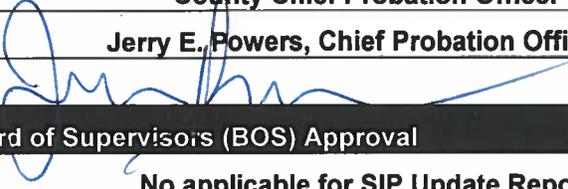


## California's Child and Family Services Review System Improvement Plan

<b>County:</b>	<b>Los Angeles</b>
<b>Responsible County Child Welfare Agency:</b>	Los Angeles County Department of Children and Family Services
<b>Period of Plan:</b>	<b>SIP Update Quarter 2 2013 – Quarter 1 2014</b>
<b>Period of Outcomes Data:</b>	<b>Quarter ending: Quarter 1, 2014</b>
<b>Date Submitted:</b>	<b>February 2015</b>
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<b>Board of Supervisors (BOS) Approval</b>	
<b>BOS Approval Date:</b>	<b>No applicable for SIP Update Report</b>
<b>Name:</b>	
<b>Signature:</b>	



# California - Child and Family Services Review

## Annual SIP Progress Report

Quarter 2 2013 through Quarter 1 2014



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## Introduction

### The System Improvement Plan

The System Improvement Plan (SIP) is one of five components that make up the California Outcomes and Accountability System (COAS). The other four components include: Outcome and Accountability County Data Reports; Peer Quality Case Reviews (PQCR)<sup>1</sup>; County Self-Assessment (CSA); and State Technical Assistance and Monitoring. The SIP incorporates data received from the PQCR and the CSA in an operational agreement between the County and State. Strategies towards the improvement of child welfare services are identified in the agreement. Los Angeles County Department of Children and Family Services (DCFS) and Probation Department (Probation) collaborate in the development of the County's SIP. While public child welfare services delivery is the sole focus of DCFS in Los Angeles County, Probation also has a major focus on child welfare, with the same Federal, State and County mandates and outcomes for all Probation foster children and youth and those at risk of entering the foster care system.

Los Angeles County's 2011-2014 System Improvement Plan was approved by Los Angeles County Board of Supervisors on September 13, 2011. This report represents our annual review which covers four quarters from April 1, 2013 through March 31, 2014. Information will be included that falls outside of this time period as applicable. In 2012 the California Child and Family Services Review (C-CFSR) was redesigned from a three to a five-year cycle (as reflected in the All County Informational Notice 1-16-12). In order to align with the revised schedule Los Angeles County is extending the current SIP period from June 2014 to October 2016, making the SIP a five year plan (June 2011 – October 2016).

#### Methodology

#### Qualitative Data

The PQCR<sup>2</sup> and CSA<sup>3</sup> are the initial steps in building a System Improvement Plan. In addition, the County holds an annual SIP Stakeholder Event which includes DCFS and Probation staff, public and private agency partners, community representatives and child welfare service consumers. Participants are asked to provide input into the development and progress of the SIP. In November 2010, Los Angeles County submitted its third PQCR. The PQCR explores child welfare practice through a week long staff, client and community partner interviewing process. The interviews provide qualitative data about a chosen topic area. The focus area selected by Los Angeles County was permanency for Transition Aged Youth<sup>4</sup>. The PQCR participants provided

<sup>1</sup> The PQCR aspect of the COAS will be different for California-Child and Family Services Review Round 3

<sup>2</sup> Los Angeles County held the most recent PQCR in the first week of June 2010

<sup>3</sup> Los Angeles County's most current CSA was Board approved on June 28, 2011

<sup>4</sup> Federal Measure C3.3 "Of all children in foster care during the year who were either discharged to emancipation

feedback to the County regarding services, resources, child welfare system strengths and challenges. Participants identified the strength of practices such as team decision making meetings and specialized youth permanency units. Staff commitment, as well as family finding practice, was seen as beneficial to Transition Aged Youth. Identified challenges included workers and agency partners' inability to share information between systems, combined with limitations in data systems sharing information. PQCR participants shared that staff and clients lack updated information regarding current services and resources available through different systems and that fiscal constraints have put limitations on some resource availability.

The CSA, like the PQCR, includes qualitative data gathering through a number of focus group opportunities, advisory teams, and for DCFS, Bureau convenings. Participant input highlighted the abundance of opportunities in place for DCFS and Probation to team with service providers and clients. In addition, participants expressed the value in collaboration between County departments, the community, service providers, and clients in order to increase communication and leverage resources. CSA qualitative data feedback overall included the following suggestions as opportunities to enhance child welfare services:

- Engage all parties in effective strategies of partnerships and collaboration;
- Improve collaboration with external partners by establishing clearly defined responsibilities;
- Enhance and build resource availability and knowledge of resources;
- Provide cultural and linguistic competency training for DCFS, Probation and Service Providers;
- Develop consistent best practice model approaches; and
- Develop mental health service models for DCFS, Probation and Service Providers that guide service delivery.

This SIP Progress report covers four quarters of effort related to the improvement plan; Quarter 2 2013 through Quarter 1 2014. The report builds on quantitative and qualitative data which informed the full System Improvement Plan of September 2011. Additional data is gathered as system improvement strategies and milestones are implemented.

Qualitative data for this report period was captured at the Los Angeles County's SIP Annual Stakeholder event held on June 25, 2014.

### Quantitative Data

In addition to qualitative data, the SIP Progress report includes information gathered through quantitative data reviewed in the County Self Assessment. Quantitative data examined in the CSA comes primarily from State Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS Outcome Measures are organized under areas of County Participation Rates, Safety, Permanency, and Well-being

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or turned 18 while still in care, what percentage had been in foster care for three years or longer.”

Outcomes. Although Probation has access to CWS/CMS, data input remains in the early stages. Preliminary outcomes data, related to Probation, will be discussed and provided as applicable. It is noted that in order to achieve meaningful outcome data, Probation will need to fully utilize the system for every case from case initiation through case closure.

The data sources for the information included in this report comes from: (1) CWS/CMS Dynamic Reporting System website and (2) the California Department of Social Services (CDSS) Quarterly Report for quarter 2 (Q2), of years 2007 through 2014 (<http://www.childsworld.ca.gov/PG1358.htm>). (3) Quarter 2 2013 data was captured from the CDSS/UC Berkeley California Child Welfare Indicators Project (CCWIP). Child welfare measures found in the CWS/CMS Dynamic Reporting System web-site include, but are not limited to, categories of Safety, Reunification Composite, Adoption Composite, Long Term Care Composite, Placement Stability Composite, Siblings, and Service Delivery.

In this SIP Progress report, the County will report data for the three measures being followed as a part of the SIP (C1.4, C3.3 and C4.2) and by identifying current performance status on page 81.

By choosing the same quarter of each year for goal analysis, the department is able to factor for time of year fluctuation in various performance measures, thus giving a more “apple to apple” comparison of performance. For those specific performance measures that are being followed as a part of the System Improvement Plan, Measures C1.4, C3.3 and C4.2, the County will use sequential quarterly data, beginning with Q1 of 2011, to monitor performance activity.

## SIP Progress Narrative

### STAKEHOLDERS PARTICIPATION

Los Angeles County holds a formal System Improvement Plan Annual Stakeholder Engagement Meeting. During this meeting, SIP goals, strategies and outcomes are reviewed and discussed. Feedback is garnered from participants in the form of workgroups as well as through survey responses.

On June 25, 2014, Probation and DCFS conducted the annual System Improvement Plan (SIP) Stakeholder Engagement Meeting. Feedback was provided by the participants through completed surveys collected at the end of the event. In all, 61% (153/250) of participants provided survey feedback regarding teaming, communication and managing for results. Data information related to responses is discussed in more detail in the Enhanced Organization Performance section of this report (page 66).

Survey responses included feedback from DCFS staff, Probation staff, Caregivers, Community Partners, Contracted Service Providers, Foster Parents, Collaborative Partner Agencies and Transition Age Youth (TAY). Out of the 153 surveys received, 33 (21%) participants provided comments. The feedback from the "Comment" Section fell into three areas: Communication, Managing for Results and Complimentary and Miscellaneous.

**Communication:** Eleven of the 33 comments (33%) were related to communication and noted the following about DCFS and Probation: improved accessibility to managers; limited communication with and between DCFS and Probation, at times making more work for agencies; improved utilization and sharing of data; exclusion of community at times as a primary stakeholder; need for improved teaming between Children Social Workers (CSW) and Deputy Probation Officer (DPO); not enough opportunity at conference for questions and feedback; include foster youth in all forums; a need to improve common language; and encouragement to hold joint training on common shared goals.

**Managing for Results:** Participant comments noted: Probation and DCFS line staff needs to have more information available to prompt improvement. Also, both agencies need to address regression after long periods of improvements and work with line staff to accept newer and more effective practice methods.

**Compliments and Miscellaneous:** "Keep up the good work and collaboration", "The seminar/training (SIP Event) was very informative and effective.", "Excellent opportunity to share information. The Transition Age Youth (TAY) panel was outstanding."; "I hope we listen. Data is important; however, talking and listening to the youth is more important, so listen up." and "I am very new so this SIP meeting is very helpful to pull together the big picture and direction."

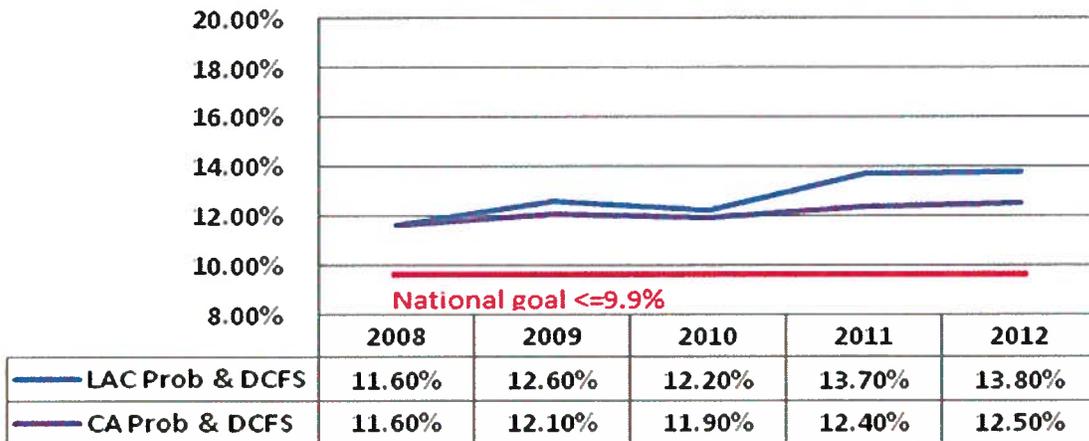
In addition to the formal SIP stakeholder meeting, DCFS and Probation have on-going engagement with stakeholders through workgroups aligned with SIP strategies, Regional Advisory Groups and monthly placement, service provider and community organizational meetings.

**CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS**  
**Federal Measure C1.4: Re-entry Following Reunification**

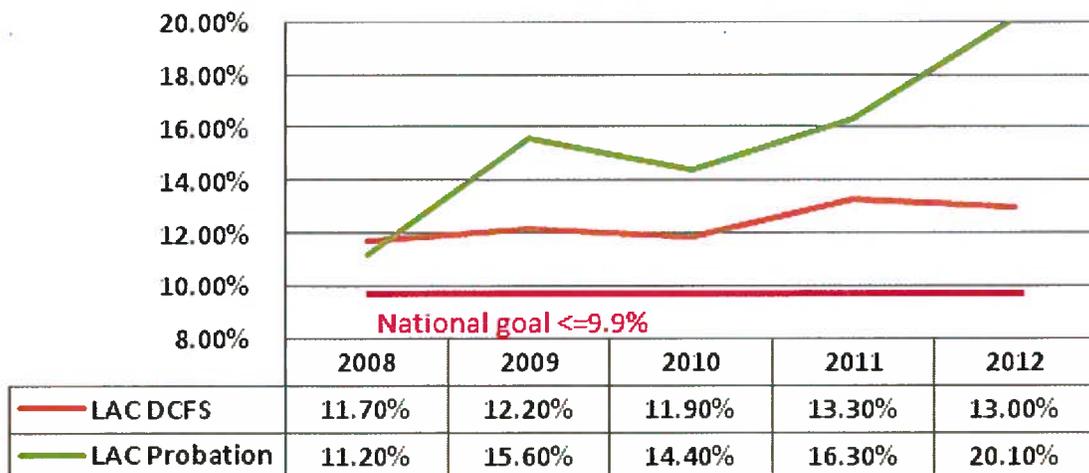
**Methodology:**

This measure computes the percentage of children re-entering foster care within 12 months of a reunification discharge. The denominator is the total number of children who exited foster care to reunification in a 12 month period; the numerator is the count of these reunified children who then re-entered care within 365 days of the reunification discharge date.

**Re-entry into Foster Care Rate 2008-2012**  
**LA County & California**



**Re-entry into Foster Care Rate 2008-2012**  
**LA County DCFS & Probation**



**Current Performance ~ Measure C1.4: Re-entry Following Reunification:**

SIP Goal:

By January of 2016 LA County re-entry rate will move from 12.4% to achieve the National Standard of 9.9%

<b>C1.4 Re-entry Following Reunification (Exit Cohort)</b> Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge C1.														
	1 <sup>st</sup> Qtr 2011	2 <sup>nd</sup> Qtr 2011	3 <sup>rd</sup> Qtr 2011	4 <sup>th</sup> Qtr 2011	1 <sup>st</sup> Qtr 2012	2 <sup>nd</sup> Qtr 2012	3 <sup>rd</sup> Qtr 2012	4 <sup>th</sup> Qtr 2012	1 <sup>st</sup> Qtr 2013	2 <sup>nd</sup> Qtr 2013	3 <sup>rd</sup> Qtr 2013	4 <sup>th</sup> Qtr 2013	1 <sup>st</sup> Qtr 2014	National Standard or Goal
Los Angeles	11.9	12.0	11.9	11.9	12.0	12.1	12.6	13.3	13.6	13.5	12.9	13.0	12.1	9.9

Since 2011, DCFS and Probation have seen a gradual increase in in re-entry following reunification. Quarter 1 of 2014 data shows DCFS and Probation had a .9% decrease in the percentage of children re-entering foster care, which moves child welfare in a positive direction towards the national standard of 9.9%.

**DCFS SIP Strategies ~ Measure C1.4: Re-entry Following Reunification:**

- Develop a screening assessment and treatment model to address Substance Use Disorder (SUD)
- Increased Utilization of Reunification Team Decision Making Meetings; (*Discontinued Progress Report 2013*)
- Evaluating Up Front Assessment (*Completed Progress report 2013*); and
- Expansion of Wraparound Services and Access.

Develop a screening assessment and treatment model to address Substance Use Disorder (SUD)

This strategy is new to the System Improvement plan. It followed a three month DCFS pilot project “Project Safe” from April 2, 2012 through June 29, 2012. The Department of Children and Family Services collaborated with the Department of Public Health Substance Abuse Prevention and Control to initiate a process of identification, assessment and service engagement of families newly involved in child welfare. The pilot produced lessons learned and the short term goals included:

1. Identify Substance Use Disorder (SUD) for parent or primary caregiver at an early point;
2. Accurately identify SUD;
3. Increase timely access to treatment; and
4. Increase collaboration between child welfare system and Department of Public Health Substance Abuse Prevention and Control (DPHSAPC).

The new strategy of development of a screening, assessment and treatment model to address Substance Use Disorder (SUD) incorporates the lessons learned from the pilot

and was added to the county's system improvement plan beginning in Quarter 4 2013. The new strategy will carry through CY2016.

#### About the Strategy:

During this period of SIP review, in partnership with external agencies, DCFS has established several programs to address the needs for parents and primary caregivers to receive screening, assessment and as determined necessary, treatment for Substance Use Disorders (SUDs); the latter previously referred to as Alcohol and Other Drugs. There is recognition both in the substance abuse treatment and child welfare fields that meeting SUD needs can significantly contribute in a positive manner to child welfare outcomes for children, namely in terms of Family Reunification and No Recurrence of Maltreatment and Re-entry Following Reunification. In addition, meeting these needs contributes to the well-being and stability of parents and primary caregivers.

Two of the programs that currently exist and are available to DCFS parents and primary caregivers who meet the eligibility criteria are the Family Dependency Drug Court (DDC) Program and Access to Substance Abuse Services for High Risk Parents and Caregivers (SA Access). During the System Improvement Plan Q2 2013 - Q1 2014, DCFS implemented efforts and activities to strengthen data sharing with our external partners on these two programs. The rationale for this focus is to ensure that sufficient data is available to determine if the desired outcomes - increased Family Reunification and decreased Recurrence of Maltreatment/Reentry - are being achieved through use of the DDC Program and SA Access.

This update provides a brief description of the DDC Program and SA Access. In addition, the current status of the data along with the current efforts and activities to strengthen data sharing with our external partners are discussed.

#### DDC Program

The DDC Program is a partnership between DCFS, the Los Angeles County Department of Public Health (DPH) and the Los Angeles County Superior Court. It is a voluntary, one year program available to parents of children served through the Dependency Court, and services include outpatient treatment, residential treatment and after care. Currently, the Program has been implemented in six DCFS regional offices and five Service Planning Areas (SPA) of Los Angeles County. The Program began as a pilot in SPA 7 in 2006 and later between 2007 and 2009 was expanded to the additional four SPAs. Specific Dependency Courtrooms have been identified to serve the Program. The treatment providers are contracted with the DPH.

The lessons learned from the DDC Program model were incorporated into the SIP Project Safe Pilot. The program provides a parent, or parents, with more active involvement with the Dependency Court and team members consisting of the hearing officer, treatment provider, and DCFS social worker serving the case, parent's attorney, County Counsel and child's attorney. The team members interface with the parent

more actively at Court through regularly scheduled progress hearings. The focus is on more intensely serving the family to address and support a parent's progress to recovery from substance abuse.

The funding that has been allocated to the DDC Program allows up to 20 parents at any given time served in each SPA to receive treatment and aftercare services. (Note: Depending on the treatment modality that the parent is enrolled in that is based on the results of a formal assessment, the availability of funds to serve parents within a SPA may vary, which impacts the number of parents served.)

### *Discussion of Data*

DCFS along with our partners at DPH and the Juvenile Dependency Court have placed high value on the opportunity to implement and subsequently expand the DDC Program for children and families. We have long recognized the successes of the DDC Program model as highlighted in national studies. One such study is the 2002 National Family Treatment Drug Court Evaluation that included California Family Treatment Drug Court Programs. The findings of 2007 study reported that Family Treatment Drug Court-served parents were more likely to enter substance abuse treatment than were non-Family Treatment Drug Court-served parents and the Family Treatment Drug Court-served parents entered treatment more quickly after the initial court petition versus the non-Family Treatment Drug Court-served parents.

In terms of child welfare outcomes, the study showed that Family Treatment Drug Court-served children spent significantly less time in out-of-home care than did non-Family Treatment Drug Court-served children and Family Treatment Drug Court-served children were significantly more likely to be reunified than the non-Family Treatment Drug Court-served children.

### *Los Angeles County Data Analysis:*

DCFS began the program by collecting data on the number of parent who are:

- Screened;
- Accepted into the program; and
- Documented a completing the DDC Program.

Based on communications with the DCFS social workers who serve the DDC Program, during Fiscal Year 2012-2013: a total of

- 304 parents were screened;
- 67 were accepted; and
- 52 completed the Program.

Further, during this fiscal year (2013-14), for the period of July 2013 through March 2014, a total of

- 156 parents were screened,
- 47 were accepted and
- 38 completed the Program.

In 2013, a review was conducted by DCFS' Research and Evaluation Section to determine if there were statistically significant differences in re-referrals, re-opening of cases and re-detentions between those children whose parents had successfully completed the DDC Program during the period of November 2009 and October 2010 and those children who had not participated in the DDC Program but whose characteristics were similar including allegations of substance use.

The findings showed that there were more children whose families had been served by the DDC Program that did not have a case re-opened than children in the comparison group. Further, there were more children whose families had been served in the DDC Program who were placed with their parents than children who were in the comparison group. Additionally, the review showed that DCFS was involved with the DDC-served families for a longer period of time than those families in the comparison group. Further, previously-served DDC families came back to DCFS' attention faster than the comparison group families.

A secondary informal review, conducted by DCFS in 2011 on DDC-served families who completed treatment during the period of May 2006 and February 2011 provided little comparison information support the 2013 review. The 2011 review had some data challenges in terms of whether the DCFS cases were still open or had been closed. Also, questions regarding the service component of the family impacted the validity of the rates of reunification of the child with the family and data related to re-entry of the child into the child welfare system.

*Tracking and Adjusting*

In reviewing the two above noted efforts towards identifying successes of the DDC Program, DCFS recognized that for families served through the DDC Program, their progress in regards to both substance abuse treatment and child welfare services need to be reviewed and understood.

Evaluating Family Dependency Drug Court (DDC) Program

Identified Gaps	Adjustment
Current data maintained does not provide the full information or story on families who are referred to, screened, accepted and who complete treatment.	Collaborate with DPH to compare and share data of both departments.
Discrepancies exist in the current data collection and maintenance activities	Establish mutually-agreed to definitions of a parent completing treatment and graduating parent
The referral and screening processes need strengthening.	Evaluate the tools utilized in the processes
Confidentiality hinders full data sharing between DCFS and DPH	DCFS and DPH are actively addressing steps to implement enhanced data sharing; consideration to establish a formal data sharing agreement.
There is limited current data collection and maintenance used by its DDC-contracted providers.	Engage and support contracted providers in data collection
More Dynamic engagement is needed with the Juvenile Dependency Court.	Coordinate team meetings with Juvenile Court management to establish shared understanding of program needs and goals.

## SA Access

Access to Substance Abuse Services for High Risk Parents and Caregivers (SA Access) Project is a partnership between DCFS and DPH. It is funded through First 5 LA and has been allocated for three years. The University of California-Los Angeles' (UCLA) Integrated Substance Abuse Program is the formal evaluator on the project.

The population served is DCFS pregnant women, parents and primary caregivers of children 0-5 with open cases under DCFS supervision. Substance Abuse Navigators are co-located in DCFS regional offices. (Note: DPH has contracted with local substance abuse providers to place the Navigators in DCFS offices.) The Navigators provide on-site screening, brief intervention and referral to treatment (SBIRT) for eligible individuals. An evidenced-based screening tool is used by the Navigators as well as Motivation Interviewing techniques during the assessment process. In addition, if the Navigators determine SUD treatment is required, s/he provides a warm hand off to a treatment provider specializing in perinatal SUD services for pregnant women and/or families at a convenient location. Various treatment modalities are available to meet the appropriate needs of the individual.

SA Access formally was implemented in DCFS in February 2013 with some informal implementation starting in September 2012. The project is targeted to end in June 30, 2015.

The purpose of SA Access is to demonstrate the positive impact of early identification, intervention and timely connection to services for families under the care and supervision of DCFS. SA Access contributes to outcomes for children who are placed with their families as well as to Family Reunification and Recurrence of maltreatment/Reentry.

SA Access has been very well received by DCFS, with the Navigators viewed by DCFS social workers as very helpful not only by delivering the services that are components of the project but also by helping answer questions and navigating the SUD assessment and treatment processes. The number of referrals to SA Access is considered a fair amount, with some DCFS offices having higher rates of referrals than others. Overall, an increase in the amount of referrals is desired.

### *Discussion of Data*

DCFS has implemented a mechanism to maintain an ongoing count of the referrals to SA Access. As of mid-March 2014, 2226 pregnant women, and parents and primary caregivers have been referred to SA Access. In making referrals to SA Access, the use of an identifier, unique to each individual referred, has been agreed to between DCFS, DPH and UCLA as a means to track the child of the individual referred to SA Access as the child and family moves through the child welfare system and the SUD treatment system. (Note: It is recognized that there could be more than one child in a family) The Navigators are targeted to enter the same unique identifier into the SUD data system.

Throughout this project, DCFS, DPH and UCLA have been discussing and working to resolve the challenge of the correct identifier being used both by the DCFS social workers who make the referral and the Navigator who enters the identified into the SUD data system. At present, actions have been taken to ensure that the correct identifier is used. For example an informative flier has been implemented for DCFS social workers and Navigators to view that presents a simple visual of the correct identifier to use.

In September 2013, the Annual Report on SA Access was completed by UCLA. It presented an evaluation of the first year of implementation. The Report provided a review of some process and outcome measures related to individuals who had been referred to SA Access by DCFS and who had received the SBIRT services by the Navigator and then who may have entered SUD treatment. This being said, the report noted some discrepancies in regards to the data that was made available by the Navigators and that is in the SUD database. Regretfully, the report did not include any review of child welfare data in regards to movement through the child welfare system, noting the challenge of the correct identifier being used. On the positive side, useful data was presented on the results of screening of the individuals who participated in SA Access that included the risk levels broken down by substances and levels of use. Useful data was provided on drugs of choice by those participants who entered treatment along with the discharge status of those who entered treatment.

Since the Annual Report was completed, DCFS, DPH and UCLA have increased their level of partnership and engagement to address the discrepancies highlighted in the Annual Report and recommendations to focus on, one being to implement additional efforts for the Navigators to get the word out on SA Access in the regional offices. In addition, there is active work underway to rectify the problem of the use of the correct identifier such that individuals who are referred to SA Access and who receive the SBRIT intervention and possibly treatment can be matched in the child welfare and SUD data systems. Most importantly, the result will be that outcomes can be available to determine the effectiveness of what is considered a valuable program serving DCFS children and their families.

**Chart 1: DCFS Open Cases During Calendar Year 2009 to 2013**

	2009	2010	2011	2012	2013
<b>Case with SA issues</b>	11023	11931	11889	12107	12854
<b>Case without SA issues</b>	9495	10140	10194	10397	10640
<b>Total # of Cases</b>	20518	22071	22083	22504	23494
<b>% of Cases with SA issues</b>	54%	54%	54%	54%	55%

## Time Limited Family Reunification

An additional DCFS program related to Re-entry Following Reunification included in the screening, assessment and treatment strategy is Time Limited Family Reunification Program (TLFR). The TLFR Program is part of the federally funded Promoting Safe and Stable Family (PSSF) Program; a County-wide program that partners DCFS and the Los Angeles County Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC) to address the issue of substance abuse and its impact on families with DCFS court cases. Through TLFR, select groups of Community Assessment Service Centers (CASC), working with treatment agencies, provides a continuum of assessment and treatment services for the families.

