

California - Child and Family Services Review

Annual SIP Progress Report

8/18/2013 – 8/18/2014



Table of Contents

INTRODUCTION.....PAGE 2

SIP NARRATIVEPAGE 2-3

STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVESPAGE 3-

ATTACHMENTS

FIVE-YEAR SIP CHARTATTACHMENT 1

ATTACHMENT TITLE HERE.....ATTACHMENT 2

Introduction

Madera County Department of social services and probation department have been engaged with community partners and stakeholders to work on strategies to improve targeted outcomes. The purpose of this report is to provide an overview of the progress that has been made since the inception of the County Self-Assessment in 2012 and the System Improvement Plan in 2013.

In the report we will restate our outcome data from the baseline quarterly data report used in the csa/sip and give updated data from the most recent quarterly data report from UC Berkeley (<http://www.childsworld.ca.gov/PG1379.htm>; July 2014. Data Extract: Q1 2014) and an analysis of the data. We will also discuss our strategies, identifying where we have made great strides and where we have opportunities for improvement. Finally, we will discuss our current outcomes that fall below the national standard. We will identify barriers to meeting the national standard and possible solutions for improvement.

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

Although Madera County Department of Social Services and Probation Department has not had any formal “Stakeholders” meetings this first year, we have been meeting with our county partners to implement various areas of our SIP. Madera County continues to participate on the following committees/work groups :

- Out of Home Youth Advisory Board
- Family Resource Center
- Healthy Beginnings Program
- Homeless Committee
- Madera County Community Action Partnership
- Interagency Placement Committee
- Interagency Children and Youth
- Linkages
- CalWORKs/WTW
- Eligibility
- Madera County Office of Education Foster Youth Services
- Big Brothers/Big Sisters
- CASA

- Katie A.
 - Wraparound
 - THP Plus/FC
 - Ready, Set, Go!
 - Resource Meeting with the Court
 - Child Abuse Prevention Council
- and more...

In addition, we began a quarterly meeting with our Foster Family Agencies to ensure open communication and transparency are forefront in our daily business processes. Furthermore, we have engaged our foster families in survey's to monitor our progress when communicating with them and providing services to children in out of home care. Finally, we have quarterly meetings with our contracted providers to review client progress, evaluate the effectiveness of the program, and to ensure the program addresses one of outcomes identified in our SIP as needing improvement.

The service delivery system in Madera County includes: Department of Social Services, Probation Department, Department of Public Health, Department of Behavioral Health, County Office of Education, Workforce Development, school districts and the Housing Authority. Madera County's active community based organizations include: Community Action Partnership of Madera County, First 5 and Darin Camarena Health Center. These organizations provide extensive health and social welfare services to the community.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Madera County Department of Social Services chose to focus on four outcomes where we were performing below the state/national standard. Those areas and the baseline quarterly data report used at the writing of the CSA/SIP are:

1) Re-entry following reunification (C1.4)

Madera County is committed to ensuring the best outcomes for children and families within the community. To do this, Madera County examined the practice areas which address the needs of children, youth and families.

The baseline data established in the CSA (October 2012; Data Extract:Q2, 2012), showed that of those that reunified between July 1, 2010 and June 30, 2011, 20.4% of these children re entered the system. The data extract published April 2013 Data Extract:Q4, 2012, shows that of the 81.3% that reunified, 31% re entered the system.

Looking at the actual families involved in this data, we found that 7 children were from one case. In addition, several cases involved dual diagnosis parents, which complicated service provisions.

The most recent data from UC Berkeley extracted in July 2014, Data Extract: Q1 2014 shows an improvement in the number of children re entering the foster care system – only 7.0% of those that reunified, re entered the system. The national standard is 9.9%.

This positive change can be attributed to several factors including a decrease in the number of large sibling groups entering and exiting the system; and staff training on SDM tools. In addition, the department is utilizing team decision making meetings prior to all placement changes, including sending children home to their parents.

2) Adoption within 12 months (17 months in care) (C2.3)

The data from October 2012. Data Extract: Q2 2012 Berkeley found that only 11.1% of children that had been in care 17 months or longer had been discharged from foster care to adoption. The national standard at the time for this measure was 22.7%. In addition, of all children in foster care at that time became legally free for adoption during the year 38.5% were discharged to a finalized adoption in less than 12 months. The national standard for this measure is 53.7%.

Recent data extraction from uc Berkeley dynamic reporting system for July 2014. Data Extract: Q1 2014 shows that Madera County made an improvement in the area of adoption. Although still below the National standard of 22.7%, data indicates that 21.4% of children that had been in care 17 months or longer, had been discharged from foster care to adoption. In addition, of all children in foster care that became legally free for adoption during the calendar year 59.1% were discharged to a finalized adoption in less than 12 months which is above the national standard of 53.7%.

This positive change is due to the fact that in July 2012, Madera County took over responsibility for their adoption program from CDSS. Madera County is connected with the Consortium for Children organization and utilizes the California Kids Connection web site to register children and look for forever families.

3) Exits to permanency (24 months in care) (C3.1)

In reference to permanency outcome C3.1 Exits to permanency (24 months in care), UC Berkeley dynamic reporting system for October 2012. Data Extract: Q 2 2012 (Fiscal Year 2011 – 2012) showed that Madera County scored 13.9%, which is below the National Standard/Goal of 29.1%.

The most recent data from UC Berkeley extracted July 2014: Data Extract: Q1 2014 shows that Madera County has exceeded the national standard of 29.1% by obtaining a performance of 31.1%.

This positive increase can be attributed to our outreach program to recruit foster and adoptive parents, our use of the team decision making process and training staff

received on concurrent planning. Also, having the adoption worker present and available for staff to confer with has made a positive impact on our processes.

4) Placement stability for youth in care more than 24 months. (C4.3)

As reported in the County Self Assessment, Madera County scored 29.3% (17 of 58 children) well below the Federal standard of 41.8% for this outcome. This data came from UC Berkeley dynamic reporting system for Q2 – June 2011 – June 2012.

The most recent data from UC Berkeley extracted in July 2014, Data Extract: Q1 2014 shows that Madera County, although still slightly below the national standard has made improvement in this outcome at 40.5%.

Madera County has been developing tools to help increase the numbers in this outcome. The Social Worker Skills Checklist as a tool for Social Worker Supervisors to coach their staff and to ensure Safety Organized Practice tools and practices are utilized. Rushmore is also used by Social Worker Supervisors to help define and attain goals, as well as address staff training needs.

In addition, Staff received training on concurrent planning and team decision making meetings.

STATUS OF STRATEGIES

STRATEGY 1 - INTEGRATE SAFETY ORGANIZED PRACTICE AS THE STANDARD FOR ALL CHILD WELFARE SOCIAL WORK INTERVENTIONS. INCORPORATE THE FOLLOWING PRACTICES AS PART OF THE MODEL: COACHING, REFLECTIVE PRACTICE, TRAUMA INFORMED PRACTICE, MOTIVATIONAL INTERVIEWING AND CULTURAL HUMILITY.

ACTION STEPS:

Madera County has full embraced the concepts and strategies of safety organized practice. all staff attended the twelve modules. However, Madera County has seen a high staff turnover due to schools and healthcare facilities like Dialysis Centers recruiting social workers with Master's in Social Work. as new staff are hired, training will be scheduled for these staff.

Two supervisors have been trained on reflective practice while others still need training. all supervisors have been trained on coaching and use coaching to model practice with their staff.

STRATEGY 2 - FULLY IMPLEMENT TEAM DECISION MAKING MODEL

ACTION STEPS:

All staff that have been employed with Madera for at least 12 months have been trained on TDM's with training being scheduled for new staff. Madera County recently began implementing TDM's for all placement changes. We have two active facilitators and two backup facilitators. On July 25, 2014, we had a TDM consult from UC Davis come in and review our policy and

procedures as well as our business process, and give us suggestions. UC Davis will return in October 2014 to observe a few of our actual TDM's to provide coaching.

Inputting information into the efforts to outcome (ETO) database has been a struggle as the current TDM facilitators assume court writing responsibilities and are unable to input the information. The department is currently exploring the option of have an office assistant assist with inputting information. Once information is input into the ETO system, the administrative analyst will be able to pull reports to monitor outcomes and evaluate the program.

In addition, Madera county foster parents have been introduced to the TDM process. Training curriculum for new foster parents (pride) discusses TDM's and their role during the meeting. Two foster parents who recently attended a TDM shared that the experience was very positive; they appreciated the fact that they had an equal say in the decisions being made during the TDM and that their voice was heard.

