

Annual System Improvement Plan (SIP) Progress Report - 2014

SIP Cycle: 2012 – 2017

SUBMITTED BY: GLENN COUNTY HEALTH AND HUMAN SERVICES AGENCY



Table of Contents

COVER SHEET – SIGNATURE PAGEPAGE 2

INTRODUCTION.....PAGE 3

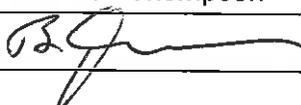
SIP NARRATIVE.....PAGE 5

STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVESPAGE 23

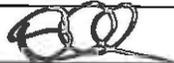
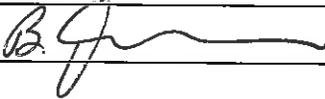
FIVE-YEAR SIP CHARTPAGE 25

ATTACHMENT 1 - CHANGES IN CASELOAD AND COUNTY SHARE OF COST.....PAGE 39

**Glenn County
SIP Progress Report
Cover Sheet**

County:	Glenn
Responsible County Child Welfare	Glenn County Health and Human Services Agency
Period of Plan:	October 21, 2012 – October 20, 2017
Period of Outcome Data:	Quarter ending: July 2014
Date Submitted:	
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Signature:	
Submitted by:	Glenn County Chief Probation Officer
Name:	Brandon Thompson
Signature:	

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Signature:	

INTRODUCTION

This is Glenn County's annual update report for the System Improvement Plan (SIP) to measure outcomes in the areas of safety, permanence and well being for children in the Child Welfare System. Glenn County completed the assessment process in collaboration with community and prevention partners to develop a countywide continuum of care.

Glenn County Social Services which for years was under the agency umbrella of the Human Resource Agency (HRA), a combination of Community Action Division and Social Services Department, has recently become the Health and Human Services Agency (HHSA). HHSA encompasses the county departments of: Social Services, Community Action Division, Drug and Alcohol, Mental Health, Environmental Health and Public Health.

The HHSA continues to evolve undergoing significant organizational changes. This has involved not only significant changes in departments, staffing and leadership, but also significant effort integrating agency cultures and values, as well as integrating agency policy and creating a shared mission statement. Scott Gruendl had served as part-time director of both Health Services and the Human Resource Agency for several years and in 2013 became the full-time Director of the HHSA. The administrative units (i.e. fiscal, clerical) of the previous agencies have merged within the HHSA, under agency Deputy Director, Cecilia Hutsell. Additionally, the Community Action Division (CAD) programs and their staff levels have significantly been reduced. Bill Wathen the former manager of CAD was promoted to the Deputy Director for Social Services early in 2014, following Deputy Director Robyn Krause's retirement and Deputy Director Christine Zoppi leaving the agency.

In Child Welfare Services (CWS) there have been significant staffing changes this past reporting year, with multiple leaves as well as new hires. This unfortunately has slowed much of the strategies being implemented. Of special significance was Program Manager Cheryl Harrison's retirement in April 2014. Additionally the ER supervisor left for another supervisor position in Adoptions for a neighboring county and the Analyst, who provided support to CWS left for a similar position in Colusa County. The Program Manager, ER Supervisor and Analyst were all significant members of the department's Quality Assurance (QA) team. Also of significant loss, were two social workers who left for CWS positions in other counties and two other social workers who left for neighboring county mental health positions.

There were some internal promotions with a social worker being promoted to the ER supervisor and the supervisor in the ongoing unit being promoted to program manager. The on-going supervisor position was filled in September after several months of vacancy, but that same hire has given notice with an exit date in November, which leaves that position vacant at least for the short term. Currently there are three vacant social worker positions which constitute 25% of the social worker staff.

Despite significant agency and staff changes, Child Welfare Services (CWS) has continued to focus on three areas; *No Recurrence of Maltreatment*, *Reentry to Foster Care* and *Social Worker Visits*. Glenn County has had some decline in progress on both measures of *No Recurrence of Maltreatment* and *Social Worker Visits*, from where there had been progress the previous year. However, *Social Worker Visits* continues meeting the national standard. The outcome measure *Reentry to Foster Care*, unfortunately shows further decline in progress and continues to remain significantly higher than the National Goal. Timely Response (10-day Response) has been added by CWS as an outcome that needs improvement.

Glenn County Probation has continued to focus on making improvement in *Exit Outcomes for Youth Aging-Out of Foster Care*. Although there have been some staffing additions to Probation in the last year, there continues to be only one placement Probation Officer who also covers Juvenile Hall duties. Monthly contacts have been added as an additional outcome needing improvement by Probation. This poor outcome is related to data entry issues with a goal to be resolved within the first few months in this next year's cycle.

STAKEHOLDER PARTICIPATION

Due to the multiple staffing leaves mentioned above, Glenn County's Quality Assurance (QA) Team, a sub-committee of the Children's Interagency Coordinating Council (CICC), has not provided much in the way of review and input on existing strategies, or ideas about new strategies for outcome improvement in at least the last six months. Three of four departmental QA members have left the agency and new members for the team have only recently been identified. However, CICC has continued to provide oversight and assists in providing a broad representation of county service providers including tribal leaders, parent partners, law enforcement, and education professionals and therefore ultimately give continual input about the needs of children and families in the community. CICC continued assistance with providing QA leadership and oversight with direct input for CWS outcomes will be sought. The hope is that

this will include assistance with more qualitative program evaluation (i.e. consumer satisfaction surveys, focus groups).

Glenn County has a local Blue Ribbon Commission (BRC) which is made up of the juvenile court judge, juvenile court attorneys, CWS staff, former foster youth and adult supporter for CYC, as well as representatives from CASA, county Mental Health, county Drug and Alcohol, CICC, county Public Health, State Adoptions and Office of Education. SIP goals and outcome data will continue to be shared and reviewed quarterly at the BRC meeting. SIP goals were initially incorporated into the BRC goals and objectives (i.e. Support Permanency, Increase Collaboration, etc.). Additional objectives and tasks have been discussed through the BRC process, but not formalized. There is agreement that the use of *Safety Networks*, part of *Safety Organized Practice* prior to closing Dependency cases is a promising practice and the department has started implementing this practice in the last three to four months prior to case closure. The On-going supervisor is responsible for approving the Structured Decision Making (SDM) Safety Assessment tool when a case is recommended for closure and is to ensure that a *Safety Networks* meeting is held prior to the Court terminating dependency.

Additionally agreements have been made that enhancing collaboration, specifically with county Drug and Alcohol will assist to improve CWS outcomes by identifying some simple collaborative strategies (i.e. shared case conferencing, after care plans and services). A Drug and Alcohol staff member has been attending regular BRC meetings in the last six months and the CWS manager and Drug and Alcohol manager are scheduled to start meeting monthly.

