

# COUNTY OF EL DORADO

## HEALTH & HUMAN SERVICES

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April 15, 2014

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

Re: El Dorado County, 2014 SIP Annual Update

Dear Bureau Chief,

A copy of El Dorado County's System Improvement Plan (SIP) 2014 Annual Update for CWS/Probation is enclosed for your review.

Please do not hesitate to contact me with any questions you may have. My direct line is (530) 642-7358.

Regards,

Jeffrey McKay  
Staff Services Analyst II

Encl: EDC 2014 SIP Annual Update

Cc: Don Ashton, Interim Director  
Mark Contois, Assistant Director

# California Child and Family Services Review

## Annual SIP Progress Report

APRIL 2014



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### Introduction

This Progress Narrative will provide information outlining the System Improvement Plan (SIP) efforts that El Dorado County, herein after referred to as the County, Health and Human Services Agency (HHSA) in collaboration with our internal stakeholders and community partners, has implemented for the second twelve (12) months of our five (5) year plan of improvement.

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

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

### SIP Progress Narrative and Stakeholders Participation

SFY 2013/14 marked a year of many discernible positive changes within HHSA. The staff shortages and high percentage of turnovers that had impacted County Child Welfare Services (CWS) in prior years was improved and stabilized, and though CWS still has much work to accomplish to improve service delivery to our clients – we are better positioned to accomplish this now than in prior SIP periods.

In order to address improvements that can be enacted during the current SIP period, HHSA engaged the California Department of Social Services (CDSS) and our SIP stakeholders to determine Priority Outcome Measures reflective of that goal. These conversations resulted in a restructuring of the County's SIP Priority Outcome Measures and Systemic Factors. HHSA is mindful of the need for continuous quality improvement (CQI), and these modified Priority Outcome Measures represent important steps in HHSA's engagement of the CQI process. Comparisons of the changes in the Priority Outcome Measures from SIP update period April 2013 to April 2014 are represented in the table below:

<b>Prior CFSR Outcome Measure</b>	<b>Current CFSR Outcome Measure</b>	<b>Reason for Change</b>
CFSR Measure C4.3 Placement Stability (At Least 24 Months in Care).	CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care).	Measure C4.1 needs to be addressed first to improve the subsequent C4 measures.
CFSR Measure C2.5 Adoption within 12 Months (Legally Free).	N/A	HHSA recognizes the importance of adoption in permanency planning, and we have implemented systemic improvements to our adoption program. HHSA will continue to work to improve our outcomes in this measure.
AB 636 Measure 5A Health and Education Passport.	AB 636 Measure 5A Health and Education Passport, 5B (1) Timely Health Exams, and 5B (2) Timely Dental Exams.	The target improvement goal for AB 636 Measure 5A was accomplished within FY 2012/13, and we will continue to monitor this measure in the current SIP period. The additional measures of 5B (1) and 5B (2) were added to focus on improving HHSA outcomes in these measures.
N/A	AB 636 Measure 2B Referrals by Time to Investigation: Immediate and 10 Day.	AB 636 Measure 2B was added to focus on improving HHSA outcomes in these measures.
Probation: Children are maintained in their own homes whenever possible and appropriate.	Probation: Children are maintained in their own homes whenever possible and appropriate.	N/A

HHSA continues to emphasize the need for collaborative efforts to benefit the children and families of El Dorado County, whom we are honored to serve on a daily basis. As a combined Health and Human Services Agency, we are fortunate to have the ability to coordinate internal multidisciplinary (MDT) meetings with various stakeholder representatives. This includes but is not limited to the Child Abuse Prevention Council (CAPC), Foster Youth Services, County Mental Health, Foster Awareness Network (FAN), Big Brothers Big Sisters of El Dorado County, County Public Health, County Alcohol and Other Drug (AOD) Services, CalWorks, County Welfare to Work (WTW), our onsite Public Health Nurses (PHN), an onsite representative from the El Dorado County Office of Education (EDCOE), Child Advocates of El Dorado County (formerly CASA), and local law enforcement agencies. Internally and externally there continues to be open dialogue

between stakeholders, our community partners, and families as we navigate implementation and assessment of SIP activities.

The frequency of contact with our stakeholders varies based on the collaborative work we are engaged in with one another. There are regular meetings that have weekly participation from our partnering agencies and Community Based Organizations (CBO); other team meetings occur less frequently, meeting bi-weekly, monthly, quarterly and annually. These meetings continue to provide the forum for an open dialogue to discuss the status of our working relationships and the opportunity to address challenges and implement improvement plans to benefit our mutual clientele.

## Current Performance towards SIP Improvement Goals

### Child Welfare Services (CWS) Priority Outcome Measure or Systemic Factor - CWS: CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care).