STRATEGY 3 - MADERA COUNTY WILL IMPLEMENT WRAP AROUND SERVICES

ACTION STEPS:

Madera county was successful in completing steps a and b as anticipated. We have identified members of the placement committee and have established regular meetings. However, due to some barriers we did not meet the intended time frame for the other action steps. Our barriers included development of the fiscal process and procedures involving the claiming and transfer of funds; contractual renewal; and possible utilization of consortium C-IV system for foster care payments.

Wraparound Madera County began October 1, 2014, with two children from child welfare. The Madera County probation Department has been able to send youth home and/or keep them out of group home placements. They currently have 5 youth in group home placements that do not qualify for wraparound services. However, they are reviewing other cases to determine if any meet the definition for wraparound. CWS and Probation are currently assessing all children/youth that meet the criteria for Katie A to determine where they would be best served.

Our successes are attributed to the partners that gathered together to enable us to provide wraparound services; and the expertise we were able to tap into from EMQ Families First Foster Family Agency, who is our contracted agency for services, and CDSS Wraparound experts.

STRATEGY 4 - ENGAGE CHURCHES AND COMMUNITY ORGANIZATIONS IN RECRUITMENT OF FOSTER HOMES AND DEVELOPMENT OF PARENT MENTORS

ACTION STEPS:

This past year the foster parent liaison met with the ministerial association and did a presentation on foster care and the need for foster and adoptive homes. However, action item c

“establish quarterly meetings with faith-based community” has yet to begin. The department anticipates that the first faith-based meeting will take place in December 2014, as the proposed resource family social worker will be in place.

Two brochures were developed and professionally made: one about becoming a Madera county foster parent and the other about becoming a Madera County adoption home. these brochures have been given out at various community events including the health fair, veterans day, and farmer’s market. In September, the department had a booth at the Madera county fair for recruitment of foster and adoptive homes. Current foster parents assisted in manning the booth, which generated some interest from visitors.

In June 2014, the “leaders for change” program was hosted by the department. The “Leaders for Change” program is a leadership training program designed for family leaders and local staff that teaches them to take on leadership roles in the systems serving families and children. There were twenty participates from different county agencies, parents, and community advocates. In January 2015, two or more participates from the class will attend a Training for Trainers training in Sacramento. Madera County DSS plans to use this program to begin a foster parent mentor program.

STRATEGY 5 - TRAIN SOCIAL WORKERS, FOSTER PARENTS, COURT, COMMUNITY PARTNERS ON PERMANENCY AND CONNECTION

ACTION STEPS:

In January 2014 new staff received training on permanency and life-long connections. These issues have been integrated in our training curriculum for all new child welfare staff.

On January 9, 2014, a resource event was held for youth and foster parents. In May 2014, at our annual foster parent appreciation event, foster parents enjoyed a presentation on Trauma and the effects it has on children in foster care. In December 2014, foster parents will receive training on permanent connections.

Strategy 6 - DEVELOP A DIFFERENTIAL RESPONSE PROTOCOL MADERA COUNTY WILL INVESTIGATE THE ADVANTAGES OF IMPLEMENTING A DIFFERENTIAL RESPONSE PROTOCOL AND DEVELOP A PLAN WITH LOCAL STAKEHOLDERS TO IMPLEMENT DIFFERENTIAL RESPONSE IF IT WILL SERVE THE NEEDS OF CWS AND THE MADERA COMMUNITY.

ACTION STEPS:

Although we do not have a formal differential response protocol nor did we follow our action steps, Madera County has practiced differential response informally. Madera County DSS uses the Healthy Beginnings Program and the AmeriCorps program to funnel referrals through that do not rise to child welfare intervention, but need some services. Families with children between 0 – 5 years old are referred to the Healthy Beginnings Program for services. This

program is a multidisciplinary program meant to service families outside the child welfare arena. The AmeriCorps Program provides referrals to outside agencies and case management.

THE ACTION STEPS HAVE BEEN MODIFIED AS SHOWN BELOW:

A.

Conduct a comprehensive literature review on the use of differential response (DR) as part of the CWS response to referrals received. January 2015 – March 2015

B.

Contact at least three other counties that employ a DR protocol. If possible, contact counties with similar size and demographics to Madera County. March, 2015 – August 2015

C.

Review practice model employed by other counties using DR to assess if their model would work for Madera County. March, 2015 – August 2015

D.

Create summary report regarding findings of research and review. September 2015 - November 2015

E.

Create implementation group to review findings and make decision whether to implement DR. November 2015 – December 2015

F.

Set regular meetings for implementation group to discuss possibility of implementing DR. Meetings should be a minimum of once a month, preferably twice a month. Expectation that group should reach consensus and decision by January 2016. December 2015 – February 2016

G.

If decision is to go forward with DR, implementation group will continue meeting to outline the process and establish procedures. February 2016 – April 2016

H.

Program Implementation. April 2016 – December 2016

I.

Develop tracking tool for capturing quantitative and qualitative data to evaluate DR. January 2017 – August 2018

STRATEGY 7 - COORDINATE SERVICES WITH CENTRAL VALLEY CHILDREN'S HOSPITAL CHILD ADVOCACY CLINIC

Madera County has been using the Central Valley Children's Hospital Child Advocacy Clinic for all drug exposed infants and their siblings; any child who was removed from a drug lab or home where drug paraphernalia was accessible to children; and any child who has been physically abused.

Although no formal training has been done by the hospital clinic personnel, one-on-one training is done for foster parents and social workers. At this time, hospital personnel do not do any formalized training; therefore, those steps will be removed from our strategy.

Policy and procedures have been completed and are available to all staff via the county intranet.

The benefits of having the Child Advocacy Clinic is that children are seen faster than if they were sent to the Emergency Room; Doctors and nurses provide expert testimony in cases where the medical information is difficult for a lay person to understand; and they provide resources and education for parents who have children at risk of being removed.

STRATEGY 8 - IMPROVE AND INCREASE ACCESS TO MENTAL HEALTH SERVICES FOR FAMILIES WHO ARE IMPACTED BY CHILD ABUSE OR NEGLECT AND FOR YOUTH AGES 6 – 18.

A project management team for the implementation of the Core Practice Model (Katie A) was developed in collaboration with the Madera County Behavioral Health Department. The milestones achieved during this reporting period include the policy and procedures, identification of screen tool (0 – 5 Mental Health screening tool (MHST) and the 5 – Adult Mental Health Screening Tool), internal procedures for referrals to Behavioral Health, and Wraparound, and clear communication with Madera County Behavioral Health . Prior to Katie A., Madera County used the MHST for children ages 6 – 18 years of age with an open child welfare case. The Department began using the MHST for children ages 0 – 5 as of June 2014. In addition, children ages 0 – 5 with a closed referral which was not promoted to a case are referred to the Healthy Beginnings program. Healthy Beginnings public Health Department partners are completing the ASQ-SE and referring children to Behavioral Health for an assessment.

A core team of child welfare staff has been tasked to complete the screening of the all children in an open child welfare case. Once all children are screened, the assigned social worker will be responsible for re-screening the child every six months or as needed. An Access Data Base is being created to track all sub-class and class members.

On November 6, 2014, a joint training will be held with Social Workers and Mental Health Clinicians on the Core Practice Model/Katie A.

In addition, Behavioral Health hired staff to provide services for children in the communities of Chowchilla and Oakhurst. This has helped to alleviate transportation issues.

Some of the next steps include the roll out of the Child and Family Team meetings, identification (by behavior Health) of a staff member to provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), and identification (by child welfare) of two staff to receive Team Decision Making (TDM) training in October.

PROBATION:

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Madera County Probation Department chose to focus on one outcome where we were performing below the state/national standard. The area and the baseline quarterly data report used at the writing of the CSA/SIP are:

1) Reunification within 12 months (Entry Cohort) C1.3

Madera Probation is committed to ensure the goals and outcomes are achieved to properly rehabilitate the youth and reunify the youth with their parent or family. Madera County examined the Practice and areas which address the needs of youth and their families.

In Q2, 2012, Berkley data showed that of those that reunified between October 1, 2012 and March 30, 2013, (33.3%) of these children reunified within 12 months of placement. The National Standard goal is (48.4%). Some of the data obtained from Berkeley for Cohort C1.3 may be skewed due to the following explanation from the website.