SIP NARRATIVE

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

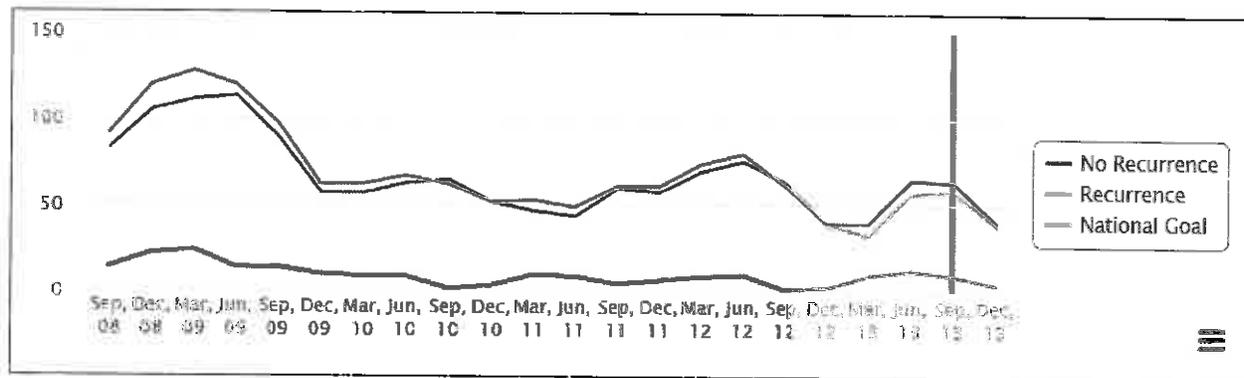
Glenn County selected four (4) measures to focus on during the 2012-2017 SIP cycle. The measures selected by CWS are: (S1.1) No Recurrence of Maltreatment; (C1.4) Reentry Following Reunification; and (2F) Timely Monthly Caseworker Visits. The measure selected by Probation is: (8A) Exit Outcomes for Youth Aging-Out of Foster Care. The county's performance for this first and second year of the five-year SIP cycle is reviewed here, with baseline data reported in *Quarter 4 of 2011*. Baseline data will be compared with the most

current data release available for each measure using Report Publication: *July 2014*. *Data Extract: Q1 2014*. Agency: *Child Welfare*.

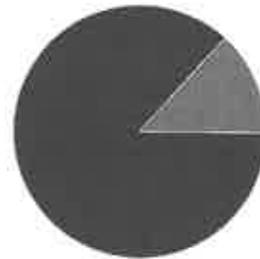
S1.1 – No Recurrence of Maltreatment

	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q4-2011	JANUARY 1, 2011 – JUNE 30, 2011	84.3%
Previous Performance	Q1-2013	APRIL 1, 2012 – SEPT. 30, 2012	98.4%
Current Performance	Q1-2014	APRIL 1, 2013 – SEPT. 30, 2013	86.6 %
<i>National Standard</i>			<i>94.6%</i>

Q1- 2014 DATA FROM SAFEMEASURES®



No Recurrence of Maltreatment	Count	%
No Recurrence	58	86.6%
Recurrence	9	13.4%
National Goal	63	94.6%
Total	67	100%



In addition to the baseline data from the beginning of this five year SIP, the chart above reflects five years of data to provide a long-term perspective. This allows a better understanding of trends or patterns that may exist from quarter to quarter. The baseline data period for this measure looks back at the six-month period January 2011 through June 2011. Last year’s performance data was a look back at the six-month period from April 2012 through September 2012. The most recent data period includes the six-month period April 2013 through September 2013.

Glenn County current comparison data shows a decline from what appeared to be improvement in this measure during last year's report. Glenn's performance in that part of year of 2012 was exceeding the national standard by 3.8 percentage points. Unfortunately, the current performance, which is the six-month period April 2013 through September 2013, is 8% below the national standard.

The most recent data pulled from SafeMeasures® for the six month period ending December 2013 shows Glenn at 90.5%, or 4.1 percentage points below the national standard (Children's Research Center SafeMeasures® Data. Glenn, CFSR Measure S1.1: No Recurrence of Maltreatment, 7/1/13 to 12/31/13. Retrieved: September 8, 2014 from Children's Research Center Website. [URL:https://www.safemeasures.org/ca](https://www.safemeasures.org/ca)). Glenn County hopes this is movement towards an upward trend back to at least minimally meeting the national standard.

Analysis of Outcome:

It's difficult to draw one single conclusion as to why Glenn continues to struggle with incidents of reoccurrence of maltreatment. The nine cases that received subsequent substantiated referrals for the current reporting time period involved four families, where three of the families had multiple sibling sets. The dynamics with the three multiple sibling families all included: substance abuse, mental health issues, poverty and minimally a history of domestic violence. All three of those same families have since received Court intervention services and have been intense cases, one has been unsuccessful in reunification, one has since reunified but continues in Family Maintenance, and one transferred to a neighboring county.

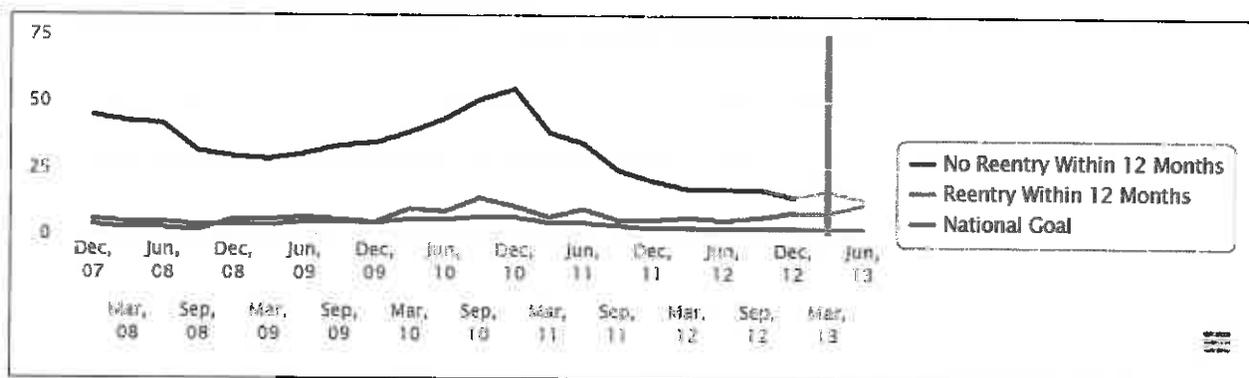
C1.4 – Reentry Following Reunification

	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q4-2011	Jan. 1, 2010 – Dec. 31, 2010	15.6%
Previous Performance	Q1-2013	April 1, 2011 – March 31, 2012	21.7%
Current Performance	Q1-2014	April 1, 2012 – March 31, 2013	33.3 %
<i>National Standard</i>			9.9%

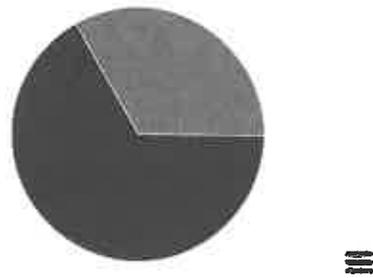
Reentry Following Reunification is an outcome that Glenn County has struggled with for a number of years, only meeting the state's benchmark/national standard in 2007 when performance for January through December of 2007 was 3% for reentry within 12 months and 6.1% for reentry within 24 months. The table above reflects the data from the baseline report used to develop the five year SIP, last year's performance measured from April 2011 through March 2012, and current performance measured from April 2012 through March 2013. Unfortunately Glenn had a 33.3% reentry rate for the most current performance period.

The graph below illustrates the fact that 8 out of possible 24 children had reentry into foster care for that year period ending March 2013:

Q1- 2014 DATA FROM SAFEMEASURES®



Reentry Following Reunification	Count	%
No Reentry Within 12 Months	16	66.7%
Reentry Within 12 Months	8	33.3%
National Goal	2	9.9%
Total	24	100%



Analysis of Outcome:

Eight children re-entered foster care out of a sample of 24. This involves four families, with two of the families comprising six of the children involved, as sibling groups. The demographics of these families involved issues that include: substance abuse, mental health, poverty, and physical health. One particular sibling set of four, the department attempted reunification several times over significant period of the children's childhood and since this report, all four siblings are in



Permanency, with two recently having been adopted. The two oldest children in that particular family are in a Planned Permanent Living Arrangement. The mother of those four children had significant physical limitations related to a chronic disease that declined over the years to the point of debilitation. Her ongoing struggle with methamphetamines was also a significant contributing factor to the children's reentry in to care. This parent had some positive parenting qualities and bond with her children, but ultimately could not conquer her drug addiction despite multiple episodes in outpatient substance abuse treatment.

