

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Nevada
SIP Period Dates	July 2013-July 2014
Outcome Data Period	2014 Quarter 1 from January 1 st - March 31 st 2014
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*Signatures must be in blue ink

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California - Child and Family Services Review

Annual SIP Progress Report

2014



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Introduction

The Nevada County System Improvement Plan (SIP) Progress Report is a report on the progress Child Welfare Services (CWS) and Juvenile Probation Department in Nevada County have made since the implementation of the three-year System Improvement Plan (SIP) submitted in October 2011.

The 2011 SIP outlined the strategies that CWS and the Juvenile Probation Department plan to implement over a three-year period to improve outcomes for children and families. The 2011 SIP incorporated the findings of the 2011 County Self-Assessment (CSA) and the 2010 Peer Quality Case Review (PQCR) and is operational from November 1st, 2011 through October 30th, 2016, with annual updates.

This SIP Progress Report will outline the progress Nevada County has made from July 2013 – July 2014 on the 5-Year plan. In an effort to determine the effectiveness of the Nevada County System Improvement Plan, this report outlines progress achieved in both state and federal outcome measures, as measured by the Child Welfare Indicators Project, UC Berkeley Strategies; goals set forth in the 2011 SIP and their corresponding strategies and action steps. According to the Berkeley Quarterly Report (2014 Qtr. 1 Extract, Released July 1, 2014), Nevada County Child Welfare Services and Juvenile Probation continues to make strides at maintaining the SIP goals. It should be noted that with smaller counties, such as with Nevada County, 2-3 children frequently can produce spikes in either direction and can distort the numbers compared against the National Standard.

Nevada County has achieved many improvements during this past year; however, several barriers have also been realized. Child welfare suffered an almost full turnover in staff in early 2014. This included both leadership and front line social workers. Since February 2014 CWS has hired eight new staff, including a new supervisor and a new program manager. As a result of this tremendous challenge, focus shifted to the immediate training and support of new social workers. This has been accomplished through a full-service contract with the University of California, Davis, Northern California Training Academy that has offered 34 days in coaching and training since April 2014. In addition, child welfare is in the process of creating a Policy and Procedure manual to allow for more continuity of services by social workers.

As always, housing and transportation are huge obstacles that challenge parents in completing services necessary for reunification. Methamphetamine and heroin use continue to plague our county residents. Substance abuse, coupled with serious mental illness, frequently requires more intensive services and expertise than is available in our smaller, rural community.

Nevada County is fortunate to have many non-profits and community partners who are willing to collaborate and work together to find solutions to these challenging issues. Child Welfare Staff and Probation Staff continue to look for ways to engage families and to utilize the services in our county to provide an effective web of support for our families.

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

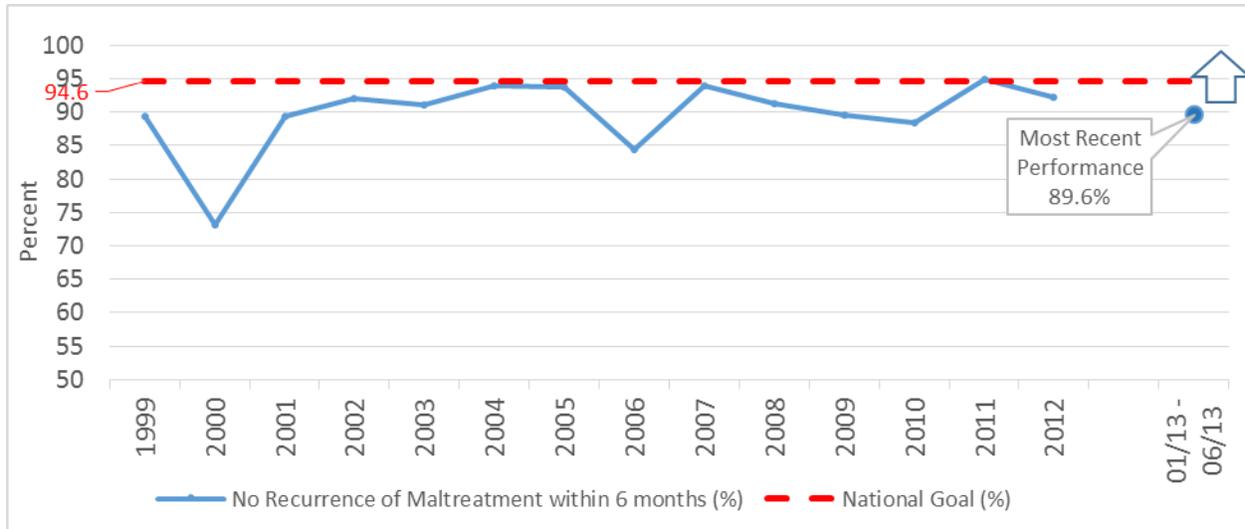
Nevada County Child Welfare Services and Juvenile Probation continue to work closely with our community. Over the past year, the goals of the System Improvement Plan have been discussed regularly with our partners at the Western Nevada County Community Support Network Meetings and the Community Collaborative of Tahoe Truckee Meetings in Eastern Nevada County (each held monthly). Both of these groups represent the local Child Abuse Prevention Councils and are comprised of community members and service providers who serve children and families in Nevada County.

CWS and Probation are actively involved in many other community meetings, such as Children's System of Care, Placement/WRAP, SMART (our multidisciplinary team), monthly meetings with FFA's and AB12 providers, hospitals, Katie A meetings, drug treatment providers, law enforcement, adoptions, and Palm Tree, which actively engages the courts. These meetings always provide a forum for education, collaboration and the sharing of information and resources. More family involvement is encouraged at all meeting levels and across disciplines.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

CHILD WELFARE

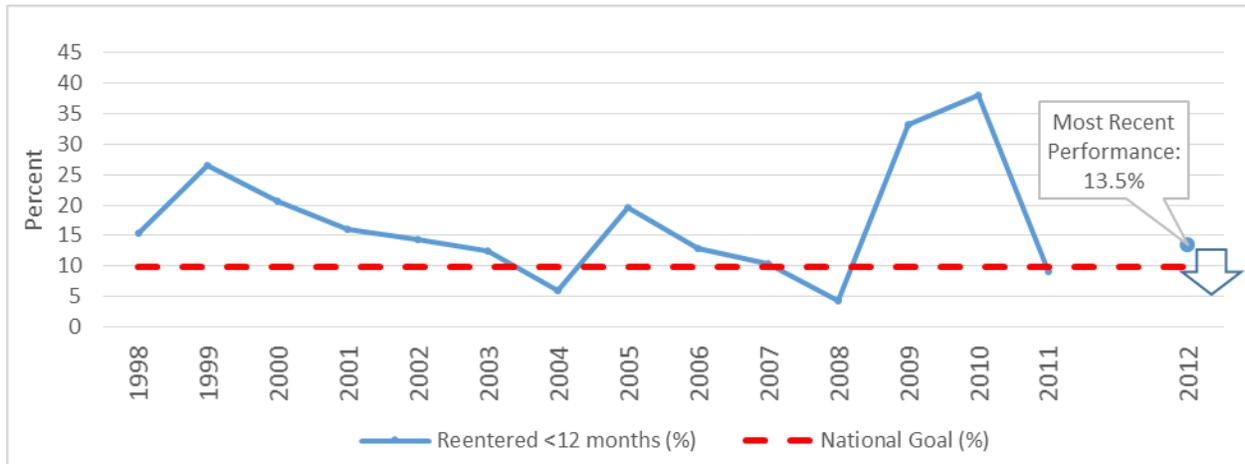
S1.1 NO RECURRENCE OF MALTREATMENT



DATA ANALYSIS

The data presented represents a total of 58 children who had the potential for recurrence, of which exactly two children met the criteria for recurrence of maltreatment, during the period of July 1, 2013 thru December 31, 2013. There are two significant systemic factors that impact this outcome measure in Nevada County. First, every CPS referral, regardless of finding or investigation, is referred to the Family Resource Center. We believe this impacts recurrence in that once families engage in services they are, by this action, automatically exposed to more child welfare mandated reporters who may also refer the family to Child Welfare Services. The second systemic factor is simply the low numbers of children in Nevada County engaged in child welfare services. For example, in April 2013 a sibling set of four children were placed in out of home care. These four children had 50 prior referrals, 14 of which were substantiated. However, those substantiated referrals didn't meet the criteria for out of home placement, as they were somewhat typical of general neglect cases that don't meet the threshold for removal.

