

California - Child and Family Services Review

County Self Assessment

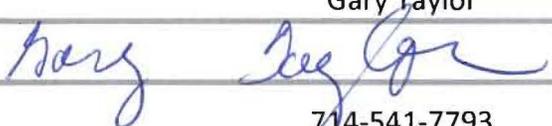
JANUARY 6, 2014



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California – Child and Family Services Review Signature Sheet

County	Orange
CSA Period Dates	July 7, 2009 to January 6, 2014
SIP Period Plan Dates	
Outcome Data Period	April 2008 to July 2013
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Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	
Signature*	

*Signatures must be in blue ink

<p>Mail the original Signature Sheet to:</p>	<p>Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814</p>
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Introduction

The Orange County Social Services Agency and Probation Department have completed this County Self Assessment (CSA) in accordance with the provisions of the Child Welfare Outcomes and Accountability System, referred to as the California-Child and Family Services Review (C-CFSR). The provisions of the C-CFSR require that Child Welfare and Probation Departments provide periodic reports to the California Department of Social Services (CDSS). These reports include the County Self Assessment (CSA), the System Improvement Plan (SIP), and the Peer Review (PR). Each of these reports is completed on a 5-year cycle, with annual SIP updates.

According to the California Department of Social Services, Children's Services Outcomes and Accountability Bureau and the Office of Child Abuse Prevention:

The C-CFSR process operates on a philosophy of continuous quality improvement, interagency partnership, community involvement, priority service provision, and public reporting of program outcomes. In addition to its focus on priority needs and improved outcomes, the C-CFSR maximizes compliance with federal regulations for receipt of Title IV-E and Title IV-B funds, which include the Promoting Safe and Stable Families (PSSF) program. Requirements for expending the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP) and PSSF funds continue to be integrated into the CSA and SIP components of the C-CFSR process.

This report was completed with the assistance of a core team of staff from Orange County Social Services Agency (SSA) and Probation Department and with input from many of our community partners, stakeholders, consumers, court personnel, service providers, staff, and foster and kinship care providers. Over 600 individuals were interviewed or completed a survey for this report. Please see pages 158-160 for a complete list of core participants.

C-CFSR Planning Team & Core Representatives

C-CFSR PLANNING TEAM

A planning committee was assembled to oversee the C-CFSR process. The team members included Social Services Consultants from CDSS Outcomes and Accountability Bureau and the Office of Child Abuse Prevention, Orange County Social Services Agency/Children & Family Services (SSA/CFS Division), Orange County Probation and Orange County SSA Administrative Services Division. The CFS team members included a Deputy Director, three Managers and one Senior Social Services Supervisor. Representatives from Probation included the Supervisor of the Placement Unit/Dual Handling Program and the Division Director. Participants from Administration included one Contract Administrator, two Research Analysts, and a CFS Reports Manager. The team met periodically beginning in July 2012, reviewed data, input, and set

timelines for the completion of various sections of this report. Additionally, the team included staff who completed the Peer Review and facilitated the many focus groups that occurred during the course of this process. Each team member was responsible for the completion of some part of this report with a lead Manager from CFS.

CORE REPRESENTATIVES

Name	Agency	Department
Sarah Davis, Social Services Consultant	CDSS	Outcomes and Accountability
Irma Munoz, Social Services Consultant	CDSS	Office of Child Abuse Prevention
Ashley Franklin, Social Services Consultant	CDSS	Office of Child Abuse Prevention
Anne Bloxom, Deputy Division Director	SSA/CFS	Planning & Permanency Services
Patricia Wiggins, AM I	SSA/CFS	Team Decision Making (TDM)
Raquel Amezcua, AM II	SSA/CFS	Transitional Planning Services
Paula Kitchen, AMI	SSA/CFS	Resource Family Recruitment, Licensing & Development
Lynda Ross, AM II	SSA/Admin	CWS/CMS Management and Reports Team
Pam Paulson, SSSS	SSA/CFS	Planning & Permanency Services
Lillian Chang, Research Analyst IV	SSA/Admin	SSA/Administration – Research
Thu L. Phan, AM I	SSA/Admin	SSA/Administration – Research
Margene Barker, AM I	SSA/Admin	SSA/Contracts
Isabell Gutierrez, Supervising Probation Officer	OC Probation	Probation Placement/Dual Handling Unit
Daniel Hernandez, Division Director	OC Probation	Juvenile Supervision Division

THE CSA PLANNING PROCESS

To complete the County Self Assessment (CSA), input was obtained from stakeholders including community partners, foster parents, current and former foster youth, probation youth, Orange County Mental Health, relative and non-relative caregivers, Juvenile Court personnel, birth parents, Social Services Agency (SSA) and Probation staff.

The Orange County AB636 Child Welfare Redesign Planning Council provides executive oversight over the self assessment process. The Planning Council is made up of many community partners and stakeholders that have a broad range of expertise in services to children and families. The majority of the core representatives attend or are represented in this group.

Additionally, CFS managers and other staff provided information regarding CFS policy and practice for each of the systemic factors. This information was evaluated to determine the impact of practice on outcome data. Staff from the Orange County SSA Research Department and the Self Evaluation Team (SET) analyzed the outcome data, identifying contributing factors such as data entry integrity and other systemic factors possibly impacting performance.

Participation of Core Representatives

All core representatives participated in the self assessment process and each participant represented their area of expertise. The data and research team members obtained and organized the data; others ran focus groups, gathered information, disseminated questionnaires and consolidated information.

Stakeholder Feedback

Input from our stakeholders was gathered by:

- Twenty Focus Groups conducted with community stakeholders, caregivers, contract service providers, birth parents, court, youth, SSA, CFS and Probation staff.
- Written questionnaires distributed to caregivers, youth and to members of the focus groups and their agencies.
- Use of a “Survey Monkey” questionnaire, sent by email to caregivers, SSA and court staff, parents and community partners.

Demographic Profile

GENERAL COUNTY DEMOGRAPHICS

According to the 2010 Census, Orange County’s population numbers 3,010,232, making it the third largest county in California, and the sixth largest county in the nation. The population growth has slowed considerably with only a 1% increase within the past year. Latinos comprised 46.7 % of the total population in 2010, Non-Hispanic Whites 31.9%, Non-Hispanic Asians 15.2%, and Non-Hispanic Blacks were 1.3% of the population. In 2010, 30% of the people living in Orange County were foreign born. Among those residents, in the age range of 5 years and older, 45% spoke a language other than English.

The impact of Latino immigrants on Orange County creates a special challenge for Children and Family Services (CFS). Prevention and intervention programs to meet the language and cultural needs of this community continue to be a focus. One way this need has been addressed is through the development of collaborations with the Mexican Consulate, Latino Health Access, Family Resource Centers, statewide Latino Practice Committee and other services providers. Additionally, CFS continues to hire bilingual and bicultural social workers.

The impact of poverty in Orange County also creates a considerable challenge for many families who are involved with Child Welfare Services. One major challenge is the ability to find affordable housing in order to be reunified with their children. Immigrant parents who do not have legal status also do not qualify for any government assistance and struggle to afford housing in Orange County.

According to the Orange County Conditions of Children Report 2012, children, before the age of 5 who attend early education programs, have significant improvements in several areas including economic gains and decreased public expenses for special education, delinquency, adult incarceration, health care, and social services. Data also indicates that the licensed day care spaces available in Orange County only accommodate 35% of the children in need of child care. This is major challenge for families attempting to reunify with their children.

CFS and its many partners continually review and study the demographics of Orange County to identify the areas of high risk for abuse and neglect and develop strategies to address prevention and intervention services. One of these strategies is the “City by City” report updated annually by the CFS reports team. These reports provide an overview of the population and child abuse information for each Orange County city as well as for the county as a whole.

Median Income

The median income for Orange County in 2010 was \$49,863, which was up 0.3% since 2009 when adjusted for inflation (Orange County 2013 Community Indicators Report).

Unemployment Data

For the year 2012 the Orange County unemployment rate began at 7.9% (Conditions of Children Report, 18th Annual Report) and fell to 6.8% by December 2012 (Orange County 2013 Community Indicators Report).

Average Housing Costs

In December 2012, the median home sale price in Orange County was \$582,930, which was a 20% increase from the previous year (Orange County 2013 Community Indicators Report). Rental housing remains more expensive than that of our neighboring counties and rentals continue to be in short supply. In 2012, the fair market rent for a one bedroom apartment was \$1,384; for a 2 bedroom apartment, \$1,652; and for a 3 bedroom, \$2,338. Lack of affordable housing can lead to crowding, household stress and difficulty for renters trying to save for home ownership. On a grander scale, a shortage of affordable housing for renters can bring about a cycle of poverty. The difficulty for families finding affordable housing who are involved in the dependency system may lead to delays in the reunification process.

Homeless Data

According to the 2011 Orange County Homeless Census and Survey, it is estimated that 18,325 unduplicated persons experience homelessness annually in Orange County, representing

approximately 0.6% of Orange County’s total population. According to this same report there was a 19% increase in the number of families with children living in homelessness since the last homeless census and survey. According to the Orange County 2013 Community Indicators Report there were 28,626 Orange County students, PreK-12, identified as homeless or living in unstable housing arrangements in 2011/12. The top two causes of homelessness were cited as job loss and substance abuse.

Poverty

According to the US Census Bureau’s 2011 American Community Survey, the percentage of Orange County children in households for whom poverty status is determined is 17.7%. California and the United States have higher rates of child poverty, at 22.8% and 22.5% respectively. Nevertheless, over 128,661 children in Orange County are impacted by poverty and are at risk for not having their basic needs met. Further, according to the 2012 Conditions of Children Report, 5 of the 28 school districts in Orange County report 73% or more of their children receive reduced or free lunches. Those regions that report the highest percentage receiving free lunches are concentrated in Santa Ana, Anaheim, Garden Grove, Westminster, La Habra, and Buena Park. The majority of child abuse reports in Orange County are from these same areas.

As a proxy of economic self-sufficiency, the number of people receiving CalFresh (formerly Food Stamps) in Orange County grew an average of 25% per year in 2008/09 through 2011/12. This represented 213,919 people receiving CalFresh per month, or 7% of the total county population, including 130,263 children, 18% of the county’s child population. Increases in CalFresh recipients are closely related to the recession and historically high Orange County unemployment rates in the 5% to 10% range. Additionally, CalFresh eligibility requirements were simplified thus decreasing the amount of time it takes to process applications.

Tribal Affiliations

There are no federally recognized active tribes in Orange County; however, CFS has a unit of social workers who are dedicated to complying with the Indian Child Welfare Act (ICWA) regulations and notify any tribe with which a family identifies.

Population by Age, Ethnicity and Language

Orange County’s population is diverse with large Latino and Asian populations.

Population by Age Range		
Age	Count	%
Persons 0 to 4 years	191,691	6.37%
Persons 5 to 17 years	544,968	18.10%
Persons 18 to 64 years	1,923,896	63.91%
Persons 65 years and over	349,677	11.62%

Population by Ethnicity (2012 Estimates)	%
Black or African American alone, percent, 2012 (a)	2.0%
American Indian and Alaska Native alone, percent, 2012 (a)	1.1%
Asian alone, percent, 2012 (a)	18.9%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.4%
Two or More Races, percent, 2012	3.2%
Hispanic or Latino, percent, 2012 (b)	34.1%
White alone, not Hispanic or Latino, percent, 2012	43.1%

Population by Language 5 years and over	Count	%
English only	1,546,041	55.30%
Language other than English	1,249,677	44.70%
Total	2,795,718	100%
Spanish	733,508	26.20%
Other Indo-European languages	115,757	4.10%
Asian and Pacific Islander languages	377,115	13.50%
Other languages	23,297	0.80%

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR

CHILD MALTREATMENT INDICATORS

Low birth weight

In 2010, data indicates that there were 38,237 resident births in Orange County, with low birth weight (LBW) infants representing 6.4% of the total. Of the 2,462 LBW infants born in 2010, a subset of 362 infants was born with a very low birth weight (VLBW), 0.95% of total births.

Birth to teens

Birth data indicate that of the total 38,237 births to Orange County residents during 2010, 6.5% were to teens, accounting for 2,479 births. Orange County's teen birth rate was lower than both the state and national rates. Latino teens had the highest birth rate (41.8 per 1,000), almost double the overall county rate (21.4 per 1,000). Whites and Asians had the lowest teen birth rate.

Substance Abuse Data (From 18th Annual Conditions of Children Report)

During 2010/11, 6,785 adolescents, age 17 and under, received publicly funded services for alcohol and drug abuse. The majority, 91%, were served by the Alcohol and Other Drug (AOD) Prevention Team, which provided 6,206 youth service contacts, including services at Alternative and Continuation schools, services at general high schools, and services at other community health events, and Red Ribbon fairs. Of the remaining 579 youth, 256 received outpatient

treatment and recovery services and 323 received residential treatment services, of which 69% were males. The ethnicity of the adolescents in treatment was 50% Latino, 42% White, 4% Asian, 2% Black, and 2% Other.

Mental Health Data (From 18th Annual Conditions of Children Report)

A total of 14,431 children and young adults through 25 years of age were served by Health Care Agency’s Children and Youth Services (CYS) in 2010/11. This represents an increase of 10.9% from the previous year. Youth between 18 and 25 years of age can be seen in either the CYS programs or the Adult Mental Health Service programs, depending on a number of circumstances, including client preference. Of the total serviced in 2010/11, 60.2% were Latino, 24.5% were White, 4.8% were Black, 5.4% were Asian, 1% was Native American Indian, and 4% were of other ethnicities.

Children with Disabilities Data

From 18th Annual Conditions of Children Report:

In 2011, 8,915 Orange County children utilized services through the Regional Center of Orange County (RCOC). Two-thirds of the children served were male, 6,076 (68%), compared to 2,839 (32%) who were female. Of these children, 6,119 (69%) were diagnosed with a developmental disability. In 2011, the ethnic breakdown of children receiving services for developmental disabilities was 2,448 (27.5%) White, 3,366 (37.8%) Latino, 1,425 (16%) Asian, 116 (1.3%) Black, and 1,560 (17.5%) Other.

CHILD WELFARE AND PROBATION POPULATION

Child Welfare Population

Orange County overall has had a steady decline in child abuse allegations, referrals, substantiations, and entry into care rates since the last self assessment. The focus on early intervention and prevention, and developing strong collaborative relationships with our stakeholders and families are some of the contributing factors.

Allegations by Type

Number of Allegations by type 2009-2012								
	2009		2010		2011		2012	
Allegation	Count	%	Count	%	Count	%	Count	%
Sexual	4,339	11.7%	4,217	11.1%	3,873	11.1%	3,838	10.9%
Physical	5,494	14.8%	5,431	14.3%	5,127	14.7%	5,375	15.2%
Severe Neglect	520	1.4%	522	1.4%	373	1.1%	457	1.3%
General Neglect	14,217	38.4%	14,961	39.3%	13,863	39.7%	14,275	40.4%
Exploitation	6	0.0%	5	0.0%	4	0.0%	8	0.0%

Number of Allegations by type 2009-2012								
Emotional Abuse	202	0.5%	279	0.7%	275	0.8%	282	0.8%
Substantial Risk	9	0.0%	0	0.0%	0	0.0%	0	0.0%
Caretaker absence/Incapacity	356	1.0%	313	0.8%	300	0.9%	387	1.1%
At-Risk, Sibling abused	8,367	22.6%	8,762	23.0%	7,694	22.0%	7,195	20.4%
*Allegation Involving Sibling or Other	3,506	9.5%	3,617	9.5%	3,439	9.8%	3,503	9.9%
Total	37,016	100%	38,107	100%	34,948	100%	35,320	100%

Participation Rates

YEAR-TO-YEAR COMPARISON OF PARTICIPATION RATES

Participation Rate	2009		2010		2011		2012	
	Count	Rate per 1,000						
Referrals	26,942	36.4	26,950	36.7	24,556	33.7	24,566	33.9
Substantiated Referrals	7,923	10.7	7,360	10.0	6,838	9.4	5,788	8.0
All Entries	1,328	1.8	1,390	1.9	1,247	1.7	1,160	1.6
First Entries	1,166	1.6	1,195	1.6	1,074	1.5	1,000	1.4
Subsequent Entries	162	0.2	195	0.3	173	0.2	160	0.2
In Care (July 1)	2,634	3.6	2,429	3.3	2,314	3.2	2,270	3.1

Analysis of referral and substantiation trends

Over the past decade, the number of children in Orange County with a child abuse allegation has seen a substantial increase followed by a recent decrease. In 2003, 22,078 children in the county were the subject of an allegation. This climbed to 29,039 in 2008, followed by a recent decline to 24,546 in 2012. The child population in the county has been on a constant decline and the rate per 1,000 children with a child abuse referral also reflects a similar trajectory. In 2003, 28 per 1,000 children were referred. This climbed to 38.2 per 1,000 children in 2008 and in 2012, the rate decreased to 33.9 per 1,000.

Younger children, particularly infants, continue to be the largest age group with a child abuse allegation. In 2012, 38.5 per 1,000 infants in Orange County received a referral compared to the overall rate of 33.9 per 1,000 children in Orange County.

The number of children with substantiated referrals shows a slightly different trend. The number of substantiations modestly climbed from 9,823 in 2003 to 9,875 in 2007, followed by a continual downward trend to 5,670 from 2007 to 2012. The rate per 1,000 children in Orange County with substantiations dropped sharply from 12.5 per 1,000 children in 2003 to 7.8 per 1,000 children in 2012.

Younger children, particularly infants, also are the largest group of children with a child abuse substantiated allegation. In 2012, 14.5 per 1,000 infants in Orange County received a substantiation compared to the overall rate of 7.8 per 1,000 children in Orange County. Black children are consistently the largest ethnic group receiving substantiated allegations. In 2012, 19.2 per 1,000 Black children in Orange County received a substantiated referral compared to the overall rate of 7.8 per 1,000 children in Orange County.

The percent of allegations that are substantiated has been on a consistent decline over the past decade. In 2003, 44.5% of all allegations were substantiated. At the time of the last self assessment (2009), 29.4% of all allegations were substantiated. Currently (2012), 23.1% of all allegations were substantiated.

The number of child welfare referrals and substantiated referrals has declined since the last self assessment. Referrals have dropped by 8.8% from 2009 to 2012 while substantiated referrals have dropped more significantly by 26.9%. Trends in entries into foster care have been less consistent and dramatic, with an overall decline of 14.2% for first entries and a 1.2% decline for subsequent entries. The number of children in care has also decreased, dropping by 13.8% from 2009 to 2012. These declines can be partially attributed to the declining child population in Orange County as well as an increase in preventive services and practices. Rates per 1,000 children in the population for each participation rate shows that despite the strong decline in the number of children at different decision making points in the child welfare system from year to year, rates per 1,000 children for each participation rate remains fairly stable.

Allegations stratified by type

YEAR-TO-YEAR COMPARISON OF ALLEGATIONS STRATIFIED BY TYPE

Allegation Type	2009		2010		2011		2012	
	Count	%	Count	%	Count	%	Count	%
Sexual Abuse	3,202	11.9%	3,063	11.4%	2,802	11.4%	2,786	11.3%
Physical Abuse	3,816	14.2%	3,777	14.0%	3,599	14.7%	3,815	15.5%
Severe Neglect	379	1.4%	393	1.5%	282	1.1%	318	1.3%
General Neglect	12,145	45.1%	12,470	46.3%	11,471	46.7%	11,541	47.0%
Exploitation	7	0.0%	2	0.0%	2	0.0%	1	0.0%
Emotional Abuse	118	0.4%	160	0.6%	174	0.7%	180	0.7%
Caretaker Absence /Incapacity	255	0.9%	248	0.9%	233	0.9%	383	1.6%
At-Risk, Sibling Abused	6,948	25.8%	6,837	25.4%	5,993	24.4%	5,642	23.0%
Substantial Risk	72	0.3%	0	0.0%	0	0.0%	0	0.0%
Total	26,942	100%	26,950	100%	24,556	100%	24,566	100%

The representation of allegation types from 2009 to 2012 has remained fairly stable. General neglect continues to be the highest represented allegation type, representing almost half of all referrals.

Referrals stratified by age

YEAR-TO-YEAR COMPARISON OF REFERRALS STRATIFIED BY AGE

Age	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 1	1,734	6.4%	1,670	6.2%	1,515	6.2%	1,567	6.4%
1-2	3,081	11.4%	2,975	11.0%	2,623	10.7%	2,649	10.8%
3-5	4,653	17.3%	4,690	17.4%	4,465	18.2%	4,406	17.9%
6-10	7,228	26.8%	7,493	27.8%	6,772	27.6%	6,982	28.4%
11-15	7,304	27.1%	7,241	26.9%	6,642	27.0%	6,538	26.6%
16-17	2,942	10.9%	2,881	10.7%	2,539	10.3%	2,424	9.9%
Total	26,942	100%	26,950	100%	24,556	100%	24,566	100%

YEAR-TO-YEAR COMPARISON OF SUBSTANTIATED REFERRALS STRATIFIED BY AGE

Age	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 1	729	9.2%	685	9.3%	603	8.8%	596	10.3%
1-2	1,097	13.8%	1,037	14.1%	910	13.3%	875	15.1%
3-5	1,377	17.4%	1,372	18.6%	1,386	20.3%	1,120	19.4%
6-10	2,004	25.3%	1,906	25.9%	1,877	27.4%	1,553	26.8%
11-15	1,919	24.2%	1,676	22.8%	1,587	23.2%	1,246	21.5%
16-17	797	10.1%	684	9.3%	475	6.9%	398	6.9%
Total	7,923	100%	7,360	100%	6,838	100%	5,788	100%

YEAR-TO-YEAR COMPARISON OF FIRST ENTRIES STRATIFIED BY AGE

Age	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 1	265	22.7%	274	22.9%	233	21.7%	229	22.9%
1-2	156	13.4%	222	18.6%	168	15.6%	167	16.7%
3-5	194	16.6%	203	17.0%	193	18.0%	171	17.1%
6-10	239	20.5%	220	18.4%	224	20.9%	202	20.2%
11-15	228	19.6%	214	17.9%	194	18.1%	165	16.5%
16-17	84	7.2%	62	5.2%	62	5.8%	66	6.6%
Total	1,166	100%	1,195	100%	1,074	100%	1,000	100%

YEAR-TO-YEAR COMPARISON OF SUBSEQUENT ENTRIES STRATIFIED BY AGE

Age	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 1	1	0.6%	3	1.5%	2	1.2%	5	3.1%
1-2	13	8.0%	23	11.8%	20	11.6%	13	8.1%
3-5	29	17.9%	40	20.5%	42	24.3%	30	18.8%
6-10	40	24.7%	50	25.6%	56	32.4%	44	27.5%
11-15	59	36.4%	50	25.6%	39	22.5%	48	30.0%
16-17	20	12.3%	29	11-15	14	8.1%	20	12.5%
Total	162	100%	195	100%	173	100%	160	100%

YEAR-TO-YEAR COMPARISON OF CHILDREN IN CARE STRATIFIED BY AGE

Age	July 1, 2009		July 1, 2010		July 1, 2011		July 1, 2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 1	178	6.8%	174	7.2%	173	7.5%	152	6.7%
1-2	368	14.0%	328	13.5%	342	14.8%	349	15.4%
3-5	429	16.3%	400	16.5%	367	15.9%	381	16.8%
6-10	639	24.3%	581	23.9%	514	22.2%	522	23.0%
11-15	639	24.3%	598	24.6%	594	25.7%	562	24.8%
16-17	381	14.5%	348	14.3%	324	14.0%	304	13.4%
Total	2,634	100%	2,429	100%	2,314	100%	2,270	100%

There are no significant trends in the age breakdown for referral, substantiated referral, first entry, subsequent entry, and in care rates from 2009 to 2012.

Referrals stratified by ethnicity

YEAR-TO-YEAR COMPARISON OF REFERRALS STRATIFIED BY ETHNICITY

Ethnicity	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Black	986	3.7%	924	3.4%	877	3.6%	806	3.3%
White	7,593	28.2%	7,497	27.8%	6,670	27.2%	6,789	27.6%
Latino	16,263	60.4%	16,274	60.4%	14,567	59.3%	14,626	59.5%
Asian/PI	1,560	5.8%	1,658	6.2%	1,322	5.4%	1,445	5.9%
Nat Amer	46	0.2%	49	0.2%	33	0.1%	34	0.1
Unknown	494	1.8%	548	2.0%	1,087	4.4%	866	3.5%
Total	26,942	100%	26,950	100%	24,556	100%	24,566	100%

YEAR-TO-YEAR COMPARISON OF SUBSTANTIATED REFERRALS STRATIFIED BY ETHNICITY

Ethnicity	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Black	258	3.3%	221	3.0%	229	3.3%	202	3.5%
White	2,127	26.8%	1,962	26.7%	1,727	25.3%	1,454	25.1%
Latino	4,965	62.7%	4,661	63.3%	4,343	63.5%	3,692	63.8%
Asian/PI	474	6.0%	419	5.7%	316	4.6%	327	5.6%
Nat Amer	15	0.2%	15	0.2%	9	0.1%	8	0.1%
Unknown	84	1.1%	82	1.1%	214	3.1%	105	1.8%
Total	7,923	100%	7,360	100%	6,838	100%	5,788	100%

YEAR-TO-YEAR COMPARISON OF FIRST ENTRIES STRATIFIED BY ETHNICITY

Ethnicity	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Black	53	4.5%	34	2.8%	38	3.5%	57	5.7%
White	339	29.1%	345	28.9%	329	30.6%	298	29.8%
Latino	680	58.3%	739	61.8%	650	60.5%	593	59.3%
Asian/PI	82	7.0%	72	6.0%	45	4.2%	46	4.6%
Nat Amer	5	0.4%	4	0.3%	7	0.7%	4	0.4%
Unknown	7	0.6%	1	0.1%	5	0.5%	2	0.2%
Total	1,166	100%	1,195	100%	1,074	100%	1,000	100%

YEAR-TO-YEAR COMPARISON OF SUBSEQUENT ENTRIES STRATIFIED BY ETHNICITY

Ethnicity	2009		2010		2011		2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Black	14	8.6%	17	8.7%	14	8.1%	11	6.9%
White	47	29.0%	52	26.7%	56	32.4%	49	30.6%
Latino	96	59.3%	117	60.0%	101	58.4%	97	60.6%
Asian/PI	2	1.2%	8	4.1%	2	1.2%	2	1.3%
Nat Amer	3	1.9%	1	0.5%	0	0.0%	1	0.6%
Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	162	100%	195	100%	173	100%	160	100%

YEAR-TO-YEAR COMPARISON OF CHILDREN IN CARE STRATIFIED BY ETHNICITY

Ethnicity	July 1, 2009		July 1, 2010		July 1, 2011		July 1, 2012	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Black	173	6.6%	135	5.6%	122	5.3%	107	4.7%
White	701	26.6%	692	28.5%	647	28.0%	623	27.4%
Latino	1,620	61.5%	1,469	60.5%	1,419	61.3%	1,436	63.3%
Asian/PI	125	4.7%	117	4.8%	111	4.8%	87	3.8%
Nat Amer	9	0.3%	13	0.5%	12	0.5%	15	0.7%
Unknown	6	0.3%	3	0.1%	3	0.1%	2	0.1%
Total	2,634	100%	2,429	100%	2,314	100%	2,270	100%

The ethnicity breakdown for referrals, substantiated referrals, first entries, subsequent entries, and children in care from 2009 to 2012 also remains fairly stable. Latino children continue to represent the majority of children in the child welfare system, representing approximately 60% of referrals, 63% of substantiated referrals, 60% of entries, and 61% of children in foster care each year. According to the City by City Reports prepared by CFS Reports Team for the month of August 2013, 35.6% of the child abuse reports for 2012 are from the cities of Santa Ana and Anaheim. Further, of children brought into protective custody for the same period from Santa Ana, 85% were Latino, and for Anaheim 64%. Latino and Black children continue to be overrepresented, while Asian/Pacific Islander (Asian/PI) children continue to be underrepresented in the child welfare system.

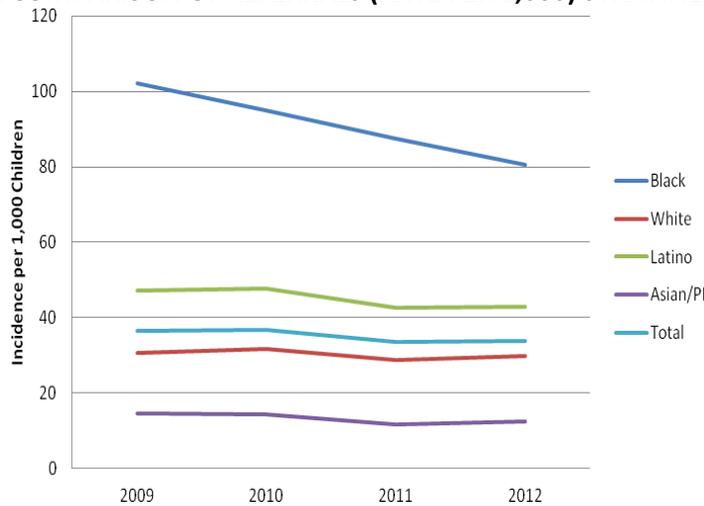
Number of child in care with tribal affiliations/number of ICWA children

Number of ICWA Eligible Children in Care			
July 1, 2009	July 1, 2010	July 1, 2011	July 1, 2012
28	32	37	32

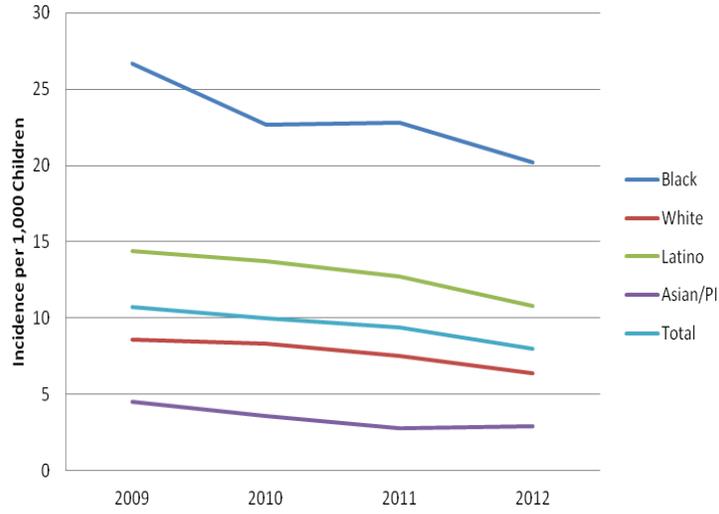
ICWA eligible children in care have remained fairly stable over the past 4 years.

Year-to-Year Comparison of Referrals/Substantiated Referrals/Entries/In Care by Ethnicity

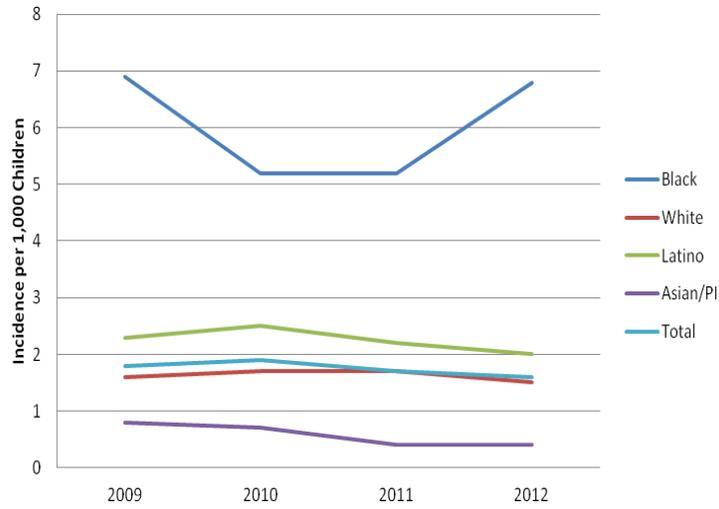
YEAR-TO-YEAR COMPARISON OF REFERRALS (RATE PER 1,000) STRATIFIED BY ETHNICITY



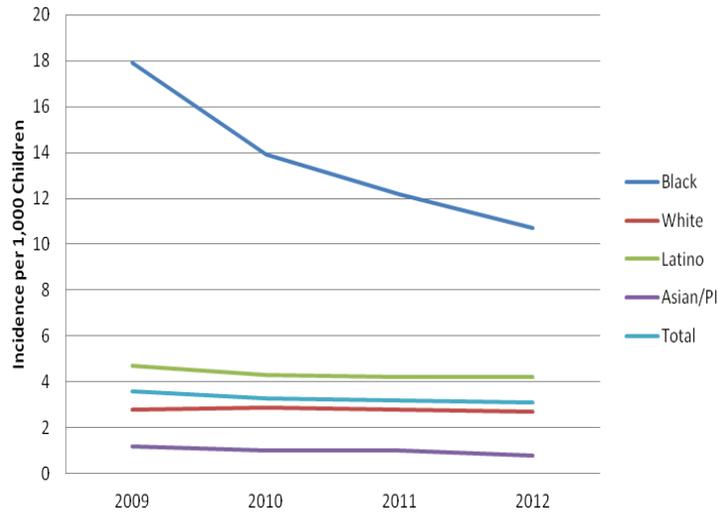
**YEAR-TO-YEAR COMPARISON OF SUBSTANTIATED REFERRALS (RATE PER 1,000)
STRATIFIED BY ETHNICITY**



**YEAR-TO-YEAR COMPARISON OF ALL ENTRIES INTO FOSTER CARE (RATE PER 1,000)
STRATIFIED BY ETHNICITY**



**YEAR-TO-YEAR COMPARISON OF CHILDREN IN CARE (RATE PER 1,000)
STRATIFIED BY ETHNICITY**



Although the ethnic make-up of children in the child welfare system has not significantly changed since the last county self assessment, the child population has, in fact, changed in composition, which warrants a look at the ethnic breakdowns by rates per 1,000 children in each ethnic population. For example, although the overall child population has declined from 2009 to 2012, the Black and Asian/Pacific Islander populations have grown while the White and Latino populations have dropped. A look at the rates per thousand shows that although all ethnic groups appear to be showing a declining trend for all participation rates, the decline in Black children is more prominent than all others. Some of this decline may be due to the continued efforts of the Eliminating Racial Disparity and Disproportionality (ERDD) Advisory group. This group originated in 2007, with the goal of raising awareness, sharing resources, providing training and creating an atmosphere of urgency surrounding the issues of disparity and disproportionality. Training targeted at raising awareness of personal and institutional biases was developed by our Training and Career Development Division has been available not only to CFS staff but to the community at large. The ERDD Advisory Group is co-chaired by CFS, Probation and Health Care Agency (HCA) and its members include a broad range of community based organizations and county agencies.

Probation Population

Number of Youth in Care (Point-in-Time)

	As of 12/31/2011		As of 12/31/ 2012	
Ethnicity	Count	Percent	Count	Percent
Asian	1	1.39%	2	2.67%
Black	10	13.89%	6	8.00%
Hispanic - White	35	48.61%	39	52.00%
Non-Hispanic White	25	34.72%	27	36.00%
Unknown	1	1.39%	1	1.33%
ICWA Eligible	0	0	0	0
Total	72	100.00%	75	100.00%
	As of 1/1/ 2011		As of 1/1/ 2012	
Age	Count	Percent	Count	Percent
13-18	72	100.00%	72	96.00%
19 and up	0	0.00%	3	4.00%
Total	72	100.00%	75	100.00%
	As of 12/31/2011		As of 12/31/2012	
Placement Region	Count	Percent	Count	Percent
Anaheim	4	5.56%	9	12%
Central	22	30.56%	20	26.67%
North	2	2.78%	4	5.33%
Out of County	35	48.61%	33	44.00%
Santa Ana	1	1.39%	1	1.33%
South	2	2.78%	2	2.67%
Unincorp South	6	8.33%	5	1.33%
West	0	0	1	1.33%
Total	72	100.00%	75	100.00%

The Orange County Probation population has remained fairly constant over the past couple of years. Numbers would have decreased had it not been for the implementation of AB12 – Extended Foster Care. The initiative has allowed 18 year olds who would have emancipated to remain in care until the age of 21 in order to receive further services. The Orange County Probation Department has also put a significant emphasis on Wraparound Services in order to provide services to the families while the youth are still in the home. This effort has prevented a number of other cases from being assigned to the Placement unit by keeping families together. The Orange County Probation Department is in the process of reviewing cases in order to identify ICWA eligible youth under our supervision. Currently the Placement unit does not have any ICWA eligible youth in care.

The Orange County Probation Department did not include a Demographic section for the Placement Unit in the last CSA (2009) since the data was not being collected in CWS/CMS. The exclusion of this section has prevented a comparison of trends for this current CSA. The Probation population data began being collected in CWS/CMS in November of 2010.

Probation Youth with Placement Orders		
	As of 12/31/2011	As of 12/31/2012
Types of Youth	Count	Count
New Adjudicated Youth	30	22
Youth from Field Supervision	23	18
Total	53	40

The Orange County Probation Placement Unit receives youth with Placement orders from the two areas listed above. Newly adjudicated youth are the youth who are just declared wards of the court and were either WIC 300 dependents when declared wards or a change of circumstance occurred when the youth was arrested that prevented the youth from returning home upon adjudication.

The second area, Youth from Field Supervision, are those youth who are wards of the court and placed at home upon adjudication. These youth were supervised in the field until a change of circumstance occurred in the home that led to the youth being returned to court and a placement order being made.

On January 7, 2013, the Orange County Probation Department and the Orange County Social Services Agency created a Dual Handling Team that is responsible for consulting with Deputy Probation Officers (DPO), Social Workers (SW) and the families they work with in order to prevent the cross over to delinquency for the dependents and the need to remove the Probation youth from their homes. This program is still in its infancy stage so data has not yet been collected.

Public Agency Characteristics

CHILD WELFARE POLITICAL JURISDICTIONS

Board of Supervisors

The Orange County Board of Supervisors (BOS) is comprised of five elected officials based on five supervisorial districts who oversee the management of the County government. The Board, in its legislative duties, provides input and oversight to support SSA in meeting federal and state regulations and outcomes. As an executive body, the board approves SSA’s annual budget supporting contracted services, projects, and staff positions. The Board also provides support to SSA by authorizing the use of County General Funds to ensure the provision of responsive service to its clients. The BOS meets weekly and at these meetings will approve or reject agenda items submitted by SSA.

The Mission statement of the County and Board is “Making Orange County a safe, healthy and fulfilling place to live, work and play, today and for generations to come, by providing outstanding, cost-effective regional public services.”

Federally Recognized Tribes within the County/Other Tribes Served by the County

While Orange County does not have any federally recognized tribes on reservations, the County does have a large population of urban Native Americans who have relocated to this area. Many of these Native American families are not enrolled with their identified tribes, but claim Native American heritage. Many clients are found to be eligible for membership when CFS notices tribes.

In August 2003, CFS formed an ICWA Notification Unit designed specifically to ensure adequate and uniform notification to the Tribes and Bureau of Indian Affairs (BIA). The ICWA Unit researches Indian ancestry of dependents at the time of detention and contacts and interviews relatives and others who might have information. Contacts are made with all tribes with whom the child may be affiliated. In addition:

- ICWA unit members and designated social workers have received training from the Tribal Star Program. These staff then provide ongoing training for CFS staff.
- Tribal Star members participate in the ERDD Strategy Workgroup
- One Orange County staff member is a certified National Tribal Indian Social Worker
- Orange County has been represented at the National Indian Child Welfare conference, as well as the state conferences

School Districts/Local Educational Agencies

SSA/CFS works with 28 local school districts to facilitate children’s educational needs and to provide social worker access to children for investigations and service provision. CFS social workers also provide preventive services through a collaborative partnership with the Santa Ana Unified School District called Healthy Tomorrows. The program delivers early intervention services to children at risk for school failure due to health and social issues. The primary goal of this program is to assist families before serious problems develop by providing support and intervention to students (grades K through 5th). The program utilizes graduate student interns who provide counseling, intervention, school-linked social services, referrals, and child abuse prevention. SSW staff and interns are co-located at these schools. Families are linked to a community service called "Padres Unidos" where they are provided with parenting education and support. In 2012, Healthy Tomorrows served 12 elementary schools and served 887 children.

Strong collaboration also exists with Foster Youth Services (FYS), an Orange County Department of Education (OCDE) program, co-located with CFS. Initially, the program consisted of 2 staff in 2009, and has now expanded to a total of 17 educational liaisons that interface with CFS staff to assist in educational planning and assessment of School of Origin. FYS assists CFS staff and parents with communication with school districts to successfully navigate the education system on behalf of the children with whom CFS works. They also assist with decisions about School of

Origin, the need for Individual Education Plans, special education services, and determining the best school program for youth who are not performing well in traditional school programs. OCDE/FYS creates an Educational Progress Report for social workers on youth in out of home care. The report is completed prior to the student's six month status review hearing. This report shares a summary of the youth's academic performance so that the social worker can provide accurate and timely information to the court through the court report. This report is also shared with the Court Appointed Special Advocate (CASA), youth, and caregiver.

Recently, FYS began collaborating with CFS and Stuart Foundation on the Education Equals Partnership. This initiative is a five-year program, the outcome of which is to improve the numbers of foster youth graduating high school and going on to college and to prepare children ages 3-5 for educational readiness and success by increasing enrollment in preschool. The grant allowed FYS to increase staff to assist with this project and CFS has provided the necessary technology so the FYS can review and enter educational information into CWS/CMS, allowing for more efficient communication about foster youth education.

OCDE/FYS also gathers educational information on out of home youth having Team Decision Making (TDM) meetings for placement changes or exiting from care. OCDE/FYS utilizes the Foster Focus database which stores foster youth academic records used to create these reports. This database is contracted through the Sacramento County Office of Education. Select school district and child welfare staff have access to the database. Each year there is a report created for OCDE that provides data regarding how foster youth are doing in Orange County. This report includes graduation data and foster youth test scores. OCDE/FYS serves youth ages 3-19 in out-of- home care.

Law Enforcement Agencies

CFS works with 24 police jurisdictions, including the Sheriff's Department, have co-located Emergency Response staff in all but the two smallest jurisdictions and have space agreements with 14 of those police departments. The co-located CFS staff often sit in on briefings and team cases with the police jurisdiction to which they are assigned.