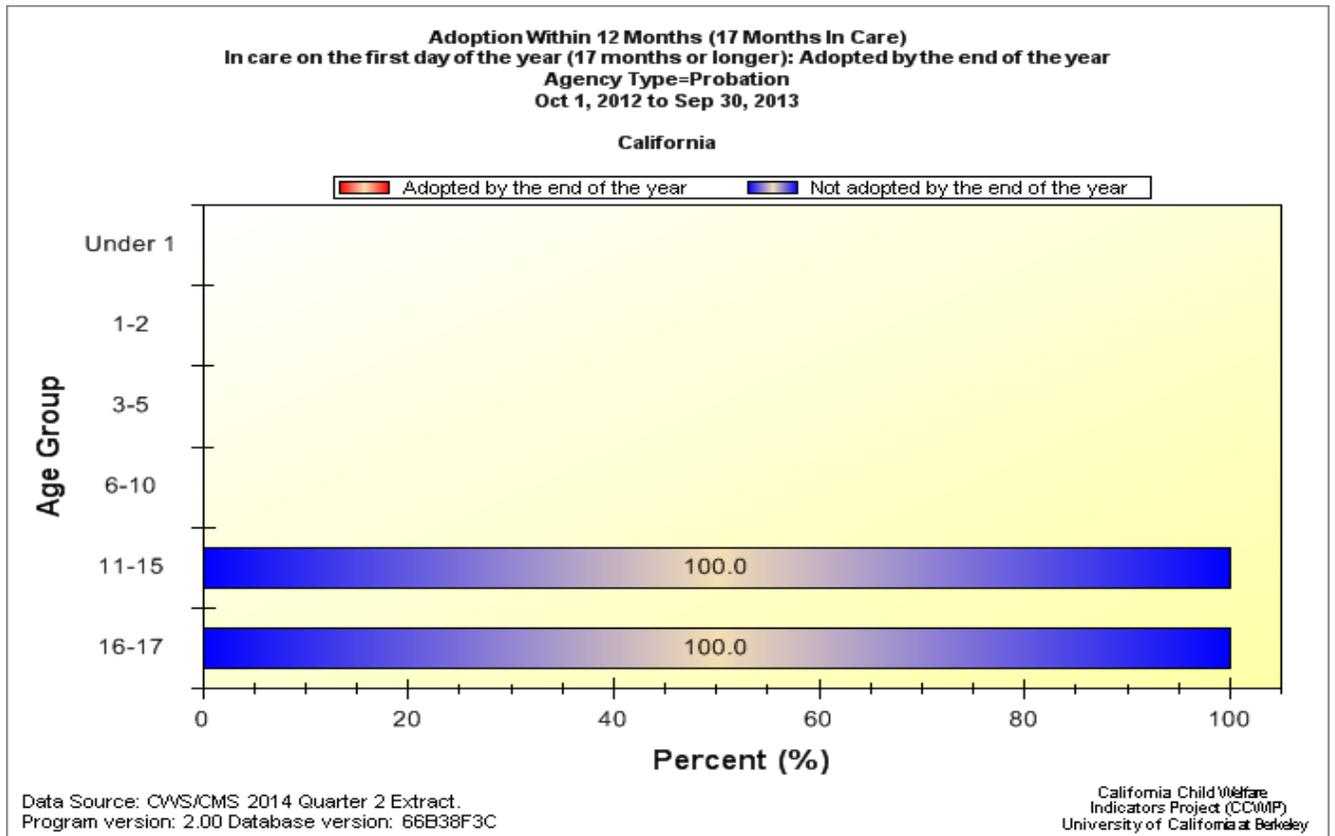
C1.3 code update (9/26/14, Q2 2014 data extract): Dear colleagues, in developing analyses for the forthcoming CFSR3, we discovered that our reporting for the current entry cohort measure on time to reunification (C1.3) used a calculation function that required revision. The computation of follow-up intervals included up to 30 days of additional time (e.g., a report for “status at 12 months” reflected a time frame that could include a 13th month). Measure C1.3 will be replaced by a new permanency measure in CFSR3. In the meantime, we have modified the program, and verified that calculations in all other outcome analyses are accurate. Trends in the updated C1.3 data are similar to those previously reported, though counties may note a decrease in the proportion for a given exit outcome and follow-up period (e.g., the statewide proportion reunified at 12 months for the October 2012 to March 2013 cohort is 36.0%, compared with 37.6% reported previously). We apologize for any inconvenience this may cause, and invite you to contact Daniel Webster (dwebster@berkeley.edu) with any questions you may have on the matter.

Madera

PERCENT	Age Group							All
	<1 mo	1-11 mo	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	
	%	%	%	%	%	%	%	
Reunified	100.0	33.3
Adopted
Guardianship
Emancipated
Other
Still in care	100.0	.	66.7
Total	100.0	100.0	100.0

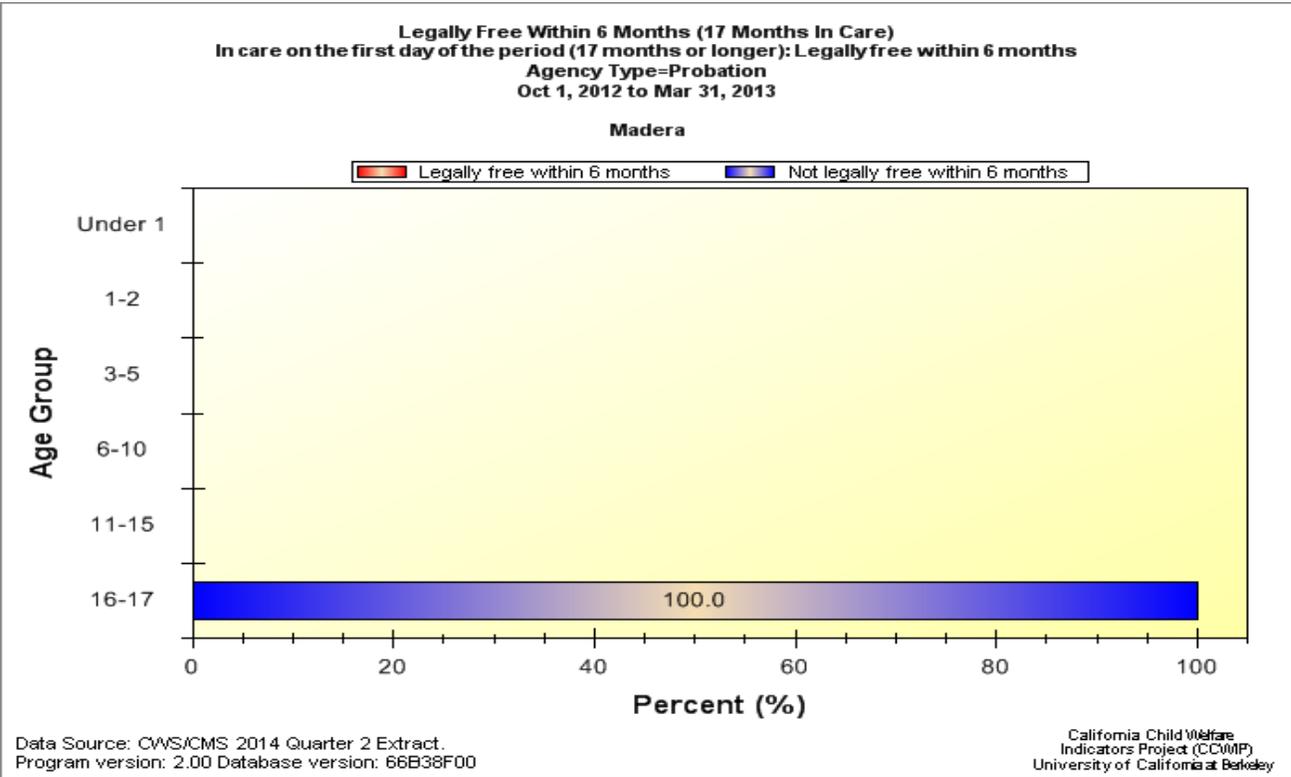
2) Adoption within 12 months (17 months in care) (C2.3)

The data from Q2, 2012 Berkeley found that no Probation youth in placement had been in care 17 months or longer or had been discharged from foster care to adoption. The National Standard is 22.7%. Madera County Probation did not have youth adopted during this time period. Madera Probation has not been involved with the Adoption of Probation youth. Madera Probation is aware of positive outcomes of adoption of 602 WIC wards as spearheaded in the County of Los Angeles. We are aware if a Youth desires to be adopted or parties request assistance we can contact Probation departments throughout the state for guidance and support.