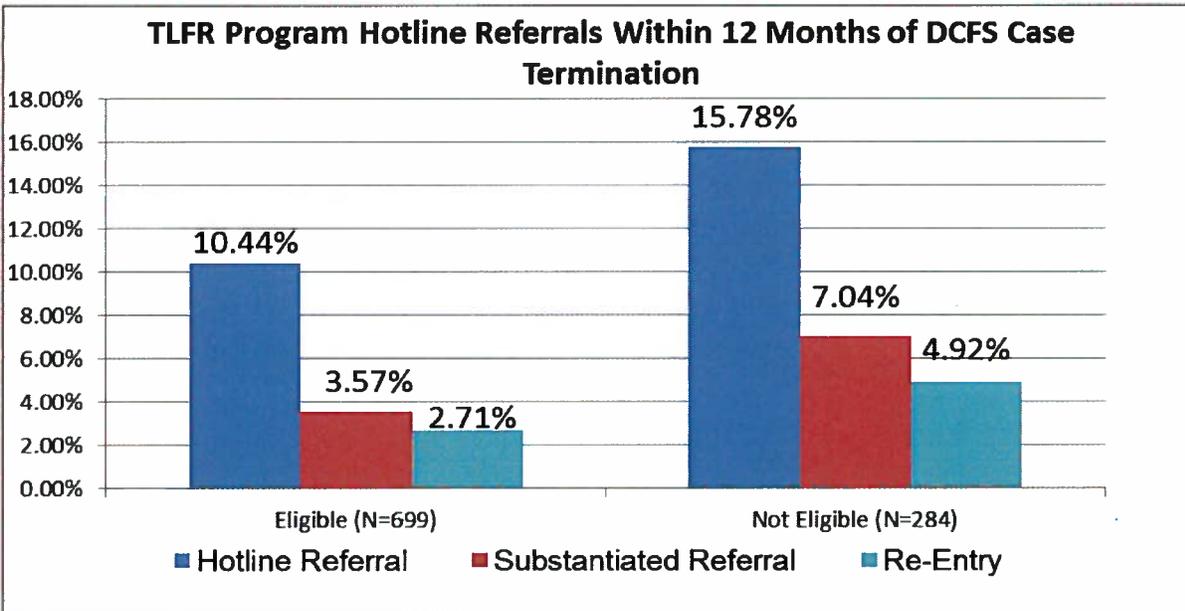
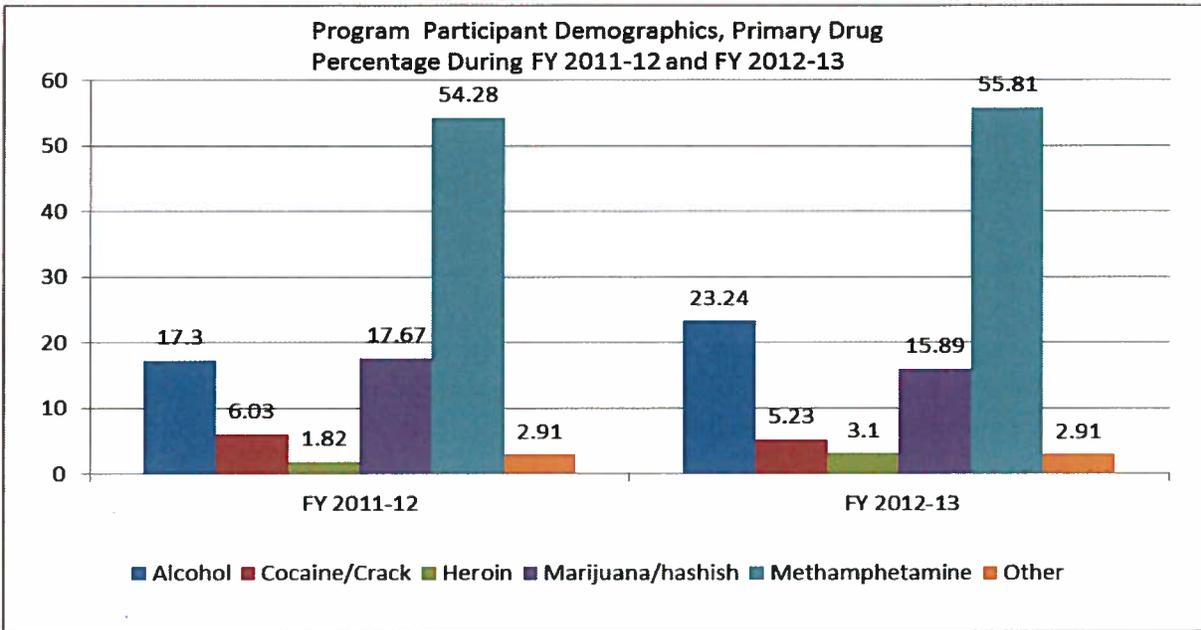
The families, who may need SUD treatment services, are identified by DCFS staff. They are then referred to the CASC; an assessment is done and eligible parent participants who qualify are referred to treatment providers, for residential or out-patient services. These services are limited to 15 months from the time a child is removed from the parent's home and placed in foster care or is placed by the Court with a relative caregiver.

During the System Improvement Plan Q2 2013-Q1 2014, DCFS implemented efforts and activities to strengthen data sharing with our external partners on SUD screening, assessment, and treatment programs. The rationale for this focus is to ensure that sufficient data is available to determine if the desired outcomes - Increased Family Reunification, decreased Recurrence of Maltreatment and Reentry Following Reunification - are being achieved through use of the Time Limited Family Reunification, Dependency Drug Court and SA Access programs.

A review of demographic data for FY 2011 and FY 2012 showed that methamphetamine is the primary drug being used for those families involved with TLFR. From FY 2011 through FY2012 there was a 5.94% increase in the TLFR participants primarily using alcohol. Additionally, data showed a 0.8% decrease in the primary use of cocaine by participants and a 1.78% decrease in marijuana primary drug use.

Preliminary outcome data showed that in tracking 699 re-referrals for family participants in TLFR, in comparison with 284 families who did not receive TLFR services:

- Those involved with the program experienced 5.34% fewer hotline referrals 12 months after their case was closed;
- Those that did have a hotline referral – had 3.47% fewer substantiated allegations; and
- Children were 2.21% less likely to be re-detained



- Since this is a time-limited program, 15 months of services from the date a child is removed from the home, sometimes there is not enough time to complete an effective treatment program;
- About 30% of our DCFS parent participants start their treatment with less than 6 months of eligibility left; and
- Engaging all parties in full TLFR data tracking efforts.

## Expansion of Wraparound Services and Access

The Wraparound contract solicitation was completed and released on September 20, 2013. Additionally, Public Comment meetings were held with external stakeholders. Consistent with the State's Katie A. lawsuit settlement agreement and the County's historical trend toward improved identification and service for youth with mental health needs, the new Wraparound contract solicitation and Wraparound redesign is an effort to focus Wraparound service delivery on better meeting the mental health needs of youth who could be described as Katie A. subclass members.

In fiscal year 2012-2013 the number of enrollments in Tier I and Tier II Wraparound increased by 282 children for a total of 2814.

The County has obtained approval from the California Department of Social Services (CDSS) to further extend the existing Wraparound contracts for 6 additional months to accommodate a change in the Request for Statement of Qualifications (RFSQ). The County is proposing that the first year of the contract include a "Transitional Year" whereby the contractors will receive a higher case rate during this first year with the expectation that they will be prepared to provide a more mental health focused approach to services and maximize their Early Periodic Screening Diagnosis and Treatment (EPSDT) funding allotment beginning in the second year of the contract.

As these were recent changes to the Statement of Work, another Proposer's Conference was held in January 2014. Additionally, the filing period to submit Statement of Qualifications was extended to March 28, 2014. It is anticipated that the new Wraparound contracts will begin in May 2015 and will incorporate key elements of the Katie A. State Settlement agreement in addition to the Core Practice Model, Intensive Care Coordination and Intensive Based Services.

As stated previously, the new Wraparound contract solicitation and Wraparound redesign is an effort to more sharply focus Wraparound service delivery on better meeting the mental health needs of youth who could be described as Katie A. subclass members. When the new wraparound contracts are implemented beginning in May 2015, the following strategies will be implemented during the first year (Transition Year) of the Wraparound Contract to promote the proper documentation and claiming of mental health services to Medi-Cal for the wraparound clients.

- Will engage The Children's System of Care Bureau analysts in monitoring EPSDT utilization on a weekly basis;
- Engage analysts in making projections of EPSDT usage based on provider utilization and report this to Wraparound Administration monthly;
- Utilize data to target those providers who are unable to maximize their billing;
- Support agencies (when applicable) by providing training, on-site technical assistance, and if necessary ask for submission of a corrective action plan; and
- Send a mid-year report card to each provider indicating how they are doing with their EPSDT utilization.

## DCFS Summary

In summary:

- Re-entry rates steadily increased from 2008 through 2011 and flattened out in 2012. Most recent data for Q1 2014 shows a decrease in re-entry rates to 12.1% during this SIP period of review.
- Efforts related to addressing substance use disorder, specifically in Dependency Drug Court (DDC), show that:
  - Families involved with DDC are less likely to have their case re-opened; but for those that do it is in a shorter timeframe than those families who were not involved with DDC;
  - DDC cases remain open longer, than those case without DDC intervention;
- Approximately 55% of Los Angeles County child welfare cases have substance abuse issues;
- Los Angeles County DCFS will continue to focus on efforts around assessment and treatment related to substance abuse, developing a new strategy that will carry through CY2016.
- Involvement in TLFR services; reduces re-referrals and re-entry for family participants in the program;
- Continue with action steps related to expansion of Wraparound access and services with additional emphasis on outcomes for children and families, including Re-entry into foster care.
- Utilize theory that teamwork supports successful reunification to consider strategies around the formation, structure and function of a child and family team for each case.
- Focus on teamwork in Quality Service Reviews (QSR) for all DCFS Regional Offices. After the first round of QSR for all offices, DCFS scored in the 18 percentile in teamwork. Improved teamwork is a focus area for the department in the Core Practice Model, Strategic Plan and Data-driven Decision Making Case Review.
- Include discussion related to re-entry performance on agenda for the June 2014 Los Angeles County System Improvement Plan Annual stakeholder Meeting and the July 2014 DCFS Stat Meeting.

**Probation SIP Strategies ~ Measure C1.4: Re-entry Following Reunification:**

**Measure C1.4: Re-entry Following Reunification**

- Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders
- Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship with emphasis on increasing resources for communities with a high population of African American foster children and their families consistent with studies on disproportionality and disparity.
- Exploring options for and enhancing existing resources

<b>C1.4 Re-entry Following Reunification (Exit Cohort)</b>					
<b>Percentage of all children discharged from foster care to reunification during the year, who re-entered foster care in less than 12 months from the date of discharge.</b>					
<b>Quarter/ Year</b>	<b>2/ 2013</b>	<b>3/2013</b>	<b>4/2013</b>	<b>1/2014</b>	<b>National Standard Goal</b>
<b>Los Angeles Probation</b>	<b>18</b>	<b>18.7</b>	<b>20.1</b>	<b>19.2</b>	<b>9.9</b>

Probation did not meet the  $\leq 9.9\%$  national standard and has consistently moved away from this goal, but improved slightly in the last quarter/year. Probation continues to improve cross- trainings between partnering agencies, internal and external stakeholders to develop, implement and evaluate programs and trainings to minimize the re-entry of foster youth into the foster care system.

**Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders**

Under this strategy, there were three action steps to accomplish the development of a comprehensive training plan; however, the first action step, which involved focus on legislative and confidentiality, morphed into the other two action steps as it was a consistent element as all training was discussed and not just a focus solely on its own. Therefore, there are only two action steps that will be addressed in this section and both have been completed.

**ANALYSIS**

Related to the cross-systems training plan for Out-Of-Home Care Investigations and Monitoring, this action step has been completed by the development of two new required trainings that all Group Homes that service Probation Foster youth must complete annually. Those trainings are for Commercially Sexually Exploited Children (CSEC) and Developmentally Disabled (DD) youth. Both trainings were the result of several agencies, as well as internal and external stakeholders, coming together to provide mass trainings and Training for Trainers (T4T) sessions. Additionally,

Probation, Public Health Nurses, DCFS, CCL, DMH and ACHSA will continue to conduct training as needed related to Needs & Service Plans (NSP), Special Incident Reporting and other issues related to foster youth, such as Substance Abuse, Co-occurring Disorders, Mental Illness and Psychotropic Medication. During this period, Group Home Providers, along with DCFS, conducted a NSP training, a national expert, along with the Domestic Minor Sex Trafficking (DMST) Director, conducted a year-long series of CSEC Training for all Group Homes and any agencies working with foster youth, and DD Training was conducted as a T4T resulting in all Probation Group Home Providers returning to their agency and training all their staff, as of September 3, 2014. Related to this last training on DD, the reason that Group Home Providers servicing Probation foster youth had to meet this requirement is due to the oversight of advocates and attorneys on DD youth in the juvenile justice system and improving services and outcomes for these youth.

Very similar to the above, the training plan for Permanency has been developed and is in place for continued training of Group Home Providers, Placement Officers and internal and external stakeholders. The focus on implementing a strong training with high quality and presented by experts in the specific subject matter has impacted the overall goal of successful reunification in that those directly working with foster youth are providing more targeted and effective care and services. The outcome of having trained staff working with foster youth is that they can better prepare the youth and families for the eventual return of the youth. When youth and families are better prepared, the return home, though still complicated and emotional, is an easier and more permanent transition.

#### ACTION STEP STATUS

These action steps are completed in that the cross-systems training plan, to include internal and external stakeholders and partners across agencies, is fully developed, with the exception of new training issues and focus areas that constantly arise. They will be incorporated into the plan as they arise.

#### METHOD OF EVALUATION AND MONITORING

Various forums provide for the continuous efforts to take place throughout the year through the SIP Stakeholder Conference, CSEC conferences and focused trainings with Group Home Providers during the monthly and quarterly meetings, workgroups and committees and T4Ts. As an added measure of evaluation, post-surveys will be provided for participants to complete upon completion of the conferences, focused trainings, etc. to evaluate effectiveness, as well as obtain feedback on the weaknesses and strengths of the training and the need for further training.

Additionally, the Probation Department's Placement Permanency & Quality Assurance (PPQA) operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, training effectiveness is a huge part of ensuring that compliance is met. The Compliance staff, which include Case File Reviewers, Foster Home Consultants and Group Home Monitors, will continue to evaluate and monitor the effectiveness of the training as played in the services and quality of care provided by

Probation Officers, Caregivers and Group Home agencies and make recommendations to the need for further and repeat or booster trainings.

## PROGRAM REDUCTION

Non-Applicable

Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship with emphasis on increasing resources for communities with a high population of African American foster children and their families consistent with studies on disproportionality and disparity.

This strategy was initially developed with the thought in mind that one collaborative would be developed to accomplish the goal of identifying and exploring availability of new resources, but it was quickly determined that each new resource basically had a work group of its own so several work groups were developed to focus solely on each new resource. Two of the three Action Steps have been completed. The last Action Step of implementation of the plan to obtain new resources has been extended to 2015. The new resources identified, explored and developed are detailed below.

## ANALYSIS

### **Probation Parent/Caregiver Corps Project (P<sup>2</sup>C<sup>2</sup>)**

In May of 2013, Probation began to work with one of its delinquency Judges to begin the development of a Parent Partnering Program, which DCFS developed and utilized for several years with incredible success and positive impact on reunification. A workgroup was developed and consisted of Probation, current VISTO volunteers and Court Advocate (CASA). This group met on a monthly basis to develop a program specific to Probation parent/caregivers that have children detained and need assistance with reunification. Probation was able to recruit five (5) volunteers, each undergoing an extensive background check mandated for all Probation staff and volunteers. A pilot location in Compton Superior Court has been determined. The days and schedule are based on the needs assessed by the Delinquency Judge and Probation Court Officer. The initial "Kick-Off" date for the program was originally scheduled for late fall of 2014. However, it has since been determined that a Memorandum of Understanding (MOU) is needed between Probation and the court, which has delayed the implementation until early to mid-2015.

The idea of identifying a parent/caregiver partnering program for Probation children was due to the success of a similar program from DCFS in reunifying the children with their families. The DCFS Parents In Partnership (PIP) started as a small, volunteer-only service, but due to the program's success and the number of reunification stories, the program has expanded to various regional center sites throughout Los Angeles County, with full time employees and a separate source of funding to maintain the program. Since the program is in the early implementation, there has not been any major obstacle; however, it has been delayed due to the MOU process. Additionally, due to the strict background guidelines mandated for Probation volunteers (not for DCFS), it

may be difficult to recruit future parent/caregiver volunteers based on the population served.

### **Diligent Recruitment Grant**

Although not directly related to Family Reunification, but having an indirect impact, the Diligent Recruitment Grant was developed to service youth that are typically very challenging to place in adoptive care. Since Probation youth are generally labeled as “hard to place”, the grant was set in place in order to find families that are open to adopting probation youth who do not have any relatives or non-relatives available to care for them. In addition to Probation foster youth, the grant also serviced youth that fit the following criteria: Deaf and Hearing Impaired, African American, Hispanic and Lesbian, Gay, Bi-Sexual, Trans-gender and Questioning (LGBTQ), with a special focus on those youth that are close to aging out of foster care.

A process was implemented in order to locate youth that would benefit from successful permanency efforts and outcomes. Probation reviewed a substantial amount of cases to identify youth that received new suitable placement orders during the timeframe of January 31, 2014 to March 31, 2014. This process was implemented to identify probation foster youth during the initial stages of their placement programs, to assist them with permanency services through the Diligent Recruitment Grant. The goal was that, through providing early identification, successful reunification would occur more quickly, thus decreasing re-entry into placement. Although no cases were identified that could immediately proceed through Diligent Recruitment, several transgender youth were identified for permanency that would have been lost in the system had this emphasis not been applied. Through this discovery, Probation has begun to partner with a consultant, who was a former Group Home Provider, and has a vast expertise in the LGBTQ population, to improve outcomes for these youth, specifically in the area of permanency.

### **ACTION STEP STATUS**

To date, the action steps of developing and convening the work group are completed. The next step of implementing the plan to continually tap into and share these resources on a consistent basis is in process now with the completion of a consistent implementation plan by 2015. A full update on the completion of this goal will be provided at that time.

The various workgroups convened regularly for the past year, some making more progress than others. For the P<sup>2</sup>C<sup>2</sup> Project, five (5) parent/caregiver volunteers have attended the four-hour orientation course. The Delinquency Judge facilitated a meeting for the Compton juvenile court stakeholders to meet the parent/caregiver volunteers and gain a better understanding of the role the team will play in the juvenile justice system and provide general information about the program. The P<sup>2</sup>C<sup>2</sup> Kickoff is pending the approval of an MOU between Probation and the Superior Court.

Regarding the Diligent Recruitment Grant, Probation has been working with KidSave since January 2012. KidSave is a non-profit organization that works to move older

youth out of foster care and into permanent, loving families. During the measured timeframe, approximately 240 cases were reviewed. Out of 240 cases, only 41 cases were identified as possible candidates to be reviewed for the recruitment grant. Unfortunately, after a more in-depth review of all 41 cases, only one case was identified as a strong candidate for the grant. The case that was identified was a 15-year old probation, transgender male who is currently housed at Penny Lane Group Home, Satellite IV.

One specific part of this grant important to Probation was designed to partner with a Faith Based Organization, Sycamore Park Church (SPC), which initially participated under the Diligent Recruitment grant during the last SIP progress report. As of August 2013, SPC was ready to coordinate and work with the County to recruit adoptive families. They organized training classes at fifteen (15) churches for parents who were open to adopting youth that fit the criteria of the Diligent Recruitment Grant. SPC was willing to recruit adoptive families for Probation youth that are considered “hard to place” such as, undocumented youth, sex offenders and older youth that are close to or older than 18 years of age. During the timeframe of April 1, 2013 to March 31, 2014, SPC continued to reach out to several communities to recruit families that were ready to service the “hard to place” youth. A few barriers came into play while SPC was trying to recruit families for this grant. SPC did not anticipate the lengthy criminal background process that the prospective families had to endure. In addition, the families required additional training on how to service and take care of the “hard to place” youth; therefore, there was no success in recruitment of families through SPC.

Although Probation’s recruitment efforts were unable to identify a substantial amount of eligible youth to participate in this grant, great permanency outcomes are expected with the one youth that was identified to take advantage of the grant.

## METHOD OF EVALUATION AND MONITORING

Probation will be conducting a pre and post customer service survey for all parent/caregivers that participate in the P<sup>2</sup>C<sup>2</sup> program. The pre-survey will determine the level of understanding of the juvenile justice system/ program objectives prior receiving assistance from the program. The post-survey will consist of similar question to determine the parent and caregiver understands of the juvenile justice system/ program objectives after services have been rendered.

## PROGRAM REDUCTION

One of the workgroups previously discussed in the last SIP Progress report was the Crossover Youth Permanency Workgroup that formed out of the larger “Georgetown Crossover Youth collaborative. Unfortunately, as of July 2013, this Work Group no longer takes place due to reductions within DCFS, who hosted this meeting. DCFS P-3 workers were a huge component to the success of the work of this group and were having a difficult time returning to DCFS after their contract expired. With the reassignment of staff, the formal announcement was made last year that this work group would end, but that the work would continue in other on-going Permanency collaborative meetings.

As a result of this group, a process was put in place where the 241.1 Officer would send all referrals to Probation Permanency at the first sign of family finding or permanency needs on a case. Probation has reviewed and assigned all of the 241.1 Permanency Referrals that were received within the measured timeframe to PPQA Permanency Officers. It should be noted that no new permanency referrals were received from the 241.1 Unit since the Acting 241.1 SDPO transferred to another unit.

Related to the Diligent Recruitment Grant, there was so much time spent in just obtaining the contracts and the partnering agencies that the process has just started as the grant is ending. The grant will end in 2015.

Exploring options for and enhancing existing resources such as Placement Assessment Centers (PAC), Aftercare Programs, Mentors, Faith Based Community, Employment, Housing, Child Care, higher education network and Transportation for parents/children, as well as surveying Group Homes for existing/untapped resources.

Two of the three Action Steps have been completed. The last Action Step of implementation of the plan to utilize, expand and share existing resources has been extended to 2015.

## ANALYSIS

This strategy was initially developed with the thought in mind that one collaborative with representatives from each part of the Placement Bureau would be developed to accomplish the goal of identifying and exploring availability of existing resources, but it was quickly determined that the exploration and enhancing of most of these resources would require specialized funding through the Child Welfare Services Outcome Improvement Project (CWSOIP) managed by Placement Permanency & Quality Assurance and Title IV-E Waiver funds managed by the Title IV-E Waiver Director. Therefore, these operations became the work group with input from all areas of the Placement Bureau.

Through Title IV-E Waiver funds, Probation expanded the Placement Assessment Centers (PACs) from four (4) agencies to six (6) agencies, where youth are placed for a 30-day period in order to obtain a comprehensive assessment of youth to ensure that he/she is placed in an environment that would best serve them and meet all aspects of their needs. The purpose of the PACs was to improve the outcome of placement stability by decreasing the number of AWOL incidents. For the reporting period of April 1, 2013- March 31, 2014, the number of AWOLs was tracked with youth placed in PACs and compared to the number of AWOLs from non-PAC facilities. Probation's internal data shows that there was a decrease of 18% in the total number of all AWOL incidents when youth were placed in PACs.

Also, through the Waiver funds, a process is currently in place to obtain an additional Probation Public Health Nurse and to continually explore expansion of Aftercare Programs. Probation was recently invited to participate in planning to utilize CWSOIP funds for a specific number of beds for Probation Foster youth in the dual agency home

participating in the Continuum Care Reform pilot program. CWSOIP funds were utilized to expand training to the new Functional Family Probation (FFP) staff through California Institute of Mental Health (CIMH). Probation is also in the process of utilizing Waiver funds to make enhancements to the current Probation Case Management System (PCMS).

#### ACTION STEP STATUS

To date, the action steps of developing and convening the work group are completed. The next step of implementing the plan to continually tap into and share these resources on a consistent basis is in process now with the completion of a consistent implementation plan by 2015. A full update on the completion of this goal will be provided at that time.

#### METHOD OF EVALUATION AND MONITORING

The managers of the Placement Permanency & Quality Assurance and the Title IV-Waiver have oversight of the funds utilized for this action step and have a strict accounting system for these funds that is monitored on a consistent basis. Further evaluation monitoring is provided by the Probation Fiscal section.

Additionally, the group homes self-report the number of AWOLs to PPQA via a shared database, i-Track and through monthly reports submitted to a PPQA Program Analyst (PA). PA reviews data from both PACs and non-PACs facility to do a comparison of information collected and work with agencies to improve in this area and analyze challenges and barriers.

#### PROGRAM REDUCTION

Non-Applicable

#### **Probation Summary**

In summary:

- Re-entry rates peaked at Quarter 4, 2013 but slowly regressed within the next quarter. Even with the regression, Probation still did not meet the national standard of 9.9%.
- Collaborative workgroups have transformed to create additional resources that promote family reunification, legal guardianship and other permanency options.
- P<sup>2</sup>C<sup>2</sup> is pending implementation due to a MOU required by the court to pilot the program at the Compton courthouse.
- Due to various challenges, Probation's recruitment efforts were unable to identify a substantial amount of eligible youth to participate in the Diligent Recruitment grant.
- Due to staff reduction, the Georgetown Permanency Sub-Committee/Work Group hosted by DCFS was collapsed into other on-going permanency collaboratives.

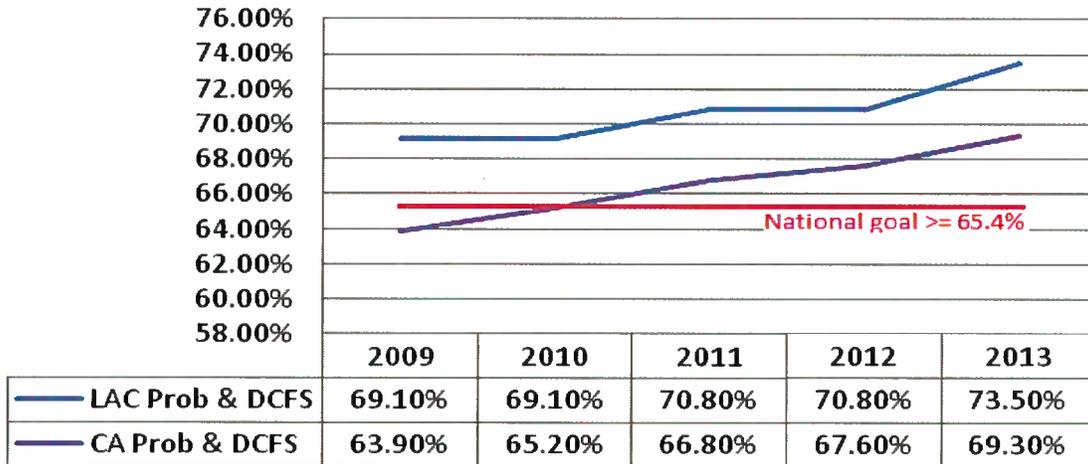
- Data shows that PACs have been sufficient in increasing placement stability by decreasing the number of AWOLs in comparison to non-PAC facilities
- Family reunification has been positively impacted by identifying and expanding new and existing resources.

## Federal Measure C4.2: Placement Stability for Children in Care for 12-24 Months

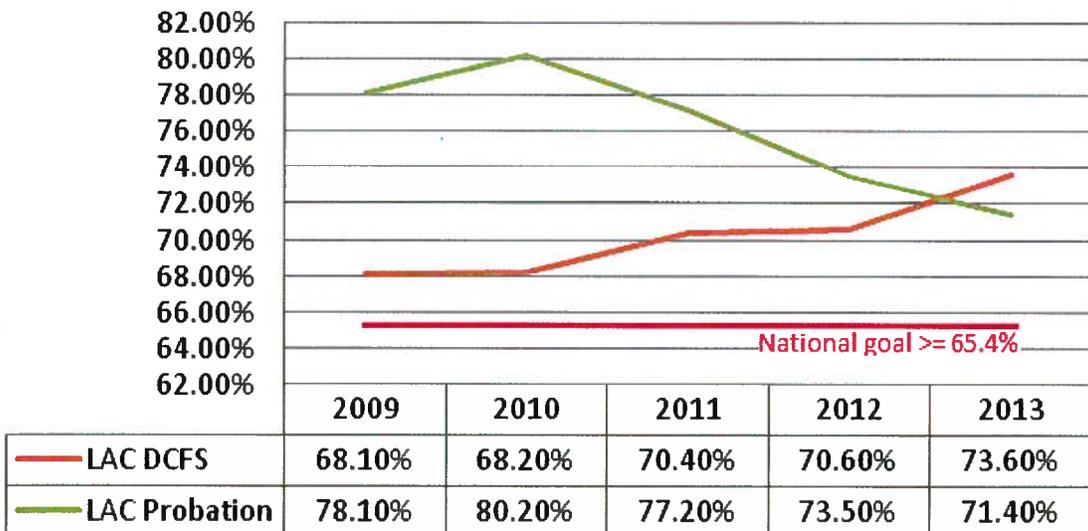
### Methodology\*:

This measure computes the percentage of children with two or fewer placements in foster care for at least 12 months, but less than 24 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 at least 12 months and less than 24 months; the numerator is the count of these children with two or fewer placements.

### Placement stability (12 to 24 months in care) LA County & California



### Placement stability (12 to 24 months in care) LA County DCFS & Probation



## Current Performance C4.2 Placement Stability (12 to 24 Months in Care):

SIP Goal: By January of 2016, LA County will increase stability of placement (children in case 12-24 months) from 66.6% to 72.0%

<b>Measure C4.2 Placement Stability (12 to 24 Months in Care)</b> <b>Of all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings.</b>														
	1 <sup>st</sup> Qtr 2011	2 <sup>nd</sup> Qtr 2011	3 <sup>rd</sup> Qtr 2011	4 <sup>th</sup> Qtr 2011	1 <sup>st</sup> Qtr 2012	2 <sup>nd</sup> Qtr 2012	3 <sup>rd</sup> Qtr 2012	4 <sup>th</sup> Qtr 2012	1 <sup>st</sup> Qtr 2013	2 <sup>nd</sup> Qtr 2013	3 <sup>rd</sup> Qtr 2013	4 <sup>th</sup> Qtr 2013	1 <sup>st</sup> Qtr 2014	National Standard or Goal
<b>Los Angeles</b>	66.7	68.8	69.0	69.4	69.8	70.1	70.5	70.6	71.2	72.5	73.6	73.6	74.2	65.4

Since 2011, child welfare has seen a gradual increase in placement stability for those children, under both dependency and delinquency supervision, who have been in care 12 – 24 months. In quarter 1 of 2014, Los Angeles County surpassed the 65.4% national standard by 8.8%.