CFS continues to practice the Field Response Protocol (FRP), a rapid response protocol that brings social workers to police officers in the field for a joint child abuse investigation and exploration of the most appropriate protective interventions for the individual family. A joint field assessment is conducted by social services and law enforcement. This assessment includes identifying placement alternatives for children requiring protective custody, which reduces the number of placements in foster or shelter care. This also maximizes the flow of information between the agencies and increases the opportunity for children to remain in their community and school settings. To facilitate this practice, a dedicated Child Abuse Registry (CAR) phone line is available for the exclusive use of law enforcement.

CFS continues to partner with law enforcement in the investigation of sexual and physical abuse allegations at the Child Abuse Services Team (CAST) facility by providing a child-centered forensic and child welfare investigative process. This program has resulted in a significant

reduction in investigation-involved trauma for child victims, as the number of interviews and required testimony in court is reduced.

The Orange County Family Justice Center (OCFJC) opened in 2004 to provide a collaborative and multiagency approach to serving victims of domestic violence, child abuse, sexual assault, and elder/dependent adult abuse. OCFJC provides for the co-location and coordination of services by a multidisciplinary team of professionals who work together. The team includes police officers, district attorney, civil legal service providers, CalWORKs, social services, probation, and community-based advocates. The core concept is to provide one place where victims can go to talk to an advocate, plan for their safety, interview with a police officer, file a restraining order, receive information about shelters, and get help with transportation.

PROBATION POLITICAL JURISDICTIONS

Board of Supervisors

The Orange County Probation Department works closely with the Board of Supervisors (BOS) and their involvement supports the Department's continuum of care. The BOS approves memorandums of understanding, contracts, and the approval of positions.

Federally recognized tribes within the county/other tribes served by the county

The Orange County Probation Department has not had significant interaction with federally recognized tribes within our county due to the fact that we have had very few youth identified as having tribal affiliation. We are in the process of having all of our Deputy Probation Officers survey their caseloads in order to see if there have been any misclassified youth. If we discover that there are, in fact, youth with Native American heritage, documentation of this new information will be made in the Integrated Case Management System (ICMS). If the youth should need to be removed for possible Placement outside of the home through foster care, the Indian Child Welfare Act (ICWA) Notice Referral will be submitted. The Probation Department will communicate with Orange County Social Services Agency in order to gather information on appropriate contacts and procedures when submitting the Referral to the appropriate tribes. It is anticipated that involvement with federally recognized tribes will not affect the continuum of care we provide to our youth and their families.

School districts/Local education agencies

The Orange County Probation Department has a very strong working relationship with school districts in Orange County and the Department of Education. We currently have a Truancy Response Program, which is a collaboration with the court, district attorney, public defender's office, Orange County school districts and the Probation Department in order to combat severe truancy issues. They have weekly staffings to address specific case dynamics and quarterly meeting with the administrators of the school districts.

The Department of Education has been instrumental in providing educational services to our youth in our Juvenile Institutions along with our Youth Reporting Centers in Anaheim and Santa

Ana. The Department of Education also has a Foster Youth Services unit that has provided extra assistance to our Placement Unit in order to assist our Placement youth to ensure all of their educational needs are met and to let us know if our Placement youth qualify to graduate under AB 167. They have also been very helpful with working with the different school districts in order to ensure that special education needs are being met with some of our Placement youth.

The Orange County Probation department is working closely with the Santa Ana Unified School District (SAUSD) to improve the communication and enrollment delay. Enrollment delay with probation youth has been one of the areas in which the Probation Department has had to work with SAUSD and our Access schools through the Department of Education.

Law Enforcement Agencies

The Orange County Probation Department collaborates extremely well with our law enforcement agencies. Probation gang officers are co-located in some of the Police Departments in Orange County and are assigned to specific task forces as well. The Probation Department has the ability to call on local law enforcement whenever the need arises within the office setting or field setting. Police jurisdictions have also been able to assist the Probation Department with looking for missing youth. Probation is not a first responder unless it involves adjudicated wards. When Probation becomes aware of child welfare concerns regarding dependent youth, deputy probation officers will comply with required reporting requirements and assist Social Services and law enforcement to the extent Probation's services are needed. Lastly, Probation has various stakeholder meetings that law enforcement personnel are invited to attend on a quarterly basis.

CHILD WELFARE INFRASTRUCTURE

Workforce – strengths and challenges

Training for the CFS staff is provided by SSA's Training and Career Development (TCD) program, the Southern California Public Child Welfare Training Academy (PCWTA), as well as training sponsored by the State and community partners. TCD provides training from core competencies to specialized advanced training classes. PCWTA also provides a wide expanse of training programs and classes for CFS staff. SSA has developed its own training related to ERDD, LGBTQ and other issues.

There is an expectation from the CFS Agency Director and his leadership team that there is quality in every area of the work provided by the agency, including the treatment of consumers, internal relationships, and case management. The agency's thematic goal is: "We provide every family with the highest quality services through responsive communication, critical thinking, consistent practice, and relentless accountability".

The recession that began in 2007 affected the ability of CFS to back fill positions that were vacated due to layoffs or retirements. However, despite the reduction in staff and the consequential increase in work activity for caseworkers, Orange County has been able to maintain and even improve in some outcome areas and has continued to comply with state and

federal mandates. There has been overwhelmingly positive feedback from stakeholders and consumers about CFS staff, including statements that they often go above and beyond expectations to assure that families receive the best possible service, and work diligently to help families and children have positive outcomes.

Methods for assigning cases

CFS has several methods of assigning cases, depending on the program. For Emergency Response, Intake, and Dependency Investigations programs staff are assigned cases on a rotational basis depending on availability, region, language, or other special needs of the family. Continuing case programs, Family Reunification (FR), Family Maintenance (FM), Integrated Continuing Services (ICS), Specialized Family Services (SFS), and Permanency Services Program (PSP) receive their cases from a centralized “assignment desk” depending on the type of case (for example, if there is a medically fragile child in the family, the case is assigned to SFS). The assignment desk also takes into consideration the region in which the family resides, the language /cultural needs of the family, and other indicators requiring specialized knowledge. Adoptions workers are assigned primary case responsibility when no family reunification (FR) is ordered at the onset of dependency, and when a child is placed for adoption after Termination of Parental Rights. The Adoptions program also receives secondary assignment on cases that are considered to have a poor prognosis from the onset and the child is placed in a Concurrent Planning home.

Structure of agency and service components

SSA is comprised of four major divisions: 1) Administrative Services, 2) Adult Services and Assistance Programs, 3) Children and Family Services, and 4) Family Self-Sufficiency. These divisions provide the core business of the Agency, which includes self-sufficiency, child and adult protective services, independent living, in-home supportive services, financial, health care benefits, employment services, and family stability.

The CFS Division of SSA is organized to provide four essential child welfare services; Emergency Response (ER), Family Maintenance (FM), Family Reunification (FR) and Permanency Planning. Within these functions there are specialized programs designed to provide child welfare services to children and families with special needs or circumstances. These programs include investigative and ongoing services for medically fragile children, ongoing services for children in out of home care and specialized interviews for children when there are allegations of sexual abuse. Additional CFS programs support core services by non-case carrying staff. Some of these programs are: Foster Care Placement, Families and Communities Together (FaCT), Foster Care Licensing, Clerical Operations, Policy Development Unit, Team Decision Making, Parent Engagement, Relative Assessment and Placement Unit, Resource Development and Management, Multi-Agency Family Partnership, Transitional Planning Services, Foster and Adoptive Family Recruitment and Training, and CMS/CWS Reports Team. Please see the attached organizational chart for detailed information. (ATTACHMENT I)

How staffing caseload size by program, staff turnover, staffing structure impacts county operations

The hiring freeze that affected most county agencies during the recession has only recently been lifted to allow the backfilling of some positions. Many of the core CFS programs, especially those providing primary services to families, were severely affected by the inability to fill vacancies. Non-case carrying staff were reassigned to programs or shifted to the units most affected to support those with increased workloads. However, during this same period CFS began to see the results from early intervention and prevention programs that reduced the number of children coming into protective custody. While positions went unfilled, caseload numbers decreased, which resulted in the ability of staff to continue to provide quality service to families. Average monthly caseload sizes are as follows: Emergency Response (ER) 11 referrals per month, Integrated Continuing Services (ICS/FR) 22 cases, Permanency Planning Services (PPS) 20 cases and Family Maintenance Voluntary Services (FMVS) 20 cases.

In discussing the issues of caseload size, staff turnover, and staffing structure with Program Managers throughout CFS, all agreed that though their programs experienced many staffing changes in the past several years, their staff helped them generate new ideas and methods for getting quality work done on time, and in compliance with Policy and Procedures. They all credit the support of their peers, staff, and administration with allowing creative processes to occur to assure priorities prevailed, and families were efficiently and effectively served.

How staffing characteristics have impacted data entry into CWS/CMS

In spite of the increase in case workloads the monthly reports completed by the CWS/CMS Reports Team show no significant decrease in timeliness of entries into CWS/CMS. Secondly, this has been deemed a priority expectation by the agency leadership. Program Managers who were interviewed for this report also indicate that they regularly generate reports for compliance with contacts entries to CWS/CMS and see no significant impact in the data entry. They credit their clerical support staff with assisting caseworkers with the entry of certain information into the data base and with setting up reminders to caseworkers when reports are due.

Bargaining unit issues

SSA/CFS employees are represented by three bargaining units. These units are the Orange County Employees Association (OCEA), The American Federation of State and Municipal Employees (AFSME), and Orange County Managers Association (OCMA). These units and SSA/CFS have Memorandums of Understanding for each unit. The bargaining units represent many aspects of the agency and address and resolve workplace challenges, and caseload management. As a team, both SSA/CFS and bargaining units as a whole maintain a good working relationship resulting in a valuable partnership that facilitates the exchange of information and ideas. Additionally, several SSA-CFS employees serve as bargain unit representatives by sharing employee challenges and recommendations.

How staff is recruited and selected

Recruitments are conducted pursuant to the Orange County Merit Selection Rules. The selection rules outline the development of job announcements, filing of applications, competitive skills assessments, establishment of eligible lists, and referral of candidates on the eligible list. All recruitments contain a minimum of one competitive selection component.

Information related to tracking staff turnover and vacancy rates reveal that the CFS vacancy rate for Fiscal Year 2012/13 is 5.25% as established in SSA budget and by the BOS.

SSA/CFS Social Worker Staff Salaries	
Job Classification	Approximate Monthly Rate Step 1-12
Social Worker Assistant (SWA)	\$2624 - \$3489
Social Worker I (SW I)	\$3489 - \$4673
Social Worker II (SW II)	\$3773 - \$5070
Senior Social Worker (SSW)	\$4309 - \$5812
Social Services Supervisor I (SSS I)	\$4309 - \$5812
Senior Social Services Supervisor (SSSS)	\$5221 - \$7011

Child Welfare social work staff by ethnicity

**Orange County Social Services Agency
Social Work Staff And Supervision - By Ethnicity
Data as of April 5, 2013**

Classification	American Indian Alaskan Native	Asian	Black	Filipino	Latino	Other	Pacific Islander	Two or more Ethnicities	White	Total
SWA	0	0	0	0	1	0	0	0	1	2
SW I	0	0	0	0	1	0	0	0	0	1
SW II	0	6	5	1	37	0	0	1	15	65
SSW	1	34	26	4	163	8	2	27	192	457
SSS I	0	1	1	0	7	0	0	0	4	13
SSSS	0	6	5	1	16	1	2	4	56	91
Grand Total	1	47	37	6	225	9	4	32	268	629
% of Grand Total	0.15%	7.47%	5.88%	0.95%	35.77%	1.43%	0.63%	5.08%	42.61%	

Educational/Experience Requirements of Social Work Staff

Job Classification	Option 1	Option 2
Social Worker Assistant (SWA)	1 year experience in Social Welfare	15 College units in Social Welfare
Job Classification	Option 1	Option 2
Social Worker I (SW I)	Bachelor's degree in behavior sciences (BS)	30 College units 18 in BS with 1 yr casework exp
	Option 3	Option 4
	30 College units 18 in BS w/ either a. 2 yrs SWA b. 2 yrs Group Counselor, Eligibility or Employment Counselor or c. 2 yrs and combination of a and b	2 years casework as Employment and Eligibility Specialist w OC
Job Classification	Option 1	Option 2
Social Worker II (SW II)	6 months as SW I	Bachelor's degree and 2 years casework experience
	Option 3	
	Transfer from another CA county w 2 yrs experience = SW II in OC	
Job Classification	Option 1	Option 2
Senior Social Worker (SSW)	MSW or Master's in Psychology or LCSW or LMFT	Bachelor's degree + 3 yrs casework experience
	Option 3	Option 4
	30 college units + 4 yrs case work experience	30 college units + 2 yrs SW II
	Option 5	
	Transfer from another county w 2 yrs exp = SSW in OC + 30 College units	
Job Classification	Option 1	Option 2
Social Services Supervisor I (SSSI)	Bachelor's degree + 3 yrs casework experience	30 college units (18 BS) + 4 yrs casework experience
	Option 3	
	3 yrs as SW II, Group Counselor II, Eligibility Supervisor or Program Assistant (30 College units can count for 1 year experience)	
Job Classification	Option 1	Option 2
Senior Social Services Supervisor (SSSS)	3 yrs SSW or SSS I	Some programs require a MSW

Children and Family Services Position Totals (As of 5/1/2013)	
Classification	Count
Accounting Assistant	1
Administrative Manager I	6
Administrative Manager II	12
Administrative Manager III	4
Community Program Specialist	3
Data Entry Specialist	1
Data Entry Technician	2
Eligibility Technician	1
Executive Manager	1
Food Service Worker	4
Group Counselor I	74
Group Counselor II	37
Group Counselor Nights	30
Head Cook	1
Information Processing Specialist	1
Information Processing Technician	142
Laundry Worker	4
Mover	2
Office Assistant	3
Office Specialist	3
Office Supervisor B	1
Office Supervisor C	15
Office Technician	14
Public Health Nurse III	1
Secretary I	16
Secretary II	4
Secretary III	1
Social Services Supervisor I	26
Social Services Supervisor II	2
Social Worker Assistant	1
Social Worker I/II	66
Senior Social Worker	422
Senior Social Services Supervisor	91
Staff Assistant	2
Staff Specialist	13
Store Clerk	4
Supplies Assistant	1
Supplies Clerk	1
TOTAL:	1013
2012/13 FY: Temporary Staff - Clerical	6
2012/13 School Year: MSW Interns	42

Educational Degrees and Licenses of Social Work Staff		
	Senior Social Workers (SSW)	Senior Social Services Supervisors (SSSS)
Degree		
Doctorate Degree	6	7
Master of Social Worker (MSW)	140	35
Master of Arts (MA)/Master of Science (MS)	118	40
Bachelor of Social Work (BSW)	8	
Bachelor of Arts (BA)/Bachelor of Science (BS)	139	9
Associate of Arts (AA)	6	
No post secondary degree	5	
Total	422	91
License		
Licensed Clinical Social Worker (LCSW)	25	8
Licensed Marriage & Family Therapist (LMFT)		18
Academy of Certified Social Workers (ACSW)	12	
Total	37	26

Intern Program

This coming academic year, 2013/2014, Orange County CFS has accepted 38 Interns to be placed in 12 CFS Programs from 6 Universities.

The following is the demographic information of the assigned interns:

- 37 Masters in Social Work (MSW) interns
- 19 Concentration (2nd) Year Interns
- 18 Foundation (1st) Year Interns
- 1 BSW Intern
- 34 Public Child Welfare/CalSWEC concentrations
- 2 Interns are enrolled in the COPA/Macro concentration
- 3 Current SSA Employees

All Interns have a Children and Families focus

Languages represented: Spanish and Vietnamese

Interns are able to assist with court reports and contact documentation, caseload management, interviews, visitations, and collateral contacts. In addition, they provide outreach and support for relative caregivers and work with the Healthy Tomorrows program. CFS staff will be providing unique training opportunities to the CalSWEC Interns in an effort to enhance their learning experience and to prepare them for work in Public Child Welfare.

PROBATION INFRASTRUCTURE

Workforce – strengths and challenges

Deputy Probation Officers (DPO) assigned to the Placement Unit maintain a caseload size of between 18 to 25 cases per officer in order to comply with Division 31 contact standards and reporting requirements. Currently, there is one division director, one supervising probation officer, and eight deputy probation officers (two of the officers are assigned to Dual Jurisdiction cases) assigned to Placement. The second supervising probation officer was reassigned to the Community Resources Department taking with her the Placement Group Home Monitor and the Placement Administration duties. The Placement Unit was downsized by one deputy probation officer position during the last two years due to the creation of the Dual Jurisdiction program through our teen courts. Additionally, a senior deputy probation officer was promoted in November 2011 and never replaced due to other staffing demands within the department. DPO caseload sizes have remained stable.

Methods for assigning cases

Cases are assigned based on the youth's needs and the resources that are available to them in the group homes/foster home. Once a youth has received a Placement order, the file is received within one business day in order for the Placement Unit's officer of the day to gather information on the case to get it ready for the unit's weekly staffing. Once the needs of the youth are assessed, the cases are assigned to the DPOs based on the group homes that are assigned to each DPO.

Assigning Dual Consultation cases

The assigned DPO or Social Worker (SW) submits a Dual Handling Consultation Referral to one of the Dual Handling Team supervisors who assigns a team member to the case. If the referral is a Probation referral, a SW is assigned to consult with the assigned DPO and the probation youth for up to 30 days in order to attempt to provide referrals and help to stabilize the situation. If the referral is from an assigned CFS/SW, a DPO from the team is assigned to the case to educate the dependent about the delinquency system and to see what referrals may be needed in order to stabilize the dependents behavior for up to 30 days as well. The goal for the Probation department is to reduce the number of cases coming from field supervision to the Placement unit.

Structure of agency and service components

The only non-case carrying assignment that the Probation Department has associated with the Placement Unit is the Placement Monitor who is responsible for the monitoring of the group homes and foster homes. All group home investigations go through our Placement monitor. She is also responsible for ensuring that the group homes are in compliance with Community Care Licensing (CCL). The senior DPO position that is no longer filled was also a non-case carrying position. The officer assigned to that position assisted the supervising probation officer when out of the office, was the officer of the day responsible for getting all new Placement

cases ready for staffing, and screened potential Placement cases from the field and investigating officers, in addition to other duties.

How staffing caseload size by service component, staff turnover, staffing structure impacts county operations

Although the caseload size for the DPOs has remained steady over the years, the added demands from losing the senior DPO, the monthly entries needed in CWS/CMS along with other requirements made by the court and our department, has caused the DPOs to be more office bound than in the past. The mandated monthly contacts are being made; however, the DPOs are required to do more case management over the phone because of the added demands. An example of the added demands would be the officer of the day duties. The senior DPO was the officer of the day so the DPOs had the ability to be in the field any time they needed or wanted to; however, they are now mandated to be in the office 3 – 4 times a month in order to perform the officer of the day duties.

How staffing characteristics have impacted data entry into CWS/CMS

The Orange County Probation Placement Unit began entering Placement youth into CWS/CMS in November 2010. At the time, we only had one clerk assigned to the Placement Unit so the DPOs were expected to learn how to enter the youth into the system. The Placement Unit's assigned clerk then became responsible for entering all new Placement youth into CWS/CMS and updating specific information. The DPOs have been responsible for entering all Independent Living Program (ILP) contacts, monthly contacts and Transitional Independent Living Plans (TILP's) into CWS/CMS causing added work for the DPOs in the office since they are now having to enter the monthly contact/ILP contacts into two systems. The added work sometimes prevents some of the DPOs from entering the ILP and monthly contact into CWS/CMS in a timely manner. The Placement Unit now has a second clerk and modifications are going to be made to the workload; both clerks will be responsible for entering all information into the CWS/CMS system so that the DPOs will only have to be responsible for closing the cases when the Placement orders are vacated.

On top of maintaining CWS/CMS, the Placement DPOs and clerks are responsible for maintaining the unit's Placement Management System which was our main resource for information on our Placement youth prior to CWS/CMS. The DPOs still have access to the Internet and the Intranet in order to continue to review the on-line Policies and Procedures of Children and Family Services.

Bargaining unit issues

Staff employed by the Orange County Probation Department are currently represented by two employee organizations: the Orange County Employees' Association and the Orange County Management Association. Bargaining issues may affect terms and conditions of employment which may have a potential impact on morale, productivity and retention. The recent focus by the bargaining units has been regarding the pension reform and budget issues.

How staff is recruited and selected

The recruitment and selection of employees is in accordance with the Orange County Merit Selection Rules, Local Agency Personnel Standards (LAPS) and the Uniform Guidelines to ensure a fair and transparent competitive process. The recruitment for Deputy Probation Officer is conducted as an internal agency/department promotional recruitment. The candidates must successfully compete in multiple assessments, including the required state exam, in order to be placed on an eligible and considered for appointment to a position.

Staff turnover and vacancy rates

The information related to staff turnover and vacancy rates is tracked through a county-wide database. In 2012, the Probation Department had 80 promotions, 14 lateral/reassignments, 8 transfers to another County agency/department, 7 discharges, 29 retirements, 16 separations (other than discharge or retirement). Depending on the level of classification in a department and the rate of staff turnover, the impact could be significant. In order to compensate for staff shortages, staff might be required to work overtime. The amount of overtime required to meet staffing needs might strain existing staff that could result in increases in sick time, work injuries or burn out. In order to address staff turnover and minimize impact to staffing and service delivery the County has developed succession development strategies, training programs, and recruitment practices to anticipate vacancies. Each Orange County agency/department must submit a yearly business plan. The County agencies/departments also utilize the Balanced Scorecard as a strategic tool used to identify key areas related to departments'/agencies' overall business strategy and track their performance in these areas. In addition, the Probation Department maintains monthly workload reports and field service summaries for Deputy Probation Officers. The department management uses the information from the reports and summaries for workload planning, caseload projections and determining staffing needs.

Types of Degrees and certifications

Types of Degrees for Placement Unit	Count	Percent
Bachelor of Arts - Criminal Justice	4	40.00%
Bachelor of Science - Criminal Justice	1	10.00%
Bachelor of Arts - Psychology	2	20.00%
Bachelor of Arts - Organizational Management	1	10.00%
Some College with Probation Experience	2	20.00%
Total	10	100.00%

The Orange County Probation Department's entry level Deputy Probation Officer I position requires a bachelor's degree in a behavioral science or a combination of education and /or equivalent and relevant probation experience required to develop the knowledge and abilities required to meet the minimum qualifications. Any Deputy Probation Officer can request to become a Placement Deputy Probation Officer.

Average Years of probation officer placement experience or other related experience working with children and families

The range of experience within the Placement unit is from 1 ½ years of experience to 12 year of experience, averaging out to 5 1/2 years of specific Placement experience. The overall range of experience working within the Probation field among the same Placement Officers is from 7 years to 23 years of experience, averaging 16 years of experience. The Placement Unit currently has a core group of Deputy Probation Officers with a wealth of knowledge that has added to the success of the unit.

Race/Ethnicity

Ethnicity in the Placement Unit DPOs	Count	Percent
Asian	0	0
Black	0	0
Hispanic - White	5	56.00%
Non-Hispanic White	3	33.00%
Other – Asian and Non-Hispanic White	1	11.00%
Unknown	0	0
Total	9	100.00%

The Placement Unit has some diversity within the Deputy Probation Officer ranks. Two out of the eight Deputy Probation Officers speak Spanish in order to communicate with our Spanish speaking population that does not speak English. If we should come across a language that is not represented within the unit, we would then call an interpreter throughout our department that speaks the language we need in order to communicate appropriately with our youth and their families.

Position Types and Salaries

Position Types	Annual Salaries
Supervising Probation Officer	\$66,747.20 - \$89,606.40
Deputy Probation Officer II	\$55,556.80 - \$76,336.00
Deputy Probation Officer I	\$53,601.60 - \$72,259.20
Information Processing Technicians	\$33,072.00 - \$41,620.80

The Placement Unit currently consists of one Supervising Probation Officer; eight Deputy Probation Officer IIs and two Information Processing Technicians. We also have a Placement Monitor who is a Deputy Probation Officer II and a Foster Family Agency Administrator who is a Supervising Probation Officer.

Average caseload size

The Placement Probation Officers average between 18-25 cases per caseload in order to comply with Division 31 contact standards and reporting requirements. In Juvenile field assignments,

Deputy Probation Officers carry a caseload averaging 56 cases due to the fact that they do not have the strict mandates that a Placement Officer does in terms of requirements from the state.

Supervisor-to-worker ratios

The Juvenile Field Supervision Unit currently has five to eleven Deputy Probation Officers assigned to each supervisor. There are currently six supervisors in the division along with one other supervisor who supervises the Wraparound Program with one Deputy Probation Officer. The ratio is determined based on the number of cases entering that field office area.

CHILD WELFARE FINANCIAL/MATERIAL RESOURCES

In Orange County, the Social Services Agency (SSA) uses many sources of funding, including but not limited to, Title IV-E, Medi-Cal, Title 19, 2011 State Realignment, Title 20, CBCAP, CAPIT, Promoting Safe and Stable Families (PSSF), the Child Welfare Services Outcome Improvement Project (CWSOIP), and private and public grants. Additionally, SSA uses Children's Trust Fund, Orangewood Children's Foundation resources, and Community Based Family Resources and Support (CBFRS). When appropriate, funds are strategically used to increase available services. For example, CalWORKs funding is shared through identification of mutual clients, joint case planning, and referral of CWS clients to CalWORKs funded service providers. SSA currently receives extra technical support and grant support from the following foundations: Casey Family Programs, Stuart Foundation and National Center on Crime and the Chadwick Center.

SSA, through its Families and Communities Together (FaCT) program, has helped to establish Family Resource Centers (FRC's) that provide services to needy families in their own communities. SSA and the FRC partners are co-investors in the FRC platform and contribute staff/services, funds, and other resources toward building and sustaining Orange County's community-based platform for prevention and treatment services. In addition to SSA, the Children and Families Commission of Orange County (Proposition 10) is a major investor in FRC's. FRC partners also provide significant in-kind contributions. Other funding sources include The United Way of Orange County, cities, hospitals, schools, and grants.

The National Council on Crime and Delinquency have an LGBT grant that they are looking to use to help CFS fund additional coaching to support the roll out of Safety Organized Practice.

PROBATION FINANCIAL/MATERIAL RESOURCES

The Probation Department is the largest general funded Orange County agency. Juvenile programs are also supported by Title IV-E, Medi-Cal Administrative Activities (MAA), Juvenile Accountability Block Grant funding, the Juvenile Justice Crime Prevention Act and Juvenile Probation Funding (JPF). The probation department has been consulting with the Annie E. Casey Foundation in order to improve upon its outcomes as well as enhance its custody alternative

capabilities. In 2009, Orange County Probation officially became a Juvenile Detention Alternatives Initiative site allowing funding to be available each year.

Probation also receives the Child Welfare Services Outcome Improvement Project (CWSOIP) funds that are utilized to fund the Placement unit's Incentive Program. Lastly, there is also funding available from the state for the monthly group home monitoring visits completed by the supervisors and deputy probation officers of the Placement Unit.

CHILD WELFARE OPERATED SERVICES

Orangewood Children & Family Center

The County of Orange operates an emergency shelter, Orangewood Children & Family Center (OCFC), established in 1985 as a public/private sector collaborative effort. In 2001, OCFC became licensed by the California Department of Social Services as a group home to provide County-operated emergency shelter care. OCFC provides immediate services to children who have been removed from their homes due to abuse or neglect, as well as emergency shelter for foster youth needing transitional care when an immediate change of placement is needed. Orangewood is open 7 days a week, 24 hours a day, and cares for children from age 2 days to 18 years.

Although the facility has a capacity of 216 beds, the average daily census is approximately 59 children of which 17% are age 0 to 5 years, 26% are age 6 to 12 years, and 57% are age 13 to 18 years (CY 2012). The average monthly admissions are 49 and the average monthly discharges are 50. This calendar year, January 1, 2013 to July 24, 2013, there have been a total of 345 admissions, with 24 of those being ages 0 – 5, or just 7% of the total admissions.

Orangewood employs approximately 204 personnel, of which 165 serve as direct care staff in six dormitory style cottages. Cottages are organized by age and, when appropriate, gender. An array of treatment and enrichment activities are built into the care program.

Services provided to children at OCFC include preplacement assessment, a visitation center, and shelter. There is a public school on grounds that works with the children, evaluating and providing for any special educational needs the children may have. Orangewood also has a medical unit that is staffed with nurses and a part-time pediatrician.

Orange County Health Care Agency staff assigned to the Clinical Evaluation and Guidance Unit (CEGU) provide 24-hour crisis intervention service as well as on-site counseling to children during the intake process and while they are at OCFC. Once the child is placed outside of OCFC, CEGU staff follows the child during the transition period, ensuring continuity of care.

First Step Assessment Center

In an effort to increase family-based care, reduce reliance on congregate care and promote placement stability and preservation of primary connections, a child-friendly 23-hour assessment facility for children awaiting placement is available. This facility allows staff to

make thoughtful assessments of family and community based placement options while the children's physical and emotional needs are evaluated. The First Step Assessment Center began operation on October 15, 2003. The average number of monthly admissions to the First Step Assessment Center is 99 children. In any given month, approximately 79, or 66% of the children admitted to First Step are successfully placed without an admission to Orangewood Children & Family Center or other emergency shelter facility. The average length of stay in this facility is 19 hours.

First Step is utilized for both newly detained children as well as current dependents whose placement is disrupting and for whom an immediate placement is not available. In 2011 one of the outcomes of the agencies rally cry that all children 0-6 will have family-based care and create practices that would prevent all children from residing in congregate care, was the development of the Deputy Director on Duty (DDOD) Admissions Request Form. This form must be submitted to the DDOD prior to any admission to First Step or OCFC of a current dependent for the purposes of assessing that all other options have been exhausted before utilizing this facility. Such options would include scheduling a Team Decision Making meeting to attempt to stabilize the placement, assessment of other potential placements including relatives, foster homes and respite care.

County Licensing and Adoptions

CFS recruits, trains, licenses, and supports foster and adoptive parents, operating through an established Memorandum of Understanding (MOU) with State Community Care Licensing. CFS utilizes a team approach with this responsibility and staff recruits both foster and adoptive families. As the families receive training, they decide whether they want to specialize as foster and/or adoptive families. CFS licensing staff completes all home studies for foster homes.

The CFS Adoptions Program provides direct adoption services to the Orange County community. These include assessing prospective adoptive homes for adoption, completing home studies, assessing and preparing children for adoption, identifying appropriate adoptive families to match to available children, and facilitating/supervising adoptive placements through finalization. The Adoptions program provides services and resources through the Adoption Assistance Program and post-adoption inquiries.

To further increase the number of finalized adoptions, the CFS Adoptions Program has also established an active partnership with local private adoption agencies where caretaker families, who are interested in adopting a dependent child placed in their home, are referred for home study and finalization services utilizing the Private Adoption Agency Reimbursement Program (PAARP) funding.

PROBATION OPERATED SERVICES

Juvenile Hall

Orange County Juvenile Hall (JH) is the only secure custodial institution in Orange County. There are three “camp” setting institutions for minors that have adjudicated cases with custody commitments: Youth Guidance Center, Joplin Youth Center and the Youth Leadership Academy. Minors who are detained at Juvenile Hall are typically detained for the purposes of court appearances, minors that are unable to complete their commitments in a “camp” setting for medical/mental health issues, minors that have been assessed for the Sex Offender Program or minors assessed for the “PRIDE” long term commitment program (120 day commitments or longer). Minors awaiting placement are moved to less secure facilities as soon as possible, when appropriate.

The capacity of JH is currently 380. Males and females are housed in separate living units and all minors attend school. Ages range from as young as 8 and up to 20 (wards of the court may be housed in a juvenile commitment facility, by law, until their 21st birthday). Generally, the youngest age is 11 years old. Wards at JH are classified by age, gender, criminal sophistication, and mental capacity. OC Juvenile Hall currently has 13 separate living units for detained youth, ranging in size from 15 beds (for our behavioral adjustment unit), to 60 beds. Two units are currently empty. Some general information:

- JH only accepts alleged felony and probation violations. Some misdemeanors may be accepted when it is determined that the minor is a public safety risk, lives in an unfit home, has no parents/guardians, or is a flight risk (628 WIC)*
- There are a wide variety of services including but not limited to medical, dental, Court Evaluation Guidance Unit (CEGU), religious services, Volunteer’s in Probation (VIP’s), and school, (including special education) which is accredited by the Orange County Department of Education*
- JH staff positions are comprised of Deputy Juvenile Corrections Officers (DJCO I’s) who work the graveyard shift; DJCO II’s who work the line during the day; Supervising Juvenile Correctional Officer; Assistant Division Directors; and Division Directors.*
- Juvenile Hall offers a variety of programs for minors, including the Cognitive Behavioral Therapy program, “Thinking For a Change” (T4C), gender specific programming for female wards (Girls, Inc., HCA Pregnancy Program, Meditation Group, Yoga, etc.)*

CHILD WELFARE - OTHER COUNTY PROGRAMS

Family Self Sufficiency/CalWORKs

CFS is co-located in several of the regional SSA Family Self Sufficiency Division (FSS) offices. This has allowed the two divisions of SSA to communicate more effectively, understand programs and cross-train. This allows CFS to regularly attend the FSS Multi-Disciplinary Team meetings held to discuss services for families receiving CalWORKs.

CFS also co-facilitates the Linkages/Mutual Clients Strategy Workgroup that currently meets bimonthly. The Strategy Workgroup benefits both CFS and FSS by promoting communication and assuring that staff are discussing mutual client cases to better serve those families. It oversees several projects where CFS and FSS work together, such as developing a Linkages Unit to serve mutual clients with joint case plans and services and providing cross training for all current staff and new hires. Other projects include the identification of mutual clients involved with Truancy Court to assist families whose children are not attending school, and the attendance of FSS staff at Team Decision Making Meetings to provide information about assistance programs to mutual clients, or those who may be eligible for assistance.

The Domestic Abuse Services Unit (DASU) was created in November 1999 as a collaborative program between CalWORKS and CFS to provide assessment, case management, and supportive services to families on public assistance who have been impacted by domestic abuse. DASU staff were co-located in the four regional FSS offices which served to streamline services and forge a strong partnership between the two programs. In July 2010, the DASU program transferred from CFS to the FSS division. The DASU program continues to provide clients with the opportunity to identify and draw on their personal strengths through linkages to community services, personal empowerment programs, and counseling. FSS staff participate in the CFS Leadership Team Meeting, Redesign Planning Council and Foster Parent Quarterly meetings.

Public Health

Public health nurses (PHNs) work on-site with CFS to identify health care needs of children in the foster care system, and assist with coordination and continuity of care. PHNs provide health care oversight by working collaboratively with the child's social worker or probation officer as a team to ensure that children in foster care receive needed health services. PHN services include facilitating and assisting in scheduling medical, mental, and dental appointments, arranging transportation, referral to developmental screening, and follow-up appointments. Nurses are assigned to ER, Court Services, Continuing Services and Adoptions programs.

PHN responsibilities regarding psychotropic medications include reviewing the signed JV 220 (consent to administer psychotropic medication form) for completeness and updating the child's Health and Education Passport (HEP). PHNs review the name, dosage, type, frequency, method of administration, contraindications with other medications or treatments, lab results, height and weight of the child, potential long-term effects, and probable side effects. If any discrepancies are found, PHNs consult with an HCA psychiatrist to resolve the issue or to request a new consent from the prescribing physician. Once the court approves the medication, the HEP is updated to reflect the new medication information. The Juvenile Court must re-authorize consent to administer psychotropic medication every six months, even when there is no change to the prescribed medication.

Early Childhood System of Care (ECSOC) is a collaborative program that is partially funded by the Children and Families Commission of OC and Prop 10 (First Five); therefore, services are limited to children ages zero through five years. In this program, PHNs provide case management services for the first three months as children enter the Orange County Child Welfare System. They assist caregivers in finding medical care for children and ensure that children have a physical exam completed within the first month. PHNs complete developmental screenings on children to identify problem areas and refer for early interventions. Children in the First Step program at OCFC ages 0-5 are referred for developmental screenings. They also assist with finding dental care for children one year and older and assure that a dental exam is performed.

Alcohol and Drug Treatment

Health Care Agency (HCA)/ Alcohol and Drug Abuse Services (ADAS) has an ongoing relationship with Orange County Social Services Agency to provide substance abuse treatment in the Agency's four outpatient clinics (South, North, Central and West) in the county. Each site offers services to the community serving Perinatal (pregnant and parenting women), adolescents and adult males and females in the recovering program. Each of the above programs offers an evidenced based curriculum, Seeking Safety, that includes psycho-educational group counseling/individual counseling and drug screenings as part of the treatment milieu for each client. In addition, Health Care Agency's ADAS clinical treatment staff provide progress reports and information concerning treatment to social services worker's assigned to the case with a release signed as needed for the mutually served clients.

From 2005 to 2013 CFS, in collaboration with County Alcohol and Drug Treatment, Wraparound Program, and the Office of Court Administration, operated a Dependency Drug Court (DDC) for parents with substance abuse issues entering the dependency system. This program offered parents intensive substance abuse services with weekly oversight by the assigned Judicial Officer and the services team. Unfortunately, due to current budget shortfalls being experienced by the courts, DDC closed 5/31/13. Instead of DDC, CFS and collaborators have developed a new program called Striving to Achieve Recovery and Reunification (STARR). This program will provide the same substance abusing population with a similar services team of social workers, Health Care Agency staff, and Wraparound services. There will no longer be one courtroom designated, but each of the dependency bench officers will oversee cases in their own courtrooms, asking for updates on progress more frequently. It is expected that the STARR program will provide results similar to DDC, such as early engagement in services, frequent visitation, and accountability. In addition, referrals can be made to the Prototypes Mother/Child Residential Program which provides housing for mothers and their children while mothers are working toward their sobriety.

Health Care Agency

CFS and Children and Youth Services (CYS, a division of the HCA) have collaborated extensively to improve services to foster youth and their families. These efforts have included the following:

- **Multidimensional Treatment Foster Care (MTFC):** This evidence-based therapeutic foster care treatment model focuses on transitioning youth from group home or other residential treatment settings to a permanent family living situation. MTFC serves youth whose needs are too high to be served by Wraparound services alone. Orange County implemented MTFC in 2004 as a component of Wraparound OC and the program is delivered in partnership with the HCA, Behavioral Health and CYS.
- **Court Evaluation and Guidance Unit (CEGU):** A core group of clinicians who respond to the needs of youth at the county operated shelter and various group homes.
- **Continuing Care Placement Unit (CCPU):** CFS and HCA co-located staff collaborate to develop placement decisions, monitor the mental health and medication services provided to youth in congregate living facilities and foster homes, as well as other aspects of dependent care.
- **First Step Assessment Unit at Orangewood Children's Home:** CFS and HCA staff collaborate to provide initial assessments of children entering the dependency system. Mental health needs, as well as other needs, are addressed.
- **Families First Day Treatment:** A collaborative between CFS, HCA, and the Orange County Department of Education provides intensive day treatment and family support for seriously disturbed youth in foster homes.
- **Kinship Center:** Jointly planned and implemented by HCA and CFS, this outpatient clinic specializes in services to adopted and long-term placement foster children and their families.
- **Foster Care In-home Program:** An in-home service was developed by an HCA contract agency, in collaboration with CFS to serve foster families who are unable to come into one of the twenty outpatient clinics.
- **Specialized Group Homes:** CFS and HCA jointly plan and monitor the intensive mental health services provided for seriously emotionally disturbed children at six group home agencies in the County.
- **Wraparound:** CFS, in partnership with Probation and HCA, provides Wraparound services, including mental health treatment to over 540 families every month.
- **Prop 63 programs:** The two major programs for youth and full service partnerships have as one of their targets, youth participating in AB12 and emancipated former foster youth exiting the CFS and Probation systems. This came about in part because of the long standing CFS-HCA collaboration on identifying and addressing the needs of emancipating youth.

PROBATION - OTHER COUNTY PROGRAMS

CalWORKS

Families that have been approved as Relative/Non-Relative caregivers (NREFM) by the Placement unit are thoroughly assessed by Social Services Agency to determine appropriate funding for the family. There are times the families are instructed to apply for CalWORKS when no other funding is available.

CalWORKS has been a vital source of income for some families who were having a challenging time financially. It enables relatives to be willing to take Placement youth knowing there may be some financial assistance if they qualify.

Public Health

The Public Health Services have had a positive impact on our continuum of care. The referrals are made on a case by case basis as the families need assistance in a specific area. Resources that are available to families are as follows: Children and Families; Healthy Living; Environmental Health and Food Services; Clinics; Diseases and Conditions and Health Care Resources.

Alcohol and Drug Treatment

The Orange County Probation Department has a Community Resources unit that is responsible for monitoring the alcohol and drug programs that are listed in our approved Community Resources Directory. There is a list of alcohol and drug treatment programs available for our probationers based on the level of care needed. There are programs addressing educational needs for youth who are beginning to experiment with drugs and alcohol to in-patient drug and alcohol programs for the probationers who are addicted to substances. The alcohol and drug treatment programs are vital resources in order to address severe substance abuse or simply as a resource for a family in need of education or guidance on the topic of drugs and alcohol.

Mental Health

The Orange County Probation Department's Community Resources Directory also has resources needed to address mental health needs for probationers. Referrals are made based on observations by the deputy probation officers or by the probationers themselves stating they need assistance. The request may also come from court when statements are made in court addressing mental health needs. The Orange County Health Care Agency encompasses Behavioral Health Services for mental health needs; Medical Services and Public Health Services. Considering the increase in mental health services needed, referrals are made consistently in order to help the probationer establish a level of normalcy in their lives and be able to become productive citizens in the community. A Public Health Nurse has been assigned to assist the placement unit with gathering and inputting medical information into CWS/CMS for the youths' Health Passports.

Education

The Orange County Probation Department works closely with the school districts in Orange County along with the Department of Education in order to meet the educational needs of probation youth. An extra emphasis has been placed on foster youth in order to ensure they are receiving the services needed to graduate. The Department of Education has a Foster Youth Services liaison assigned to assist Probation Officers in gathering educational information for court reports including school credits or Individualized Educational Plans (IEPs).

State and Federally Mandated Child Welfare/Probation Initiatives

CHILD WELFARE STATE AND FEDERALLY MANDATED INITIATIVES

Fostering Connections after 18 Program

In 2011, Orange County began preparing for implementation of AB12/Extended Foster Care. In 2012, CFS staff as well as foster and relative caregivers, were provided information and training on all provisions of AB12 so that they would understand their roles and responsibilities. Meetings were also held with community partners, stakeholders, and court staff to educate and involve them in the process.