This measure computes the percentage of children with two or fewer placements who have been in foster care for eight (8) days to twelve (12) months. Time in care is based on the latest date of removal from the home. The denominator is the total number of children who have been in care for eight (8) days to twelve (12) months; the numerator is the count of these children with two or fewer placements.

- **National Standard:** 86.0% or higher of one or two settings.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>1</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 167 children who have been in foster care for eight (8) days to twelve (12) months, 129 have had two (2) or fewer placements. This is a 77.2% rate of placement stability.
- **Target Improvement Goal:** HHSA's goal is to increase this percentage by 3.0% or more each year of the plan to attain an average of 86.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's CQI efforts and to reach, and surpass, the National Goal in this outcome measurement.
- **Current Performance:** According to the 2013 3<sup>rd</sup> Quarter Data Report<sup>2</sup> (10/2012 - 09/2013) from the UC-Berkley Dynamic Reporting System, of the 190

<sup>1</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>2</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

youth had been in placement for at least twenty four (24) months, 138 had been in two (2) or fewer placements. This is a 72.6% rate of placement stability.

### CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 2B Timely Response.

This measure computes the percentage of referral contacts that were made in a timely manner for immediate and ten-day referrals. The denominator consists of the total number of referrals with a response type of either immediate or ten-day for the selected period; the numerator consists of the number of contacts that were made in a timely manner for either immediate or ten-day referrals for the selected period.

- **National Standard:** Not applicable; however, CDSS has established a percentage of 90.0% to meet compliance for these measures.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>3</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 85 immediate response referrals, 83 were contacted in a timely manner. This is a 97.6% rate of timely responses. Of the of the 319 ten-day response referrals, 305 were contacted in a timely manner. This is a 95.6% rate of timely responses.
- **Target Improvement Goal:** HHSA's goal is to ensure that immediate response referral compliance remains above 90% for the 5-Year SIP period, and to increase ten-day response compliance by 3.0% or more each year of the plan to attain an average of 90.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's CQI efforts and to reach, and surpass, the State's goal in this outcome measurement.
- **Current Performance:** According to the 2013 3<sup>rd</sup> Quarter Data Report<sup>4</sup> (10/2012 - 09/2013) from the UC-Berkley Dynamic Reporting System, of the 103 immediate response referrals, 96 were contacted in a timely manner. This is a 93.2% rate of timely responses. Of the of the 287 ten-day response referrals, 232 were contacted in a timely manner. This is an 80.8% rate of timely responses.

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<sup>3</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>4</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

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

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

- **National Standard:** Not applicable
- **Baseline Performance:** According to SafeMeasures® data<sup>5</sup> (4<sup>th</sup> Quarter of 2011), of the twenty-seven (27) children who entered foster care for the first time, six (6) had an initiated Health and Education Passport. This is a 22.2% rate of initiated health passports.
- **Target Improvement Goal:** HHSA intends to increase the completion of Health and Education passports by at least 10.0% each plan year, to achieve a total completion rate of at least 80.0% by May 20, 2017.
- **Current Performance:** According to Safemeasures® data<sup>6</sup> (4<sup>th</sup> Quarter of 2013), of the 31 children who entered foster care for the first time, 29 had an initiated Health and Education Passport. This is a 93.9% rate of initiated health passports and exceeds the target improvement goal for this measure.

### CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 5B Timely Health and Dental Exams.

This measure computes the percentage of children entering foster care, for the first time, who have Child Health and Disability Prevention (CHDP) medical and dental examinations within the first thirty (30) days from the first day of removal from the home. The denominator consists of all children entering foster care for the first time in the given period; the numerator includes those children who have timely CHDP medical and dental exams.

<sup>5</sup>Children's Research Center SafeMeasures® Data. El Dorado County AB 636 Measure 5A: Health and Education Passport.

Retrieved March 6, 2012 from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

<sup>6</sup>Children's Research Center SafeMeasures® Data. El Dorado County AB 636 Measure 5A: Health and Education Passport.

Retrieved February 11, 2014 from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

- **National Standard:** Not applicable
- **Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>7</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 221 children needing CHDP medical exams, 190 were seen in a timely manner. This is an 86.0% rate of timely responses. Of the 188 children needing CHDP dental exams, 91 were seen in a timely manner. This is a 48.4% rate of timely responses.
- **Target Improvement Goal:** HHSA intends to increase the completion of CHDP dental exams by 10.0% each plan year, to achieve a total completion rate of at least 75.0% by May 20, 2017, and to increase the completion of CHDP medical exams by 3.0% each plan year, to achieve a total completion rate of 90.0% by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's CQI efforts and improves outcomes in this measure.
- **Current Performance:** According to the 2013 3<sup>rd</sup> Quarter Data Report<sup>8</sup> (10/2012 - 09/2013) from the UC-Berkley Dynamic Reporting System, of the 259 children needing CHDP medical exams, 212 were seen in a timely manner. This is an 81.9% rate of timely responses. Of the 208 children needing CHDP dental exams, 92 were seen in a timely manner. This is a 44.2% rate of timely responses.