### DCFS SIP Strategies ~ C4.2 Placement Stability (12 to 24 Months in Care):

- Increase relative and non-relative extended family member (NREFM) placement by 20%;
- Continue with training and implementations of Ice-breaker Meetings (Completed 2013 SIP Progress Report);
- Complete a placement stability study (Completed 2013 SIP Progress Report);
- Implement County-wide Expedited response pilot; and
- Evaluate the D-rate Program.

### Increase relative and non-relative extended family member (NREFM) placement by 20%

A SIP pilot effort related to increased relative placement, completed in the first two quarters of the system improvement plan (Q4 2011, Q1 2012), was successful in moving the Compton Regional Office from 51% initial relative placements to 63% initial relatives placements (DCFS Data Dashboard – Cognos Data, utilizes data from CWS/CMS). The pilot included the addition of Kinship Support staff at TDM meetings at the time of removal. Following the pilot a review of efforts noted that once the additional Kinship staff was removed from the Office, initial relative placement performance percentages were not maintained.

From Quarter 2, 2012 through Quarter 1 of 2013 a new strategy lead worked on developing next steps. The SIP strategy of expanding initial relative placement was combined with a DCFS Strategic Plan objective related to the same desired outcome. The goal, increase relative and Non-relative Extended Family Members (NREFMs) placements across the county by 20%, was taken on as the SIP strategy. The baseline data being used for this goal is taken from Child Welfare Services Report data for September 2012. The total number of children in out of home care in September 2012

was 15,619. Of that 8,232 (52.7%) of the children were placed in relative care. The target goal is that by December 2014 62.2% of all Los Angeles County, child welfare children will be placed in relative care or with NREFMs.

During this period of review, quarter 2 2013 through quarter 1 2014, the following efforts and actions have been in place.

1. DCFS made plans to re-emphasized the importance of compliance with Procedural Guide 0300-508.30, which requires social workers to conduct an investigation to locate all adult relatives within 30 days of a child's detention, providing written, and where appropriate, oral notification to relatives who are potential care providers. This is expected to occur by quarter 3 of 2014.
2. The Kinship Education Preparation and Support (KEPS) program, a curriculum specifically tailored to meet the information and support needs of relative care providers, has been recently revised and planning for its release and implementation is beginning in quarter 2 2014. The plan is for it to be rolled out by the beginning of quarter 3 2014.
3. In June 2013, the Department began utilizing a bifurcated California Law Enforcement Telecommunications System (CLETS) referral submission process, through which approximately 95% of CLETS results for emergency placements were returned within 2 hours and 61% of CLETS requests for emergency response investigations have been returned within one week. These gains will continue to be monitored and discussed with the California Department of Justice (DOJ).
4. The increased frequency and ongoing flow of Livescan downloads opened the door for increased computerization and technology. As a result, Livescans flow directly to DCFS Children Social Workers (CSW), often within an hour and without delay, for staff conducting new investigations. Also, approximately 90% of CLETS results on new investigations are returned to our Livescan stations within 2 hours, and all within a period of 2 days. The DOJ is working with DCFS to use their developed technology to have instant return of CLETS (that discussion will continue on 4/10/14). These breakthroughs enable even faster relative approvals of qualified adults with no criminal histories.
5. The DCFS Strategic Planning Workgroup concluded work in March 2014, and made three-tiered proposals to the Executive Team.
  - a. Encouraged enforcement of existing policies that instruct staff to immediately and systematically seek out and notify appropriate relatives and Non-Related Extended Family Members (NREFM) when detentions are imminent;
  - b. Affirm DCFS commitment to embrace and support the relatives with which we place children; and

- c. Improve DCFS internal systems for outreach, obtaining documents and information, and consideration of Adoption Safe Family Act (ASFA) assessment restructuring to best meet the needs of clients and regional operations.

6. In March 2014, the DCFS Executive Operations Team was provided a model, which is under pilot consideration, to decentralize the ASFA function and staff into regional offices, to expand and expedite placement with relatives.

#### Continue with training and implementations of Ice-breaker Meetings

As documented in the Quarter 4 2011 – Quarter 1 2012 SIP Progress report, this strategy was “completed” in Quarter 1 of 2012. Lessons learned related to the value of establishing a relationship between the parent and caregiver has been integrated into practices outlined in the Core Practice Model, thus redirecting the techniques to broad utilization in day to day practice.

#### Complete a placement stability study

To more fully understand current performance related to placement stability, Los Angeles County completed a formal study of Placement Stability (12 to 24 Months in Care). As documented in the Quarter 2 2012 – Quarter 1 2013 SIP Progress report, this placement stability study was completed. Highlights of findings were shared at the June 26, 2013 Annual SIP Stakeholder meeting and included

##### Placement findings:

1. Placement Types: From the first placement to the last placement, there is an increased reliance on Relative Homes and a decreased dependence on FFA Certified Homes.
2. Ethnic group differences indicated that Black/African American children experienced a higher number of placements and had the lowest percentage of children who experienced placement stability.
3. Placement Change Reasons – nearly half of initial, first, and last placements were coded as other, therefore not providing any meaningful information. The next largest percentage of placement moved was categorized as moves for a positive reason.
4. Placement Direction – For almost half of the children in the sample, the placement trajectory was to a less restrictive environment. Only 10% of the children required a more restricted placement on their last placement.
5. A majority of the children in the sample experienced placement stability during the first 12 months, especially those children under ten years of age.

6. A small percentage (2.8%) of placement changes were “paper moves”, meaning the child did not physically move but computer data entry requirements record moves (i.e. agency or licensing changes) on CWS/CMS as a placement change.

Additional findings included; More placement stability was noted for children who were younger when entering foster care and for those who had their case closed sooner; A higher percentage of children who were initially placed with relatives upon removal experienced more stable placements compared to children in other types of placement; and children who achieved legal permanency at the time of case closure were more likely to have stable placements.

The findings from the placement stability study strategy are utilized and referenced as Los Angeles County continues focus efforts on increasing relative placements.

#### Implement County-wide Expedited Response Pilot

This strategy was to pilot a County-wide Expedited response process. The pilot concluded in Quarter 4 of 2011. This strategy theorized that the placement stability measure impact would show itself by a reduction in hospitalizations realized as crisis stabilization services continue to be provided within the context of a safety plan vetted by key members of the joint response team.

Currently, data collection is limited to the year 2012 and has not captured impact over time. Further analysis and additional outcome data will be included in the future for efforts around this strategy. DCFS is partnering with the Department of Mental Health (DMH) to explore a means of tracking subsequent use of Field Response Operations – Emergency Response Protocol (FRO-ERP) services for high-risk youth and linking non-hospitalized children to mental health services. DCFS has continued to gather data regarding the number of joint responses and are having on-going discussions with DMH to track the outcomes of these responses.

#### Evaluate the D-rate Program

The D-Rate redesign is being structured around a team approach with the goal of identifying a child’s underlying needs and tailoring services and supports to meet those needs. Another critical aspect of the redesign is to make certain caregivers feel supported and have access to a team, especially during crisis situations. The D-rate redesign values the linking caregivers to supportive services such as support groups, or access to a WRAP team 24/7 hoping that such an effort will decrease 7 day notices and increase a child’s overall stability.

Following the completion of the D-Rate program review in January 2013, the D-Rate redesign workgroup made decisions to modify the tools utilized to determine D-Rate eligibility and to modify the D-Rate payment structure to a 3 tiered approach. In addition, the workgroup reviewed the Community College training curriculum and found that additional training modules, to include training on the County’s Core Practice Model

and the Katie A. lawsuit would greatly strengthen the initial D-Rate certification for caregivers.

D-Rate evaluators are encouraged to hold Child and Family Team (CFT) meetings for all annual D-Rate reassessments, as time permits, pending full implementation of the re-design.

A proposed scoring system for the New D-Rate Behavior Checklist is complete and will be reviewed by the workgroup in May 2014. The proposed scoring system is very similar to the Regional Center dual agency rate.

Prior to full implementation of all D-Rate redesign strategies DCFS' executive team approval and state approval is needed.

## DCFS Summary

In Summary:

- Los Angeles County has been successful in showing improvement in Placement Stability for 12- 24 months in care, surpassing the national standard.
  - Los Angeles County Q1 2014 performance: 74.2
  - National Standard: 65.4
- The Placement Stability study affirmed DCFS' placement with relative SIP strategy, by identifying findings that link increased placement stability for children in relative care. Findings are being utilized and referenced as other strategies are being implemented.
- SIP efforts around relative placement will continue and are in alignment with DCFS Strategic Plan<sup>5</sup> Objectives.
- Expedited Response has identified a need to establish a baseline for their data collection that will allow for further exploration of the impact of joint response efforts on placement stability.
- The completion of the D-rate evaluation has prompted recommended changes to curriculum and scoring guides.
- D-rate Evaluation recommended D-rate training and engagement with providers include close alignment with the Core Practice Model and the use of Child and Family team meetings.

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<sup>5</sup> DCFS Strategic Plan Attachment 2

**Probation SIP Strategies ~ Measure C4. 2 Placement Stability (12 to 24 Months in Care):**

**Measure C4.2: Placement Stability (12-24 Months in Care)**

- Improve report compliance through revision of current court reports and case plan, which will include training and enhancing current monitoring system, with a quality assurance process implemented to ensure effectiveness
- Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs), development of assessment team and collaboration with partners such as DMH, LACOE and DCFS.
- Expand Evidence-Based Programs (EBP) and practices, well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Multi-Dimensional Team (MDT) processes.
- Increase safety for Probation Placement Officers serving dual roles.

<b>C4.2 Placement Stability (12 To 24 Months In Care)</b> Of those children who have been in care for at least 12 months and less than 24 months, what percent of these children have had two or fewer placements.					
Quarter/ Year	2/ 2013	3/2013	4/2013	1/2014	National Standard Goal
Los Angeles Probation	73.9	71.5	72.3	73.5	65.4

Probation is consistently meeting and exceeding the national standard goal of 65.4% in placement stability. The percentage has remained constant for the quarters reported.

Improve report compliance through revision of current court reports and case plan, which will include training and enhancing current monitoring system, with a quality assurance process implemented to ensure effectiveness.

The only Action Step that has not completed for this strategy is as follows: Develop a monitoring system for NSPs/Case Plans related to Family Reunification outcomes and effectiveness of treatment and services, with additional monitoring to ensure Public Health Nurses (PHNs) information is incorporated into the case planning process. "Group Home" has been removed from the "monitoring system" since this is a collaborative effort of both Group Home treatment staff who complete NSPs and Placement Officers, Compliance Officers and Group Home monitors who complete and conduct quality assurance on Case Plans.

**ANALYSIS**

The purpose and ultimate goal of a monitoring and quality assurance (QA) system for these service and case plan processes is to increase and improve an effective teaming process between Group Home Providers and Case Workers. A collaborative workgroup

has been convened to engage and partner with all involved in the Case Planning process and to ensure that everyone is working together with the same written goals and services for the youth. The new policy will include the requirement for signatures on both documents (Case Plan, completed by the DPO/Caseworker and the NSP, completed by the Group Home Provider) to implement the NSP and Case Plan goals, with the goal of eventually removing "efforts made" to obtain signatures. The other component is to ensure that the PHNs are a part of the case planning process, especially with the medically fragile children and overall medical information. Additionally, Probation will implement a new monthly monitoring system, where a PPQA Group Home Monitor and a PPQA Compliance Officer will work together to compare NSPs and Case Plans and ensure they have the same goals.

### ACTION STEP STATUS

The first meeting was conducted on June 4, 2014, and since this time, the workgroup has met a total of three times. The goal is to meet once a month until a pilot program is established, and continue the workgroup to provide oversight to the new QA process. Barriers/challenges were discussed regarding obtaining the required signatures for both documents, along with possible solutions. The main barrier was getting the Placement Officers and Social Workers to attend the MDT meetings, where goals are discussed and agree upon for both the NSP and Case Plan. Ways to motivate and get all involved and more invested in the process and outcomes for the child were discussed at length. Solutions discussed were mostly about improving the MDT process and making it more of a priority, possibly instilling consequences for failure to comply with failure to be involved in the MDT process.

### METHOD OF EVALUATION AND/OR MONITORING

The Probation Department's PPQA operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a review process will be put into place to ensure that the Case Plans and Needs & Services Plans have the same goals with required signatures. This quality assurance process will involve one PPQA Compliance Officer and one PPQA Group Home Monitor, to pick one or more cases per month to review a sample of Case Plans and Needs & Services Plans to review the goals and signatures.

### PROGRAM REDUCTION

The only issue of program reduction to address under this action step is the recent staff turnover and difficulty filling the vacancies left as staff promote and transfer out of the Placement Bureau and the Group Homes represented at the work group.

Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs), development of assessment team and collaboration with partners such as DMH, LACOE and DCFS

The only Action Step that has not completed for this strategy is as follows: Convene collaborative group to meet quarterly to ensure progress and enhance the assessment process and implement quality assurance process to ensure effectiveness. The timeframe for this Action Step has been extended to 2015, and the progress is discussed below.

#### ANALYSIS

This workgroup comprised of managers from Placement Permanency & Quality Assurance, Residential Based Services and Placement Administrative Services have developed the initial work of this group and will set the standard for the assessment of all new cases entering placement for the first time, whether to a Foster Family Agency or a Group Home. This workgroup will also make assessment and placement decisions for replacement on a case-by-case basis. The goal of this Assessment Team will be to work in alignment with the PACs in making the best placement decision for the youth from the very beginning in order to positively impact placement stability. In cases of replacement, the Assessment Team will work in alignment with the Probation Officer, Permanency Officer, if applicable, and the Provider Treatment Team to make the best decision for replacement in an equivalent setting or a step-down placement.

#### ACTION STEP STATUS

This workgroup has met three times and is in the process of developing the Assessment Team Protocol, along with the screening tool that will be utilized in the assessment. The goal is to have the draft of protocols and guidelines, Department Directive and screening tools completed by the beginning of 2015 so the administrative approval process can begin before final implementation.

#### METHOD OF EVALUATION AND MONITORINGPROGRAM REDUCTION

The Probation Department's Placement Permanency & Quality Assurance operation, along with Residential Based Services, monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a process will be put in place whereby both operations will work in conjunction to consistently track the progress of each youth placed to ensure the effectiveness of the Assessment Team decision. Data will be collected and analyzed along the course of the youth's time in placement. This data will provide feedback to the Probation Officer, Permanency Officer, youth, the Assessment Team and the Provider Treatment Team to ensure that everyone is on course with the best plan for the youth, in order to limit the number of placements.

#### PROGRAM REDUCTION

Non-applicable

Expand Evidence-Based Programs (EBP) and practices such as Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST) as well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Team Decision Making and Multi-Dimensional Team (MDT) processes to enhance the use of all services at strategic points in each child's case.

The three action steps under this strategy are utilization of the Placement Authorization Utilization Review (PAUR), increased services and referrals for EBP, FP and WRAP and full implementation of 3-phase MDT process. Due to multiple changes in these programs, including administrative and staff reassignment and promotions and transfers, the completion of these goals has been delayed; therefore, all Action Steps have been extended to 2015. The progress of each is detailed below.

### **Utilization of PAUR & EBP/FP/WRAP Services and Referrals**

The consistent use of the PAUR operation directly impacts the increase of appropriate referrals and effective services provided to all youth and their families. PAUR functions as a support system to juvenile operations by assessing referrals and assisting with determining the best treatment approach for youth and families. Referrals are submitted regarding prevention services that juvenile probation staff may consider in lieu of out of home placement. Services are available to all youth meeting the eligibility criteria and demonstrating a need for community-based services. Examples of community based alternative programs include: Family Preservation, Multi-Systemic Therapy, Functional Family Therapy, Functional Family Probation, Substance Abuse Prevention Control, Group Home Aftercare Services, etc.

The Family Preservation (FP) program is linked in a continuum of care to ensure the physical, emotional, social, and educational development of children in a safe and nurturing environment. The FP program is a broad, integrated community-based, collaborative approach to providing services to DCFS and Probation families experiencing family functioning challenges related to child abuse, neglect, and/or exploitation. DCFS and the Probation Department partner with community-based contractors and the Department of Mental Health (DMH) to provide mental health services when appropriate. Services include in-home outreach counseling visits, clinical direction and the Multidisciplinary Case Planning Committee.

The WRAP Community Based Organization (CBO) contracts are due for renewal in 2015. Based on the new contracts currently under development, the CBOs will receive a reduction in the rate per child. The offset funds will be utilized internally by Probation to increase referrals and provide direct services to the youth and families; thus, expanding the availability of program to eligible clients.

### **ANALYSIS**

Due to a recent organizational change in which PAUR is currently accepting referrals from an expanded list of Probation units and camps, there is a justifiable reason to expand the FFT program. Statistical reports are extracted monthly to capture fidelity to model percentages for each intervention staff (interventionist). The examination of data

revealed an increase in session completion percentages, increased graduation rate percentages and fewer gaps in service.

Based on an evaluation conducted by an external partner, monitoring fidelity is a critical focus for Probation. The intended outcomes of the FFT program are to improve mental health and reduction in criminal recidivism. The measures for monitoring fidelity include the length of time obtaining the referral to conducting the first session, with a target goal of 7 days or less. The data for the time period January 1, 2014- September 1, 2014 ranged from 4.74 to 7.85 days.

Another measure of fidelity is the graduation rate, which is the percentage of clients who completed the FFT intervention, with a target goal of 80% or higher. Data from August 2013- January 2014 shows that two Probation FFT teams exceeded the goal (82.5% and 90.6%).

FFT Inc. is surveying the outcome of the youth's global mental health functioning with a Youth Outcome Questionnaire, typically completed by Probation youth and parent before and after participation in FFT. For the period of July 2013 - January 2014, 27.8% of youth reported a positive change in their functioning; 61.1% reported no change; and 11.1% reported negative change. Based on the parent's report of the youth's functioning, 54.3% reported a positive change; 37.1% reported no change; and 8.6% reported a negative change.

#### ACTION STEP STATUS

The increase in developing the aforementioned evidence-based programs has regressed due to departmental and administrative changes. The PAUR Unit is no longer with the Placement Bureau, but has moved to the Juvenile Field section. The rationale is to expand the referral base to all Probation youth and is not strictly limited to youth on a Suitable Placement order. Although the expansion was hindered for the current reporting period, a more comprehensive update will be provided on the next progress report.

#### METHOD OF EVALUATION AND MONITORING

Casey Families conducted an evaluation of the FFT and FFP program implemented by Probation using data from 2007-2011. The evaluation revealed the absence of a consistent pattern of findings across the intervention spectrum, preventing Probation from drawing stronger conclusions regarding the effectiveness of FFT and FFP. Probation is continuing to implement more rigorous and systematic data collection processes to ensure the accuracy of the data, particularly in measures of model fidelity. Probation is working closely with the California Institute for Behavioral Health Solutions (CIBHS) and Casey Family Programs to ensure the quality and fidelity of the FFT and FFP data.

WRAP Around (WRAP) Services are rendered by contracted CBOs. The shared administrative functions of WRAP consist of a strong collaboration between Probation, DCFS and DMH. The three departments each have a representative for the

Interagency Screening Committee. The aforementioned committee screens cases to determine if the youth is a candidate for WRAP. The committee also develops the Plan of Care, which is delegated to the contracted CBO that provides direct services to the youth and families. The committee reviews the Plan of Care, the development, and progress of the youth and families after six (6) months from the start date. To maintain the fidelity of the care plan, the WRAP DPOs work with the case carrying DPOs, monitor the referral volumes per service planning areas (SPA) to identify areas throughout the county that are lacking local CBOs and find alternative plans.

A recent departmental change has shifted the focus on obtaining data and evaluation for youth and families receiving WRAP services. The measures will include graduation rates (completion of the program); pre and post Los Angeles Risk and Resiliency Check Up (LARRC) scores, a self-assessment document utilized by Los Angeles County to determine risk factors and protective factors; case closure reasons; and length of time in the program, with a targeted goal of one year or less.

Family Preservation services are rendered by contracted CBOs. In the CBO contract, the agency is required to collect and enter data in a collection instrument developed by the Inter-University Consortium and the Family Preservation program. The data collected must include, but is not limited to: demographic information, primary allegations, client profiling, client characteristics, number of prior case openings and again at case closing, and services recommended and received.

## PROGRAM REDUCTION/BARRIERS TO IMPLEMENTATION

One area that has become a barrier to fully implementing this process for all Probation foster youth or those at risk of entering foster care is lack of referrals, specifically for African American youth. Based on available data on disproportionality, FFT DPOs are strategically concentrated on areas with a higher number of African American populations. However, even with a systemic outreach approach, and having staff and services available, there are difficulties receiving referrals and clients that will benefit from such assistance. Exploration of systemic change to generate more referrals for these youth is necessary. One idea is to have an intake specialist for FFT who will make the appropriate referrals on all cases in this concentrated area.

### **3-Phase Multi-Disciplinary Team (MDT) Implementation**

In February 2012, Placement Bureau staff and Group Home Providers were trained on the MDT process, which includes all three phases (Initial, Mid and Transition) and documentation requirements of all three team meetings. Although not all phases of this process are consistently utilized on every case, this process is being successfully utilized by Placement Officers and Group Home Providers in a collaborative fashion as evidenced by the reduced number of youth in care and returning to care. The successful MDT process has also assisted with increased referrals to after-care and evidence based program services.

## ACTION STEP STATUS

Due to recent staff turnover and multiple changes in Probation administrative, the development, improvement and increase of these services has been slowed, but has begun to move forward with a fresh perspective based on the new administrators and staff. Additionally, the PAUR unit is no longer under the Placement Bureau, but has been moved to the Juvenile Field section. In spite of this reassignment, it will still be addressed and completed by the end of this System Improvement Plan. All three action steps will continue to be monitored with a full update on the completion of all by the next reporting period.

## METHOD OF EVALUATION AND MONITORING

The Probation Department's PPQA operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a review process is being developed to ensure that MDTs are taking place across all three phases of the youth's placement and program. Additionally, Placement to Community Transition Services (PCTS) Supervisors have strict accountability and oversight to the fidelity of the evidence based program and services model, and the quality assurance provided by the Supervisors and mental health on a national level is quite successful. Both operations' oversight will ensure continued improvement and development of these action steps.

## PROGRAM REDUCTION/BARRIERS TO IMPLEMENTATION

Although collaborations within multiple units are in place, there is room for improvement to include FFT DPOs in MDT meetings. FFT is on a limited timeframe with the family (3 months). Utilizing the MDT meetings will enable the DPOs to engage the families, answer questions and develop an appropriate aftercare plan.

Increase safety for Probation Placement Officers serving dual roles, through developing a safety protocol and obtaining resources such as training and equipment (cell phones, safety vests, Oleoresin Capsicum (OC) Spray, handcuffs/mechanical restraints).  
Explore ways to retain and reduce the turnover of Placement Officers.

Of the three Action Steps under this strategy, there is only one that has not been completed as follows: Work closely with Camp Community Placement to develop a process that will identify children residing in camp with no family in order to expedite permanency. Due to barriers and challenges, the timeframe for this collaboration has been extended.

## ANALYSIS

It is believed that the increased emphasis on Placement Officer safety and reducing staff burn-out has had a direct impact on the job satisfaction and the reduction in staff turnover. Although, there was a lot of staff turnover as a result of AB109 and promotional activity after a long period of time of no movement, the Placement Bureau

overall has a strong retention rate, and the strides made toward Placement Officer safety has contributed. Also contributing to the overall sense of well-being and job satisfaction are the tools and resources obtained for Placement Officers to feel safe and complete their work effectively. Some of the tools obtained were laptops, hot spots, safety vests, pepper spray, and after much work and coordination, the Probation Department has supplied new caged cars for Placement Officers to utilize when transporting youth to juvenile hall. This is a huge improvement to overall safety for both staff and youth.

It is also a known fact that the key to effective permanency is early identification and planning. There are many youth in Camp Community Placement that will be placed in a Foster Home, Group Home or in a homeless shelter, if they are not placed before 18 years of age, due to having no family or suitable family members to whom they can return. It is imperative that a consistent process is put in place to identify those youth, especially those fast approaching the age of 18, as early as possible.

#### ACTION STEP STATUS

Probation's Placement Permanency & Quality Assurance, along with Residential Based Services is in the process of developing a process with the Juvenile Camp Intake Coordinator, the MDT Coordinators in each camp and the Camp After-Care Program to identify youth with no family connections early in the case. PPQA Administrators will work with the Juvenile Field Consultant during the next reporting period to meet with all MDT Coordinators to provide a Department-wide training and increase the number of permanency referrals from camp. Once this is established, there will be better communication among all involved parties to ensure that family finding and permanency options are expedited and plan in place prior to the youth transitioning from camp to placement.

#### METHOD OF EVALUATION AND MONITORING

The Probation Department's PPQA operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a review process will be put into place to ensure that all youth entering camp are evaluated for permanency and assigned to a Permanency Officer immediately upon identification.

#### PROGRAM REDUCTION

Non-Applicable

#### **Probation Summary**

In summary:

- Probation is consistently meeting and exceeding the national standard goal of 65.4% in placement stability. The percentage has remained constant for the quarters reported.

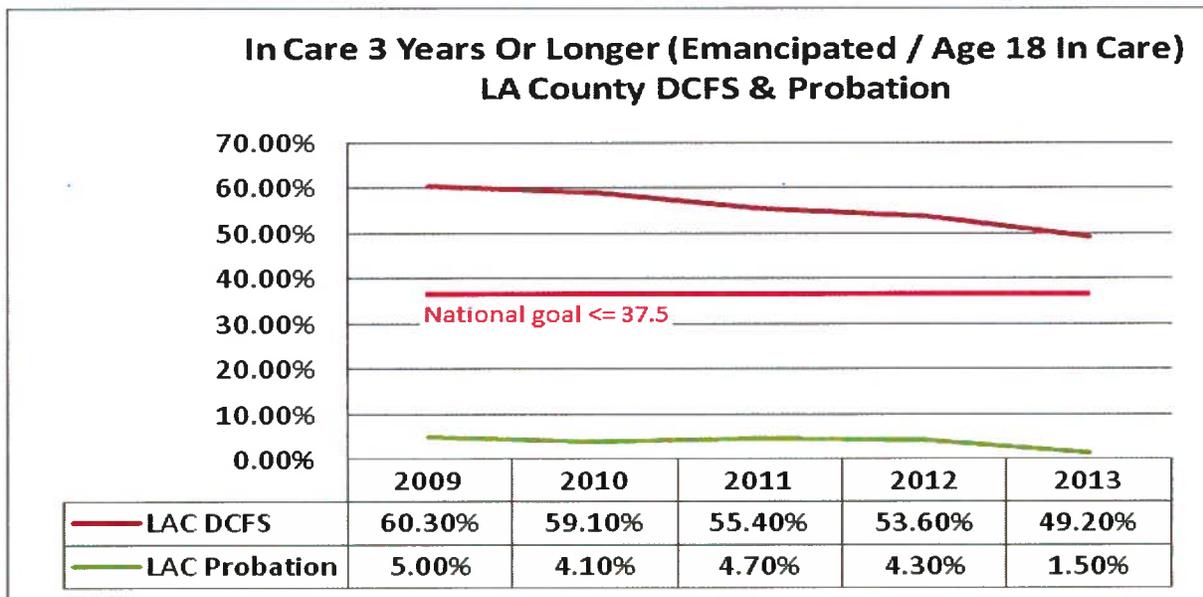
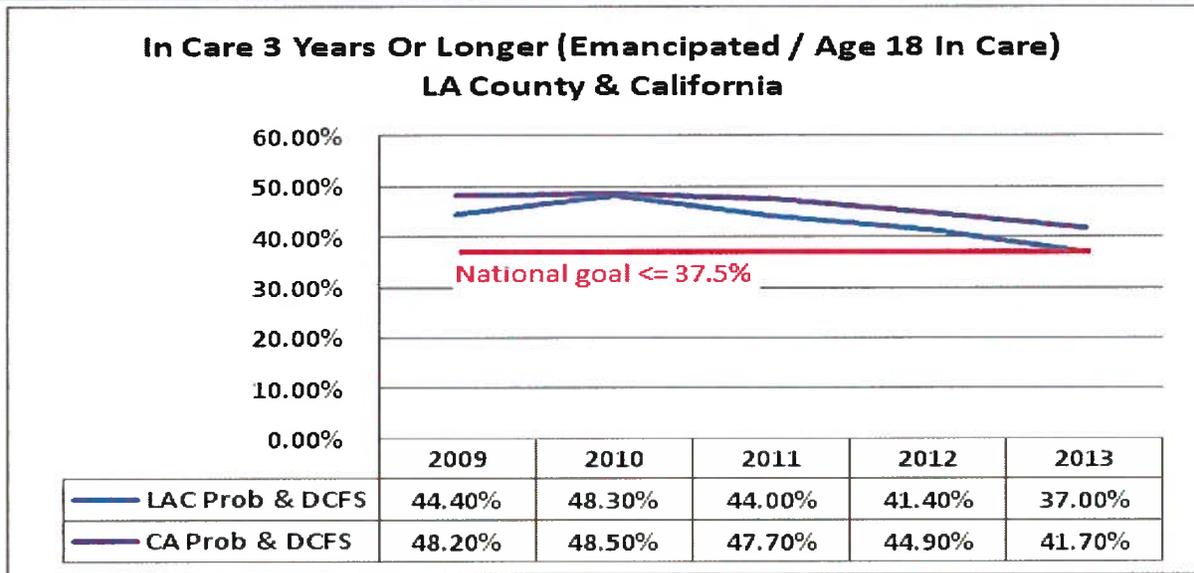
- A collaborative workgroup is in the process of developing an Assessment Team that will standardize the assessment for placement of all youth in a Foster Family Agency (FFA) or a group home.
- Based on findings from an outside evaluation, the priorities of Probation units that provide evidence based programs have shifted to expand and improve the overall process of gathering and analyzing data that will drive a strong conclusion on the effectiveness of the programs, model fidelity, and developing a QA process.
- The importance of accountability is mandated via contract requirements to the CBOs providing direct services; thus, holding CBOs to the same County/ State standards.
- The Placement Bureau staff and group home providers received training on the MDT process. The success of the MDT process assisted in the increase of referrals to after-care and evidence based program services.
- Increased officer safety and job satisfaction through improved tools and programs has made an impact on reduction of staff turnover in Placement
- PPQA is in the process of developing a protocol with the MDT coordinators in each camp and the Camp-After-Care program to identify youth that do not have family connections. The goal is to assess the youth's lack of familial support in the forefront of the case plan to improve timeliness of services.