By 2013, Orange County had approximately 211 non-minor dependents participating in extended foster care. Transitional Planning Services Program (TPSP) and assigned social workers work with Non-Minor Dependents (NMDs) to assist youth in making responsible and reasonable decisions concerning transition plans. This includes housing, employment and/or school, health decisions, and maintaining or developing permanent connections with committed and caring adults. Additionally, TPSP works with contracted service providers Aspiranet, New Alternatives and Olive Crest to explore their THP Plus programs to provide services for both emancipated youth and NMDs. There are additional provider applications pending submission and state approval at this time.

“Katie A”

Orange County has submitted its Katie A Service Delivery Plan and is summarized as follows:

- Social Service Agency (SSA) will conduct an initial screening to identify potential mental health needs for children in the general class then refer any identified children to the Health Care Agency (HCA) for assessment for mental health services and screening for the subclass.
- HCA will use a Sub-Class Eligibility Assessment Tool to identify children in the sub-class. The tool includes an eligibility checklist, services currently received and/or under consideration, identification of the child’s current living situation and quarterly tracking of 90 day assessments.
- HCA has developed a method of identifying sub-class youth in the local Medi-Cal tracking system using the state Katie A. Indicator and HCA Electronic Health Record and Billing System.
- Roll out will begin with foster youth referred to Continuing Care Placement Unit (CCPU) and then expand to centralized programs and follow up with implementation in the regional clinics and contract agencies.
- SSA and HCA have established Memorandums of Understanding (MOU) related to screening, assessing and providing mental health services for children in foster care and at risk of foster/Kin care. SSA and HCA also have obtained Miscellaneous Orders from

our Juvenile Court that have aided in facilitating information sharing and coordination of such services.

PROBATION STATE AND FEDERALLY MANDATED INITIATIVES

The Orange County Probation Department has implemented two Federal initiatives starting in 2012. The first initiative was implemented on January 1, 2012 known as Extended Foster Care (State Initiative). Extended Foster Care allows youth who have active Placement orders on their 18th birthday to remain under Juvenile Court Jurisdiction until age 21 in order to continue to receive foster care benefits and services. In order for the youth to be eligible for the services at least one of the participation criteria must be met:

- *Completing high school or an equivalent program*
- *Enrolled in post-secondary education or vocational school*
- *Participating in a program or activity that promotes or removes barriers to employment*
- *Employed at least 80 hours per month; or*
- *Is incapable of participating in any activity as described in 1-4 due to a documented medical condition.*

The second Federal initiative is The Prison Rape Elimination Act of 2003 (PREA). The law created the National Prison Rape Elimination Commission (NPREC) and charged it with developing standards for the elimination of sexual abuse in confinement. The law required the Department of Justice (DOJ) to review the NPREC standards, make revisions as necessary, and pass the final standards into law.

The PREA Act applies to all public and private institutions that house adult or juvenile offenders and is also relevant to community-based agencies, including group homes. It addresses both youth-on-youth sexual abuse and staff sexual misconduct. The Orange County Probation Department is currently in the process of training all staff in order to be in compliance with PREA. PREA will also apply to all facilities that accept Placement referrals from the Orange County Probation Department's Placement Unit.

These placement facilities shall train all employees who may have contact with residents on such topics as sexual abuse and harassment; effective communication with LGBTQ youth; mandatory reporting of sexual abuse to appropriate authorities; boundary setting with residents and laws regarding the applicable age of consent.

The Probation Department does not have any pending lawsuits or settlements similar to the Katie A. lawsuit to note.

HOW ORANGE COUNTY IS CONTRIBUTING TO THE SUCCESSFUL ACHIEVEMENT OF THE CFSR PIP

Child welfare

California State PIP Goals:

1. Expand the use of Participatory Case planning strategies

- Orange County caseworkers meet with parents and youth at various times throughout the dependency case to work on case planning. Conversations occur at the Emergency Removal/Imminent Risk of Removal TDM and during the investigation stage of the proceeding when parents and caseworkers develop the parents' case plan and on some cases follow up with a MAP (My Action Plan). Throughout dependency, caseworkers meet with the parents and children to review progress on the case plan, discuss family strengths and needs, and develop updated plans should the need for dependency continue.
- Orange County has a Linkages Workgroup, which meets continuously to discuss improvement in communication and service provision for mutual clients. In addition, CFS and FSS meet with mutual clients and service providers at Multi-Disciplinary Team meetings to collaborate on needed services and case planning. At these meetings, mutual clients have an opportunity to have input into decision making.

2. Sustain and enhance permanency efforts across the life of the case.

- Potential relative caregivers are identified during the Emergency Response phase and continue to be identified and evaluated throughout the reunification phase. Every attempt is made to create permanent placements with a relative when reunification is not successful.
- From the first contact with CFS, parents are engaged in discussions about permanency for their children, whether that will be reunification or permanent out of home care. In cases where the reunification prognosis is poor, the Adoptions program consults with the assigned worker to discuss a concurrent plan for the children. In TDM meetings these discussions occur at the initial TDM, and at any subsequent TDM meeting. Orange County's bench officers and attorneys also have discussions with parents about the timelines for permanency planning should reunification not be successful.
- Reunification TDM meetings are scheduled with parents and their support systems to talk about barriers preventing children's return to the parents' home and the parents' wishes for permanency if reunification fails.
- A large array of services is available to assist parents in successful reunification with their children. These include early engagement with Parent Mentors, assigned Family Social Workers who help parents during the investigation stage, the Diversion/Placement program that works with relative and NREFM's in seeking permanency for children and caregiver support services to help sustain placements and provide stability for children.

3. Enhance and expand caregiver recruitment, training and support efforts

- Orange County has a specialized unit of social workers who actively recruit and train new foster and adoptive parents. They work with the Recruitment, Development and Support Strategy Team to develop new recruitment strategies. Additionally, since 2011, Orange County has been involved in the Quality Parenting Initiative. This initiative supports re-branding messages to prospective caregivers to assure an understanding of foster parenting care. It furthers the idea of a professional team and promotes the use of a mentoring program to assist new or struggling foster parents.
- Orange County has a caregiver support program that operates through the use of student interns. The program supports relative caregivers who may be struggling to care for the children placed in their home. Services include basic needs, supplies, food and clothing, referrals to community programs, and additional supports for the caregivers such as the Kinship Support Services Program (KSSP).
- Senior Leadership is participating in statewide efforts around Continuum of Care Reform (CCR) and Katie A to be considered for the Title IV E waiver extension.

4. Expand options and create flexibility for services and supports to meet the needs of children and families

- Differential Response offers an alternative to dependency, when appropriate, by linking families to services in their own communities.
- Wraparound provides services to families who are already reunified, or working to reunify to address issues that brought their children into foster care.
- TDM meetings occur prior to reunification to discuss the on-going needs of the family and to put a plan in place that will address the family's needs.
- Parent Mentors work with parents early in the reunification process and promote early engagement and services to address the parents' issues.
- Orange County has submitted its name to be considered for the Title IV E waiver exemption.

5. Sustain and expand staff/supervisor training

- CFS management meets with TCD and PCWTA twice yearly to develop the designated training for the upcoming year.
- Training and Career Development has further enhanced staff training with a variety of E-Learning programs, which allows staff to learn outside of the classroom and at their own pace.
- Strategy Workgroups such as Eliminating Racial Disparity and Disproportionality, Foster Youth Outcomes, Redesign Planning Council, Self Evaluation Team, all provide opportunities for cross training with other county agencies as well as Community Based Organizations (CBO).
- Supervisors and Program Managers have guest trainers at their meetings to provide training on special topics, resources, and policies and procedures.
- Trainings that are considered critical for staff development are mandated for all appropriate staff.
- A description of all of the staff training activities can be found on pages 64-70.

- The SSA Quality Improvement Services conduct systemic and individual case reviews. Feedback is provided to supervisors through Grand Rounds in order to strengthen supervisory skills.
- CFS is working with UC Davis to improve communication quality among staff.

6. Strengthen implementation of the statewide safety assessment system

- Orange County utilizes SDM to assist staff in the assessment of safety, risk, and family strengths and needs. Monitoring has been provided to assure all staff are familiar with the use of SDM. E-Learning provides on-going reviews and refreshers on this topic.
- Several Orange County staff have become “experts” in the use of SDM and are available to assist caseworkers with the use of Structured Decision Making (SDM) and Safe Measures.
- Orange County is adopting Safety Organized Practice (SOP) which will support the use of the SDM tool.

Probation

Since 2009, the Placement Unit has been using State funds to sponsor an incentive program implemented as part of a formal “System Improvement Plan.” This supports the state PIP goal of “expanding options and creating flexibility for services and supports to meet the needs of children and families.”

The following positive outcomes have been observed:

- *The percent of emancipated and non-minor dependents with a high school diploma or GED has increased from 49% in 2008 to 67% in 2013*
- *The percent of emancipated and non-minor dependents employed increased from 28% in 2008 to 81% in 2013*
- *The percent of Placement youth who increased their credits earned at a higher rate than the previous two semesters increased from 10% in 2009 to 42% this year.*
- *The percent of Placement youth 16 years of age or older who obtained employment increased from 16% in 2009 to 29% in 2013*

The incentive program identifies specific activities to be incentivized in the areas of behavior, education, employment, emancipation preparation, socialization, self-esteem, motivation and other basic needs. Placement DPOs award incentives, usually in the form of gift cards, to youth for completion of specific tasks.

The improvements noted above demonstrate good evidence of the positive outcomes that incentives can make and of the dedication and hard work of Placement Unit DPOs.

Board of Supervisors (BOS) Designated Commission, Board of Bodies

THE BOS-DESIGNATED PUBLIC AGENCY

The Board of Supervisors designated the Orange County Social Services Agency (SSA) to administer Child Abuse Prevention Intervention and Treatment (CAPIT) and Community-based Child Abuse Prevention (CBCAP).

CHILD ABUSE PREVENTION COUNCIL (CAPC)

In 1975, the Raise Foundation was adopted by a Resolution of the Orange County Board of Supervisors as the designated Child Abuse Prevention Council (CAPC) for Orange County. The Raise Foundation (RF) is a nonprofit corporation. As CAPC, Raise is the lead agency for coordinating prevention/intervention efforts. Four major activities/events conducted by RF are the Child Abuse Prevention Roundtable, Prevent Child Abuse Network, Blue Ribbon Campaign, and the annual Child Abuse Prevention and Treatment Conference.

The Roundtable is comprised of several leaders from Orange County Community Based Organizations (CBOs) that serve families, who meet monthly to identify gaps in service, promote best practices, and coordinate prevention/intervention efforts. The network provides a monthly forum for interagency cooperation, networking, and continuing education for over 200 CBO representatives and County of Orange agencies. The largest of The Raise Foundation's public awareness efforts is the annual Blue Ribbon Campaign, which starts with a kick-off event open to the public that involves the participation of numerous public and private sector entities conducting family-oriented activities, information booths and entertainment. The annual conference is conducted for professionals in the field and organizations and individuals that provide services to children and families. Raise collaborates with public agencies, primarily SSA, Health Care Agency, and Orange County Department of Education to conduct the annual conference, which focuses on a specific topic and features a keynote speaker who is an expert in the field. SSA works collaboratively with the RF to leverage funds for various projects. For instance, at the request of CFS the RF created child safety brochures specifically about the risk to children of falling out of windows.

COUNTY CHILDREN'S TRUST FUND COMMISSION, BOARD OR COUNCIL

The Orange County Board of Supervisors designated the CAPC as the County's Children's Trust Fund (CCTF) Commission by Resolution in 1996. Programs and services funded by the CCTF are provided by CBOs under contract with the County, administered by SSA. As administrator, SSA monitors contractors' performance through annual (or more frequent) audits, attending case review conferences, and regular telephone and email communications. Contractors also report statistical information on services provided on a monthly basis, which SSA uses to determine service usage, trends, and actual costs of services provided. Information about funded

programs and services is published in the Board of Supervisors meeting agendas when funded contracts are submitted for Board approval. The County of Orange does not deposit any CBCAP funding into the CCTF.

PSSF COLLABORATIVE

The PSSF Collaborative in Orange County is comprised of two local planning bodies: 1) Family Resource Center Coordinators Council, comprised of the Family Resource Center Coordinators, the FaCT Liaisons and administrative staff and 2) Leadership Council, comprised of the Executive Directors of the FRC partner agencies such as Mission Hospital, City of Westminster Community Services and Recreation, Community Action Partnerships of Orange County, and the Raise Foundation.

The Community Engagement Advisory Committee (formerly the CAC) is a Parent Advisory Council for community input.

ORANGE COUNTY CHILDREN’S PARTNERSHIP (OCCP)

The OCCP is an advisory body made up of public agencies and representative community agency’s (Board of Supervisors, Social Services Agency, Health Care Agency, Probation, Department of Education, District Attorney, Regional Center, Public Defenders, County Council, Prop 10 Commission, Juvenile Justice Commission, CalOptima, The Raise Foundation, Presiding Judge of Juvenile Court, etc.) that was established by the Board of Supervisors in 1982 in order to address community needs and also benefit from the greatest return on investment of government funds; the Partnership collectively focuses their efforts to achieve common goals related to improving the conditions of Orange County’s children.

The responsibilities of the OCCP include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children, identifying gaps in the service system for high-risk children and their families, and recommending collaborative programs to better serve this population. Since August 1993, the OCCP has sponsored the *Annual Report on the Conditions of Children in Orange County*.

Systemic Factors

CHILD WELFARE MANAGEMENT INFORMATION SYSTEMS

Full utilization

Orange County fully utilizes the CWS/CMS data system. Social work, clerical, public health nursing staff and Foster Youth Services education staff all have levels of responsibility for data entry, with the assigned social worker being responsible to ensure that all mandated data entry is completed.

Data integrity

The Orange County CFS Self Evaluation Team (SET) and Child Welfare Services Case Management System (CWS/CMS) Reports Team provide ongoing identification of areas in CWS/CMS for data cleanup, improved accuracy and timeliness of data entry results in a more actual representation of case management activities. Currently, these areas include:

- Case closure reasons and timeliness
- Family Finding Efforts
- Current service component and participation criteria for NMD
- Client addresses
- National Youth Transition Database (NYTD) and AFCARS federal reporting elements
- Substitute provider ids (so that placement changes are accurately reflected)

Data Entry Standards (DES) for CWS/CMS are published on the county intranet. The DES can be accessed by staff and detailed instructions for accurate data entry are provided. The DES are linked to CFS Policies and Procedures. Members of CWS Management and Reports Team work with supervisors in case-carrying programs to assist with training and trouble shooting in areas that are challenging. The CWS/CMS Implementation and Practice committee meets monthly to discuss CWS/CMS utilization and the implementation of changes to CWS/CMS.

Staff from Policy Development Unit, Quality Assurance, the Reports Team, SSA Research, and the Self Evaluation Team (SET) continue to identify needs for improved utilization and quality control monitoring.

Technical support

There are two CFS IT Support units in Orange County, providing support to CFS users working with various applications, including CWS/CMS, Microsoft Windows and software programs Word, Excel, Access, Power Point and Outlook. These units consist of one supervisor and one Administrative Manager I, and fifteen technical staff. Site Support staff are also available to provide technical assistance with printers, data backups, CWS/CMS, and Word issues. Additionally, they support multiple custom databases and collaborate with the SSA Information Technology Department on network access issues.

Monitoring tools

To monitor case management activities and data entry, managers review Business Objects and other reports regarding Orange County's CWS/CMS data on a regular basis. Reports address specific areas of CWS/CMS utilization and/or Division 31 requirements. The reports usually drill down to the case level activity, and are shared with supervisory and line staff as well. The reports enable managers and supervisors to identify areas of CWS/CMS data entry where monitoring, training, and corrections may be required. Areas of CWS/CMS focus include referral response timeliness, monthly social worker contacts, health and education data entry, referral closures, relative/NREFM reassessments due, and others.

SafeMeasures is a web-based application that extrapolates information from CWS/CMS and Structured Decision Making (SDM) enabling County personnel to monitor performance indicators established by State and Federal regulatory requirements including outcome measures. The application has recently expanded to include reports designed for case level staff, supervisors and managers.

PROBATION MANAGEMENT INFORMATION SYSTEMS

The Orange County Probation Department has been entering our Placement youth into the CWS/CMS system since November 2010. Since then, we have utilized the system to input demographic information; placement movement; monthly contacts; ILP services delivered and the information for the Transitional Independent Living Plan (TILP) as well. The reports that are generated through CWS/CMS have been helpful to ensure that information that is expected to be captured has been inputted to ensure compliance with Division 31 mandates. Safe Measures will be a handy tool to allow for each officer or supervisor to see their caseloads as a whole and allow for reports to be generated as well for a closer look at how well information is being inputted.

The Probation Placement unit currently has a combination of clerical staff entering into CWS/CMS along with the Deputy Probation Officers. Some of the areas the unit needs to improve on are the timeliness of entering the information and remembering to provide the clerical staff updated information.

The system is utilized to gather demographic information; ILP/monthly contacts and placement movement for the youth. The Berkley website is utilized to gather Outcome Data measures for placement stability.

One key area that the CWS/CMS system is not equipped to handle is the entry of the Dual Supervision youth when the Probation Department is the lead agency. The system is currently set up to have one case closed when the other case needs to be opened; however, since the dependency case is still an active case, the system needs to be adjusted to allow for both cases to be opened at the same time. The Probation Department currently has three Dual Supervision cases where Probation is the lead agency; however, has not been able to enter these three youth into CWS/CMS with Probation being the lead agency. One temporary solution may be to allow the probation officer to be a secondary officer in the dependency case solely to allow for the mandated information to be entered into CWS/CMS.

The reports that are generated quarterly from CWS/CMS are to ensure that all updated information has been inputted along with ensuring that monthly contacts have been made and ILP services have been offered to the youth who want the services.

The CWS/CMS system is a secondary system for the Probation Department. The probation officers are expected to maintain information into the Probation Department's Integrated

Management System (ICMS) and the Placement Management System (PMS) making entering information into the CWS/CMS system more difficult for the officers to keep up with. The CWS/CMS is only utilized for inputting specific information on demographic information; placement movement; monthly contacts; ILP services delivered and the information for the Transitional Independent Living Plan (TILP).

The Placement unit is in the process of having the two clerical staff assigned to the unit to enter all information into the CWS/CMS system for the probation officers. This is going to allow for the officers to have more time to work directly with the youth and hopefully help to get the information entered into CWS/CMS in a timelier manner.

CHILD WELFARE - DEPENDENCY COURT STRUCTURE/CASE REVIEW SYSTEM/CASE PLANNING

Dependency Court structure/case review system

The Orange County Juvenile Dependency Court consists of five primary and two specialized courtrooms, six of which are staffed by judges and the seventh by a Commissioner. The two specialized courtrooms are for teens called Boys' Court and Girls' Court. They are set up to hear cases of youth in the dependency system that are typically in Long Term Foster Care and may have had on-going struggles with their placements and/or potential delinquency issues. The teens referred to these court programs receive more intensive services. The caseworkers assigned to these programs have smaller caseloads and the teens receive additional services from HCA, Probation, Foster Youth Services, and Court Appointed Special Advocates.

There are two County Counsel attorneys assigned to each courtroom representing CFS. Two CFS Court Officers (non-case carrying social workers) are also assigned to each courtroom providing support to the case-carrying social worker, and facilitating the flow of information and paperwork.

Interactions between CFS staff, attorneys, families, and bench officers are often collaborative and positive allowing for effective negotiation of case dispositions and planning for children and families and thus strengthening relationships and increasing communications. The Juvenile Court Presiding Judge encourages a dialogue with the court and leads numerous meetings designed to improve collaboration among agencies and improve services to dependent children and their families, including the monthly Blue Ribbon Commission and Court Improvement Committee meetings.

The dependency court process requires the timely notification of hearings for all parties to the case, including caregivers and tribes. Caregivers receive a Notice of Hearing in the same timeframe as the parents and children involved. There is a section on the caregiver Notice of Hearing allowing for input to the court from the caregiver and submitted on the JV290. Additionally, the assigned caseworker has on-going communication with caregivers and provides this information to the court in written periodic review reports.

The Orange County Juvenile Court has created a new computer court management application system called OC JUICE. The application contains electronic images of court reports, minute orders, courtroom calendars and other court information. Court is in the process of updating the application. The ultimate plan is for the social workers assigned to each courtroom to enter the stipulations made in a hearing directly into the application. The court clerk will then use the stipulations as a base in creating the Minute Orders that the judge will sign. Once the changes are implemented social workers will be given access to Minute Orders through the application. This will expedite social workers receiving the orders made by court.

Tribes are similarly notified of hearings for affiliated members identified by the CFS ICWA Liaison. Orange County has no recognized tribes within its borders, but there are Indian families with whom CFS interfaces occasionally. The ICWA unit communicates with the tribes and provides contact information to caseworkers so they may seek input from the tribe about the family's case. The ICWA unit contacts and notifies tribes of detention hearings and provides them with the necessary documentation when families have been identified as ICWA eligible early on in the case. They have established positive working relationships with several tribal representatives.

Child Welfare - case planning

As required by policy and procedure and in compliance with best practice, individualized case plans are created jointly with the child/youth and parents who are available. Case plans are initially developed with input from the family and youth during the Dependency Investigations process. On selected cases a Family Services Worker (FSW) is assigned and a MAP (My Action Plan) is developed in addition to the case plan, by the FSW and the parents. The MAP was developed with the input from a parent leadership group to simplify language to make it easier for parents to understand their case plan. The MAP details the actions that the parents will take towards completion of their case plan. The agency goal is to implement the use of the MAP for all cases in the dependency system.

In compliance with the Adoptions and Safe Families Act an adoptions concurrent planning worker will be given secondary assignment on all children taken into protective custody. They will assess the likelihood of reunification and in cases where no FR is likely or the prognosis for reunification is poor, they will look for a concurrent planning home for placement. This includes the child's relatives who wish to have the child in their care.

The family's strengths and needs are discussed at Team Decision Making Meetings and investigative interviews where the family is asked for input regarding their service needs. The Structured Decision Making (SDM) Family Strengths and Needs Assessment is also completed prior to development of the case plan, and information from this assessment is utilized for case plan development.

Caseworkers may refer parents to the Parent Mentor program at the investigation stage of dependency to assist parents with early engagement in their case plan. Mentors are

successfully reunified parents who can provide role modeling for parents as they move through the dependency process.

At this early stage in the dependency process, parents may also be referred to the STARR program, which is Orange County's revised Dependency Drug Court. For substance abusing parents, STARR provides intensive casework management and additional services to assist with recovery and reunification.

Input from the children's caregivers is also a vital part of the case planning process, providing feedback regarding the needs of the children and interaction during visitation between the children and their parents. This is often accomplished using Ice Breaker meetings.

As provided in the Welfare and Institutions Code, every child must have a periodic review every six months. The Dependency Court Judicial officers set those periodic review dates in compliance with the law when the Jurisdictional/Dispositional hearing is finalized. Caseworkers and their clerical staff maintain calendars as well, to insure that their cases are on the court calendar as required and that periodic reports are filed for those hearings in a timely manner. These periodic reports provide information to the court and include interviews with the child, their parents, service providers, CASA (if assigned), and other supportive individuals involved in the child's life.

For children who are in out of home care, and who are nearing a permanency hearing, CFS caseworkers are required to hold a Permanency TDM. The youth, if over age 10, the parents, caregivers, service providers, Adoption Program staff and family supports are invited to the table to discuss concerns about reunification and the family's ideas for permanency, should reunification be terminated. The permanent plan developed at the TDM will then become the recommendation to the court.

In cases where the permanent plan for a child not reunifying with their parents is adoption, the case is set for a hearing on Termination of Parental Rights in the timeframes required by section 16508.1 of the Welfare and Institutions Code. However, there are some reasons that the timeframes may not be met, such as lack of transportation for an incarcerated parent, notice issues, and the appeals process.

Stakeholders provided feedback regarding the barriers and challenges to improving outcomes for children and youth related to the Juvenile Court system. These included:

- Improvement and enhancement of early engagement activities for families involved in the dependency court system
- Provision of resources to families as soon as possible when they enter the child dependency system
- Streamlining redundant sections in the court reports
- Case plan requirements summarized in the beginning of the court report
- Providing training to the Individual Provider Program (IPP) therapists regarding the requirements for what is needed in up-dated progress reports for the court

- Continuing to build strong, collaborative relationships between CFS and dependency court staff, including attorneys and bench officers

PROBATION - CASE REVIEW SYSTEM/CASE PLANNING

Probation - case review system

The probation officers are responsible for mailing a Notice of Hearing to the caregiver and youth no more than 30 days before the hearing and no less than 15 days before the hearing to ensure proper notification has been received. A copy of the Notice of Hearing is also filed with the court clerk's office at Lamoreaux Justice Center in order to provide proof that the notice has been sent.

The probation officers will communicate with the caregivers each month and prior to writing the six month court report in order to gather needed information for the court. Any information that is helpful for the court to make decisions on recommendations will be included in the report for the court's consideration.

Each youth who is given a Placement order has a six month review calendared six months from the detention hearing if in custody or six months from when the Placement order is given if out of custody. The date is documented on a disposition sheet that the youth and probation officer are given and also documented in the minute order generated from that hearing. Every six months thereafter, a Permanency Review hearing or Periodic Review hearing is calendared for as long as the youth has an active Placement order.

A Permanency Review hearing is scheduled at 12 months to determine if reunification with the parents is possible. If there is progress that is being made towards reunification but the family is not quite ready to reunify at that time, another Permanency Review hearing will be calendared to consider reunification six month later. If at that time reunification efforts have failed, reunification will be terminated and a Periodic Review hearing will be calendared for six months thereafter.

Although termination of parental rights is an option for our Placement youth during 15 of the last 22 months that the youth is in foster care, it has yet to occur in Orange County due to the age of the youth and lack of desire by the youth to have their parent's parental rights terminated. The compelling reasons are documented in the court report stating that the termination of parental rights is not in the best interest of the youth particular due to the fact the adoption is very rare for our Placement youth due to the lack of willingness to want to be adopted and lack of families who want to adopt a teenage youth.

The Orange County Juvenile Drug Court provides guidance, education, and treatment to youth who have come to the attention of the Juvenile Court for law violations and problems related to drugs and alcohol.

Multi-agency program resources provide assistance to young people and their families through a program that offers support, structure, supervision, and competency development. The goal is to provide a solid foundation to reduce recidivism and to achieve a healthy, productive, and drug-free lifestyle.

The goal of the Juvenile Drug Court is to support the offender's commitment to remain sober by providing the treatment and supervision needed to help the juvenile abstain from substance abuse and further criminal behavior. Drug Courts help the individual and the community by providing:

- *Accountability*
- *Treatment for drug and alcohol abuse*
- *Restoration of substance abusers to a productive place in the community*
- *Educational accountability and development of employment skills*
- *Personal development through treatment and counseling*

Minors participating in the program are required to:

- *Attend frequent progress reviews with the judge*
- *Participate in weekly self-help groups*
- *Participate in group, individual, and family counseling*
- *Follow the terms and conditions of probation and Juvenile Drug Court rules*
- *Remain sober and drug free*

The program is structured in 5 phases: orientation, treatment, education, responsibility and aftercare. Youth can complete the 5 phase program in 1 year.

The multi-agency approach to this program helps to strengthen the relationships between the parties involved since they have to meet weekly to staff each case and determine the best plan of action for each youth.

The Presiding Judge from Lamoreaux Justice Center has put forth great effort to create a solid working relationship between the court and probation department. He chairs a number of committees associated with improving abusive drug issues, has looked to find better ways to assess minors needs, has created a number of work groups and a stakeholders meeting along with being a part of the Blue Ribbon Commission. The Juvenile Court is looking to enhance service delivery to those youth who may benefit from Social Service Agency and Probation Department resources combined which is why the presiding judge was excited about getting a Dual Handling Team Protocol established with the Dual Supervision protocol currently being created.

There has been turn over with bench officers over the past couple of years along with probation court officers which has led to the need for the Placement unit to share updated information with court officers, bench officers and Public Defender's Office about specific orders related to the Placement unit as well as information about Non-Minor Dependents. The placement unit supervisor and the probation court officer supervisor have met with bench officers to go over recommendations for the Placement unit's reports along with Notice of Hearing procedures to ensure proper orders and notifications are being made.

All of the Presiding Judge's efforts have helped to create open dialog between the court and the probation department in order to ultimately improve the services being provided to the youth we work with.

Judicial Officials Survey

The survey was sent electronically to the judicial officials from Lamoreaux Justice Center in Orange CA. Unfortunately, only three Juvenile Defenders responded to the survey. The survey consisted of four open-ended questions and five rated questions. Out of the three surveys received, two juvenile defenders felt that the Youth Reporting Centers, Accountability Commitment Program and the Home Supervision Program were strengths for the probation department. Only one juvenile defender felt that the department needed to improve on the way it deals with positive drug tests instead of detaining youth for positive drug tests and allowing positive drug tests to pile up before detention. One juvenile defender felt that the probation department could make an improvement with having better communication with the defense attorneys.

Probation - case planning

In order to ensure that a case plan is prepared every six months, Probation Placement Officers are required to prepare a case plan prior to the six-month placement review hearings. The case plan is submitted to the supervisor, along with the court report, ILP (when appropriate) and required Probation semi-annual paperwork.

Probation Placement Officers review minute orders to ensure that a six-month placement review was calendared. In addition, the Placement Management System also tracks six-month placement reviews, as well as all court dates, and various foster care documents.

In regard to permanency planning, due to the age of our population (near emancipation) and the types of behavior they display (out of control, substance abuse, sex offender, emotionally disturbed), often emancipation becomes the permanent plan for our minors. Due to these behaviors, minors are often referred to Level 12 group homes in order to address their behavior. Unfortunately, minors often AWOL from placement or fail to follow program rules and are subsequently terminated. Parents, relatives, and non-relative extended family members often make the minor completing a program mandatory before they will allow the minor to return home. Unfortunately, adoption/legal guardianship opportunities for our minors are not feasible due to the behavioral, mental and emotional make up of this teenage population.

Once again, due to the age group of Probation's Placement population, terminating parental rights would not be in the minor's best interest. While the parents of a majority of our minors are inconsistent with contact and visitation, minors are not willing to have the parents' rights terminated. In addition, due to the minor's age and delinquency, guardianship/adoption is not a viable option and would leave the minor a legal orphan.

Concurrent planning efforts by placement officers continue throughout the case. The placement officers continue to seek and work with the minor's family, relatives, and non-extended family members in creating options for the minor should the case plan goal of reunification fail. Further, due to the age of the probation youth, independent living is often a concurrent plan, in order to prepare the youth for successful transition to adulthood.

Once the Extended Foster Care went into effect in January 2012, the Placement Probation Officers had to make adjustments to the case plans with the non-minor dependents in order for them to qualify for the services offered.

The Placement probation officers have face to face contact with the youth and parents/guardians/foster parents/ group home staff on a monthly basis in order to address the behavior, needs and progress of the youth. During that time, suggestions can be made in order create goals for the youth that can transfer over to the case plan. The Placement probation officers also have to complete reassessment Risk/Needs assessments every six months for the Probation Department on top of the case plan as ordered by the Division 31 guidelines which also create the dialog needed to reassess the needs of the youth.

There are some group homes that have set meetings to discuss each youth under their care which allows for collaborative engagement on the youth's behalf. These meetings help the Placement probation officer understand how the youth is doing in school or in his/her living situation and what adjustments need to be made if any.

The parents are notified of the minor's next review hearing by a Notice of Hearing that the Placement Probation Officer sends no more than 30 days before the hearing and no less than 15 days before the hearing. Further, the court date is also contained within the case plan. If the parent/caregiver chooses to appear in court they will be told the date of the next hearing.

The case plan that the Placement probation officers use provides sections to address the needs of the parents or guardians of the youth. The case plan does not provide a section to address the needs of the foster parents or group home staff. Any suggestions or recommendations made by the foster parents or group home staff are stated in the bi-annual reports that are provided to the court by the Placement probation officers.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Child Welfare - general licensing, recruitment, and retention

Orange County CFS is an authorized foster family home (FFH) licensing agency for the California Department of Social Services' Community Care Licensing Division. CFS is responsible for licensing functions within the County of Orange, including processing licensing applications, conducting annual on-site home visits and conducting complaint investigations. CFS employs social workers fulfilling the specialized job duties and responsibilities of a Licensing Program Analyst (LPA). Additionally, the Foster Care Liaison serves as an advocate for licensed foster families, providing training, support groups and assistance accessing services. The CFS Foster

and Adoptive Family Development Team (The Team) are dedicated to supporting caregivers through the provision of recruitment, information, training, services, and resources.

Relative/NREFM placement

As a matter of policy and strength-based practice, children are placed in the least restrictive, most family-like and safe setting appropriate to his or her needs. This includes consideration and placement with relatives or non-related extended family members (NREFM) whenever possible and appropriate. To accomplish this goal, parents, children, and others with knowledge of the family are asked to identify relative and NREFM placement possibilities as soon as a child is detained. All identified relatives and NREFMs are assessed as potential placements, utilizing the same health and safety standards required for foster home licensure. Criminal record checks, through live scan fingerprinting, are completed, and any considered exemptions for criminal and/or child abuse backgrounds are evaluated, and approved or denied by a Program Manager or a Deputy Director. Annual reassessments are completed by the Relative Assessment Unit (RAU) staff. To facilitate emergency placement of newly-detained children, funds are provided to support relatives' efforts to meet health and safety standards required for placement. Orange County places approximately 50% of youth in foster care with relatives.

Other recruiting activities

Faith in Motion

Faith in Motion is a program administered by The Team and focuses on engaging the Orange County faith community in child welfare. Their main goal is to recruit foster and adoptive families. The program has been in operation since 2006 and there are currently 54 churches, organizations and individuals involved in this program. In addition to fostering or adopting, a variety of programs were developed for those who want to help in other ways.

These programs are:

- Adopt A Family: “adopting” a birth family and meeting some of their unmet needs such as food boxes, clothing, blankets, furniture, school supplies, etc.
- Adopt A Social Worker: “adopting” a social worker and helping them meet unmet needs on their caseloads such as food boxes, school supplies, clothing, personal hygiene items, etc.
- Once Upon A Time: helping meet a one time need that may be a challenge for the social worker such as sponsorship for camp, eyeglasses, obtaining special medical equipment, clothing, school supplies, etc.
- The Treasure Box: creating a special box of goodies for a specific child either for their birthday, Christmas, or any time of year.

In addition to the formal programs, many of the CFS church partners have come up with their own ways of helping children and families. Some of those ways are:

- An annual youth conference for children ages 12 to 21

- Annual backpack distributions
- New shoe drives
- Annual Easter basket distribution
- Youth outreach events: cosmic bowling, miniature golf, family game show night
- Creation of foster care and adoption ministries
- Annual Christmas parties
- “Adopting” biological moms for Mother’s Day

To date, over 400 requests for assistance from social workers have been met by the partners in the Faith in Motion program. Orange County’s Faith in Motion model has been implemented in Riverside County, and other Southern California counties are hoping to start their own programs.

Heart Gallery

Heart Gallery, a nation-wide program that coordinates the services of professionally done photographs of children who are in need of foster and adoptive homes, has been displayed throughout the County of Orange through different venues and nationally through ABC News 20/20 program, Time Magazine, 89.3 KPCC radio, KOCE television, CNN, the New York Times, and People and Parade magazines. Heart Gallery has been one of CFS’ most successful recruitment tools for foster and adoptive parents, as well as for child-specific recruitment. Heart Gallery has photographed 97 children in Orange County. These efforts over the last three and a half years have resulted in over 500 families becoming a foster or adoptive family. The Heart Gallery program has matched 32 children with families for adoption.

Adoptions recruiter

The CFS Adoptions Program has a social worker position dedicated to focusing on recruiting adoptive families for children with special needs. They also work closely with The Team and their recruitment efforts for both foster and adoptive homes.

Parent's Resource for Information, Development and Education (PRIDE)

PRIDE is a model for the training, development and support of resource families. It is designed to strengthen the quality of family foster parenting and adoption services by providing a standardized structured framework for recruiting, preparing and selecting foster and adoptive parents. PRIDE classes have been redesigned and condensed from 9 to 6 classes and have experienced an increase in the number of attendees participating, to an average of 26 attendees per class. In addition, PRIDE classes are now being conducted in the community at faith-based organizations. PRIDE classes are given in English and Spanish and one PRIDE series was done in Vietnamese.

Parenting Options

CFS is currently developing a user-friendly website for families interested in becoming resource families. In addition to information on traditional foster and adoptive care, viewers are able to access information regarding respite, emergency shelter and therapeutic foster home care.

Cross-Jurisdictional resources

CFS Adoptions Program staff complete homes studies for prospective foster and adoptive homes within Orange County and counties contiguous to Orange County. Home studies for families living in non-contiguous counties and other states are completed by the child welfare agency responsible for adoptions in that constituency.

The Orange County Adoptions Consortium - out of county placement resources

The OC Adoptions Consortium, a public-private collaboration of approximately 16 private adoption agencies and the Orange County CFS Adoptions Program meets bimonthly to discuss possible adoptive families for children who are difficult to place. Home studies for families wishing to adopt are often completed by these private agencies. The private agencies are reimbursed by the state through the Private Adoption Agency Reimbursement Program (PAARP). Additionally, the agencies provide potential adoptive families to CFS for adoptive matching of dependent children. This increases outreach and support to out-of-county homes for prospective adoptions.

Nationwide searches for adoptive family resources and family connections outside California are completed on a case by case basis when searches locally are not successful. Court approval is obtained before children participate in specific child nationwide recruitment efforts, such as "Adopt America." A collaboration of approximately ten counties meets bimonthly to discuss relative assessment issues and challenges, pending legislation, and to coordinate inter-county referrals and assessments of relative/NREFM homes.

Needed placement resources

Increased placement resources are needed for all placement types. Focused targeted recruitment, training, and support are provided in the areas most needed such as:

- Adolescents and non-minor dependents
- Adolescent mothers with children
- Children with severe behavioral and mental health issues
- Sibling sets
- African American, Hispanic, Native American and Vietnamese children
- Children with medical issues

Other Retention Activities

Resource Family Conference

The Team, in collaboration with Saddleback College, Faith in Motion, Health Care Agency and CFS staff hold a yearly conference for foster, adoptive, NREFM and relative caregivers. The conference held in May 2013 had the highest number of relative caregiver attendees since its inception six years ago.

Relative Caregiver Picnic

In 2013 the Team had the first Relative Caregiver Picnic in collaboration with Olive Crest, and Faith in Motion. Other participating community partners included: Latino Health Access, the Junior League, Costco and Orange County Employees Association (OCEA). This was a highly successful event where 175 relative caregivers attended with 100 volunteers assisting with all of the activities.

Appreciation events

CFS sponsors two foster parent appreciation events annually. In September, CFS, in collaboration with several other agencies, sponsors a foster parent picnic. This event takes place in a local park where foster parents, along with their foster and biological children, are invited to attend. In December a formal Foster Parent Appreciation Dinner is held. This event includes expert guest speakers and counts toward the foster parent training requirements.

Placement efforts with Native American children

CFS currently works with 24 dependent children that come under ICWA Legislation. Since 2006 the ICWA unit has worked with a total of 89 children. In that time CFS has established working relationships with several tribes including the Cherokee Nation, Navajo Nation, Pechanga, Tohon O'Odham, Yaqui, Chickasaw Nation and Pala to name a few. In addition, with the implementation of ICWA designated workers in continuing services units, the relationship between the agency and tribes has significantly improved. These workers consult with the tribes, pursue ICWA placement requirements, and make recommendations that take into account the tribe's input. These workers also communicate with affiliated tribes to discuss the parent's progress and seek approval for placements. CFS continues to work closely with Tribal Star to address the needs of this population.

Probation - general licensing, recruitment, and retention process

The Orange County Probation Department is licensed as its own Foster Family Program. Currently one foster family is licensed through the program and is serving three youth (one female and two males). The foster family has been working with OCPD for over 10 years and provides an invaluable foster youth experience for minors placed in their care. They practice prudent parenting in a manner that is beneficial to the minors learning independent living skills.

Two years ago, the OCPD reviewed their administrative retention fee for foster care and determined to reduce it to \$0, which resulted in the foster family receiving the full rated amount (approximately \$1900/month). Further, the assigned deputy probation officer makes coaching calls with the family at a minimum of one time per week to make sure that all needs are met both for the foster parents and the foster youth.

While the Foster Family Program is small, this level of foster family availability is sufficient to meet the needs of the youth being placed through our department. The numbers of minors in the Placement Unit has declined significantly over the past five years and many of the minors who are referred are in need of high levels of care (RCL 14). Should there be a significant increase in the number of minors suitable for placement with a foster family, the department is

ready to respond with a recruiting plan that includes reaching out to faith-based organizations already collaborating with the OCPD.

Relatives and non-relative caregivers are recruited for possible placement anytime a minor comes into placement. An approval process has been put into place which makes the department compliant with AB 1695 and the various resulting ACLs (All County Letters). All relatives/NREFMs are told about kinship care and legal guardianship and will be assisted with the court process should they express a desire to increase their level of commitment to the minor.

Probation placement resources

The Placement Unit currently utilizes 26 programs, one foster family, a short-term placement facility as minors await long-term placement, and a Transitional Housing Placement Program for higher functioning youth. The programs that are contained within the Probation Department's approved Placement Facility List provide specialized services to our population. These specialized group homes provide treatment that consists of sex offender therapy, drug abuse counseling, mother/baby programs, anger management, etc.

Ascertaining transitional housing for emancipating minors has improved; however, it is still difficult for sex offenders. The transitional housing program that we utilize in Orange County recently opened up a THP+FC program for our Non-Minor Dependents who are not quite ready for a Supervised Independent Living Plan (SILP).

The Probation Department utilizes placement facilities and group homes that provide specialized services based on the risk and needs of the probation minors. Additional placement resources are needed for the following probation minors: adjudicated fire setters, female sex offenders, severely emotionally disturbed and physically impaired minors.

602 Placement Youth Survey

The youth survey consisted of five open-ended questions, one question with multiple choices and four answer-rated questions. The survey was distributed to our youth in group homes; our youth residing in the foster home; our youth residing with relatives and our youth in Juvenile Hall. The Non-Minor Dependents who are still on Probation were included in this survey as well. A total of 54 surveys were received from the youth. The following are the five open-ended questions that were asked and a sampling of the responses:

How has the Probation Department positively affected your life?