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

- **National Standard:** Not applicable
- **Baseline Performance:** To ensure that less than fifteen (15) minors are placed out of home at any time.
- **Target Improvement Goal:** County's Probation Department (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, thereby keeping the number of minors placed out of the home under fifteen (15) at any time. Probation will utilize local resources, including

<sup>7</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>8</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thus negating the need for placement. Local resources also include in-custody (juvenile detention facilities) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program. Currently being added to our programs in our juvenile detention facilities are the evidence based practices MRT and Matrix.

- **Current Performance:** Probation supervision, in conjunction with in-custody and out-of-custody programs focusing on counseling for substance abuse, families, anger management and life skills, has assisted most minors to remain in the homes of their parent(s)/guardian(s). These programs have proven helpful, as the number of minors in placement since April of 2013 to present has remained under the goal of fifteen (15), with the current number of minors at seven (7). This includes those minors placed in foster, relative, and non-relative extended family member homes.

## Strategies Status Update

### Strategy 1

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

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

### SUMMARY:

HHSA initially selected Signs of Safety (SOS) as our CWS family teaming approach. The integration of SOS and Structured Decision Making (SDM) to create Safety Organized Practice (SOP) has been selected by HHSA; thereby, enabling HHSA to integrate

engagement efforts with the structured assessment tools and protective language found in SDM. HHSA is also utilizing Team Decision Making (TDM) meetings with families. Additionally, HHSA is working with UC-Davis and sending staff members to TDM facilitator training to establish a broader pool of experienced facilitators. HHSA is also identifying points in the life of the case to conduct TDMs for placement decisions and other critical, decision-making points; and this will be integrated into the development of HHSA's core practice model.

SOP training is occurring for social workers, and all supervisors are currently trained in SOP facilitation. Staff training will be ongoing to meet the needs of our children and families, and HHSA is committed to the continuous improvement and implementation of the engagement work within SOP by our staff. HHSA is committed to enhancing SOP practice in El Dorado County, and we will continue to develop and support this best practice model during the next SIP progress report period.

## Strategy 2

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

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

### SUMMARY:

P.R.I.D.E. classes continue to be provided to foster parents and kinship providers on a regular basis. Three (3) sessions are offered per calendar year, with each session lasting six (6) weeks and providing eighteen (18) hours of educational credits. Additionally, an agreement with Foster Family Services allows our foster parents and relative care providers

to make up missed sessions by utilizing their training program. This allows our foster parent program to be flexible to meet the needs of our families and their schedules.

Lilliput Children's Services is providing supportive services through HHSA's Kinship Support Services Program (KSSP) to dependent and non-dependent children and their families. HHSA also provides referrals to Big Brothers Big Sisters of El Dorado County through the Children and Parents Resource Team (CPRT). Big Brothers Big Sisters has two foster parent mentors that provide weekly mentoring to parents of dependent children. This mentoring program has evolved in the last year and resulted in unification for one family receiving services. Big Brothers Big Sisters plans to continue to grow and develop this exciting program, and HHSA will continue to support their efforts in El Dorado County.

HHSA has maintained a single point of contact for foster parents to contact in the past, and we are pleased to report this position has returned as a full time social worker position within CWS. Additionally, HHSA has established a supervisor position to oversee County Licensed Foster Homes, County foster home licensing, and the recruitment of County foster homes and foster parents.

### Strategy 3

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

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

### SUMMARY:

HHSA has entered into a contractual agreement with The Center for Violence Free Relationships (The Center) to provide leadership development for parents on an individual basis. HHSA is working with community partners to organize a support group for parents, which will work in concert with the efforts of The Center, to formulate a parent mentor

program to help first time families navigate the Child Welfare System. This is ongoing effort that will require more developmental conversations, internally and externally, to see these programs be initiated and maintained.

#### **Strategy 4**

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

- HHSA will recognize and promote National Foster Care Month each May (Timeframe: Once, each plan year).
- HHSA will promote foster parenting in local publications and community groups (Timeframe: Once, each plan year).
- HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment (Timeframe: January 1, 2014).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

#### **SUMMARY:**

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

HHSA has maintained a single point of contact for foster parents to contact in the past, and we are pleased to report this position has returned as a full time social worker position within CWS. Additionally, HHSA has established a supervisor position to oversee County Licensed Foster Homes, County foster home licensing, the recruitment of County foster homes and foster parents.