Small samples and temporary stability appear to consistently affect Glenn's ability to achieve the national standard. Families that reentry often appear to have re-involvement with CWS due to chronic substance abuse issues in conjunction with significant health issues. Glenn County will continue to work on this outcome and identified strategies in this area. Developing and implementing a *risk* matrix to determine the most common issues that lead to post-reunification reentry as well as analyzing successful tactics that reduce these occurrences is one of the strategies that was discussed in last year's SIP progress report.

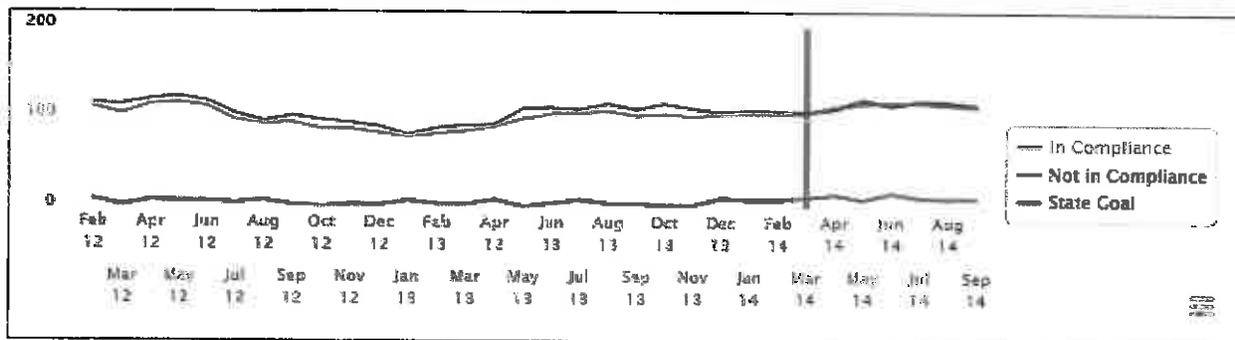
Key predictors of reentry to foster care include children with behavioral or health issues; placement in non-relative foster care; placement instability; parental mental illness and substance abuse; poverty; parental ambivalence about reunification; family coherence at the time of separation; and previous failed reunification attempts. Services and supports needed to reduce the likelihood that children will reenter care include the following: family engagement where the family has a voice in identifying needs and developing the case plan; strong caseworker-client alliances; team-based decision making with the goal of sustaining the family-child relationships; providing empathy, respectful information and education; and instilling within the family the perception that their issues and unique situation are understood. Providing concrete services and supports, like transportation and in-home services, early in a case have been shown to increase engagement. (Predicting and Minimizing the Recurrence of Maltreatment: Literature Review, Ryan D. Honomichl, PhD & Susan Brooks, MSW, UC Davis Human Services Northern California Training Academy, August 2009.)

2F - Timely Monthly Social Worker Visits

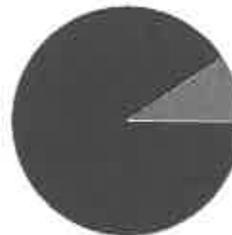
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q4-2011	December 2011	96.3%
Previous Performance	Q1-2013	March 2013	96.8%
Current Performance	Q1-2014	March 2014	90.6%
<i>Desired Standard</i>			<90%

Glenn County has historically had some difficulty in past years meeting the desired standard of timely completion of 90% of all required contacts. However, Glenn County has demonstrated consistency in meeting this requirement from 2011 through the first quarter in 2014.

Q1- 2014 DATA FROM SAFEMEASURES®



Contact Compliance	Count	%
In Compliance	106	90.6%
Not in Compliance	11	9.4%
State Goal	105	90%
Total	117	100%



As seen in the SafeMeasures® data above Glenn County is consistent in meeting the bench mark for timely social worker visits. Supervisors have worked closing with staff, using Safe Measures® as tool to review and discuss with staff their progress in getting contact data entered more timely. This has not always been easy, especially with regular staff turnover, but in the last four quarters and consistently over the last several years; Glenn County appears to have made significant progress in meeting this bench mark.

8A - Exit Outcomes for Youth Aging-Out of Foster Care.

Probation has had one youth age out of the foster care system during the past year. This youth successfully identified a life-long connection that he was allowed to visit on his home passes when a parent was not available or appropriate. This youth had housing arrangements and received ILP services to assist for after care support and planning. This youth ultimately decided to not take advantage of extended foster care, however all hearings were conducted in a timely manner for him to keep eligibility to re-enter foster care as a non-minor dependent in the future should he decide he wants this form of assistance. At the time of this report Probation presently has no youth in placement over the age of 13.

STATUS OF STRATEGIES

No Recurrence of Maltreatment Update

Strategy 1: Increase Family Engagement in Differential Response Services

Differential Response (DR) services have been provided by the Prevention, Intervention and Education (PIE) Unit under the supervision of the CICC Coordinator. This in-house unit was created to work with families at risk of abuse/neglect on a voluntary basis utilizing a diverse staff, which previously included AmeriCorps members and two Community Action Division (CAD) staff members. However, staffing losses in this unit have limited the capacity for DR services, and there are currently only three full-time staff members in the PIE unit with only one full time staff member designated for DR duties. DR services under the PIE Unit include PSSF, case management support, parent education class coordination, multi-disciplinary team organization (MDT) and child abuse prevention activities. The PIE Unit does also have a staff member that is primarily responsible for Foster Care Licensing and relative home approvals, as well as a staff member for visitation support to CWS families.

The PIE staff member who is primarily responsible for DR duties is trained in *Safety Organized Practice* (SOP) along with some of the CWS social workers and approximately eight Mental Health case managers and clinicians. This kind of cross training has become common place here at HHSA, where staff from multiple disciplines

are learning new engagement skills with families that are useful and applicable in the prevention of further maltreatment. In the last year, staff from PIE, Mental Health and CWS units have learned to share the common language of SOP (i.e. Harm and Danger statements, Complicating Factors, Safety Networks). Some of these staff have taken the Family Facilitation training so that families that have both CWS and Mental Health cases get Safety Mapping meetings or what is also known as Child and Family Team (CFT) meetings if they are eligible and receiving Katie A. services. A previous PIE staff member, who is trained in SOP recently became a Case Manager in Mental Health and now is responsible for coordinating Katie A. services and co-facilitating CFT meetings. It is believed that by integrating SOP, throughout PIE, CWS and Mental Health teams, there will be consistent solutions focused practice through *eliciting family voice* and the use of *scaling questions*, both significant components of SOP. Having families identifying their own needs and enhancing their understanding of safety, will hopefully prevent further maltreatment to their children.

Maintaining Differential Response (DR), despite changes in staffing support/capacity, has continued to foster a preventative level of support and response system. Regular Multi-Disciplinary Team (MDT) meetings are held every other week between CWS, CICC, Mental Health, law enforcement and education partners. Community partners concerned for children's health, safety and well-being have an outlet to make referrals directly for DR services. These referrals often include, low risk or Path I type allegations, where CWS would normally evaluate out according the decision making protocol by which Structured Decision Making (SDM) uses. Facilitated by a CWS Supervisor and the CICC Coordinator, the MDT meetings now consistently occur in both communities of Willows and Orland (instead of just in Willows). This allows greater attendance from the schools and from law enforcement and for direct referrals to made for DR services should the concern be significant (i.e. significant school attendance issues), but not rise to a mandatory child abuse report.

Nurturing Parent Program (NPP) curriculum is used with families throughout Glenn County from First Five to Glenn County Office of Education, as well as by PIE staff member(s) who are trained in NPP. NPP uses pre and post assessments, Adult-

Adolescent Parenting Inventory (API) that are completed on all DR cases as well as relatives approved for placement. The assessment results are given to the parent(s)/caregiver(s). The parent(s)/caregiver(s) are referred to a Nurturing Parent Program based on the age of the focus child. The assessment is used to examine the areas needing improvement in parenting. This action step is ongoing and will continue for any case accepting services from the PIE Unit.