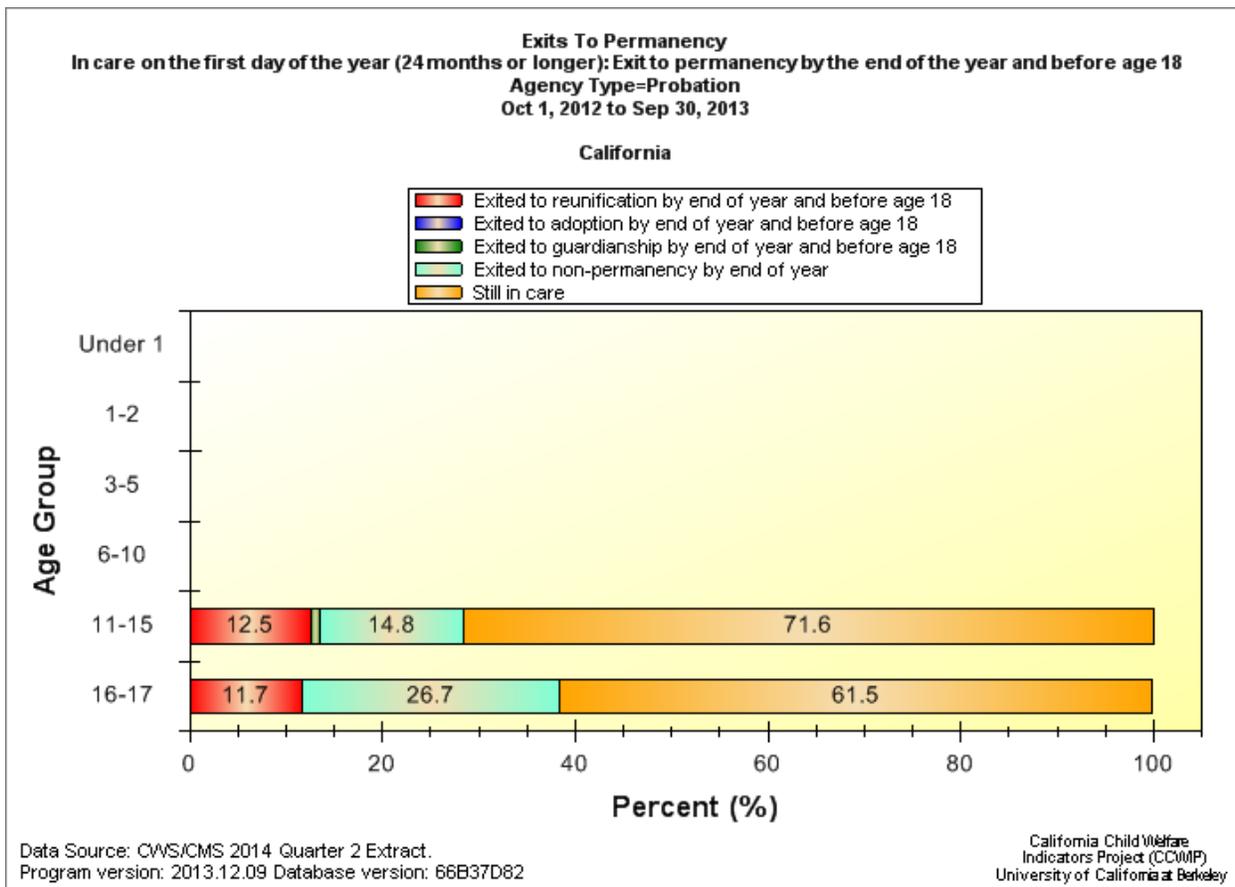
3) Legally Free Within 6 months (17 months in care) (C2.4)

The data extracted from Q2 2012 Berkeley revealed that between October 1, 2012 and March 30, 2013 (100%) of youth remained wards of the Court. The National Standard is (10.9%). It is apparent that their delinquency and behavioral issues were complex and required extensive treatment and supervision.



4) Exits to Permanency (24 months of Care) (C3.1)

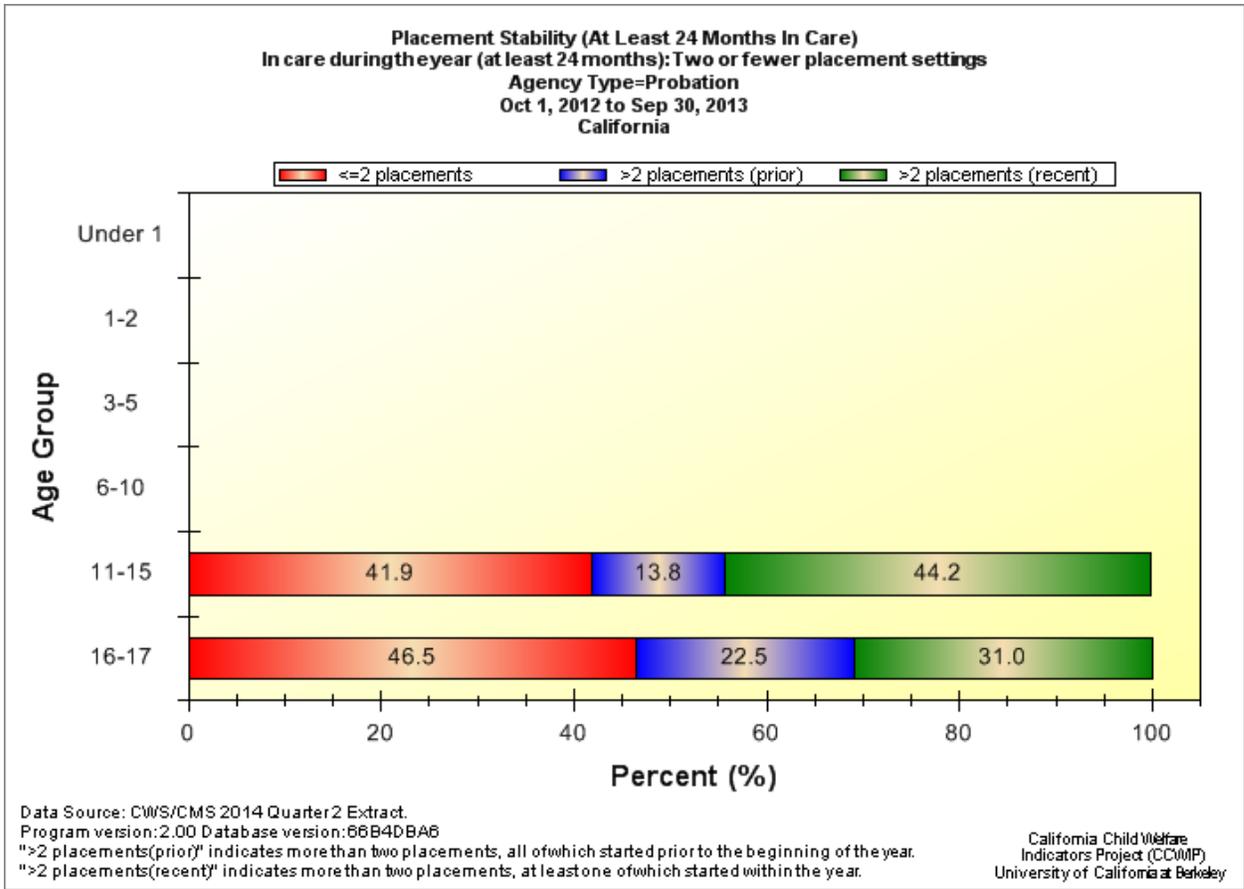
In reference to Permanency Outcome C3.1 Exits to Permanency (24 months in Care), UC Berkeley Dynamic reporting system for showed that Madera Probation scored (12.5 %) under ages 11-15 and (11.7 %) under ages 16-17, which is below the National Standard Goal of 29.1%. The remaining in placement could not reunify with parent or family due to their commitment offense related to victims who remain in the home or other exigent factors.