## Self-Sufficiency

### Measure C3.3: In Care 3 Years or Longer (Emancipated/Age 18)

#### Methodology:

This measure computes the percentage of children in foster care for 3 years or longer who were then either discharged to emancipation or turned 18 while still in foster care. The denominator consists of all children discharged to emancipation or who turned 18 while still in foster care during the year; the numerator includes those children for whom the time from the date of the latest removal from home to the date of discharge to emancipation, or the date the child turned 18, was equal to or greater than 3 years. This measure contributes to the third permanency composite.



### Current Performance C3.3: In Care 3 Years or Longer (Emancipated/Age 18)

SIP Goal: By January of 2016, LA County will reduce the percentage of youth in care 3 years or longer by 10% (emancipated/age 18) from 60.2% to 54.0%

The SIP goal established for the "In care three years or longer" outcome measure, took into consideration a baseline performance of 60.2% in Quarter 2 2010. Los Angeles County's target to reduce the percentage by 10% meant County performance for this measure would be reflected in an outcome measure of approximately 54% of emancipating youth/age 18 having been in care 3 years or longer.

<b>C3.3 In-care 3 years or Longer (Emancipated/Age 18)</b>														
<b>Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?</b>														
	1 <sup>st</sup> Qtr 2011	2 <sup>nd</sup> Qtr 2011	3 <sup>rd</sup> Qtr 2011	4 <sup>th</sup> Qtr 2011	1 <sup>st</sup> Qtr 2012	2 <sup>nd</sup> Qtr 2012	3 <sup>rd</sup> Qtr 2012	4 <sup>th</sup> Qtr 2012	1 <sup>st</sup> Qtr 2013	2 <sup>nd</sup> Qtr 2013	3 <sup>rd</sup> Qtr 2013	4 <sup>th</sup> Qtr 2013	1 <sup>st</sup> Qtr 2014	National Standard or Goal
Los Angeles	58.8	58.0	57.2	55.9	55.8	54.9	53.1	53.5	52.7	51.7	50.2	49.2	49.0	37.5

Since 2011, child welfare, both dependency and delinquency, has seen a gradual decrease in the percentage of youth emancipating or turning age 18, having been in care three years or longer. The 49.0% performance of Quarter 1 of 2014 is a positive move towards the national performance standard of 37.5%. Los Angeles County has met and surpassed the SIP goal of a 54.0% performance.

#### **DCFS SIP Strategies ~ C3.3 In Care 3 years or Longer (Emancipated/Age 18):**

- Improve current data tracking systems and reporting process for youth (*Completed 2013 SIP Progress Report*);
- Continue Mental Health Screening and Assessment (*Completed 2013 SIP Progress Report*);
- Provide newly detained children with a comprehensive needs assessment (*Discontinued 2013 SIP Progress Report*); and
- Utilize the California Partners for Permanency (CAPP) Grant.

#### Improve current data tracking systems and reporting process for youth

At the start of the System Improvement Plan, an analysis of Exit Outcome reporting accuracy for quarter 1 of 2011 showed that DCFS Offices were reporting data for approximately 44% of the total number of youth exiting care. This strategy was created, anticipating that by utilizing a developed data collection systems, Los Angeles County would see improved, more accurate tracking of information for all the youth exiting care and better be able to track the number of youth reported by the DCFS offices as exiting.

DCFS continues to utilize two tracking reports for National Youth in Transition Database (NYTD) and for the Federal Exit Outcomes reports. The tracking reports provide DCFS Regional Offices information on youth needing NYTD data information and those who will be exiting so that the appropriate transitional conferences can be convened.

From October 2013 through March of 2014 DCFS met 98.7% (5411/5484) of the NYTD standards for Independent Living Plan (ILP) Service standards. However, documentation for youth exiting the system shows that the department continues to be challenged with data collection for this population. As of September 20, 2014 DCFS has recorded 9.49% (113/1190) of 18 year olds exiting dependency. During the next period of review, the department will be exploring strategies to address improved tracking and data entry related to Exit Outcome reports.

#### Continue Mental Health Screening and Assessment

DCFS continues to work diligently with Department of Mental Health (DMH) co-located partners to ensure and timely and appropriate linkage to mental health services for the youth served by both agencies. Coordinated Service Action Teams have been fully integrated into every DCFS office. The Bureau of Clinical Resources and Services is maintaining timely mental health screenings.

#### Provide newly detained children with a comprehensive needs assessment

DCFS continues to utilize and track Multi-disciplinary Assessment Team (MAT) assessment but not as a formal SIP goal. Multi-Disciplinary Assessment Teams were in place prior to this current SIP and the SIP strategy completed during the last review allowed DCFS to track MAT assessments and study the effect of the assessment.

#### Utilize the California Partners for Permanency (CAPP) Grant

During this period of review, with the support of the CAPP grant and associated technical assistance, coaching and implementation strategies associated with the practice model have continued. Additionally, the Department has utilized an outside consultant to assist in transitioning from Team Decision Making (TDM) meeting efforts to a more comprehensive Child and Family Teaming (CFT) process that involves staff preparation, case exploration, family engagement and a child and family team meeting. The Department has set in place a transition plan for the facilitation of Team Decision Making (TDM) meetings and (eventually) Child and Family Team (CFT) meetings utilizing resources from the pool of Team Decision Making facilitators who will be re-purposed as coach facilitators.

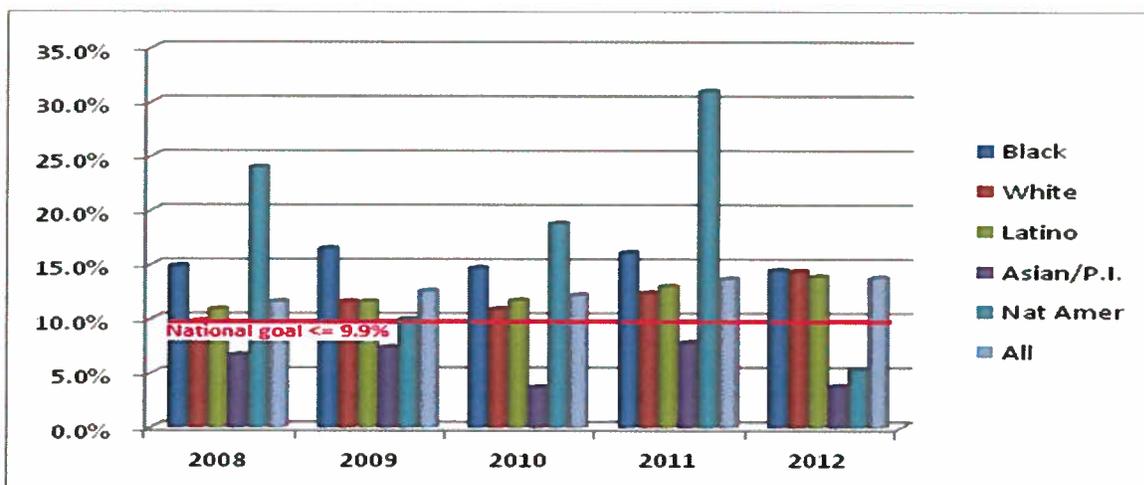
Lead coaches (referred to now as *Coach Developers*) are being trained and certified to lead an extensive testing of CFT teaming process in various offices aside from Pomona, Torrance and Wateridge. DCFS' Metro North, San Fernando Valley and West San Fernando Valley, as well as the South County, Vermont Corridor, Compton East and West, Santa Fe Springs and Belvedere Offices have been provided coaching opportunities for CSWs, SCSWs and management. Coaching sessions can be individual or in group form.

A critical component of the CAPP grant is related to Fidelity Assessments. These assessments are an evaluation method and are required of every case carrying worker

in the Pomona and Wateridge offices. The Torrance office is not involved in the evaluation aspect of the CAPP grant, but has received technical assistance in the areas of coaching and implementing the practice model. The technical assistance provided by CAPP to Pomona and Wateridge has assisted in developing a detailed and coherent plan to ensure that all fidelity assessments are completed in the timeframe allotted.

The utilization of the CAPP Grant creates an opportunity to focus on outcomes for African American youth and American Indian/Native American youth. A review of SIP outcome areas shows information related to trends for various ethnic and age groups.

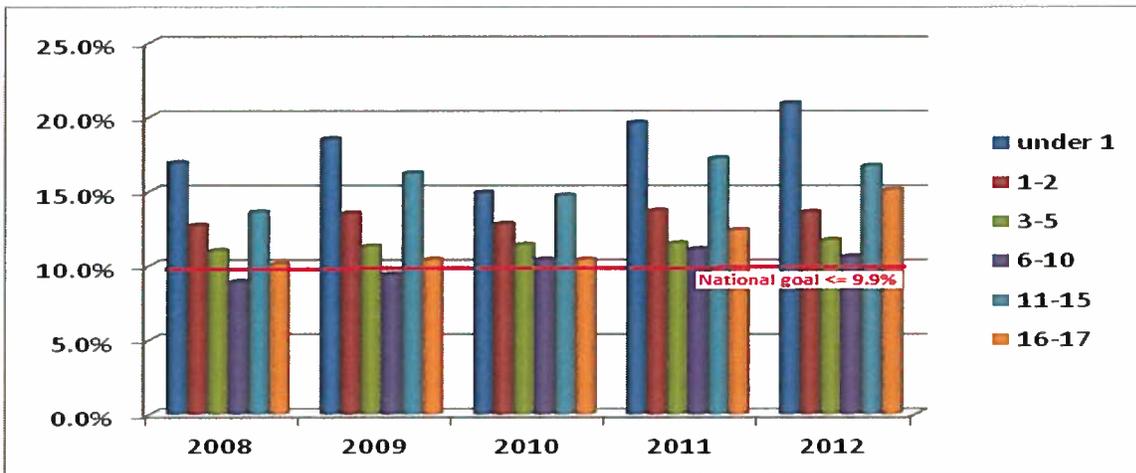
#### C1.4 Re-entry Following Reunification Trend (all & by ethnicity)



<b>Black</b>	14.9%	16.5%	14.7%	16.1%	14.5%
<b>White</b>	9.8%	11.6%	10.9%	12.4%	14.4%
<b>Latino</b>	10.9%	11.6%	11.7%	13.0%	13.9%
<b>Asian/P.I.</b>	6.7%	7.4%	3.7%	7.8%	3.8%
<b>Nat Amer</b>	24.0%	10.0%	18.8%	31.0%	5.3%
<b>Missing</b>	0.0%	0.0%	0.0%	71.0%	0.0%
<b>All</b>	11.60%	12.60%	12.20%	13.70%	13.80%

African American children have the highest re-entry percentages. Compared with CY2008 White children have seen a 4.6% increase in re-entry following reunification. Latino children have seen a 3.0% increase in re-entry.

### C1.4 Re-entry Following Reunification Trend (by age)

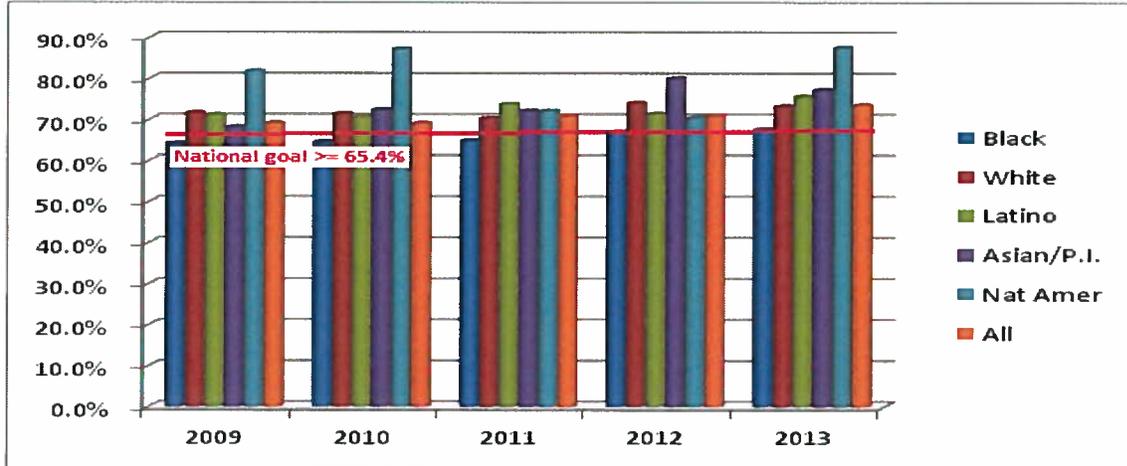


Age	2008	2009	2010	2011	2012
<b>under 1</b>	16.9%	18.5%	14.9%	19.6%	20.9%
<b>1-2</b>	12.7%	13.5%	12.8%	13.7%	13.6%
<b>3-5</b>	11.0%	11.3%	11.4%	11.5%	11.7%
<b>6-10</b>	8.9%	9.4%	10.4%	11.1%	10.6%
<b>11-15</b>	13.6%	16.2%	14.7%	17.2%	16.7%
<b>16-17</b>	10.1%	10.4%	10.4%	12.4%	15.1%

Children under age 1 have the highest re-entry rate; Asian/Pacific Islanders and children age between 6 and 10 years have the lowest re-entry rate.

## C4.2 Placement Stability, at Least 12 months but Less Than 24 Months 2009-2013\*

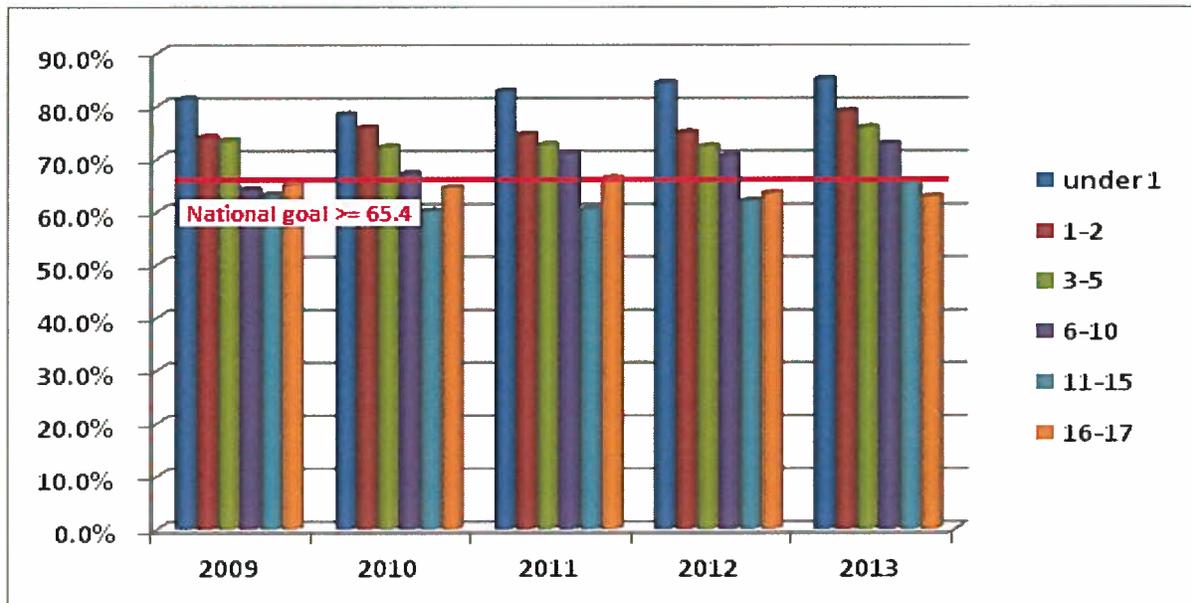
### C4.2 Placement Stability Trend (all & by ethnicity)



Ethnicity	2009	2010	2011	2012	2013
<b>Black</b>	64.2%	64.5%	64.8%	67.0%	67.6%
<b>White</b>	71.6%	71.4%	70.3%	74.0%	73.2%
<b>Latino</b>	71.1%	70.6%	73.7%	71.4%	75.6%
<b>Asian/P.I.</b>	68.1%	72.4%	72.1%	80.1%	77.2%
<b>Nat Amer</b>	81.8%	87.2%	72.1%	70.4%	87.5%
<b>Missing</b>	0.0%	10.0%	25.0%	60.0%	81.8%
<b>All</b>	69.1%	69.1%	70.8%	70.8%	73.5%

All ethnicities have experienced improved performance in placement stability since 2008. African American youth have the greatest need for improved stability. It is important to note that during 2013 there were only 21 Native American children who met C4.2 criteria. Among African American, White, Latino, and Asian children who represent 99.2% of C4.2 population in 2013, Asians had the highest placement stability followed by Latinos.

## C4.2 Placement Stability Trend (by age)

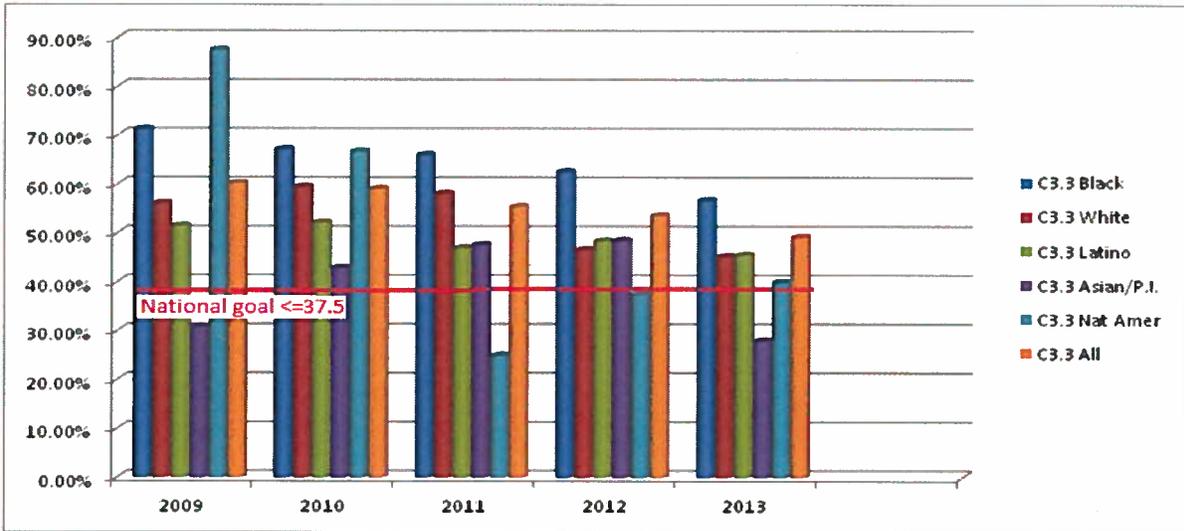


Age	2009	2010	2011	2012	2013
<b>under 1</b>	81.2%	78.3%	82.7%	84.3%	85.0%
<b>1-2</b>	74.0%	75.8%	74.5%	74.9%	78.9%
<b>3-5</b>	73.4%	72.2%	72.6%	72.3%	75.9%
<b>6-10</b>	64.1%	67.1%	70.9%	70.5%	72.8%
<b>11-15</b>	63.1%	60.1%	60.5%	62.0%	65.3%
<b>16-17</b>	65.0%	64.5%	66.3%	63.4%	62.8%
<b>All</b>	69.1%	69.1%	70.8%	70.8%	73.5%

Los Angeles County has seen improvement in placement stability for children under the age of one. Teenage youth have the greatest challenges with placement stability. Children ages 6-10 have had the greatest improved performance.

## C3.3 In Care 3 Years or Longer (Emancipated or Age 18 in Care) 2009-2013 \*

**Methodology:**  
 This measure computes the percentage of children in foster care for 3 years or longer who were then either discharged to emancipation or turned 18 while still in foster care. The denominator consists of all children discharged to emancipation or who turned 18 while still in foster care during the year; the numerator includes those children for whom the time from the date of the latest removal from home to the date of discharge to emancipation, or the date the child turned 18, was equal to or greater than 3 years. This measure contributes to the third permanency composite.



Ethnicity	2009	2010	2011	2012	2013
<b>Black</b>	71.30%	67.20%	66.00%	62.60%	56.70%
<b>White</b>	56.10%	59.50%	58.10%	46.60%	45.20%
<b>Latino</b>	51.50%	52.20%	47.00%	48.40%	45.50%
<b>Asian/P.I.</b>	30.80%	42.90%	47.60%	48.50%	28.00%
<b>Nat Amer</b>	87.50%	66.70%	25.00%	37.50%	40.00%
<b>Missing</b>	0.00%	0.00%	0.00%	0.00%	0.00%
<b>All</b>	60.30%	59.10%	55.40%	53.60%	49.20%

There has been a reduction in the percentage for all ethnicities since 2009. However, African American youth are the most likely ethnicity to emancipate or turn age 18 having been in care for three years or longer.

## DCFS Summary

### In Summary:

- DCFS System Improvement Plan strategies around measure C3.3: In Care 3 Years or Longer (Emancipated/Age 18); *Continue Mental Health Screening and Assessment and Newly Detained Children Receive Comprehensive Needs Assessment* remain in place and are being tracked.
- SIP strategy *Improve Current Data Tracking Systems and Reporting Process for Youth* continues to have challenges with data collection. During the upcoming period of review the department will explore strategies of tracking to improve data collection.
- Los Angeles will continue with Utilization of CAPP Grant strategy as there is opportunity for focused efforts on outcomes for African American youth and American Indian/Native American youth. The CAPP grant strategy is also aligned with Enhanced Organizational Performance SIP strategies: Implement Core Practice Model and Managing for Results ~ Data-driven Decision Making.

**Probation SIP Strategies ~ Measure C3.3 In Care 3 years of Longer (Emancipated/Age 18):**

**Measure C3.3: In Care 3 Years or Longer (Emancipated/ Age 18)**

- Increase self-sufficiency through the development of resources and housing for Transition Age Youth (TAY) such as education, employment, housing, permanency options (adult adoptions), mentors and life-long connections
- Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth.
- Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding.

<b>C3.3 In-care 3 Years or Longer (Emancipated/Age 18)</b>					
<b>Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?</b>					
Quarter/ Year	2/ 2013	3/2013	4/2013	1/2014	National Standard Goal
Los Angeles Probation	1.5	1.2	1.2	1.9	37.5

Probation is consistently meeting and exceeding the national standard goal of 37.5% in permanency for children in care for three years or longer. The percentage has remained constant for the quarters reported.

Increase self-sufficiency through the development of resources and housing for Transition Age Youth (TAY), such as education, employment, housing, permanency options (adult adoptions), mentors and life-long connections.

One of the key vehicles Probation utilized to provide resources and housing for youth was through the Child Welfare Services Outcome Improvement Project (CWSOIP) funds. Approximately \$28,000 of the CWSOIP funds was utilized this period to assist Transition Age youth and their families with rent and living expenses, household items and furniture and school supplies. Another key vehicle Probation utilized to increase resources for youth was to speak directly to foster and former foster youth to find out what they needed so various focus group forums was the most effective way to do this. Initially, the action step was to develop and convene one work group; however, due to the transient nature and unavailability of this population, convening them into a consistent work group proved to be impossible. Of the three Action Steps under this strategy, two have been completed with one remaining related to implementing the solutions and plan developed with assistance from TAY youth to increase their permanency and self-sufficiency goals. This step has been extended to 2015.

## ANALYSIS

In March through April 2014, TAY focus groups were convened to obtain input, thoughts and opinions about their experiences, challenges, successes and barriers in placement and when transitioning out of placement. A total of three (3) groups were conducted: one (1) of youth already transitioned from placement and two (2) of youth in placement (one male group and one co-ed group). Of the two groups conducted in group homes, one was a small-bed home with a capacity of six (6) males and one was a large residential facility with the capacity of ninety-seven (97) youth, both males and females.

Telephone interviews were conducted for those TAY youth who had already transitioned that could not make it to the focus group.

### TAY Participant Demographics

- Small-bed group home: 4 Males; 3 African American (one who is a parent of an infant) and 1 Hispanic
- Large residential facility: 6 Males and 1 female; 5 Hispanic males (one who is a parent of an infant), 1 African American male, one (1) African American female
- Transitioned out of Placement: 3 Hispanic Females (one parenting an infant residing with her)
- Individually Interviewed TAY: 2 males and 1 female; 1 Caucasian and 1 African American male; and 1 African American female

### ACTION STEP STATUS

The focus groups lasted between one and a half to two hours. The individual interviews lasted about an hour. All youth were asked ten (10) questions that were open-ended from the general to more specific. The average age of TAY youth for the purpose of this report was seventeen (17.5). Average age when participating youth entered the system was 14-15. Fifty-three (53%) of the TAY youth had been in one (1) placement facility for no more than one (1) year. The three individually interviewed youth in the fourth group were each in one placement for one year. Their ages were 19 and 21 years. Only two (2) out of the seventeen (17) TAY focus group participants had been referred to the Probation Placement Assessment Center (PAC) for a comprehensive assessment to ensure that they were suitably placed based on individual needs.

### Discussion Questions

- Do you feel that placement helped you to accomplish your Youth Transition Tasks, i.e., Education Planning, Career Planning, Daily Living Skills, Money Management, Self-Care, Social Development and Relationship Building?
- Do you feel prepared to make decisions about you own life? Did you feel that your needs were met regarding education, medical, dental and therapy needs while in placement and after leaving placement?

- What are some of the barriers that you have encountered while in placement and during your transition out of placement? i.e., what did not work well while in placement?
- What was positive about being in placement? Strengths? What is not working/did not work well while in placement?
- Do you know what AB12 is and are you participating in it or plan to participate in AB12?
- Did you feel involved; was your opinion heard regarding the preparation for your transition to After 18 services?
- Who are the adults in your life that you would consider as “life-long connections”—those you can count on and how was this connection established? *For example, through DPO/CSW, family, school, community. Identify and describe the relationship.*
- What can you count on this life-long connection for? *For example, guidance, encouragement, moral support, shelter/housing, money, food, phone call, Holiday meal.*

Exit Question:

- Pretend that you are the Governor of California. You have all the money and resources to do whatever you want to do at your disposal. If you could change how things are, what is the first most important thing that you would change?

**BARRIERS/CHALLENGES TAY YOUTH EXPERIENCED WHILE IN PLACEMENT:**

The following themes were identified during the TAY focus groups and individual interviews.