Further, CWS, PIE and Mental Health supervisors and staff conduct a bi-weekly subcommittee meeting as part of the Child Abuse Treatment (CHAT) program and Katie A. county implementation plan, to track and monitor referrals that come in through the PIE unit. At this bi-weekly CHAT/Katie A. subcommittee meeting about whether, the participation and progress of these families in DR services is discussed like, whether 1.) Services have been accepted...or not, 2.) Are concerns being addressed?...and if not, 3.) Eliciting ideas from the team on what next steps might be to engage the family. Additionally, The CHAT Program screens all children's county Mental Health referrals generated by CWS and other partners referred through the PIE referral process. Maintaining a single point of entry for all children's mental health referrals is improving access to mental health services and communication between prevention services, CWS and Mental Health.

DR funding has been eliminated this past fiscal year due to the need to decrease funds in this area to cover rising costs in foster care and adoption assistance payments. Through coordinated efforts, the PIE unit has been able to continue services, although capacity has been limited. While DR services may have been decreased, the collaboration efforts between Mental Health, PIE and CWS and has maintained and continued the efforts built in this team. One such effort has included utilizing the foster care Public Health Nurse to work with ER staff on new referrals involving children ages 0-5 that can be deferred to the community for services. The nurse can visit families with the investigating social worker, complete the Ages and Stages assessment, attend SOP and TDM meetings, consult on medical issues, provide health information and refer children and new mothers to appropriate services.

Strategy 2: Implement Safety Organized Practice (SOP) in Glenn County CWS

In November 2012, Glenn County completed a UCD readiness and needs assessment for implementation of Safety Organized Practice (SOP). Glenn County adopted an approach of implementation that pairs classroom training with a mentoring program that uses a *practice liaison* performing on-site coaching and in-the-field practice opportunities. This practice, combined with Structured Decision Making (SDM) assessments, assists with the integration of safety and risk assessment with effective family engagement tools inherent in SOP.

From November 2012 to April 2014, CWS supervisors met monthly with a U.C. Davis *Practice Liaison*, Brad Seiser, LCSW, to develop and refine training needs and practice goals. Both the Emergency Response (ER) and On-Going Units received mini trainings from the liaison. He shadowed social workers in the field to provide coaching with SOP practice components. The liaison demonstrated SOP Safety Mappings using Glenn County families and attended some SOP family meetings. He provided feedback about the meetings using an SOP perspective; he modeled the method by asking four questions: What are we worried about? What's working well? What needs to change? What can we do better next time? He met with individuals to discuss their personal goals of using SOP and help the two units develop unit goals. The liaison met with the previous Program Manager several times during the contract term. He provided consultation on training needs, progress within the units and case reviews. He provided training materials specific to the subject under discussion. This liaison has recently left UCD, but Glenn County has continued to work with UCD for continued coaching, which is planned for start up again in January 2015.

Having multiple staffing leaves have slowed the efforts to integrate SOP into daily utilization and consistency amongst social workers across cases. Glenn County has struggled with the natural difficulties inherent when social workers attempt to fulfill both the role of assigned caseworker and SOP meeting facilitator. SOP implementation is an

ongoing effort and the practice liaison model of training and support is helpful to a small county.

As stated previously, staff across the agency; PIE, Mental Health and CWS units have learned to share the common language of SOP (i.e. Harm and Danger statements, Complicating Factors, Safety Networks) and are implementing these tools across programs.

Strategy 3: Expand Voluntary Family Maintenance to include more intense services.

Voluntary Family Maintenance (VFM) services were expanded to include a more intensive program for those referrals that would have been routed to the PIE Program for DR services. These include families in the moderate to high risk range but who are willing to accept help. The goal with *Formal Supervision* cases is to provide intensive services to prevent further maltreatment. Services are designed to begin within 30 days after families receive a SOP *safety mapping* meeting and works towards the development of the *harm and danger statement*. Weekly social worker contact is provided to the family. Policy and procedures have yet to be written for the formal supervision activities, although an agreement form with families has been created. Feedback from ER staff carrying these few cases in the last year have determined there isn't much difference in terms of success in comparison to traditional VFM cases in getting follow through from clients in the program. The use of Formal Supervision needs to be explored more with the ER unit supervisor and staff to determine why cooperation and buy in from families has not been optimal.

Reentry Following Reunification Strategy Update

Strategy 1: Implement back-end Safety Organized Practice (SOP) in the On-going Unit

Safety Organized Practice training and coaching was implemented with the on-going unit through development of a training strategy for staff. The unit continues to proceed with this new practice, although due to staffing leaves, only three ongoing workers are currently trained in SOP and so this affects the unit's ability to provide SOP with every family consistently. Newly hired social workers will need to be trained in SOP.

Onsite training and coaching with the UCD Practice Liaison, Brad Seiser, LCSW, assigned to the County continued up to April 2014. Another year of support for mentorship and onsite training will be sought with the regional training academy. Utilizing SDM assessments with *safety mapping* meetings was added as a strategy in September 2013. Review of the cases that reentered care indicated that various SDM assessments were not completed consistently throughout the life of the cases and prior to reunification. This may be due to staff focusing on SOP activities, with a concurrent decrease in using the SDM assessment as a decision tool. This appeared to be true for both the early referral part of the cases and then again during the phases of reunification, family maintenance and case closure. New workers who are not as familiar with SDM tools and their use have been confused about SOP being a decision making tool, which it is not. A continued strategy will be to review regular SDM compliance activities and ensure that decisions are being made utilizing SDM assessments in the context of an SOP practice. The ongoing supervisor will review SDM compliance and proper use prior to approval of various decisions in a case.

Strategy 2: Increase parent support network.

The Parent's Anonymous group has been incorporated as a sub-committee of the CICC under the name of *Parent Partners*. The group appears to have a consistent membership since meetings began in the spring of 2013. The group is developing a strategy to recruit new parents initially requested that CWS make parent attendance mandatory for a minimum of four sessions for cases new to CWS. Mandatory sessions have not happened through CWS, mostly because each case plan should also be individually tailored to the specific client. This support group has been perceived as very valuable, but it will take time to see if true natural supports are developed to help keep children from reentering foster care. At this time the strategy will be to advise all parents who are new to the CWS dependency system about the benefits of Parent Partners and encourage attendance, rather than make it mandatory. Parents Anonymous has agreed to participate as stakeholders to provide feedback to the Children's Services and PIE Units through the leadership of the CICC coordinator.

Strategy 3: Develop an Alternative Family Court intensive treatment services in Glenn County for service provision to targeted families at risk of reentering care.

This was a lofty strategy conceived without the right understanding of the needed support to carry it off. Too many barriers exist to change the judicial system in Glenn County at this time. It is sufficient that the Blue Ribbon Commission continues to meet and develop goals in line with the identified outcome goals of the SIP and to work on collaborative relationships. The dependency court experience in Glenn County is very amicable among all parties; social workers efforts are appreciated, parents are treated respectfully and children and older youth are engaged in the process. Glenn County dependency court is often referred to as one of the best courts to work in by the public defenders. As a small community the workload is heavy with two judges to serve the entire county. The funding is insufficient and the culture impervious to change. There is support from the local court for change but it cannot occur without the resources to sustain it. While the action steps for most of this strategy were not accomplished, the county has continued to pursue the development of a matrix to assess new cases for families most at risk of reentry and to collaborate more regularly with drug and alcohol staff.

Timely Social Worker Visits with Child Strategy Update

Strategy 1: Maintain face-to-face contact with child at least once each month.