- *It has kept me out of trouble and made me see a positive outlook on life.*
- *Helped me focus on school and continue onto college.*
- *She has been good just because she give me trust, that's something my family doesn't.*
- *The Probation Department positively affects my life by the drug prevention programs and housing programs that are available.*

- *They've been a great help. I honestly don't think I'd keep trying if I didn't have so much support.*
- *It has helped me realize I need to change in a positive way because it has so much more to offer me than going in and out of custody.*
- *Probation Department has given me gift cards, second chances, opportunities and resources to help me when I emancipate.*

What are some areas you think we could do better?

- *By giving people alternative consequences other than keeping them incarcerated.*
- *College Programs*
- *Providing funds for extra needs.*
- *Listen to what minors have to say.*
- *More contact with the kids. More visits with us more frequently.*
- *Be more understanding about the situation; be willing to hear the kids out before judging what they're doing or making assumptions. Be more organized.*
- *Trying to send us back to our families*
- *Communication*

What would you like to see done differently?

- *That sometimes checking up on us more often helps us out by knowing you guys are onus because sometimes I forget I have a P.O. and do stupid things.*
- *The way they address us. If you treat us like animals and lock us up all the time, we will have our mind set to behave like animals.*
- *More programming*
- *Be more on a personal level with clients.*
- *Less restrictions/Banned things*
- *More activities*
- *Money given for clothes*

Any other comments?

- *Thank everybody for their help*

What are the best ways the Probation Department can help you become stable in the placement you are placed in?

- *Life enriching opportunities (eg. Sports, ILP classes, music, art) – 24 youth selected this choice*
- *Consistent visitation with significant parents and/or family members – 23 youth selected this choice*
- *Provide services appropriate to your needs – 21 youth selected this choice*
- *Making sure your educational needs are met – 21 youth selected this choice*

The other choices the youth has to select from were: Appropriate family connections (20); Assessments of your needs (16); Adequate support while in placement (12); Consistent

probation officer (10); Accessibility and timeliness of services/resources (9); Wraparound services provided (9); Clear and timely communication between all parents/group home staff (7); 24 hour access to crises intervention services (3); Appropriately planned transition into placement (1) and Other – Self passes to go see friends/family/girlfriend (1).

This question is definitely going to help us focus on what the youth feel they need in order to be successful in the placement they are in. This will hopefully help with the placement stability in the long run over time.

The four rated questions of the Youth Survey and the summarized responses were as follows:

How happy are you with the way your probation officer treats you fairly?

Rating	Number	Percent
Completely Unhappy	1	2%
Sort of Unhappy	0	0
Neutral	5	9%
Somewhat Happy	5	9%
Completely Happy	41	77%

How happy are you with the way your probation officer responds to your request in a timely manner?

Rating	Number	Percent
Completely Unhappy	0	0
Sort of Unhappy	3	6%
Neutral	9	17%
Somewhat Happy	6	11%
Completely Happy	34	63%

How happy are you with the way your probation officer makes your terms and conditions of probation clear?

Rating	Number	Percent
Completely Unhappy	0	0
Sort of Unhappy	1	2%
Neutral	2	4%
Somewhat Happy	7	13%

How happy are you with the way your probation officer spends enough time with you each month to make sure your needs are being addressed?

Rating	Number	Percent
Completely Unhappy	0	0
Sort of Unhappy	2	4%
Neutral	6	11%
Somewhat Happy	7	13%
Completely Happy	38	72%

Overall, the responses were very positive. When compared to the last assessment that was written, there was improvement observed. 74% of our youth for this current assessment were very happy compared to 62% of the youth from the last assessment. The 62% was an improvement from the assessment period before that, so it is good to see that the Placement unit has been improving each assessment period. Only 3% of the youth responded they were either sort of unhappy or completely unhappy with all four questions. When reviewing those surveys, it appears the unhappiness is related to behavior/probation related consequences more so than unhappiness with Placement related matters. 96% of all youth rated they were neutral or higher which represents a level contentment with how they are being treated by their probation officers.

STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING

Child Welfare - staff training

Training for staff in the County of Orange is provided by SSA/Human Resources Career Development (HRCD), Training and Career Development (TCD) division, and the Public Child Welfare Training Academy (PCWTA). Training goals and objectives support the State’s Child Welfare Program. Both the County of Orange TCD and the PCWTA training program regularly include community partners, foster parents, birth parents, youth and contracted providers as participants, as well as trainers.

Although CFS is no longer receiving technical assistance from Annie E Casey, CFS continues to provide an overview of the Family to Family Initiative, and the four core strategies as implemented in the County of Orange. Through technical support CFS has received training on trauma and brain development from Casey Family Programs. In collaborating with CalWORKs, and partnering with economic assistance providers, TCD continues to offer Structured Decision Making (SDM) training to all new staff.

As of July 1, 2008, training regulations for Child Welfare Social Workers and Supervisors require 40 hours of continuing education training every 24 months. Training that is provided within the units/divisions is also counted toward the new requirement and can be entered into the workers’ training transcript. TCD has been working with CFS managers/supervisors to ensure staff training is appropriately tracked and that the county is in compliance.

All CFS Supervisors and Social Work staff are required to complete 4 hours of mandatory training on LGBT youth - the training is entitled " Creating Safe Spaces for LGBTQ Youth- Best Practice Guidelines". The training covers: learning targeted best practice guidelines for working with LGBTQ youth in out-of-home care, gaining an improved understanding of their ethical, professional and legal responsibilities, towards the goal of advocacy, understanding the importance of creating and ensuring an affirming environment for these youth, facilitating improved outcomes for LGBTQ youth and their families through LGBTQ competent supervision.

The County of Orange continues to provide training and support for promising practices implemented over the last few years. These include Wraparound and Strength-Based Practice trainings. Educational e-mail messages, newsletters, forums, and online tutorials are provided on a regular basis to support these philosophies.

Staff and community partner training

To implement changes in state law, County of Orange provides the following training to staff and community partners:

- Civil Rights and Workplace/Sexual Harassment Prevention
- Cultural Diversity
- Early Childhood Education (AB 1197) training for shelter care staff at Orangewood Children and Family Center (OCFC)
- California Law Enforcement Telecommunications Systems (CLETS)
- Current legal issues pertaining to Child Welfare
- Juvenile Court Rules and Procedures
- Katie A (2012)
- AB 12 for Non-minor Dependents (NMD) (2012)
- Disparity and Disproportionality

New social worker training

The County of Orange requires new social work staff to attend a New Employee Orientation (NEO) training that provides an overview of all Children and Family Services programs and resources. CFS staff receive a 20-session NEO series, and 9 online tutorials. The training includes expert guest speakers from County Counsel, Children and Family Services Administration, Parent Mentor program, CAST, Adoptions, Placement and the Wraparound program.

New social workers also receive training on the Child Welfare Services/Case Management System (CWS/CMS) and are required to attend the Core Line Worker series of classes through PCWTA. These 22 classes are based on the competencies developed by the California Social Work Education Center (CALSWEC) and are designed to give new staff a basic understanding of social worker knowledge and skills.

In addition to the standardized curriculum discussed above for new social workers the continuing court services programs (ICS, SFS and PSP) also have developed their own in-house

training schedule specific to their program operations. This training includes but is not limited to; setting up files, investigation processes, writing court reports, preparing for permanency and Team Decision Making meetings.

New intern training

New social work interns attend an abbreviated version of the regular New Employee Orientation, a 10-session New Intern Orientation course. This training provides an overview of all Children and Family Services programs and resources.

Supervisors and managers

The Public Child Welfare Training Academy (PCWTA) offers two additional Core Series: a six-day training series for managers, and an eight-day series for supervisors. Additionally, TCD offers a three-day Interaction Management Training for supervisors and managers, and a three-day New Supervisor Orientation training for recently hired or promoted supervisors. The Advanced Supervisory Training Academy program allows supervisors to participate in a certificate program consisting of a series of seven all-day workshops, devoted to skills required for effective supervision. In addition, The Human Resource (HR) Certification series has been introduced and consists of seven and a half days of training on topics related to HR – all designed to equip supervisors and managers with knowledge and skills to better lead and collaborate with their teams.

Ongoing training

The County of Orange provides a variety of mandatory and voluntary training opportunities to build staff skills and knowledge. Additionally, the PCWTA provides advanced training designed to enhance knowledge and skills for social workers. PCWTA offers several classes in each of the following areas: Clinical Practices used in Child Welfare Services, Cultural Awareness Practice, Risk Assessment, Investigative and Interviewing Skills, Strength Based Practice Issues, Sexual Abuse Issues, Substance Abuse, Legal and Ethical Issues, Adolescent Issues, Out-of-Home Placement Issues, Adoption Issues, and Multi-Disciplinary Practice. Many of the training programs through PCWTA offer Continuing Education Units for licensure.

Foster Care provider training

The County of Orange provides a wide range of training for foster and adoptive parents. Pre-service training for prospective Foster and Adoptive Parents begins with a three-hour orientation. Prospective foster and adoptive parents are required to take 18 hours of pre-service training through the PRIDE (Parent Resources for Information, Development, and Education) program. CFS provides pre-service training and ongoing training for foster and adoptive parents that includes information on lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth pursuant to California AB 1856. This training is to help foster parents understand the needs, issues and laws applicable to this population. Foster and adoptive applicants are also required to attend an Application Workshop that addresses licensing requirements and other care provider issues. During the annual Foster Parent Conference various experts provide workshops and foster parents earn training hours.

A variety of specialty trainings are offered through the CFS Placement program to Special Medical Foster Parents, Emergency Shelter Home (ESH) Foster Parents and other current foster parents. Classes are offered in English and Spanish. The Foster and Kinship Care Education Program at Saddleback College offers over 30 specialty post licensing trainings. These offerings are also geared toward relative and Non-relative Extended Family Members (NREFM) caregivers. The trainings address such topics as health, parenting, discipline, resources, educational advocacy, ADD/ADHD and adolescent issues.

Additional training is available for the MTFC (Multi-Treatment Foster Care) Program, which is a specialized team-based program offering an alternative to group home or residential treatment settings for youth ages 12-18.

Child Welfare trauma training

Orange County is one of six counties across the United States chosen to partner with Chadwick Center for Children and Families to create a trauma informed Super Community system within our Child Welfare staff, mental health providers, educational providers, and other community resources. Orange County is receiving ongoing support through training, consultation, and using the Trauma-Informed Child Welfare Practice Toolkit.

TCD has also partnered with Orangewood Children and Family Center and Casey Family Programs, to offer other trauma informed practice trainings to CFS social worker series staff. Dr. Pat Levitt from University of Southern California, Dr. Neal Horen from Georgetown University, the Orange County Chapter of the American Academy of Pediatrics, and the Orange County Department of Education has provided training to OCFC staff.

Training for hard to serve populations

TCD has collaborated with other agencies to develop trainings to enhance, support, and improve current social welfare practice. Collaboration with Orangewood Children's Foundation, emancipated youth, and Parents Taking Action has resulted in developing audio-visual materials for permanency planning trainings. Multi-agency collaborations address various issues including Eliminating Racial Disparity and Disproportionality (ERDD), LGBTQ, youth substance abuse and child welfare practice.

Over the past three years CFS has been involved with a collaborative project "Putting Pride into Practice" (P4) to improve outcomes for LGBTQ foster youth. This has included LGBT 101 for line staff, an advanced training LGBT 101 for supervisors, training for managers, and training for trainers to facilitate sustainability of these efforts.

Service providers/subcontractor training (including CAPIT, CBCAP or PSSF funds)

Through FaCT Program, the County of Orange offers training based on programmatic needs, including clinical practice for direct practitioners and administrative and management topics relevant to service providers. The FaCT contractor recently provided a training series that included topics such as Developing Partnerships with Businesses, Deepening Relationships with

Funders and Donors, and Developing New Partnerships with Other Providers. Clinical trainings have included Secondary Trauma, Compassion Fatigue, and Resilience.

SSA's Contract Administrators are required to provide technical assistance to CAPIT, CBCAP, and PSSF funded contractors to support compliance. Assistance includes answering questions related to allowable costs, budget modification requests, clarification of contract provisions, etc. Technical assistance is also provided during audits (utilization reviews). The Contract Administrator and CFS liaison discuss findings and provide instructions/recommendations after completing the review of files. In addition, the Contract Administrators summarize findings and discussion in letters to the contractors within a few days of the completed utilization review.

Stakeholder feedback indicated that training for CFS staff, foster parents and adoptive parents has greatly improved. Additionally, they see the benefit and value of the Trauma Informed Training.

Suggestions for improvement include:

- Provide more training for relative caregivers, in addition to Permanency Option Planning (POP) training. Training is needed in the area of taking care of the children with special needs and the court system.
- Increase ongoing training to contracted service providers
- Provide more specific trainings for social workers geared toward individual program needs.

Probation - staff, caregiver and service provider training

The Orange County Probation Department mandates every Probation Officer I to complete the 196 hour Basic Probation Officer Core Academy (BPOC). The BPOC academy consists of the following units of training: Agency Specific Training; Roles and Responsibilities of the Probation Officer; California Justice System; Current Trends and Practices; Risk Factors; Juvenile Detention Decisions; Information Gathering; Court Reports and Presentations; Orientations, Case Planning and Supervision; Supervision Issues; Priority Setting; Officer Safety and Physical Conditioning.

Once the Deputy Probation Officer is assigned to the Placement Unit, the Placement officer is mandated to attend and complete the nine day Probation Placement Officer Course. As a result of this training, probation placement officers will be oriented to legal and regulatory requirements regarding youth in care. The sections that are covered in the training are as follows: Community and Youth Safety; Supervision and Services and Permanency.

Probation staff are required to complete 40 hours of Standards and Training for Corrections (STC) training per year, as required to maintain peace officer status. Mandatory trainings geared toward specialized populations have been LGBTQ (lesbian, gay, bisexual, transgender, questioning), autistic youth, and youth suffering mentally or physically traumatic incidents. Further, the Resource Center for Family Focused Practice (RCFFP) through UC Davis Extension provides several options each training year that are strictly geared toward addressing foster youth requirements and needs. This year, RCFFP offered trainings locally on extended foster

care, sex offender management, permanency planning, effective case management and a placement core class that covers multiple topics on a basic level over a period of three months.

Each year a Needs Analysis is created and sent out to a random sample of supervisors and division directors to determine what types of training courses are needed by staff for the upcoming year.

During the BPOC Academy, and before the deployment to an assignment, Development Reports are written and discussed with the probation officers weekly in order to address performance.

A new Performance Evaluation was created in order to assess core competencies needed to successfully perform the deputy probation officer job. The core competencies the probation officers are evaluated on are as follows: Adaptability; Building Trust; Technical/Professional Knowledge and Skills; Decision Making/Problem Solving; and Work Standards/Planning and Organizing. The probation officer gets to select two additional competencies that he/she will be evaluated on during the evaluation period. The group of competencies to be selected from is as follows: Collaboration; Communication; Conflict Management; Influence; Initiative; Quality Orientation and Safety Awareness.

Each probation officer is asked to set a personal development goal that will contribute to the job goals, professional growth, leadership development and/or improving current performance.

Although the probation department does not offer specific training addressing emotional trauma on youth, our probation officers have been trained to identify the need for therapy and then proceed to refer the youth and family to department approved therapists in order to address the emotional trauma the youth has experienced.

Group homes

Group home providers are expected to handle their own ongoing, in-house training schedules and make arrangements for training delivery. Their minimum training hours are noted in their program statement and are monitored by Community Care Licensing for compliance. The Placement Unit's placement monitor also monitors each group home's training log to ensure staff are receiving regular, relevant training. Orange County Probation and Children and Family Services hold a quarterly Group Home Forum meeting jointly where all of the group homes utilized by both agencies are invited to attend and address current issues. A guest speaker is always invited to provide information and address the group. Topics this past year have been surrounding the Prison Rape Elimination Act requirements for group homes, extended foster care and appropriate mental health interventions. Additionally, staff can receive some outside training during participation at such events like the Foster Youth Services sponsored Leadership Development Summit and Annual College Fair. Workshop topics have included assisting minors prepared their FASFA (federal financial aid) and identifying activities in the group home that allow youth to demonstrate a leadership role.

Foster homes

The one licensed foster family is required to complete a minimum of 12 training hours per year. The deputy probation officer assigned to the family provides ongoing education related to specific incidents occurring in the home and several formal options are available to meet the training requirement. Saddleback College receives monies annually to provide training to foster families. Each year a catalog is developed with a schedule of classes, which is presented to the foster families. The classes vary in length from two to four hours and the topics range widely as well.

NATIONAL RESOURCE CENTER TRAINING AND TECHNICAL ASSISTANCE

In 2012 Orange County participated in the utilization of a self-study assessment tool focused on the core principles of family engagement, which was created by a Consortium of Children's Bureau National Resource Centers (NRC) to aid States, Territories and Tribes in shaping their technical assistance needs. The tool assesses overall readiness, administrative policies and program strengths and challenges in engaging and working with families. The NRC provided a summary of strengths and challenges as a result of the self study assessment with the recommendation for technical assistance specifically in the area of staff training. At this time Orange County has not made a final determination about accepting the technical assistance offered because of the other initiatives in which the agency is currently involved.

CHILD WELFARE - AGENCY COLLABORATIONS

Orange County participates in many collaborative relationships, to involve the community as much as possible in decisions about needed services and improved outcomes. CFS regularly holds various meetings to ensure that the concerns of our stakeholders are considered, that they are involved with ongoing planning, and that there is a shared responsibility for the decisions regarding program development and improvements to services.

Feedback from stakeholders who attend strategy and planning meetings indicate their appreciation for the inclusiveness and responsiveness of CFS administration in program improvement decisions and resource allocation.

Families and Communities Together (FaCT)/Family Resource Centers (FRC)

The FaCT network is comprised of 12 Family Resource Centers (FRC's) located throughout Orange County's highest-risk communities. Every FRC is unique to its community; services are offered by multicultural and multilingual staff that reflect the surrounding neighborhoods and the families they serve.

Feedback from social workers, court staff, parent consumers, and other agency staff overwhelmingly agree that the FRCs are one of the most important resources in our community. In addition there was consensus that more funding should be allocated to the FRCs

to increase their ability to provide timely services to families and to improve reunification outcomes.

Dual Handling - Probation/CFS collaboration

Please refer to page 29 for details on the Dual Handling of cases between Probation and CFS. The benefit to dependent youth of the Dual Handling collaboration is to educate the youth and to provide resources to the youth and their family to prevent them from entering the delinquency system.

Dual Jurisdiction – Probation/CFS Collaboration

In 2009, the Social Services Agency (SSA) agreed to a jointly developed written protocol with the Probation Department and the Orange County Juvenile Court to implement dual jurisdiction in Orange County. This dual status allows a child who comes within the description of both a dependent (pursuant to WIC § 300) and a ward (pursuant to WIC § 601 or 602), to be designated simultaneously as both. Dual status is intended to improve coordination among Probation, CFS, and the Juvenile Court, and increase access to appropriate services and resources in a timely manner and avoid duplication in case management and services.

Interaction with local tribes

Please refer to pages 19 and 60 for complete details on our collaboration with tribal members. Tribal members who have attended ERDD expressed appreciation for increased outreach of the ICWA unit to the Indian community, and the inclusiveness of tribal members at forums for engagement such as strategy groups, trainings and conferences.

Domestic abuse

CFS collaborates with CalWORKs to provide domestic abuse services for our mutual clients, through the DASU program. Additionally, domestic abuse services are available through the Family Resource Centers, and the four domestic abuse shelters in Orange County. CFS also refers to the various batterers' intervention programs offered by private counseling services, which are approved by the court system and which are fee-based programs.

The instances of domestic violence in reported cases to CFS is significant and efforts to better coordinate services for victims and their families occur through the ongoing meetings of the Family Violence Council, which includes many members of the community such as law enforcement, judiciary, domestic abuse service providers, Probation, CFS, Adult Protective Services, and community members. The Council has provided training, conferences, and community forums to improve awareness of this issue.

Substance abuse

Staff from the Health Care Agency sit on the Redesign Planning Council and provide input and information about available services.

Several of the CFS Parent Mentors successfully graduated from the Perinatal Drug and Alcohol Services Program and have provided referral and support for parent consumers as they work toward their sobriety. Stakeholder feedback indicated that the perinatal program is a highly effective one, but due to long waiting lists, delays may occur in parents' early engagement in this service, resulting in lengthening time to reunification. Through its partnership and technical support with National Center for Substance Abuse and Child Welfare (NCSACW), CFS staff can take on-line courses related to substance abuse. Please refer to page 38 for complete details about our collaboration with substance abuse services.

Health Care Agency – Behavioral Health – Children and Youth Services

As previously noted on pages 38-39 CFS has an extensive collaborative relationship with Orange County Health Care Agency which includes Behavioral Health and Children & Youth Services.

- Orange County has developed a plan with the HCA to implement Katie A. Please refer to pages 41-42 for detailed information as to how Orange County will be addressing the assessment requirements in the Katie A. lawsuit.
- Staff from the CCPU program attend the Foster Youth Outcomes Workgroup to provide input about their work with foster youth including suggestions to improve service delivery to foster youth, especially as they are transitioning to independence. Additionally, administration from both HCA and SSA meet quarterly to troubleshoot issues that might arise in service delivery for mutual families.

Child Abuse Prevention Councils

The Raise Foundation is the designated Child Abuse Prevention Council for Orange County. Please refer to page 46 for complete details on the Prevention Council's efforts.

Faith Based Organizations/Faith in Motion

Please refer to pages 57-58 for information regarding our collaboration with the faith based community, through our Faith in Motion project.

Orange County Regional Center

Regional Center of Orange County (RCOC) provides a wide array of services to dependent children of Orange County with developmental disabilities. CFS and RCOC meet monthly to discuss difficult case situations and placement needs. Each child served by RCOC has an Individual Program Plan (IPP) that addresses his or her individual needs. Some of the services provided to dependent children with severe developmental delays or disabilities include:

- Assessments to determine eligibility for RCOC services
- "Early Start" program for Infants and toddlers (up to 36 months of age)
- Behavior management services for autism
- Psychological, Counseling and Behavior Services
- Speech and occupational therapy
- Early Intervention Services

- Therapy Services
- Respite Services
- Child Care Services/After school programs
- Medical and Dental Services
- Social and Recreational Services

First 5 Commission

The Commission provides funding for at least two of SSA’s contracted services, including The Annual Report on the Conditions of Children in Orange County and the Early Childhood System of Care. The Commission supported partnerships include health care providers, family resource centers, clinics, schools districts, and early childhood education providers to form the foundation for service delivery to families with young children.

Former parent consumers

CFS has a contract with Family Support Network's Parent Mentor Services Program to provide one-on-one mentorship and support to parents receiving Family Reunification services. Parent Mentors are former consumers who have successfully reunified with their children and can be a source of hope and inspiration for a parent entering the reunification process.

Parent Volunteers – in addition to the Parent Mentors, CFS has recruited several successfully reunified parents who have volunteered to assist current consumers. They attend the initial TDM meeting as a support person, participate on the Parent Leadership Task Force, and attend a strategy or workgroup where the parent voice is needed.

The Parent Leadership Task Force’s (PLTF) mission is to build the leadership capacity of former parents who have successfully reunified with their children and work with CFS to enhance child welfare practices. Some of the parent leaders are Parent Mentors who co-facilitate the Parent Orientation program offered every morning at the Juvenile Court to parents prior to their initial Detention Hearing.

Parent mentors and volunteers also participate and assist with the Celebrating Families events held quarterly during the year. Social Workers, reunified families, and their support systems also attend this event to celebrate the success of families who have reunified.

Wraparound Orange County

Wraparound Orange County partners with families to facilitate and support children's ability to remain in a safe and stable home through a strength-based, family-centered and team approach. Wraparound Orange County is administered by Social Service Agency in collaboration with Probation and Health Care Agency. Wraparound Orange County has the capacity to serve 540 families per month.

Wraparound services include:

- Prevention and safety planning
- Placement stability
- Permanency planning
- Regular meetings with the family.
- Other services individually tailored to meet the families needs
- Parent Partners and Youth Partners to work one-on-one with members of the family.

Feedback from stakeholders unanimously supports the use of Wraparound services and the positive impact it has on strengthening and preserving some of our most distressed families. Many voiced their desire that all families have the opportunity for this service.

Caregivers (foster, kin, adoptive)

CFS engages caregivers through their participation in:

- RDS (Resource family Development and Support) Strategy Workgroup – this workgroup oversees the development of training, support services, and recruitment of foster and kinship resource families.
- Foster Parent Liaison – provides foster and kin caregivers with opportunity to voice concerns about administrative issues related to funding, service provision for children in their care, quality of care investigations, and utilization reviews.
- Foster Care Advisory Board Meeting – Foster parents meet every other month with the Foster Parent Liaison, members of CFS staff, eligibility staff, and administration, and community members to discuss and learn about current issues related to fostering.
- Club Mom and Dad – all caregivers may attend this social event that is held four times per year.
- Foster Care Auxiliary – The Foster Care Auxiliary of Orange County is a proactive group of foster parents, social workers and community members dedicated to working together to provide high quality care to dependent children, foster parent support, legislative advocacy and continuing education.
- Saddleback Caregiver training – Saddleback College provides caregivers with on-going training in subjects pertinent to foster parenting children in the Child Welfare system.
- Quality Parenting Initiative (QPI) – The Quality Parenting Initiative strengthens foster care, including kinship care, using branding and marketing principles. It is a process CFS is using to develop new strategies and practices, including a mentoring program for new and struggling foster parents, developing a trauma informed training program for new foster parents, and developing a new branding message.

Group home providers

CFS created the Group Home (GH) Forum to provide an opportunity to meet with our GH partners and discuss pertinent issues and concerns. Meetings are quarterly and have included presentations on new initiatives, policy and procedure changes, and topics that providers wish to discuss. In addition to these meetings, a CFS Manager and two SSW's meet as needed with GH providers to provide guidance and review any violations of Div 31 or Title 22 regulations,

problems with providing appropriate care for our youth, and other concerns that may come to our attention.

CFS has designated one full-time SSW as a group home monitor. Their responsibilities include: visiting group homes regularly; reviewing with the group home manager the program needs in order to develop appropriate training for their staff; working with group home providers to assure compliance with CFS policies and procedures and best practice.

Foster Family Agencies (FFA)

The Foster Family Agency Forums are quarterly meetings, which include CFS Administrators and staff, private non-profit foster family agencies contracted with OCSSA, state licensing agency (CCL), and representatives of OCDE who come together to discuss and resolve issues. CFS works with approximately 400 FFA homes in which 18 % of our foster youth are placed.

Child Welfare Redesign Planning Council

The Orange County Child Welfare Redesign Planning Council involves community partner membership and has a key role in implementing collaborative efforts. The Council was developed in 2004 as a result of the requirement of AB 636 to assure that the community stakeholders and consumers had input into CFS programs and practices. The Redesign Planning Council provides input on topics such as strategic planning, outcome measures, self assessment, and progress on System Improvement Plan goals. Subcommittees have also been formed to work collaboratively on projects such as community forum topics and agendas specifically in the areas of drug and alcohol, housing, education, childcare and mental health services.

PROBATION - AGENCY COLLABORATIONS

Probation and SSA/CFS collaborate well and are working on many projects together. The Community Resources Unit's supervisor, who also supervises the group home monitor and is the administrator for the Foster Family Program attends several meetings with CFS. Probation co-chairs the ERDD Advisory Committee, attends the Redesign Planning Council and Educational Outcomes meeting,. We also collaborate with group home monitoring by joining teams to complete annual inspections and investigations. The group home monitors and their supervisors meet on a monthly basis to discuss concerns regarding different group homes. They also co-chair a quarterly meeting held for the group homes with the purpose of disseminating information and providing relevant training (AB12, PREA, etc). The Probation placement monitor and supervisor regularly attend the following collaborative meetings chaired by CFS with the goal of improving placement stability for foster youth: Educational Outcomes, Redesign Planning Council and Southern Counties Group Home Collaboration. The supervisor also works on the planning committees for the Annual College Fair, the annual Foster/ Adopt/ Kinship Family Conference and the Leadership Development Summit. This directly benefits Probation minors because the supervisor has the ability to direct some workshops to meet the specific needs of probation youth, as well as to ensure a fair enrollment of probation youth at each

activity. Additionally, the placement monitor routinely collaborates with other placement monitors from other counties and has the opportunity to bring in other ideas from those areas of exposure.

Interaction with local tribes

There are currently no tribal youth in Probation placement. In compliance with ICWA, contact will be established with the appropriate tribe at such time as tribal youth are identified. The Juvenile Court Services Division is working to improve the process of identifying Native American clients at the time of intake into the Probation system by questioning families about their Indian Heritage. For any identified ICWA eligible youth the Probation department collaborates with the identified tribe and with CFS to provide resources as needed.

Community-based Organizations

This is an area where the Placement Unit needs improvement and where the agency will be seeking to improve collaborations in the future.

Caregivers

Due to the small number of youth placed in foster care, service delivery is an area where Orange County Probation can grow over the next assessment period.

Group home providers

Group home programs are the primary placement resource for Probation youth in need of out-of-home placement. The group home staff provide regular and on-going supervision, feedback to the assigned DPO and assure that the probation service plan is followed. Most group homes provide comprehensive services including; educational assistance, counseling and life-skills development.

An electronic survey was sent to all group home administrators; group home house managers; delegates from Foster Youth Services; therapists working in Juvenile Hall who provide direct services to probation foster youth; members of Orange County Children and Family Services providing similar services to dependents; members of law enforcement (arresting agencies); and our foster family provider.

The survey focused mainly on placement stability as well as determining the level of understanding the community has of the Placement Unit services.

The identified strengths were:

- Comprehensive level of services compared to other counties
- Very responsive to youth
- Positive level of collaboration and input valued
- Implementation of incentive program seen as a positive addition

The identified areas needing improvement were:

- Development of an after-care program

- *Increased number of monthly face-to-face visits between DPO and youth*
- *Develop formalized collaborative meetings regarding placement issues and stability*
- *Increase knowledge by stakeholders of services, activities and resources utilized by the Placement Unit*

Foster Family Agencies

Probation maintains its own licensed foster family program and it is not required that we collaborate with other Foster Family Agencies (FFA). We receive adequate training and instruction opportunities from Community Care Licensing and Department of Children and Family Services.

CHILD WELFARE - SERVICE ARRAY

Availability of services

The availability and provision of a wide array of services to children, parents and resource families are strengths for Orange County. CFS clients access services through:

- Community providers, including Family Resource Centers throughout the county
- Contract providers, including individual, group services, and drug testing
- Grant funded agencies, e.g. Prop 10 (First 5), Prop 63 (MHSA) and Foster Youth Services
- County agencies, such as Health Care Agency, including mental health needs, immunizations, and substance abuse services and other divisions of the Social Services Agency, including financial aid, self sufficiency, and financial medical assistance services
- Regional Center, for services needed to support individuals and families with developmental needs, and serving children identified through the Early Start program
- Local universities and hospitals working collaboratively with CFS

Keeping track of such a wide array of services, including eligibility criteria, services availability and service-access, presents a considerable challenge for staff, service providers and clients. CFS has addressed this challenge by regionalizing caseloads and social workers in coordination with partner agencies. Accessing resources also includes collaboration with: the Resource Support Hotline; SSA internet; OC4Kids (a website targeted for resource families); and 211 information phone line, to assist workers and others in locating services.

Feedback received indicates that many of the resources that we provide for our families have long waiting lists, especially through the Family Resource Centers, contracted monitored visitation services and transportation to visitation. Further, there are long waiting lists for subsidized housing in all areas of the county. There are also gaps in provision of services in the southern part of Orange County. Gaps in service and waiting times are especially challenging for families just beginning their dependency services and may be roadblocks to early engagement and timely reunification.

Services that may help overcome these gaps for some families are the engagement with Family Services Workers (FSW) and the Parent Mentor Program. These programs have assisted with

family engagement in supportive services within the first month a case opens and prior to being assigned to the ongoing case carrying worker. Unfortunately, due to budget constraints, not all families are able to be assigned an FSW or be referred to the Parent Mentor Program.

Services to families in Orange County are also impacted by the families' case status and eligibility for services. For example, families under Dependency Court supervision are eligible for some services that those involved with Voluntary Services are not.

All families are eligible for services through CFS contract providers regardless of ability to pay. Some will pay according to ability, as little as \$1.00 per visit. If a family is referred to a specialized service or they elect to self-refer, they may be required to pay a fee for service.

The following are a list of our CAPIT funded services including the contracted agency, description of services and what programs they serve.

CAPIT funded services:

- Family counseling provides a safe place for families to address challenges and develop strengths in order to create a safe and happy home for their children. The contracted agencies for family counseling are: Aspiranet, Boys & Girls Club of Garden Grove, Catholic Charities of Orange County, California Hispanic Commission on Alcohol and Drug Abuse, FACES, and KC Services. These supportive services assist families in Family Reunification, Family Maintenance and Permanency Placement.
- In-Home Coach provides services to parents/caregivers in their homes to address issues such as appropriate discipline and praise, household management, preparing meals, etc. Services are geared toward low-risk families. The two contractors are New Alternatives, Inc. (NAI), and the Orange County Child Abuse Prevention Center (OCCAPC). For In-Home Coach, NAI's Program Supervisor selects Active Parenting Now, The Incredible Years, or Common Sense parenting depending on the strengths and needs of the family. All three programs are evidence-based. OCCAPC utilizes the Nurturing Parenting Program, also evidence-based, for its In-Home Coach services. This contract serves mainly families in the Family Maintenance Collaborative Services Program (Family Preservation Program). CWS/CMS followed 75 families that received In-Home Focused Services during the period of July 1, 2011 through December 31, 2011. Outcome data indicates that In-Home Focused Services contributed to keeping 67, or 89%, of these families intact, without the child(ren) being removed, through December 31, 2012.
- In-Home Focused parenting program provides similar services to parents/caregivers that are higher risk than those that receive Coach Services. The contractor is OCCAPC. The Nurturing Parenting Program is used for this program. The families served with this program are mainly in the Family Reunification program.
- Parent Education services are provided at the contractor's facility for parents referred by CFS, either on a voluntary basis or as ordered by the Juvenile Court. The contractors

are Aspiranet, Boys & Girls Club of Garden Grove, Catholic Charities of Orange County, California Hispanic Commission on Alcohol and Drug Abuse, FACES, and KC Services. These services benefit families in Family Reunification.

- Respite Care provides foster caregivers a service that allows brief periods of “time-out” from caring for their foster children. Services are coordinated by a contracted agency and are provided by licensed and trained foster parents for other licensed foster parents. The contractor is NAI. Children placed in foster homes are in Family Reunification and/or Permanency Placement, including Adoption.

Services funded by PSSF FP, FS, TLFR, CBCAP and APS

FACT currently funds 12 Family Resource Centers located in low income at risk communities throughout Orange County. Our target population focus is on families with children coming into the FRCs who are often dealing with crisis, domestic violence, children with behavioral problems, unemployment and many others at risk factors. Five of the twelve FRCs also target families referred to them through the Differential Response process.

Key needs identified in the Orange County’s CSA include increased resources for caregivers, increased support services for families with in and outside the child welfare system, bilingual parent education that is geographically accessible for families, and ongoing supportive services for parents.

- Family Resource Centers (FRC’s)
Each FRC is a family-friendly, community-based site that provides access to comprehensive prevention and treatment oriented social, educational and health services for all families, including birth, blended, kinship, adoptive and foster families.

FRCs serve as vehicles for engaging local residents and community organizations in the identification and resolution of community concerns related to raising healthy children. Every FRC is unique to its community; services are offered by multicultural and multilingual staff that reflect the surrounding neighborhoods and the families they serve. Each FRC also offers the following 6 core services:

- Counseling
 - Parenting Education
 - Case Management/Family Advocacy
 - Domestic Violence Prevention & Treatment
 - Community Resources and Referrals
 - Multidisciplinary Team
- Child abuse treatment services are provided by Child Guidance Center, Olive Crest and Community Services Programs. These are funded by PSSF FP, FS, TLFR and APS.
 - Child Abuse Treatment Program (CHAT) is a highly specialized Trauma Focused Cognitive Behavioral Therapy and Victim Advocacy Services are provided to child victims of abuse

and other crimes through the Corbin Family Resource Center Collaborative. Symptoms of trauma are minimized or eliminated. Children are taught coping and other life skills necessary to maintain a safe and stable life experience.

- Professional and Administrative Services are provided by Orangewood Children's Foundation which is funded by CBCAP and PSSF FS. This service provides the administrative support for the FaCT Program which oversees the 12 Family Resource Centers. Staff expertise includes training, data, marketing, community organization, resource development, parent leadership, collaboration and administrative support. OCF is responsible for providing training for FRC staff and FRCs Community Engagement Advisory Committee (CEAC), through the CRD Manager and is providing marketing and community education through the FaCT Marketing coordinator.

Prevention Services

Differential Response (DR)

DR is based on the concept that child safety is a responsibility shared by child welfare agencies and the community. This approach offers alternative ways of responding to child abuse and neglect by recognizing that many child abuse investigations do not result in detention of the children and/or ongoing involvement with a child welfare agency. Rather, some investigations uncover needs and concerns in families that, if addressed, could stabilize a family and help parents to protect their children by offering resources and support available within the community. The primary goals of DR are to engage a greater number of families in services within the community without bringing them into the child welfare system and to reduce the recurrence of child maltreatment.

The Differential Response – Path One (DR Path-1) Services also known as Neighbor to Neighbor (N2N) is designed to provide services to at-risk families after information pertaining to suspected child abuse or neglect has been received by the Child Abuse Registry (CAR) and when the information provided to the hotline/CAR does meet the legal definition of child abuse.

The DR Path-1 Services is a collaboration between the SSA and Community Based Organizations (CBO) in an effort to prevent child abuse delivered via a Multi-Disciplinary Treatment (MDT) team. Outside agencies such as Olive Crest, Child Abuse Prevention Center, Children's Bureau, Public Health Nurses (PHN), and the Raise Foundation are some of the outside agencies that collaborate with the County of Orange via a Memo of Understanding (MOU) to provide a menu of services. Child abuse prevention services and referrals provided to at-risk families by the CBO include, but are not limited to, counseling, parent education, case management, homeless assistance, emergency needs, assistance with childcare/transportation, and job search and training.

DR-Path II is indicated when reported allegations meet statutory definitions of abuse or neglect and an initial assessment made by CFS determines that with targeted services a family is likely to make needed changes to improve child safety. This is a collaboration between CFS and the

Family Resource Centers (FRCs). After a child abuse report has been initially assessed by a CFS DR SSW a referral is made to an FRC. Differential Response (DR) Family Advocacy, which teams a DR advocate with an SSA Senior Social Worker, to respond to child abuse reports. An FRC DR Advocate works with the family to identify needed services, locate resources, and provide ongoing support. The DR advocate provides a thorough assessment of family's needs and begins to help the family with strength based conflict resolution to create a safe environment for the child(ren) in the family, mitigating crises and providing support. Each FRC offers services unique to its surrounding neighborhood.

Services for at-risk families with children ages birth to eighteen (18) years who have been identified by SSA's Child Abuse Registry as at potential risk for child abuse and/or neglect. These include families are in crisis that may lead to out-of home placement of children. DR Family Advocacy is also provided to maintain the safety of children in their homes.

Family Reunification Services

Social workers assigned to the units that provide FR services work in partnership with families to address the issues that brought them to the attention of the dependency system, and to provide resources and support to enhance the family's identified strengths and abilities to overcome barriers to successfully reunify with their children. Some of the outside services that are valued by social workers and consumers that assist families with reunification are:

- Family Support Network – Parent Mentor Program
- Child Abuse Prevention Center – in-home parenting, basic needs
- Child Guidance Center – individual and family counseling
- Western Youth Services – counseling services
- FRC's
- Olive Crest – Kinship Support Services Program (KSSP) - relatives raising children
- Health Care Agency
- County Mental Health
- Individual Provider Program
- Perinatal Substance Abuse treatment

Feedback from consumers and stakeholders indicate a need for increased counseling services, especially in the southern part of the county, a need for transportation services for children to see their parents, monitors to supervise visits and expanded parent mentor services especially for father engagement.

Independent Living Program services (ILP)

The Independent Living Program (ILP) provides workshops, special events and support services to foster youth between the ages of sixteen and twenty-one, to help prepare them for emancipation. Transitional Planning Services Program (TPSP) completes the initial Transitional Independent Living Plan (TILP) and it is reviewed every 6 months thereafter. The information is entered into CWS/CMS and each unit creates their own tickler to assure that the TILP's are completed as per policy and procedure. The TILP is done in collaboration with the youth and

caregiver. The ILP program focuses on four key areas: education, career, relationships and daily living.

Barriers identified in the ILP program include:

- Lack of transportation for youth to OCF
- Difficulty for youth to implement what is learned in class (especially youth in group homes)
- Need for more individualized programming
- Lack of follow-up with caregivers on activities and learning opportunities that can be done at home
- Lack of consistency in scheduling Transitional Planning Conferences for all youth; planning should start at age 16
- Insufficient housing resources for AB12 youth

Permanency Planning services

Continuing supportive relationships and meaningful lifelong connections with caring adults are critical to supporting foster youth through periods of crisis, ensuring enhanced service provision, and better outcomes for youth exiting the child welfare system.

Since 2005, Children and Family Services (CFS) has partnered with foster youth, caregivers, and community partners, to develop strategies toward:

- Preserving the foster youth's familial relationships and other important connections
- Increasing the foster youth's support network
- Expanding the perception of "permanency" for foster youth, to include stable permanent lifelong connections

The following services are provided to develop permanent plans for children who are not able to be reunified with their parents, as well as for older youth exiting to independence:

- Concurrent planning
- Permanency TDM's at which the family and caregivers discuss the permanent plan for children not returning home including adoption, legal guardianship or long term foster care
- Permanency Options Planning (POP)- provides education to caregivers about the permanent options for children in their care
- Transitional Planning Conferences at which youth, age 17 and older, meet with CFS staff, their caregivers and support system, to discuss their permanency options
- Non-minor dependents (NMD) specialists provide orientation to young adults requesting re-entry

Adoption services

Complete details about the services offered by the Adoption program are provided on pages 35 and 58-59.

The following services will meet the needs of the most hard-to-reach populations as well as providing culturally appropriate services:

Community Services

Risk Reduction and Community Health (REACH): Outreach and Engagement Team

REACH provides services to adults who are homeless or at-risk of homelessness, dealing with substance abuse issues, trauma survivors or anyone who needs to develop better coping skills. Services focus on providing community members with referrals and linkages to behavioral health and other supportive services. Educational groups are offered to enhance and develop safe coping skills, utilizing the evidence-based curriculum, Seeking Safety. Case management services are also offered to assist individuals one-on-one in developing a plan to establish and achieve goals, improve access to supportive services, and address barriers with linkage to needed referrals.