**PLACEMENT/CAREGIVER ISSUES**

- Lack of food in placement with foster parents
- Foster parents treated foster youth differently than their own children
- Important Health and Education documents lost; e.g., birth certificates
- Not allowing youth to have privacy
- Learning how to be in close proximity with 10 other “testosterone-raging adolescents while remaining out of trouble and promoting a healthy environment. Altercations with peers caused many to fail to complete the placement program.
- Inability to create and maintain close relationships due to moving from school to school

## **LACK OF THERAPY**

- Individual therapy was highly inadequate while in placement with only 15 minute sessions when the therapist could squeeze them in.
- Individual therapy necessary before youth transitions home and that is when they received it the least.
- Youth were not given information on where to obtain therapeutic services after placement through the County via Medi-cal. Issues that caused youth to be in placement were not resolved and therefore the issues continued once out of placement.
- What should have been therapeutic Anger Management/Drug Therapy once a week was unsuccessful due to often times just being recreational time (eating snacks, playing games on computers, going on social media, etc.)
- High turnover of therapeutic staff
- Illegitimacy of agencies billing for services not rendered.
- Funding issues; placement facility only paid therapists for a certain amount of time. Therapy is extremely important for youth's well-being and there should be more of an emphasis on it and not just doing the bare minimum

## **ILP SERVICES INADEQUATE AND PROVISION OF VITAL TRANSITION DOCUMENTS**

- ILP classes were all the preparation that was given to all the youth and it was felt that it was highly inadequate.
- More independent living classes should be taught on a "regular basis" from placement staff and not be outsourced or delegated to some outside agency. Basic finances, budgeting, sex education, STD and HIV awareness and prevention, career planning, education planning, the importance and process of sealing juvenile records, job interview skills, etc. should be taught on a "regular weekly basis". All youth need to know these things before released from placement.
- Giving youth all their vital documents, i.e., immunizations records, social security card, birth certificate, school transcripts, etc., and explain to youth why these documents are essential and how important it is to know where these documents are at all times and how hindered they will be from receiving resources in the community, getting a job, enrolling in school, and advocating for themselves without them.
- Knowledge of ILP services was not explained to all youth while in placement and when transitioning out of placement. Communication and outreach is vital.

- When youth receive misinformation or no information at all, program implementation suffers.
- Not enough preparation regarding transitioning from Transitional Housing to being completely on their own; lack of finances
- SIP TAY Panel Facilitator had to move unexpectedly from Transitional Housing due to placement facility needing more room to place another youth before the transition due date

### LACK OF INFORMATION REGARDING PROGRAM SERVICES AND RESOURCES

All TAY should be aware of AB12 eligibility and opportunities. In total, there were seventeen youth that participated in the focus groups or were individually interviewed. Of those, information gathered suggests that six (6) were eligible for AB12 services, yet only one (1) female was a participant of AB 12. Ten (10) of the seventeen stated that they had limited knowledge of AB12 services. Two (2) of the three (3) individually interviewed TAY (males ages 19 and 21) either heard a little about AB12 or were totally unfamiliar with AB12. Two (2) of the 17 are in Transitional Housing.

Focus Groups Total	AB 12 Knowledge	AB 12 Youth	Transitional Housing
17	10	1	2

The youth stated that there was poor follow-through and a lack of communication. One male youth stated that his DPO in placement wasn't very helpful in providing services. "Her main concern was compliance with the terms of my probation like passing my classes, doing my community service, and conducting monthly drug tests etc."

After release, youth received an ILP Coordinator DPO to assist with information regarding services. Youth's comment regarding his experience is as follows:

"The DPO/ILP Coordinator that was assigned to me after I was released that was supposed to give me services was "reprehensible". I called and emailed him numerous times of my requests for ILP funding for college and he was very unresponsive. He hardly answered my calls or emails.

### MISCELLANEOUS CHALLENGES AND ISSUES

- Lack of parenting skills training
- Staff complicated – disciplined everyone for one person's violation
- Staff insensitive to youth's personal family emergencies and issues
- Finding employment was difficult due to pregnancy and inability to get around

- Group homes lacked career planning information and assistance with financial aid paperwork for school
- Medical needs/dental needs not met – needed dental work not provided; high turnover in counseling/therapy staff
- Staff shoots down suggestions; don't give more privileges when we do great; treated like everyone as an 18 yr. old; 18 year olds should have different privileges than 16 year olds
- Staff disagrees with us or don't take us seriously

## POSITIVES IN PLACEMENT

### *Life-Long Connections*

Many staff were fair and good people. They were encouraging, gave advice, talked with youth, and truly cared about them which boosted self-esteem. Placement staff took youth on outings, i.e., the beach, movies, basketball games. Staff would buy cakes and gifts for their birthdays. Life-long connections with some staff were developed and treated youth with respect

One youth stated that he received structure where he lacked order and was chaotic. Some youth expressed that they seek and thrive on organization and lives according to schedules and "to-do" lists so feeling they had built a strong support system was important. Along with family support, parents and siblings, the youth also felt that they had made life-long connections with Probation staff, i.e. Probation ILP Coordinator, DPO, Wrap-Around Case Worker, etc. One youth stated that his DPO immediately became his mentor and role model and could count on his DPO for encouragement, guidance, moral support, and responsible advice. This youth also stated that his Financial Counselor played an enormous part in his success at Pierce College with selection of classes, financial aid programs, plan academic future and moral support. Another transitioned youth stated that his Probation ILP Coordinator was a big support system and provided information about resources to be successful.

TAY youth in the group homes stated that they did better in school, stopped doing Drugs, learned about money management, employment and interview skills with ILP classes and graduated from high school, which is something most never thought they would do.

## RECOMMENDATIONS FOR SYSTEM CHANGES/AREAS NEEDING IMPROVEMENT

All four groups had different concerns in terms of helping youth make the transition from foster care to self-sufficiency. TAY youth that had already successfully transitioned out of placement had different concerns than the TAY still in placement. The female transitioned group's concerns were different from those of the TAY youth individually interviewed that had transitioned from placement. Areas needing improvement within the system varied also with each group, i.e., transitioned TAY (both

male and female), males currently in placement and parenting youth. Answers were more in depth not only in critiquing the system, but also in detailing problems and issues encountered to presenting plausible strategies to ensure services are not only being provided to youth, but are provided timely when needed whereas services can be verified with documentation. The recommendations are detailed below according to each focus group demographic.

### **Individually Interviewed TAY**

- First declare the DCFS, “a state of crisis or emergency” and procure help from an outside foster care agency. There needs to be more analysts like critiquing current programs and obtaining candid advice from former foster youth and others, so a viable, effective plan can be implemented. There needs to be an emphasis on more individual therapy for youth, ILP training, and accountability and oversight for all social workers, probation officers, and placement facilities.
- There should a required amount of hours of “individual therapy” a week for all foster youth in placement and evidence of hours, such as, paper trail, that is, (time sheets) or affidavits.
- Placement staff should be actively teaching independent living skills to all foster youth in placement on a “routine basis.” The state should create a basic comprehensive curriculum for placement facilities to adhere to. A paper trail should be used as evidence; such as, youth must sign a log in sheet before training begins. The state should then require official standardized tests be given to all foster youth while in placement to confirm they know the basic independent living skills and that placement facilities are doing their jobs. This will put the spotlight on placement and if youth fails these tests, placements may lose their funding, so they would be diligent on teaching these basic things to placement youth instead of just “saying they do”, quite similar to teachers losing tenure if they’re students fail tests.
- More oversight and accountability measures should be put in place on caseworkers. For example, Supervisors for both DCFS and Probation must ascertain that caseworkers are “providing services and following up with each youth on a continuous basis for a certain amount of time required by law and verifying each youth has fulfilled the required amount of individual therapy hours required by law and has learned the basic fundamentals of independent living.” There should be evidence i.e. paper trail of this like, time-sheets, test results, placement staff and youth’s signatures. Caseworks should be required by law to follow-up with youth and tell them about resources after being released and perform a credit check on him or her to make sure they were not a victim of identity theft while in placement and make sure youth has all “vital life documents” in

their possession before being released. Youth must sign these affidavits and then forwarded to caseworker's supervisor for confirmation.

- Increase funding into ILP and THP programs. Unfortunately, one of the transitioned youth was only able to take advantage of the THP at the PAC placement for 8 months, instead of 3 years due to limited space needed for other youth in need. It was difficult supporting himself at age 18 with limited financial assistance. This happens to many youth who return to the community and resort back into their old ways. (Recidivism)
- CSWs, DPOs and caregivers need to be responsible for gathering and maintaining important records to give to youth when transitioning out of placement e.g., birth certificates, immunization records, school transcripts, social security card, etc. One youth stated that their birth certificate was lost by a caregiver while in placement.
- Increase the number of Transitional Housing placements (THPs), After-Care Age, and training for foster parents.
- Probation and DCFS staff needs to train school staff to specialize in dealing with foster youth; informing instructors and counselors about AB167. Youth stated that school personnel do not have any knowledge of AB167.

### **Female Transitioned TAY**

- Provide quality parenting classes, educate parents on developing patience, how to change a diaper, mixing formula, feeding, bathing, etc., colic. Provide food, clothes and diapers for babies.
- Staff should provide better college and career planning. Assist youth in locating and obtaining college internships. Invest in student's education and send them to good schools – even if private.
- Assist youth with Driving School before transitioning out of placement.
- More move-in money when first starting off.

### **TAY youth residing in Group Home Care**

- Probation as well as group homes should make the resources available for youth to know what type of housing programs are available so that, once released from placement, they do not return to the same environment that they were in when they got into trouble.
- Include Youth when making decisions that affect their lives.

- Increase awareness about ILP services and resources by staff. Youth stated much of the information received was from other youth and not by staff “throughout placement from beginning to end; not just right before transitioning out of placement; e.g. High School Senior expenses – youth should know about what ILP services will pay for in a timely manner.
- Train staff better – not to take their problems out on the kids
- Provide transportation for parents to visit youth in placement; home passes with no supervision for TAY (18 yrs. old) to help us develop decision making skills.
- Provide more recreation time for youth; Intense scheduling – not enough time for relaxation.

**Direct Quote of TAY youth in placement:**

“Treat everyone equal, fair – case by case basis; not everyone smokes weed or is irresponsible; have group home catch up with the times; let them listen to their own music during study time; give kids money who show motivation – full scholarships for good grades; no debt”.

**TAY Accomplishments during Reporting Period**

One of the goals for Probation was to Increase self-sufficiency through the development of resources and housing for Transition Age Youth (TAY), such as education, employment, housing, permanency options (adult adoptions), mentors and life-long connections. There were successful outcomes as a result of some of the youth being in placement. Many accomplished their Youth Transition Tasks, i.e., Education Planning, Daily Living Skills, Money Management, Self-Care, Social Development and Relationship Building. In total, there were seventeen (17) youth; eleven (11) which were in group homes.

Of those eleven (11) participants, one male successfully graduated from high school on June 4, 2014 and was the recipient of the “Success is Our Future” \$1,000 Academic Scholarship for 2014. He is currently employed and transitioned to a transitional housing (step-down) placement (THP) on August 11, 2014.

Six (6) participants had successfully transitioned out of placement. Of these six, three (3) have been students at community colleges and employed. One graduated from Pierce College with an AA degree and will be a student at California State University Dominguez Hills in the fall of 2014 to study Computer Technology. One (1) attends Santa Monica College and is very active within the community volunteering at the Red Cross and Gay and Lesbian Center and assists the Probation ILP Coordinator with the “Youth Development Summit”. These participants were in placement from eight months to one year. One is an AB 12 participant attending Los Angeles City College, while being employed full-time as an employee for the Department of Children and Family Services (DCFS). She is the only youth receiving AB12 services.

There was one group of three (3) females that participated in the focus group. All three successfully transitioned out of placement. One is a parent of an infant son and is completing her high school diploma. She resides in her own apartment with her infant son and boyfriend. Another successful youth resides with her parents, is employed at Subway and is in an intern program at Kaiser to become a pharmacist. The last transitioned youth is in a Transitional Housing Program (THP) residing in her apartment and currently in high school.

#### METHOD OF EVALUATION AND/OR MONITORING

**TAY Focus Groups** were facilitated in order to track fidelity of services and TAY youth experiences in placement and during transition out of placement.

**Annual Client Satisfaction Surveys** is one of the methods Probation will utilize in the near future to evaluate and monitor programs and fidelity of services. The Client Satisfaction Survey will be completed annually by stakeholders to track fidelity of services externally and internally and to receive feedback on the quality of services. The goal is to provide a survey youth, parents, caregivers and Providers when youth is discharged.

#### PROGRAM REDUCTION

Non-Applicable

Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth.

The first Action Step of obtaining Foster Family Agencies (FFAs) was successfully completed in April 2014. The two areas under this strategy that have not been completed are the increase of permanency collaborations across systems and obtaining at least two adoptive families through the Diligent Recruitment grant. This last Action Step has been revised to remove utilizing the Diligent Recruitment grant due to the barriers detailed on page 21 and has been extended to 2015. The focus will now be working with Community partners and the Faith-Based Community to recruit adoptive families. A full report will be provided at that time on the progress of this Action Step.

#### ANALYSIS

In December 2012, the Los Angeles County Probation Department conducted a Foster Family Program Statement Review to obtain foster family agencies/foster homes for Probation foster children. Six (6) FFAs submitted program statements to provide services to probation youth and were approved by Probation. The Department of Children and Family Services (DCFS) Contracts and Community Care Licensing Division (CCLD) were notified of their approval. On January 29, 2014, DCFS made recommendations for Probation to amend specific documents pertaining to the respective Foster Family Agency contracts to add Probation, and Probation was added to the FFA Contracts. The FFAs and Probation received the executed amendments and the Start Work Notices, which then provided additional placement options for probation youth.

Additionally, the foster family agencies provide placement options for Non-Minor Dependents (NMDs) and Pregnant and Parenting Teens in "Whole Foster Family Home" (WFFH). Five (5) of the six (6) FFAs have approved components in their program statements to place and service Pregnant and Parenting Teenagers. The projected start date to place probation youth was April 2014. Lack of structured foster care placements was one of the challenges with WIC 450 Transition Jurisdiction youth; however, several of the FFAs are approved to services Non-Minor Dependents, which increase the number of placement options for youth 18 and over.

In relation to increasing youth permanency units across systems and recruitment of adoptive families, there are many barriers to completing these goals. However, the number of youth needing permanent families due to having no family or suitable family is increasing, specifically those difficult populations such as sex offenders and transgender youth. Therefore, it is necessary that the barriers and challenges are overcome to create more options for these youth languishing in residential care.

#### ACTION STEP STATUS

On July 22, 2014, Probation had a "Welcome to the Probation Family" Kick-Off & Orientation. This event was to welcome and introduce the six (6) new Foster Family Agencies recently contracted to provide services to Probation youth. The FFA "Kick-Off & Orientation" invitations were sent to the FFA providers and key stakeholders. RSVPs were received and organized, reminders were sent and collaboration with Penny Lane Centers, as well as the use of their facility for the event, was a huge success. Probation also invited DCFS staff, select GH providers, Probation Administration and PPQA staff. Probation discussed their vision, protocol, criteria and processes for placement with stakeholders. The projected start date to place probation youth was April 2014. Currently, no probation youth have been placed in the new foster family agencies; however, there are no obstacles and barriers to placing probation youth that are known during this reporting period of April 2, 2013 through March 31, 2014.

Probation has been working closely with KidSave, a community based organization committed to recruiting adoptive families for children, for three years and has made some progress with the acceptance and routine appearances of Probation youth. This relationship will be utilized even more during this next year as new permanency collaborations are formed and the recruitment process for adoptive families intensifies through media relations and outreach.

#### METHOD OF EVALUATION AND/OR MONITORING

Probation did not need an evaluation or monitoring process to obtain the FFAs since they were already existing Providers and simply revised their contract to include for Probation foster youth. However, there will be annual and periodic evaluation and monitoring conducted on all foster family homes, where Probation foster youth are placed, and their effectiveness on permanency. PPQA's Group Home Investigations Unit will conduct the monitoring and investigations for all foster family homes. PPQA Program Analysts will develop a survey and conduct focus groups that include the residents to evaluate needs, strengths and effectiveness of the FFAs. In addition, the

Provider Sub-Committee, a work group of small and mid-to-large capacity group homes, meet on a monthly basis to work on policies and current events utilizing a best-practices approach. Pilot items are typically initiated at this level prior to an official implementation to the rest of the providers for testing to ensure quality and validity.

## PROGRAM REDUCTION

Non-applicable

### Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding

The two Action Items remaining under this category are related to cross-systems training and exploring the possibility of legislative changes related to caregivers. This last Action Step has been removed due to the nature of the Federal legislation in relation to the funding laws and the fact that there are so many legal advocacy groups championing this cause. Due to the hard work of these groups, legislation has been passed that will improve the process of funding for caregivers. This will be discussed below. The first Action Item has been extended to 2015 to ensure completion of training across entire Placement Bureau.

### **Cross-systems training for Placement staff, Foster Home Consultants and caregivers**

## ANALYSIS

In August 2014, the Foster Home Consultants (FHCs), who are the DPOs that conduct the home assessments for Probation youth, attended training facilitated by the DCFS Adoptions of Safe Families Act (ASFA) Unit. All applicable laws are identical in approving the home for both dependency and delinquency youth. However, due to the vast difference in the number of staff, the internal policies may differ in some areas.

Another major difference is the availability of CWS/CMS to view the abuse/neglect history of potential caregivers without submitting a CACI request. The FHCs were able to observe DCFS' processes and will be able to utilize some of those processes in order to be more efficient. DCFS County Counsel was also present during the meeting and was able to clarify common questions also experienced by CSW counterparts.

The training highlighted common issues faced by both Probation and DCFS ASFA. One is the home assessment referral is submitted by the case carrying CSW/DPO. Other issues in common for both Probation and DCFS is that the potential caregiver was never initially contacted by the CWS/DPO to determine if they are willing to accept the youth into the home, relationship has not been established between the caregiver and the youth, potential caregivers were not made aware of the extensive background check process, etc. Probation has requested for DCFS ASFA to extend the training to Probation's Placement Officers.

## ACTION STEP STATUS

Since the Placement Officers have not been trained and the FHCs only went recently, more time is needed to determine the effectiveness of the training. Probation will ensure that the next progress report will have a more thorough update.

## METHOD OF EVALUATION AND/OR MONITORING

Once the training for the Placement Officers is conducted, a pre and post self-evaluation will be requested at the beginning and the end of the session. The questions will be to determine their previous and current knowledge, and to monitor the effectiveness of the training. Additionally, the PPQA Program Analyst will monitor the completion of all ASFA packets submitted for approval of caregivers to determine the effectiveness of the training for the FHCs and provide feedback on what further training is necessary.

## **Legislative change related to funding requirements for relative caregivers.**

### ANALYSIS

#### **Approved Relative Caregiver (ARC) Funding Option Program**

The approval of home assessments and federal funding for relative/NREFM is dependent solely on federal and state legislative laws. Probation's original SIP strategy to facilitate a legislative change to assist relative/NREFM with funding opportunities has been removed due to the passage of a new legislation that will provide the assistance necessary. This new legislation introduced the ARC Funding Option Program that was signed into law on June 20, 2014 and is scheduled to start on January 1, 2015. The intent is to pay approved relative caregivers equal to the basic rate paid for other children who are AFDC-FC eligible. The new strategy for Probation shall be to collaborate with DCFS and Department of Public Social Services (DPSS) to ensure that the County opts into the program by the October 1, 2014. Once the County opts into the program, Probation shall ensure that any policies and procedure changes related to the foster home assessment process are in place for the smooth transition of the new program.

According to Probation's internal data for 4/1/2013- 3/31/2014, Probation's Foster Home Assessment Unit conducted 305 home assessments, with an approval rate of 25%, showing an 11% increase from the previous year. The increase in the number of approved homes is due to multiple revisions in streamlining the process to access Child Welfare Service Outcome Improvement Project (CWSOIP) funds to assist potential caregivers with temporary relief, furniture and household items. There are homes that are close to meeting the ASFA standards, but may need additional furniture, beds, etc. to accommodate the youth. Probation has been able to access funds in a more expedited matter to approve the home.

	4/1/2012- 3/31/2013	4/1/2013- 3/31/2014
% Homes Approved	14%	25%

Due to the increased number of approved homes, there was also an increase in the number of approved homes receiving AFDC-FC funding. There was a 5% increase in comparing 4/1/2012- 3/31/2013 with 4/1/2013-3/31/2014. The increase in the approval may also be attributed to the closer collaboration between Probation Placement Administrative Services and PPQA with DCFS Revenue Enhancement to discuss and streamline processes to meet each of the departments' objectives. There are also current discussions to automate the process to further improve the information sharing process between the two departments.

Period of:	4/1/2012- 3/31/2013	4/1/2013- 3/31/2014
% Homes Approved Funding	25%	30%

#### ACTION STEP STATUS

DCFS Revenue Enhancement provides the necessary updates on the development of the ARC Funding Option Program. CDSS is scheduled to issue instructions to Counties on how to opt into the program. Prior to submitting written notification to the State, the Los Angeles County Board of Supervisors must be notified of the intent and benefits of choosing to opt into the program. Probation, DCFS and DPSS must prepare and present viable and current data with regards to programmatic, fiscal and technological concerns to implementing the program to the Board.

#### METHOD OF EVALUATION AND/OR MONITORING

The current method of monitoring the approval of federal and state funding consists of manual entries due to the difference in systems used by DCFS and Probation. Probation Program Analysts have access to CWS/CMS to track the payment status. In addition, DCFS Revenue Enhancement provides a list of paid clients on a monthly basis. Ideally, a database that has the capability to communicate with both systems in order to capture a more accurate count of approved payments and running balance paid out to each individual family would be one solution.

#### PROGRAM REDUCTION/BARRIERS TO FUTURE IMPLEMENTATION

Since the program has not been implemented, it is difficult to forecast specific obstacles and barriers. However, due to current experiences working with different departments to process funding, the addition of another department (DPSS) as the possible lead of the fiscal oversight of the ARC Funding Option Program, may add another layer of bureaucracy to the process. Probation is unaware of the systems used by DPSS, and additional training may be required in the future. It will be beneficial to ensure that proper representatives from each department are included in the inception stages to maintain and strengthen the collaboration partnerships of all entities.

## **Additional Legislative Developments**

### **Harris Appeal Hearing Process**

On April 23, 2012, the Superior Court in Sacramento County issued an order in *Harris v. CDSS*. CDSS was ordered to provide state hearings in cases where any county child welfare agency denied a relative or non-related extended family member (NREFM) approval to provide care to a juvenile court dependent. Once Probation was notified by DCFS of the new legislation, Probation attended trainings available to implement an internal process to handle the new legislation. Probation collaborated with the State's Administrative Law Judge to provide a contact liaison between Los Angeles County Probation and CDSS. A relationship has been established, and Probation received the first appeal case, scheduled on September 18, 2014. Los Angeles County was the first Probation department to implement the Harris legislation statewide, and worked alongside the State of California to formulate a procedure on how to proceed with future delinquency court cases.

### **ANALYSIS**

The *Harris Hearings* for Probation families will ultimately increase the number of home assessments approved, while maintaining the health and safety of the youth. Based on conversations from DCFS ASFA Unit, they have approximately 100 Harris cases thus far. Since Probation is anticipating a lower number of appeals, Probation will collaborate with DCFS to increase the sample population. With an increase number of the target population, discussions on common trends and methods to avoid overturned appeals shall lead to better practices.

### **ACTION STEP STATUS**

A pre-hearing conference was held on August 5, 2014 for the State of California to determine if the appeal fell under the category of the *Harris Hearing*. Due to the home assessment denial of the potential caregiver's inability to properly supervise the youth, the denial is within Title 22 regulations; thus, allowing the State of California to oversee the case. The Statement of Position, describing the issues, regulations violated, justification of the appeal, etc. has been finalized and will be submitted to the State of California and the claimants' attorney. The hearing is scheduled for September 18, 2014.

### **METHOD OF EVALUATION AND MONITORING**

The evaluation to determine if the Harris hearing is assisting to increase the number of approved home assessments to ultimately increase placement stability and decrease the number of years in foster care is to track the appeals received, the determination of the appeal, and to monitor the movement of youth within the system or possibly exiting the system. As an example, a record of all appeal cases will be maintained to determine the number of overturned cases in a given year. Once the sample population is available, an in-depth analysis of the movement/re-placement or stability of the youth until he/she exits the system via termination of jurisdiction, opting in for AB12 services,

etc. will be conducted. It may also be beneficial to develop a scoring mechanism to define what may be considered successful versus unsuccessful exits.

## PROGRAM REDUCTION/BARRIERS TO FUTURE IMPLEMENTATION

The legislation has only been in effect since January 2014. Based on past conversations with the State of California and DCFS, the caseload amount was higher than anticipated, and the numbers do not account for Probation cases. It is still too early to determine the effects of increased caseloads once other counties with separate child welfare and Probation departments are mandated to follow the legislation in ensuring that proper timelines are met. However, on Probation's end, the procedure has been structured and County Counsel is thoroughly involved in the process.

### Probation Summary

In Summary:

- Probation is consistently meeting and exceeding the national standard goal of 37.5% in permanency for children in care for three years or longer. The percentage has remained constant for the quarters reported.
- There were successful outcomes for some youth as a result placement in group home care. Many accomplished their Youth Transition Tasks, i.e., Education Planning, Daily Living Skills, Money Management, Self-Care, Social Development and Relationship Building.
- FFA contracts have been executed and are in full effect. Strategies are in place to identify youth who can step down from congregate care into FFA care.
- Increasing collaborations of youth permanency units has met with challenges; however, progress in this area is a major goal for the next progress period
- Recruitment of Adoptive Families through Community Partners and the Faith-Based Community will continue to be explored.
- Cross-system training on the ASFA home approval process was conducted by DCFS. The FHC DPOs attended the training and were able to gain additional knowledge of how to be more efficient in executing similar protocols.
- Although Probation was not able to make legislative changes to assist relative caregivers, a new legislation, effective January 2015, will be able to financially assist caregivers that have an approved home, but previously would not be eligible for AFDC-FC funding.

**Outcome/Systemic Factor: Enhanced Organizational Performance/ Data Collection Utilization**

**SIP Goal: Stakeholder feedback will identify improvement in teaming, communication, and managing for results.**

**PQCR, CSA, SIP Stakeholder Meeting**

Feedback from the PQCR, CSA, and SIP Stakeholder meeting (Related to the 2011 CSA and SIP reports) identified a need for improved communication and teamwork between agencies, as well as a need for more complete understanding of cultural differences, family stressors, the challenges of timelines for parents and the unique struggles for those families involved with substance use and/or abuse. In addition, Suggested next steps included; increased visitation in order to build stronger relationships between parent and child, building parent capacity to protect the child, and having increased family and community supports in place prior to reunification.

**Current Performance**

During this period of review, stakeholder feedback from the June 25, 2014 System Improvement Plan Annual Stakeholder meeting, identified that there had been improvement in teaming and communication and obvious use of data, especially by DCFS in managing for results, However, there was still a great deal of feedback suggesting the DCFS and Probation have room to grow in the area of communication, especially between the two agencies.

The Annual System Improvement Plan Stakeholder meeting, held on June 25, 2014 allowed for the Department of Children and Family Services (DCFS) along with Probation to engage and obtain feedback related to Enhanced Organizational Performance through a survey. The survey provided three questions for each of the following areas: collaborative teaming, communication, and managing for results. The survey utilized a scale rating; with 5 being strongly agree to 1 being strongly disagree.

Of the 250 participants at the meeting, 153 submitted a survey. Results included responses from 45 (29%) DCFS employees, 35 (23%) Probation employees, 18 (12%) contracted service providers, 18 (12%) community partners, 5 (3%) other county agency employees, 5 (3%) former foster youth, 2 (1%) foster parents, 2 (1%) others, 1 (1%) relative caregiver and 22 (14%) unidentified by role.

**Teaming**

The first three questions on the survey related to teaming. To analyze “favorable results”, we grouped *Agree* and *Strongly Agree* responses. Approximately, 66% (101/153) of the participants agreed that DCFS and Probation understand and know the true definition of teaming. Sixty-three percent of respondent feel included in the teaming process with DCFS and Probation, and 61% (93/153) shared that overall DCFS and Probation include them in the teaming process. The Teamwork Survey comment section included: “ The work (*around*) teaming

needs to be improved at the direct Children Social Worker to Deputy Probation Officer level.”