The measurement for this outcome has changed from 2C to a new report methodology 2F-Timely monthly caseworker visits (out of home). The report analysis follows the federal methodology to measure the compliance rate for case worker visits with children. The rate is equal to the percentage of children requiring a caseworker contact who received the contact in a timely manner. The monthly reporting period is based on a client (not case) level.

Written policy, procedures and expectations were completed and provided to all social workers regarding monthly social worker contact. SafeMeasures® reports were used monthly to monitor contact compliance with social workers. Workload, social worker/supervisor schedules, training new workers and new initiatives were barriers to consistent staffing with individual social workers. Clear and specific visit expectations are written into case plans. Organizing visitation schedules was not found to be a problem as Glenn County has a high compliance with monthly contacts, and in fact, contacts typically occur more frequently than monthly with many families. The issue is getting the

information entered timely into the CWS system as there at times has been a two- to three-month lag in completing contact entries. Social workers are evaluated annually on timely contact entry and specific goals are set for improvement in this area for individual social workers.

Having most social worker staff at an MSW level has greatly improved the type of work being done with families. However, getting comprehensive data components entered into CWS/CMS is problematic without a mobile solution. When social workers return to the office after visits, they are often required to attend to family crises and interventions, placement disruptions and client/child visitation schedule changes. Entering contacts then gets postponed, especially during times of staff changes, increases in new cases, having multiple court reports due and having to cover the intake line for staff that are sick or needing personal time-off. Ever more stringent mandates requiring additional data entry for social workers impacts the social worker's time. This means that many of the contact entries are completed in overtime status. Glenn County will continue to monitor and assist with improving the data entry process to be timely.

Exit Outcomes for Youth Aging-Out of Foster Care Strategy Update

Strategy 1: Improve utilization of resources within Probation to provide services to youth transitioning to adulthood.

Casey Life Skills Assessments have been conducted for youth in foster care who are close to aging-out and also for all youth in Juvenile Hall. The criteria for eligibility for the administration of the assessments are: the youth must be at least 15 years of age; the youth must have been in custody for at least 72 hours and that there have been no assessments completed within the previous 12 months. There have been a total of eighteen [18] Casey Life Skills Assessments completed on youth detained in juvenile hall from the period of October 2013 to August 2014. This is an increase of four [4] assessments from the period of October 2012 to September 2013, where a total of fourteen [14] assessments were completed. No eligible youth have gone into placement during the period of October 2013 to August 2014. The assessments continue to be used by the ILP coordinator and Probation Officer to help develop goals for each youth's

Transitional Independent Living Plan (TILP). New for the 2014 to 2015 implementation year is the incorporation of completed assessments into the case plans of probation youth who are at imminent risk of entering foster care.

There was a barrier in the timely receipt of the Casey Life Skills Assessments by Probation after they were completed. This has been problem solved by adding the assigned Probation Officer to the Glenn County Office of Education's Casey Life Skills Assessment account. Now the Probation Officer has immediate access to all assessments completed. Staff persons working with the Foster Youth Services (FYS) Program, operated by the Glenn County Office of Education, are conducting the assessments under the guidance of the Probation Department. FYS staff are well positioned to interface with youth as they are involved with the California Youth Connection. One of the two staff was herself a former probation foster youth. As such, she was able to connect with youth at their level and as someone who has *walked in their shoes*.

Cross-training of Probation, CWS and ILP staff has not yet occurred because of staffing issues discussed earlier in this narrative. The timeframe for this action step has been moved forward to begin January 2015. The development of the procedural manual to help guide Probation Officers as they deal with youth is scheduled to begin November 2014 and is still on-track with that timeframe.

Strategy 2: Develop at least one Lifelong Connection for every child before they leave foster care.

After a youth is 16 years old or older, the ILP coordinator/probation officer will conduct an *Emancipation Meeting* for youth with a foster care plan of Planned Permanent Living Arrangement. The process of this meeting requires the youth to identify and invite to the meeting at least one lifelong connection. The meeting facilitates a development of a TILP and transition to independent living or extended foster care.

Probation has had one youth age out of the foster care system during the past year. This youth successfully identified a life-long connection that he was allowed to visit on his home passes when a parent was not available or appropriate. This youth ultimately

decided to not take advantage of extended foster care, however all hearings were conducted in a timely manner for him to keep eligibility to re-enter foster care as a non-minor dependent in the future should he decide he wants this form of assistance. At the time of this report Probation presently has no youth in placement over the age of 13.

BARRIERS TO IMPLEMENTATION

2011 realignment shifted the cost sharing of CWS activities between State General funds and county allocations to a *pooled* fund from which all CWS expenses are covered using realignment tax dollars. Rising costs in foster care due to an increase in foster care rates, the number of group home placements and adoption assistance cases, have a negative impact on county funds as they eat into funds used for non-mandated prevention efforts. Foster care costs and adoption assistance payments increased by 55.4% while caseloads have increased by only 9.1% in 2013 (please see Attachment 1, Changes in Caseload and County Share of Cost), resulting in the need to reduce the DR program funding and develop alternative means of providing differential response services.

Glenn County is identified as a Wraparound county utilizing a public partnership model but has failed to implement the Wraparound Program. Glenn County has a Wraparound Plan approved by the Department of Social Services but has not been able to complete an MOU between social services and mental health. There are many reasons for this despite the will of the leaders to recognize the need for this type of intervention. Key leadership at the director, deputy director and program manager levels of both departments retired prior to implementation. The learning curve for new leadership, a low group home rate and other program mandates decreased the impetus of implementing Wraparound services. Consequently, group home rates have significantly increased over the last two years making initiation of the program compelling. While the will to implement is strong, the Katie A. settlement mandate is taking precedent over implementation of this program. Glenn County is planning on returning to a solution to this once Katie A services are established.

OTHER SUCCESSES/PROMISING PRACTICES

Glenn County continues to move forward with *Safety Organized Practice* (SOP) which takes time to implement and is rolled out in phases. Glenn County Mental Health is also implementing pieces of the SOP practice in collaboration with CWS and as a strategy to engage Katie A. identified families in intensive mental health services. Management from both agencies are involved in assessment, development, implementation and training of these services. Regularly scheduled planning meetings are ongoing through the Katie A. steering committee which meets monthly. Glenn County has identified the subclass cases to receive the more intense services in collaboration with CWS staff and Mental Health staff. Glenn County has reached its target goal of serving 15 children/youth in its first year of Katie A. implementation. County management and leadership staff continue to co-attend training and web conferences for Katie A. implementation as well as multiple Learning Collaborative conferences since kick-off in October 2013.

As stated previously, in the last year, HHSA staff from multiple departments have been cross trained in SOP language (i.e. Harm and Danger statements, Complicating Factors, Safety Networks) and in facilitating Safety Mapping and Child and Family Team (CFT) meetings for those children and youth eligible and receiving Katie A. services.

Additionally the BRC collaborative team has agreed that the use of *Safety Networks*, part of *Safety Organized Practice* prior to closing Dependency cases is a promising practice and the department has started implementing this practice in the last three to four months prior to case closure. Additional agreements have been made to enhance collaboration, specifically with county Drug and Alcohol to improve CWS outcomes by identifying some simple collaborative strategies (i.e. shared case conferencing, after care plans and services).

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

C1.3 – Reunification Within 12 Months (Entry Cohort)

Glenn County has historically performed relatively well in this measure, meeting or exceeding the national standard most of the time. All four quarters in 2011, Glenn exceeded the national standard. However, Glenn fell below the national standard in 6 of 7 quarters over the last two years starting in 2012 (Children’s Research Center SafeMeasures® Data. Glenn, CFSR Measure C1.3: Reunification within 12 Months. 1/1/12 to 6/30/12. Retrieved September 25, 2013 from Children’s Research Center Website.

URL: <https://www.safemeasures.org/ca>).