5) Placement Stability for youth in care more than 24 months (C4.3)

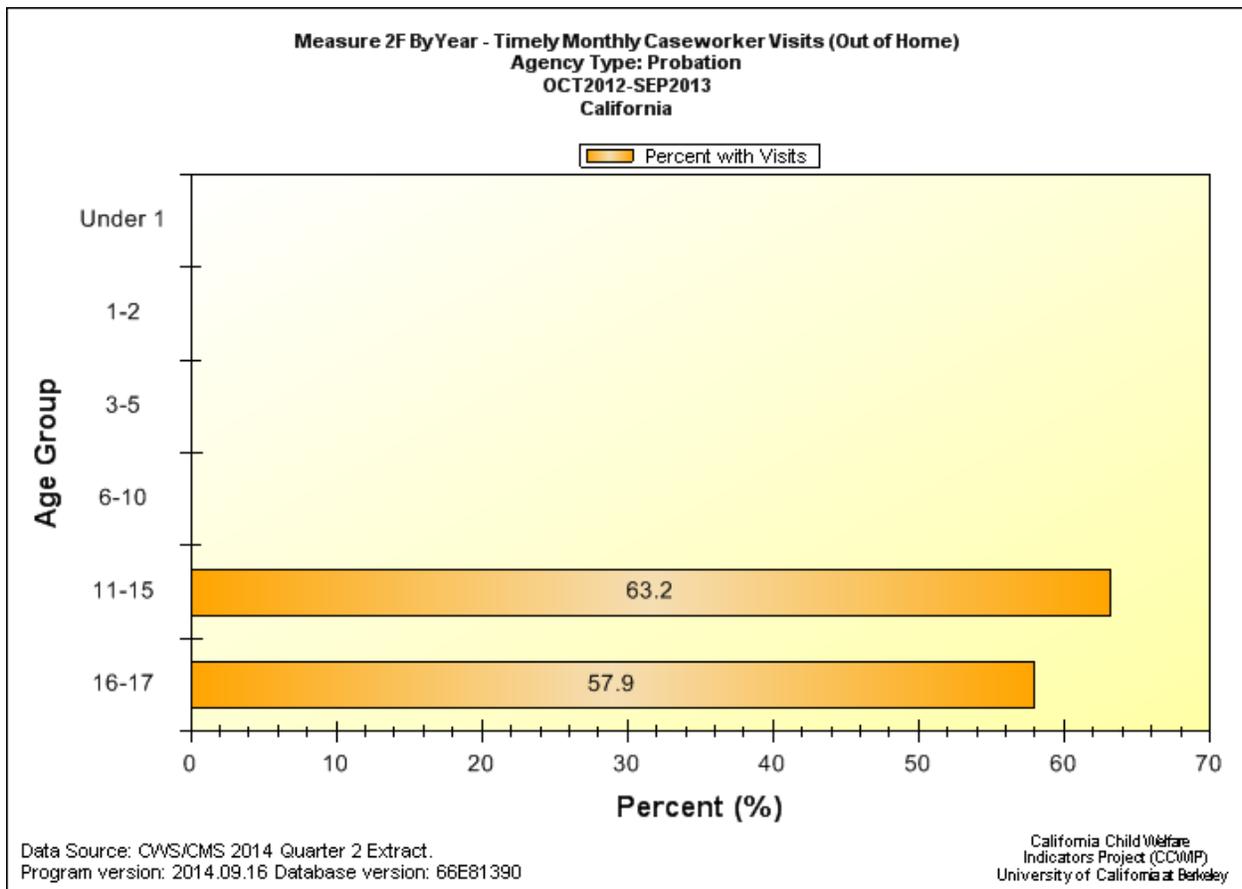
The data outcome from the Berkeley Dynamic Reporting System for Q2 October 2012-March 2013, indicates as reported in the County Self Assessment, Madera County Probation averaged 46.5% which is slightly above the National Standard of 41.8% for this outcome. Once again the small number in placement and the individuals who remained in placement during this time period were due to inability to return to the home due to the victims in the

home or other exigent circumstances.



6) Timely Monthly Probation Officer Visits (2F)

As reported in the UC Berkley Dynamic Reporting System for October 2012-March 2013 Madera Probation reported 63.2% (ages 11-15) and 57.9% (ages 16-18) below the National Standard of 90.0%. During this time period staff were acclimating to the complex CWS/CMS database and processing of data into the system. Madera Probation's local Case Management system Automon CE reflects home visits were conducted during the time period allotted under Division 31 guidelines.



PROBATION:

STRATEGY 1 - UTILIZE REUNIFICATION TRAINING FOR THE PROBATION PLACEMENT OFFICER AND PLACEMENT SUPERVISOR TO ENHANCE STAFF’S ABILITY TO IDENTIFY THE YOUTH’S NEEDS AND READINESS TO RETURN HOME AND BE MAINTAINED IN A STABLE HOME ENVIRONMENT AND AVOID RE-ENTRY INTO THE FOSTER CARE SYSTEM.

Action Steps:

- A. Staff will attend training specific to reunification to assist in identifying the needs of the youth and family.**

Throughout the past year Probation Staff which includes Group Home Placement Supervisor, Placement Officer, Senior Court Officer and Probation Technician have attended ongoing training that enhances our ability to make a determination regarding the removal of a youth with placement in a group home or foster care or reunification with appropriate family. Probation staff has attended the following training or committee meetings.

- Group Home Placement Core
- Juvenile Assessment Intervention System (JAIS) Assessment Training
- Supervisor Core

- Youth Violence in the Home
- Juvenile Justice Reform
- Delinquency Law, Practice, Update
- Title IV-E Division 31
- Assessment to Treatment Planning
- Non Minor Dependent Juvenile Justice
- Juvenile Law Update and Title IV-E eligibility, John Burton Foundation multiple AB-12 Webinars
- 2014 Foster Youth Summit
- Ca Institute for Mental Health and Juvenile Justice Reform
- Regional's Improving Permanency
- Sustain Wraparound
- CDRT Child Death Review Team Meeting
- SCAN Sexual Assault Child Abuse Neglect Team Meeting
- Central California Placement Committee
- Madera Co Foster Youth Collaboration Committee
- Madera Co Out of Home Placement Committee

The Placement Supervisor will be attending Placement Core by June 2015. The department will make continued effort to attend Probation Advisory Committee meetings.

B. The Probation Officer will develop a case plan with the family and the youth that includes concurrent planning for the youth's permanency should Reunification efforts fail.

The case carrying Probation Officer along with the Group Home Placement Officer collaborates to provide a detailed Case Plan for the Youth at disposition. Thereafter the Group Home Placement Officer continuously refers to the Case Plan throughout the duration of supervision in the Group Home. The officer utilizes the Case Plan in the Child Welfare Services/CMS system, which insures Division 31 guidelines are appropriately addressed accordingly to the documented standards. The Case Plan is updated every 6 months with every effort of involving the parent/guardian and guiding towards the reunification with said parent or family. If reunification efforts fail the Probation Officer will reassess the youth's needs. If the youth has completed and met all Court Ordered terms of Probation and appears to be successfully rehabilitated then a 241.1 staffing will be requested to determine appropriate status of youth.

C. Implement reunification focused program activities: meet with parent and youth regularly, following case plan needs, referrals to services, home visits, and home evaluations to reunite youth with their families and decrease continued juvenile offenses, prevent replacement outside the home, and support the family to maintain long term stability.

The designated Group Home Probation Officer meets with the youth monthly as designated under Division 31 standards. The Officer reviews the Case Plan and insures the youth is receiving the appropriate services in the group home setting. The Probation Officer implements monthly contact with parent/guardian and from onset of placement begins the reunification process with the appropriate family or alternative options. In order to decrease juvenile offenses

close monitoring of the youth will be continued on an ongoing follow up with therapist and group home support staff to validate the youth's goal oriented plan. Wraparound Services may be utilized currently to insure stability within the reunified home. After completion of group home placement and without wraparound services available the youth will be maintained on a caseload designated at the level of supervision required, specifically assigned to their school of attendance.

D. The placement officer will refer minor and family to parenting programs such as Staying Connected with Your Teen, Strengthening Families and Triple P (Positive Parenting Program).

The Placement Officer continues to refer the youth and family as assessed to appropriate parenting curriculum available within Madera County or counseling services provided in the group home.

Strategy 2 - PROBATION STAFF WILL ENGAGE YOUTH AND THEIR FAMILIES EARLY ON TO DEVELOP CASE PLAN ACTIVITIES THAT WILL ASSIST IN IDENTIFYING THE NEEDS OF THE YOUTH AND THEIR FAMILY.

Probation Staff's engagement of the Youth early on is an integral part of the supervision of the youth. We believe Strategy #2 of developing and maintaining appropriate Case Plans will continue to be a needed Strategy. We have proven that within this last year the Group Home placement numbers have significantly reduced by 75 % from the average of 15 youth in placement to record low of 5 in placement.