### **Communication**

The survey included three questions pertaining to communication. Approximately 65% (110/153) agreed or strongly agreed that over the past 12 months, they have experienced improved communication when engaged with DCFS and Probation. Approximately 56% (86/153) said DCFS or Probation make inquiries and share information that are in their best interest and 44% (68/153) agree or strongly agreed that DCFS and Probation has effective means and availability to make communication easy and streamlined. However, the strongest agreement from participants came in response to DCFS and Probation having effective means and availability to makes communication easy and streamlined. Thirty-six (24%) of the participants disagreed or strongly disagreed with this statement. Of these 36 participants, 19 (53%) of them were DCFS employees. Survey comments regarding communication showed mixed reaction from the participants. One participant stated the following, “DCFS: I think that Mr. Browning has made significant changes and the roadway is improving communication and accessibility, at least with key people in service provider agencies. Probation: Lisa Campbell-Motton is very accessible, helpful and collaborative.” Another participant’s comment regarding communication stated, “In cases with both DCFS and Probation, there always seems to be limited communication making extra work for group home staff.”

### **Managing Results**

Recorded responses to three questions pertaining to managing for results include; 62% (95/153) of the participants stated that over the past 12 months they have experienced improved communication when engaged with DCFS and Probation. Approximately 63% (96/153) said based on their experience, DCFS and Probation use data to improve issues and practices that directly affect them. The lowest favorable scoring received came from the last question. Forty-eight percent (74/153) agree or strongly agreed that they receive periodic reports or feedback from DCFS or Probation on how they are improving outcomes. A noted comment on the survey, by a contracted service provider, stated, “Use of data to inform decision making is impressive at DCFS. Teaming is improving. Communication and sharing information is still DCFS’ Achilles’ heel.”

### **Community Partner’s Response**

Eighteen response surveys received from Community Partners showed, 15 (83%) of the community partners felt that over the past 12 months they have experienced improved teaming when engaged with DCFS and Probation. The majority of the community partners, 15 (83%) stated they receive periodic reports or feedback from DCFS and Probation on how they are improving outcomes. Although 12 (67%) of the community partners agree or strongly agreed that DCFS and Probation understand the true

definition of teaming, 4 (22%) respondents disagreed with this statement. This is the highest percentage of disagreement from all the questions answered by this group.

### **Total Responses with Exclusion of DCFS and Probation**

When eliminating both DCFS and Probation employees from the total results, we end up with 73 responses. This pool of participants include community partners, contracted service providers, other county agency employees, relative caregivers, former foster youth, foster parents, others and those that remained unidentified.

The question with the most favorable results was the first question under teamwork. Approximately 64% (47/73) of the participants agree or strongly agreed that DCFS and Probation understand the true definition of teaming. The question with the least favorable results for this group was under communication. Question six asked the participants if DCFS and Probation has effective means and availability to make communication easy and streamlined, making it easier to contact someone at any time. About 41% (30/73) of the participants agreed or strongly agreed with this statement. However, 19% (14/73) either disagreed or strongly disagreed with this statement. This is the highest negative result for the entire survey from this group. Of the 73 respondents, 21 (29%) remained neutral on this question. As one contracted service provider stated, "In my role in management, I have seen marked improvement in these areas. However, line staff has not."

Overall, there was improvement in collecting responses from the stakeholders in comparison to the previous year. It is difficult to compare the results of the data produced from the 2013 surveys, when 10% (25/250) of participants responded to survey questions, to the 2014 surveys, where 61% (153/250) of participants responded to survey questions. One participant noted, "There seemed to be an improvement about 18 months ago; however, more recently there seems to be a step back."

### **DCFS SIP Strategies ~ System Factor Enhanced Organizational Performance**

- Complete Contract Re-design;
- Develop and Utilize a DCFS Practice Model; and
- Implement a Data-driven Decision Making Process.

#### **Strategy: Complete Contract Re-design**

During this reporting period, DCFS received proposals for the Safe Children and Strong Families (SCSF) Contract Redesign from interested proposers following community engagement through Proposer Conferences. This was followed by the proposal evaluation process, which included the selection and training of an Evaluation Committee, tasked with the timely evaluation of the proposals, using a designated scoring tool.

The Selection and Non-Selection letters for the SCSF contracts were mailed and emailed in late October 2013. The Board Deputies were regularly briefed on the solicitation process, funding methodology and prospective contractors for all of the SCSF programs.

- November 2013, Community Based Support Division (CBSD) staff began the development of protocols related to the Prevention and Aftercare (P&A) contract to share with P&A selected agencies.
- January 2014, CBSD and Contracts Administration Division (CAD) staff began preparing for the initial discussions with proposers initially selected for the SCSF contracts. A checklist was devised and approved by County Counsel to use as a guideline for discussion in these meetings. The meetings began in January and continued through February 2014.

CBSD prepared detailed transition plans for all programs including Family Preservation, Adoption Promotion Support Service (APSS), Child Abuse and Neglect, Prevention, Intervention and Treatment (CAPIT) and Family Support, in an effort to minimize gaps in service for children and families. Said plans were submitted to Executive Management for review and approval.

Upon learning that the DCFS requested a six-month contract extension from the State, Program Managers successfully notified the current providers via face-to-face meetings and conference calls on January 23 and 24, 2014 of the extension request.

- February 19, 2014, the Pre-Award meetings for all but the Partnerships For Families (PFF) contracts were completed by CBSD staff.
- February 2014, Family Preservation agencies were informed about DCFS' decision to hold contractors to their proposed cost rates as submitted with their program proposals or to the current DCFS cost rates, whichever was the lesser amount. Current Family Preservation (FP) agencies, with the exception of two agencies, opted to accept the six-month extension.
- February 27, 2014, CBSD began scheduling the Pre-Award meetings for the Partnerships For Families (PFF) program. All of the PFF Pre-Award meetings were completed by March 6<sup>th</sup>, 2014.
- March 2014 all of the Pre-Award meetings for the APSS, FP, Family Support (FS), CAPIT, and PFF programs were successfully completed.

Final selection of the contract awardees is pending and regular updates will continue throughout contract implementation.

Strategy: Develop and Utilize DCFS Core Practice Model

Coaching to the Core Practice Model (CPM) continued in Q2 2013 through Q1 2014. At the direction of leadership and consistent with the County and State Practice Model components, the focus deepened to include individual coaching and learning the Child and Family Teaming (CFT) process including facilitation of team meetings. This includes utilization of a comprehensive 4-step process:

1. Case Exploration and Staff Preparation;
2. Family Engagement;
3. Child and Family Team Meeting; and
4. Debrief.

This process has been brought to the Department by an outside consultant secured by Casey Family Programs through Q1 2014. Coaching in the area of teaming utilizing coach and coach facilitator resources serves as a sound platform to train, teach, coach and equip staff in all components of the CPM including the CPM specific practice behaviors. In partnership with the University Consortium for Children and Families (UCCF) Training Project, consultant or coach resources will continue to assist the Department in building capacity through Q4 2014.

Several offices, in addition to the CAPP offices of Pomona, Torrance and Wateridge, have been involved in the process of learning the concept of teaming using the meeting with families as a vehicle: Metro North, San Fernando Valley & West San Fernando Valley, South County, Vermont Corridor, Compton East & West, Santa Fe Springs and Belvedere. Facilitators were selected by each regional office to remain dedicated to the facilitation of family meetings. These facilitators are being trained in two cohorts to learn the 4-step process so that they can utilize this in their respective offices. Additionally, Supervision Children Social Workers (SCSWs) will be coached and trained in Q2 and Q3 of 2014 to support incorporation of CPM into their daily work. Specific timelines for SCSW training will be established by each office based on workload and in cooperation with the local office Implementation Team.

The next phase of practice model training and coaching will involve engaging DCFS Offices county-wide to support practice change, outcome achievement and improvement in Quality Service Review (QSR) scores in accordance with the Katie A. Settlement Agreement.

Documentation of additional Core Practice Model activities includes:

- May to August 2013: Coaching continued through the identified timeframe. The average number of hours spent in coaching per month has increased from 53 (May 2013) to 77 (August 2013);
- August 2013: Participated as a poster presenter at the Global Implementation Conference in Washington DC on "The Journey Toward Fidelity for an Evolving Child Welfare Practice Model." Took a small team from DCFS, Department of Mental Health (DMH) and community partners to the conference to increase understanding of implementation to support the work on a larger county level;

- Q2 2013 - Q1 2014: Began working with Tricia Mosher Consulting, Incorporated to develop a plan to train 40 Coach Facilitators through Q1 of 2015. Also, deciding on competencies and a hiring structure for the Coach Facilitators with the consultant was completed;
- March 2013: Assisted Regional Administrator Adrienne Olson in completing the Core Practice Model video that will be used to share how the model will change our practice with children and families;
- Worked with Policy manager and small team to identify ways to connect the model and the practice behaviors with aspects of policy. Completed a test run to create a web-based connection between specific practice behaviors to certain elements of a policy;
- Conducted two Fidelity Assessments orientations (in Pomona and Torrance) and set timeframes for an initial set of assessments to be completed to test the process; and
- Held sessions of *Underlying Needs* with Marty Beyer for coaches from DCFS, DMH and Los Angeles Training Consortium (LATC).

#### Strategy: Managing for Results – Data-driven Decision Making

DCFS has been developing, improving and refining its Data-driven Decision Making process since November of 2011. During this period of review, DCFS has engaged in:

1. 12 DCFS (Department level) Stat meetings;
2. 1 Annual Review;
3. 2 Data Champion Conferences;
4. 12 Pre-meet and Dry runs related to Practice Based Case Reviews;
5. 12 Data Analytic Team meetings;
6. On-going Office and Program Stat liaison work;
7. Monthly collaborative work with Casey Family Programs;
8. The finalization of a DCFS Stat Tool Kit and White Paper;
9. Draft of a Data-driven Decision Making video;
10. Drafted a CQI, 9-step Data-driven Decision Making Model;
11. On-going enhancement of the DCFS Data Dashboard; and
12. On-going inclusion of external partners to the monthly DCFS Stat meeting.

Data-driven Decision Making (DDDM) moved through 2013 in a direction of enhancing the process by adding the qualitative component through the use of Practice Based Case Review. Throughout 2011 and 2012 the focus of DDDM was on quantitative data; knowing outcome indicators and understanding methodology. DCFS Managers engaged in department level discussions around quantitative data, with an expectation that in time the story behind the number would be explored in order to make determinations for next steps. In June of 2013, DCFS incorporated the first of monthly Practice Based Case Reviews to the DCFS Stat meeting. The qualitative data and the

story behind the numbers were guided by the “scoring” of practice, based on Quality Service Review (QSR) practice indicators. Managers worked together to score various practice components of a case or referral and began to incorporate practice language such as *teamwork, assessment and understanding, engagement*, along with *long-term view* into DCFS Stat and local Office Stat or Program Stat discussions.

The Department continued to build on the skill set of designated Data Champions who support offices and programs in the collection and dissemination of data. Two conferences were held specifically for “Data Champs”, to highlight office and program performance and demonstrate how to move from seeing numbers to seeing information.

A next step for system improvement planning has the Department utilizing the basics of DDDM in a full Continuous Quality Improvement (CQI) process. DCFS will focus on Office-level strategies in order to prompt change. Regional offices will continue to look at current data -- quantitative and qualitative -- and develop office-level strategies that are aligned with the specific needs of the office and clients. In October of 2014 DCFS will be introducing a CQI nine-step DDDM process to further assist managers identify an area of focus, understand why they are getting that performance, and then plan an intervention that will impact that performance.

Evaluation of the Data-driven Decision Making process includes looking at outcome quantitative data, on an internal DCFS Data Dashboard, but also requires DCFS to expand on the process by including external partners in a dynamic fashion. During this period of review, DCFS has begun to include university staff, Department of Mental Health staff, Probation, Public Health Nurses, Community Partners and more in the DCFS Stat meetings. Further expansion and engagement of external partners will be critical to the CQI efforts. To truly be a strong, effective child welfare agency, DCFS cannot work alone.

The Managing for Results 2015 focus for the Department will be on Continuous Quality Improvement, a shared understanding of where we are going and how we will get there, together with our partners.

## Probation SIP Strategies ~ Data Collection Utilization

- Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial disparity, and develop a plan for creating a data driven decision making process.
- Create a dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data.

Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial disparity, and develop a plan for creating a data driven decision making process.

Of these Action Items, the first has been revised due to the inability to make substantial progress on a goal that includes so many Probation operations. Not only have there been many changes in Probation Administrative staff, but all operations are inundated with the many demands for data from various sources all over the State. Therefore, the goal now focuses strictly on the Placement Bureau data and great strides have been made. With this revision, two of the Action Items have been completed, with only one left to complete. This Action Item is the implementation plan to improve child welfare outcomes, including the decrease of disproportionality and disparity in all areas, with quality assurance process implemented to ensure effectiveness of plan, which has been extended to 2015.

### ACTION STEP STATUS

Probation has made great strides in engaging the multiple Placement Units to gather and collect qualitative and quantitative data to determine if outcomes are met. In turn, the data shall also include trends and commonalities of the barriers that hinder meeting such outcomes. The entire section for data collection utilization is still a work in progress, and shall be continued onto the next SIP progress report.

### METHOD OF EVALUATION AND MONITORING

The Probation Department's PPQA operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a review process will be put into place to ensure that all youth entering camp are evaluated for permanency and assigned to a Permanency Officer immediately upon identification.

### PROGRAM REDUCTION

Due to Probation's antiquated case management system, collecting viable data is a problematical task. Data collection is the responsibility of each unit, per operation requiring specific staff to input on a consistent and accurate basis. The lack of a centralized database causes a hardship in gathering and analyzing data across units, and the methodology may also differ; thus, potentially lacking reliability and validity. Probation is aware of the issue and is in the process of revamping the Probation Case

Management System (PCMS), which will ease the availability of extracting reports and other quantifiable data.

Create dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data

**ANALYSIS**

Probation’s Placement Permanency Quality Assurance Unit receives an average of 40 referrals annually and manages an average caseload of 80-90 youth divided among five (5) Permanency Officers. Permanency statistics routinely show that the highest percentage of permanency and family finding referrals are African American. Below are the ethnic statistics from July 2014.

**ETHNIC BREAKDOWN OF PERMANENCY REFERRALS**

ETHNICITY	NUMBER OF YOUTH	PERCENTAGE OF YOUTH
AFRICAN AMERICAN	50	47.6%
AMERICAN INDIAN	0	0
ASIAN	0	0
CAUCASIAN	8	7.7%
HISPANIC	46	43.7%
OTHER	1	1%
<b>TOTAL</b>	<b>105</b>	<b>100%</b>

GENDER	NUMBER OF YOUTH	PERCENTAGE OF YOUTH
FEMALES	22	21%
MALES	83	79%
<b>TOTAL</b>	<b>105</b>	<b>100%</b>

**Cross-Over Youth Committee Related to Permanency**

Placement Permanency and Quality Assurance received (24) 241.1 dual supervision crossover referrals between the periods of April 1, 2013 through March 31, 2014. Out of the 24 referrals, 16 were assigned among the five (5) permanency officers, and eight (8) not assigned. The eight (8) referrals not assigned were due the following:

- 2 youth AWOL
- 1 youth is interested in THP
- 2 youth are DCFS Lead
- 1 youth HOP/FFT
- 1 youth family reunification with mother
- 1 parents are involved in youth's case plan

Placement Permanency and Quality Assurance received 1,591 new case referrals that are crossover youth between the periods of April 1, 2013 through March 31, 2014. Out of the 1,591 referrals, 1026 were 300 WIC with prior DCFS history, and 604 were 17+ years of age. The crossover youth with prior DCFS history average 64%. During this period, there were 1 African American male, and 1 Caucasian male adopted.

Based on the shared collected data between DCFS and Probation, Probation has enhanced the ability to identify crossover youth in need of permanency planning. On the average, 89% of all youth ordered into Suitable Placement have either had an open case under 300 WIC or have had some contact with the Dependency system, in the form of referrals that were either unfounded or inconclusive. In the month of July 2014, approximately 34% of those youth were referred for permanency planning and family finding. Of the 34%, 48% are African American and make up a large part of the 89% of all placement youth who have either had an open case under 300 WIC or have had some contact with the Dependency system.

Two operations where we have begun improved data collection for TAY are in Transition Jurisdiction Services (AB12) and Youth Development Services. The process and analysis of this data collection is as follows.

#### Transition Jurisdiction Services (AB 12)

AB 12 and AB 212, known collectively as The California Fostering Connections to Success Acts, were passed during September of 2010 and 2011 respectively, and went into effect on January 1, 2012. Probation developed a new program, Transition Jurisdiction Services (TJS), to provide supervision, support and guidance to youth in Extended Foster Care (EFC) under the WIC 450 Jurisdiction. There are two populations of youth in Extended Foster Care that come under the supervision of Probation: 1) youth under WIC 602 Jurisdiction who are on a placement order (Suitable Placement) on their 18<sup>th</sup> birthday; and 2) youth 17 years and over up to 20 year old as of 2014, on a placement order who have completed their rehabilitative goals may elect to remain in foster care under WIC 450 – Transition Jurisdiction. Youth who are at least 18 years old are called Non-Minor Dependents, while those youth between 17 years and six months and just less than 18 years old are called Transition Dependents.

Between the periods of April 1, 2013 through March 31, 2014, Probation had a total of 294 WIC 450 youth. During this period, a total of 30 youth were attending high school, 72 youth were in college or vocational schools, 83 youth were working at least 80 hours per month, 32 youth participated in a program/activity that helps youth find or remove barriers to employment and 2 youth (African American) were unable to perform any of

the criteria due to a medical or mental health condition. Below shows the breakdown of the Completed high school/GED, enrolled in high school and enrolled in college or vocational school criteria based on ethnicity:

Extended Foster Care Eligibility Criteria Categories				
Ethnicity	Total Youth	Completed HS/GED	Enrolled in HS	College/Vocation
Hispanic	158	23	17	43
African Am	105	11	11	29
White	25	11	1	5
Other	4	1	1	0

Based on Probation’s internal data, African Americans have the lowest percentage of Probation foster youth that are enrolled in high school, have graduated from high school/ received GED, and are attending college/vocation schools, which are the main eligibility criteria for receiving extended foster care benefits. In order to assist the young adults into transitioning into adulthood, TJS works in conjunction with the Youth Development Services (YDS) to provide additional access and resources and programs as mentioned in the forthcoming section.

### Youth Development Services

Statistics have shown that only seventy percent (70%) of youth actually graduate from high school. One of the strategies that Probation has implemented to thwart these statistics and improve the number of youth that graduate from high school and continue to be successful in college involved Probation Youth Development Services (YDS) Independent Living Program (ILP) sponsoring two main events. One event was the Youth College Summit. This year was the first Youth College Summit event. The event celebrated youth’s academic achievements and assisted in the planning of continuing education. The strategy included TAY youth that have successfully transitioned out of placement attending college to encourage high school graduates to enroll in college. The goal was to have 100 or more youth participate. More than 130 college and college-bound youth participated at the Summit. Over 15 colleges and universities and several vendors participated to inform youth about higher educational opportunities and paid internships. The College Summit offered several workshops for youth with the following topics:

- College Life Getting Over the Hump/Los Angeles
- Mentoring and Life-Long Connections and iFoster/California AB
- Personal Health Protection and Awareness
- College Housing, AB12 and Transitional Housing Program (THP)
- Financial Aid

“Success Is Our Future” is another event that Probation Youth Development Services utilized as a strategy to increase self-sufficiency and permanency for TAY youth. This event celebrates youth academic achievements rewarding youth with academic

scholarships in various amounts. The goal is to involve school counselors to be proactive in identifying the youth to track progress towards graduating from high school.

## ACTION STEP STATUS

Probation has made great strides in engaging the multiple Placement Units to gather and collect qualitative and quantitative data to determine if outcomes are met. In turn, the data shall also include trends and commonalities of the barriers that hinder meeting such outcomes. The entire section for data collection utilization is still a work in progress, and shall be continued onto the next SIP progress report.

## METHOD OF EVALUATION AND MONITORING

AB12 is a fairly new legislation; thus TJS is still in the process of formulating the most viable method of evaluating the effectiveness of the bill. TJS has determined that the measures to indicate the effectiveness of AB12 shall include:

- Number of transition youth/ NMD enrolled in high school or equivalent program,
- Number of transition youth/ NMD enrolled in college/ vocational school,
- Number of transition youth/ NMD that are employed (at least 80 hours per month);
- Number of transition youth/ NMD that participate in a program/ activity that helps him/her find or remove barriers.

Additionally, the Probation Department's PPQA operation monitors and oversees compliance in all areas requiring State and Federal mandates. Therefore, a process is being developed through the PPQA Program Analysts to work closely with the Administrators of the Placement Bureau to capture accurate and valid data on a consistent basis.

## OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

Many operations currently have staff shortage, specifically TJS as the newest operation, but efforts are being made to ensure that Probation is compliant with all legislative mandates. Data collection is still in the planning phase, but discussions have been made to include TJS data in a centralized Placement Bureau database to gather valid data for analysis. The database is currently still being created, but will greatly improve the quality of data produced regarding all Probation youth under a Suitable Placement order.

## Probation Summary

### In Summary:

- There has been a vast improvement in the sharing of data between Probation units, but the lack of a centralized departmental database is an ongoing issue for collecting and analyzing viable data.
- Due to the availability of a cross system between CWS/CMS and PCMS, Probation is able to track the number of crossover youth.
- Statistics continue to support that families of color are disproportionately represented in the dependency and delinquency system. African American children are most likely to have poor educational outcomes and receive the highest number of permanency and family finding referrals.
- Substantial progress has been made for Probation to utilize data- driven decision making for continuous quality improvement, but is still an area of improvement, which shall be reported on the next SIP progress report.

### LOS ANGELES COUNTY

#### OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

System improvement planning includes the following criteria;

1. Information collection (quantitative and qualitative data);
2. A process for critical thinking and analysis;
3. Strategizing and Action Steps;
4. Tracking and Adjusting; and
5. Communication with Stakeholders and Decision-makers

In considering obstacles and barriers to future implementation of SIP strategies, Los Angeles County DCFS and Probation agree that the obstacle or barrier under any given strategy will fall into one of the system improvement planning criteria.

Examples of this would include

1. Probation anticipated caseloads under WIC 450 Transition Jurisdiction increasing from the number of 150 in 2013 to approximately 200 by January 2014 and at least 300 by 2015. The number of WIC 450 Transition Jurisdiction youth increased to approximately 202 for the reporting period of April 1, 2013 through March 31, 2014, thereby meeting Probation's projected number of caseloads.

During the last reporting period, there was a need to increase the number of Deputy Probation Officers for this program to ten (10). During that time, Probation had three (3) DPOs working with TAY youth in the AB 12 program. During the reporting period of April 1, 2013 and March 31, 2014, Probation increased the number of Deputy Probation Officers working with TAY youth. In spring 2014, Probation hired three (3) more DPO's; two (2) in April 2014 and one (1) to begin on October 1, 2014 increasing the total number of DPOs working with this population by 50%.

The **tracking and adjusting** that was required in order to address the increased number of 450 Transition Jurisdiction, delayed full readiness to implement strategies to work with the population.

2. Probation and DCFS are challenged in each strategy by the **collection of data, quantitative and qualitative**. Data is available in varying forms, but it may not be available in a form that will allow the strategy leads to fully analyze outcomes or drill down to the actual case level. Additionally, cross county development of data analytic skill set is an important step in system improvement planning and one being implemented in the Enhanced Organizational Performance part of the SIP. Probation and DCFS joining together to track data and share case review; which occurred in May and June of 2014; is one step in a positive direction towards addressing this obstacle. Probation's increased utilization of CWS/CMS has helped in tracking outcomes as well as DCF'S on-going enhancement of the Data-driven Decision Making process to expand to more dynamically include external partners in the DCFS Stat meeting.
3. Input from our Community Partners for this progress report included their noted observation that DCFS and Probation have challenges with communication. The communication challenges were identified not only internally for each agency, but between agencies and with external partners. This impacts multiple areas of system improvement. **Critical thinking and analysis** cannot be completed in silos. **Communication with stakeholders** as well as between agencies brings forward more comprehensive understanding of child and family experiences with child welfare and Probation as well as engages others in teaming around outcomes. Probation and DCFS have taken steps, through county-wide collaborative workgroups to improve communication and teamwork.
4. **Communication with Decision-makers** can be a barrier to system improvement strategies. As DCFS and Probation respond to pressures from external forces which move priorities, strategy leads are often compelled to refocus attention in a different direction. Long-term system improvement strategies remain in place, but can take a hold mode as other areas bubble up. An example of this would be activities around a report in the local newspaper. As various agency policies or activities are highlighted, staff focus is turned to responses to the public scrutiny.. As Probation and DCFS face this resources challenge discussions focus on strategies

## **PROMISING PRACTICES/ OTHER SUCCESSES**

Los Angeles County Probation and DCFS identify the following as the three most impactful promising practices to county child welfare system improvement:

1. **A shared Core Model of Practice:** Both county departments are focusing on enhanced practice that includes teamwork, engagement, assessment, and planning, as well as tracking and adapting. With a shared view, especially in the area of teamwork, there is an expectation that outcomes for children and families involved in both agencies will move in a positive directions.
2. **Collaborative workgroups across the county:** Probation and DCFS are jointly engaged in multiple workgroups around various shared efforts related to child welfare. These include but are not limited to placement and recruitment, permanency, focus on Transition Aged Youth, Eliminating Racial Disparity and Disproportionality, Commercial Sexual Exploitation of Children, just to name a few. The workgroup efforts are further enhanced in effectiveness by the inclusion of community partners in the discussion and action developed during the meeting.
3. **A shared vision of California-Child and Family Services Review (C-CFSR) process:** Probation and DCFS have established a working relationship around the C-CFSR process that has fostered a plan to develop a joint agency Continuous Quality Improvement Governing Body. With a shared focus, Los Angeles County will move to coordinate system improvement planning to shared strategies and joint agency leadership over strategies. Additionally, by engaging in more complete joint focus on C-CFSR reports, there will be greater alignment in other shared State and Federal Initiatives such as the Title IVE Waiver. The shared C-CFSR vision works well in Los Angeles County which has recent Board approval for an all-county Office of Child Protection, that will coordinate child safety responsibilities across county agencies.

**OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS**

Performance Indicator As of Q1 2014  Performance Trend from previous Report Quarter	Meeting or Surpassing the National Standard	Not Meeting the National Standard	Performance Trend  Moving <u>toward</u> the National	Performance Trend  Moving <u>away</u> from the National Standard
C1.1 Reunification Within 24 Months (Exit Cohort)		✓		✓
C1.2 Median Time to Reunification		✓		✓
C1.3 Reunification Within 12 Months (Entry Cohort)		✓		✓
C1.4 Re-entry following Reunification (Exit Cohort)		✓	✓	
C2.1 Adoption Within 24 Months (Exit Cohort)		✓	✓	
C2.2 Median Time to Adoption (Exit Cohort)		✓	No change from previous report quarter	
C2.3 Adoption Within 12 Months (17 Months in Care)		✓		✓
C2.4 Legally Free Within 6 Months (17 Months in Care)		✓		✓
C2.5 Adoption Within 12 Months (Legally Free)	✓		Continuing to move in a positive direction	
C3.1 Exits To Permanency (24 Months in Care)		✓		✓
C3.2 Exits To Permanency (Legally free at Exit)		✓	✓	
C3.3 In Care 3 Years of Longer (Emancipated./Age 18)		✓	✓	
C4.1 Placement Stability (8 Days to 12 Months in Care)	✓		No change from previous report quarter	
C4.2 Placement Stability (12 - 24 months in Care)	✓		Continuing to move in a positive direction	
C4.3 Placement Stability (At Least 24 months in Care)	✓		Continuing to move in a positive direction	

\*Data based on Los Angeles County Child Welfare CDSS Static Report ~ performance Quarter 1 2014

Los Angeles County child welfare is meeting the national standard in the four outcome areas highlighted in the table above. All of the Placement Stability indicators have surpassed the National Standard, along with Adoption C2.5 indicator; Adoption Within 12 Months (Legally Free).

In considering overall county performance, it is noteworthy that the quarter 4 2014 data shows improved performance in all three System Improvement Plan goal areas; C1.4 Re-entry Following Reunification, C3.3 In Care 3 Years or Longer (Emancipated/Age 18) and C4.2 Placement Stability (12 -24 Months in Care). Additionally, the county has seen improvement in C2.1 Adoption Within 24 months and C3.2 Exits to Permanency, legally free at time of exit. Los Angeles County is surpassing the standard or showing positive progress towards the standard in nine of the 15 Performance Indicators, 60% of the indicators.

In six of the fifteen performance indicators (40%), Los Angeles County is not meeting the national standard and is moving in an undesirable direction away from the national standard. The six indicators are grouped in permanency efforts around timely reunification and permanency for children in care beyond the point of receiving family reunification services. As Quarter 4 2014 performance marks the end of the previous progress reporting period and the beginning of the county's next progress review period, Probation and DCFS will incorporate the data information into discussions with SIP workgroups, stakeholders and decision-makers as we look through the qualitative information behind the numbers and analyze and disseminate factors impacting the outcomes that the county is receiving.