C1.4 RE-ENTRY FOLLOWING REUNIFICATION

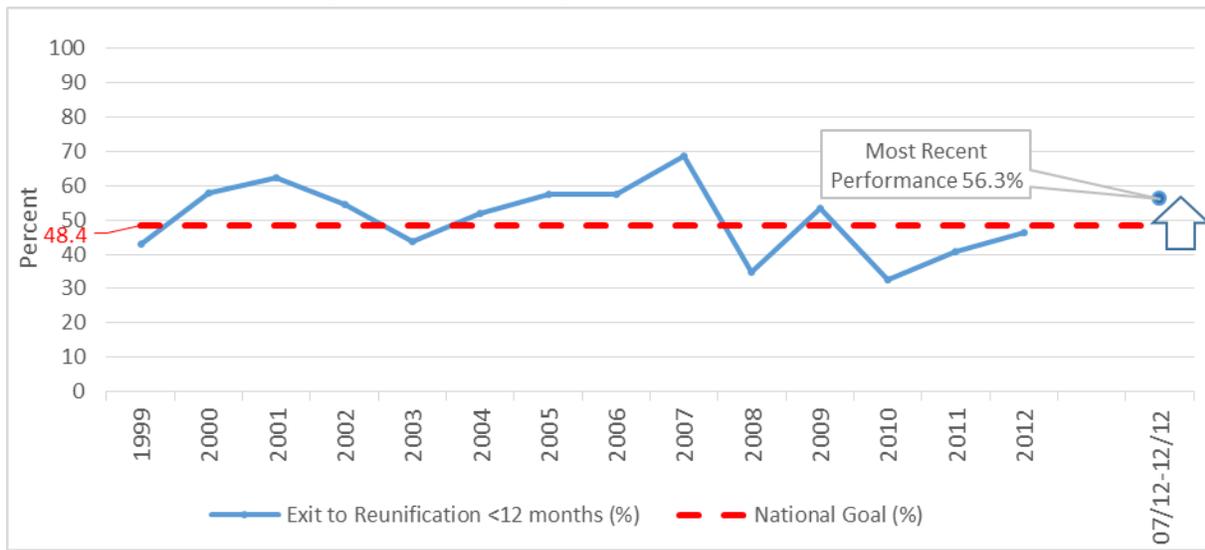


DATA ANALYSIS

In looking at performance in this time frame, there is a reoccurring theme where families that have been in reunification services have been immersed in external supports and supervision—the courts, social workers, service providers, etc. The challenge for many of these families comes when it is time for them to transition to Family Maintenance or the closure of their case, these external supports and accountability end, unless they have developed outside supports. In Nevada County, this measure is primarily families that have a history of long-term substance use/abuse and have struggled with maintaining their family structure once their children return home. At that time, supervision is removed, causing a vacuum where there needed to be a stronger practice around aftercare. The county recognizes that in previous practice, the aftercare planning was not a strong part of practice. Now, with SOP, there is increased focus on building support networks and in building aftercare planning into each case. For example, in this time period, there were young parents in two large family sets, one with 4 children and one with 5 children, who impacted this measure. Due to their substance abuse, they were stunted in their development and lacked supportive families. They struggled to create bigger positive safety nets to help them maintain their sobriety and positive momentum achieved during the life of the case and subsequently, the children in these two families reentered care following reunification.

Again, like the prior section, there is a correlation to a lack of long term supports for cases at closure that impact recurrence of maltreatment and, subsequently, the reentry of youth into care or open cases. The challenge for Nevada County has been in helping to ensure that parents are not just compliant with their case plan and complete services, but that are lasting supports in place that will help them ensure that they can succeed long term and prevent recurrence and reentry. Again, with this issue identified, the incorporation of SOP into Nevada’s practice has helped to incorporate the focus on aftercare and the development of safety planning and the use of external supports in the family’s success.

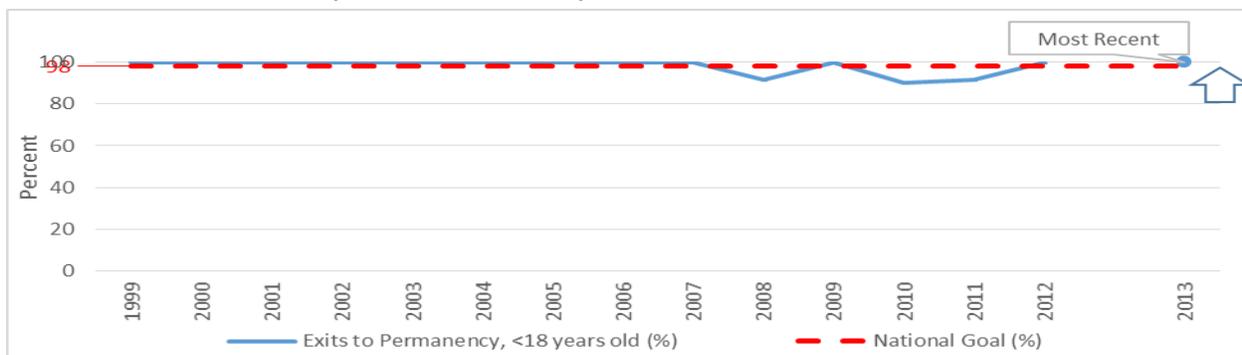
C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE)



DATA ANALYSIS

For this measure, there were 3 older youth in care that all had parents who could not reunify, but due to the age of the child and the bond with the parent, the Court found that it could not terminate parental rights to seek a permanent plan of adoption, and instead ordered a plan of Long Term Foster Care (LTFC). This practice is common in Nevada County, and often occurs with youth in families with intergenerational drug use, relatives who cannot get approved due to their own background or criminal history, kids who refuse to go to permanency and just want to be in care rather than return home, and a court culture that will not terminate rights or make permanency orders that are contrary to the child’s wishes. With this combination of challenges, Nevada currently has 10 youth in LTFC or in Legal Guardianships with Dependency. All of these youth are in situations where they will not achieve permanency prior to turning 18.

C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

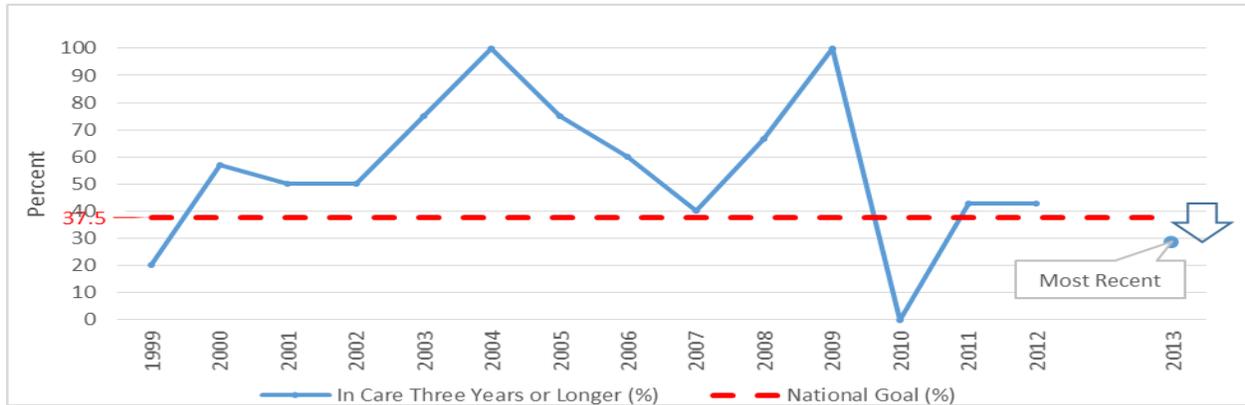


DATA ANALYSIS

This data measure has exceeded the national goal for the last two years in having 100 percent of their youth exit to permanency when they leave care. This performance is excellent, but with such low numbers of youth exiting care, may not accurately reflect the practice around permanency planning. This performance does not, however, include the 8 youth who are currently in Long Term Foster Care. These youth, without a change to their current

plans, will not achieve permanency by 18. Again, this focus on larger number of youth in LTFC can be attributed to the issues from the previous section, which include the court culture around only ordering permanency plans that the youth are in support of, families with intergenerational drug/substance use, relatives who cannot meet home approval/background check standards, youth who do not want to return home with their families who are still be struggling in lieu of staying in a stable home in foster care.