Outreach & Engagement Collaborative

Outreach and Engagement Services are designed for Orange County residents who are at risk of developing a mental illness or displaying early signs of emotional, behavioral, or mental instability or co-occurring substance abuse disorders. The program provides community workers who seek out underserved or isolated individuals to help them find and access appropriate services. The program goals are to prevent the development of mental health conditions and intervene early in their manifestation to reduce risk factors/stressors and prevent conditions from getting worse. While building skills, the program provides support and referrals/linkages to appropriate community resources.

Mexican Consulate

The Consulate has reached out to CFS to assist Mexican Nationals who have become involved with the child welfare system. Staff attend Team Decision Making meetings to support Mexican families by providing information about their services. They collaborate with social workers who have cases involving Mexican Nationals and offer repatriation services as well as many other services for this population.

Latino Health Access

Latino Health Access (LHA) is a nonprofit organization located in Santa Ana, California. They reach out to residents in their communities, including going to Laundromats, garages, and churches to combat serious public health problems plaguing a community of uninsured and under-served families. They train Promotoras, or community workers, to educate the community about diabetes, breast cancer, obesity, domestic violence, parenting and more.

The Latino Children and Youth Initiative is a program through LHA that provides health intervention for children and youth living in high-risk environments. Activities are designed to reduce health disparities, increase resilience and leadership skills, enlarge the worldview, strengthen families, improve mental and physical health, and improve academic performance.

OCAPICA

The Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA) was established in 1997 with the mission to build a healthier and stronger community by enhancing the well-being of Asians and Pacific Islanders through inclusive partnerships in the areas of service, education, advocacy, organizing, and research.

OCAPICA Bridges is an afterschool tutoring and mentorship program for high school youth. The purpose of OCAPICA Bridges is to increase the number of underserved youth graduating high school and transitioning to college. The four main objectives include: academic support, college preparation, culture, and personal development.

ACCESS California Services

ACCESS California Services is a non-profit, community-based organization dedicated to empowering the under-served Arab American and American Muslim communities, to enhance their quality of life and increase their self-determination. Orange County CFS has partnered with Access California in providing supportive services to our Arab and Muslim children and families. They have provided sensitivity training to CFS staff, have served on panels for county sponsored trainings and have recruited families in the Muslim community to become foster parents for some of our Muslim children.

Orange County Regional Center

See details about services provided to children with developmental needs on pages 8 and 72.

LGBTQ Youth

In Orange County there are two main agencies that provide services to LGBTQ dependent youth. The Center OC conducts youth groups, provides individual counseling and assists with LGBT training for CFS staff. OCACCEPT offers peer support, social activities, groups, counseling and assistance with youth placed in residential programs as well as training for CFS staff.

Services available for Native American children

Orange County does not have many identified Native American service providers. There is one service provider, a Marriage and Family Therapist at FACES, Inc. and an Indian Education School Psychologist. The American Indian Families Partnership in Los Angeles County is expected to expand to Orange County in the near future to bring more services in the form of health services, counseling and other resources for Native American families.

PROBATION - SERVICE ARRAY

Prevention Focused Services

Once a youth enters into the Probation system, Wraparound services and community resources may be used in an attempt to preserve the family and prevent child maltreatment. If they are accepted into the program, Wraparound is committed to maintaining the youth in the home.

Their focus is on both the youth and the parents/caregiver and assisting them to develop strategies to stabilize the placement.

An early prevention program called Stop the Cycle (STC) is a free program offered through the Orange County Health Care Agency designed to serve the parents and siblings of youth involved in the juvenile justice system. The program's goals are to help parents build protective factors and improve their parenting and to help build an ongoing system of support for the whole family. Also, STC strives to reduce the development or progression of mental health or substance abuse problems within the family. It is structured to encourage parent groups to build a lasting support network in the community that provides ongoing support for families experiencing trauma, conflict and overall family dysfunction.

The Probation Department has teamed with the Department of Education to create Community Schools under WIC 236 which allows probation officers to engage in activities with students who are not formally involved with Probation to prevent juvenile delinquency. The basic mission is to increase student proficiency. Youth are referred to the program when they have four or more truancies in a school year; disruptive behavior in school and substance abuse/inability to function appropriately in school.

Community-based Family Support Services

The Community Resources Unit monitors all programs (parenting, child abuse treatment, substance abuse, anger management, batterers' intervention program, and sex offender treatment) to ensure that services meet a minimum standard of practice. All of the approved providers operate on a sliding scale and will work with the clients on payment. Services are available county-wide.

Family Preservation Services

Probation utilizes individual and family counseling as well Wraparound services when family preservation is needed. We also have the option of having a youth mentor assigned to the youth long term by the Orangewood Children's Foundation. If the needs become financial, the Probation Community Action Association is also available as a limited resource to assist families in immediate financial need.

Reunification Services

Reunification services to assist foster youth and their families include counseling services as allowed by their placement and Medi Cal funding. Youth who are incarcerated in Juvenile Hall have counseling services by the Court Evaluation and Guidance Unit (CEGU).

Permanency Options/Adoption Services

Permanency planning begins at the time of intake for all foster youth and runs concurrently with any other identified case plan goal. Having a place for the youth to go to once they have completed their treatment is a priority for the DPO. Permanency can be with a family member, friend, mentor, or any other person willing to have a relationship with the youth through their adulthood. The Placement Unit encourages significant connections of appropriate adults that

will support long-term stability of the youth regardless of that person's ability to take placement of the youth. The Placement Unit continues to struggle with finding permanent connections for undocumented youth whose family is not in this country.

Orange County Probation has not yet provided adoption services, but would work with the youth and prospective adoptive family if this was an appropriate plan. Improvement in this area is needed for those youth who are placed with relatives/NREFM in order to more thoroughly explore permanent options for these youth including educating caregivers about legal guardianship and adoption. Los Angeles County Probation has completed the adoption process for some youth and may be contacted as a resource for future permanency discussions.

Independent Living Services

The Placement Unit has a well developed and effective independent living skills (ILP) program for the youth in its care, including: the development of the TILP; group home's preparing youth for emancipation; referrals to Orangewood Children's Foundation; placement in the Transitional Housing Plan Program; and use of the Incentive Program. The foster family program provides youth with the ability to secure a learner's permit and obtain their driver's license. As a safety net, youth know they can receive basic services such as washing laundry, eating a hot meal, receiving mail or using a computer through the office of the Orangewood Children's Foundation if they find themselves in a situation where they do not have a permanent residence after emancipation.

Services for Youth at Greatest Risk

Youth who suffer from severe mental health problems are referred to higher levels of care where they receive enhanced therapeutic services. These programs have a long standing history of working with at-risk youth and they will generally maintain them in the placement much longer than lower RCL facilities, despite problematic behavior. Youth who go into a higher level of care (RCL 14) are assessed by CEGU in order to receive certification of the need for mental health services.

Culturally Appropriate Services

Orange County Probation has 386 staff members who are bi-lingual and who are assigned cases matching the cultural and language needs of the family. If a DPO is not available to cover a particular language, an interpreter is used. Group homes are informed of the special language needs prior to the youth being placed in the facility. Other issues, such as religion, are also individually addressed when necessary. This has previously included allowing special furloughs for the attendance of religious services or celebrations.

Staff has received training on LGBTQ issues. Feedback from staff indicates the need for additional training in cultural awareness for the diverse populations of youth with whom the Probation department is involved.

Children age 0-5

For teen parents who come into placement, females are placed in a group home where they can have their children. The Probation department does not have facilities for teen male parents and their children. In those cases, attempts are made to place the youth in close proximity to their child and assist with frequent visitation.

Developmental Needs

Services addressing the developmental needs of youth are mainly provided by Foster Youth Services and the Department of Mental Health. Extensive historical information is shared with the potential group homes to make every effort to match the youth's developmental needs with the service ability of the group home program.

Disabilities

The needs of disabled youth and/or caregivers can be met through outside referrals. The Regional Center provides testing/assessing of new cases as needed. Medi-Cal referrals can also be made as appropriate. Every effort is made to maintain services intact for those already receiving services once they come into contact with Probation.

Services available for Native American children

Please see Agency Collaboration/ Interaction with local tribes page 75.

CHILD WELFARE - QUALITY ASSURANCE SYSTEM

Orange County CFS provides ongoing and continuous quality assurance of its continuum of care through the Self Evaluation Team (SET), the Redesign Planning Council, the Eliminating Racial Disparity and Disproportionality (ERDD) Workgroup and Foster Youth Services (FYS). SET provides data and outcome information to the strategy workgroups on a regular basis, and the workgroups provide meaningful feedback and suggestions to CFS about programming and service needs for families and children. For example, in 2010 data indicated that Hispanic fathers were engaged in reunification services at a very low rate. That led the ERDD Workgroup to begin discussions about improving father engagement. This resulted in Casey Family Programs providing funds to hire father mentors and educating social workers and court personnel about the importance of engaging fathers for the benefit of their children. Currently, two Hispanic Father Mentors are working with CFS fathers through our partnership with Family Support Network (FSN), and a father support group was developed and eight fathers completed the first session. ERDD will be working with SET to develop regular reports about the progress of father engagement by evaluating the rate of reunification with fathers, and looking at the custody exit orders filed with Family Law Court.

Stakeholders' feedback from the focus groups and surveys completed for the CSA about the Father Mentor Program and the Father Support Group indicate these programs are highly valued. Fathers referred to these programs, in particular, have said how important these

programs have been to help them engage in their services, improve their relationships with their children, feel supported, and encouraged to complete their reunification plan.

Performance measures

The Self Evaluation Team (SET) meets monthly and one of the researchers provides a quarterly “Trends Report of CWS Outcomes” for review and discussion. SET also provides a one page outcomes review called “CWS Outcomes – At a Glance” that is shared with CFS staff and community partners. In its review of the Trends Report, SET will determine if any of the outcome measures are trending in the wrong direction, lead discussions, and make recommendations for further research and evaluation. For instance, the timeline for Family Reunification in Orange County has lengthened over a number of quarters so SET has initiated a study to understand why this may be happening. In-depth research is being done, along with line staff focus groups to see if there have been changes in practice that might explain this trend. If issues come to light that appear to be affecting this outcome measure SET will make recommendations for strategies for improvement.

The Redesign Planning Council and other strategy workgroups also review CWS outcomes and have discussions about methods to improve trends.

ICWA

The Indian Child Welfare Act mandates that ICWA eligible children involved in dependency action are identified and that the tribe is notified of all dependency action. The Emergency Response workers facilitate and research information about Indian heritage. The ICWA unit interviews family members, who proclaim to have Indian heritage and provide notification and ongoing contact with the affiliated tribe to determine ICWA eligibility and adherence to ICWA regulations.

MEPA

CFS has recruiters in both the licensing and adoption programs that will target recruitment of foster and adoptive homes based on the cultural and ethnic needs of the children awaiting placement. Many of our FFA’s offer culturally and ethnically diverse homes. Whenever possible, however, Orange County will attempt to place children with family members. At this time approximately 50% of placements are with relatives.

Mental Health screening, assessment and treatment plan

The Health Care agency and Behavioral Health Services co-locate staff with CFS and are available for training, consultation, and assessment of children in the dependency system. This team concept assures a collaborative approach to planning for the mental health care needs of children involved with CFS.

All children who enter OCFC receive an assessment by the Clinical Evaluation and Guidance Unit (CEGU) program and treatment planning begins once children with mental health issues are identified. Treatment planning continues throughout the life of the case with the Continuing Care Placement Unit (CCPU) program. Psychologists carry a caseload of children in out of home

care who have a mental health diagnosis. Planning includes whether children need psychiatric evaluation to identify the need for psychotropic medication.

Currently, CFS and Health Care agency's staff are developing the screening tools and processes that are required as a result of the "Katie A" lawsuit.

Psychotropic medication monitoring

CFS policy requires that the dependency court authorize the use of prescribed psychotropic medication for all dependent children, and that the use of, or change in dosage of, such medication be reviewed every six months by the court. The assigned SSW is required to monitor the use of these medications for children in foster care, assure that caregivers are administering medications properly, and that the caregiver reports any significant changes in the child so that the SSW can notify the psychiatrist and the court.

Children's health and education needs

Public Health Nurses (PHN) are co-located with CFS and are available to consult with staff about children's health concerns. They also document health information in the Health and Education Passport. PHN's are available to go in the field with staff on referrals or cases involving medical issues.

CFS has a program called Specialized Family Services (SFS). The staff in this program are assigned dependency cases of children with special medical needs. They assist relative caregivers with training and understanding and monitoring the children's medical care. In cases where family is not available, children are placed in foster homes with caregivers who are trained in caring for the children's special medical needs.

Also co-located with CFS is the Foster Youth Services (FYS) program that assists with the monitoring of educational information of children in foster care. The FYS, under the auspices of the Department of Education, provide educational reports and information to social workers, including providing reports at the time of TDM meetings so that any concerns about education can be discussed with the FYS liaison who may attend the meeting.

AB 490 Policy Development

Policies and procedures have been written and distributed to all staff regarding compliance with AB 490 resulting in children being kept in their school of origin whenever possible. Education liaisons from FYS assist with this planning. Transportation arrangements are made for children in facilities or homes outside of their home school area if school of origin placement is in the best interest of the child.

Families' involvement in case planning

Please refer to pages 50-52 for information about case planning, including how CFS assures compliance with concurrent planning, TPR, and ILP services.

Participation and Evaluation of programs supported with CAPIT/CBCAP/PSSF funds

As previously indicated, CAPIT funded services are monitored by the SSA Contract Administrators, and by Children and Family Services liaison attendance at case review conferences and utilization reviews. Direct feedback at the conclusion of the utilization review as well as day to day communication is used for quality assurance and compliance. In addition, contracted service providers submit monthly statistical reports to SSA that include numbers of families/clients served by language (English, Spanish, or Vietnamese), total hours of direct services provided, etc.

Each core service funded by PSSF and CBCAP has a unique assessment tool to measure the outcomes of the service. For example, counseling outcomes and effectiveness are measured using the Protective Factors Counseling Assessment Tool to capture the therapist's and client's responses. The tool measures client progress on functioning.

County staff meet monthly with each PSSF and CBCAP contracted service providers to ensure quality of services in addition to addressing any concerns that may require corrective action. County staff also meets monthly with the PSSF contractor to discuss progress, quality assurance, and FRC consumers' satisfaction. Effectiveness of services and concerns are addressed and strategic plans evolve to meet the community's needs. The annual Strategic Plan outlines short- and long-term goals to measure progress and service effectiveness.

For CAPIT funded services, corrective action plans are developed when programmatic or administrative non-compliance or findings are deemed to be serious or persistent even after consultation and training are provided to ensure the contractor comes into compliance. The utilization reviews are a useful tool, providing contractors with immediate feedback as well as written documentation for follow up.

Fiscal oversight for CAPIT/CBCAP/PSSF funded programs is done at the contract administration level. The budget for funded contracts restricts appropriations of respective funding sources to the services approved by the State Office of Child Abuse Prevention. Any discrepancies are discussed with the contractor prior to the invoice being submitted for approval by a Senior Contract Administrator.

Contracted services providers are contractually obligated to submit copies of their financial audit, and/or an organization-wide audit, in compliance with the Federal Office of Management and Budget Circular A-133.

PROBATION - QUALITY ASSURANCE SYSTEM

Quality Assurance is the responsibility of all management and staff. The individual officer is responsible for providing the direct service and first line documentation. The unit supervisor is responsible for reviewing the entirety of the work product and taking appropriate corrective action. Managers conduct periodic reviews of the work product to ensure that the integrity of

the system is maintained. All are responsible for compliance with departmental policies, procedures and performance standards.

Managers may responsibly adjust these guidelines when necessary so that they can be practically applied. The QAS is intended to assess compliance with standards, policies and procedures, and the "health" of the Model System.

The Continuous Quality Improvement (CQI) system provides a framework of six steps that can be applied to the work of any department function, unit, division or bureau to further define key goals and processes and to ensure the quality of service delivery. This model of CQI supports evidence-based decision making as defined by the National Institute of Corrections (NIC) in that the results of the information received from the CQI will be used to help make future decisions that improve services towards accomplishing the department's mission. The communication process used in CQI also allows feedback and input to and from all levels of staff regarding results and progress towards objectives.

The placement unit utilizes CWS/CMS and the Placement Management System (PMS) within the Probation Department's Integrated Management System (ICMS) to gather information needed to assess compliance with the tracking of minors (in-custody and out of custody), case plans, ILPs, Health and Education Passports, court dates and monthly contacts.

The Placement supervisor also tracks the progress made on the System Improvement Plan through quarterly reports.

Indian Child Welfare Act (ICWA)

The Probation Department has created and distributed an ICWA manual for the probation officers to utilize. Training on this topic is pending for the department. The number of ICWA eligible youth is very low at this point. A system has been put in place for probation officers to inquire about possible Native American heritage for each youth when entering the probation department.

Children's mental health and trauma needs

The probation department's Juvenile Hall administers a mental health assessment called the Massachusetts Youth Screening Instrument-2 (MAYSI-2). A policy has been created for administering the assessment to youth in Juvenile Hall.

Scoring requires about 3 minutes and does not require clinical expertise to administer, score or interpret.

- a. The assessment has 7 scales for boys and 6 scales for girls. Each scale has 5 to 9 items.*
- b. Minors that score in the "Caution" and "Warning" areas will be referred to the Clinical Evaluation and Guidance Unit (CEGU) for immediate attention and intervention. Results of all MAYSI-2 assessments will be forwarded to CEGU, regardless of the cut off scores.*

- c. *Minors are generally assessed within three days after they have been admitted into Juvenile Hall.*
- d. *Minors who are directly admitted into Juvenile Hall from a psychiatric hospitalization or minors who are placed on level II or III suicide status will not need to have the MAYSI II administered as they will automatically be referred and seen by a CEGU therapist within 24 hours.*

If the screening staff becomes aware of a minor having extreme suicidal ideation a CEGU therapist is contacted immediately by phone for follow up intervention. If the minor discloses physical/emotional/sexual abuse that has never been reported a CAR report will be submitted.

A copy of all completed and scored MAYSI-2 assessments will be forwarded by Intake Services staff to the Clinical Evaluation and Guidance Unit (CEGU), which will be responsible for evaluating and responding to the mental health needs of each individual minor in Juvenile Hall. Based on the MAYSI-2 results and other available information (psychological history, previous CEGU consults, etc.) CEGU staff will triage each minor for the need/priority of follow up treatment intervention services. Treatment recommendations determined by CEGU staff will be submitted on a CEGU/Probation feedback form.

Monitoring of prescription/psychotropic medications

When a youth is adjudged a dependent of the juvenile court only a juvenile court judicial officer has the authority to issue orders regarding the administration of psychotropic medications.

Court authorization for the administration of psychotropic medications is based on a request from a physician indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication and a description of any side effects of the medication, maximum total dosage, treatment duration and administration schedule.

When a youth becomes a ward of the court and is placed under the supervision of the Probation Department, he or she is subject to the same procedure for authorization of psychotropic medications as youth placed in foster care.

All children in out-of home care are eligible for Medi-Cal health care and Denti-Cal dental coverage, including regular CHDP physical examinations. CHDP health and dental assessments are conducted in accordance with CHDP Periodicity Schedules. CHDP is responsible for completing periodic preventive health assessments and, when necessary, referrals for diagnosis and treatment services pursuant to the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements. CHDP also assists with obtaining diagnostic and treatment services for medical, dental, and mental health problems identified during the health assessment.

Physical health and education needs

This is achieved through the Welfare and Institutions Code Section 16010 (a) & (b) that mandates the case plan for every child in foster care include a summary of the child's health and education information and that a copy of the summary be attached to all court reports. In

addition, WIC section 16010 (c) requires CFS to provide the caretaker with the child's current health and education summary, but no later than 30 days after initial placement and for each subsequent placement is to be provided within 48 hours of the replacement.

A public health nurse from the Health Care Agency is assigned to assist the placement unit with gathering and entering all medical information into CWS/CMS for the probation officers. There is also a representative from the Department of Education assigned to the Foster Youth Services unit who assists the placement unit with reports for the court and information pertaining to the status of the youth in terms of graduation status and special education needs.

Critical Incident Review Process

Child Welfare - Critical Incident Review Process

Orange County adheres to Senate Bill 39 (SB 39) and Division 31-500 regulations for child deaths and near fatalities reporting due to abuse and/or neglect. SB 39 clarifies the requirements for the reporting and disclosure of child fatality information in California. Division 31-500 provides further clarification and instruction to counties. California Department of Social Services also identifies the notification and public request responsibilities to state agencies and the community outside SSA. The Orange County Child Abuse Registry (CAR) Hotline accepts reports, including informational calls from the Coroner, law enforcement, mandated reporters and members of the community when the death is suspected of being due to child abuse or neglect.

CFS will accept, and refer out to law enforcement, reports of child fatalities where there is not a child currently at risk of child abuse or neglect. Within one hour of receiving a report, including weekends, after-hours and holidays, all fatalities or near fatalities due to suspected child abuse or neglect will be reported to:

- Local law enforcement (unless already reported)
- CAR (unless already reported)
- CFS/SSA chain of command

An initial Special Incident Report (SIR) is completed within one business day and distributed to the Orange County chain of command, including the Board of Supervisors, CEO, County Risk Management, along with the Juvenile Justice Commission if the child was an Orange County dependent. Systemic reviews are completed for families with an open case or for whom prior services were provided if the child's fatality is determined to be due to abuse/neglect.

Annual reconciliation is determined by county tracking records. County staff from Emergency Response, Child Abuse Registry, County Counsel, and Quality Assurance participate on the local Coroners Death Review Team (CDRT).

Probation - Critical Incident Review Process

The following information represents the Orange County Probation Department's notification system for the death of minor; an alleged criminal act by a staff member or person contracted by Orange County to provide care to a minor; a Probation Officer or employee; any incident in which a youth violates Penal Code Sections: 261.5 (Unlawful Sexual Intercourse), 286 (Sodomy), 288 (Lewd and Lascivious Acts), 288a (Oral Copulation), or has been involved in a sexual act with another while in custody; any environmental or structural condition which requires evacuation or relocation of minors or otherwise affects their safety or welfare.

After appropriate emergency measures have been taken, the discovering employee will notify as soon as possible the appropriate Probation Division Director who is responsible for notification of his/her Chief Deputy Probation Officer for any of the above-listed incidences.

In the case of the death of a minor described above, the Chief Probation Officer or his designee will immediately notify by telephone, with a written report to follow within 24 hours:

- *The District Attorney,*
- *The Presiding Judge of the Juvenile Court*
- *The Chairman of the Juvenile Justice Commission*
- *The Departmental Safety Officer*
- *County Risk Management*
- *Orange County Employees Association (OCEA)*

As well as notify:

- *Clerk of the Board of Supervisors in writing within 24 hours*
- *The County Executive Officer (CEO) in writing within 24 hours.*
- *OCSD will be notified immediately by telephone, in writing within eight hours.*
- *The Coroner will be notified immediately*
- *Bureau of Criminal Statistics, within 10 days (for the Attorney General)*

The following information represents the Orange County Probation Department's policy for addressing deaths, serious suicide attempts and other serious incidents related to minors in custody: Upon discovering what appears to be a suicide attempt or serious injury, determine the necessity for immediate medical aid, call for staff assistance and initiate the necessary treatment. Staff not involved in immediate treatment will first call paramedics, and then contact the Juvenile Hall medical unit. Additionally, the scene will be preserved for any further investigation.

Post Incident Medical and Operational Review

A medical and operational review will occur within 10 days following an in-custody death of a minor. The review team shall include the Chief Probation Officer, CDPO-Juvenile Intake and Detention Bureau, Institutional DD and other administrative and supervisory staff relevant to the incident, e.g., responsible physician, nursing supervisor, legal counsel, Coroner, etc. Written policies and procedures for such review shall be jointly established by the facility administrator in cooperation with the county health administrator.

The supervisor of the placement monitor attends the Child Death Review Team meetings chaired by the Coroner's Office. The purpose of these meetings is to discuss trends in cause of death for youth and to target trends that need to be addressed (general neglect, physical neglect, and emotional neglect). The current trend identified by the group is co-sleeping. A large number of deaths occurring in Orange County, whether the cause of death is identified or not, has co-sleeping involved. The members of the group are participating in outreach to communities to share the dangers of this parenting practice. These outreach efforts include notifying the hospitals when a baby less than one year old dies in a co-sleeping situation (with the intent to make the hospital aware they need to increase their education of new mothers) and community events designed to educate different cultures about the danger surrounding the practice.

Peer Review Summary

Child Welfare - Peer Review Summary

The Orange County C-CFSR Peer Review was completed by SSA's Children & Family Services (CFS) Division and the Probation Department in June 2013.

Focus Area

The specific Outcome Data Measure identified in consultation with the Children's Services Outcomes & Accountability Bureau (CSOAB) was "Placement Stability". A child is considered to have "placement stability" when he or she has had two or fewer placements during the current episode of foster care. Although Orange County is considered a high performing county related to this outcome measure, this is an outcome measure where California, as a whole, is underperforming.

The Placement Stability composite includes the following measures:

- C4.1 Placement Stability (8 days to 12 months in care)
Orange County Social Services Agency: 89.7%
National Standard: 86%
- C4.2 Placement Stability (12 to 24 months in care)
Orange County Social Services Agency: 68.5%
National Standard: 65.4%
- C4.3 Placement Stability (at least 24 months in care)
Orange County Social Services Agency: 34.2%
National Standard: 41.8%

Method

Orange County hosted child welfare personnel from San Bernardino, Santa Clara and San Francisco Counties to conduct 24 interviews with Senior Social Workers (SSW) from four continuing court programs:

- Adoptions
- Integrated Continuing Services, predominantly focused on cases with Family Reunification & Family Maintenance Case Plans
- Permanency Services Program, predominantly focused on cases with Long Term Foster Care case plans
- Specialized Family Services, predominately focused on cases in which the child has specialized medical needs and/or developmental disabilities, regardless of the court ordered case plan

The social workers interviewed were the assigned workers providing services to the children and families in which cases were randomly selected by the PR Planning Committee.

The selected cases were equally inclusive of children from two of the three composites: children in care 12 to 24 months (12 cases) and children in care at least 24 months (12 cases). Cases were stratified by age, gender and ethnicity, number of placements, placement types and geographic location of placement. There were six cases selected (25%) in which the child did have placement stability as defined by the outcome measure. With the exception of three cases closed in recent months prior to the Peer Review, all cases selected were open and under the jurisdiction of the Orange County Juvenile Court with custody vested in the Social Services Agency for suitable placement at the time of the review.

There was a total of 15 Peer County Delegates, nine with child welfare and six with a juvenile probation background. The five interview teams were composed of three Peer County Delegates and inclusive of both child welfare and juvenile probation peers. Each team conducted six interviews, both child welfare and juvenile probation cases and the teams debriefed after each interview. Each team conducted at least one positive outcome case interview. The delegates identified common themes throughout the process regarding the following areas of practice: background, engagement, case management and concurrent planning, assessment and services, placement matching, caretaker support and services, placement changes and recommendations.

Summary of Findings

The Peer Review process afforded Orange County the benefit of recognition by our peers of social work practices which are resulting in positive outcomes for the children and families we serve, as well as the opportunity to receive objective feedback on areas in need of improvement.

Promising Practices related to placement stability include:

- High regard for the CFS social workers overall sense of competency as evidenced by their array of skills, abilities, dedication and years of experience
- Our social work practice is culturally competent and social workers demonstrate cultural sensitivity
- Children in out-of-home care are placed with relatives approximately 50% of the time

- Relatives are assessed immediately for placement upon detention and throughout the life of the case
- An equally concerted effort is put forth to place siblings together
- Social Workers engage parents in the early phase of the case as well as throughout the life of the case
- Parents and youth are often consulted when placement changes occur
- Visitation orders are often extensive and liberal
- Social Workers are leveraging technology utilizing multiple modalities to maintain contact and to be accessible to caregivers; face-to-face contact frequently occurs more than once a month
- Social Workers continually assess the child's need for educational services and maintain contact with school personnel

Barriers and Challenges to placement stability include:

- Gaps in services for children placed out-of-county
- Lack of placement resources for older youth
- Collectively, placement homes have unrealistic expectations of the child's behavior and show little commitment to the child/children placed in their care
- The Assigned Social Worker and Placement Social Worker do not always agree or consult with each other about placement decisions
- Psychological evaluations and/or mental health assessments are not consistently ordered/completed on children
- At times, the religious beliefs of the foster parent or relative caregiver prevented them from obtaining needed services for the child

Recommendations for placement stability include:

- Train both caregivers and social work staff about resources and services available for children in out-of-home placement
- Close gaps in services for children placed outside of Orange County
 - Implement a method to streamline MediCal/Cal Optima
- Provide more supports and resources for caregivers, especially relative caregivers, who are overwhelmed with the complex responsibilities of caring for dependent children
- Allow social workers more time to do placement matching
- Develop a policy/ procedure for transitioning cases between social workers
- Consider implementation of a "vertical" case management which would minimize the number of social workers assigned to the case
 - This would allow social workers greater variety by having a "mixed" caseload
 - This would allow social workers to reap the benefits of an adoption happy ending

Positive Peer Practices

Our Peer Counties shared many “Promising Practices” related to achieving positive outcomes in their child welfare practice, specifically, placement stability. Some of the more innovative promising practices include the following:

- Staff are available 24/7 to assess relatives and non-related extended family members (NREFMs) as viable placement options (San Francisco & San Bernardino)
- Use the 3-5-7 Model© as a guided approach for child welfare professionals to assist children and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses (San Bernardino)
- All foster families who are licensed (including Fos/Adopt and ESH) are expected to take children on an emergency or long term basis, and be open to fostering all age ranges. (Santa Clara)
- Mental Health screenings are provided for all children placed in out-of-home care along with additional developmental screenings (i.e. occupational, speech) for all children 0 – 5 years old. (San Bernardino)

How Orange County will address recommendations:

- Improved sharing of resources with social workers and caregivers can be accomplished through email information, guest presentations at unit meetings, sharing of resources at Strategy Meetings, continued regionalization of caseloads so social workers become acquainted with services, and continued feedback loops between the FaCT Liaisons and the FRC’s to tailor services to the particular needs of the community served.
- Orange County is working to increase the number of in-county foster homes to reduce the need for out of county placements. This will involve expanding the use of our Concurrent Planning families to take short term foster placements or Emergency Shelter placements, and re-educating our current foster parents via Trauma Informed System of Care to expand their ability to take more challenging youth and thus avoid placing in out of county homes.
- There is discussion of developing a specialized unit of placement workers, who would support relative caregivers, provide resources, and supportive services for their specialized needs. Additionally, through the Quality Parenting Initiative, a relative Mentor program is being developed. This will provide supports from experienced relative caregivers to those who are struggling with providing care to their relative children.
- Increasing the number of Emergency Shelter Homes would allow the Placement Unit to have sufficient time to more thoroughly assess and prepare placement homes, whether relative or foster.
- Currently a workgroup has been formed to improve the case transfer process, including, but not limited to, the requirement that the assigned social workers communicate by phone or in person as the case is transitioning from one to the other.
- A vertical unit process is being discussed for at least the front end of dependency process.

Probation Peer Review Summary

The Peer Review provided a lot of insight to improvements that can be made on behalf of the youth and probation officers of the Placement Unit. The main areas that will be focused on for improvements will be the mental health screening for youth before entering the Placement unit and getting more clerical assistance for the probation officers. The following information are the results from the 2013 Peer Review:

Summary of Findings

Staff Background

Strengths

- *P.O.s had lots of training that was appropriate for their position/caseload*
- *Only one P.O. is assigned for the duration of the case*
- *P.O. had low caseloads (18)*

Barriers and Challenges

- *Paperwork and caseloads are increasing*

Case Management and Concurrent Planning

Strengths

- *P.O.s use the Placement Incentive Program to reward positive behavior*
- *P.O. prepared minor for transitioning to AB12 or SILP*
- *P.O. had a positive outlook on the youth despite youth's history*

Barriers and Challenges

- *P.O. has to document in two computer systems (CWS/CMS system and county system).*
- *Other than the initial investigation, family finding efforts were not continued throughout the life of the case.*

Engagement

Strengths

- *P.O. engaged the parent in placement decisions*
- *P.O. encouraged youth to keep in contact with prior placements and make life-long connections*
- *P.O. was able to meet with the youth frequently*
- *P.O. had a lot of contact with the service providers*

Barriers and Challenges

- *Geographical distance between youth's placement and bio home made it difficult to facilitate visitation*

Assessments and Services

Strengths

- *P.O. was able to initiate the mental health assessment at juvenile hall*
- *P.O. communicated frequently with minor's school in order to mitigate some of the disciplinary issues*

- *P.O.s work with same group home staff which created consistency in services and assessments being delivered to minors*

Barriers and Challenges

- *Mental Health Screening Process is inconsistent; not always done at juvenile hall*

Placement Matching

Strengths

- *P.O. staffs the case with their unit to discuss placement decisions*
- *P.O. gets the youths input regarding placement decisions*

Barriers and Challenges

- *A limited number of foster placements available in Orange County, therefore youth are placed in group homes*
- *A limited number of group homes in Orange County, therefore youth are moved out of their community of origin*

Caretaker Support and Services

Strengths

- *P.O.s placed minors in group homes that met all the youth's needs (medical, dental, educational, therapy, etc) and that served the youth's individual interests. (for ex: cooking class)*
- *Pre-placement referral was very thorough so that caretakers were aware of minor's needs*
- *P.O. had built rapport with the group home staff due to having multiple youth placed in same group home; P.O. had lots of contact with group home staff*

Barriers and Challenges

- *When youth's placement changed, youth had to start over in services, since all the services were provided by the group home*
- *Youth with significant issues/mental health/behavior were not routinely receiving a psych evaluation*

Placement Changes

Strengths

- *P.O. prepared the youth for new placements/placement changes*
- *P.O. gives prospective foster parents/group home a PSR report (Placement Suitability Report) to prepare the placement for the youth*

Barriers and Challenges

- *When minors were placed out of county, group homes are not providing transportation to services and for family visits*
- *P.O. relied solely on information given by the family for other connections/potential placements- instead of using other search methods as well*

Recommendations

Training

- *P.O.s need more training on placement and what effects placement stability for youth.*

Resources

- *Need more placement options for probation youth in county. (ex: for girls, and for young minors)*
- *Would like an eligibility technician in their unit.*
- *Would like to bring back the Senior P.O. position to give some support to placement officers*

The promising practices identified from Peer Counties

Santa Clara Probation

- *A Mental Health assessment is mandated and completed before a Placement order is given to any minor*
- *The Placement Unit receives the results of the assessment in order to make appropriate Placement decisions*
- *San Bernardino Probation*
- *A Mental Health Court was created to provide services to minors with Axis I diagnosis*
- *The Placement Unit clerical staff complete all of the CWS/CMS entering for the DPOs, allowing them more time to work with their minors*

Riverside Probation

- *Divide their 40 hours of training into 20 hours of Probation specific training and 20 hours of unit specialized training*
- *Clerical staff enter all CWS/CMS information*
- *Independent ILP Unit and AB12 Unit separate from Placement Unit*

Los Angeles Probation

- *A Multi-Disciplinary Team meeting occurs within 7 days of the minor being placed*

San Diego Probation

- *A mental health assessment is completed before a minor is placed in a group home*

Outcome Data Measures

The following describes the federal and state outcome measures and compares significant changes from the time of the previous CSA in 2009 to 2013. Analyses of outcome areas are discussed following the applicable charts and areas of best practice and continued improvement are included.

The first set of charts provides an overview of Orange County's child welfare demographics followed by a summary of federal and state outcomes. Following this section are charts and analyses specific to each outcome area.

Demographic Profile (Foster Care and General Population) and Summary of Outcome Data

<i>Child Welfare Services Participation Rates</i>				
Participation Rates	OC Baseline (2007)		OC Current (2012)	
Number of children < 18 in population	767,623		724,926	
Number & rate of children with referrals	28,083	36.6 per 1,000	24,566	33.9 per 1000
Number & rate of children with substantiated referrals	9,875	12.9 per 1,000	5,788	8.0 per 1000
Number & rate of entries	1,762	2.3 per 1,000	1,160	1.6 per 1000
Number & rate of children in care on July 1	3,051	4.0 per 1,000	2,992	3.7 per 1000
<i>Safety Outcomes: Children are protected from abuse and neglect</i>				
Outcomes	National Standard	State Objective	OC Baseline	OC Current ⁱ
S1.1 No recurrence of maltreatment (Fed)	94.6%	To increase	93.4%	94.3%
S2.1 No maltreatment in foster care (Fed)	99.68%	To increase	99.72%	99.94%
2B Immediate Response Compliance (State)	N/A	To increase	99.3%	98.5%
2B 10 Day Response Compliance (State)	N/A	To increase	96.5%	94.6%
2C Children who received a required monthly social worker visit (State)	N/A	To increase	92.1%	95.8%

**Permanency & Stability Outcomes: Children have permanency and stability
in their living situations without increasing reentry to foster care**

Outcomes	National Standard	State Objective	OC Baseline ¹	OC Current ²
C1 Reunification Composite (Fed)	122.8	To increase	125.8	114.2
C1.1 Reunification within 12 months – Exit cohort (Fed)	75.2%	To increase	65.3%	55.0%
C1.2 Median time to reunification – Exit cohort (Fed)	5.4 mo	To decrease	8.7 mo	10.9 mo
C1.3 Reunification within 12 months – Entry cohort (Fed)	48.4%	To increase	40.7%	35.6%
C1.4 Reentry following reunification – Exit cohort (Fed)	9.9%	To decrease	6.8%	5.9%
C2 Adoption Composite	106.4	To increase	113.2	111.5
C2.1 Adoption within 24 months – Exit cohort (Fed)	36.6%	To increase	32.8%	33.6%
C2.2 Median time to adoption – Exit cohort (Fed)	27.3 mo	To decrease	28.0 mo	29.6 mo
C2.3 Adoption within 12 months – 17 months in care (Fed)	22.7%	To increase	22.0%	20.6%
C2.4 Legally free within 6 months – 17 months in care (Fed)	10.9%	To increase	11.3%	9.0%
C2.5 Adoption within 12 months – Legally free (Fed)	53.7%	To increase	55.1%	61.0%
C3 Long Term Care Composite	121.7	To increase	115.7	108.0
C3.1 Exits to permanency – 24 months in care (Fed)	29.1%	To increase	23.6%	22.1%
C3.2 Exits to permanency – Legally free at exit (Fed)	98.0%	To increase	97.7%	98.5%
C3.3 In care 3 years or longer – Emancipated/Age 18 (Fed)	37.5%	To decrease	47.7%	55.8%
C4 Placement Stability Composite (Fed)	101.5	To increase	95.6	103.2
C4.1 Placement stability – 8 days to 12 months in care (Fed)	86.0%	To increase	84.6%	89.0%
C4.2 Placement stability – 12 months to 24 months in care (Fed)	65.4%	To increase	62.6%	69.5%
C4.3 Placement stability – At least 24 months in care (Fed)	41.8%	To increase	32.9%	36.2%

Family Relationships & Connections Outcomes: The family relationships and connections of the children served by the CWS will be preserved, as appropriate

Outcomes	National Standard	State Objective	OC Baseline¹	OC Current²
4A Percent of siblings in out-of-home placement that are placed with ALL siblings (State)	N/A	To increase	56.0%	61.0%
4A Percent of siblings in out-of-home placement that are placed with SOME or ALL siblings (State)	N/A	To increase	76.9%	77.8%
4B Least restrictive placement – Initial placement with Relative (State)	N/A	To increase	30.8%	48.4%
4B Least restrictive placement – Initial placement in a Foster Home (State)	N/A	To increase	10.0%	10.0%
4B Least restrictive placement – Initial placement in an FFA (State)	N/A	To decrease	2.0%	9.6%
4B Least restrictive placement – Initial placement in Group/Shelter placement (State)	N/A	To decrease	56.8%	31.4%
4B Least restrictive placement – Initial placement in Other placements (State)	N/A	To decrease	0.4%	0.7%
4B Least restrictive placement – Point-in-time placement with Relative (State)	N/A	To increase	42.1%	48.6%
4B Least restrictive placement – Point-in-time placement in a Foster Home (State)	N/A	To increase	9.1%	7.2%
4B Least restrictive placement – Point-in-time placement in an FFA (State)	N/A	To decrease	19.4%	14.4%
4B Least restrictive placement – Point-in-time placement in Group/Shelter placement (State)	N/A	To decrease	8.3%	7.9%
4B Least restrictive placement – Point-in-time placement in Other placements (State)	N/A	To decrease	21.2%	21.9%
4E(1) ICWA eligible placement status – Percent in Relative Home (State)	N/A	To increase	50.0%	38.5%
4E(1) ICWA eligible placement status – Percent w/ non-relative Indian family (State)	N/A	To increase	0%	3.8%
4E(1) ICWA eligible placement status – Percent w/ non-relative non-Indian family (State)	N/A	To decrease	16.7%	46.2%

Family Relationships & Connections Outcomes: The family relationships and connections of the children served by the CWS will be preserved, as appropriate				
Outcomes	National Standard	State Objective	OC Baseline¹	OC Current²
4E(1) ICWA eligible placement status – Percent w/ non-relative ethnicity missing (State)	N/A	To decrease	4.2%	0%
4E(1) ICWA eligible placement status – Percent w/ non-relative Group home (State)	N/A	To decrease	29.2%	7.7%
4E(1) ICWA eligible placement status – Percent w/ non-relative Other (State)	N/A	To decrease	0%	0%
4E(2) Multi-Ethnic placement status Percent in Relative Home (State)	N/A	To increase	40.0%	27.8%
4E(2) Multi-Ethnic placement status – Percent w/ non-relative Indian family (State)	N/A	To increase	0%	5.6%
4E(2) Multi-Ethnic placement status Percent w/ non-relative non-Indian family (State)	N/A	To decrease	33.3%	61.1%
4E(2) Multi-Ethnic placement status – Percent w/ non-relative ethnicity missing (State)	N/A	To decrease	6.7%	0%
4E(2) Multi-Ethnic placement status – Percent w/ non-relative Group home (State)	N/A	To decrease	20.0%	0%
4E(2) Multi-Ethnic placement status – Percent w/ non-relative Other (State)	N/A	To decrease	0%	0%

Well-Being Outcomes: Children receive services adequate to their physical, emotional and mental health needs				
Outcomes	National Standard	State Objective	OC Baseline¹	OC Current²
5B(1) Rate of Timely Health Exams (State)	N/A	To increase	87.0%	87.5%
5B(2) Rate of Timely Dental Exams (State)	N/A	To increase	66.0%	68.5%
5F Authorized for psychotropic medication (State)	N/A	N/A	10.7%	12.7%
6B Individualized Education Plan (State)	N/A	N/A	18.4%	16.6%

Children Transitioning to Self-Sufficient Adulthood: Youth emancipating from foster care are prepared to transition to adulthood				
Outcomes	National Standard	State Objective	OC Baseline¹	OC Current²
8A Completed High School or Equivalency	N/A	To increase	--	33.3%
8A Obtained Employment	N/A	To increase	--	16.7%
8A Have Housing Arrangements	N/A	To increase	--	83.3%
8A Received ILP Services	N/A	To increase	--	100%
8A Permanency Connection with an Adult	N/A	To increase	--	50%

¹ OC baseline data reflect the study periods available in the January 2009 AB 636 Quarterly Outcomes and Accountability County Data Report updated with data from the July 2013 AB 636 Quarterly Outcomes and Accountability County Data Report.