## State and Federally Mandated Child Welfare/Probation Initiatives

Los Angeles County is engaged in the Title IV-E Child Well-being Project and has recently received state and Los Angeles County Board of Supervisor approval for an extension of the Waiver. The Title IV-E Waiver allows Los Angeles County to take full advantage of public and private support for children and families through community partnerships, quality service delivery and an accountability tracking structure. Probation and DCFS have identified key staff who either work on the Waiver full-time or a significant portion of their time. The departments work closely and meet regularly.

Probation and DCFS cross walked the current Los Angeles County System Improvement Plan and the Waiver Implementation Plan to identify the following Title IV-E Waiver goals and outcomes:

- Provide preventative services as well as increase the array of services to allow children to remain safely in their homes;
- Reduced timeline to reunification through the use of enhanced Child and Family Team meetings and Family Finding efforts. If reunification is not possible, decreased timeline to adoption and legal guardianship;
- Reduced length of stay in out-of-home care, while ensuring that individualized case planning and appropriate community alternatives and services are in place prior to youth returning home to ensure successful and permanent reunification;

- Reduce length of stay in congregate care while ensuring that individualized case planning and community alternatives and services are in place prior to the youth returning home to ensure improved outcome and permanent reunification; and
- Enhanced cross-system case assessment and case planning. Additionally, improved and timely case planning to reduce reliance on out-of-home care through the provision of intensive focused and individualized services.

Specific Title IV-E Waiver interventions include:

Child Welfare:           Core Practice Model (Also a SIP Strategy)  
                                   Enhance Prevention and Aftercare  
                                   Partnerships for Families (PFF)

Probation:                Wraparound (Also a SIP Strategy)  
                                   Functional Family Therapy (Also a SIP Strategy)  
                                   Functional Family Probation

Los Angeles County plans to utilize local advisory councils, committees and workgroups as a means of ensuring ongoing oversight and feedback related to Waiver goals. It continues to be the county intention to conduct waiver planning from the local level up and the group forums help to ensure community participation as initiative progress is evaluated and adjustments are formulated.

In support of the Title IV-E Waiver, we anticipate technological solutions in the following areas:

1. Baseline – Establish baseline date and measurement framework for utilization in tracking outcome measurements for program effectiveness;
2. Progress Management – Track the progress of the IV-E Waiver programs through meaningful data reports that will provide monitoring tools for measuring program effectiveness and outcomes;
3. Fiscal Management – Track financial IV-E Waiver allocation and costs to ensure cost effectiveness methodologies are applied to programs; and
4. Performance and Service Management – referral and tracking of services provided to families and children to identify qualitative and quantitative benefits as they relate to outcomes.

Using qualitative and quantitative data to track progress and coordinating group opportunity to evaluate performance effectiveness is in line with the county’s SIP Goal

area of Enhanced Organizational Performance – Implementation of a Data-driven Decision Making process.

### **Katie A. Settlement Agreement**

Los Angeles County Department of Children and Family Services and the plaintiffs in the Katie A., et al. v. Diane Bonta, et al., entered into a Settlement Agreement in May, 2003. The Agreement was described as a “novel and innovative resolution” of the claims of the plaintiff class against the County and DCFS and it was approved by the Court and became effective in July 2003.

The agreement imposes responsibility on DCFS for assuring that children engaged in child welfare:

- a. Promptly receive necessary, individual mental health services in their own home, a family setting or the most homelike setting appropriate to their needs;
- b. Receive the care and services needed to prevent removal from their families or dependency or, when removal cannot be avoided, to facilitate reunification, and to meet their needs for safety, permanency, and stability;
- c. Can be afforded stability in their placement whenever possible, since multiple placement are harmful to children and are disruptive of family contact, mental health treatment and the provision of other services; and
- d. Receive care and services consistent with good child welfare and mental health practice and the requirements of federal and state law.

To achieve these four objectives, DCFS committed to implement a series of strategies and steps. They include the following:

**Multidisciplinary Assessment Teams (MAT)** – tracking included in System Improvement Plan strategies related to Measure C3.3 In Care 3 years or Longer (Emancipated/Age 18).

**Medical Hubs** – Newly detained children are referred to a Medical Hub for initial examination.

**Mental Health Screening** – tracking included in System Improvement Plan strategies related to Measure C3.3 In Care 3 years or Longer (Emancipated/Age 18).

**Coaching** - Tracking included and reported on in System Improvement Plan Strategy under Enhanced Organizational Performance.

**Wraparound** – Evaluate strengths and challenges; Expansion of Wraparound services and access is a strategy included in System Improvement plan related to measure C1.4; re-entry Following Reunification.

**Young Children in Group Homes** – reduce the number of children under the age of 13 in group home setting.

Department efforts related to the Katie A. settlement, which are aligned with the SIP, have been documented in the strategy updates as applicable.

## ATTACHMENTS



## Los Angeles County 5-YEAR SIP CHART 2011-2015

**Priority Outcome Measure or Systemic Factor:**

C1.4 Re-entry Following Reunification (Exit Cohort)

**National Standard:** 9.9%

**CSA Baseline Performance:** 12.4% (Quarter 2, 2010)

**Target Improvement Goal:** By January 2016, Los Angeles County's re-entry rate will move from 12.4% to achieve the National Standard of 9.9%

**Priority Outcome Measure or Systemic Factor:**

C3.3 In Care 3 Years Or Longer (Emancipated/Age 18)

**National Standard:** 37.5%

**CSA Baseline Performance:** 60.2% (Quarter 2, 2010)

**Target Improvement Goal:** By January 2016, Los Angeles County will reduce the percentage of youth in care three years or longer by 10% (emancipating/age 18); from 60.2% to 54%.

**Priority Outcome Measure or Systemic Factor:**

Measure C4.2 Placement Stability (12 to 24 Months in Care)

**National Standard:** 65.4%

**CSA Baseline Performance:** 66.6% (Quarter 2, 2010)

**Target Improvement Goal:** By January 2016, Los Angeles County will increase stability of placement (children in care 12 – 24 months) from 66.6% to 72.0%.

**Priority Outcome Measure or Systemic Factor:**

Enhanced Organizational Performance

**National Standard:** Not Applicable

**CSA Baseline Performance:** Stakeholder input for 2011 County Self-Assessment and System Improvement Plan identified need for improved communication and teamwork.

**Target Improvement Goal:** By January 2016, Los Angeles County stakeholder feedback will identify improvement in teaming, communication and managing for results.



<p><b>Strategy 1.1:</b>                      Los Angeles County DCFS Drug and Alcohol Testing Program (Testing Program) funds will be re-directed to substance abuse screening, assessments and, where needed, treatment. Revised (Q3 2012): Develop a model of screening, assessment and treatment to address Substance Use Disorder (SUD) needs of parents and primary caregivers.</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>                      DCFS                      Outcome/Systemic Factor:                      Measure C1.4 Re-entry Following Reunification (Exit Cohort)  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p>1.1.A Strengthen process of data collection related to SUP Programs – Identify gaps and next step plans</p>	<p>September 2014 to March 2015</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p>1.1.B Establish a formal data sharing agreement between DCFS and DPH</p>	<p>September 2014 to June 2015</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p>1.1.C Engage and support contracted providers in data collection</p>	<p>September 2014 through December 2015</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p>1.1.D Quarterly SIP (Regular attendance at SIP Meetings)</p>	<p>On-going</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>

<b>Strategy 1.2:</b> Increase utilization of reunification Team Decision-Making (TDM) process. --Discontinue 2013 Progress Report	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> <b>Measure C1.4 Re-entry Following Reunification (Exit Cohort)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>1.2.A</b> Measure rate of Reunification TDM use for all cases at the time of reunification.	November 2011-December 2013	Bureau of Clinical Resources and Services High Risk Services
<b>1.2.B</b> Establish methodology for review of reunification TDM impact on re-entry.	January 2012- December 2012-updated to March 2013	Bureau of Clinical Resources and Services High Risk Services
<b>1.2.C</b> Time limited FR Services will complete an evaluation of tracking systems related to reunification efforts	January 2012- December 2012	Bureau of Clinical Resources and Services High Risk Services
<b>1.2.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting.	August 2011-August 2014	Bureau of Clinical Resources and Services High Risk Services

<p><b>Strategy 1.3:</b> Initiate evaluation of the efficacy of Upfront Assessments, conducted by Family Preservation Program providers, on re-entry rates. <b>Complete in 2013 Progress report</b></p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> <b>Measure C1.4 Re-entry Following Reunification (Exit Cohort)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>1.3.A</b> Convene a workgroup to identify variables and indicators to be explored.</p>	<p>July 2011 -December 2011 (Completed)</p>	<p>Bureau of Contract Services Community Based Support</p>
<p><b>1.3.B</b> Draft preliminary report</p>	<p>January 2012-May 2012 (Completed)</p>	<p>Bureau of Contract Services Community Based Support</p>
<p><b>1.3.C</b> Draft final report and consider next steps</p>	<p>June 2012-August 2012 (Completed)</p>	<p>Bureau of Contract Services Community Based Support</p>
<p><b>1.3.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting</p>	<p>August 2011-August 2014</p>	<p>Bureau of Contract Services Community Based Support</p>

Strategy 1.4: Continued expansion of Wraparound access and service options.	Applicable Outcome Measure(s) and/or Systemic Factor(s):			
	<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A
	DCFS Outcome/Systemic Factor: <b>Measure C1.4 Re-entry Following Reunification (Exit Cohort)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
Action Steps:	Timeframe:	Person Responsible:		
1.4.A Completion of workgroup recommendation	July 2011-December 2011 (completed)	Bureau of Clinical Resources and Services High Risk Services		
1.4.B Complete the contract statement of work proposal	January 2012-April of 2013 (Completed)	Bureau of Clinical Resources and Services High Risk Services		
1.4.C Implement new contract with enhancements; monitor following statement of work.	April 2014-on-going	Bureau of Clinical Resources and Services High Risk Services		
1.4.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-December 2015	Bureau of Clinical Resources and Services High Risk Services		

<p><b>Strategy 2.1</b>                      Expand placement with relatives on first and second episode placements, where appropriate.                      Increase relative and non-relative extended family member (NREFM) placement by 20%</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>                      DCFS  <b>Outcome/Systemic Factor:</b>                      Measure C 4.2 Placement Stability for children in care for 12 to 24 months.  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>2.1.A</b> Analyze first time relative placement data for African-American population. Establish a baseline level of performance</p>	<p>August 2011-June 2012 (Complete)                      July 1, 2013 – August 1, 2013</p>	<p>Bureau of Juvenile Court and Adoption                      ASFA Division</p>
<p><b>2.1.B</b> Pilot a relative placement support practice for all Regional Offices Emergency response relative placements.                      Convene Objective Action Team workgroup to explore barriers to initial placement and placement maintenance.                      Re-emphasize policy related to locating all adult relatives;</p>	<p>January 2012-March 2014                      July 2014 – March 2015</p>	<p>Bureau of Juvenile Court and Adoption                      ASFA Division</p>
<p><b>2.1.C</b> Expand formal and informal community partnerships across the community and County at the time of initial relative Placement Prepare and implement Kinship Education Preparation and Support Program, with tailored curriculum;</p>	<p>January 2013-Dec-2014                      June 2014 –December 2014</p>	<p>Bureau of Juvenile Court and Adoption                      ASFA Division</p>

<p><b>2.1.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting</p>	<p>August 2011-<del>August 2014</del> August 2015</p>	<p>Bureau of Juvenile Court and Adoption ASFA Division</p>
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<b>Strategy 2.2</b> Continue with training and implementation of Ice Breaker Meeting <b>Completed for 2013 SIP Progress Report</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> Measure C 4.2 Placement Stability for children in care for 12 to 24 months. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>2.2.A</b> Continue and complete training CSWs and SCSWs in the Ice Breaker Series in South County and Torrance offices.	July 2011-December 2011 (Completed)	Training
<b>2.2.B</b> Create lessons learned recommendations related to next steps for Ice Breaker Series.	January 2011-Dec 2012 (Completed)	Services Bureau 2 South County Torrance
<b>2.2.C</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Services Bureau 2 South County Torrance

<p><b>Strategy 2.3</b> Implement County-wide Expedited Response pilot</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> Measure C 4.2 Placement Stability for children in care for 12 to 24 months. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>2.3.A</b> Expand the county-wide Expedited Response Pilot process by which DCFS, the Department of Mental Health, and Psychiatric Mobile Response Team staff can identify DCFS-involved children, obtain necessary information and coordinate services to mutual clients.</p>	<p>July 2011-December 2011 (Completed)</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p><b>2.3.B</b> Formally develop DCFS and DMH policies and procedures, training, and tracking system.</p>	<p>July 2011-December 2011 (Completed)</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p><b>2.3.C</b> Evaluate and monitor pilot and on-going efforts through record keeping and tracking of benefits and outcomes.</p>	<p>March 2013 – August 2015</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>
<p><b>2.3.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting</p>	<p>August 2011-<del>August 2014</del> August 2015</p>	<p>Bureau of Clinical Resources and Services High Risk Services</p>

Strategy 2.4 Evaluate the D-rate program	<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): DCFS Outcome/Systemic Factor: Measure C 4.2 Placement Stability for children in care for 12 to 24 months. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	Person Responsible:
	Action Steps:	Timeframe:		
2.4.A Project team will develop the logic model for evaluation	August 2011-June 2012 (Completed)	Bureau of Clinical Resources and Services High Risk Services		
2.4.B Complete program review	July 2012-December 2013	Bureau of Clinical Resources and Services High Risk Services		
2.4.C Implement recommendations	December 2013-December 2014	Bureau of Clinical Resources and Services High Risk Services		
2.4.D Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015	Bureau of Clinical Resources and Services High Risk Services		

Strategy 2.5 Complete analytical study of Placement Stability Completed	Applicable Outcome Measure(s) and/or Systemic Factor(s): DCFS Outcome/Systemic Factor: Measure C.4.2 Placement Stability for children in care for 12 to 24 months. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
	<input type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A
<b>Action Steps:</b>	<b>Timeframe:</b>			
<b>2.5.A</b> Convene a workgroup related to the study	August 2011-January 2012			
<b>2.5.B</b> Develop study outline and work plan process	January 2012-July 2012			
<b>2.5.C</b> Complete study, finalize report and present recommendations to executive management. Determine next steps based on Executive team decision.	August 2012-January 2013-March 2014			
<b>2.5.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015			
	<b>Person Responsible:</b>			
	Services Bureau 2 Quality Improvement			
	Services Bureau 2 Quality Improvement			
	Services Bureau 2 Quality Improvement			
	Services Bureau 2 Quality Improvement			

<b>Strategy 3.1</b> Improve current data tracking systems and reporting process for youth.  Data for this population is collected for a variety of reasons and data records (i.e. State Exit Outcome Reports, AB12, and National Youth in Transition Database (NYTD) Regulations). <b>Completed</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> <b>Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>3.1.A</b> Complete analysis of Exit Outcome reporting accuracy	August 2011- <del>March 2012</del> Updated to July 2012 (Completed)	Bureau of Contract Services Youth Development Services
<b>3.1.B</b> Develop and begin to implement strategies to improving Exit Outcome reporting accuracy.	April 2012- July 2012 (Completed)	Bureau of Contract Services Youth Development Services
<b>3.1.C</b> Complete re-evaluation of Exit Outcome reporting accuracy and determine next steps.	July 2012- Dec 2012 (Completed)	Bureau of Contract Services Youth Development Services
<b>3.1.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014	Bureau of Contract Services Youth Development Services

<b>Strategy 3.2</b> Continue Mental Health Screening and Assessment *Completed	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> <b>Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>3.2.A</b> Sustain rate of referral and mental health services at 98% through use of current practice and policy.	July 2011-July 2012 (Completed)	Bureau of Clinical Resources and Services High Risk Services
<b>3.2.B</b> Reduce the time it takes for mental health screening to one day	July 2011-Jan 2013	Bureau of Clinical Resources and Services High Risk Services
<b>3.2.C</b> Fully integrate Coordinated Services Action Team (CSAT) in all DCFS offices so that CQI (CQI page 131 of 2011 County Self-Assessment) findings show on-going improvement in service delivery.	July 2011-December 2014	Bureau of Clinical Resources and Services High Risk Services
<b>3.2.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015	Bureau of Clinical Resources and Services High Risk Services

<b>Strategy 3.3</b> Provide Newly detained children with a comprehensive needs assessment. Discontinue	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS Outcome/Systemic Factor: Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>		<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>3.3.A</b> MAT <sup>1</sup> will sustain 92 to 100 percent rate of referral, through use of current practice and policy.	August 2011-December 2012	Bureau of Clinical Resources and Services High Risk Services	
<b>3.3.B</b> Complete a program evaluation of Coordinated Services Action Team (CSAT) <sup>2</sup>	December 2013-January 2015-january 2013	Bureau of Clinical Resources and Services High Risk Services	
<b>3.3.C</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-2013	Bureau of Clinical Resources and Services High Risk Services	

<sup>1</sup> MAT assessments are completed only at the on-set of a new case and only for children for who this is a first time entry.

<sup>2</sup> Following a MAT assessment, the members of the CSAT work together with the CSW to effectively coordinate an array of services for the family, thus reducing the possibility of the family being required to participate in services provided by multiple agencies simultaneously.

<b>Strategy 3.4</b> Utilization of California Partners for Permanency (CAPP) Grant	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> <b>Measure: C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>3.4.A</b> In the Pomona and Torrance offices complete an Institutional Analysis of the child welfare system barriers to permanency for African-American youth. Updated to include the Wateridge Office	June 30, 2011-June 2012 Note: contingent upon DCFS Exec Team and CDSS CAPP project management Wateridge will conduct an Institutional Analysis in December 2011. (Completed)	Bureau of Clinical Resources and Services High Risk Services
<b>3.4.B</b> Work with CDSS (lead grantee) and consultant to move toward Child and Family Teaming (CFT) process <del>develop an integrated child and family case practice model.</del>	<del>June 2011-December 31, 2011</del> March 2013 through March 2015	Bureau of Clinical Resources and Services High Risk Services
<b>3.4.C</b> <del>Install, implement, refine, test and evaluate the practice model in the Pomona, Torrance and Wateridge offices</del> CAPP practice model expansion to other DCFS offices	<del>3-office CAPP practice model implementation (October 1, 2012)</del> October 2014 through September 2015	Bureau of Clinical Resources and Services High Risk Services
<b>3.4.D</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015	Bureau of Clinical Resources and Services High Risk Services

<b>Strategy 4.1</b> Complete contract re-design	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> Enhanced organizational performance <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	<b>Person Responsible:</b>
<b>Action Steps:</b>	<b>Timeframe:</b>		
<b>4.1.1</b> Draft Statement of Work,	January 2011-July 2011	Bureau of Contract Services Community Based Support	
<b>4.1.2</b> Engage community stakeholders and share contract framework and design; receive input for consideration/incorporation	July 2011-Sept. 2011 updated to May 2012	Bureau of Contract Services Community Based Support	
<b>4.1.3</b> Solicit for services; Evaluate submitted proposals; Implement new contracted services	March 2012- June 2013-June 2014	Bureau of Contract Services Community Based Support	
<b>4.1.4</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015	Bureau of Contract Services Community Based Support	

<b>Strategy 4.2</b> Develop and utilize a DCFS Core Practice Model (Page 131 of 2011 County Self-Assessment)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> Enhanced organizational performance <input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>4.2.1</b> Finalize and consolidate the Core Practice Model	August 2011-January 2012	Bureau of Clinical Resources and Services High Risk Services
<b>4.2.2</b> Integrate in and align current training with Core Practice Model components	January 2012- December 2014	Bureau of Clinical Resources and Services High Risk Services
<b>4.2.3</b> Complete quarterly SIP update discussion or participation in SIP membership meeting	August 2011-August 2014-August 2015	Bureau of Clinical Resources and Services High Risk Services

<p><b>Strategy 4.3</b> Implement Data-driven Decision Making Process (Page 132, 2011 County Self-Assessment)</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> DCFS <b>Outcome/Systemic Factor:</b> Enhanced organizational performance <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><del>4.3.A Expand the scope and membership of the Data-Partnership-workgroup</del> Reconfigure Data Partnership to expand to CQI steering group</p>	<p><del>August 2011–December 2011</del> November 2014 –to March 2015</p>	<p>Bureau of Operational Support Services Office of Outcomes and Analytics</p>
<p><del>4.3.B Further integrate qualitative components to the CQI DDDM process</del></p>	<p><del>December 2011- December 2013-2015</del></p>	<p>Bureau of Operational Support Services Office of Outcomes and Analytics; Quality Improvement</p>
<p><del>4.3.C Create a customized dashboard for support programs–Integrate Support programs–Expand engagement of external partners in DDDM CQI process</del></p>	<p><del>August 2011–December 2013-2014</del> May 2014 – December 2015</p>	<p>Services Bureau 2 Office of Outcomes and Analytics Business Information Systems</p>
<p><del>4.3.D Complete quarterly SIP update discussion or participation in SIP membership meeting</del></p>	<p><del>August 2011–August 2014-August 2015</del></p>	<p>Services Bureau 2 Office of Outcomes and Analytics</p>

<p><b>Strategy 1.1 (PROBATION)</b> Probation will develop a Cross-systems training plan to include all partnering agencies, as well as internal and external stakeholders, with a quality assurance process implemented to ensure effectiveness of training.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>            Measure C1.4 Re-entry Following Reunification (Exit Cohort)</p> <p><b>Outcome/Systemic Factor:</b>            Timeliness to Reunification/Agency Collaborations  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<p><b>1.1.1</b> Develop training plan including Probation, DCFS, DMH, Public Health, LACOE, Law Enforcement, etc. focused on legislation, confidentiality, policies, practices and procedures</p>	<p>September 2011-2012-2014</p> <p>This action step is deleted as it has merged into 1.1.2 and 1.1.3</p>	<p>Placement Managers</p>
<p><b>1.1.2</b> Develop training plan for Out-Of-Home Care Investigations and Monitoring cross training for CCL, DCFS, Association of Community Human Service Agencies (ACHSA) and Probation</p>	<p>September 2011-2013-2014</p> <p>Completed-training plan developed and implemented for on-going training schedule</p>	<p>Placement Permanency &amp; Quality Assurance (PPQA)</p>
<p><b>1.1.3</b> Develop training plan for Permanency partners across DCFS, Probation (including YDS), ACHSA, UC Davis Extension Resource for Focused Family Practice, Group Homes/FFA and Commercially Sexually Exploited Children (CSEC) partners</p>	<p>September 2012-2014</p> <p>Completed-training plan developed and implemented for on-going training schedule</p>	<p>Placement Managers</p>

<p><b>Strategy 1.2 (PROBATION)</b> Exploration of the availability of new resources for all children related to family reunification, adoption and legal guardianship with emphasis on increasing resources for communities with a high population of African American foster children and their families consistent with studies on disproportionality and disparity.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Measure C1.4 Re-entry Following Reunification (Exit Cohort)</p> <p><b>Outcome/Systemic Factor:</b> Timeliness to Reunification/Agency Collaborations <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>1.2.1</b> Develop various work groups that can include <del>but not limited to</del> DCFS, Probation, Faith Based Community Partners, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA, Group Homes/Foster Family Agencies and Commercially Sexually Exploited Children (CSEC) partners and committee.</p>	<p>June 2011-<del>June 2012</del> September 2014 Timeframe extended to September 2012-2014 and in progress Completed and on-going</p>	<p>Placement Managers Placement Program Analysts Placement Special Assistant</p>
<p><b>1.2.2</b> Various Work groups will convene, explore possibilities and develop plan</p>	<p><del>June 2012-June 2013</del> September 2014-March 2015 (Timeframe extended) Completed</p>	<p>Placement Managers Placement Program Analysts Placement Special Assistant</p>
<p><b>1.2.3</b> Implementation of plan to tap into and share new resources, with quality assurance process implemented to ensure effectiveness of plan</p>	<p><del>June 2013-June 2014</del> April 2015-October 2015 Timeframe extended</p>	<p>Placement Managers Placement Program Analysts Placement Special Assistant PPQA</p>

<p><b>Strategy 1.3 (PROBATION)</b> Exploring options for and enhancing existing resources such as Placement Assessment Centers (PAC), Aftercare Programs, Mentors, Faith Based Community, Employment, Housing, Child Care, higher education network and Transportation for parents/children, as well as surveying Group Homes for existing/untapped resources.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>            Measure C1.4 Re-entry Following Reunification (Exit Cohort)</p> <p><b>Outcome/Systemic Factor:</b>            Timeliness to Reunification/Agency Collaborations  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>1.3.1</b> Develop various work groups, which may include <del>but not limited to</del> DCFS, Probation, Faith Based Community, Education, Vocation, Foster Youth, Parents, Mentors, DMH, Caregivers, ACHSA and Group Home Provider partners</p>	<p>October 2011-July 2012            In Progress—need to extend timeframe to December <del>2012</del> 2013            Completed and on-going</p>	<p>Placement Managers            Placement Program Analysts            Placement Special Assistant</p>
<p><b>1.3.2</b> Various work groups will convene, explore possibilities and develop plan</p>	<p><del>July 2012-July 2013</del> January 2014-June 2014            (Timeframe extended) Completed</p>	<p>Placement Managers            Placement Program Analysts            Placement Special Assistant</p>
<p><b>1.3.3</b> Implementation of plan to tap into and share existing resources, with quality assurance process implemented to ensure effectiveness of plan</p>	<p><del>July 2013- July 2014</del> June 2015            Timeframe extended</p>	<p>Placement Managers            Placement Program Analysts            Placement Special Assistant            PPQA</p>

<p><b>Strategy 2.1 (PROBATION)</b> Improve report compliance through revision of current court reports and case plan, which will include training and enhancing current monitoring system, with a quality assurance process implemented to ensure effectiveness.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>          Measure C 4.2 Placement Stability for children in care for 12 to 24 months.</p> <p><b>Outcome/Systemic Factor:</b>          Increasing Placement Stability  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>2.1.1</b> Case Plan &amp; Judicial Review revisions and training in concert with Administrative Office of the Courts (AOC), with emphasis on improving Concurrent Planning.</p>	<p>June 2011-September 2013          Completed with ongoing emphasis on improving Concurrent Planning</p>	<p>Administrative Office of the Courts          Lisa Campbell-Motton  <del>Frank Mitchell</del>-Felicia Davis  <del>Dave Mitchell</del>-Ron Barrett          PPQA</p>
<p><b>2.1.2</b> Develop training for Needs &amp; Service Plan (NSP) and Serious Incident Reporting (SIR) guidelines with DCFs, CCL and ACHSA</p>	<p>July 2011-July 2012          Completed</p>	<p>PPQA</p>
<p><b>2.1.3</b> Develop <del>Group Home</del> monitoring system for NSPs/Case Plans related to Family Reunification outcomes and effectiveness of treatment and services, with additional monitoring to ensure Public Health Nurse (PHN) information is incorporated into the case planning process.</p>	<p>July 2012-February 2013 December 2015          Timeframe extended and in progress</p>	<p>Pamela Pease          Kendra Hamilton          Residential Based Services          Public Health Nurses          PPQA</p>

<p><b>Strategy 2.2 (PROBATION)</b> Enhance and expand upfront cross-system assessment through increased Placement Assessment Centers (PACs), development of assessment team and collaboration with partners such as DMH, LACOE and DCFS.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>          Measure C 4.2 Placement Stability for children in care for 12 to 24 months.</p> <p><b>Outcome/Systemic Factor:</b>          Increasing Placement Stability  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p> <p><b>2.2.1</b> Obtain contracts with existing Providers to increase the PAC program</p> <p><b>2.2.2</b> <del>Develop a plan and timeline for implementation of upfront Cross-Systems Assessments, including a plan for the inclusion of health and education information</del></p> <p><b>2.2.3</b> Convene collaborative group to meet quarterly to ensure progress and enhance the assessment process and implement quality assurance process to ensure effectiveness</p>	<p><b>Timeframe:</b></p> <p>June 2011-October 2012 Completed</p> <p>June 2011-June 2013 Milestone deleted since there is no longer an upfront assessment. It has been replaced by the PAC program.</p> <p>June 2013-January 2014 December 2014-June 2015          Timeframe extended to 2015</p>	<p><b>Person Responsible:</b></p> <p>Michelle Guymon          Lisa Campbell-Motton</p> <p>Michelle Guymon          Jennifer Kaufman          Adam Bettino          Public Health Nurses</p> <p><del>Michelle Guymon</del> Delia Munoz  <del>Dave Mitchell</del> Ron Barrett  <del>Jewell Shaw-Bower</del>          Public Health Nurses  <del>ADD: Adam Bettino</del>          Felicia Davis          Lisa Campbell-Motton</p>