C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATED/AGE 18)



DATA ANALYSIS

During this time period, there were several youth with extreme behaviors and they could not maintain stable placements. Once their behaviors were addressed and they got close to 18, the youth wanted to stay in care rather than look for a permanent home to be eligible for extended foster care under AB 12. These youth often struggled to build relationships with caregivers and placements, making the appeal of a transitional program more accessible for them than trying to find a “family” when they are in their late teens.

PROBATION

C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE)

NATIONAL GOAL/STANDARD OF 29.1% AND A MOST RECENT PERFORMANCE OF 0 %

	SEP2009	OCT2009- SEP2010	OCT2010- SEP2011	OCT2011- SEP2012	OCT2012- SEP2013	OCT2013- SEP2014
	n	n	n	n	n	n
Exited to reunification by end of year and before age 18	.	1	.	.	.	.
Exited to adoption by end of year and before age 18	.	.	.	.	.	.
Exited to guardianship by end of year and before age 18	.	.	.	.	.	.
Exited to non-permanency by end of year	.	.	1	.	.	.
Still in care	1	3	1	1	1	1
Total	1	4	2	1	1	1

C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

There is no data to report on this outcome measure

C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATED OR AGE 18 IN CARE)

COUNT	Interval				
	OCT2009- SEP2010	OCT2010- SEP2011	OCT2011- SEP2012	OCT2012- SEP2013	OCT2013- SEP2014
	n	n	n	n	n
In care less than 3 years	4	3	5	2	1
In care 3 years or longer	2	.	1	.	1
Total	6	3	6	2	2

DATA ANALYSIS

There is no record of a minor meeting the criteria for the denominator C3.1. The systemic issue noted is probation's lack of familiarity with the Child Welfare Services Case Management System (CWS/CMS). We have requested additional training and support so that we can increase the accuracy of our CWS/CMS reporting. We need to develop processes and protocols so that help ensure accurate reporting. Due to the extremely small numbers of youth on probation in Nevada County a quantitative review of the analysis is unable to reveal trends nor statistics. However, permanency outcome measures are of utmost importance to the probation department, as preparing youth for permanency is a priority. The goal of our placement youth is reunification within a 6-12 month period. In doing so, we recommend the youth return home with WRAP services in place to assist the youth and their family in the transition home. Depending on the need, a safety plan is developed to include multiple services. In collaboration with our community partners, these efforts have proved effective in the successful reunification of our youth in a timely manner.

STATUS OF STRATEGIES

STRATEGY 1.3: CASE REVIEW TEAM

ESTABLISH CASE REVIEW TEAM TO ANALYZE ALL RETURN REFERRALS (S1.1 DATA) ON AN ONGOING BASIS.

PROGRAM REDUCTION

This strategy will be permanently removed from the Nevada County 2011 SIP. While this is something Nevada County CWS aspires to implement, at this time the focus and priority of Nevada County CWS is on foundational training and support for new social workers and supervisors. This strategy will be revisited pending the implementation of the Children and Family Services Review Case Reviews.

STRATEGY 2.1: SOP

INTEGRATE SAFETY ORGANIZED PRACTICE (SOP) INTO THE ON-GOING DAILY PRACTICE FOR ALL SOCIAL WORKERS IN NEVADA COUNTY & PROVIDE ON-GOING SUPPORT TO OUR COMMUNITY PARTNERS FOR INTEGRATING SOP INTO THEIR OWN PRACTICE WITH CWS CLIENTS.

ANALYSIS

Nevada County Child Welfare began implementing SOP in 2011; and made good progress. Most staff were trained in the Foundational SOP Institute and a coach from UC Davis was working with staff and leadership. Because of the recent turn over in staff, Nevada County will begin re-implementation of SOP in early 2015. This will include training and coaching. Additionally, due to the amount of training and coaching staff have received since April 2014, many of which have included the basics and foundation of SOP; action steps will be revised.

ACTION STEP STATUS

Action steps have been revised to reflect the amount of training and support CWS social workers have received since April 2014; which has included some basic foundational training on the practices and principles of SOP.

A. UCD will host a 2 day foundational training for all social workers and supervisors to attend in Grass Valley	February, 2015
B. Supervisors will attend Group Supervision class	January 2015
C. Implement group supervision.	February, 2015
D. UCD Coach will be assigned to Nevada county	February, 2015
E. Staff will attend Advanced SOP modules as they become available and per staff specialty.	Beginning March 2015 and then ongoing

METHOD OF EVALUATION AND/OR MONITORING

Monitoring will be accomplished with case reviews and court report reviews.

STRATEGY 3.1: SANCTION MATRIX

IMPLEMENT A SANCTION MATRIX FOR ALL VIOLATIONS OF JUVENILE PROBATION

ANALYSIS

Nevada Probation has implemented the use of the Reward and Sanction Matrix. So far, the Matrix has evolved in its development and is in use by probation officers. Probation reviewed similar tools from other counties, combining the elements that would serve the population and needs within the county, developing a tool that worked for Nevada County. The tool works by assessing the level of risk and the criminogenic needs of the probationer. It identifies behaviors that need to be corrected or addressed and uses alternatives to violating youth to deal with these behavioral issues. For example, if a youth misses meeting, they might have to write an essay on the importance of attendance, rather than being sent back to the hall or a more formal sanction. These alternatives set out in the Matrix can be for low risk to high-risk offenders with a correlating response. It identifies what motivates them and uses this information to help correct behavior based on these motivations. Also, when a probationer achieves a goal, the Matrix also gives positive reinforcement like a gift card, bus passes, stickers, etc. to acknowledge this good behavior.

ACTION STEP STATUS

All current action steps have been completed.

Probation will be adding an action step to measure the effectiveness of the sanction matrix moving forward.

METHOD OF EVALUATION AND/OR MONITORING

As part of the new action step being added, Probation will develop an evaluation of the effectiveness of the matrix and its use.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

Evaluation for Reward and Sanction Matrix

STRATEGY 4.1: FAMILY FINDING

IMPLEMENT FAMILY FINDING (FF) THOROUGHLY (FOLLOWING AB12).

ANALYSIS

Sierra Forever Families provides formal family finding efforts for Nevada County Child Welfare social workers and probation. All action steps have been completed with the exception of creating a work-group to improve coordination. This step will be modified to simply allow for more regular meetings between Sierra Forever Families and Nevada County CWS, and for the inclusion of Probation into the meetings and family finding.

METHOD OF EVALUATION AND/OR MONITORING

Quarterly reports from Sierra Forever Families will be provided. In addition, more frequent meetings will be conducted with Sierra Forever Families that will lead to enhanced monitoring of services.

ACTION STEPS

Replace Action Step B, “Develop work-group to improve coordination between agencies and providers related to family finding. Will meet regularly with Sierra Forever Families and have them come to CWS unit meetings to discuss progress. Include PO.” The new Action Step B will state, “Sierra Forever Families will be invited to attend regular CWS unit meetings to report on services provided”.

STRATEGY 4.2: CONCURRENT PLANNING

IMPROVE AND FORMALIZE CONCURRENT PLANNING PROCESSES.

ANALYSIS

This action step was completed in 2012, with the exception of Action Step D, which will be modified.

ACTION STEP STATUS

The timeline for Action Step D will be modified to July 2016.