Madera County Probation has implemented an Evaluation of Imminent Risk and Reasonable Candidacy tool along with a new Case Plan. The first tool is used to evaluate or determine the risk and needs of the youth. Regardless if the Youth is an eligible candidate to receive federal funding a Case Plan will be prepared. The youth may be on Informal Probation under WI 654.2, Deferred Entry of Judgment under WI 790, Probation without Wardship 725 WI, or Formal Probation with Wardship under 602 WI. The immediacy of the Case Plan is imperative. Once the Court imposes set orders the Court Officer instantaneously assigns the case to a Probation Officer. Within a 30 day timeframe or less the Probation Officer meets with the Youth and parent/guardian. The Case Plan is prepared with all parties in mind and is truly a joint effort. The plan lists the Youth and Family Strengths, Alternative Placement Options, Objectives and Services with allotted time frames. It represents a clear direction to the Youth and parent/guardian of definite direction and how the Probation Officer will assist the youth in accomplishing the set Goals. All parties must sign and the Case Plan is not effective until the designated Probation Officer Supervisor reviews and approves said Case Plan. The Case Plan utilizes a family approach to treatment. It is developed jointly with the Youth, Parent, and Probation Officer. The Case Plan is specific with detailed Goals and Objectives for each person, date of completion, and at least one Goal or Objective is for the Parent/Legal Guardian. It lists services and referrals needed to accomplish the Goals and planned placement options for the youth if these services fail. The options of familial placement or other alternatives are thoroughly

exhausted before group home or foster care is considered. The decision to remove a child from home is a significant legal and practice issue that is not entered lightly. Therefore a Case Plan with SMART goals (Specific, Measureable, Achievable, Realistic/Relevant and Time Limited) that sets foster care as the goal for the child absent effective preventive services is an indication that the child is at serious risk of removal from the youth's home. Probation understands that a plan of action, to wit, Case Plan is needed to prevent the removal. The case plan is updated every 6 months or more often if a new Petition is filed.

Throughout this past year the entire Juvenile Probation Department has attended training regarding the implementation of the new case plan. In addition (JBI) Justice Benefits Incorporated is a private entity whom we have a standing contract. JBI closely reviews, monitors, and assesses the validity of the Case Plans. The Probation Officers have monthly update training with the designated supervisor and quarterly updates from JBI incorporated. JBI either provides onsite training or via computer webinars. Probation understands that in order for youth to be successful, make better choices and insure lifestyle changes which mitigate risks to the youth and the community there needs to be a well developed plan that outlines:

- planned goal of behavioral changes
- definite picture of what the changes must be
- the activities and services that the youth and family will engage in to achieve the change
- and the ultimate timeline for achieving the change

The foundational elements of effective intervention must continue to focus on underlying cause of the behavior, must differentiate if the cause is cognitive or behavioral, focus must be placed on family dynamic risk factors, how often is the duration appropriate, and lastly is the finding based upon a valid assessment.

Action Steps

- A. With the use of Motivational Interviewing and review of the juvenile assessments completed by the Probation Officer at disposition, the Probation Officer will develop a Case Plan with the Youth and family to identify the needs of the Youth and develop action steps to effect youth's behavioral changes.**

Currently the entire Juvenile Probation Department has been trained in Motivational Interviewing and continue to attend refresher courses. The department receives annual training regarding Juvenile Assessments and Case Plans. The Case Plans are continuously monitored by Supervisors and an independent company (JBI) to insure compliance. The department performs quarterly to semiannual QAR's (Quality Assurance Reviews) of caseloads to determine the Case Plans meet or exceed departmental standards.

- B. The Probation Officer will meet monthly with the parent to insure understanding of the case plan goals and insure understanding of case plan objectives, goals, and referral to proper services.**

Dependent upon the level of supervision determined by the JAIS assessment and Supervisors approval, the youth is placed on a caseload with a level of supervision. At a minimum youth are met with on a monthly basis. Or if they are designated at higher risk to reoffend or deemed to

have more needs they are seen four times monthly with three contacts outside of the office visit. The Probation Officer is designated to review the Case Plan objectives, goals and insure they are attending the proper services. In conjunction with the assistance of the parent/guardian's ongoing input.

C. Utilize Motivational Interviewing (MI) Practices to enhance communication between staff and youth and their families to promote positive behavioral changes.

The department's vision is to continue to embrace Evidenced Based Practices and a key component of this practice is Motivational Interviewing techniques to develop a better plan for the youth. MI is continually used during the initial interview from pre-disposition, post-disposition, and throughout the duration of Probation.

Addendum Strategy 3:

Madera County Probation would like to add Strategy #3, in that Probation Staff will develop programs or services to prepare the youth and family for success on Probation, to avoid out of home placement, and the appropriate pre-placement assessment of cases for placement in Group Homes/Foster Care.

We currently are looking forward to the upcoming year and being able to offer a Truancy Diversion Program. Probation is in a collaborative partnership with Madera County Child Welfare Services, Behavioral Health, EMQ Families First and Madera County of Education in providing Wraparound Services to four Madera County Probation youth. We continue to participate with local education and child welfare services in the Foster Youth Collaboration Meetings and events. In addition to the Out of Home Placement committee meetings and events. We are also developing a Youth Fire setting Prevention and Intervention Educational program. The department has implemented a Battle for Change component to the Community Day/Court Day School program in which youth are involved in physical activities and field trips. The program provides cognitive and behavioral redirection. The department continues to thrive in Aggression Replacement Training (ART) for youth. We continue to implement the Fatherhood Initiative Grant within the Boot Camp program setting along with the Proud Parenting Program grant. These focus on Credit Recovery, Parenting Education, Mentoring, Cognitive Behavioral and Substance Abuse education. We have developed a partnership with Valley State Prison for Men and will utilize the ReDirect program for non-probation youth to experience Prison life during a one day field trip. In addition we are training school aged youth radKIDS (resist aggression defensively) a life-skills educational model program. Youth and parents are also referred to Strengthening Families Parenting Program or Staying Connected with your Teen programs.

Addendum: Action Steps

- A. Develop a standard of specific criteria to assess, evaluate and screen cases prior to placement in Group Home or Foster Care.**
- B. Develop a Case Management Training program to assist officers with appropriate tools of effectively managing a caseload.**
- C. Due diligence effort of locating the non-responsive/absent caretaker**

- D. **The Probation Department will review Division 31 criteria, contact outlying agencies to review their standard of practice, meet and confer with the Juvenile Court Judge to develop and implement a plan.**
- E. **Ongoing review of the progress of prevention and intervention programs to insure they utilize strategic efforts of maintaining the family whole, with the avoidance of out of home placement.**

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

staff turnover has been an issue this reporting period. approximately half of the child welfare staff migrated to education. Staff is currently attending the Central Academy for basic child welfare training and supervisory training.

The greatest barrier to future implementation is the lack of Community Based Organizations with which to partner. Madera County primarily consists of county agencies to partner with; at the table of various committees and work groups you see the same people.

PROMISING PRACTICES/ OTHER SUCCESSES

Madera County has fully embraced the concepts of Safety Organized Practice and has incorporated it into every aspect of child welfare services. Social Work Supervisors have been using the coaching model with their staff and recently began going out in the field observing staff.

The Healthy Beginnings Team is a promising practice we have been using in Madera County for at least ten years to support families with children 0 - 5. This multidisciplinary team approach, although not officially so, has been acting as a differential response outlet for child welfare referrals that do not meet the definition of child maltreatment but require some intervention. The program is totally voluntary.

In 2014, Child Welfare Social Workers were issued iPads. The use of iPads enables Social Workers to: complete narratives while still in the field; review case specific documents while in the field; document court ordered services and record questions presented during court hearings; to record after hour referrals; and search for child welfare history. The use of iPads has a profound effect on the ability of the social worker to meet mandates; make informed decisions; and document case specific activities in a timely manner. They also have the opportunity while in the field to have face to face coaching with their supervisors using face time on the devices.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

The adoption composites C2.1 (21.4) and C2.2 (36.5) did not reach the National Average and, in fact, dropped from the previously reported numbers in the County Self Assessment (CSA). Five (5) of the cases included in C2.1 and C2.2 were held by CDSS Fresno for

finalization. These cases were far enough along in the adoption finalization process that transfer to Madera was not deemed to be efficient primarily as these cases included barriers to finalization that CDSS staff was familiar with and better equipped to resolve given their familiarity with the adoptive families. Of the nine (9) remaining cases, five (5) had similar barriers to resolve including a sibling group of 3 children with issues associated with psychotropic medication concerns, an out of state adoption of one child that experienced court delays, one child who had SSI eligibility issues, and one child whose home study request was delayed. The remaining were just late. These cases were not familiar to Madera Adoption Social Workers and served to provide “lessons learned” for these inexperienced Adoptions staff.

Outcome C2.3 (21.4) while still below the National Average (22.7) has shown a significant improvement. These are cases included in C2.1 and C2.2 who had barriers that were overcome.

The composites on Placement Entry continue to show a high number of children being placed in Foster Family Agency homes (62.6). This can be attributed to the lack of County Foster Homes and the barriers faced by relatives and non-related extended family member.