<p><b>Strategy 2.3 (PROBATION)</b> Expand Evidence-Based Programs (EBP) and practices such as Functional Family Therapy (FFT), Functional Family Probation (FFP) and Multi-Systemic Therapy (MST) as well as Family Preservation (FP) and Wrap Around (WRAP) services. Develop and implement use of Team Decision Making and Multi-Dimensional Team (MDT) processes to enhance the use of all services at strategic points in each child’s case.</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>                      Measure C 4.2 Placement Stability for children in care for 12 to 24 months.  <b>Outcome/Systemic Factor:</b>                      Increasing Placement Stability  <input checked="" type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>2.3.1</b> Continue and improve utilization of PAUR unit across all assessment points and produce overall statistics of unit’s work and progress, as well as developing and implementing quality assurance process to ensure effectiveness</p>	<p>January 2012-January 2013 2015                      Timeframe extended and In progress</p>	<p>Jennifer-Kaufman David Wong                      Dave-Mitchell-Ron Barrett                      Adam-Bettino                      Exinia Lavarreda</p>
<p><b>2.3.2</b> Increase program services and referrals for EBPs, FP and WRAP.</p>	<p>July 2011-June 2013 2015                      Timeframe extended and ongoing</p>	<p>Hania Cardenas                      Dave-Mitchell Ron Barrett                      Jennifer-Kaufman Adam Bettino</p>
<p><b>2.3.3</b> Develop/implement full 3-phase MDT process of all children’s cases: Initial, Mid-Term Review and MDT Meeting (transitional phase prior to release). In addition, develop a quality assurance process that will ensure effectiveness and fidelity to the model</p>	<p>July 2012-February 2013 December 2015                      Timeframe extended and in progress</p>	<p>PPQA                      Residential Based Services                      Public Health Nurses                      PPQA</p>

<p><b>Strategy 2.4 (PROBATION)</b> Increase safety for Probation Placement Officers serving dual roles through developing a safety protocol and obtaining resources such as training and equipment (cell phones, safety vests, Oleoresin Capsicum (OC) Spray, handcuffs/mechanical restraints). Explore ways to retain and reduce the turnover of Placement Officers.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>            Measure C 4.2 Placement Stability for children in care for 12 to 24 months.  <b>Outcome/Systemic Factor:</b>            Increasing Placement Stability  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>2.4.1</b> Work with Camp Community Transition Program (CCTP) &amp; Community Detention Program (CDP) to explore enhance shared supervision of Camp to Suitable Placement (SP) orders cases to determine cases more suitable for Home on Probation orders with intense gang supervision or intense gang supervision with the SP order to promote safety/placement stability in the community.</p>	<p>October 2011-October 2012 June 2013 Completed</p>	<p>Alma Vicente Stan Ricketts Residential Based Services Howard-Wong Felicia Davis</p>
<p><b>2.4.2</b> Work closely with Camp Community Placement to develop a process that will identify children residing in camp with no family in order to expedite permanency</p>	<p>January 2012-January 2013-2014 2015 Timeframe extended and in progress</p>	<p>Alma-Vicente Arthur-Mayfield Kendra Hamilton Charles Trask/Camp Intake Unit</p>
<p><b>2.4.3</b> Develop and implement safety training for all Placement field officers serving dual roles, along with the impact on child welfare and therapeutic interventions</p>	<p>January 2012-January 2013 Completed last progress report period</p>	<p>Walter-Mann Howard-Wong Felicia Davis Hania Cardenas Alma-Vicente Jed Minoff Probation-Staff Training</p>

<p><b>Strategy 3.1 (PROBATION)</b> Increase self-sufficiency through the development of resources and housing for TAY youth such as education, employment, housing, permanency options (adult adoptions), mentors and life-long connections.</p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s) Measure:</b>                      C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)  <b>Outcome/Systemic Factor:</b>                      Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>3.1.1</b> Develop work group of TAY youth to explore all options to increase self-sufficiency and permanency</p>	<p>July 2011-January 2012                      Timeframe extended to September 2012                      Completed</p>	<p>Youth Development Services (YDS)                      PPQA                      Foster Youth</p>
<p><b>3.1.2</b> Convene work group and obtain feedback which will include issues, solutions and plan to produce better outcomes for TAY youth and their families</p>	<p>January 2012-January 2013                      Timeframe extended to September 2012-January 2013                      Completed</p>	<p>YDS                      PPQA                      Foster Youth                      Group Home Providers</p>
<p><b>3.1.3</b> Implement solutions and plan to increase self-sufficiency and permanency for TAY youth, with quality assurance process implemented to ensure effectiveness of plan</p>	<p>January 2013-June 2014                      Timeframe extended</p>	<p>YDS                      PPQA                      Foster Youth                      Group Home Providers</p>

<p><b>Strategy 3.2 (PROBATION) Obtain Foster Family Agencies/Foster Homes for Probation foster children and recruit adoptive families for freed youth.</b></p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>          C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)  <b>Outcome/Systemic Factor:</b>          Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>3.2.1</b> Obtain contract for FFA for Probation foster Children</p>	<p>July 2011-October 2012 2014          Timeframe extended and in progress Completed!!</p>	<p>Lisa Campbell-Motton  <del>Michelle Guyman</del> Delia Munoz          DCFS Contracts</p>
<p><b>3.2.2</b> Increase collaboration of youth permanency units across systems with the development of a core group to represent all systems, with quality assurance process implemented to ensure effectiveness of collaboration</p>	<p>January 2012-June 2013 2015          In Progress and Ongoing</p>	<p>PPQA          Residential Based Services          Tiffany Collins</p>
<p><b>3.2.3</b> Obtain at least 2 adoptive families through the Diligent Recruitment grant-as-well as exploration of recruitment options in the Faith-Based Community while enhancing partnerships with ongoing collaboration</p>	<p>January 2012-June 2014 Action step deleted          Grant ending in 2015 and no progress made to time limitations and lack of appropriate referrals</p>	<p>Arthur-Mayfield Kendra Hamilton          Lisa Campbell-Motton          Sari Grant</p>

<p><b>Strategy 3.3 (PROBATION)</b> Improve Relative/Non-Related Extended Family Member (NREFM) approval process and funding.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>          C3.3 (Permanency): Children in care for 3 years or longer (Emancipation/Age 18)  <b>Outcome/Systemic Factor:</b>          Reducing Timelines to Permanency through Adoption, Legal Guardianship and Life Long Connections  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>3.3.1</b> Cross-systems training for Placement staff, Foster Home Consultants and caregivers, with quality assurance process implemented to ensure effectiveness of training</p>	<p>January 2012-December 2013 2014          Timeframe extended</p>	<p>Probation Staff Training          PPQA          Foster Home Consultants          Lisa Campbell-Motton          Howard Wong-Felicia Davis</p>
<p><b>3.3.2</b> Probation Foster Home Consultants will obtain full access to LIVE-SCAN</p>	<p>June 2011-June 2012          Completed July 2011</p>	<p>Lisa Campbell-Motton          Michelle Guymon          DCFS BIS</p>
<p><b>3.3.3</b> Explore and develop plan for possible for legislative change related to funding requirements for relative caregivers</p>	<p><del>June 2012-June 2014</del>  <del>In progress Deleted due to shifting focus to work within current legislation</del></p>	<p>Lisa Campbell-Motton          Michelle Guymon          Scott Stiekney Tracy Jordan-Johnson</p>

<p><b>Strategy 4.1 (PROBATION)</b> Analyze all data elements to be collected and tracked, which includes identifying areas of disproportionality and racial disparity, and develop a plan for creating a data driven decision making process. The plan will include child welfare outcomes, current performance, national standards and plan for improving outcomes, including the decrease of disproportionality and disparity in all areas.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> N/A</p> <p><b>Outcome/Systemic Factor:</b> Data Collection Utilization  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><del>4.1.1 Develop a work group including but not limited to DCFS, Probation, Public Health Nurses, Probation Internal Service Department (ISD), and DCFS Business Information Systems (BIS).</del></p>	<p><del>September 2011-September 2012 Need timeframe extended to December 2012 Changed and completed</del></p>	<p><del>Howard Wong Fred Nazarbegian Sharon Harada Dave Mitchell Placement Managers Public Health Nurse Management</del></p>
<p><del>4.1.2 Work group will convene, explore possibilities and develop plan.</del></p>	<p><del>September 2012-September 2013 Changed and completed</del></p>	<p><del>Same as above</del></p>
<p>4.1.3 Implementation of plan to improve child welfare outcomes, including the decrease of disproportionality and disparity in all areas, with quality assurance process implemented to ensure effectiveness of plan</p>	<p>September 2013-September 2014 2015 Time frame extended</p>	<p>Same as above</p>

<p><b>Strategy 4.2 (PROBATION)</b> Create a dynamic process to share data and gain internal and external stakeholder feedback regarding the use of the data.</p>	<input type="checkbox"/> CAPIT	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> N/A <b>Outcome/Systemic Factor:</b> Data Collection Utilization <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>4.2.1</b> Convene a cross-section of internal and external stakeholders representative of all child welfare agencies and partners</p>	<p>June 2014-Ongoing</p>	<p>Probation Administrators Placement Managers</p>
<p><b>4.2.2</b> Stakeholders will analyze and provide the Department with valuable feedback</p>	<p>January 2014-Ongoing</p>	<p>Probation Administrators Placement Managers</p>
<p><b>4.2.3</b> Feedback will be utilized to improve outcomes, with quality assurance process implemented to ensure effectiveness of plan</p>	<p>January 2014-Ongoing</p>	<p>Probation Administrators Placement Managers</p>



LOS ANGELES COUNTY  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
2012-2014  
STRATEGIC PLAN





**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

**PHILIP L. BROWNING**  
Director

Board of Supervisors  
**GLORIA MOLINA**  
First District  
**MARK RIDLEY-THOMAS**  
Second District  
**ZEV YAROSLAVSKY**  
Third District  
**DON KNABE**  
Fourth District  
**MICHAEL D. ANTONOVICH**  
Fifth District

September 28, 2012

Dear Stakeholder:

I am pleased to provide you with the attached Strategic Plan, which will guide the efforts of the Department of Children and Family Services over the next three to five years. This plan has been developed over a period of time and has included extensive input from our community partners and other stakeholders as well as staff throughout the Department. As the Department moves forward, it is important to understand that the Strategic Plan is a living document; it will be revised as objectives are completed, and new objectives will be added when appropriate.

I hope that you will take the time to review our plan and see that the Department will be working towards our Vision that "Children thrive in safe families and supportive communities," with three overarching Goals (Emphasize Child Centered Practices, Pursue Workforce Excellence and Strengthen Organizational Operations), 12 strategies and 50 objectives. In the very near future, I will be soliciting participation from across the Department for small teams, under Executive Team sponsorship, to develop action plans to implement each of our 50 objectives. Our Office of Strategy Management will be tracking the implementation of our plan as we move forward.

I would like to thank our Department's partners for assisting us as we move forward. I am confident that with your support, we will successfully implement our Strategic Plan and improve the lives of children and families in Los Angeles County.

Sincerely,

A handwritten signature in black ink, appearing to read "PLB".

**Philip L. Browning**  
Director

Attachment

PLB:pwd

# DEPARTMENT OF CHILDREN & FAMILY SERVICES STRATEGIC PLAN

## ***Vision:***

Children thrive in safe families and supportive communities.

## ***Mission:***

By 2015, DCFS will practice a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Access to effective and caring services

## ***Values:***

***Cultural Sensitivity:*** We acknowledge, respect, value, and understand the importance of cultural diversity in all aspects of child welfare practice.

***Leadership:*** We engage, motivate, and inspire others to collaboratively achieve common goals through example, vision, and commitment.

***Accountability:*** We accept responsibility for our actions, behavior, and results.

***Integrity:*** We are honest, forthcoming, and transparent, always acting in accordance with the highest ethical standards and values.

***Responsiveness:*** We take needed action in a timely manner.

## **GOAL I: EMPHASIZE CHILD CENTERED PRACTICES**

Provide children with both integrated assessments and planning that promote the safety, permanency and well-being of children under our supervision.

## **GOAL II: PURSUE WORKFORCE EXCELLENCE**

Ensure and support a well-trained, high performing workforce capable of quality decision making.

## **GOAL III: STRENGTHEN ORGANIZATIONAL OPERATIONS AND SYSTEMS**

Ensure an organization where all components operate as an integrative and supportive system.

**GOAL I: EMPHASIZE CHILD CENTERED PRACTICES:** Provide children with both integrated assessments and planning that promote the safety, permanency and well-being of children under our supervision.

**STRATEGY I.1, DCFS Practice Model:** Implement one model of practice to better integrate services for children and families throughout our communities.

#### **OBJECTIVES**

**I.1.1** By December 2014, implement the Core Practice Model department-wide.

**I.1.2** By December 2014, implement coaching and mentoring department-wide.

**I.1.3** By December 2013, expand and enhance existing prevention/aftercare services to reduce the number of children and youth entering, re-entering and/or experiencing extended associations with the County's health and human services systems.

**I.1.4** By September 2013, implement department-wide plan to reduce racial disparity and disproportionality for African American children.

**I.1.5** By July 2013, increase "Reunification within 12 Months" from 64.5% to 70%.

**I.1.6** By July 2013, reduce "ER Over 30" rate to 5% over the State average rate.

**I.1.7** By December 2013, implement the countywide self sufficiency plan, coordinating DCFS efforts to better serve Transitional Age Youth (TAY) with the wide array of programs and initiatives run by allied departments.

**I.1.8** By September 2013, reduce the number of youth crossing over from DCFS to Probation by 15%.

**I.1.9** By July 2013, reduce court ordered sanctions by 50% through use of improved report writing and automation.

**STRATEGY I.2, Placement Service Capacity:** Develop high quality and responsive placement resources for children in out-of-home care.

#### **OBJECTIVES**

**I.2.1** By July 2014, have a comprehensive, real-time database system for placement resource openings that staff can easily navigate.

**I.2.2** By December 2013, recruit an additional 10% of qualified, committed and dedicated foster homes in proportion to the needs of each community; and provide these caregivers with training designed to promote child safety and address the needs of abused and neglected children.

**I.2.3** By September 2013, enhance monitoring/oversight of Foster Family Agencies (FFA), licensed foster homes and other out-of-home providers by coordination with CSWs.

**I.2.4** By July 2013, establish 300 certified Treatment Foster Care (TFC) beds and place children in these beds.

**I.2.5** By December 2013, modify group home and FFA contracts to make them time and resource responsive to all levels of child care and placement of DCFS children.

**I.2.6** By December 2012, create 30-day assessment beds with currently contracted group home providers.

**I.2.7** By July 2013, for those youth requiring out of home care, increase initial placements with relatives by 20%.

**STRATEGY I.3, Emergency Response Command Post (ERCP):** Return ERCP to its core mission of providing comprehensive and responsive after hours operations that effectively provide protective services to children.

#### **OBJECTIVES**

**I.3.1** By December 2012, develop a feasibility report regarding decentralizing ERCP into regional operations through equitable distribution of staff among each office and execute the delivery of services through each regional office.

**I.3.2** By July 2013, determine and implement operational and resource efficiencies by completing a business process re-engineering of Hotline, Emergency Response Command Post and Emergency Response Operations.

**STRATEGY I.4, Concurrent Planning:** Shorten timelines to permanency for children by simultaneously planning both safe family reunification and alternative legal permanence.

#### **OBJECTIVES**

**I.4.1** By July 2014, Child and Family teams (CFT) will create a plan that addresses permanency options for every child/family by the 3<sup>rd</sup> month of case opening.

**I.4.2** By December 2013, ensure relevant contracted services include outcomes which assist and support shortened timelines to permanence.

**I.4.3** By December 2013, reduce the percentage of youth in care three years or longer by 10%.

**I.4.4** By July 2013, increase the percentage of children adopted within 24 months from 24.2% to 28%.

**STRATEGY I.5, Partnerships & Collaborations: Foster effective and caring community service programs on behalf of children and families.**

### **OBJECTIVES**

**I.5.1** By July 2013, each office will develop and implement community visitation centers, including those provided through faith-based organizations, that offer a safe, supportive and family-friendly environment for families to maintain a family bond.

**I.5.2** By December 2012, explore the use of Resource Centers appropriate to each geographical area to support families and prevent entry into the system.

**I.5.3** By December 2012, each regional office will have a community advisory body, including representatives of involved faith-based organizations, to develop a resource matrix and network to provide differential response services, teenage socialization, parenting, and visitation centers for DCFS children and families.

**I.5.4** By July 2013, implement the Parents in Partnership Program in each office to offer support and mentoring to parents whose children have been placed in out-of-home care and assist with reunification.

**I.5.5** By July 2013, develop an outreach and training model for communities and partners that increases their ability to provide services that improve safety, permanency and well-being of children and families and monitor the provision of these services to assure efficacy.

**I.5.6** By December 2013, develop an outreach, training and performance measurement model for all DCFS-contracted community based services. This will include a monitoring system, quality improvement strategies, and learning communities among contracted providers and regional staff to improve safety, permanency and well-being.

**I.5.7** By December 2012, expand the Foster Youth Education Program to all five Supervisorial Districts.

**GOAL II: PURSUE WORKFORCE EXCELLENCE** Ensure and support a well-trained, high performing workforce capable of quality decision making.

**STRATEGY II.1, Caseload/Workload Management:** Establish equitable caseloads and manageable workloads that permit quality social work.

#### **OBJECTIVES**

**II.1.1** By December 2012, complete a Caseload Equity Analysis and seek approval from the Board of Supervisors, Union and Chief Executive Office.

**II.1.2** By July 2013, achieve a 3% reduction in the number of employees on Leaves of Absence (LOA) by implementing enhancements to the Department's Return to Work (RTW) programs such as quarterly RTW Coordinators' Meetings and an educational campaign about the RTW program.

**II.1.3** By December 2013, develop a plan for targeted hiring of staff with a 3-year commitment for offices which are understaffed and provide incentives for current staff.

**STRATEGY II.2, Job/Role Expectations:** Develop, maintain, and monitor clear expectations for each job at every staffing level.

#### **OBJECTIVES**

**II.2.1** By July 2014, develop a personnel handbook which clearly describes job responsibilities for all field personnel.

**II.2.2** By December 2013, develop expectations for job performance by establishing clear standards for all staff.

**STRATEGY II.3, Human Resource Management:** Formulate and implement a comprehensive approach for the recruitment, selection, development, and performance evaluation of employees.

#### **OBJECTIVES**

**II.3.1** By December 2012, conduct an organizational and training needs assessment to identify an initial set of training programs for helping employees develop the knowledge, skills, and abilities to meet current and future job expectations.

**II.3.2** By July 2013, working with the Inter-University Consortium, establish an educational program that delivers a foundational experience for each new hire.

**II.3.3** By December 2013, develop ongoing training curriculum for front line workers; programmatic and administrative staff; supervisors and managers; and providers.

**II.3.4** By July 2014, revise the performance evaluation system so that it includes clear standards for employees, accountability, and performance metrics

**II.3.5** By December 2012, implement Internal Affairs/Performance Management Process Coordination.

**GOAL III: STRENGTHEN ORGANIZATIONAL OPERATIONS AND SYSTEMS:**  
Ensure an organization where all components operate as an integrative and supportive system.

**STRATEGY III.1, Data-driven Strategic Plan Management:** Use objective data to measure, provide feedback, publicize, and continuously improve performance.

**OBJECTIVES**

**III.1.1** By December 2014, consolidate all current data reports (dashboard, the SITE, SafeMeasures, etc.) to one comprehensive report that allows for drill down to CSW level.

**III.1.2** By December 2014, streamline how existing data reports are accessed (i.e., COGNOS, the SITE, SafeMeasures, UR) into one congruent, comprehensive, user friendly location that can be accessed by ONE password.

**STRATEGY III.2, Technology Integration:** Invest in technology to increase the entire organization's efficiency.

**OBJECTIVES**

**III.2.1** By December 2012, conduct an organization-wide technology needs assessment and identify funding required to implement its recommendations.

**III.2.2** By July 2013, ensure that all case carrying/line staff and their supervisors have the technology tools needed to do their job efficiently.

**STRATEGY III.3, Policy Review and Consolidation:** Adopt a body of policy which meets legal and operational requirements and is easy to access and understand.

**OBJECTIVES**

**III.3.1** By July 2014, develop and implement a new Policy Manual that both distinguishes policy from procedure and best practice, and also reduces the current volume of policies.

**III.3.2** By July 2014, ensure revised policy manual is in compliance with all federal and state regulations.

**III.3.3** By September 2013, establish an accessible, online, web- based system that makes it simple and easy to retrieve policy, search for key words, and allow policy to be reviewed.

**STRATEGY III.4, Departmental Structure:** Establish an organizational design and accompanying work systems highly capable of meeting the needs of children and families.

**OBJECTIVES**

**III.4.1** By December 2012, develop and begin implementing a new DCFS Re-Organized Management Structure to maximize performance.

**III.4.2** By December 2012, as part of the Re-Organized Management Structure's implementation, redeploy resources to meet caseload equity goals.

**III.4.3** By September 2013, establish effective coordination and teaming with Public Health Nurses.

**III.4.4** By July 2013, secure a Title IV-E Waiver for Los Angeles County with favorable conditions.

PWD10-28-12



# Los Angeles County Probation Practice Model



# Intake

Youth is identified to the system through police, school, parents, group home etc.

Seek to identify if youth is involved in dependency system.  
If youth is identified as a crossover youth refer to Crossover Youth Practice Model for guidance in working in partnership with DCFS



Detention Screener



Phone call or in person interview with the family

Intervention with no system involvement

Youth is not Detained

Youth is Detained.



Engage Families and begin kin identification to support the youth and family

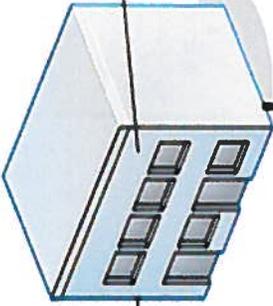
Investigation Unit completes LARRC or if this is an open case, supervising officer updates LARRC

**KEY Elements:**

- Kin Identification
- Family Engagement
- Passing the Baton of Information

# Detention

This is also a point in time where we begin to identify family.



Youth is detained and assessment information is compiled



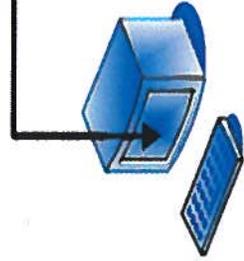
Detention provides a very good opportunity to engage families and to begin the family assessment process. Family Resource

Center staff in Detention will reach out to far inviting families to provide information to the staff about their family and about the youth provide some services.

Detention provides the opportunity to learn as much as possible about the youth specifically in the areas of mental health, substance abuse, educational issues, family relationships, past history of involvement in systems (including juvenile justice, child welfare), etc.

Additional information is added in the case notes.

- Key Elements:**
- Review of past information**
- Learning about the youth/family—ki**
- identification**
- Passing on the information**



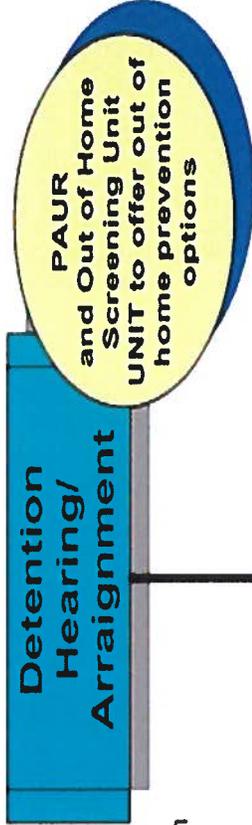
Information compiled is entered into information system – so that camp, placement and field officers have access.

Share critical new information compiled during youth's stay in detention with the court prior to court hearing



Assignment of Investigator. Family Engagement –family and youth are fully engaged in the assessment process. Assessment information used to complete the LARRC

**Court**



**Disposition**

Conditions of probation established



Family Engagement with youth involved in informal probation

**Informal probation**

**Formal Probation**

**Key Elements:  
Assessment  
Case Planning  
Placement Prevention**

Prioritization of services within initial case plan, more informed use of community services that are focused on the specific needs of the youth and family.

Behaviorally based case plan is enhanced/developed based on deeper understanding of the family and youth needs and dynamics.



Community LARRC and additional assessment information is reviewed and case plan is reviewed and refined.

**Group Care**  
LARRC and additional cross system assessment information. Case plan is reviewed and refined

**Camp**  
LARRC and additional cross system assessment information. Case plan is reviewed and refined

# Out of Home Care



Youth is placed in out of home care

Transition planning begins at the point of placement. A critical component of transition planning is kin identification and kin engagement. Supports available to you following placement.

**Camp**

**Group Care**

**Family Foster Care or MSTFC**



Family visits are documented in the case plan.



Family Engagement occurs throughout placement

**Building on the existing LARRC and other assessment information**, and in collaboration with individuals and service providers involved in the youth's life including family, school, placement provider, mental health practitioner a case plan is updated.

Officer of record ongoing contact with youth

assessment

Officer of record has ongoing conversations with the youth. Interactions should include case plan review and assessment of safety, permanency and well being.

Family Finding in group care to support the youth when they go home.

Content of the supervisory process needs to help the officer focus on where we are going with the youth and family and how we are going to get there.

**Kinship (relative and non-relative) care** that is court ordered. Before this placement is made a home assessment should be completed.

- Key Elements:**
- Early and Rapid Transition Planning
  - Use of kinship care and foster care
  - Family Engagement
  - Passing the Baton of Information

if required:

# Juvenile Supervision (Formal or Informal Probation)

## Key Elements:

- Family Engagement
- Review of existing LARRC and other assessment information
- Behaviorally focused case plan



Officer reviews the existing LARRC and additional assessment information.

Juvenile Case Plan (part of pre plea report) reviewed and updated based on conversations with youth and family.



Family engagement as part of ongoing work with the youth. Note that research makes it clear that family engagement has a direct correlation to youth and family achieving case plan goals.

Per the Juvenile Case Plan, the officer makes a referral to the appropriate services. Officer makes optimal use of evidence based, promising practices and strength focused interventions that fully engage family.

Ongoing assessment may require case plan modification and increase and decrease in the intensity of services.

Frequent review of progress—assessing if behavioral changes have been made. This requires frequent meetings with youth and family as well as involvement of CBOs.



Based on seriousness of offense—out of home placement may be considered.

Commits a new offense or probation violation

Jurisdiction Terminated

Successful

Results of Home on Probation



# Transition planning



Family Meeting when planning for youth transition

## Key Elements:

- Family Engagement through a team meeting
- Focused Transition Planning

Transition Process begins the moment the child is placed in out of home care. The family, the care provider and all other stakeholders serving the youth and family are involved.

Use a team approach to transition planning that may include family, receiving officer, officer of record, education, mental health, health, etc. This transition also should include housing information of the youth.

This includes a home assessment to ensure that the youth will be safe, that they have a place to sleep, and that the youth can make progress and be successful.

This process includes a review of the following:

- Assessment findings (LARCC)
- Assessment of ILP eligibility
- Case plan/treatment plan

Based on conversation among team members, supervision needs (following out of home care) are defined

Regular Supervision



Family Involvement Including explanations to the youth about where they are going.

School Based

Gang

Camp Community Transition Program

Transfer to Functional Family Probation Officer

Team Meeting results in use of an array of Community Based Services that may include MST/FFT, Wrap, Family Preservation, ILP and Community Outreach

Youth and Family Needs Met Jurisdiction Terminated

# Achieving Youth Permanency

**Note:** Kin identification begins at the point of entry into the system and continues throughout the service delivery process

**Key Elements:**  
• Ensuring a youth does not leave care without adult connections

Youth is leaving the system and there has been no identified permanent family

Officer reviews case file, holds conversations with youth to determine if there are any kin that may have been overlooked.

Kin identified

No kin identified

Hold a Family Meeting to determine bio family/kin interest in having the youth live with them.



Including any adults who care about the youth

No one is identified as a placement resource for the youth

Implementation of a Permanency Pact Meeting to ensure that a youth does not leave the system without adult supports

Kin are identified, background check and home study completed and placement follows.



It is critical to provide supports to kin. Research indicates that without supports youth are more likely to recidivate.

Jurisdiction Terminated

This includes ensuring housing, employment and other basic needs are met.

Identify if any additional ILP services need to be provided such as housing, vocational assessment and employment assistance.