STRATEGY 4.3: FGM

ESTABLISH TEAM DECISION MAKING PROCESSES. SINCE NEVADA COUNTY CHOOSE TO BE A SAFETY ORGANIZED PRACTICE (SOP) COUNTY WE HAVE ADOPTED AND TRAINED TO FAMILY TEAM MEETINGS (FTMs).

ANALYSIS

Currently Family Team Meetings are regularly convened when cases are transferred to the ongoing social worker after jurisdiction and before disposition. At these meetings family members, social workers and community partners together create a danger statement and develop the safety network and plan. Sometimes these meetings are held after the detention hearing, and they are also being used to troubleshoot challenges when they arise during the case.

Child welfare contracts with Community Recovery and Resources to facilitate these FTM’s, which assists in creating neutrality and collaboration with the family.

ACTION STEP STATUS

The full implementation of FTMs was realized during this past year, and the inclusion of FTMs has become routine. Staff are fully engaged and are using them more often and more creatively than anticipated. In addition, we are transferring an Action Step from Strategy 8.2 (which is being permanently reduced) to create a dedicated room for FTMs. This action step is completed and the room is currently being used for FTMs.

METHOD OF EVALUATION AND/OR MONITORING

Child welfare has seen an improvement in relationships with biological family members since fully implementing FTMs. Parents are better able to describe why their children are in foster care and are less contentious with social workers. These changes are anecdotal to date, but it is anticipated that contested hearings are decreasing and will continue to. Additionally, case plans are vastly improved with the inclusion of behaviorally based goals for the family to work on. Case plans are more individualized.

Additionally, social workers are collaborating on a higher level with service providers, since they are often at the FTMs and are more included in the case.

STRATEGY 5.1: ITFC

IMPLEMENT INTENSIVE TREATMENT FOSTER CARE (ITFC)

PROGRAM REDUCTION

This strategy will be permanently deleted from the Nevada County SIP. Nevada County CWS leadership investigated the possibility of bringing an ITFC provider into the county but discovered the capacity of small counties to do this is quite limited. Providers require a minimum contract to implement in a new county, which surpasses the amount that Nevada County could dedicate. Leadership also attempted to partner with neighboring counties but again was not successful.

STRATEGY 5.2: FFAS

REFINE WORKING RELATIONSHIPS WITH FFAS.

ANALYSIS

All action items were completed in 2012 and monthly meetings with FFA and county staff are ongoing, with exception of action steps C, secure facilitator to help with relationship building, and D, partnership with Mission Focused Solutions, which will be removed.

PROGRAM REDUCTION

When the original SIP was developed, the leadership team at that time was working to develop some partnerships that would strengthen connections within the community and help with quality improvement efforts. That partner, Mission Focus Solutions, was just starting up and there was an intention to build the partnership. As time went on, Mission Focus Solutions focus and scope of work developed and this strategy no longer made sense for the county or the organization, and no forward movement was made. As current leadership has reviewed this strategy, it was determined that the inclusion of Missions Solutions is no longer appropriate. At the time the SIP was written, there was an intention of this organization being tied to an FFA and that they could work as an agent to help build rapport and strengthen their partnerships. As such, it is being removed from the current SIP update.

STRATEGY 5.3: PLACEMENT COMMITTEE

USE PLACEMENT COMMITTEE MEETINGS TO FURTHER ALL PLACEMENT GOALS (ABOVE).

ANALYSIS

The strategy has been completed.

In a Behavioral Health Audit completed in 2013, which found showed that 83% of all foster children were receiving mental health services. This result was deemed excellent. The audit showed that the number of foster children receiving mental health services via Katie A. had a high penetration rate. The audit further showed that clients often had to wait more than the standard two-week period before they could be seen. Behavioral Health is on a Performance Improvement Plan to ensure that clients do not wait more than the standard two weeks.

These placement committees meet on a bi-monthly basis with Probation, providers, and Child Welfare to review children in placement.

In addition to the existing placement Team meetings, the implementation of the Katie A. process took place in 2013. The county developed a strong team of members from county agencies-child welfare, mental health, and local providers who meet, review cases, and develop collaborative approaches to serve youth and ensure they have access to the services they need. This group meets for monthly Katie A. team meetings that examine all youth who were screened into needing some mental health assessment or services, as well as the sub-class children who required a higher level of service and case management under Katie A. This team ensures that there are appropriate, trauma-informed services offered, that there are not delays in access to services, and that there is family involvement in the service plan or supports for these services. Nevada County currently has three providers for mental health treatment under Katie A. There are currently 45 children eligible for this program. Children are screened and then sent to behavioral health for an assessment. If the child (ren) are found to be Katie A. eligible and in need of services, they are referred to one of the three providers for direct services. In addition to implementing these teams, there are therapists located on the same site as the child welfare offices, helping to break down barriers to service access and delivery.

STRATEGY 6.1: COURTS

IMPROVE AND REFINE RELATIONSHIPS AND PROCESSES BETWEEN COURTS AND CHILD WELFARE THROUGH MONTHLY MEETINGS WITH THE COURTS AND THROUGH COLLABORATION WITH THE COMMUNITY ADVOCACY GROUP & PALM TREE ADVISORY BOARD.

ANALYSIS

Completed all action steps and ongoing implementation of all items. The ongoing SOP training offered through UC Davis will continue to be offered to county staff and open to the courts to help improve understanding of Safety Organized Practice.

STRATEGY 7.1: P &P MANUAL

ENSURE THAT THE POLICIES AND PROCEDURES MANUAL ARE COMPLETED AND A SYSTEM FOR UPDATING IT IS IN PLACE. THE MANUAL WILL BE HOUSED ON A SHARED DIRECTORY THAT SOCIAL WORKERS CAN ACCESS DAILY.

ANALYSIS

Action steps were initiated in 2012, but due to overwhelming turnover in staff, this project was put on hold. Beginning in August 2014, Nevada County has contracted with UC Davis to provide consultation support and technical assistance in writing the manual. Timelines will be developed for the project in fall 2014.

ACTION STEP STATUS

- A. Review currently complete list of finished Policies and Procedures and updated list of remaining Policies needed. Estimated Completion-January 2015
- B. Develop plan for completing Policies & Procedures, including a review process, deadlines and priorities. Estimated Completion-March 2015
- C. Develop plan for ongoing updates to exiting policies and procedures, which will include a system for flagging and reviewing current policies and incorporating updates. Estimated Completion-January 2016
- D. Create a SharePoint where all Policies, Procedures, and forms can be located and accessed by staff and the public. Estimated Completion-July 2016

METHOD OF EVALUATION AND/OR MONITORING

The SIP planning team will review the progress toward the SIP goals quarterly and make adjustments to implementation as appropriate.

STRATEGY 8.1: TRAINING

ENSURE THAT TRAININGS ARE USED EFFICIENTLY IDENTIFIED TO OPTIMALLY SUPPORT SIP OUTCOMES. IMPLEMENT A SYSTEM TO PLAN TRAININGS THAT DIRECTLY LINK TO SIP IDENTIFIED OUTCOMES AND BEST-PRACTICES.

ANALYSIS

Nevada County Child Welfare Services hired the Northern California Training Academy, UC Davis Extension, to provide training, in both formal classroom delivery and coaching, to child welfare staff. This contract was initiated on April 31, 2014. To date we have received ten days of formal training and 34 days of coaching and technical assistance.

Coaching has focused on the topics of foundational social work practice, court report writing, Structured Decision Making, conducting home visits and case planning. Formal training classes have included: 1) Juvenile Court Process, 2) Court Report Writing, 2) Findings and Recommendations, 3) Structured Decision Making, 4) Secondary Trauma, 5) Petition Writing, 6) Foundational Interviewing Skills (2 days), and 7) Testifying in the Courtroom.

ACTION STEP STATUS

- A. Develop a multidisciplinary team to attend the UC Davis Leadership Training and then develop an on-going collaborative team to establish linkages throughout our different disciplines-Completed in 2013-14

METHOD OF EVALUATION AND/OR MONITORING

County leadership will support ongoing efforts and look for opportunities to help refine process for collaboration between disciplines. Will review in leadership meetings and at quarterly SIP planning meetings.