#### **Strategy 5**

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

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

## SUMMARY:

HHSA is currently revising its Family Finding procedure and will release this process to staff within the next few months. Furthermore, HHSA has assigned a staff member to initiate Family Finding efforts on all referrals that are initially promoted to out of home care.

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

## Strategy 6

CWS: HHSA will increase the collaboration between CWS, CBOs, and stakeholders, to include Child Advocates of El Dorado County volunteers (formerly known as Court Appointed Special Advocates (CASA) in El Dorado County).

- HHSA will continue to promote and support CPRT (Timeframe: July 1, 2012 - May 20, 2017).
- HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved (Timeframe: May 21, 2012 - Continuing).
- HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement (Timeframe: September 1, 2012- Continuing).

- HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs, and stakeholders (Timeframe: October 1, 2012 - December 31, 2016).
- HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support (Timeframe: January 1, 2013 - January 1, 2017).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

#### SUMMARY:

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

HHSA has recognized the need for growing more collaborative efforts and has instituted a monthly Law Enforcement Collaborative meeting with local Law Enforcement Agency's to coordinate efforts, identify mutual clients, and primarily focus on child victims of sexual assault and their families. Additionally, HHSA has implemented the Foster Youth and Human Trafficking Task Force to collaboratively combat the Commercial Sexual Exploitation of Children (CSEC) in El Dorado County. The original timeframes for some of these actions have been modified to reflect a more accurate timeframe and definition of each strategy for the SIP Chart. For instance, strategies 6B and 6C on the SIP Chart have "on-going" timeframe - as we consistently seek feedback from our stakeholders and community partners and assess HHSA's internal processes for continuous quality improvement.

#### Strategy 7

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

- Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thereby negating the need for placement (Timeframe: May 21, 2012 - May 20, 2017).
- Probation will utilize in-custody (juvenile detention facilities) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program, as well as the addition of the evidence based practices MRT and Matrix (Timeframe: May 21, 2012 - May 20, 2017).
- A Deputy Probation Officer (DPO) will review the case file and CWS/CMS, assess the minor's needs and discuss these needs with the minor and parent(s)/guardian(s) at the initial meeting to determine necessary services; the DPO will then make a referral(s) to an appropriate local resource(s) (Timeframe: May 21, 2012 - May 20, 2017).
- The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources (Timeframe: May 21, 2012 - May 20, 2017).
- The DPO will continue to supervise the minor during participation and after completion of a program (Timeframe: May 21, 2012 - May 20, 2017).
- Probation is also currently increasing pre-placement activities designed to address criminogenic needs, in an effort to reduce delinquency factors thereby reducing the risk of out of home placement.

#### SUMMARY:

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

To further assist with the implementation of this strategy, the Probation Department has contracted with New Morning Youth and Family Services (NMYFS) since November of 2011, to provide on-sight counseling services to minors detained in the juvenile detention facility on the West Slope. Minors who are directed to participate in these counseling services may also receive four (4) weeks of after-care services from NMYFS, following their release from Juvenile Hall. Further, in the future, incarcerated wards will be able to participate in MRT and Matrix.

All minors are referred to appropriate services, whether they remain in the home or are placed out of the home. This strategy remains inherent to the philosophy of Probation to

maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, as appropriate.

## Strategy 8

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

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

### SUMMARY:

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

To further assist with the implementation of this strategy, the Probation Department will continue to utilize NMYFS; after NMYFS provides on-sight counseling services to minors detained in Juvenile Hall, the DPO will ensure the minor is able to receive four (4) weeks of after-care services from NMYFS, following his/her release. Further, in the future, incarcerated wards will be able to participate in MRT and Matrix.

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

## Barriers to Implementation

Though HHSA has stabilized the issues contributing to the ability to recruit and retain social workers, these issues affected all aspects of child welfare work, and the ongoing recruitment and training of new staff became vital to the day-to-day case management of dependent children and their families. At times, the implementation of planned processes and assignment of specialized tasks was forced to become secondary. However, HHSA worked diligently to examine the issues related to social worker job satisfaction, continuing education and career development. HHSA recognized the need to support those interested in becoming social workers, the need to recruit, educate and retain qualified social workers, and this practice continues to be supported by all levels of management.

HHSA is now focusing on the training, development, and maintenance of our new social workers, and to ensure that SDM, SOP, family engagement efforts, and other best practice modalities are fully implemented and engaged at every point of the dependency process. This implementation will result in better permanency outcomes for the children and families involved with CWS; however, this implementation remains a significant challenge as we work to build the processes and procedures needed to support these improvement efforts.