² OC current data reflect the study periods available in the July 2013 AB 636 Quarterly Outcomes and Accountability County Data Report.

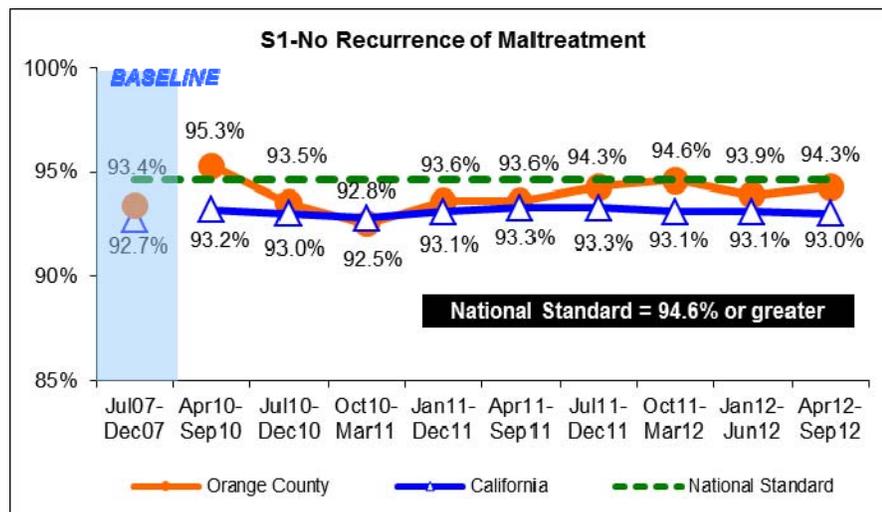
CWS Outcomes and C-CFSR Data Indicators

Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

S1 – No Recurrence of Maltreatment

S1-Of all children who were victims of a substantiated or indicated maltreatment allegation during the first 6 months of a year, what percent were not victims of another substantiated or indicated maltreatment allegation within the next 6-month period?



S1. No Recurrence of Maltreatment					
S1	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 94.6%	94.8%	100.2%	93.4%	98.7%
White	≥ 94.6%	91.6%	96.8%	92.4%	97.7%
Latino	≥ 94.6%	93.6%	98.9%	94.8%	100.2%
Asian/Pacif Islander	≥ 94.6%	99.1%	104.8%	96.5%	102.0%
Native American	≥ 94.6%	100.0%	105.7%	100.0%	105.7%
Total	≥ 94.6%	93.4%	98.7%	94.3%	99.7%

*Percentages in blue font represent percent to standard value ≥ 100%, which means performance on that measure for the particular subgroup has met or exceeded the National Standard. Percentages in red font represent percent to standard value < 100%, which means performance on that measure for the particular subgroup has not met the National Standard.

S1. No Recurrence of Maltreatment					
S1	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 94.6%	94.4%	99.8%	93.3%	98.6%
1 - 2	≥ 94.6%	92.9%	98.2%	94.4%	99.8%
3 - 5	≥ 94.6%	92.6%	97.9%	93.0%	98.3%
6 - 10	≥ 94.6%	92.8%	98.1%	94.5%	99.9%
11 - 15	≥ 94.6%	93.4%	98.7%	94.9%	100.3%
16 - 17	≥ 94.6%	95.9%	101.4%	96.3%	101.8%
18 - 20	≥ 94.6%	NA	--	100.0%	105.7%
Total	≥ 94.6%	93.4%	98.7%	94.3%	99.7%

S1. No Recurrence of Maltreatment					
S1	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 94.6%	93.7%	99.0%	94.0%	99.4%
Male	≥ 94.6%	93.1%	98.4%	94.5%	99.9%
Total	≥ 94.6%	93.4%	98.7%	94.3%	99.7%

► **Analysis: S1. No Recurrence of Maltreatment**

Orange County CFS has consistently hovered very close but slightly below the National Standard of 94.6% (currently 99.7% of the standard). Over the past few years, Orange County’s performance has been slightly higher than its performance during the last CSA (93.4%), remaining within 2% below the standard. Percentages are fairly consistent across ethnicities. Black and Asian/Pacific Islander children have had slight increases in recurrence compared to the last CSA while the Latino group has had fewer recurrences of maltreatment. Percentages are also fairly consistent across ages, although older children tend to have slightly lower recurrence rates compared to younger children. There are no apparent gender differences.

In an effort to reduce recurrence of abuse, Orange County provides preventive services for families at risk of abuse and neglect through a number of programs including:

CFS Programs

- Family Maintenance Collaborative Services
 - Differential Response Program
- Healthy Tomorrows School program
- Emergency Response services
- Family Resource Centers (FRC’s)

Family Self Sufficiency

- CalWORKs preventive services
 - Domestic Abuse Services Unit

Community Partners

- Family Support Network
 - Parent Mentors assist families entering the dependency system providing support for mothers and fathers, including community resource connections that help maintain the family once they have left dependency
- Basic needs

- Faith in Motion
- Community education in child abuse
- Strategy groups where community partners give input and suggestions

Strength based practices, policies, and procedures that support low rates of recurrence of maltreatment include:

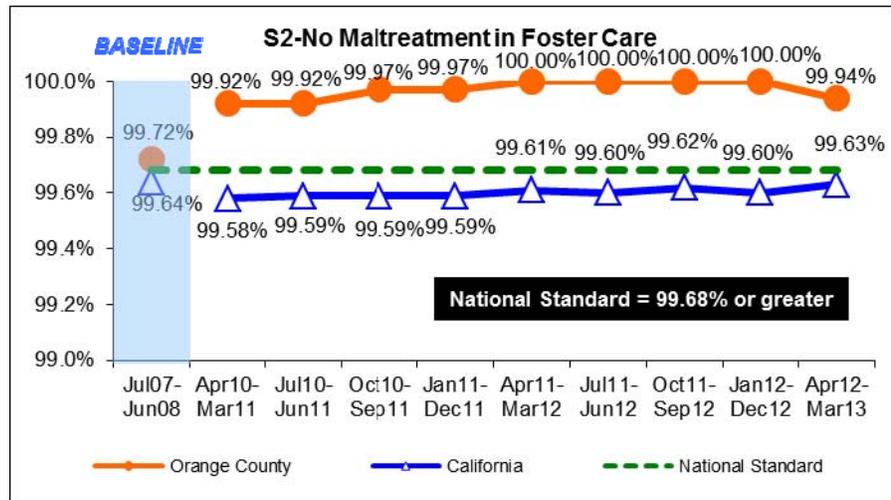
- Higher placements in relative and NREFM homes resulting in fewer disruptions
- Pre-removal TDM meetings prevent placements and develop safety plans for children who remain at home
- Orange County's Quality Assurance Program reviews cases and makes recommendations regarding difficult case situations and child deaths
- SDM assessment tools are used to determine safety and risk in child abuse cases and guide the decision making process, supporting uniformity across workers, supervisors, and case situations
- In conjunction with the SDM Safety Assessment, Safety Plans are implemented when a safety factor has been identified and a child is left in the home
- Path Two Differential Response services are offered in coordination with Family Resource Centers
- Wraparound services provide added resources and support to link families to community programs that can continue to provide support after the case is closed
- Spanish speakers support group for caregivers provides a place to voice concerns and receive support

Areas for continued improvement as provided through stakeholder feedback:

- Increase use of pre-removal TDM's for at-risk families
- Provide intensive in-home services for families with at-risk children to prevent out of home placement
- Increase social worker knowledge, understanding and access of all available services
- Increase access to in-home services, basic needs, housing and other emergency services
- Parent Mentors would like to be able to engage with parents at anytime during dependency and not just at the earliest stages

S2 – No Maltreatment in Foster Care

S2- Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member?



S2. No Maltreatment in Foster Care					
S2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 99.68%	99.66%	100.0%	100.00%	100.3%
White	≥ 99.68%	99.93%	100.3%	100.00%	100.3%
Latino	≥ 99.68%	99.67%	100.0%	99.90%	100.2%
Asian/Pacif Islander	≥ 99.68%	99.10%	99.4%	100.00%	100.3%
Native American	≥ 99.68%	100.00%	100.3%	100.00%	100.3%
Total	≥ 99.68%	99.72%	100.0%	99.94%	100.3%

S2. No Maltreatment in Foster Care					
S2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 99.68%	99.83%	100.2%	100.00%	100.3%
1 - 2	≥ 99.68%	99.84%	100.2%	100.00%	100.3%
3 - 5	≥ 99.68%	99.58%	99.9%	100.00%	100.3%
6 - 10	≥ 99.68%	99.71%	100.0%	99.86%	100.2%
11 - 15	≥ 99.68%	99.65%	100.0%	99.87%	100.2%
16 - 17	≥ 99.68%	100.00%	100.3%	100.00%	100.3%
18 - 20	≥ 99.68%	98.73%	99.0%	100.00%	100.3%
Total	≥ 99.68%	99.72%	100.0%	99.94%	100.3%

S2. No Maltreatment in Foster Care					
S2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 99.68%	99.67%	100.0%	99.88%	100.2%
Male	≥ 99.68%	99.78%	100.1%	100.00%	100.3%
Total	≥ 99.68%	99.72%	100.0%	99.94%	100.3%

► **Analysis: S2. No Maltreatment in Foster Care**

Orange County consistently performs above the National Standard on the measure of no maltreatment in foster care measure. The percent of no maltreatment was slightly above the standard during the last CSA (July 1, 2007 to June 30, 2008), and has since increased to rates close to or at 100% no recurrence. Since the overall rate of no recurrence is close to 100%, percentages are consistent across ethnic groups, age groups, and gender groups.

Best practices, policies, and procedures utilized to assure child safety in out of home care include:

- Orange County licenses its own foster homes
- Foster Care Advisory Board meets every other month
- Foster parent support groups provide support and guidance
- CFS Foster parent liaison oversees and supports all foster parent and kinship parent activities and education
- Respite care provides 72 hours of respite for foster and relative caregivers

- Relative Assessment Unit (RAU)
- PRIDE Training is provided to all potential adoptive and foster parents
- Yearly Foster Parent Conference provides training on a variety of topics
- Saddleback College Training for caregivers provides ongoing training on specialized topics relevant to caring for the dependency population
- Icebreaker meetings occur within 10 days of placement
- High rate of social worker contact with children in care, as well as care providers, resulting in opportunities for early intervention in problematic cases
- TDM placement preservation meetings for at-risk placements
- Wraparound Team Meetings for at-risk placements
- Extensive use of relative caregivers
- Availability of advanced training for caregivers, including relatives
- Provision of County funds for emergency relative placements prior to final approval
- Funds and household items are provided on an emergency basis to support relatives' ability to care for related foster children

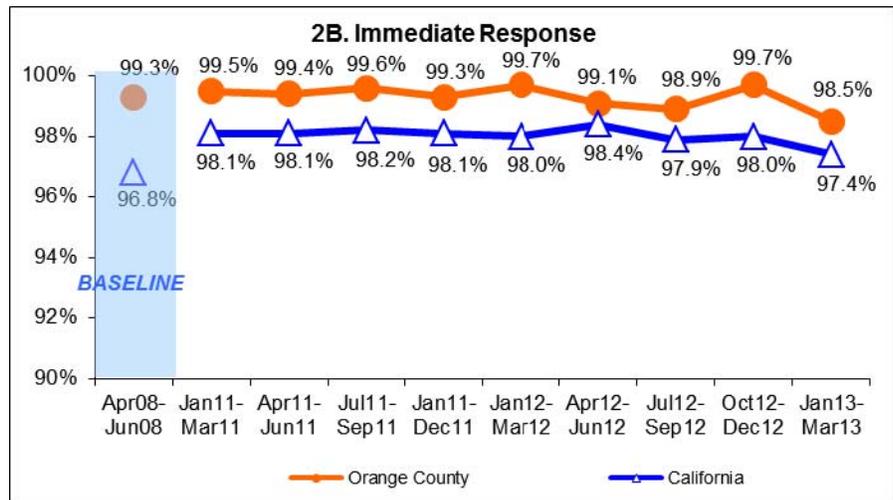
Areas for Continued Improvement based on stakeholder feedback:

- Increase support and engagement with relative caregivers
- Require parenting training for relative caregivers to stabilize placements and increase understanding of developmental and behavioral issues
- Provide Trauma Informed training to all caregivers

2B - State Outcome Measure: Percent of Child Abuse/Neglect Referrals with a Timely Response - Immediate and 10-Day Response

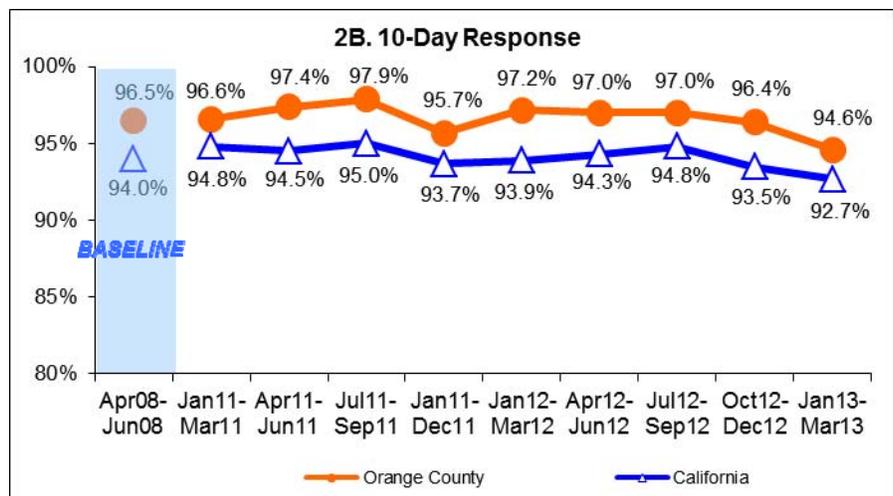
2B. State Outcome measure:

Percent of child abuse/neglect referrals with a timely response (Immediate Response Compliance)



2B. State Outcome measure:

Percent of child abuse/neglect referrals with a timely response (10-Day Response Compliance)



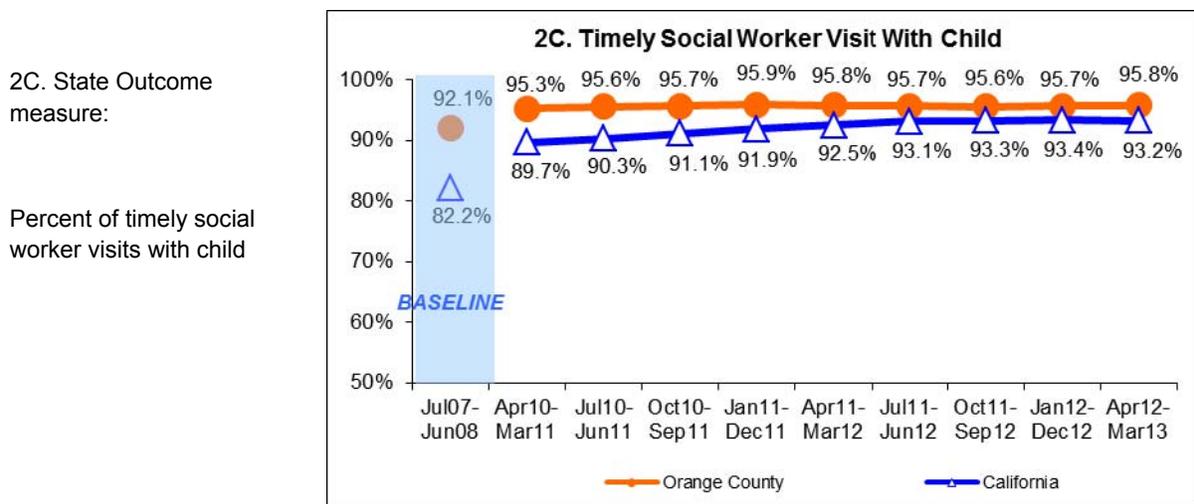
► Analysis: 2B. Timely Emergency Response

Social workers have been timely in responding to immediate and 10-day response referrals. Social workers respond timely to approximately 99% of all immediate response referrals remaining above the California state average. This trend has remained fairly consistent and is comparable to the high rate of compliance during the last CSA (99.3% in April-June 2008). Ten-day response referrals have also remained fairly stable. In the most recent period (January-March 2013), 94.6% of 10-day response referrals were responded to in a timely manner compared to 96.5% of referrals during the last CSA.

Best practices, policies, and procedures that contribute to positive outcomes regarding response times include:

- Orange County requires monthly social worker statistics that report client contacts
- Supervisors monitor the Emergency Response assignment log to ensure that referrals requiring immediate responses are assigned in a timely fashion
- Response time to immediate response referrals is two hours
- Supervisors review contacts on promoted and closed referrals
- Supervisors and management receive Business Object Reports that describe response time compliance by program, unit, and social worker - these reports are regularly reviewed at managers' meetings
- Supervisors, managers and social workers have access to Safe Measures, which provides compliance by program, unit, and social worker and shows compliance trends illustrated through various online charts and tables

2C - State Outcome Measure: Percent of Timely Social Worker Visits with Child



► Analysis: 2C. Timely Social Worker Visits

Orange County social workers make timely visits with children. This compliance rate has been increasing within the past five years. In the most recent quarter, social workers responded in a timely manner to 95.8% of all required visits, compared to 92.1% of all required visits during the last CSA.

Best practices, policies, and procedures contributing to positive outcomes with social worker visitation include:

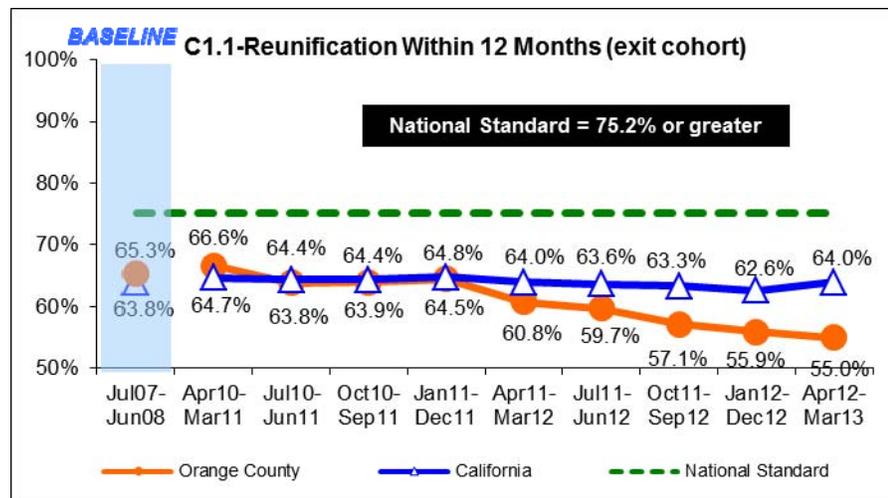
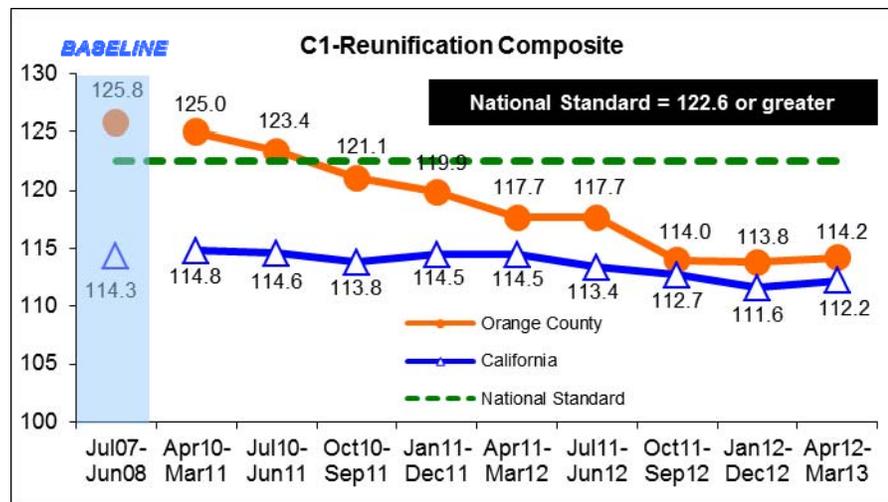
- Child safety and well-being, in part ensured through regular contact, is stressed as an overriding Agency priority
- Orange County requires monthly social worker statistics to report required contacts

- Monthly contact verification reports are completed by supervisors
- Supervisory monthly verification of contacts on selected cases
- Monthly Business Object Contact Reports demonstrate compliance by program, unit and worker
- Safe Measures is utilized by supervisors to review compliance in their program which shows compliance trends illustrated through various on-line charts and tables

Outcome 3: Children have permanency and stability in their living situations without increasing reentry to foster care.

C1 - Reunification Composite & Indicators

C1.1- Of all children discharged from foster care to reunification in the year who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

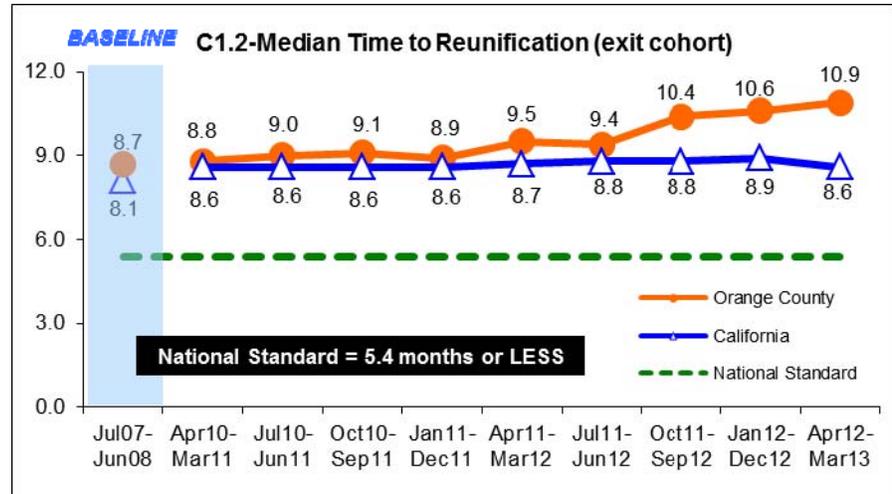


C1.1 Reunification Within 12 Months (exit cohort)					
C1.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 75.2%	67.9%	90.3%	69.0%	91.8%
White	≥ 75.2%	56.5%	75.1%	60.3%	80.2%
Latino	≥ 75.2%	66.6%	88.6%	50.6%	67.3%
Asian/Pacif Islander	≥ 75.2%	88.1%	117.2%	64.3%	85.5%
Native American	≥ 75.2%	100.0%	133.0%	50.0%	66.5%
Total	≥ 75.2%	65.3%	86.8%	55.0%	73.1%

C1.1 Reunification Within 12 Months (exit cohort)					
C1.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 75.2%	100.0%	133.0%	100.0%	133.0%
1 - 2	≥ 75.2%	61.0%	81.1%	53.6%	71.3%
3 - 5	≥ 75.2%	60.6%	80.6%	49.6%	66.0%
6 - 10	≥ 75.2%	62.0%	82.4%	52.1%	69.3%
11 - 15	≥ 75.2%	66.1%	87.9%	51.9%	69.0%
16 - 17	≥ 75.2%	63.8%	84.8%	58.7%	78.1%
Total	≥ 75.2%	65.3%	86.8%	55.0%	73.1%

C1.1 Reunification Within 12 Months (exit cohort)					
C1.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 75.2%	66.4%	88.3%	56.4%	75.0%
Male	≥ 75.2%	64.0%	85.1%	53.6%	71.3%
Total	≥ 75.2%	65.3%	86.8%	55.0%	73.1%

C1.2- Of all children in foster care for 8 days or longer discharged to reunification during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

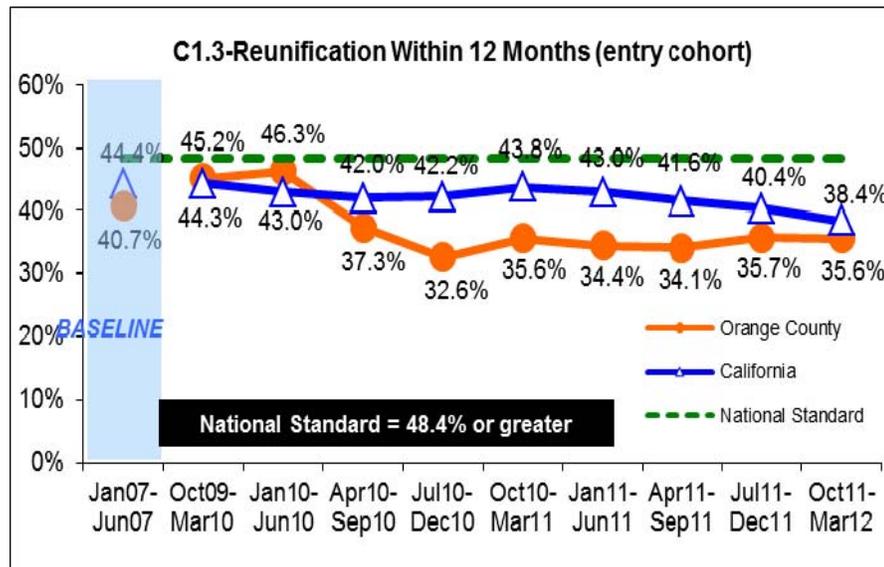


C1.2 Median Time To Reunification (exit cohort)					
C1.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≤ 5.4 Months	9.6	56.3%	6.0	90.0%
White	≤ 5.4 Months	10.5	51.4%	10.1	53.5%
Latino	≤ 5.4 Months	8.4	64.3%	11.6	46.6%
Asian/Pacif Islander	≤ 5.4 Months	2.5	216.0%	7.0	77.1%
Native American	≤ 5.4 Months	10.9	49.5%	11.5	47.0%
Total	≤ 5.4 Months	8.7	62.1%	10.9	49.5%

C1.2 Median Time To Reunification (exit cohort)					
C1.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≤ 5.4 Months	2.9	186.2%	3.1	174.2%
1 - 2	≤ 5.4 Months	10.8	50.0%	11.5	47.0%
3 - 5	≤ 5.4 Months	8.7	62.1%	12.4	43.5%
6 - 10	≤ 5.4 Months	8.8	61.4%	11.5	47.0%
11 - 15	≤ 5.4 Months	8.4	64.3%	11.1	48.6%
16 - 17	≤ 5.4 Months	8.8	61.4%	9.4	57.4%
Total	≤ 5.4 Months	8.7	62.1%	10.9	49.5%

C1.2 Median Time To Reunification (exit cohort)					
C1.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≤ 5.4 Months	8.3	65.1%	9.8	55.1%
Male	≤ 5.4 Months	9.1	59.3%	11.1	48.6%
Total	≤ 5.4 Months	8.7	62.1%	10.9	49.5%

C1.3- Of all children entering foster care for the first time in a 6-month period, and who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

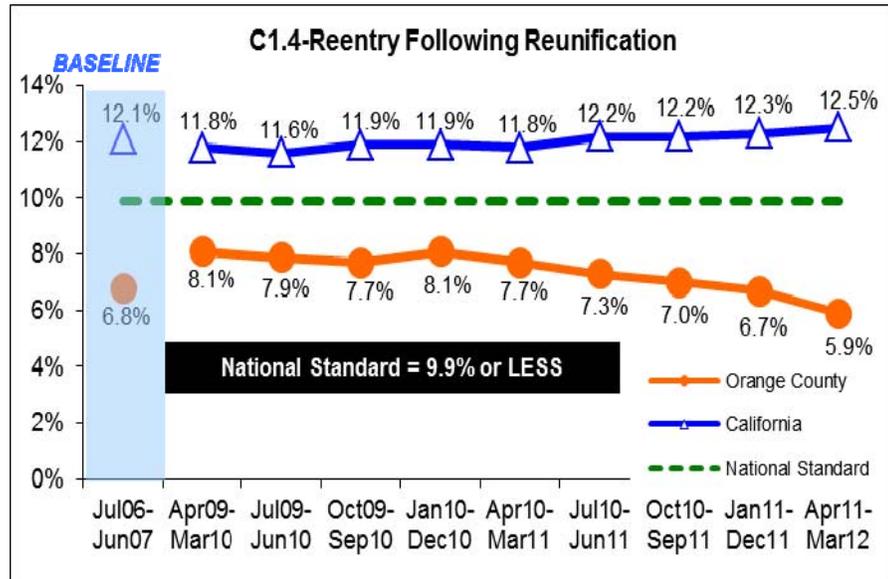


C1.3 Reunification With 12 Months (entry cohort)					
C1.3	National Standard	Last CSA Period (Jan07-Jun07)		Current Period (Oct11-Mar12)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 48.4%	46.4%	95.9%	15.0%	31.0%
White	≥ 48.4%	35.2%	72.7%	30.4%	62.8%
Latino	≥ 48.4%	41.7%	86.2%	37.9%	78.3%
Asian/Pacif Islander	≥ 48.4%	50.0%	103.3%	45.0%	93.0%
Native American	≥ 48.4%	NA	--	66.7%	137.8%
Total	≥ 48.4%	40.7%	84.1%	35.6%	73.6%

C1.3 Reunification With 12 Months (entry cohort)					
C1.3	National Standard	Last CSA Period (Jan07-Jun07)		Current Period (Oct11-Mar12)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 48.4%	31.6%	65.3%	28.8%	59.5%
1 - 2	≥ 48.4%	42.5%	87.8%	33.3%	68.8%
3 - 5	≥ 48.4%	33.9%	70.0%	36.5%	75.4%
6 - 10	≥ 48.4%	53.4%	110.3%	41.7%	86.2%
11 - 15	≥ 48.4%	44.5%	91.9%	39.3%	81.2%
16 - 17	≥ 48.4%	32.7%	67.6%	27.6%	57.0%
Total	≥ 48.4%	40.7%	84.1%	35.6%	73.6%

C1.3 Reunification With 12 Months (entry cohort)					
C1.3	National Standard	Last CSA Period (Jan07-Jun07)		Current Period (Oct11-Mar12)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 48.4%	44.5%	91.9%	36.1%	74.6%
Male	≥ 48.4%	37.2%	76.9%	34.9%	72.1%
Total	≥ 48.4%	40.7%	84.1%	35.6%	73.6%

C1.4- Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of discharge?



C1.4 Reentry Following Reunification (exit cohort)					
C1.4	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≤ 9.9%	24.4%	40.6%	3.2%	309.4%
White	≤ 9.9%	6.3%	157.1%	8.6%	115.1%
Latino	≤ 9.9%	6.0%	165.0%	5.1%	194.1%
Asian/Pacif Islander	≤ 9.9%	5.1%	194.1%	3.4%	291.2%
Native American	≤ 9.9%	0.0%	--	0.0%	--
Total	≤ 9.9%	6.8%	145.6%	5.9%	167.8%

C1.4 Reentry Following Reunification (exit cohort)					
C1.4	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≤ 9.9%	10.0%	99.0%	11.3%	87.6%
1 - 2	≤ 9.9%	4.2%	235.7%	6.9%	143.5%
3 - 5	≤ 9.9%	4.9%	202.0%	4.3%	230.2%
6 - 10	≤ 9.9%	6.5%	152.3%	3.6%	275.0%
11 - 15	≤ 9.9%	9.8%	101.0%	7.0%	141.4%
16 - 17	≤ 9.9%	6.0%	165.0%	8.5%	116.5%
Total	≤ 9.9%	6.8%	145.6%	5.9%	167.8%

C1.4 Reentry Following Reunification (exit cohort)					
C1.4	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≤ 9.9%	5.1%	194.1%	6.3%	157.1%
Male	≤ 9.9%	8.8%	112.5%	5.5%	180.0%
Total	≤ 9.9%	6.8%	145.6%	5.9%	167.8%

► **Analysis: C1. Reunification Composite and Indicators**

Orange County has been performing slightly below the National Standard for reunification as assessed by composite measure C1. Performance on the reunification composite has decreased from the baseline rate of 125.8 (104.4% of the Federal Standard) at the time of the last CSA for July 2007-June 2008 to 114.2 (88.4% of the Federal Standard) for April 2012-March 2013. Performance on each of the three indicators that assess the “timeliness of reunification” component of the reunification composite have also declined. As the data tables indicate, percent of children reunified within 12 months have decreased in both the exit cohort and entry cohort indicators. In addition, median time to reunification has increased from the baseline period (July 2007-June 2008). The more recent decline in the reunification composite is reflected by the decline in performance in the two exit cohort measures, together contributing to 43% of the composite.

After further investigation, Orange County had identified a recent outflow of sibling sets of 3+ children exiting to reunification. Due to the elevated needs of these larger families, many of the children from these families return home together and after 12 months, possibly explaining the recent decline in the exit cohort measures and subsequently the composite. There is to be continued research and evaluation of the impact that casework practices may have on the work with larger families that may be affecting this outcome measure. It is hoped that during this research other explanations for the decline in this measure may be discovered. This measure will be a priority on our next SIP; strategies will be discussed and developed over the next few months as we begin planning for the 5-year SIP for 2014.

Performance on the “permanency of reunification” component of the reunification composite was strong and surpassed the National Standard at the time of the last CSA (July 2006-June 2007), and currently exceeds both the Standard as well as the baseline. In the most recent period (April 2011-March 2012) the reentry rate was 5.9% relative to the target of 9.9% (168.3% of the target).

In past years, Asian/Pacific Islander children were consistently the most likely group of children to reunify within 12 months, have the shortest median time to reunification and the lowest re-entry rate. Asian/Pacific Islander children continue to have strong reunification and re-entry performance relative to other ethnic groups with the exception of Black children. Black children have recently shown to have the highest performance with regard to the timeliness to reunification exit cohort measures (C1.1 and C1.2) as well as re-entry following reunification (C1.4), but continue to struggle more than any ethnic group with the reunification within 12 months entry cohort (C1.3). The Black child population in foster care is small resulting in more unstable trends compared to other ethnic groups (with the exception of the Native American child population). Latino children show a pattern of less timely reunification, particularly when the exit cohort indicator is the focus of analysis. However, they continue to have high sustainability in reunifications, as indicated by their strong performance on their low re-entry rates.

The youngest children in foster care (infants) continue to have the highest performance in timeliness to reunification for the exit cohort indicators. In contrast, performance on the reunification within 12 months entry cohort measure for this group as well as for the oldest age group (16-17 year olds) are the lowest. While the exit cohort measures only reveal timeliness to reunification with regard to all children who have reunified, the entry cohort reunification measure reveals the trajectory of all children who have entered care whether or not they reunify. This reveals that while infants who reunify tend to reunify quickly compared to children of other age groups, there is a significant number of infants who remain in care at 12 months from time of entry into foster care. Although sustainability of reunifications is high for children of all age groups, sustainability is exceptionally high for children ages 3-10. Approximately 3.9% of these children re-enter within 12 months of reunification, compared to 5.9% who re-enter for all children. Re-entry tends to be higher for infants, and has declined for this group since the past self assessment period.

Similarly, between the last CSA period and the current study period, girls were more likely to reunify within 12 months and have a shorter time to reunification. Although females were less likely to re-enter during the baseline period, they currently are more likely to re-enter into care. We have no clear explanation of these patterns and how culture, community support or community cohesiveness might impact them.

Orange County CFS is conducting data and case specific research through the Eliminating Racial Disparity and Disproportionality (ERDD) data and outcome subgroup. There is a collaboration between CFS and community partners to introduce awareness and an analysis of these outcomes as well as contributing factors with the goal of understanding why these outcomes occur, awareness and coordinated training addressing these factors. The focus had originally been on the Black population, and has since branched out to the Latino population. Hopefully lessons learned can continue to be applied across ethnic groups.

Policies and practices that have been implemented to improve performance on this measure, and are supported by our stakeholders include:

- TDM's for all placement disruptions to increase placement stability and exit meetings with safety plans to decrease re-entry
- In-Home Supportive Services
- Wraparound services
- Continued increase in placements with relatives - data shows there is a lower re-entry rate in cases with relative placements
- Parent Orientation prior to detention hearing which provides a better understanding of the dependency process and early engagement
- Utilization of SDM Reunification Assessment tool prior to reunification
- Teen Courts provide more intensive services to teens who have had instability in their dependency placements; providing more stability leads to better permanency outcomes, including reunification with parents
- Family Services Workers assist with early engagement by helping families identify areas of need and connect to services
- CRISP services (Conditional Release Intensive Supervision Program), a court-ordered program for lower risk child welfare cases that allows children to be released to their parents either at the Detention Hearing or anytime afterward up to the Jurisdiction Disposition hearing
- Parent Leadership Program, which includes a Parent Leadership Task Force examining policies affecting early engagement and reunification
- Parent Mentors, including the father mentors and the fatherhood engagement effort provide early engagement with families first coming into the system
- Warmline for parents to call in and speak with a Parent Mentor
- Family Resource Center services, which helps connect families with their community and provides easy access to services

- Family Reunification TDM's to review parents' reunification efforts and encourage engagement in their case plan
- Continued discussions at the ERDD Advisory Committee, resulting in broader awareness about policies and practices that will improve outcomes for Black and Latino children

Issues related to reunification time frames:

- Use of relative caregivers has continued to increase. This has mixed effects on the rate of reunification. Parents' visitation is usually better, less placement changes occur and siblings are placed together more frequently, but time to reunify is sometimes longer
- Larger sibling sets may affect this measure due to the practice of delaying reunification when the parent is perceived to still need support, or implementing a gradual reunification with some of the children, then reunifying the rest at a later date
- Children who have been in long-term foster care, and who are then reunified or adopted, negatively affects this outcome measure
- Extensive court continuances, contested hearings and appeals increase time to reunification
- Orange County has dramatically reduced the number of children coming into foster care - those cases where children are currently removed are the more severe situations requiring more services and longer time to reunification

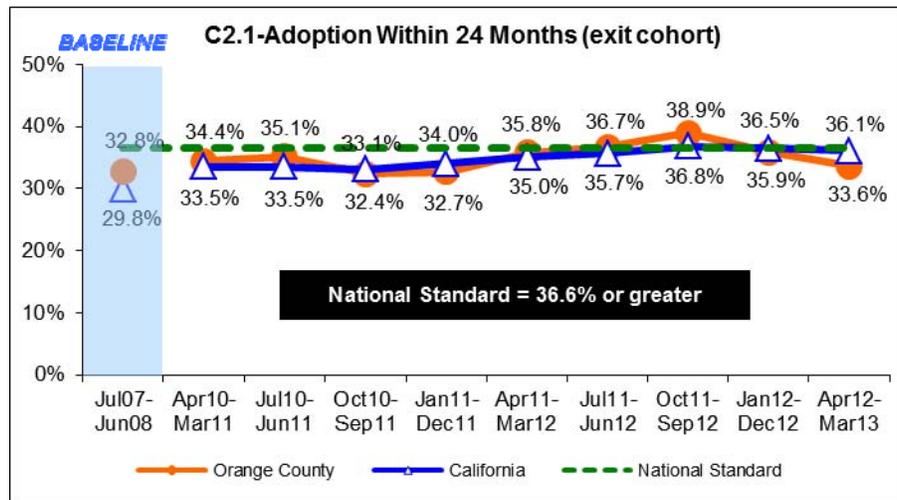
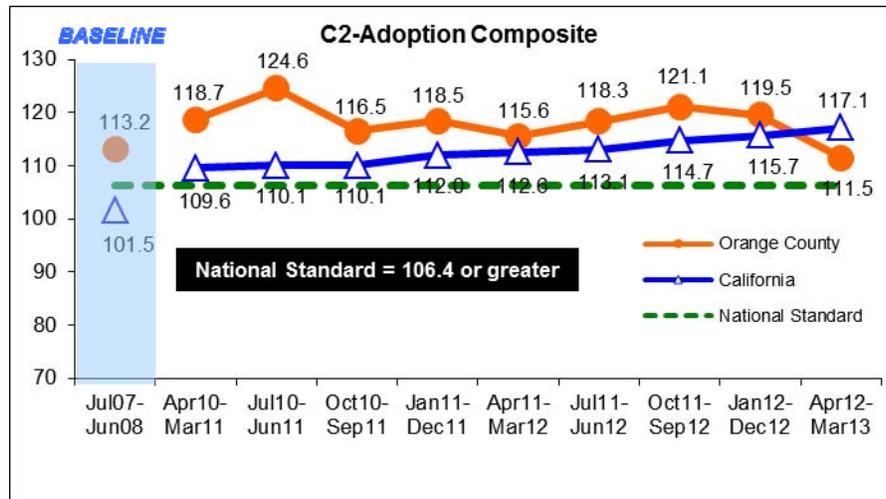
Recommendations of stakeholders to improve reunification outcomes:

- Improved services in the early stages of dependency, linking parents to resources more quickly to decrease time to reunification
- More time, initially, to assess placement resources for children and avoid disruptions and overwhelmed caregivers
- More timely and smooth transition of cases from one program to the next
- Increase available services in southern Orange County where resources are scarce
- Increase in the number of Parent Mentors so that parents can be referred for this service throughout the life of their case
- Reduce the number of times a family has a change in social workers
- Increase training and support to relative caregivers
- Improve availability of services for children who do not have a mental health diagnosis, but who are dealing with the trauma of abuse and removal from their family
- More flexibility in the development of service plans (especially initially) that meet the individual needs of the family, including progressive plans that allow for the completion of one service item at a time
- Streamline court reports to reduce the amount of time spent preparing reports thus increasing the time spent with the family

- Provide more support and resources to social workers to decrease their stress level in order to better deal with the complexity of the needs of the families with whom they work
- Continue to improve the collaboration between social workers, service providers, the court and community partners
- Tailor training for social workers specific to the issues that their program must address

C2 – Adoption Composite and Indicators

C2.1- Of all children who were discharged from foster care to a finalized adoption during a year, what percent were discharged in less than 24 months from the date of the latest removal from home?