STRATEGY 8.2: COLLABORATION AND MUTUAL SUPPORT

ENHANCE COLLABORATION AND MUTUAL SUPPORT WITHIN CPS STAFF.

PROGRAM REDUCTION

This strategy will be permanently deleted. Of the five action steps, Child welfare completed one, item E, which designated a file rooms as a training room and family group facilitation room. This action step will be transferred to that appropriate strategy, 4.3. The other action steps are unrelated and are currently not a priority.

STRATEGY 8.3: PAPERLESS

MOVE TOWARD A PAPERLESS FILE SYSTEM

PROGRAM REDUCTION

This strategy will be permanently removed from the Nevada System Improvement Plan. Though there is value for moving to an electronic data system, it is no longer a priority for the county and as such, is being removed as a strategy from the current SIP.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

Probation-does not see any barriers to future implementation.

Child welfare acknowledges the very real staffing challenges that have impacted practice for the past several years. To help retain staff child welfare leadership has worked diligently to provide new staff with ample training and coaching opportunity such that they feel well supported in their new position. Additionally, Nevada County leadership is also new, with a new director, program manager, and supervisors. Again leadership is striving to make this transition as smooth as possible with coaching and training.

PROMISING PRACTICES/ OTHER SUCCESSES

Child welfare is very pleased with the full implementation of the Nurturing Parenting Program; which consists of a full time contracting agency that provides all classes. The county provided \$90,000 in funding to this evidence-based program. Additionally, child welfare is engaging stakeholder feedback on a monthly basis. Leadership meetings once/month with all service providers, including law enforcement, FFA's, WRAP, CASA, ILP etc. Lastly, we have recently reinstated the Drug Endangered Children's program, which meets monthly with all agencies in Nevada County to discuss cases and procedures. Not only are services greatly enhanced by this program but relationships with law enforcements have been strengthened as well as a result.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

CHILD WELFARE

C1.2 MEDIAN TIME TO REUNIFICATION (EXIT COHORT)

NATIONAL GOAL/STANDARD OF 5.4 MONTHS AND MOST RECENT PERFORMANCE OF 11.3 MONTH (MEDIAN)

Due to concerns about making reunification successful, the department has made it a priority to look at stronger supports that can be offered to families and at better quality visitation. Previously, there had been a culture where there was acceptance for workers to be habitually late in submitting court reports, which delayed court hearings and would cause continuances and delayed families' cases within the system. Additionally, some of the internal practices did not create enough internal accountability for social workers and it took longer to get cases closed. There had been a common practice under legal counsel to pursue any case eligible for a bypass of reunification services, resulting in fewer families receiving reunification services. There is a high rate of reoccurrence of maltreatment in families; so many cases went to straight to permanency, rather than coming back again and again. There were also several cases of parents who failed FR at the last minute by experiencing relapse at the end of their case and the court terminated FR services.

C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

NATIONAL GOAL/STANDARD OF 86.0% AND A MOST RECENT PERFORMANCE OF 82.4 %

During this period of time, there were 68 children in out of home placements for eight days to 12 months. Of those 68 children, 12 children experienced three or more placement settings. We believe several factors may have affected performance on this measure the first of which are situations where the first placement a child receives is a respite placement. This can happen in cases where a child is removed from the home late at night and respite is the only placement available. Another factor is the lack of quality foster homes in our community. Additionally, some children present with challenging behaviors that may be difficult for foster parents to handle resulting in placement change. These factors can create conditions where foster parents are quick to seven day a placement. In other cases children have been placed with relatives or Nonrelated Extended Family Members (NREFM), however the relative or NREFM placement proves to be unsuitable.

C4.2 PLACEMENT STABILITY (12 TO 24 MONTHS IN CARE)

NATIONAL GOAL/STANDARD OF 65.4% AND A MOST RECENT PERFORMANCE OF 63.3%

Nevada County came very close within 2.1% of reaching this goal for the reported period. There were 30 children in care for 12 to 24 months. Eleven of those 30 children experienced three or more placements. The factors mentioned above are believed to have affected the outcomes of this measure. Furthermore, children whom have been in care longer, tend to have more significant issues with behavior.

PROBATION

C1.1 REUNIFICATION WITHIN 12 MONTHS AND C1.2 MEDIAN TIME TO REUNIFICATION (EXIT COHORT)

C1.1: NATIONAL GOAL/STANDARD OF 75.2% AND MOST RECENT PERFORMANCE OF 0

C1.2: NATIONAL GOAL/STANDARD OF 5.4 MONTHS AND MOST RECENT PERFORMANCE OF 23.5 MONTHS

Given low numbers quantitative analysis proves difficult with most of our reported measures. Nonetheless, drilling down to the one case represented by the denominator in this measure we find that the minor was placed in an 18 month program to address his specific needs. In most instances probation clients are placed with the intention of addressing specific criminogenic needs with the desire of reducing their risk of recidivism. Many of the traditional placement criteria are seen as responsivity factors which might present barriers to addressing criminogenic needs, but not always the primary goal of the specific placement. On occasion this lends itself to placements episodes extending beyond a 12 month period. Despite this, it is known that as a system we need to improve our family finding efforts and other possible reunification efforts.

C1.4 REENTRY FOLLOWING REUNIFICATION (EXIT COHORT)

NATIONAL GOAL/STANDARD OF 9.9% AND A MOST RECENT PERFORMANCE OF 25%

There was one minor during this quarter that re-entered placement due to failing at their initial placement. The minor was placed three times however she did not thrive in those placements due to behavioral issues that conflicted with the rules of the placements. Eventually she terminated from probation and was placed in foster care by Nevada County Child Protective Services. Although it was just one minor, we have recognized the importance of finding placements that are a good fit for the individual's specific needs. We are continually expanding our options by exploring new possible placement options.

C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE)

NATIONAL GOAL/STANDARD OF 22.7% AND A MOST RECENT PERFORMANCE OF 0 %

There were three minors indicated in the denominator of the measure, yet none were adopted. It is noted that probation youth have not had a robust history of successful adoptions or adoptions at all for that matter. Even so, as a system we are working on improving our successful use of adoption as an option for probation youth. We need to increase our outreach to agencies that will assist us in this arena so that adoption of a probation youth is no longer a phenomenon.

C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)

NATIONAL GOAL/STANDARD OF 10.9% AND A MOST RECENT PERFORMANCE OF 0 %

Similar to measure C2.3, probation youth unfortunately are not always viewed as adoptable. With this, they are not always legally free for adoption. The system has a history of placing probation youth with relatives or non-relatives without going through the adoption or placement process. These placements are many times contrary to case law. We need to work on making appropriate youth available for adoption and going about it the right way to secure appropriate adoptive parents.

2F TIMELY MONTHLY CASEWORKER VISITS

NATIONAL GOAL/STANDARD OF 90% AND A MOST RECENT PERFORMANCE OF 69.7%

Although not meeting the national standard this measure continues to improve. The improvement comes as the officer conducting the visits becomes both more familiar with the data entry process in to CWS/CMS and more diligent in that process recognizing the importance of the entries. CWS/CMS entry is still a relatively new process for probation departments and full implementation is still somewhat problematic. This is a measure where in reality we are exceeding the national standard in practice, however we are not diligent in our reporting. We are in the process of additional CWS/CMS training and we will try and document processes and procedures as we go so that our reporting efforts match that of our actual efforts in the field.

State and Federally Mandated Child Welfare/Probation Initiatives

KATIE A

As already noted, a Behavioral Health Audit completed in 2013 found that there was an 87% service rate, which found showed that 83% of all foster children were receiving mental health services. This result was deemed excellent. The audit showed that the number of foster children receiving mental health services via Katie had a high penetration rate. The audit further showed that clients often had to wait more than the standard two-week period before they could be seen. Behavioral Health is on a Performance Improvement Plan to ensure that clients do not wait more than the standard two weeks.