Madera County’s homes are licensed by Community Care Licensing (CCL). CCL provides six orientations in Madera per year. Two years ago, CCL was providing monthly orientations in Madera. However, due to funding and caseload size, they had to limit the activity. At these orientations, there are between 20 and 30 potential foster parents. This reporting period, five families were licensed to provide care for foster children.

We also notice that placements with relatives/ or non-related extended family member’s (NREFM’s) has decreased. In the CSA we reported 34.6% of the children entering care were placed with relatives/NREFM’s. However, that number is now 24.3%. It is the continued priority of Madera County DSS to place children in the care of a relative or non-related extended family member. Often times, the relative/NREFM does not qualify for immediate placement based on the criminal clearances and must proceed with through the relative/NREFM process and request an exemption. This process can take a long time. Therefore, children are placed in foster care.

State and Federally Mandated Child Welfare/Probation Initiatives

KATIE A

In addition to the information presented above in Strategy 8 on page 8, Madera County Department of Social Services has been participating in the weekly Katie A conference calls; and attends the Katie A regional collaborative.

Madera County DSS and Madera County Behavioral Health meet on a weekly basis to implement the provisions of Katie A and the Core Practice Model. Madera County has 344 potential sub class members. Madera County Behavioral Health is currently in the process of hiring staff to perform Intensive Case Coordination (ICC) services. Because they do not have the capacity to do so themselves, Behavioral Health is looking to outsource Intensive Home Based Services (IHBS).

QUALITY PARENTING INITIATIVE (QPI)

Madera County DSS continues to participate in the Quality Parenting Initiative, and continues to be committed to utilizing best practices in recruiting and retaining high-quality caregivers to provide excellent care to children and youth in out of home care.

Through our working relationship with foster parents and QPI, the Department has developed a “facebook” page for Madera County Foster Parents. The page is not up and running yet, but we anticipate it will be in the near future.

5 – Year SIP Chart – Child Welfare

CHILD WELFARE

Priority Outcome Measure or Systemic Factor: C1.4 Re-entry following reunification

National Standard: 9.9%

Current Performance: 20.4%

Target Improvement Goal: 12%

Priority Outcome Measure or Systemic Factor: C2.3 and C2.5 Adoption and Legally Freed within 12 months

National Standard: 22.7% / 53.7%

Current Performance: 11.1% / 38.5%

Target Improvement Goal: 22.7% / 53.7%

Priority Outcome Measure or Systemic Factor: C3.1 Exits to permanency (24 months in care)

National Standard: 29.1%

Current Performance: 13.9%

Target Improvement Goal: 21%

Priority Outcome Measure or Systemic Factor: C4.3 Placement stability for youth in care more than 24 months

National Standard: 41.8%

Current Performance: 29.3%

Target Improvement Goal: 43%

PROBATION

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 months

National Standard: 75.2%

Current Performance: From July 1, 2011 to June 30, 2012, 33.3% of probation children discharged from foster care to reunification during the year and were discharged within 12 months from the date of the latest removal from the home.

Target Improvement Goal: 55%

Priority Outcome Measure or Systemic Factor: 4B Least Restrictive placements

National Standard: N/A

Current Performance: From July 1, 2011, to June 30, 2012, 0% out of 9 children in foster care were placed in the least restrictive placement or placed with a relative.

Target Improvement Goal: Probation will set a goal of having 50% of children in foster care placed in the care of relatives.

Strategy 1: Integrate Safety Organized Practice as the standard for all Child Welfare social work interventions. Incorporate the following practices as part of the model: Coaching, Reflective Practice, Trauma Informed Practice, Motivational Interviewing and Cultural Humility.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. All ER staff and supervisors to complete the SOP two-day overview.	September 2013 - January 2014 Completed – Ongoing for new staff	Program Manager
B. Complete the 12 coaching modules developed by U.C. Davis.	Start no later than January 2014, or as soon as all staff has completed the 2-day overview. Completed – Ongoing for new staff	Program Manager identified coaching leader.
C. Individual conferences, no less than twice monthly, preferably weekly for coaching follow up on SOP practices (this will include trauma-informed practice, solution focused inquiry and cultural humility components as trainings are completed. All are essential elements for effective SOP practice.)	June 2014 – August 2014 Implemented during timeframe; exploring monitoring of the action steps.	Program Manager and Supervisors (additional coach)

D. Supervisors to attend Reflective Practice Training for supervision.	August 2014 – October 2014	Program Manager and Supervisors
E. Develop tracking tool for capturing quantitative and qualitative data to evaluate SOP implementation.	October 2014	Program Manager and Supervisors
F. Quarterly meetings to be held to review data captured and provide feedback as to effectiveness of SOP.	October 2014	Child Welfare Administrative Analyst II and Leadership staff
G. All ER staff and supervisors to complete one-day trauma informed practice training.	January 2014 – February 2014 Completed – Ongoing for new staff	Program Manager
H. All ER staff and supervisors to complete one-day solution focused inquiry training.	February 2014 – March 2014 February 2015 – March 2015	Program Manager

<p>I. All staff and supervisors to complete one-half-day cultural humility training.</p>	<p>January 2014 – February 2014 Completed – Ongoing for new staff (yearly)</p>	<p>Program Manager</p>
<p>J. In order to achieve a more effective implementation of SOP, the Department will focus on ER staff and supervisors and concentrate on having all of them fully trained in the relevant strategies. Assuming evaluation shows a positive impact and social work practice is strengthened, the plan for implementation will be repeated in other CWS units.</p>	<p>October 2014 – November 2015</p>	<p>Program Manager</p>

<p>Strategy 2: Full Implement Team Decision Making Model</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): All Child Welfare Outcomes</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Conduct TDM for initial placement and prior to all placement changes</p>	<p>On going through 08/01/2018</p>	<p>Child Welfare TDM facilitators, Child Welfare Supervisors, Child Welfare Program Manager</p>
<p>B. Develop a monitoring system to ensure that TDM meetings are being held for all children involving placement issues.</p>	<p>08/18/2013 – 03/30/2014 Completed - Implemented ETO database</p>	<p>Administrative Analyst II, Child Welfare Supervisors, Child Welfare Program Manager</p>

<p>C. Quarterly TDM meetings to discuss and address on going practice improvements</p>	<p>On going through 08/01/2018</p>	<p>Child Welfare TDM facilitators, Child Welfare Supervisors, Child Welfare Program Manager</p>
<p>D. Training for new staff, community partners, and foster parents on TDM's</p>	<p>On going through 08/01/2018</p>	<p>Child welfare manager</p>

Strategy 3: Madera County will implement wrap around services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Probation: Reunification within 12 months (C1.1) and Lease Restrictive Placement (4B) Child Welfare: Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify key members of the placement committee	August 2013 – October 2013 Completed	Madera County Probation, DSS, EMQ Families First, Madera County Behavioral Health
B. Arrange regularly scheduled meetings; placement committee/ wraparound management team	August 2013 – October 2013 Completed	Madera County Probation, DSS, EMQ Families First, Madera County Behavioral Health
C. Identify those youth who qualify for wraparound services	September 2014 – January 2015	Placement committee, wraparound management team (includes DSS, Probation, BHS, and EMQ provider)
D. Placement of 3 probation youth in wraparound services	November 2014 – January 2015	Probation Placement Officer, Wraparound Management Team

E. Monitor and evaluate placements	October 2014 - ongoing	Placement committee, wraparound management team
F. Placement of 2 child welfare youth in wraparound services	October 2014 – December 2014	Child Welfare Social Worker, Wraparound Management Team, Placement committee
G. Monitor and evaluate placements	October 2014 – ongoing	Placement committee, wraparound management team
H. Increase slot number to 10	January 2016 – August 2018	Wraparound Management Team
I. Monitor monies accumulated in the Trust Fund and determine appropriate use for the money	October 2014 - Ongoing	Wraparound Management Team, Stakeholders,

Strategy 4: Engage Churches and Community Organizations in recruitment of foster homes and development of parent mentors	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Probation Reunification within 12 months (C1.1) and Lease Restrictive Placement (4B) Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Presentation on foster care and foster adopt at Love Madera community meeting.	10/5/2013 Completed	DSS Foster parent liaison
B. Use Efforts to Outcome for tracking and monitoring of foster homes	January 2016 - Ongoing	DSS Foster parent liaison
C. Establish quarterly meetings with Faith-Based community.	November 2013 - 03/01/2014 and quarterly thereafter	DSS Foster parent liaison, Child welfare management team
D. Develop and present outreach materials for foster homes and foster adopt homes to at least 2 community organizations.	October 2013 – March 2014 2014 Completed – Ongoing at least 2 annually	DSS Foster parent liaison