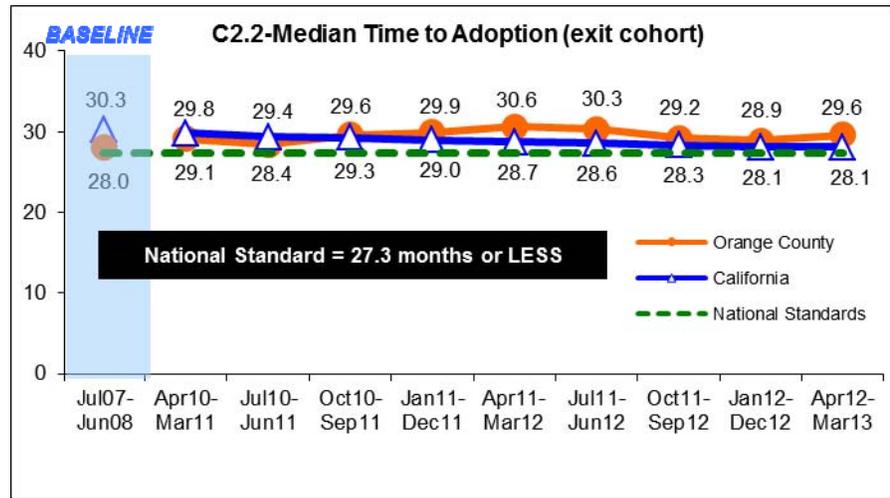


C2.1 Adoption Within 24 Months (exit cohort)					
C2.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 36.6%	45.0%	123.0%	58.3%	159.3%
White	≥ 36.6%	36.4%	99.5%	48.1%	131.4%
Latino	≥ 36.6%	30.1%	82.2%	24.8%	67.8%
Asian/Pacif Islander	≥ 36.6%	18.8%	51.4%	16.7%	45.6%
Native American	≥ 36.6%	0.0%	0.0%	0.0%	0.0%
Total	≥ 36.6%	32.8%	89.6%	33.6%	91.8%

C2.1 Adoption Within 24 Months (exit cohort)					
C2.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 36.6%	100.0%	273.2%	100.0%	273.2%
1 - 2	≥ 36.6%	67.5%	184.4%	54.1%	147.8%
3 - 5	≥ 36.6%	19.6%	53.6%	27.6%	75.4%
6 - 10	≥ 36.6%	9.0%	24.6%	12.5%	34.2%
11 - 15	≥ 36.6%	14.3%	39.1%	33.3%	91.0%
16 - 17	≥ 36.6%	25.0%	68.3%	0.0%	0.0%
Total	≥ 36.6%	32.8%	89.6%	33.6%	91.8%

C2.1 Adoption Within 24 Months (exit cohort)					
C2.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 36.6%	28.9%	79.0%	34.2%	93.4%
Male	≥ 36.6%	37.2%	101.6%	33.1%	90.4%
Total	≥ 36.6%	32.8%	89.6%	33.6%	91.8%

C2.2- Of all children who were discharged from foster care to a finalized adoption during the year, what was the median length of stay in foster care in months from the date of latest removal from home to the date of discharge to adoption?

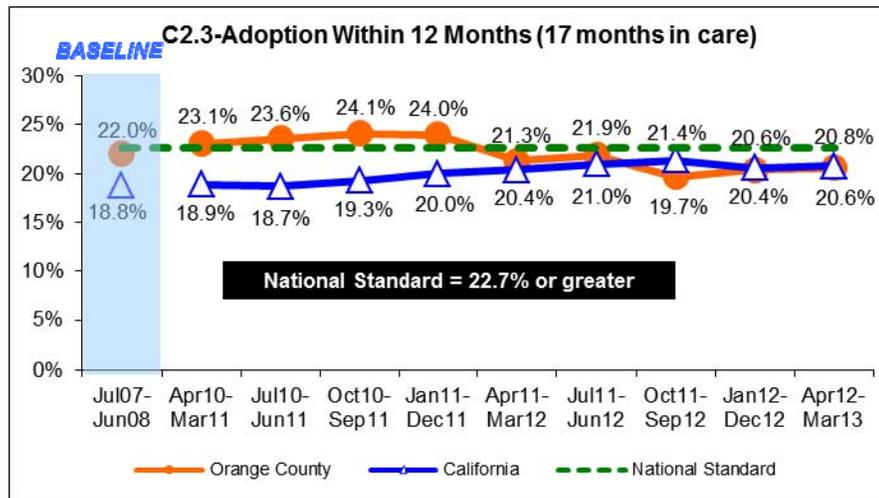


C2.2 Median Time to Adoption (exit cohort)					
C2.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≤ 27.3 Months	25.6	106.6%	22.9	119.2%
White	≤ 27.3 Months	28.0	97.5%	25.1	108.8%
Latino	≤ 27.3 Months	27.4	99.6%	30.9	88.3%
Asian/Pacif Islander	≤ 27.3 Months	29.6	92.2%	40.6	67.2%
Native American	≤ 27.3 Months	36.4	75.0%	47.3	57.7%
Total	≤ 27.3 Months	28.0	97.5%	29.6	92.2%

C2.2 Median Time to Adoption (exit cohort)					
C2.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≤ 27.3 Months	9.7	281.4%	10.3	265.0%
1 - 2	≤ 27.3 Months	21.3	128.2%	23.6	115.7%
3 - 5	≤ 27.3 Months	29.9	91.3%	30.9	88.3%
6 - 10	≤ 27.3 Months	35.4	77.1%	39.7	68.8%
11 - 15	≤ 27.3 Months	41.6	65.6%	35.9	76.0%
16 - 17	≤ 27.3 Months	38.8	70.4%	112.9	24.2%
Total	≤ 27.3 Months	28.0	97.5%	29.6	92.2%

C2.2 Median Time to Adoption (exit cohort)					
C2.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≤ 27.3 Months	28.5	95.8%	29.3	93.2%
Male	≤ 27.3 Months	26.9	101.5%	29.6	92.2%
Total	≤ 27.3 Months	28.0	97.5%	29.6	92.2%

C2.3- Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

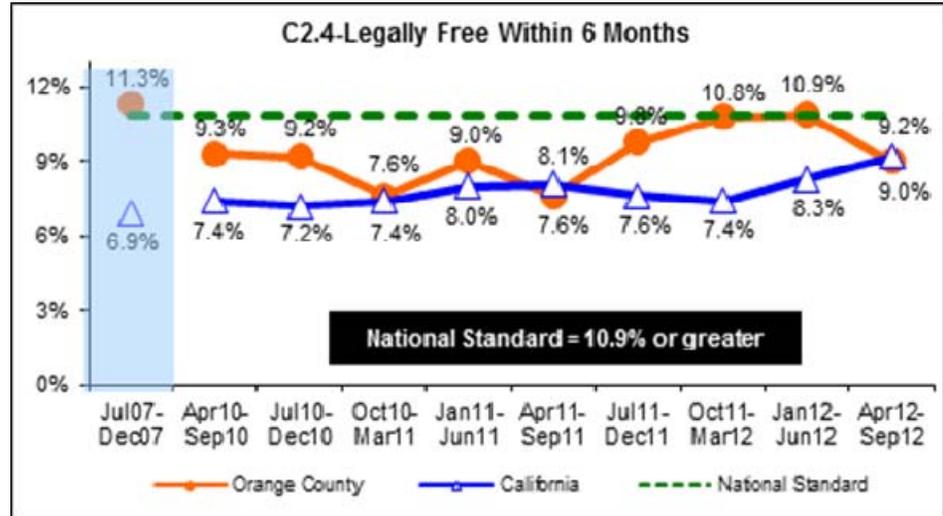


C2.3 Adoption Within 12 Months (17 months in care)					
C2.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 22.7%	11.3%	49.8%	15.2%	67.0%
White	≥ 22.7%	26.9%	118.5%	21.0%	92.5%
Latino	≥ 22.7%	20.6%	90.7%	19.6%	86.3%
Asian/Pacif Islander	≥ 22.7%	24.0%	105.7%	34.9%	153.7%
Native American	≥ 22.7%	33.3%	146.7%	40.0%	176.2%
Total	≥ 22.7%	22.0%	96.9%	20.6%	90.7%

C2.3 Adoption Within 12 Months (17 months in care)					
C2.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 22.7%	NA	--	NA	--
1 - 2	≥ 22.7%	52.8%	232.6%	55.3%	243.6%
3 - 5	≥ 22.7%	49.0%	215.9%	43.0%	189.4%
6 - 10	≥ 22.7%	28.4%	125.1%	33.7%	148.5%
11 - 15	≥ 22.7%	10.8%	47.6%	5.2%	22.9%
16 - 17	≥ 22.7%	0.9%	4.0%	1.0%	4.4%
Total	≥ 22.7%	22.0%	96.9%	20.6%	90.7%

C2.3 Adoption Within 12 Months (17 months in care)					
C2.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 22.7%	24.6%	108.4%	21.1%	93.0%
Male	≥ 22.7%	19.2%	84.6%	20.0%	88.1%
Total	≥ 22.7%	22.0%	96.9%	20.6%	90.7%

C2.4- Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

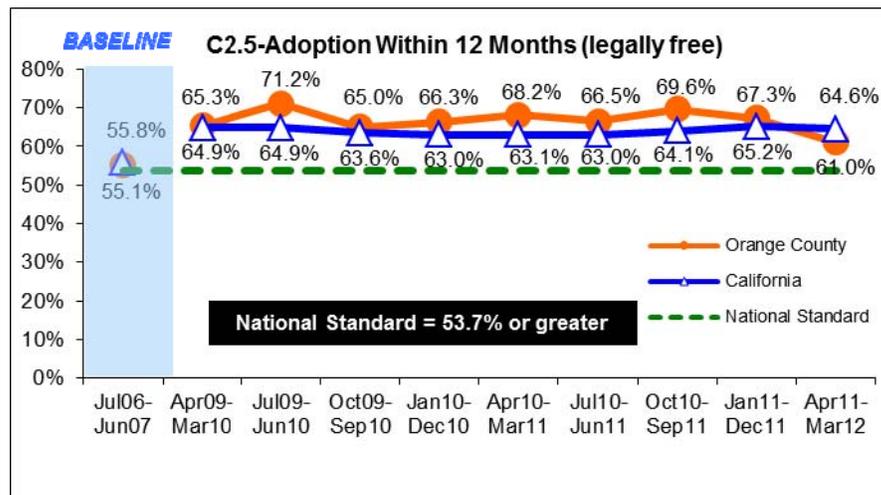


C2.4 Legally Free Within 6 Months (17 months in care)					
C2.4	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 10.9%	14.7%	134.9%	11.4%	104.6%
White	≥ 10.9%	14.6%	133.9%	14.5%	133.0%
Latino	≥ 10.9%	9.5%	87.2%	6.8%	62.4%
Asian/Pacif Islander	≥ 10.9%	6.5%	59.6%	5.3%	48.6%
Native American	≥ 10.9%	0.0%	0.0%	0.0%	0.0%
Total	≥ 10.9%	11.3%	103.7%	9.0%	82.6%

C2.4 Legally Free Within 6 Months (17 months in care)					
C2.4	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 10.9%	NA	--	NA	--
1 - 2	≥ 10.9%	62.9%	577.1%	54.9%	503.7%
3 - 5	≥ 10.9%	30.6%	280.7%	23.2%	212.8%
6 - 10	≥ 10.9%	17.5%	160.6%	11.6%	106.4%
11 - 15	≥ 10.9%	5.7%	52.3%	0.9%	8.3%
16 - 17	≥ 10.9%	0.9%	8.3%	0.0%	0.0%
Total	≥ 10.9%	11.3%	103.7%	9.0%	82.6%

C2.4 Legally Free Within 6 Months (17 months in care)					
C2.4	National Standard	Last CSA Period (Jul07-Dec07)		Current Period (Apr12-Sep12)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 10.9%	12.5%	114.7%	8.0%	73.4%
Male	≥ 10.9%	10.2%	93.6%	9.7%	89.0%
Total	≥ 10.9%	11.3%	103.7%	9.0%	82.6%

C2.5- Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?



C2.5 Adoption Within 12 Months (legally free)					
C2.5	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 53.7%	50.0%	93.1%	66.7%	124.2%
White	≥ 53.7%	57.1%	106.3%	67.3%	125.3%
Latino	≥ 53.7%	54.4%	101.3%	58.9%	109.7%
Asian/Pacif Islander	≥ 53.7%	50.0%	93.1%	42.1%	78.4%
Native American	≥ 53.7%	NA	--	0.0%	0.0%
Total	≥ 53.7%	55.1%	102.6%	61.0%	113.6%

C2.5 Adoption Within 12 Months (legally free)					
C2.5	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 53.7%	88.0%	163.9%	80.6%	150.1%
1 - 2	≥ 53.7%	59.0%	109.9%	73.1%	136.1%
3 - 5	≥ 53.7%	43.3%	80.6%	57.1%	106.3%
6 - 10	≥ 53.7%	43.2%	80.4%	50.0%	93.1%
11 - 15	≥ 53.7%	50.0%	93.1%	42.9%	79.9%
16 - 17	≥ 53.7%	66.7%	124.2%	14.3%	26.6%
Total	≥ 53.7%	55.1%	102.6%	61.0%	113.6%

C2.5 Adoption Within 12 Months (legally free)					
C2.5	National Standard	Last CSA Period (Jul06-Jun07)		Current Period (Apr11-Mar12)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 53.7%	55.6%	103.5%	61.3%	114.2%
Male	≥ 53.7%	54.5%	101.5%	60.8%	113.2%
Total	≥ 53.7%	55.1%	102.6%	61.0%	113.6%

► Analysis: C2. Adoption Composite and Indicators

Orange County consistently exceeds the Federal Standard for adoption as assessed by composite measure C2. Currently, performance exceeds the National Standard at a rate of 111.5 (109.0% of the National Standard). Performance on the adoption composite has generally increased since the last CSA rate of 113.2 (112.1% of the National Standard) for July 2007-June 2008 with the exception of the current quarter's performance. However, current performance remains well above the National Standard. Performance on each of the two indicators that assess the timeliness of adoption within 24 months (C2.1) and median time to adoption (C2.2), have remained fairly stable since the last CSA.

Two additional components track progress toward adoption for children who are legally free or meet the ASFA timeframe for time in care. Performance has decreased from the last CSA study period for the indicator of adoption within 12 months among children in care 17 or more months (C2.3), as well as for the indicator that assesses the rate of children in care 17 months or longer who became legally free within 6 months (C2.4).

There has been improvement in the rate of adoption within 12 months among children who are legally free (C2.5). This indicator was hovering slightly above the National Standard during the time of the last CSA at a rate of 55.1% (102.6% of the National Standard) and has now increased to 61.0% (113.6% of the National Standard). Black children are consistently the most likely group of children to be adopted within 24 months and have the shortest median time to adoption. However, among children in care 17 months or longer, they are the group least likely to reunify within the next 12 months. CFS and community partners are collaborating to address awareness and conduct an analysis of outcomes and factors contributing to these outcomes with the goal of understanding the reasons why these outcomes occur, awareness of contributing factors and coordinated training addressing these factors.

Asian/Pacific Islander children show the highest percent of children in care 17 months or more who become legally free within six months but the lowest rate of being adopted within 12 months of being legally free. Children less than two years old consistently have the highest rate of adoption for all measures and the shortest time to adoption. As children get older, the rate of adoption decreases and the time to adoption increases. There are no consistent differences in adoption between boys and girls.

Orange County's programs, practices and services designed to reduce time to adoption include:

- Adoption Focus Units
- Heart Gallery (photographs and information regarding children available for adoption)
- Increased TDM meetings focused on permanent planning for children who are not reunifying with their parents

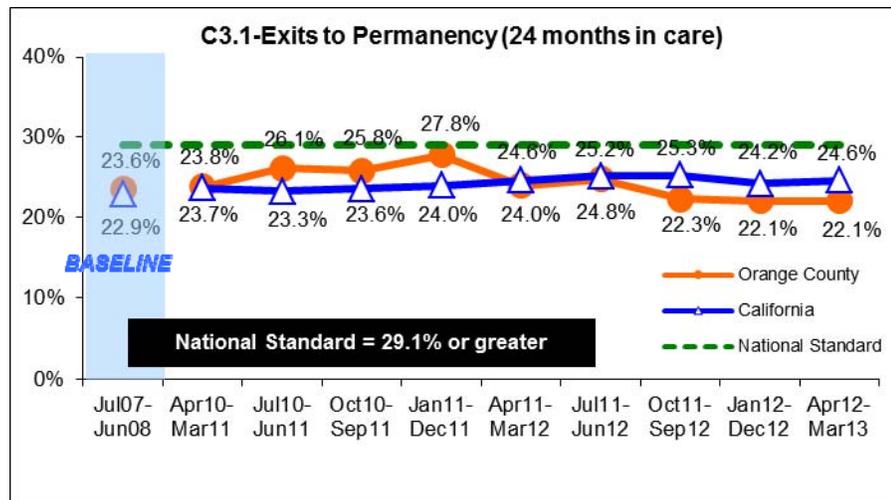
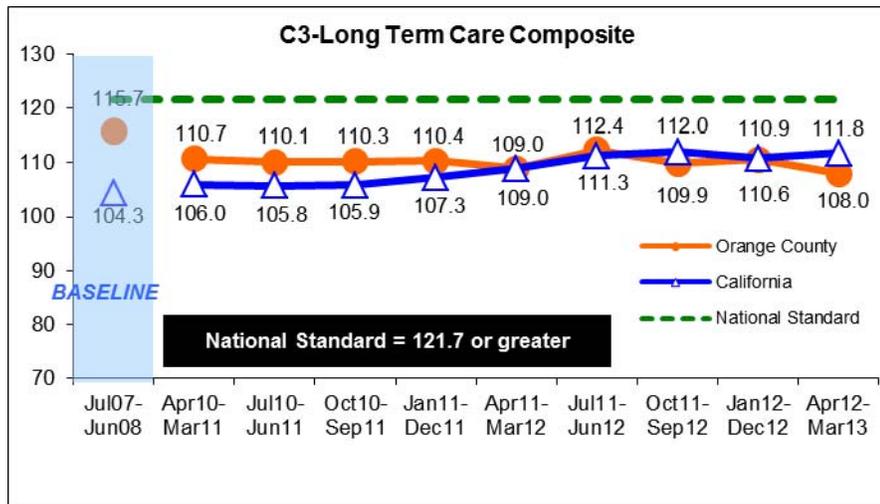
- Concurrent Planning Unit (Social Workers dedicated to completing child adoptability assessments, and to facilitating concurrent planning placement for children not likely to reunify)
- Adoption Consortium (a coalition of private adoption agencies who meet regularly to share resources and discuss targeted recruitments)
- Matching database utilized to facilitate matching adoptive children with prospective adoptive parents
- Recently expanded collaboration with the Kinship Center to access more resources for hard to place children

Areas for continued improvement as recommended by stakeholders:

- More consistent attention by court and social work staff to concurrent and permanency planning issues throughout the dependency process
- Reduce court continuances and contested hearings, which make it difficult to meet the 24 month timelines
- Increase resources for older children, and children with special needs
- Tailor training and supportive services for relative caregivers who are considering adoption to increase understanding of the special needs and concerns of adopting a relative
- Reassess the placement step process to improve the likelihood of prospective adoptive parents getting to know the child they are considering for adoption, thus decreasing the possible disruption that may occur during the placement step process
- Return funding for Family Finding Programs to increase resources for older youth and hard to place children

C3 – Long-term Care Composite & Indicators

C3.1- Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

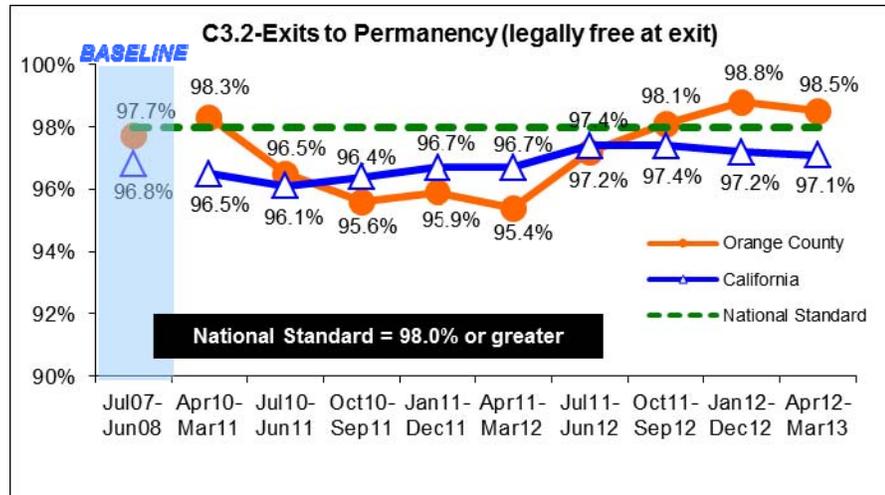


C3.1 Exits to Permanency (24 months in care)					
C3.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 29.1%	16.0%	55.0%	20.0%	68.7%
White	≥ 29.1%	25.1%	86.3%	19.2%	66.0%
Latino	≥ 29.1%	23.8%	81.8%	22.0%	75.6%
Asian/Pacif Islander	≥ 29.1%	26.6%	91.4%	39.3%	135.1%
Native American	≥ 29.1%	33.3%	114.4%	40.0%	137.5%
Total	≥ 29.1%	23.6%	81.1%	22.1%	75.9%

C3.1 Exits to Permanency (24 months in care)					
C3.1	National Standard	Last year (Jul06-Jun07)		Current Period (Jul07-Jun08)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 29.1%	NA	--	NA	--
1 - 2	≥ 29.1%	51.2%	175.9%	69.0%	237.1%
3 - 5	≥ 29.1%	49.1%	168.7%	57.9%	199.0%
6 - 10	≥ 29.1%	33.2%	114.1%	42.9%	147.4%
11 - 15	≥ 29.1%	18.2%	62.5%	10.3%	35.4%
16 - 17	≥ 29.1%	5.5%	18.9%	1.2%	4.1%
Total	≥ 29.1%	23.6%	81.1%	22.1%	75.9%

C3.1 Exits to Permanency (24 months in care)					
C3.1	National Standard	Last year (Jul06-Jun07)		Current Period (Jul07-Jun08)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 29.1%	25.9%	89.0%	21.2%	72.9%
Male	≥ 29.1%	21.4%	73.5%	22.6%	77.7%
Total	≥ 29.1%	23.6%	81.1%	22.1%	75.9%

C3.2- Of all children discharged from foster care during the year who were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

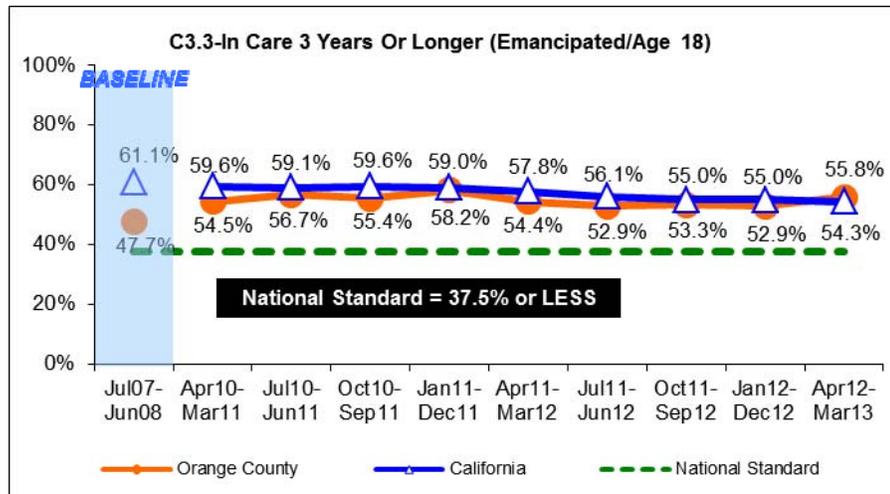


C3.2 Exits to Permanency (legally free at exit)					
C3.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 98%	100.0%	102.0%	92.3%	94.2%
White	≥ 98%	97.4%	99.4%	98.8%	100.8%
Latino	≥ 98%	98.0%	100.0%	98.6%	100.6%
Asian/Pacif Islander	≥ 98%	94.4%	96.3%	100.0%	102.0%
Native American	≥ 98%	100.0%	102.0%	100.0%	102.0%
Total	≥ 98%	97.7%	99.7%	98.5%	100.5%

C3.2 Exits to Permanency (legally free at exit)					
C3.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 98%	98.1%	100.1%	98.3%	100.3%
Male	≥ 98%	97.3%	99.3%	98.6%	100.6%
Total	≥ 98%	97.7%	99.7%	98.5%	100.5%

C3.2 Exits to Permanency (legally free at exit)					
C3.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 98%	100.0%	102.0%	100.0%	102.0%
1-2	≥ 98%	100.0%	102.0%	100.0%	102.0%
3-5	≥ 98%	100.0%	102.0%	100.0%	102.0%
6-10	≥ 98%	100.0%	102.0%	100.0%	102.0%
11-15	≥ 98%	100.0%	102.0%	100.0%	102.0%
16-17	≥ 98%	100.0%	102.0%	100.0%	102.0%
18-20	≥ 98%	0.0%	0.0%	0.0%	0.0%
Total	≥ 98%	97.7%	99.7%	98.5%	100.5%

C3.3- Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?



C3.3 In Care 3 Years Or Longer (Emancipated or age 18 in care)					
C3.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≤ 37.5%	47.2%	79.4%	48.9%	76.7%
Male	≤ 37.5%	48.2%	77.8%	65.6%	57.2%
Total	≤ 37.5%	47.7%	78.6%	55.8%	67.2%

C3.3 In Care 3 Years Or Longer (Emancipated or age 18 in care)					
C3.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≤ 37.5%	59.1%	63.5%	72.7%	51.6%
White	≤ 37.5%	50.0%	75.0%	52.1%	72.0%
Latino	≤ 37.5%	42.9%	87.4%	58.7%	63.9%
Asian/Pacif Islander	≤ 37.5%	50.0%	75.0%	0.0%	--
Native American	≤ 37.5%	100.0%	37.5%	NA	--
Total	≤ 37.5%	47.7%	78.6%	55.8%	67.2%

C3.3 In Care 3 Years Or Longer (Emancipated or age 18 in care)					
C3.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≤ 37.5%	NA	--	NA	--
1 - 2	≤ 37.5%	NA	--	NA	--
3 - 5	≤ 37.5%	NA	--	NA	--
6 - 10	≤ 37.5%	NA	--	NA	--
11 - 15	≤ 37.5%	0.0%	--	NA	--
16 - 17	≤ 37.5%	45.5%	82.4%	100.0%	37.5%
18 - 20	≤ 37.5%	48.1%	78.0%	55.5%	67.6%
Total	≤ 37.5%	47.7%	78.6%	55.8%	67.2%

► **Analysis: C3. Exits to Permanency Composite and Indicators**

During the last CSA period (July 2007-June 2008) Orange County came close to meeting the Federal standard for exits to permanency among children in foster care longer than 24 months as assessed by composite measure C3 with a score of 115.7 (91.6% of the National Standard). However, as entries into foster care have declined by 34% in the past five years (1,762 in 2007 to 1,160 in 2012), and exits out of foster care have declined at an even higher rate of 40% (1,763 in 2007 to 1,058 in 2012), it can be inferred that the children remaining in foster care longer than 24 months may be a smaller set of children who are much more difficult to find permanency for compared to cohorts from past years. This appears to have

resulted in declines in performance on C3 which is currently at the rate of 108.0 (80.9% of the National Standard).

The first indicator of the long term care composite, exits to permanency for children in care 24 months or longer, has declined slightly from 23.6% to 22.1%. The second indicator of the permanency component, exits to permanency among children legally free was slightly below the National Standard at the time of the last CSA with approximately 98% of children legally free exiting to permanency prior to age 18 (99.7% of the National Standard). Currently, performance has exceeded the standard with 98.5% exiting to permanency (100.5% of the National Standard). Though the first two long term care indicators have experienced small changes since the last CSA, the third indicator has experienced the most significant change and is worth the greatest weight of all the indicators (42% of the composite). This indicator measures the percent of emancipated youth or youth turning 18 who have been in care for three or more years. Orange County is currently performing at a rate of 55.8% (67.2% of the National Standard), a declining performance from 47.7% (78.7% of the National Standard) at the time of the last CSA (lower percent is desired for this measure). White children are somewhat less likely than other ethnicities to exit to permanency after 24 months in care. In contrast, Black children are less likely than other ethnic groups to have a permanency option finalized after becoming legally free and more likely to exit to emancipation or age out of the system. Younger children are more likely to exit to permanency after 24 months in care relative to older youth. Girls are less likely to exit to permanency after 24 months in care, and less likely to exit to emancipation or age out of the system.

Since the last CSA, the greatest improvement in permanency after 24 months has been among Asian/Pacific Islander children. This group is also more likely than other ethnicities to have a permanency option finalized after becoming legally free and less likely to exit to emancipation or age out of the system. The Eliminating Racial Disproportionality and Disparity (ERDD) data and outcome subgroup will continue to explore the determining factors and indicators through case studies, training and research of exit to permanency issues.

Best practice programs, services and strategies affecting this outcome include the following:

- Increased placements with relatives and NREFMs
- Permanency Options Program for relative caregivers
- Concurrent Planning for all children
- Permanency TDM's
- Independent Living Program
- Wraparound Services
- Creating Family Connections programs
- Connecting families to Family Resource Centers and other services within their own communities
- Multi-Treatment Foster Care (MTFC) placements

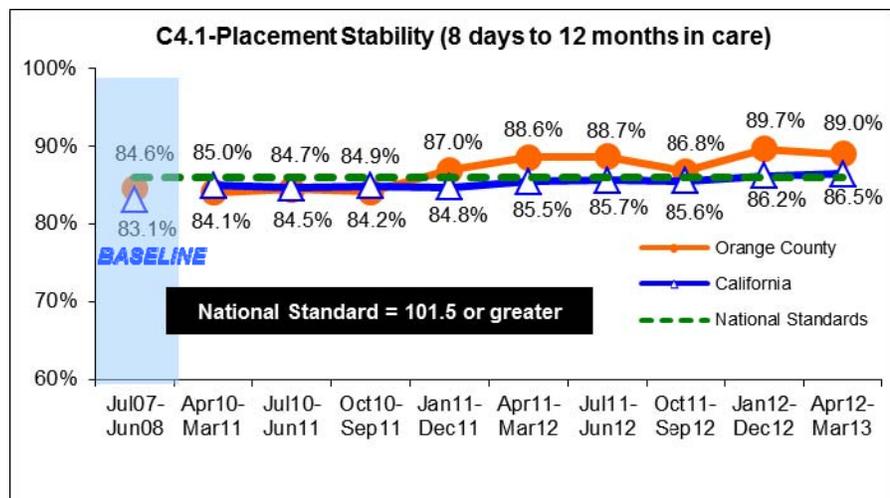
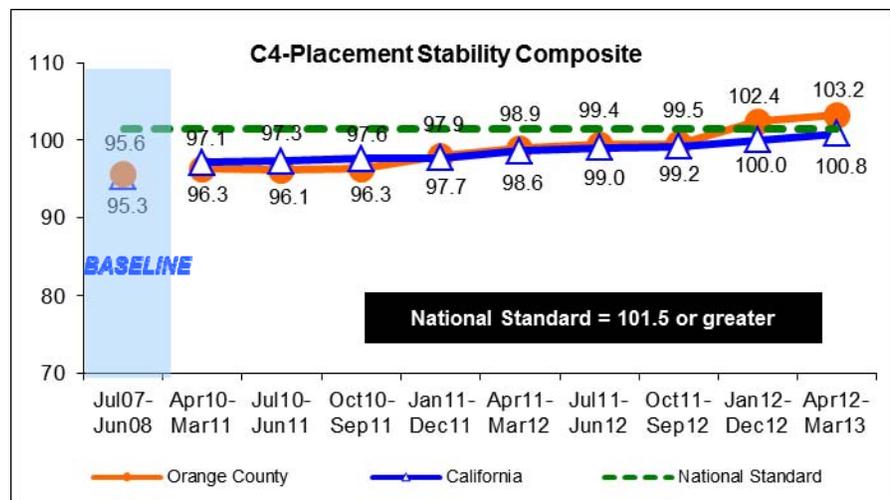
- Regionalized caseloads
- Targeted recruitment for hard to place and older children
- Heart Gallery

Areas for continued improvement as indicated by stakeholders include:

- Training for staff about the effective use of FR and Permanency TDM's
- ERDD Advisory Group to continue to assess trends and make recommendations
- Case mining for family connections and other resources not used earlier in case
- Continuing to build strong relationships between the court, CFS staff and community partners
- Mandatory training for relative caregivers to prepare them to navigate the dependency system and to learn how to care for the special needs of the children in their care
- Educate CFS and court staff about the benefits of legal guardianship and adoption for older youth

C4 – Placement Stability Composite & Indicators

C4.1- Of all children served in foster care during a year who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

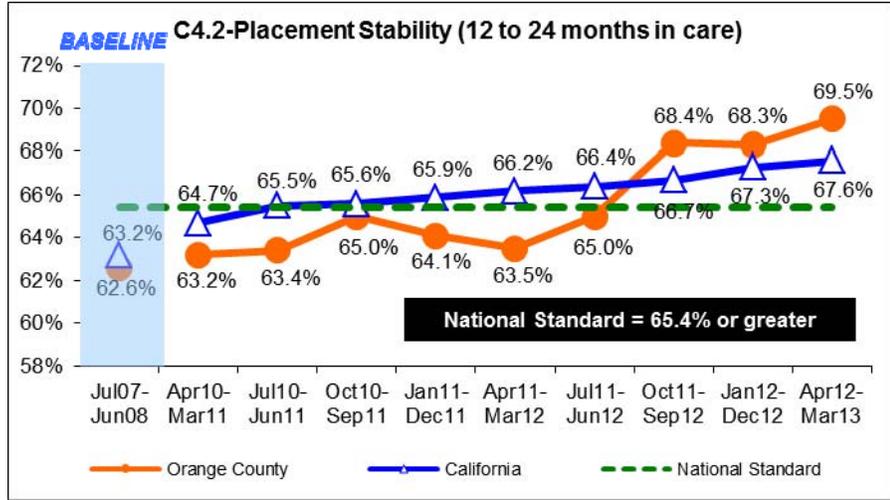


C4.1 Placement Stability (8 days to 12 months in care)					
C4.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 86%	87.7%	102.0%	89.1%	103.6%
White	≥ 86%	86.1%	100.1%	89.3%	103.8%
Latino	≥ 86%	83.5%	97.1%	89.4%	104.0%
Asian/Pacif Islander	≥ 86%	85.3%	99.2%	80.4%	93.5%
Native American	≥ 86%	100.0%	116.3%	100.0%	116.3%
Total	≥ 86%	84.6%	98.4%	89.0%	103.5%

C4.1 Placement Stability (8 days to 12 months in care)					
C4.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 86%	87.7%	102.0%	91.8%	106.7%
1 - 2	≥ 86%	80.2%	93.3%	86.5%	100.6%
3 - 5	≥ 86%	86.5%	100.6%	92.8%	107.9%
6 - 10	≥ 86%	87.4%	101.6%	87.2%	101.4%
11 - 15	≥ 86%	83.8%	97.4%	89.4%	104.0%
16 - 17	≥ 86%	70.2%	81.6%	77.0%	89.5%
Total	≥ 86%	84.6%	98.4%	89.0%	103.5%

C4.1 Placement Stability (8 days to 12 months in care)					
C4.1	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 86%	85.0%	98.8%	87.6%	101.9%
Male	≥ 86%	84.1%	97.8%	90.5%	105.2%
Total	≥ 86%	84.6%	98.4%	89.0%	103.5%

C4.2- Of all children served in foster care during a year who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

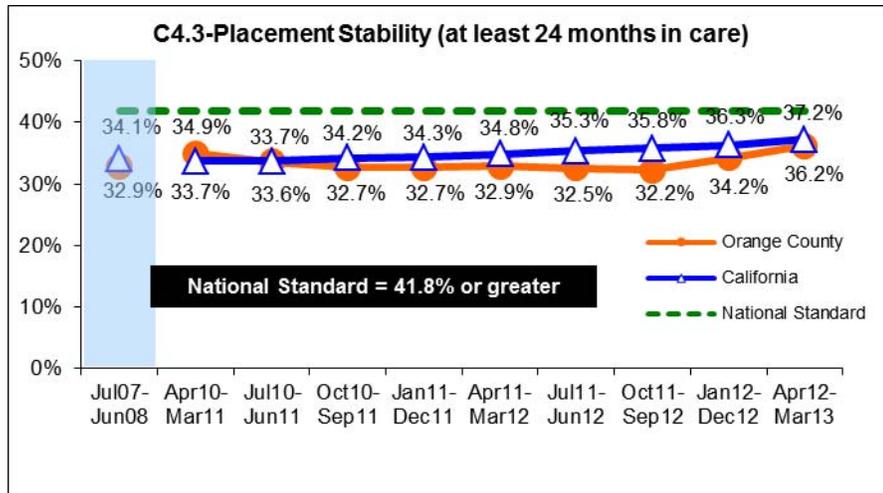


C4.2 Placement Stability (12 to 24 months in care)					
C4.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 65.4%	52.2%	79.8%	61.5%	94.0%
White	≥ 65.4%	64.1%	98.0%	73.6%	112.5%
Latino	≥ 65.4%	62.6%	95.7%	68.3%	104.4%
Asian/Pacif Islander	≥ 65.4%	65.9%	100.8%	60.6%	92.7%
Native American	≥ 65.4%	NA	--	80.0%	122.3%
Total	≥ 65.4%	62.6%	95.7%	69.5%	106.3%

C4.2 Placement Stability (12 to 24 months in care)					
C4.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 65.4%	60.5%	92.5%	68.5%	104.7%
Male	≥ 65.4%	64.8%	99.1%	70.5%	107.8%
Total	≥ 65.4%	62.6%	95.7%	69.5%	106.3%

C4.2 Placement Stability (12 to 24 months in care)					
C4.2	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 65.4%	78.2%	119.6%	81.6%	124.8%
1 - 2	≥ 65.4%	68.5%	104.7%	68.9%	105.4%
3 - 5	≥ 65.4%	64.3%	98.3%	71.1%	108.7%
6 - 10	≥ 65.4%	61.7%	94.3%	70.2%	107.3%
11 - 15	≥ 65.4%	50.8%	77.7%	62.2%	95.1%
16 - 17	≥ 65.4%	47.4%	72.5%	58.6%	89.6%
Total	≥ 65.4%	62.6%	95.7%	69.5%	106.3%

C4.3- Of all children served in foster care during a year who were in foster care for at least 24 months, what percent had two or fewer placement settings?



C4.3 Placement Stability (at least 24 months in care)					
C4.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Ethnicity	Rate	Rate	Percent to standard	Rate	Percent to standard
Black	≥ 41.8%	24.0%	57.4%	25.5%	61.0%
White	≥ 41.8%	29.2%	69.9%	40.8%	97.6%
Latino	≥ 41.8%	35.5%	84.9%	36.3%	86.8%
Asian/Pacif Islander	≥ 41.8%	43.8%	104.8%	22.2%	53.1%
Native American	≥ 41.8%	33.3%	79.7%	20.0%	47.8%
Total	≥ 41.8%	32.9%	78.7%	36.2%	86.6%

C4.3 Placement Stability (at least 24 months in care)					
C4.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Age	Rate	Rate	Percent to standard	Rate	Percent to standard
Under 1	≥ 41.8%	100.0%	239.2%	NA	--
1 - 2	≥ 41.8%	58.7%	140.4%	66.7%	159.6%
3 - 5	≥ 41.8%	45.2%	108.1%	57.6%	137.8%
6 - 10	≥ 41.8%	36.6%	87.6%	40.2%	96.2%
11 - 15	≥ 41.8%	23.6%	56.5%	22.7%	54.3%
16 - 17	≥ 41.8%	19.7%	47.1%	19.5%	46.7%
Total	≥ 41.8%	32.9%	78.7%	36.2%	86.6%

C4.3 Placement Stability (at least 24 months in care)					
C4.3	National Standard	Last CSA Period (Jul07-Jun08)		Current Period (Apr12-Mar13)	
Gender	Rate	Rate	Percent to standard	Rate	Percent to standard
Female	≥ 41.8%	33.7%	80.6%	37.1%	88.8%
Male	≥ 41.8%	32.0%	76.6%	35.5%	84.9%
Total	≥ 41.8%	32.9%	78.7%	36.2%	86.6%

► Analysis: C4. Placement Stability Composite and Indicators

Orange County has made tremendous progress toward reaching the National Standard for placement stability as assessed by composite measure C4. Performance on the placement stability composite had not met the National Standard at the time of the last CSA with the rate of 95.6 (98.3% of the National Standard) for July 2007-June 2008. Currently, Orange County has exceeded the National Standard with performance at 103.2 (103.3% of the National Standard) for April 2012-March 2013.

Performance on each of the three indicators that assess placement stability have also improved. During the time of the last CSA, none of the three indicators had met the National Standard. Currently, two of the three indicators meet the National Standard. During the most recent period, 89.0% of children in placement for 8 days to 12 months had two or fewer placements compared to 84.6% of children in placement during the last CSA. Children in placement for 12 months to 24 months had two or fewer placements 69.5% of the time compared to 62.6% of children in placement during the last CSA. Children in placement for at least 24 months had two or fewer placements 36.2% compared to 32.9% of children in placement during the last CSA.

Overall, White children are consistently the most likely group of children to have two or fewer placements, regardless of the length of time in care, while Asian/Pacific Islander children are the most likely to have more than two placements. Furthermore, while all other ethnic groups have shown improvements in the placement stability measures between the two time periods, the Asian/Pacific Islander group has shown decline in the three measures. This population in foster care has declined from 129 Asian/Pacific Islander children in foster care on July 1, 2007 to 87 children in care on July 1, 2012. Small cohorts being more susceptible to greater fluctuations of data may partially attribute to the differences seen in stability of placements from the CSA to current performances. However, further investigation may shed light on how cultural barriers may impact Asian/Pacific Islander foster children from having more stable placements.