Child welfare facilitates monthly Katie A. meetings with behavioral health, public health, children's mental health, and eligibility to discuss cases. Child welfare is determining which assessment tool will be utilized starting November 2014.

FOSTERING CONNECTIONS

Child welfare currently has one social workers dedicated to non-minor dependents. Nevada County maintains THPP and THP+ and also utilizes Supervised Independent Living Placements for non-minor dependents. Most 18 year olds transition to extended foster care and those who elect to emancipate often re-enter when they choose.



5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Safety Outcome: S1.1 No Reoccurrence of Maltreatment and C1.4 Reentry into Foster Care after Reunification

National Standard: S1.1: >94.6% and C1.4: <9.9%

CSA Baseline Performance:

S1.1: 85.5% (Q3 2010). According to the Q3 2010 data, 47 out of 55 children had no recurrence of maltreatment after reunification from 10/1/09- 3/31/10.

C1.4 33.3% (Q3 2010). From 10/1/08-9/30/09, 5 out of 15 children re-entered foster care following reunification.

Current Performance:

Year 4 (Q1 2014)

S1.1: 92.9%. According to the Q1 2014 data, 52 out of 56 children had no recurrence of maltreatment after reunification from 4/1/13 to 9/30/13.

C1.4: 15.4%. From 4/1/12 to 3/31/13, 6 out of 39 children re-entered foster care following reunification.

Target Improvement Goal: Improve by 90+ percent on S1.1 and decrease C1.4 by 5% in a year.

Year 5- S1.1: >94.6% and C1.4: <10.4%

If the population stays the same at 56 children who have the potential for recurrence of maltreatment in the next reported period, then 53 of these children will have to not experience maltreatment to reach the goal of 94.6% for Year 5 of the SIP. For re-entry following reunification, if the total number of children reunified stays at 39 then the goal is that 35 or more children will not re-enter care to reach the percentage goal of 10.4%.

Priority Outcome Measure or Systemic Factor: Permanency Composite: Exits to Permanency, 24 months in care (C3.1), Exits to Permanency, Legally Free at Exit (C3.2), and In Care 3 years or longer (emancipate age 18) (C3.3)

National Standard: C3.1: >29.1%, C3.2: >98.0%, C3.3: <37.5%

CSA Baseline Performance: (Q3 2010) C3.1: 45.0%, C3.2: 91.7%, C3.3: 50.0%

Current Performance:

Year 4 (Q1 2014)- C3.1: 33.3%, C3.2: 100%, C3.3: 33.3%

Target Improvement Goal:

Year 5- C3.1: Maintain or increase percentage by 5%, C3.2: Maintain percentage, C3.3: Maintain or decrease percentage by 5%

Priority Outcome Measure or Systemic Factor: Systematic Factor: Staff/Provider Training

National Standard: There is no current National Standard for the Systematic Factor: Staff/Provider

Training, however training is essential to support staff and community providers in the best practices that will help to improve outcomes for the children and families they serve.

Current Performance: Close work with the UC Davis Training Academy continued for this reported period. Training occurred in some cases on weekly basis and was individualized for staff members. The trainings included Safety Organized Practice (SOP), Structured Decision Making (SDM) and Family Team Meeting. Trainings were designed to inform staff on the best practices for serving clients so that their needs are met and the best outcomes can be achieved for families.

Target Improvement Goal:

Year 5- CPS Program Manager will hold monthly meetings with Community Partners where time is spent training in the CPS processes (such as judicial procedure and relative placements) and practices (such as Signs of Safety {SOS}). CPS staff will have bi-monthly trainings on SOS. The CPS Program Manager will attend monthly Child Abuse Prevention Council meetings to provide the Council, Community Partners and the community with training and information regarding CPS processes and practices.

Probation

Priority Outcome Measure or Systemic Factor: Permanency Composite: Exits to Permanency, 24 months in care (C3.1), Exits to Permanency, Legally Free at Exit (C3.2), and In Care 3 years or longer (emancipate age 18) (C3.3)

National Standard: C3.1: >29.1%, C3.2: >98.0%, C3.3: <37.5%

CSA Baseline Performance: (Q3 2010) C3.1: 25.0%, C3.2: No Data, C3.3: 33.3%

Current Performance:

Year 4 (Q1 2014)- C3.1: 0.0%, C3.2: No Data, C3.3: 25.0%

Target Improvement Goal:

Year 5- C3.1: National Standard; C3.2: National Standard; C3.3: National Standard. The Probation Department realizes the importance of achieving permanency. With such, the department will continue to expand and exhaust family finding efforts and adoption services.

Strategy 1.1: Maintain robust community-based services that provide supports to families with more complex needs, including AOD, Family Preservation and WRAP services.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Strategies: Reunification composite, S1.1, S2.1, C1.4 Strategies:
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase communication and collaboration between community and CPS service providers. CPS management regularly attends Community Support Network and Truckee CAPC meetings.	Completed Q 1 2012 and on-going	Program Manager, Supervisors
B. Include services in CBCAP/PSSF/CAPIT RFP that support families with complex needs.	Completed Spring 2012 and on-going	RFP Committee
C. Community provider presentations at monthly CPS staff meetings and at PLEAG meetings for parents. These presentations will focus on client's services and how we target services specific to harm and danger. Staff and parents will receive a short pre/post evaluation to assess knowledge level and evaluate planned usage.	Q 1 2012 and on-going Update: Complete and On-going	On-going and Emergency Response Supervisors, Community Service Providers
D. Provide on-going training on Safety Organized Practice, Nurturing Parenting Program, Trauma Informed Care so that community partners are speaking the same language as CWS for our families.	Completed Fall 2012 and on-going	UC_Davis, CWS Management
E. Hold Family Group Meetings (FGM) and provide trained facilitators (FGM) to support family involvement in there treatment plan and helping service providers to understand what action a family need to take to mitigate safety and risk.	Completed Fall 2012 and on-going	Contractors, CWS staff, CWS Supervisors

<p>Strategy 1.2: Improve utilization of thorough and early assessments that include more comprehensive assessment of mental health and AOD issues.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Strategies: Reunification composite, S1.1, S2.1, C1.4</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Supervisors review SDM utilization and ensure fidelity and timeliness; attain 90% or above.</p>	<p>Complete and On-going</p>	<p>Supervisors to review; All social workers to implement.</p>
<p>B. Finalize, implement and adhere to new ER assessment outline. This outline is a tool to streamline the emergency response process while offering a thorough assessment of the needs for the client.</p>	<p>Complete and On-going</p>	<p>ER supervisor; Program Manager; ER social workers to implement</p>
<p>C. Provide ongoing technical assistance on SDM.</p>	<p>Complete and On-going</p>	<p>Program Manager, supervisors</p>
<p>D. CWS will work in collaboration with our AOD partners to establish a more thorough assessment process with feedback and a plan occurring within 48 hours. Staff will share the case plan and treatment plan and coordinate services across disciplines.</p>	<p>Completed and on-going</p>	<p>CoRR staff, Common Goals Staff, CWS Management</p>
<p>E. With the implementation of Katie A., Behavioral Health and CWS are collaborating to develop an assessment & policies and procedures to provide comprehensive services to youth involved with CWS, inclusive of the whole family. Potential for a co-located BH worker at CWS, and the on-going implementation and delivery of the</p>	<p>Complete and on-going</p>	<p>PM BH, PM CWS, BH & CWS Staff and Community Providers.</p>

F. Nurturing Parenting Program, WRAP and Family Preservation.	Compete and ongoing	Program Manager
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<p>Strategy 1.3: Establish case review team to analyze all return referrals (S1.1 data) on an ongoing basis.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Strategies: S1.1, S2.1, C1.4, Reunification and Long term care composite.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Identify representatives from each unit (ER and ongoing).</p>	<p>May 2014 Update: Revised Completion Date</p>	<p>PM, Supervisor; 1 staff from each unit.</p>
<p>B. Hold first meeting and establish meeting schedule.</p>	<p>July 2014 Update: Revised Completion Date</p>	<p>PM, Supervisor; 1 staff from each unit.</p>
<p>C. Report to full CPS staff; Placement Committee, or other relevant stakeholders on any identified trends or improvement areas.</p>	<p>June 2015 Update: Revised Completion Date</p>	<p>Analyst and case review team</p>
<p>D. Team will analyze results and establish strategies to streamline service delivery. New policies and procedures will be put in place based on the results and indicators found.</p>	<p>August 2015 and maintain throughout SIP implementation</p>	<p>Case review team</p>