<p>E. Identify available tangible support and basic assistance through churches to assist specific needs requested by youth and families.</p>	<p>January 2015 – June 2015</p>	<p>DSS Foster parent liaison, ILP coordinator, Child welfare management team</p>
<p>F. Explore evidenced based models of parent mentor programs. Contact at least two counties who currently use parent partners/mentors.</p>	<p>December 2014 – December 2015</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>G. Develop and present outreach materials for parent and community mentors to at least 3 communities and/or faith based organizations.</p>	<p>December 2015 – December 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>H. Identify parent mentors</p>	<p>December 2015 – June 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>
<p>I. Provide training to parent mentors to empower them to advocate for families, become change agents for children and gain a voice for children and families.</p>	<p>June 2016 – December 2016</p>	<p>DSS Foster parent liaison, Child welfare management team</p>

J. Develop tracking tool for capturing quantitative and qualitative data to evaluate Parent Mentor program.	December 2016 – August 2018	DSS Administrative Analyst II
---	-----------------------------	-------------------------------

Strategy 5: Train social workers, foster parents, court, community partners on permanency and connection	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research and develop curriculum/materials on permanency and lifelong connections.	01/2014 – 06/30/2014 Completed – curriculum developed	Child Welfare Program Manager and Supervisors, Administrative Analyst II
B. Train social workers on permanency	07/2014 – 12/31/2014 Completed – Ongoing for new staff	Child Welfare Program Manager and Supervisors
C. Train foster parents on permanency	07/2014 – 12/31/2014 and yearly thereafter <u>2014 - Completed</u> <u>2015 –</u> <u>2016 –</u> <u>2017 –</u> <u>2018 –</u>	Foster Parent Liaison

D. Train Court (Judge and attorneys) on permanency	January 2015 – December 2015 <u>2014 - Trained attorneys and CASA</u> <u>2015 – explore training for the Judge</u>	Court Supervisor
E. Train community partners on permanency	January 2015 – December 2015	Child Welfare Program Manager or designee

Strategy 6: Develop a Differential Response Protocol Madera County will investigate the advantages of implementing a differential response protocol and develop a plan with local stakeholders to implement differential response if it will serve the needs of CWS and the Madera community.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Child Welfare Re-entry following reunification (C1.4)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Conduct a comprehensive literature review on the use of differential response (DR) as part of the CWS response to referrals received.	<u>January 2015 – March 2015</u>	Program Manager, Staff Analyst, FBT

<p>B. Contact at least three other counties that employ a DR protocol.</p> <p>If possible, contact counties with similar size and demographics to Madera County.</p>	<p><u>March, 2015 – August 2015</u></p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>C. Review practice model employed by other counties using DR to assess if their model would work for Madera County.</p>	<p><u>March, 2015 – August 2015</u></p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>D. Create summary report regarding findings of research and review</p>	<p><u>September 2015 - November 2015</u></p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>E. Create implementation group to review findings and make decision whether to implement DR</p>	<p><u>November 2015 – December 2015</u></p>	<p>Program Manager, Staff Analyst, FBT</p>
<p>F. Set regular meetings for implementation group to discuss possibility of implementing DR. Meetings should be a minimum of once a month, preferably twice a month. Expectation that group should reach consensus and decision by January 2015.</p>	<p><u>December 2015 – February 2016</u></p>	<p>Program Manager, group members to include community stakeholders and designated ER staff/supervisors</p>

<p>G. If decision is to go forward with DR, implementation group will continue meeting to outline the process and establish procedures.</p>	<p><u>February 2016 – April 2016</u></p>	<p>Implementation group</p>
<p>H. Program Implementation</p>	<p><u>April 2016 – December 2016</u></p>	<p>Implementation group</p>
<p>I. Develop tracking tool for capturing quantitative and qualitative data to evaluate DR.</p>	<p><u>January 2017-December 2018</u></p>	<p>Administrative Analyst II</p>

Strategy 7: Coordinate services with Central Valley Children’s Hospital Child Advocacy Clinic	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. ER will follow the Drug Exposed Children Policy and Procedure to determine the need for services at Central Valley Children’s Hospital Child Advocacy Clinic.	August 2013 – August 2018 Completed and ongoing	Emergency Response Staff and Supervisor
B. Advocacy Clinic personnel will give individual specialized training to foster parents and social workers as is appropriate with the injury/circumstance.	August 2013 - Ongoing	Child Abuse Advocacy Clinic staff and Child Welfare Supervisors
C. The Child Welfare Public Health Nurse will identify and coordinate with Child Advocacy Clinic for abused and neglected children.	August 2013 – August 2018	Child Welfare, Public Health Department, and Children’s Hospital.
D. Utilize Rushmore to ensure that policies and procedures are being followed.	August 2013 – August 2018	DSS Program Manager and Child Welfare Supervisors

Strategy 8: Improve and increase access to mental health services for families who are impacted by child abuse or neglect and for youth ages 6 – 18.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Re-entry following reunification (C1.4), Exits to permanency (C3.1), adoption within 12 months (C2.3) and placement stability (C4.3)
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. The Departments of Behavioral Health (DBH) and the Department of Social Services, Child Welfare (DSS) will identify children/youth (children) currently meeting subclass criteria and those at risk of subclass criteria (Katie A).	August 2013 – January 2014 Completed	Behavioral Health and Child Welfare Staff
B. Select and Formalize a screening process for class and subclass children. (Katie A).	January 2014 – February 2014 Completed	Behavioral Health and Child Welfare Staff
C. Train staff on screening tool and process.(Katie A)	March 2014 Completed	Child Welfare Supervisors
D. Identify preventative resources within mental health services for children ages 6 – 18.	March 2014 – June 2014 Completed	Behavioral Health and Child Welfare Staff

<p>E. Identify service providers for in-patient treatment facilities for families who are impacted by child abuse or neglect and for youth ages 6 – 18.</p>	<p>January 2015 – June 2015</p>	<p>Stakeholders/DSS and Child Welfare Management</p>
<p>F.. Utilize quarterly meetings between Behavioral Health and DSS to review data in regards to Katie A and discuss/address implementation issues. In addition, discuss how to meet the needs of youth ages 6 – 18.</p>	<p>January 2014 - August 2018 2014 – Meeting weekly 2015 – 2016 – 2017 – 2018 –</p>	<p>Behavioral Health and Child Welfare Staff</p>

Strategy 1: Probation Utilize Reunification Training for the probation placement officer and placement supervisor to enhance staff's ability to identify the youth's needs and readiness to return home and be maintained in a stable home environment and avoid re-entry into the foster care system.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification within 12 months (C1.1)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Staff will attend training specific to Reunification to assist in identifying the needs of the youth and family.	September 2013 and August 2018 - as becomes available	Probation Officers, Seniors and Supervisors
B. The probation officer will develop a case plan with the family and the youth that includes concurrent planning for the youth's permanency should Reunification efforts fail.	October 2013 – August 2018	Probation Officers
C. Implement reunification focused program activities(meeting with parent and minor regularly, following case plan needs, referrals to	August 2013 and August 2018	Probation Officers, Seniors and Supervisors

<p>services needed, home visits, and home evaluations) to reunite youth with their families and decrease continued juvenile offenses, prevent, replacement outside the home, and support the family to maintain long-term stability.</p>		
<p>D. The placement officer will refer minor and family to parenting programs such as Staying Connected with Your Teen, Strengthening Families and Triple P (Positive Parenting Program.)</p>	<p>August 2013 – August 2018</p>	<p>Probation Officers</p>

<p>Strategy 2:</p> <p>Probation Staff will engage youth and their families early on to develop case plan activities that will assist in identifying the needs of the youth and their family.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Lease Restrictive Placement (4B)</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A.</p> <p>With the use of motivational interviewing and review of the juvenile assessment completed by the probation officer at time of disposition, the probation officer will develop a case plan with the minor and the family to identify the needs of the minor/family and develop action steps to effect youth's behavioral changes.</p>	<p>August 2013 – August 2018</p>	<p>Probation officers, seniors and Supervisors</p>
<p>B.</p> <p>The probation officer will meet monthly with the parent to ensure understanding of case plan goals and ensure referral to proper services.</p>	<p>August 2013 – August 2018</p>	<p>Probation officers</p>

<p>C. Utilize Motivational Interviewing Practices to enhance communication between staff and youth and their families to promote positive behavioral changes.</p>	<p>August 2013 – August 2018</p>	<p>Probation officers, seniors and Supervisors</p>
--	----------------------------------	--