etc.): **Click here to enter text.**

Closing

42) Do you have any recommendations for achieving timely reunification for placement youth in your county?

A. Training: **Click here to enter text.**

B. Resources: **Click here to enter text.**

C. Policies and procedures: **Click here to enter text.**

D. Other: **Click here to enter text.**