## Other Successes/Promising Practices

HHSA is engaged in a variety of quality improvement efforts to meet the SIP goals; as outlined in the body of this report and other critical outcome measurements that demonstrate the effectiveness of our work. HHSA will continue to utilize SDM and SOP, and CWS will continually incorporate and utilize these practices at appropriate stages of engagement with dependent children and their families. All CPS supervisors have been trained in SafeMeasures® and have incorporated SafeMeasures® into their unit supervision. Training for social worker has been expanded to include SafeMeasures®, and HHSA has implemented elements of the Team Decision Making (TDM) meetings that include family members, stakeholders and community partners. HHSA is committed to expanding and supporting these activities in the next fiscal year (FY 2014-2015).

HHSA is fortunate to have onsite liaisons from a variety of disciplines that include County Public Health, Foster Youth Services and EDCOE; ensuring that the well-being of our youth is being serviced, maintained and proactively managed. HHSA also has two (2) onsite PHNs that provide medical support in the form of case consultation, advocacy and health related data. The PHN position allows for the facilitation of medical services to be handled by medical professionals that can provide a streamlined track to youth requiring medical

services. PHNs additionally manage data in CWS/CMS to ensure that youth are being afforded the highest level of monitored medical care.

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

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

The Linkages program in El Dorado County has served to enhance the relationship between CWS, Eligibility, AOD and Welfare to Work programs. The Linkages program allows HHSA to maximize services and avoid the duplication of services to mutual clients. The implementation of the Linkages program allows for maximization of time, resources and funding by engaging in regular meetings to discuss the progress of clients. In 2013, HHSA's Linkages program was acknowledged by the California Welfare Directors Association (CWDA), in an issue of the *Linkages Newsletter*, for its program development and service to clients. In the spirit of continuous quality improvement, HHSA will continue to address aspects of the Linkages program that we seek to enhance; and to expand on the successful collaborative efforts that are currently in place.

El Dorado County is a county leader in the fight against the Commercial Sexual Exploitation of Children (CSEC) in California. In 2013, HHSA developed the Foster Youth and Human Trafficking (FYHT) Task Force. This Task Force functions as a multi-disciplinary team (MDT) that brings local law enforcement agencies, County Mental Health, County Probation, County Public Health, El Dorado County Office of Education, El Dorado County District Attorney's Office, and County Counsel to the table to collaboratively address the growing CSEC epidemic. This MDT has served as a model for multi-agency collaboration in El Dorado County, and the FYHT Task Force has developed strategies and tools that can be utilized by other regional task forces or CSEC task forces statewide.

HHSA and the Probation Department are working together to identify crossover youth and implement a strategy of reducing system exposure through the use of trauma informed care, wraparound services, gender specific responses, positive youth development and DMC.

## **Outcome Measures not meeting State/National Standards**

The data elements in the Reunification Composite of the SIP are currently below National Goals, despite efforts by HHSA to address these issues. C1.2 (Median Time to Reunification) is below National Goals; however, data trends are showing improvement towards meeting or exceeding the National Goal standard in this measure.

HHSA continues to work towards striking a balance between reunifying children in a timely manner and engaging them over a period of time to ensure that these children do not return to out of home care. This involves the practice of engaging families and children in strength-and-needs based, collaborative approaches utilizing TDM. HHSA will continue to monitor these outcome measures, and the implementation of SOP and the family teaming approach will assist in the engagement of families through the life of CWS intervention and, ideally, positively improve reunification outcomes. This process naturally aligns itself with the family engagement requirements under Katie A. and represents a best practice model for HHSA and the families we serve.

The data elements in the Timeframes of Adoptions are below National Goals, with the exception of C2.3. The remaining outcomes in the Adoptions composite have consistently been below National Goal standards; however, data trends are showing improvement towards National Goal standards in these measures. Adoptions remain a high priority to expedite children's to paths to permanency. HHSA has made internal efforts to ensure the Adoptions Unit is staffed with experienced social workers. These efforts also have included the addition of a full time adoptions supervisor and an additional adoptions social worker. HHSA will continue to educate staff on the concurrent planning process and the streamlining of cases as they matriculate through the continuum of CWS.

The performance measures in the Placement Stability composite continue to be a systemic challenge, both for this agency and for CWS as a whole. HHSA continues to support the recruitment and training of foster parents and has reestablished a single point of contact for foster parents to utilize. Additionally, HHSA has established a supervisor position to oversee County Licensed Foster Homes, County foster home licensing, and the recruitment of

County foster homes and foster parents. HHSA recognizes the correlation between placement stability and increased positive outcomes for the youth we serve. HHSA continues to strive to make quality improvement efforts to stabilize youth in out of home placements, streamline them to tracks of permanency, promote placement stability, and enhance service delivery to dependent youth and their families. HHSA has outlined specific strategies to address performance in measure C4.1 implementation. These strategies are incorporated into this document and are applicable to placement stability as a whole.