Strategy 2.1: Implement Signs of Safety. Integrate Safety Organized Practice (SOP) into the on-going daily practice for all Social Workers in Nevada County & Provide On-going support to our community partners for integrating SOP into their own practice with CWS clients.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Strategies: Reunification composite, Placement Stability composite, Adoptions composite, S1.1, S2.1, C1.4
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. UCD will host a 2 day foundational training for all social workers and supervisors to attend in Grass Valley	February, 2015	Program manager
B. Supervisors will attend Group Supervision class	January 2015	Program manager and Supervisors
C. Implement group supervision.	February, 2015	Program manager and Supervisors
D. UCD Coach will be assigned to Nevada county⁶ Begin roll-out of Family Team Meetings using the consultation framework.	February, 2015 March, 2015	Program manager and Supervisors
E. Staff will attend Advanced SOP modules as they become available and per staff specialty	Beginning March 2015 and then ongoing	Program manager and Supervisors
A. Send one staff from each unit to 40-hour training; PM and Supervisors to 24-hour training.		ER supervisors/ 1 staff; Ongoing supervisor/1 staff; PM
B. Attend convening to share best practices with other counties.		ER supervisors/ 1 staff; Ongoing supervisor/1 staff; PM
C. Implement group supervision with case consult on all ongoing cases.		On-going supervisor

<p>D. Contract with UCD N. Cal training academy for ongoing technical assistance and establish evaluation protocol with UCDavis team.</p>		<p>CWS – PM and Training Academy Staff</p>
<p>E. Provide on going training and coaching, design office with SOP focus, create meeting space at CWS, and continue UCDavis coaching focusing on depth of practice.</p>		<p>CWS – PM, UCDavis, community partners, CWS staff, Probation PM and staff</p>

<p>Strategy 2.2: Introduce new case plan tool and after-care planning tool to increase parent engagement and implementation of case plan goals and more efficiently use social worker time. Early engagement also leads to timely outcomes in reunification or toward timely permanency for youth.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1, S2.1, C1, C4</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Research current tools in counties using family focused strategies.</p>	<p>Complete</p>	<p>Program Manager; Juvenile Placement PM; Analyst</p>
<p>B. Draft improved case plan for circulation</p>	<p>Complete</p>	<p>PM, Analyst</p>
<p>C. Hold meetings with court, attorneys, parents, and relevant community to elicit input on case plan elements.</p>	<p>June and July 2012 Complete</p>	<p>Placement Committee</p>
<p>D. Implement new case plan.</p>	<p>Complete December 2012</p>	<p>CWS staff</p>

Strategy 3.1: Implement a Sanction Matrix for all violations of Juvenile Probation	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Improve placement stability by providing constant sanctions for violations of probation orders, including placement orders, by choosing the least restrictive means of addressing a violation based on risk of re-offense and severity of the pending violation of probation.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research Sanction Matrix utilized by other Probation Department in the State of California (the sanction matrix is a system to determine level of sanctions for offenders)	<u>Complete</u>	Juvenile Probation PM
B. Create local Sanction Matrix for violations of probation. Establish Business Rules for Probation Staff to follow.	<u>Complete</u>	Juvenile Probation PM
C. Implement Sanction matrix based on risk and severity of probation violation.	<u>Complete</u>	Juvenile Probation PM
D. Evaluation of Reward and Sanction Matrix	<u>July 2015</u>	Juvenile Probation PM

Strategy 4.1: Implement Family Finding (FF) thoroughly (following AB12).	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Adoptions Composite, C1.4, Long Term Care Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:

A. Contract with community based providers to provide family finding services.	Complete	PM and Analyst
B. Sierra Forever Families will be invited to attend regular CWS unit meetings to report on services provided Develop work group to improve coordination between agencies and providers related to family finding.	November 2014 Ongoing	PM and Analyst
C. Host joint-training (CPS/Probation) in family finding and engagement of extended family members.	Complete	Juvenile Probation Program Manager, CWS Ongoing Supervisor

Strategy 4.2: Improve and formalize concurrent planning processes.	<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): Adoptions Composite, Long Term Care Composite, Placement Stability Composite.
Action Steps:	Timeframe:	Person Responsible:
A. Train all social workers on concurrent planning and work with the Foster Family Agencies (FFA) to train their staff also.	Complete and on-going	CWS PM and supervisors
B. Develop case planning tool that includes concurrent plan and then develop policies and procedures specific to Nevada County's concurrent planning process.	Complete and on-going	QPI Team

C. Social work supervisors will monitor case plan/concurrent plan through case staffing held weekly and at court status reviews for the case.	Complete and on-going	CWS PM and Analyst
D. CWS will look into the pros and cons of bringing adoptions in-house to better streamline services and establish more thorough protocol around concurrent planning.	July 2016	CWS Program Manager

Strategy 4.3: Establish Team Decision Making Processes. Since Nevada County Choose to be a Safety Organized Practice (SOP) County we have adopted and trained to Family Team Meetings (FTM).	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): S1.1, C1.4
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Support family team meetings or team decision-making processes through contracted service providers.	Complete and on-going	PM, supervisors and family preservation team
B. Research use of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funding to support Team Decision Making (TDM) processes.	Complete and on-going	Program Manager, Analyst, Behavioral Health
C. Establish protocol for TDM's in Nevada County using the Signs of Safety mapping tool. This tool targets the danger statement for that particular family and looks at strengths, strategies and contributing factors that target specific outcomes to promote safety. Establish policies and procedures around SOP protocols.	Complete and on-going	UCD provides TA; contractor provides support. New Analyst, CWS - PM

<p>D. Train community providers in Family Group Meeting Facilitation. With implementation of Katie A. Have WRAP, Family Preservation and BH staff also attend training.</p>	<p>Complete and on-going</p>	<p>Community Partners, BH PM and staff, CWS PM and staff</p>
<p>E. Clear out closed file room at CWS and develop the space into a Training Room / Family Group Facilitation room.</p>	<p>Complete</p>	

<p>Strategy 5.1: Implement Intensive Treatment Foster Care (ITFC).</p>	<p><input type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability, S2.1</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Develop contract for pilot ITFC with community based provider and possibly neighboring Placer County.</p>	<p>July 2012</p> <p>Action: Changing plan to accommodate feasibility</p>	<p>Behavioral Health Program Manager, Juvenile Probation Program Manager, Social Services Director, HHSA Director</p> <p>Placer County Director and staff</p>
<p>B. Formally assess first year outcomes and come back to the team with strategies that may be needed for such things as recruitment, training, and continued collaborations</p>	<p>October 2013</p> <p>Action: Changing plan to accommodate feasibility</p>	<p>Behavioral Health Program Manager, Social Services Director, HHSA Director, CWS PM, ITFC Task Force</p>

<p>C. Maintain regular ITFC Task Force meetings with relevant stakeholders including faith-based community, foster parent association, Probation, & CPS.</p>	<p>January 2012 and maintain through implementation.</p> <p>Action: Changing plan to accommodate feasibility (we still meet periodically to assess plan)</p>	<p>Children's Behavioral Health PM, Juvenile Probation Program Manager</p>
<p>D. Hire an AmeriCorps worker to work on developing a Relative Placement orientation and to provide on-going case management and placement stability support.</p>	<p>October 2013</p>	<p>CWS Program Manager</p>