Strategies that assist with improved Reentry to Foster Care outcomes also assist with timely reunification. In addition, to affect timely reunification Glenn County will use two activities to improve this measure. Implementation of Ice Breaker meetings between the parent and the foster parent is a promising practice developed in the Casey Family-to-Family model. Glenn County has wanted to implement this activity in the past but due to other activities it was never implemented. Glenn County has participated in the Quality Parenting Initiative (QPI), developing principals and goals to be more supportive of this kind of activity. Another activity will be to use the Nurturing Parenting in-home supportive coaching for cases in need of more intensive services as well as those families that have barriers to accessing services away from their home. This will be provided by PIE staff member who is trained in Nurturing Parenting curriculum.

2B – Timely Response (10-day Response Compliance)

Glenn County had did not meet this bench mark between January 1, 2014 through March 31, 2014, as only 84 percent of referrals when responded to timely. This is an 8.6% decline from the previous data report. Multiple staffing leaves have not helped the county’s ability to be consistent with timely responses. With a new ER supervisor in place, the department will make efforts to improve to 90% compliance rate. The department will make efforts to improve by having weekly staff meetings in the ER unit and assigning referrals more timely, specifically identifying those referrals that are being assigned late due to staffing issues (i.e. leaves, screener coverage issues), holidays, and/or other unforeseen events. These referrals designated as “Late” will be given greater attention using reminder notifications through

Outlook Calendar. The ER supervisor and Program Manager will work together to monitor staff compliance using Safe Measures and seek periodic feedback from staff on how this new process is working to assist in timely response on 10-day referrals.

2F - Timely Monthly Visits (PROBATION)

Monthly contacts are being conducted timely by the Probation Department. However, the full use of CWS/CMS application within Probation has been slow to be implemented, and there is a lag time when cases are being closed which is reflecting poor outcomes in this measure. Probation will utilize support from the County SPOC to get technical support for closing cases to accurately reflect timeliness of monthly contacts.

STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES

Glenn has not participated in any of the state and federally mandated Child Welfare-Probation Placement initiatives like Title IV-E Waiver Capped Allocation Project (CAP). Our county reviews such initiatives and conducts a cost-benefit analysis to determine the feasibility and gain in their undertaking. In general, the county has found that limited funding resources and the intensive mandates of the programs do not make it feasible for our county to participate in such efforts.

INITIATIVES NOT MANDATED

Although it is not mandatory, Glenn County is a Quality Parenting Initiative (QPI) participating county and recently attended a statewide conference in Sacramento. Select participants from the Glenn County QPI team that attended the conference included foster parents, Grindstone Rancheria tribal leader, CICC /licensing supervisor, licensing worker, CWS supervisor and CWS manager. Agreements were made by the QPI leadership team to meet bi-monthly, further explore recruitment efforts using an existing “foster family fun night” that occurs monthly, as well assist in the implementation of *Ice Breakers* to establish parent mentoring by caregivers to birth parents.

Effective parent-child visitation has been identified as one the greatest predictors of successful family reunification and preventing reentry. Encouraging a foster parent/birth-parent healthy and supportive relationship is one method identified as having some success. Visitations that allow parent's participation in the child's life, like attending doctor appointments and sporting or school events, are factors that contribute to stronger reunification. Visit coaching, where the parents meet with the parenting coach before and after a visit to help the parent understand the child's needs and to validate their feelings of guilt, anger and sadness, increase the parent connectedness to the child. These methods combined with the regular parent education classes have been shown to be much more effective than just parenting classes alone. (Predicting and Minimizing the Recurrence of Maltreatment: Literature Review, Ryan D. Honomichl, PhD & Susan Brooks, MSW, UC Davis Human Services Northern California Training Academy, August 2009.)

S 1.1 - NO RECURRENCE OF MALTREATMENT

Strategy 1: Increase family engagement in Differential Response Services	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 No Recurrence of Maltreatment</i>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	Action Steps:	Timeframe:	Person Responsible:
<i>A. Develop Update PIE brochure for DR Program</i>	<i>November 2012—January 2013 January 2014 Continuous</i>	<i>CICC Coordinator</i>	
<i>B. Provide Update-written information to families describing DR PIE-services Letters sent to clients offering PIE services in English and Spanish.</i>	<i>Jan 2012—November 2017 January 2014</i>	<i>CWS Staff, PIE staff CICC Coordinator CWS Program Manager PIE Staff</i>	
<i>C. Train DR staff in family meeting facilitation.</i>	<i>November 2012—November 2013 Completed</i>	<i>CICC Coordinator</i>	
<i>D. Develop policy and procedures for family team meeting facilitation with DR services.</i>	<i>November 2012—November 2013 Completed</i>	<i>CICC Coordinator CWS Program Manager CWS Supervisors</i>	
<i>E. Implement Family Team or Safety Mapping Meetings in DR Program for families at risk of foster care placement.</i>	<i>November 2013—March 2014 Continuous</i>	<i>PIE Staff CWS Staff</i>	

<p>F. PIE staff to complete Nurturing Parent Pre-test on all DR cases-referral.</p>	<p>November 2012 – October 2017 Continuous</p>	<p>CICC Coordinator, PIE staff</p>
<p>G. Evaluate recurrence of maltreatment outcome.</p>	<p>Quarterly December 2012 – December 2017</p>	<p>Quality Assurance Team</p>
<p>H. Evaluate aggregate data using Nurturing Parent Pre- and Post-test changes.</p>	<p>Annually November 2013 – November 2017</p>	<p>Quality Assurance Team</p>
<p>Strategy 1a: Involve Community Partners to identify families at risk of abuse and provide services.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): SI.1 No Recurrence of Maltreatment</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Use County MDT meetings to problem solve and refer families for services.</p>	<p>One in each community monthly through 2013-2014</p>	<p>CICC Coordinator CWS Supervisors</p>
<p>B. Use collaborative leadership team of staff from CWS, PIE and Mental Health to review referrals, provide status of services updates.</p>	<p>Every two weeks.</p>	<p>CWS Supervisors CICC Coordinator MH program coordinator</p>

<p>C. The Public Health Nurse will work the ER staff on new referrals involving children 0-5 that can be deferred to the community for services. The nurse will visit families with the investigating social worker, complete Ages and Stages assessment, attend SOP meetings, consult on medical issues, provide health information and refer children and new mothers to appropriate services.</p>	<p>October 2013 – September 2017</p>	<p>CWS Program Manger CWS ER Supervisor Public Health Nurse</p>
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<p>Strategy 2: Implement Safety Organized Practice (SOP) in Glenn County CWS</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): SI.1 No Recurrence of Maltreatment</p>
	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Complete Continue development of UC Davis needs analysis and implementation preparedness for SOP.</p>	<p>November 2012 – May 2013 November 2013 – October 2014 Continuous</p>	<p>CWS Program Manager, ER Supervisor, Ongoing Supervisor</p>
<p>B. Continue to meet with assigned UC Davis Practice Liaison to discuss training strategy for new CWS staff and begin continue staff trainings in Safety Mapping, word and picture processes³ Houses, Safety Networks and Harm and Danger Statements.</p>	<p>May 2013 – May 2014 November 2013 – October 2014 Continuous</p>	<p>CWS Program Manager CWS Supervisors UC Davis Practice Liaison</p>