## State and Federally Mandated Child Welfare/Probation Initiatives

### AB 12

HHSA continues to support our youth in transition and see that non-minor dependents (NMD) are realizing the benefits of remaining under the supervision and support of Child Welfare Services. Currently, HHSA provides supportive transition (THP- Plus) services to four (4) young adults, with more to come in the future. Our supportive transition social workers currently server 31 young adults, and this is a growing population that affects outcomes in measure C3.3. Social workers in this Permanency Program (aka Youth-In-Transition in El Dorado County) are strong advocates of educating youth in their caseloads of the options they have as they approach the age of majority. This preparation involves introducing youth to HHSA's ILP program, transitional housing programs and educational programs; all of which are designed to assist youth with successfully transitioning to independency. The ongoing education efforts and engagement with our young adults is intensive and requires a significant amount of time. This investment of time, with this specific population of young adults, ensures they are progressing towards a positive future, and it is our commitment that HHSA will continue to support, and improve upon, this program as it continues to grow and flourish.

### KATIE A.

HHSA is actively involved in the local implementation of the Katie A. v. Bonita et. al Settlement Agreement (Katie A.). In preparation for the collaborative work efforts, as defined in the Katie A. Core Practice Model (CPM), CWS and County Mental Health participated in numerous state orientations and local discussions regarding practice and activities for a cross-system program. Team members from both CPS and Mental Health were identified and jointly participated in weekly planning sessions for Katie A. program development, assessment and implementation. There still remains a great deal of program, policy and fiscal guidance that is currently under development by the California Department

of Social Services and the Department of Health Care Services; however, HHSA was proactive in developing our local processes, strengthening collaboration between stakeholders and moving our systems closer to integrating practice and effective service delivery. To date, our Katie A. mental health screening process has been fully implemented, and we are actively working to improve this collaborative process. This will be accomplished in El Dorado County by HHSA working collaboratively with our partners in County Mental Health, mental health providers, internal and external stakeholders, our parent partners, and community systems of care (CBO, faith-based partners and tribal partners); all serving families by embracing collaborative efforts and working in partnership to improve the outcomes of child welfare youth and families.

## Attachments

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

## California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

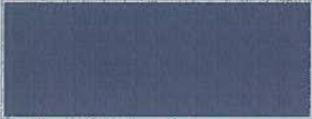
County	El Dorado
SIP Period Dates	May 21, 2012 - May 20, 2017
Outcome Data Period	3 <sup>rd</sup> Quarter Data, 2013
<b>County Child Welfare Agency Director</b>	
Name	Donald Ashton
Signature*	
Phone Number	(530) 642-7300
Mailing Address	3057 Briw Rd, Suite B Placerville CA, 95667
<b>County Chief Probation Officer</b>	
Name	Brian Richart
Signature*	
Phone Number	(530) 621-5625
Mailing Address	3974 Durock Road, Suite 205 Shingle Springs, CA 95682
<b>Public Agency Designated to Administer CAPIT and CBCAP</b>	
Name	Mark S. Contois, Assistant Director Health and Human Services Agency
Signature*	
Phone Number	(530) 642-7300
Mailing Address	3057 Briw Rd, Suite A Placerville CA, 95667
<b>Board of Supervisors (BOS) Signature</b>	
BOS Approval Date	N/A – SIP Annual Update
Name	

<p><b>Mail the original Signature Sheet to:</b></p> <p>*Signatures must be in blue ink</p>	<p style="text-align: right;">Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814</p>
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Signature\*

Contact Information

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	Agency	El Dorado County Probation
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Public Agency Administering CAPIT and CBCAP <small>(if other than Child Welfare)</small>	Name	
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	Phone & E-mail	
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Mailing Address

3057 Briw Rd, Suite A  
Placerville CA, 95667

## 5 – YEAR SIP CHART

**Priority Outcome Measure or Systemic Factor:** Measure C4.1 Placement Stability (8 Days to 12 Months in Care)

**National Standard:** 86.0% or higher of one or two settings.

**CSA Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>1</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 167 children who have been in foster care for eight (8) days to twelve (12) months, 129 have had two (2) or fewer placements. This is a 77.2% rate of placement stability.

**Target Improvement Goal:** HHSA's goal is to increase this percentage by 3.0% or more each year of the plan to attain an average of 86.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's continuous quality improvement (CQI) efforts and to reach, and surpass, the National Goal in this outcome measurement.

**Priority Outcome Measure or Systemic Factor:** AB 636 Measure 2B Timely Response

**National Standard:** Not applicable; however, CDSS has established a percentage of 90.0% to meet compliance for these measures.