<p>Strategy 5.2 Refine working relationships with FFAs.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S2.1, Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Establish monthly meetings with the FFA's.</p>	<p>Complete and on-going</p>	<p>CPS PM, Juvenile Probation Program Manager and FFA management</p>
<p>B. Sponsor "Implicit Bias" training for community, targeting FFA staff, CPS staff and foster parents. This training is about fostering the relationships between FFA and CPS staff and foster parents forming an effective partnership to support families.</p>	<p>Complete and on-going</p>	<p>Community partner</p>
<p>C. Secure facilitator to provide relationship building training for CPS/FFA staff through UC Davis. This will be developed and evaluated through a grant with <i>Mission Focused Solutions & UC Davis staff.</i></p>	<p>Jan-June 2012</p> <p>Action: Complete</p>	<p>PM, Northern CA Training Academy</p>

<p>D. Mission Focused Solutions will continue to look for funding opportunities to support the QPI process and support CWS in strengthening the FFA partnerships. The MFS staff will meet monthly with the CWS Program Manager.</p>	<p>Summer 2013 and on-going</p>	<p>Director MFS and CWS Program Manager</p>
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<p>Strategy 5.3: Use placement committee meetings to further all placement goals (above).</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Maintain regular weekly meetings</p>	<p>Complete and on-going</p>	<p>Placement team</p>
<p>B. Establish standing agenda review items that will support the above goals.</p>	<p>Complete and on-going</p>	<p>Probation PM, Gail Johnson-Vaughan; Behavioral Health; CWS PM</p>
<p>C. With the recent implementation of Katie A. the Placement/WRAP team meeting will serve as the avenue to address the overall plan for youth involved in Child Welfare Services and to develop strategies, with family input, for effective Trauma Informed Services.</p>	<p>Complete and on-going</p>	<p>CWS, Probation, WRAP, Family Preservation, Schools, & Behavioral Health</p>
<p>D. Behavioral Health along with Child Welfare will look at funding avenues for supporting a BH Therapist being co-located at CWS to work directly with CWS social workers and families.</p>	<p>Complete and on-going</p>	<p>BH Program Manager, CWS Program Manager, Fiscal Staff</p>

Strategy 6.1: Improve and refine relationships and processes between courts and child welfare through monthly meetings with the courts and through collaboration with the community advocacy group & Palm Tree Advisory Board.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reunification Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Engage courts in placement committee.	Complete and on-going	County Counsel and CWS PM
B. Meet with new, incoming dependency judge to review and refine court procedures.	Complete and on-going	HHS Director, DSS Director, CWS PM and CC
C. Explore feasibility of contracting with single (or very few) dependency attorneys.	Complete and on-going	Same as above
D. Provide on-going training to the courts to facilitate understanding of Safety Organized Practice methods, risk and safety, & acts of protection and the role of SOP in CWS.	Complete and on-going	CWS Management and Staff in collaboration with UC Davis.

<p>Strategy 7.1: Ensure that the policies and procedures manual are completed and a system for updating it is in place. The manual will be housed on a shared directory that social workers can access daily.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): When staff have a comprehensive tool available that can answer practice questions and detail procedures, they can utilize their time more effectively.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Complete list of finished Policies and Procedures and updated list of remaining Policies needed.</p>	<p>Estimated Completion- January 2015</p>	<p>Analyst and CW Program Manager</p>
<p>B. Develop plan for completing Policies & Procedures, including a review process, deadlines and priorities.</p>	<p>Estimated Completion-March 2015</p>	<p>Analyst and CW Program Manager</p>
<p>C. Develop plan for ongoing updates to exiting policies and procedures, which will include a system for flagging and reviewing current policies and incorporating updates.</p>	<p>Estimated Completion-January 2016</p>	<p>Analyst and CW Program Manager</p>
<p>D. Create a SharePoint where all Policies, Procedures and forms can be located and accessed by staff and the public.</p>	<p>Estimated Completion-July 2016</p>	<p>Analyst and CW Program Manager</p>
<p>A. Develop, for new PM, a detailed list of what P&P's are completed and what is left to complete, choose P & P for each month to review/update.</p>	<p>July 2011 Action: Complete</p>	<p>Analyst</p>

<p>B. Develop a systematic approach to completing the remaining Policies & Procedures. Create a timeline and assign to the appropriate unit so that the Supervisor receives the P & P on the 1st, submits edited draft on the 20th and is then completed and posted by the 30th of each month.</p>	<p>August 2013 Update: Revised Completion Date</p>	<p>Analyst, Supervisors and CWS PM</p>
<p>C. Develop and implement a system for on-going updates to the manual. Develop a tracking system to review P & P's oldest to newest, each being flagged for updating on a monthly basis on same timeline as above.</p>	<p>August 2013 Update: Revised Completion Date</p>	<p>Same as above</p>
<p>D. All policies and procedures will be located on Sharepoint so that the Public and Social Workers can access information in the office and in the field. All appropriate attachments will be available to download or print and updates will be emailed in real time.</p>	<p>Fall 2013 — on-going Update: Revised Completion Date</p>	<p>New DSS Analyst, CWS OA, CWS Program Manager</p>

<p>Strategy 8.1: Ensure that trainings are used efficiently identified to optimally support SIP outcomes. Implement a system to plan trainings that directly link to SIP identified outcomes and best practices.</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Training resources (dollars and staff time) are limited, so trainings should be used judiciously and focus on best practices that align with SIP goals. Collaborative planning with CPS and Probation can ensure that training is put to its best use.</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Annual training plan includes space to identify related SIP goal.</p>	<p>Completed and ongoing</p>	<p>CWS PM, supervisors and staff</p>

<p>B. CPS and Probation meet annually at minimum to develop training plan.</p>	<p>Completed and ongoing</p>	<p>CWS PM and Probation PM</p>
<p>C. Hold trainings for CPS, Probation, and as possible, offer to community providers, on TDM; Family Finding; Signs of Safety. Family Group Facilitation, Nurturing Parenting, Safety Organized Practice, Trauma Informed Care, etc.</p>	<p>Completed and ongoing</p>	<p>UCD, Probation and CWS PM, community partners</p>
<p>D. Work in conjunction with the local CAPC boards to promote training and garner greater participation from the community. Hold trainings on Poverty, SOP, Trauma Informed Care, etc.</p>	<p>Completed and ongoing</p>	<p>CAPC coordinators and CWS PM</p>
<p>E. Develop a multidisciplinary team to attend the UC Davis Leadership Training and then develop an on-going collaborative team to establish linkages throughout our different disciplines.</p>	<p>Completed and ongoing</p>	<p>Probation, Behavioral Health, School, ILP, FFA's, WRAP, Family Preservation, The Courts, Attorneys (children & parents), AOD partners, CWS</p>

Strategy 8.2: Enhance collaboration and mutual support within CPS staff.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): When staff feel valued and heard, they will make more positive contributions to their environment and will stay longer in their positions.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create Staff Support workgroup.	December 2011 Action: Incomplete	CWS Staff
B. Staff support workgroup develops "informal best practices toolkit".	June 2012 Action: Incomplete	CWS ER & On going Staff
C. Out of workgroup begin developing a formalized training system for new staff. (Currently Nevada County does not have a formal training unit for new social workers coming into child welfare)	Summer 2013 – on going Update: Revised Completion Date	CWS Staff, CWS PM and New DSS Analyst
D. Put the training information in Sharepoint for universal access.	Begin Fall 2013	DSS Analyst, NC IS team and CWS PM
E. Clear out closed file room at CWS and develop the space into a Training Room / Family Group Facilitation room.	Completed	CWS PM and team

Strategy 8.3: Move toward a paperless file system.	<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): Currently CPS files are so cumbersome that SW's & CASA's often use up valuable time looking for pertinent information. With a paperless file the information will be identically cataloged for each case and the information will be available immediately.
Action Steps:	Timeframe:	Person Responsible:
A. — Meet with Eligibility PM to look at CIV system and procedures developed for their paperless system.	Immediately Action: Complete	CWS PM & Eligibility PM
B. — Research other county practices then pick a test case to look at feasibility & to help establish system and protocols.	January 2013 Action: Complete	CWS PM, Analyst, CWS OA
C. — Start a procedure of scanning and categorizing the files.	March 2014 Update: Revised Completion Date	CWS PM, OA and Social Service Aid