<p><i>C. Continue to develop procedural guide and/or best practice tool for using SOP for various activities and stages of a referral and case.</i></p>	<p>June 2013 – August 2013 November 2013 – October 2014 October 2015</p>	<p><i>CWS Program Manager ER Supervisor Ongoing Supervisor</i></p>
<p><i>D. Continue implementation of Implement SOP in the ER Unit by training new staff and refining current practice, plans and goals. CWS staff will utilize TDM/Safety Mapping meetings, 3 Houses, and Harm and Danger Statements in the intake and referral investigation process.</i></p>	<p>September 2013 – November 2014 October 2015</p>	<p><i>Program Manager, ER Supervisor, UC Davis Practice Liaison</i></p>
<p><i>E. Review regular SDM compliance activities and ensure that decisions are being made utilizing SDM assessments in the context of an SOP practice.</i></p>	<p>October 2013 – October 2017</p>	<p><i>CWS ER Unit Supervisor CWS Program Manager</i></p>
<p><i>F. Evaluate strategy by assessing Recurrence of Maltreatment outcome and SDM compliance in an SOP Context</i></p>	<p><i>Annually Quarterly</i> November 2014 – November 2017</p>	<p><i>Quality Assurance Team</i></p>

NEW FOR 2013-2014

<p>Strategy 3: Expand Voluntary Family Maintenance to include more intense services</p>	<input type="checkbox"/> CAPII	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1 No Recurrence of Maltreatment</p>	
	<input type="checkbox"/> CBCAP	<p>Person Responsible:</p>	
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	<p>Timeframe:</p>		
<p>D. Moderate to high risk families will be offered VFM formal supervision services. Requires the parents to be in contact within 30 days, have weekly contact with the social worker and specific weekly service tasks.</p>	<p>November 2013 – October 2014 October 2015</p>	<p>ER Supervisor</p>	<p>ER Supervisor</p>
<p>B. Families indentified as formal supervision VFM cases will have a harm and danger statement identified and participate in SOP ease-planning safety mapping meetings.</p>	<p>November 2013 – October 2014 October 2015</p>	<p>CWS ER Supervisor UC Davis Practice Liaison</p>	<p>CWS ER Supervisor UC Davis Practice Liaison</p>
<p>E. Social workers will staff cases with their supervisor biweekly to assess stepping down to informal supervision of opening a court case.</p>	<p>November 2013 – October 2014 Continuous</p>	<p>CWS Ongoing Supervisor</p>	<p>CWS Ongoing Supervisor</p>
<p>F. Policy and Procedures for formal supervision services will be written to guide the process.</p>	<p>November 2013 – October 2014 October 2015</p>	<p>CWS ER Supervisor</p>	<p>CWS ER Supervisor</p>

2F—TIMELY SOCIAL WORKER VISITS WITH CHLD REMOVED 2014, OUTCOMES MET CONSISTENTLY OVER FOUR QUARTERS

Strategy 3: Maintain face-to-face contact with child at least once each month	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2CF Timely Social Worker Visits with Child
Action Steps:	Timeframe:	Person Responsible:
A. Develop Train new workers on policy and procedure and expectations for monthly face-to-face visit expectations for social workers.	December 2013—January 2013 Ongoing—October 2017	CWS Manger CWS Supervisors
B. Continue to monitor month-to-month social worker compliance with visits using Safe Measures® monthly reports during monthly individual case staffing with social workers.	January 2013—November October 2017	CWS Manager CWS Supervisors
C. Continue to write clear, specific visitation expectations in case plan and verbalize to caregiver and parent.	January 2013—November October 2017	CWS Supervisors CWS Social Workers
D. Provide individual or group training on organizing visit schedule.	January 2013—November 2017	CWS Supervisors
E. Include compliance with month-to-month contacts in social workers' annual evaluation and develop written goals to improve practice.	January 2013—November October 2017	CWS Supervisors
F. Evaluate timely Social Worker Visits with Child outcome data.	Quarterly January 2013—November October 2017	Quality Assurance Team

CI.4 - REENTRY FOLLOWING REUNIFICATION

Strategy 4: Implement back-end Safety Organized Practice (SOP) in the Ongoing Unit	<input type="checkbox"/> CAPIT		Applicable Outcome Measure(s) and/or Systemic Factor(s): CI.4 Reentry Following Reunification
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	Timeframe:		
Action Steps:			Person Responsible:
A. Continue to meet with assigned UC Davis Practice Liaison to discuss training strategy for new CWS ongoing staff and begin continue staff trainings in Safety Mapping, Family Meeting Facilitation, 3 Houses tool utilization work and picture processes, Safety Networks, and Harm and Danger Statements.	May 2013 – May October 2014		CWS Program Manager CWS Ongoing Supervisor UC Davis Practice Liaison
B. Develop procedural guide and/or best practice tool for using SOP at various points in time for FR cases.	June 2013 – August 2013-October 2014		CWS Program Manager CWS Ongoing Supervisor
C. Implement SOP in ongoing unit.	September 2013		CWS Program Manager CWS Ongoing Supervisor

<p><i>D. Utilize SDM's family strengths and needs assessments with Safety Mapping for children three five and younger. Safety Mapping meeting will occur three months from detention to disposition to determine potential time to reunification prior to Disposition, 6 month review, 12 month review and 18 month review to determine if services will be sufficient to reunify family, to determine the family's progress in services and to identify the family's support system and protection capacity.</i></p>	<p><i>September 2013 – November 2014 October 2015</i></p>	<p><i>CWS Ongoing Unit Supervisor UC Davis Practice Liaison TDM/Safety Mapping Facilitator</i></p>
<p><i>E. Review regular SDM compliance activities and ensure that decisions are being made utilizing SDM assessments in the context of an SOP practice.</i></p>	<p><i>October 2013 – October 2017</i></p>	<p><i>CWS Ongoing Unit Supervisor CWS Program Manager</i></p>
<p><i>F. Evaluate Reentry following Reunification Outcome data and compliance with SDM assessments.</i></p>	<p><i>November 2013 – November 2017 (quarterly)</i></p>	<p><i>Quality Assurance Team CWS Supervisors CWS Program Manager</i></p>

Strategy 5: Increase parent support network	Applicable Outcome Measure(s) and/or Systemic Factor(s): CI.4 Reentry Following Reunification			
	<input type="checkbox"/> CAPII			
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input checked="" type="checkbox"/> N/A			
Action Steps:	Timeframe:			Person Responsible:
A. Develop a referral process to the Parents Anonymous meeting.	June 2013 December 2013 – August 2014 Completed			CWS Program Manager CWS Supervisors Parent Partners
B. Mandate Advise families to attend four Parents Anonymous Inc. meetings when a new case is opened.	July 2013 March 2014 June 2015			CWS Supervisors CWS Social Workers PIE staff Parent Partners
C. Conduct parent satisfaction survey with parents prior to each case plan update, twice yearly Parents Anonymous group	March 2014 – October 2015 2017			Quality Assurance Team
D. Meet quarterly every six months with Parent Partners to evaluate mandated parent attendance and parent satisfaction.	October 2013 March 2014 – October 2017			CWS Program Manager CWS Supervisors Parent Partners CICC Coordinator

Strategy 6: Develop an Alternative Family Court Provide more intensive and coordinated treatment services in Glenn County for service provision to targeted families at risk of reentering care.	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reentry Following Reunification	
	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Begin collaboration through the BRC with mental health service providers to identify and develop a model for Alternate Family Court for Glenn County intensive services for identified cases.	January 2013–October 2013 – December 2014	Blue Ribbon Commission Collaborative Leadership Team CWS Program Manager CWS Supervisors CHAT Child Advocate Mental Health staff
B. Determine implementation timeline for intensive mental health treatment for children/youth in foster care.	June 2013 – August 2013 October 2013 – January 2014 Completed	Alternative Family Court subcommittee of the BRC. Collaborative Leadership Team
C. Develop policy and procedure for intensive services model of mental health and in-home services.	June 2013 – August 2014 January 2014 – December 2014 Completed	Alternative Family Court subcommittee of the BRC. Collaborative Leadership Team
D. Identify relevant training strategies for all identified staff and court personnel collaboration on intensive service provision utilizing a team-based approach.	June 2013 – August 2013 October 2013 – July 2014 Completed	Alternative Family Court subcommittee of the BRC. Collaborative Leadership Team
E. Develop a matrix to identify families most at risk to reenter foster care.	June 2013 – August 2013 – December 2013 December 2014 – June 2015	Alternative Family Court subcommittee of the BRC.