**CSA Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>2</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 85 immediate response referrals, 83 were contacted in a timely manner. This is a 97.6% rate of timely responses. Of the of the 319 ten-day response referrals, 305 were contacted in a timely manner. This is a 95.6% rate of timely responses.

**Target Improvement Goal:** HHSA's goal is to ensure that immediate response referral compliance remains above 90% for the 5-Year SIP period, and to increase ten-day response compliance by 3.0% or more each year of the plan to attain an average of 90.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's CQI efforts and to reach, and surpass, the State's goal in this outcome measurement.

<sup>1</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

<sup>2</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

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

**National Standard:** Not applicable

**CSA Baseline Performance:** According to SafeMeasures® data<sup>3</sup> (4<sup>th</sup> Quarter of 2011), of the twenty-seven (27) children who entered foster care for the first time, six (6) had an initiated Health and Education Passport. This is a 22.2% rate of initiated health passports.

**Target Improvement Goal:** HHSa intends to increase the completion of Health and Education passports by at least 10.0% each plan year, to achieve a total completion rate of at least 80.0% by May 20, 2017.

**Priority Outcome Measure or Systemic Factor:** AB 636 Measure 5B Timely Health and Dental Exams

**National Standard:** Not applicable

**CSA Baseline Performance:** According to the January 2012 Quarterly Data Report<sup>4</sup> (3<sup>rd</sup> Quarter of 2011) from the UC-Berkeley Dynamic Reporting System, of the 221 children needing CHDP medical exams, 190 were seen in a timely manner. This is an 86.0% rate of timely responses. Of the 188 children needing CHDP dental exams, 91 were seen in a timely manner. This is a 48.4% rate of timely responses.

**Target Improvement Goal:** HHSa intends to increase the completion of CHDP dental exams by 10.0% each plan year, to achieve a total completion rate of at least 75.0% by May 20, 2017, and to increase the completion of CHDP medical exams by 3.0% each plan year, to achieve a total completion rate of 90.0% by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSa's CQI efforts and improves outcomes in this measure.

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<sup>3</sup>Children's Research Center SafeMeasures® Data. El Dorado County AB 636 Measure 5A: Health and Education Passport. Retrieved March 6, 2012 from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>

<sup>4</sup>Needell, B., et. All, (2009). Child Welfare Services Reports for California. Retrieved February 11, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

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

**National Standard:** Not applicable

**CSA Baseline Performance:** To ensure that less than fifteen (15) minors are placed out of home.

**Target Improvement Goal:** County's Probation Department (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, thereby keeping the number of minors placed out of the home under fifteen (15) at any time. Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thus negating the need for placement. Local resources also include in-custody (juvenile detention facilities) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program. Currently being added to our programs in our juvenile detention facilities are the evidence based practices MRT and Matrix.

<p>Strategy 1: HHSA will implement a family teaming model which incorporates Signs of Safety (SOS) practice</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):  CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care)  AB 636 Measure 2B Timely Response  AB 636 Measure 5A Health and Education Passport  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date: Person Responsible:</p>
<p>A. HHSA will research, analyze and select a family teaming model to implement.</p>	<p>May 21, 2012</p>	<p>August 31, 2012  CPS Program Manager I- Protective Services  CPS Staff Services Analyst</p>
<p>B. HHSA will identify case events that will benefit from a family teaming approach and develop procedures for each event.</p>	<p>September 1, 2012</p>	<p>October 31, 2012  CPS Program Manager I- Protective Services</p>
<p>C. HHSA will train social workers to utilize an engagement approach.</p>	<p>November 1, 2012</p>	<p>Continuing  CPS Program Manager I- Protective Services</p>
<p>D. HHSA will implement a family teaming model.</p>	<p>January 1, 2013</p>	<p>Continuing  CPS Program Manager I- Protective Services</p>
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>May 21, 2012</p>	<p>SIP Annual Progress Report each April 15th  CPS Program Manager I- Protective Services  CPS Staff Services Analyst</p>

<p>Strategy 2: CWS-HHSA will support Foster Parent and Kinship Support programs</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):                  CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care)</p> <p>Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p> <p><b>A.</b> HHSA will continue to provide P.R.I.D.E. training to all foster parents and extend training to kinship providers on a voluntary participation basis</p> <p><b>B.</b> HHSA will assign a foster parent liaison who is a single point of contact for foster parents.</p> <p><b>C.</b> HHSA will provide an updated resource guide for foster and kinship providers.</p> <p><b>D.</b> HHSA will provide continuing education in the form of six (6) relevant trainings delivered during Foster Parent Association Meetings.</p> <p><b>E.</b> HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p><b>Implementation Date:</b></p> <p>May 21, 2012</p> <p>January 1, 2014</p> <p>Once, each plan year</p> <p>Each plan year</p> <p>May 21, 2012</p>	<p><b>Completion Date:</b></p> <p>May 20, 2017</p> <p>Continuing</p> <p>Continuing</p> <p>Continuing</p> <p>SIP Annual Progress Report each April 15<sup>th</sup></p> <p><b>Person Responsible:</b></p> <p>CPS Program Manager I- Protective Services                  Foster Care Licensing Program Manager I – Protective Services</p> <p>CPS Program Manager I- Protective Services                  CPS Staff Services Analyst</p>