			<i>Collaborative Leadership Team</i>
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<i>F. Implement Alternative Family Court intensive-service collaborative model.</i>	<i>September 2013 – September 2017</i>	<i>CWS Program Manager CWS Supervisor Glenn County Juvenile Court</i>
<i>G. Evaluate results by assessing Reentry Following Reunification Outcome</i>	<i>September 2013 – September 2017</i>	<i>Quality Assurance Team</i>

CI.3 – REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

Strategy 7: Improve the quality of the parent-child relationship prior to reunification.	Applicable Outcome Measure(s) and/or Systemic Factor(s):	
	<input type="checkbox"/> CAPIT	CI.3 Reunification within 12 Months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
<i>A. Implement Ice Breaker sessions between the foster parent and the parent prior to Disposition.</i>	<i>January 2014 October 2014 – October 2015</i>	<i>CWS Program Manager CWS Supervisors CHAT Child & Family Advocate PIE Staff Member</i>
<i>B. Provide in-home Nurturing Parent Coaching.</i>	<i>July 2014 – October 2014 October 2015</i>	<i>Mental Health Staff CWS Social Workers PIE Staff Member</i>

2B – TIMELY RESPONSE(10-DAY RESPONSE COMPLIANCE) - NEW 2014-2015

<p>Strategy 8: Improve timely response on 10 day referrals.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 2B Timely Response (10-day Referrals Response Compliance))</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
	Timeframe:	
<p>Action Steps:</p> <p>A. Weekly staffing and Assignment of “Late” Referrals to staff member w/ Reminder Notifications in Outlook Calendar and Monitoring Progress through Safe Measures.</p>	<p>Timeframe:</p> <p>January 2014 – October 2017</p>	<p>Person Responsible:</p> <p>CWS ER Supervisors</p>

8A – EXIT OUTCOMES FOR YOUTH AGING OUT OF FOSTER CARE (PROBATION)

<p>Strategy 9. 1: Improve utilization of resources within Probation to provide services to youth transitioning to adulthood</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 8a – Exit outcomes for youth aging out of foster care</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
	Timeframe:	
<p>Action Steps:</p> <p>A. Coordinate with Glenn County-ILP Foster Youth Services to ensure that all probation minors receive the Casey Life Skills Assessment.</p>	<p>Timeframe:</p> <p>November 2012 – November 2013 November 2013 – October 2017</p>	<p>Person Responsible:</p> <p>Deputy Probation Officer III</p>

B. Utilize Life Skills Assessment to develop (with youth) TILP goals and objectives.	January 2013-2014 – November 2017	Deputy Probation Officer III
C. Coordinate with HRA/Social Services to provide cross-training for Probation Officers, ILP and CWS staff on best practice for emancipation aged youth.	May 2013 – May 2015 January 2014 – October 2017	CWS Program Manager Deputy Chief Probation Officer Deputy Probation Officer III
D. Develop procedural manual for Probation Officers to build knowledge base.	November 2014 – November 2015	Deputy Probation Officer III
E. Assess youth well being outcome data.	Quarterly November 2012 – November 2017	Quality Assurance Team

Strategy 9. 2: Develop at least one Lifelong Connection for every child before they leave foster care.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 8a – Exit outcomes for youth aging out of foster care
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Incorporate the concept of life-long connections into the Probation Procedural Manual.	November 2014 – November 2015	Deputy Probation Officer III

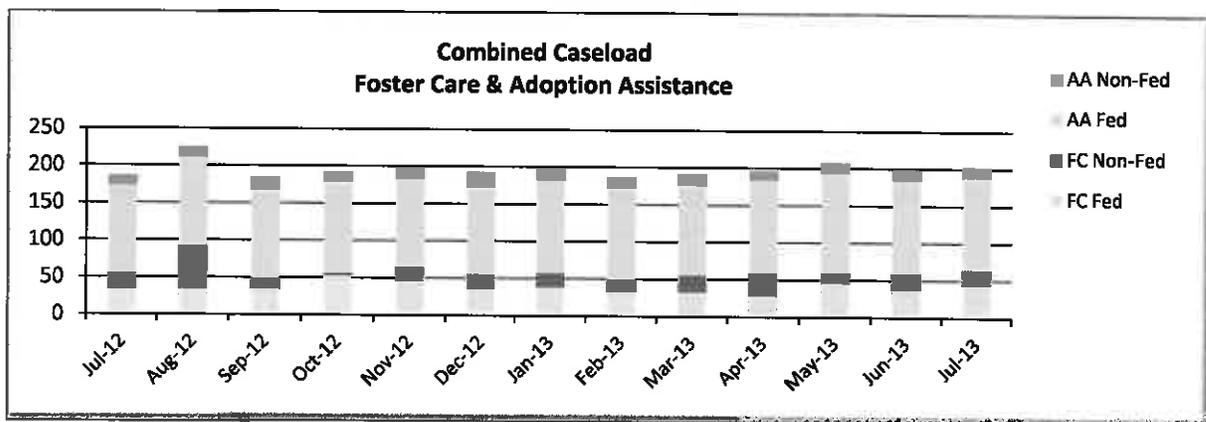
<p>B. Hold permanency meetings every six months for youth in long-term care and invite individuals the youth identifies as their life-long connection to participate.</p>	<p>November 2012 – November 2013 November 2013 – October 2014</p>	<p>Deputy Chief Probation Officer III ILP Coordinator</p>
<p>C. Include visitation schedule in case plan for identified life-long connections.</p>	<p>November 2012 – November 2013 November 2013 – October 2014</p>	<p>Deputy Chief Probation Officer III</p>
<p>D. Assess number of life-long connections for each youth.</p>	<p>Quarterly November 2012 – November 2017 January 2014 – October 2017</p>	<p>Quality Assurance Team</p>

2F – TIMELY VISITS WITH CHILD (PROBATION)

<p>Strategy 10: Maintain face-to-face contact with child at least once each month</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): 2F – Timely Visits with Child</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Close cases in CWS/CMS to accurately reflect data.</p>	<p>November 2014 – January 2015</p>	<p>Probation Officer Glenn County SPOC</p>

Changes in Caseload and County Share-of-Cost

The charts below illustrate changes in the number of federal and non-federal foster care and adoption assistance cases from July 2012 through July 2013, as well as changes in the costs associated with those cases. The chart titled *Combined Caseload* shows the aggregate number of federal and non-federal foster care cases and federal and non-federal adoption assistance cases each month. While caseloads vary slightly each month, the overall trend is relatively flat. A point-in-time comparison between July 2012 and July 2013 reveals a 9.1% increase in the combined number of cases.



Vasco, K. (2013). C-IV Scheduled Reports. Retrieved 9/16/13 from C-IV Project Website; <https://c11.pop.c-iv.net/c-iv/staff>.

The relatively flat trend in caseloads is sharply contrasted with the trend of consistently rising costs in service delivery for these same cases. Realignment of 2011 effectively eliminated the State share of cost by establishing a funding pool from which all costs must be covered. The chart titled *Combined County Share of Cost* plots the aggregate cost to the county each month of federal and non-federal foster care and adoption assistance cases. The figures are calculated by adding costs that were once covered by the state general fund (formerly known as the “state share”) to costs that have always been the responsibility of the county to arrive at a combined county share of cost. Here, the point-in-time comparison between July 2012 and July 2013 shows a staggering 55.4% increase in costs, largely owing to an increase in the number of group home placements. This is concerning for Glenn County, especially when coupled with the realization that this increase equates to a less than 10% increase in caseload, and speaks to the fact that