<p>Strategy 3: CWS-HHSA will implement a parent engagement, training and mutual support program.</p>	<input checked="" type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):            CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care)            AB 636 Measure 5A Health and Education Passport            AB 636 Measure 5B Timely Health and Dental Exams            Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. HHSA will institute a yearly Parent Leadership Course.</p>	<p>January 1, 2013</p>	<p>Once, each plan year</p>	<p>CPS Program Manager I- Protective Services</p>
<p>B. HHSA will develop a Parents Anonymous® (PA) or similar group chapter.</p>	<p>September 1, 2012 -</p>	<p>September 30, 2014</p>	<p>CPS Program Manager I- Protective Services</p>
<p>C. HHSA will develop a parent mentor program using academy graduates and PA participants.</p>	<p>October 1, 2012</p>	<p>May 20, 2017</p>	<p>CPS Program Manager I- Protective Services</p>
<p>D. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>May 21, 2012</p>	<p>SIP Annual Progress Report each April 15th</p>	<p>CPS Program Manager I- Protective Services            CPS Staff Services Analyst</p>

<p>Strategy 4: CWS-HHSA will continue to support and promote Foster Parent Recruitment.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):            CFR Measure C4.1 Placement Stability (8 Days to 12 Months in Care)            AB 636 Measure 2B Timely Response            Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>		
Action Steps:		Implementation Date:	Completion Date:	Person Responsible:
<p>A. HHSA will recognize and promote National Foster Care Month each May.</p>	<p>Once, each plan year</p>	<p>Continuing</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>B. HHSA will promote foster parenting in local publications and community groups.</p>	<p>Once, each plan year</p>	<p>Continuing</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>C. HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment.</p>	<p>January 1, 2014</p>	<p>Continuing</p>	<p>CPS Program Manager I- Protective Services</p>	
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>May 21, 2012</p>	<p>SIP Annual Progress Report each April 15<sup>th</sup></p>	<p>CPS Program Manager I- Protective Services            CPS Staff Services Analyst</p>	

<p>Strategy 5: CWS-HHSA will implement a structured Family Finding Effort (FFE) policy and procedure</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care)            AB 636 Measure 2B Timely Response</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p> <p>Person Responsible:</p>
<p>A. HHSA will develop a plan for ongoing FFEs at specific case events or time periods.</p>	<p>May 21, 2012</p>	<p>July 31, 2012</p> <p>CPS Program Manager I- Protective Services</p>
<p>B. HHSA will educate staff on how to track FFE in the Child Welfare System/ Case Management System (CWS/CMS).</p>	<p>August 1, 2012 -</p>	<p>Continuing</p> <p>CPS Program Manager I- Protective Services</p>
<p>C. HHSA will develop a process to measure FFE program effectiveness.</p>	<p>August 1, 2012 - September 30, 2012</p>	<p>September 30, 2012</p> <p>CPS Program Manager I- Protective Services</p>
<p>E. HHSA will evaluate program effectiveness and adjust our strategy as needed.</p>	<p>May 21, 2012</p>	<p>SIP Annual Progress Report each April 15<sup>th</sup></p> <p>CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>

<p>Strategy 6: CWS-HHSA will increase the collaboration between CPS, CBOs and stakeholders, to include Court Appointed Special Advocates (CASA) volunteers.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure C4.1 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 5B Timely Health and Dental Exams Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date: Person Responsible:</p>
<p>A. HHSA will continue to promote and support the Children and Parents Resource Team (CPRT).</p>	<p>July 1, 2012</p>	<p>May 20, 2017 CPS Program Manager I- Protective Services</p>
<p>B. HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved.</p>	<p>May 21, 2012</p>	<p>Continuing CPS Program Manager I- Protective Services CPS Staff Services Analyst</p>
<p>C. HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement.</p>	<p>September 1, 2012</p>	<p>Continuing CPS Program Manager I- Protective Services</p>
<p>D. HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs and stakeholders.</p>	<p>October 1, 2012</p>	<p>December 31, 2016 CPS Program Manager I- Protective Services</p>
<p>E. HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support.</p>	<p>January 1, 2013</p>	<p>January 1, 2017 CPS Program Manager I- Protective Services</p>

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

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