Consistent with prior trends, younger children are more likely than older children to have experienced two or fewer placements, regardless of time in care. Recent trends have shown that of foster children who have been in care for less than two years, boys tend to have slightly more stable placements than girls, while of children who have been in care for more than two years, girls tend to have more stable placements than boys.

A number of strategies have been implemented and have contributed to reducing the number of placement changes for children in foster care. These include:

- Increased efforts to place children with relatives and non-related extended family member (NREFM) caregivers by placing directly with relative rather than diverting children from Emergency Shelter Homes. The 23 hour Assessment Center can be utilized during the first 23 hours or less so relatives and NREFMs can be identified and assessed for possible placement by Diversion staff

- Placement and Diversion Units provide placement services seven days a week to assure immediate assessments of relative/NREFM homes
- TDM meetings are held for all placement changes to help preserve placements by providing additional supports for caregivers
- Icebreaker Meetings are held between parents, social workers, and caregivers to share information regarding the children's needs
- Conditional Release Intensive Services Program (CRISP) maintain children in their own home with intensive supervision
- Messaging is given to foster parents about expectations related to stabilizing children in their homes
- Relative caregiver support program is provided by student interns
- 24-hour help line is available for foster parents to speak to a social worker
- Collaboration has increased between social workers and caregivers
- Dedicated Foster Parent Liaison provides additional support to caregivers
- Childcare is provided for foster parents and relative caregivers
- Wraparound Services is used to stabilize placements
- Recruitment, Development and Support Strategy group focuses on recruitment through media campaign and efforts to involve the faith based community in providing and supporting placement resources
- Therapeutic Behavioral Coaches (through Orange County Health Care Agency, Children and Youth Services), provides in-home help for children experiencing behavioral problems
- Discretionary Funds and Basic Needs Funds are available for support services and goods to initiate and/or stabilize placements
- Parent Mentors assist with encouraging parents to have regular visits with their children thus stabilizing placements

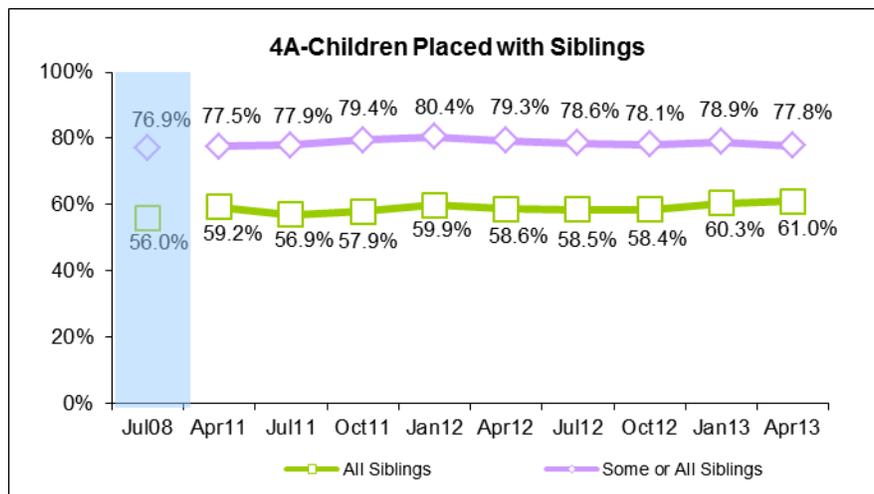
Areas for continued improvement as recommended by stakeholders:

- Increase time for more thorough assessments of initial placement resources to avoid disruptions
- Increase placement resources:
 - Placements and effective services for children with extensive mental health needs
 - Services and supervised visits for out of county placements
 - Sibling group placements
- Increase funding for Basic Needs
- Establish Intensive Therapeutic Foster Care (ITFC) placements
- Increase availability of therapy services for children to reduce wait times for services and improve placement stabilization
- Improve consistency for children by reducing changes in social workers, therapists and other providers smoothing out transitions when changes must occur
- Increase availability of transportation services for children to visits with their parents

- Reduce caseloads so that social workers can spend more time with families (both caregivers and parents) to encourage reunification and help keep placements stabilized
- Social workers schedule TDM meetings as soon as there is any indication that a placement may disrupt
- Provide more available in-home supportive services contracts

Outcome 4: The family relationships and connections of children served by the CWS will be preserved, as appropriate.

4A – Children Placed With Siblings



4A Children Placed with Some or All Siblings		
4A	Last CSA Period (July 1, 2008)	Current Period (April 1, 2013)
Ethnicity	Rate	Rate
Black	74.6%	76.9%
White	73.1%	78.2%
Latino	77.9%	77.6%
Asian/Pacific Islander	85.5%	84.6%
Native American	100.0%	0.0%
Total	76.9%	77.8%

4A Children Placed with All Siblings		
4A	Last CSA Period (July 1, 2008)	Current Period (April 1, 2013)
Ethnicity	Rate	Rate
Black	55.1%	65.4%
White	61.0%	64.5%
Latino	53.3%	59.0%
Asian/Pacific Islander	76.8%	76.9%
Native American	100.0%	0.0%
Total	56.0%	61.0%

► **Analysis: 4A. Children Placed with Some or All Siblings**

Of children in out of home care in Orange County who have siblings also in out of home care, approximately 78% are placed with some or all siblings and approximately 61% are placed with all siblings. These rates have improved since the last CSA (76.9% placed with some or all siblings, 56.0% placed with all siblings on July 1, 2008) with more significant improvement in placement with all siblings. Asian/Pacific Islander children are more likely than children of other ethnicities to be placed with at least one sibling. We have no clear explanation of these patterns and how culture, community support or community cohesiveness might impact them.

Orange County’s efforts to place siblings together have had successful outcomes. Strength based practices contributing to this outcome include:

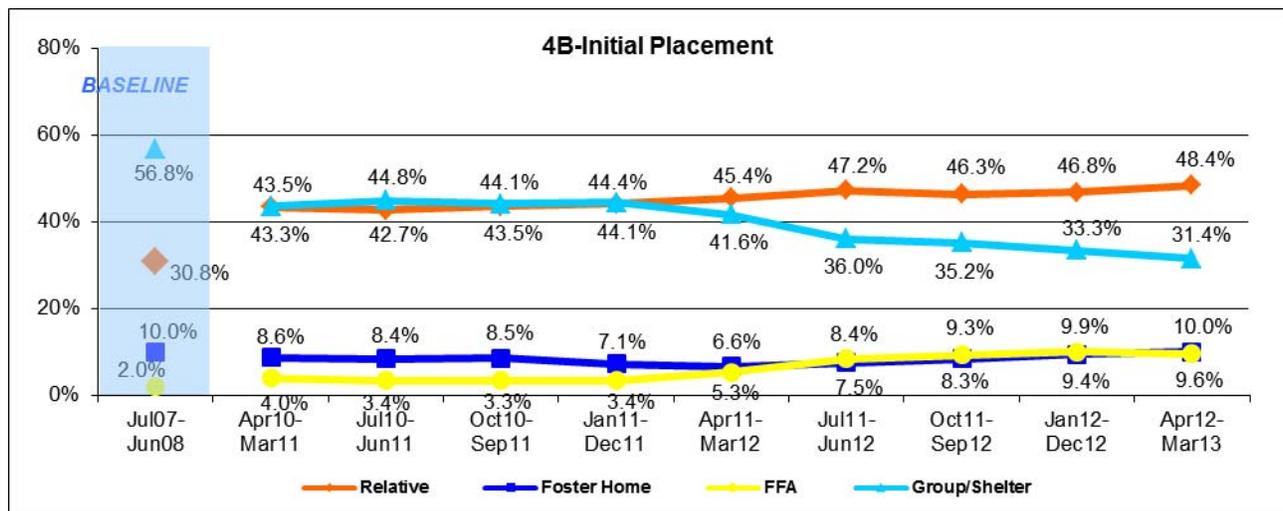
- Increased efforts to place children with relatives has been implemented through practices of early intervention and the overarching belief that children belong with their family (appreciation for this value expressed by stakeholders)
- Recruitment efforts target the need for foster placements that can take siblings
- TDM efforts to place and maintain siblings together
- Placement and Diversion units focus on placing siblings together
- Provision of child care to caregivers so that they can afford to have siblings groups
- Discretionary Funds and Basic Needs funding are provided to assist families with approval requirements
- Wraparound Services can be used to provide support to families with sibling groups
- Sibling cottage in shelter care allows siblings to stay together while waiting for placement

- First Step Assessment Center allows for 23-hours assessment time to find appropriate placements for siblings to be placed together
- Efforts made to assure sibling visits occur when unable to place them together to maintain relationships

Areas for continued improvement as recommended by stakeholders:

- Increase resources to meet complex needs of siblings:
 - Recruitment for resource homes for sibling groups, especially for Latino and African American children
 - Funding for child care, including more flexible funding, so that relatives can afford to take larger sibling sets
 - Time to assess the individual needs of each sibling to assure that special needs are met and that resources can be put in place
 - Creative engagement with the community to assist with meeting the needs of the caregivers and the children
- Address funding issues, and training needs, of relative caregivers to support successful sibling placements

4B. Foster Care Placement in Least Restrictive Settings



4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (July 2007-June 2008)					
Ethnicity	Relative	Guardian	FFH	FFA	Group/ Shelter
Black	27.8%	0.0%	8.3%	0.0%	63.9%
White	33.1%	0.2%	15.3%	2.4%	48.7%
Hispanic	30.5%	0.3%	7.9%	1.4%	59.9%
Asian/Pacific Islander	32.5%	0.0%	10.0%	3.8%	53.8%
Native American	0.0%	33.3%	0.0%	0.0%	66.7%
Total	30.8%	0.3%	10.0%	2.0%	56.8%

4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (April 2012-March 2013)					
Ethnicity	Relative	Guardian	FFH	FFA	Group/ Shelter
Black	49.2%	0.0%	11.9%	5.1%	33.9%
White	43.5%	0.9%	14.2%	7.6%	33.8%
Latino	50.9%	0.2%	8.8%	12.8%	25.8%
Asian/Pacific Islander	40.9%	0.0%	6.8%	4.5%	47.7%
Native American	66.7%	0.0%	33.3%	0.0%	0.0%
Total	48.4%	0.7%	10.0%	9.6%	31.4%

4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (July 2007-June 2008)					
Age	Relative	Guardian	FFH	FFA	Group/ Shelter
Under 1	38.0%	0.3%	37.0%	3.5%	21.2%
1-2	29.6%	0.0%	6.3%	2.1%	61.9%
3-5	29.2%	0.4%	2.9%	2.1%	65.0%
6-10	32.6%	0.6%	0.9%	0.3%	65.6%
11-15	26.2%	0.3%	2.8%	1.4%	69.2%
16-17	26.2%	0.0%	1.0%	1.0%	71.8%
Total	30.8%	0.3%	10.0%	2.0%	56.8%

4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (April 2012-March 2013)					
Age	Relative	Guardian	FFH	FFA	Group/ Shelter
Under 1	49.3%	0.0%	31.1%	12.8%	6.8%
1-2	58.0%	0.0%	8.9%	15.3%	17.8%
3-5	55.2%	2.2%	4.9%	13.1%	24.6%
6-10	47.1%	1.0%	5.7%	7.6%	38.6%
11-15	43.6%	0.5%	0.5%	4.0%	51.5%
16-17	21.9%	0.0%	1.4%	0.0%	76.7%
Total	48.4%	0.7%	10.0%	9.6%	31.4%

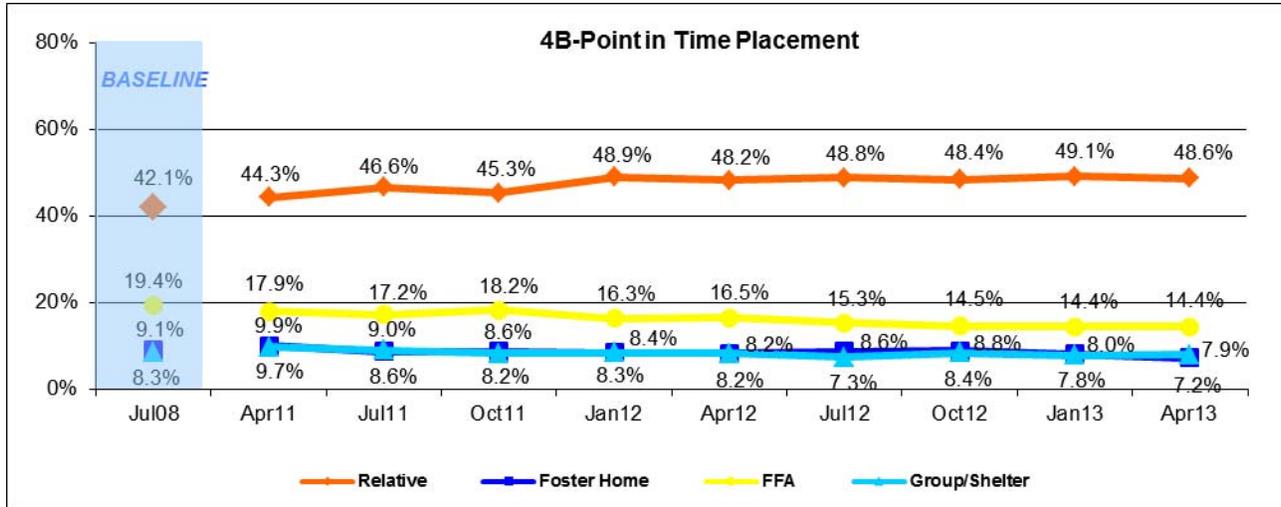
4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (July 2007-June 2008)					
Gender	Relative	Guardian	FFH	FFA	Group/ Shelter
Female	30.0%	0.4%	9.0%	1.9%	58.7%
Male	32.5%	0.3%	11.3%	1.6%	54.3%
Total	30.8%	0.3%	10.0%	2.0%	56.8%

4B. Foster Care Placement in Least Restrictive Settings: Initial Placement (April 2012-March 2013)					
Gender	Relative	Guardian	FFH	FFA	Group/ Shelter
Female	48.5%	1.3%	9.7%	9.7%	30.8%
Male	47.9%	0.0%	10.4%	9.5%	32.2%
Total	48.4%	0.7%	10.0%	9.6%	31.4%

► **Analysis: 4B. Initial Placements**

Overall, initial placements of Orange County Child Welfare clients to group/shelter care decreased substantially from 56.8% during the last CSA period (July 2007-June 2008) to 31.4% in the most recent period (April 2012-March 2013). In contrast, initial placements with relatives increased over the same period (from 30.8% to 48.4%). Initial placements to foster family homes and FFA's varied relatively little between the two periods (with about 10%-11% of initial placements to FFH's and about 1%-2% to FFA's). Black and Hispanic children are less likely than White or Asian/Pacific Islander children to have an initial placement with a relative and are more likely to have an initial shelter placement.

Younger children are more likely than older children to have an initial placement with a relative and are less likely to have an initial shelter placement. Boys were slightly more likely to have an initial placement with a relative or a Foster Family Home; girls slightly more likely to have an initial shelter placement.



Ethnicity	Relative	FFH	FFA	Group/Shelter	Other
Black	35.6%	8.9%	21.3%	11.4%	22.8%
White	40.9%	12.5%	17.2%	9.2%	20.2%
Hispanic	43.3%	7.5%	20.4%	7.4%	21.4%
Asian/Pacific Islander	45.2%	8.7%	15.9%	10.3%	19.8%
Native American	20.0%	0.0%	20.0%	20.0%	40.0%
Total	42.1%	9.1%	19.4%	8.3%	21.2%

Gender	Relative	FFH	FFA	Group/Shelter	Other
Female	42.1%	9.1%	19.6%	8.4%	20.9%
Male	42.1%	9.1%	19.2%	8.2%	21.5%
Total	42.1%	9.1%	19.4%	8.3%	21.2%

4B. Foster Care Placement in Least Restrictive Settings: POINT IN TIME Placement (July 1, 2008)					
Age	Relative	FFH	FFA	Group/ Shelter	Other
Under 1	55.9%	23.9%	10.3%	0.5%	9.4%
1-2	54.4%	11.5%	16.2%	1.2%	16.7%
3-5	51.2%	7.7%	20.5%	2.9%	17.7%
6-10	44.5%	5.4%	23.0%	6.4%	20.7%
11-15	32.3%	8.3%	20.7%	13.6%	25.0%
16-17	26.2%	8.1%	17.4%	19.3%	29.1%
18-20	35.5%	9.7%	17.7%	11.3%	25.8%
Total	42.1%	9.1%	19.4%	8.3%	21.2%

4B. Foster Care Placement in Least Restrictive Settings: POINT IN TIME Placement (April 1, 2013)					
Ethnicity	Relative	FFH	FFA	Group/ Shelter	Other
Black	45.7%	5.7%	18.1%	9.5%	21.0%
White	48.2%	8.3%	12.2%	9.1%	22.2%
Latino	49.6%	6.4%	15.5%	7.5%	21.0%
Asian/Pacific Islander	40.4%	11.7%	8.5%	5.3%	34.0%
Native American	50.0%	12.5%	0.0%	0.0%	37.5%
Total	48.6%	7.2%	14.4%	7.9%	21.9%

4B. Foster Care Placement in Least Restrictive Settings: POINT IN TIME Placement (April 1, 2013)					
Age	Relative	FFH	FFA	Group/ Shelter	Other
Under 1	62.4%	21.5%	11.4%	0.0%	4.7%
1-2	55.8%	10.1%	17.2%	0.6%	16.2%
3-5	63.7%	4.5%	14.9%	2.0%	14.9%
6-10	56.2%	6.2%	14.6%	3.9%	19.1%
11-15	43.4%	5.0%	15.1%	16.1%	20.5%
16-17	30.1%	9.0%	14.4%	21.4%	25.1%
18-20	22.5%	2.9%	8.6%	4.3%	61.7%

Total	48.6%	7.2%	14.4%	7.9%	21.9%
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4B. Foster Care Placement in Least Restrictive Settings: POINT IN TIME Placement (April 1, 2013)					
Gender	Relative	FFH	FFA	Group/ Shelter	Other
Female	49.8%	6.9%	13.4%	6.9%	22.9%
Male	47.5%	7.4%	15.3%	8.9%	20.9%
Total	48.6%	7.2%	14.4%	7.9%	21.9%

► **Analysis: 4B. Least Restrictive Settings: Point in Time Placements**

Paralleling the trends for initial placements, point-in-time placements with relatives have increased from 42.1% on July 1, 2008 to 48.6% April 1, 2013. FFH placements have decreased slightly from 9.1% on July 1, 2008 to 7.2% on April 1, 2013; FFA placements have also decreased from 19.4% on July 1, 2008 to 14.4% on April 1, 2013; Group/Shelter placements have remained stable at about 8% of point-in-time placements.

All ethnic groups, except Asian/Pacific Islander, experienced an increase in placement with relatives since the last CSA, with Latino children being most likely to have a point-in-time placement with a relative. Although Asian/Pacific Islander children are the least likely to be placed with relative, they are also the least likely to be placed in a group/shelter placement. Compared to older children, younger children are more likely than older children to be placed with a relative or in a Family Foster Home or Group/Shelter placement. In January 2012, the implementation of Assembly Bill 12 (AB12) extended assistance to youth in foster care until the age of 21. These non-minor dependents (age 18-20) were given the option of living in a Supervised Independent Living Placement (SILP), explaining the dramatic increase of 18-20-year-olds residing in “Other” placements (25.8% in 2008 to 61.7% in 2013). On April 1, 2013, a SILP placement was the predominant placement type of 18-20-year-olds. There were no gender differences in point-in-time placements.

Continued efforts to decrease use of congregate care have shown positive outcomes and were affected by the following practices, programs and services.

- Deputy Director on Duty (DDOD) admissions process which requires the Deputy Director to review all admissions to First Step Assessment Center and OCFC and ensuring exploration of other options
- First Step Assessment Center allows the Diversion Program 23 hours to find relative/NREFM/foster homes for all children
- Orange County developed a thematic goal to divert all children 0-5 from congregate care which has caused CFS to creatively leverage resources toward family-based care

- TDM is used to discuss appropriate placements including return to the parents, placement with relatives and friends
- Available child care resources for caregivers
- Wraparound Services for additional services and support to placements and families

Areas for continued improvement as recommended by stakeholders:

- Locate and train foster homes especially for sibling sets, older youth and children with special needs
- Help children maintain connections with important adults in their life
- Provide intensive training and support for relative caregivers including mandating parenting training to further enhance their skills in handling difficult situations with the children and their parents

► **Analysis: 4E. Rate of Indian Child Welfare Act (ICWA) Placement Preferences**

*Because the American Indian population is small, data will not be presented as graphs.

During the last CSA period (July 1, 2008), 24 American Indian children were in foster care. When ICWA eligible children were the focus of analysis, 12 (50%) were in relative care, no children were in care with a non-relative Indian family, and 12 (50%) were in a non-relative non-Indian family or group home setting. In the most recent study period (April 1, 2013), 26 ICWA eligible children were in care: 10 (38.5%) with a relative caregiver, 1 (3.8%) with a non-relative Indian caregiver and 15 (57.7%) with a non-relative non-Indian caregiver or group home setting. When children of American Indian ethnicity were the focus of analysis, 15 American Indian children were in placement during baseline (July 1, 2008). Six children (40%) were in relative care, no children were in care with a non-relative Indian family, and 9 (60%) were in a non-relative non-Indian family or group home setting. In the most recent study period (April 1, 2013), 18 ICWA eligible children were in care: 5 (27.8%) with a relative caregiver, 1 (5.6%) with a non-relative Indian caregiver and 12 (66.7%) with a non-relative non-Indian caregiver.

Strength based practices, programs, and services to improve outcomes:

- Increased efforts to place children with relatives
- Increased participation of Tribal Star members in the ERDD Advisory Committee to link native children with services in Orange County, and to provide feedback to the group
- ICWA Notification Unit ensures early identification of Native American children, and timely notification of tribes and Bureau of Indian Affairs
- ICWA Unit ensures that all Native American children eligible for Tribal membership are enrolled in their identified Tribe
- ICWA Unit members are currently partnering and contributing to the Tribal Star Program. This program is uniting with the California Indian Tribes and other California counties to provide Training for Trainers

Challenges:

- There are no identified Indian foster homes in Orange County
- Lack of relatives available for placement

Recommendations of stakeholders:

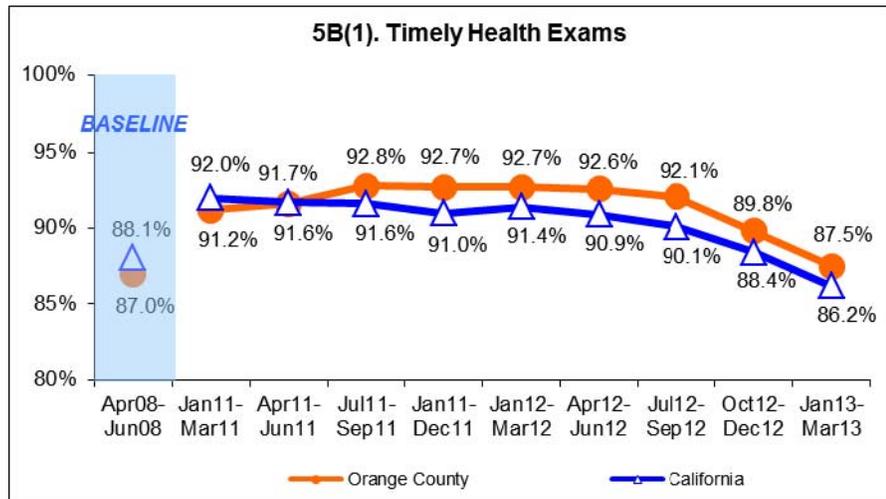
- Additional training for staff and community partners on available resources and building community collaboration with local Indian organizations
- Improve identification of ICWA eligible families, and honor traditions of non-ICWA families who have Indian heritage
- Continue to improve identification of relative caregivers for Indian children entering dependency

Outcome 5: Children receive adequate services to meet their physical, emotional and mental health needs.

5B – Rate of Timely Health and Dental Exams

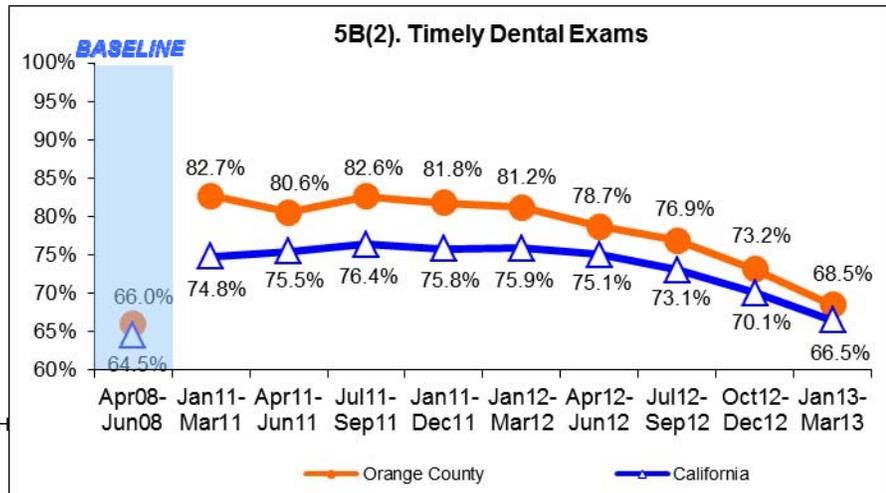
5B(1). State Outcome measure:

Percent of children who meet the periodicity schedule for medical assessments



5B(2). State Outcome measure:

Percent of children who meet the periodicity schedule for dental assessments



► **Analysis: 5B(1&2). Rate of Timely Health and Dental Exams**

Children in Orange County, for the most part, have been receiving timely health and dental exams. Data trends appear to be on the decline for the two measures. However, due to delays of data entry into the Health and Education Passport, data from more recent quarters appear lower than they are. The rate of receiving timely health and dental exams appear to be improving since the last CSA period (April 2008-June 2008). This rate has increased from 87% during baseline to approximately 90-93% for timely health exams and 66% during baseline to approximately 75-83% for timely dental exams.

Probation Outcome Measures

The Orange County Probation Department reviewed the CWS Outcomes System Summary for Orange County dated September 25, 2013, with the selected baseline of January 2009 (Q2 08) and a selected comparison of April 2013 (Q4 12) in order to review and analyze the department’s outcomes over a four and a half year period for the purposes of developing a System Improvement Plan in the future. Below is a summary of the data for the Placement Unit:

Measure Description	National Standard	Probation Baseline Performance	Probation Comparison Performance
Participation Rate: Entry Rate	NA	0.1 (40 minors)	0 (36 minors)
Participation Rate: In Care Rate	NA	0.2 (131 minors)	0.1 (78 minors)

The Participation Rate for the Entry Rate has decreased by 4.7% and the Participation Rate for In Care Rate has decreased by 37.5% from 2009 to 2013. The numbers have decreased over the years due to the Probation Department’s effort to provide more resources to families with the hope of keeping families intact. Wraparound services have been utilized regularly with families who are having a difficult time, and when staffing cases for possible Placement, every field officer is expected to offer Wraparound services to the family before submitting a petition for a Change of Circumstance. A Dual Handling Team was created in January 2013, in order to provide another option for our Probation families with the hopes of continuing to reduce the entry rates into Placement.

Measure Description	National Standard	Probation Baseline Performance	Probation Comparison Performance
Reunification Composite	122.6	NA	NA
Reunification within 12 months (Exit Cohort)	75.2	9.1	11.1

Median Time to Reunification(Exit Cohort)	5.4	23.1	17.9
Reunification within 12 months (Entry Cohort)	48.4	6.7	9.1
Reentry Following Reunification (Exit Cohort)	9.9	4.5	0

The Probation Department’s Reunification Rate within 12 months (Exit Cohort) has decreased by 22.2% from 2009 to 2013; however, there wasn’t a percentage for the Baseline Numerators to compare the difference. There was only a difference of 2 minors exiting foster care to reunification from 2009 to 2013. Overall, our Placement Unit has been challenged with the reunification of minors with their parents due to the serious nature of behaviors which led the youth to receive Placement orders.

Approximately 25% of our Placement youth are adjudicated sex offenders with their victims still residing in the home which has prevented them from being able to return to their homes. The programs (Group Homes) that these youth are placed in are group homes with intensive sex offender programs that usually take 18-24 months to complete if the youth are compliant. Another reason youth receive Placement orders is because their behavior in the home has become so extreme that the family fears for their safety making reunification difficult to complete in 12 months if at all. Additionally, there has been an increase in the number of youth with mental health needs. This is a challenging area which the probation Department will continue to address in order to improve services to youth.

The Median Time to Reunification (Exit Cohort) for youth reunifying with their parents has decreased by 22.5% from 2009 to 2013. This improvement is attributed to the Placement Officer’s efforts to get the families into family counseling while the youth is in care and then allowing home passes when appropriate to allow the youth to transition into the home once again. The Placement Unit has also been able to provide incentive gift cards to the youth for positive behavior in group homes, which allows families, who are only able to have off grounds passes, to have a meal together while visiting.

The Reunification within 12 Months (Entry Cohort) has improved by 36.4% from 2009 to 2013. This improvement is attributed to a decrease in the number of youth in care for the first six months of the 12 month period. Our department intends to continue to focus on providing services to the families while they are intact in the hope of preventing the removal all together. The reentry following Reunification (Exit Cohort) has improved by 100% from 2009 to 2013. Over the past four and a half years, our department has been below the National Standard in this area. This improvement is a result of the enhanced services to the youth and family prior to reunification, and providing the majority of families with a Wraparound team connected with them for assistance.

Adoption Composite

Orange County Probation has not yet provided adoption services, but would work with the youth and prospective adoptive family if this were an appropriate plan. Improvement in this area is needed for those youth who are placed with relatives/NREFM in order to more thoroughly explore permanent options for these youth, including educating caregivers about legal

guardianship and adoption. Los Angeles County Probation has completed the adoption process for some youth and may be contacted as a resource for future permanency discussions.

Measure Description	National Standard	Probation Baseline Performance	Probation Comparison Performance
Long Term Care Composite	121.7	NA	NA
Exits to Permanency (24 Months in Care)	29.1	6.1	8.1
Exits to Permanency (Legally Free to Exit)	98	50	NA
In Care 3 years or Longer (Emancipated/Age 18)	37.5	25	46.5

Exits to Permanency (24 Months in Care) improved by 33.8% from 2009 to 2013. This increase is due to one youth going to a permanent home within a 24 month period. The Placement Unit will continue to seek out family members, family friends and lifelong connections for our youth with a plan for permanency.

For this reporting period, Probation had no youth Exits to Permanency (Legally Free at Exit) whereas in 2009 the Placement Unit had 2 youth who were legally free to be adopted. Therefore, there wasn't a percentage to compare or control.

In Care 3 years or longer (Emancipated/Age 18) increased by 86% in 2013 over 2009, which is much higher than the National standard of 37.5%. Outside of the fact that our youth come to us older and with extreme behavior issues, the implementation of Extended Foster Care in January 2011, has had an impact on this area. The added resources have increased the number of youth wanting to remain in care to obtain assistance to help them to become independent before reaching age 21.

Measure Description	National Standard	Probation Baseline Performance	Probation Comparison Performance
Placement Stability Composite	101.5	NA	NA
Placement Stability (8 days to 12 Months in Care)	86	88.9	85.3
Placement Stability (12 to 24 Months in Care)	65.4	70.5	58.6
Placement Stability (At least 24 Months in Care)	41.8	26.2	30.9

Placement Stability (8 days to 12 months) has had a slight decrease from 2009 by 4%. Placement Stability (12 to 24 months) also had a decrease of 16.8% where Placement Stability (At least 24 months) improved by 18.2% from 2009 to 2013. The Probation Department is below

the National Standard in every section of Placement Stability, which is why this outcome will be a focus for the System Improvement Plan. Sex offenders make up 25% of OC Probation youth. They are generally compliant when placed, and factor into the stability that we see during the 8 days to 12 months in care.

The Probation Department would like to improve the Placement assessment process in determining the most appropriate placement for youth. This will include gathering more detailed information, especially regarding mental health needs, when the Placement unit receives the case. It has been noted that a number of failed placements have occurred because the group home wasn't able to meet the needs of the youth. With the creation of the Dual Supervision protocol, this issue of needing more information for the 241.1 report pertaining to the youth's mental health status was discussed and emphasized.

Another contributing factor when looking at the change from 8 days to 12 months in care to 12 months to 24 months in care is that when the case is converted to Permanent Placement, and it is evident that the parents are unwilling to make changes, behavior begins to deteriorate causing some youth to ultimately be terminated from the group homes.

When dealing with our youth who have an extensive run away history, the Placement officer intends to incentivize the youth who have remained in the group home for a certain amount of time hoping the incentives and positive feedback from the officers and group home staff will help deter the youth from running away.

Measure Description	National Standard	Probation Baseline Performance	Probation Comparison Performance
Least Restrictive (Entries First Plc: Relative)	NA	10	2.6
Least Restrictive (Entries First Plc: Foster Home)	NA	0	0
Least Restrictive (Entries First Plc: FFA)	NA	0	0
Least Restrictive (Entries First Plc: Group/Shelter)	NA	90	97.4
Least Restrictive (Entries First Plc: Other)	NA	0	0
Least Restrictive (PIT Placement: Relative)	NA	13.4	3.8
Least Restrictive (PIT Placement: Foster Home)	NA	0	0
Least Restrictive (PIT Placement: FFA)	NA	3	2.3

Least Restrictive (PIT Placement : Group/Shelter)	NA	50.7	37.1
Least Restrictive (PIT Placement: Other)	NA	32.8	56.8

Least Restrictive (Entries First Plc: Relative) has decreased by 73.7% from 2009 to 2013. The percentages are misleading. When looking at the baseline numerator of 4 and baseline denominator of 40 for 2009 and the baseline numerator of 1 and baseline denominator of 38 for 2013, it is difficult to draw cause and effect conclusions because of the low sample size. There is no identifiable practice change that has contributed to the decline in this area, but we will continue to seek out the names of possible relatives for placement from the youth and the parents in order to try to improve in this area in the future. It is worth noting that of the family members who have been located, the majority of the family members refuse to care for the youth because of the extreme behavior issues the youth exhibit, along with the level of responsibilities that come with caring for youth who are on probation.

Least Restrictive (Entries First Plc: Group/Shelter) has increased by 8.2% from 2009 to 2013, which seems appropriate since the first placement with relatives has declined. The Probation Department places the majority of the youth in group homes since that is all the Department has access to besides the one FFA family.

Least Restrictive (PIT Placement: Relative) has decreased by 71.8% for the same reasons as mentioned in the section for the Least Restrictive (Entries First Plc: Relative). The baseline numerator is 18 and the baseline denominator is 134 for 2009, and the baseline numerator is 5 and the baseline denominator is 132 for 2013, which makes drawing a cause and effect conclusion difficult.

Least Restrictive (PIT Placement: FFA) decreased by 2.3%. The Department averages 3 youth in the one FFA home that the Department is contracted with. There is a possibility that the third youth was temporarily removed from the home due to poor behavior or the third youth was not placed in the home when counted at PIT.

Least Restrictive (PIT Placement: Group/Shelter) and Least Restrictive (PIT Placement: Other) flipped from 2009 to 2013. The differences may be because of Extended Foster Care. Prior to 2001, youth who remained in care until the age of 19 or high school graduation, continued to be categorized in group homes, but since 2001, those particular youth are now categorized as Other since they are now Non-Minor Dependents.

Core Participation List

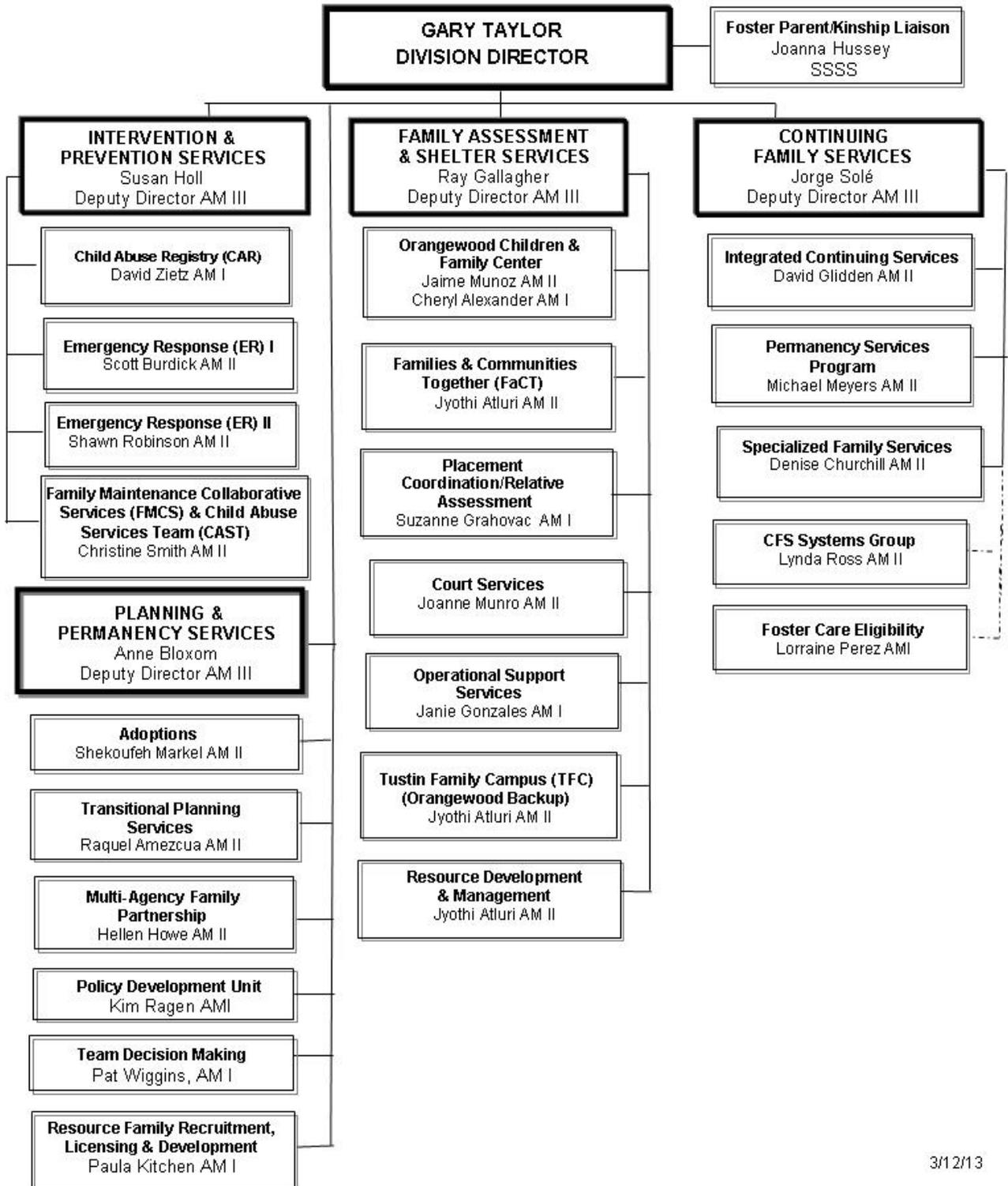
Orange County Social Services Agency, Children and Family Services Division County Self Assessment Participants 2013

*Required Participants

Agency/Entity/Contact Person	Methodology
Redesign Planning Counsel *California Youth Connection *County Counsel *Health Care Agency (HCA)/Alcohol and Drug Abuse Services (ADAS) *Raise Foundation (Child Abuse Prevention Council) *Social Services Agency (SSA)/Children & Family Services (CFS) Boys Town Court Appointed Special Advocate (CASA) Former Foster Youth Juvenile Justice Center Kinship Center New Alternatives OCDE/Foster Youth Services Orange County Child Abuse Prevention Center	Focus Group Questionnaires Survey Monkey
Quality Parenting Initiative/Recruitment, Development & Support (QPI/RDS) *Youth Representative (Former Foster Youth) Foster Parent Foster Youth Services New Alternatives Olive Crest Kinship Support Services Program (KSSP) Relative Caregiver Social Services Agency (SSA)/Children & Family Services (CFS)	Focus Group Questionnaires Survey Monkey
Family Resource Center (FRC) Coordinators Council Adult Services Alta Med Health Services Boys & Girls Club FRC's: Stanton/Minnie Street/Anaheim Harbor/La Habra/Oak View/ Westminster/Friendly Center Mission Hospital SSA/Admin SSA/CFS Western Youth Services	Focus Group Questionnaires Survey Monkey
Association of Foster Family Agencies (AFFA) Koinonia Family Services (FFA) McKinley Children's Center (FFA) Olive Crest Our Small World (FFA) United Connections (FFA)	Focus Group Questionnaires Survey Monkey
*Family Support Network Birth Parents (current) Parent Mentors	Focus Group Questionnaires Survey Monkey

Agency/Entity/Contact Person	Methodology
Eliminating Racial Disparity and Disproportionality (ERDD) *Health Care Agency/Behavioral Health Services *Tribal Star Academy of Professional Excellence Access California Services County Counsel Court Appointed Special Advocate (CASA) Educator Family Resource Center – Minnie Street Family Support Network (FSN)/Parent Partner Mexican Consulate Office of Public Defender Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA) Orange County Juvenile Court Orange County Probation Santa Ana Library Santa Ana Unified School District Senator Mimi Walters (Santa Ana Unified School District) Social Services Agency/Administration/Training and Career Development The Raise Foundation	Focus Group Questionnaires Survey Monkey
Foster Youth Outcomes (FYO) 211 Orange County Aspiranet Boys Town Casa Youth Shelter Court Appointed Special Advocate (CASA) Family Support Network Former Foster Youth Health Care Agency (HCA) Irvine Valley College Karma Camp New Alternatives OC Mentors for Youth Olive Crest Orange County Department of Education/Foster Youth Services Orange County Work Investment Board(OCWIB) Orangewood Children’s Foundation Saddleback College Santa Ana Unified School District Social Services Agency/Children & Family Services (SSA/CFS)	Focus Group Questionnaires Survey Monkey
Emergency Shelter Homes (ESH) Foster Parents	Focus Group Questionnaires Survey Monkey

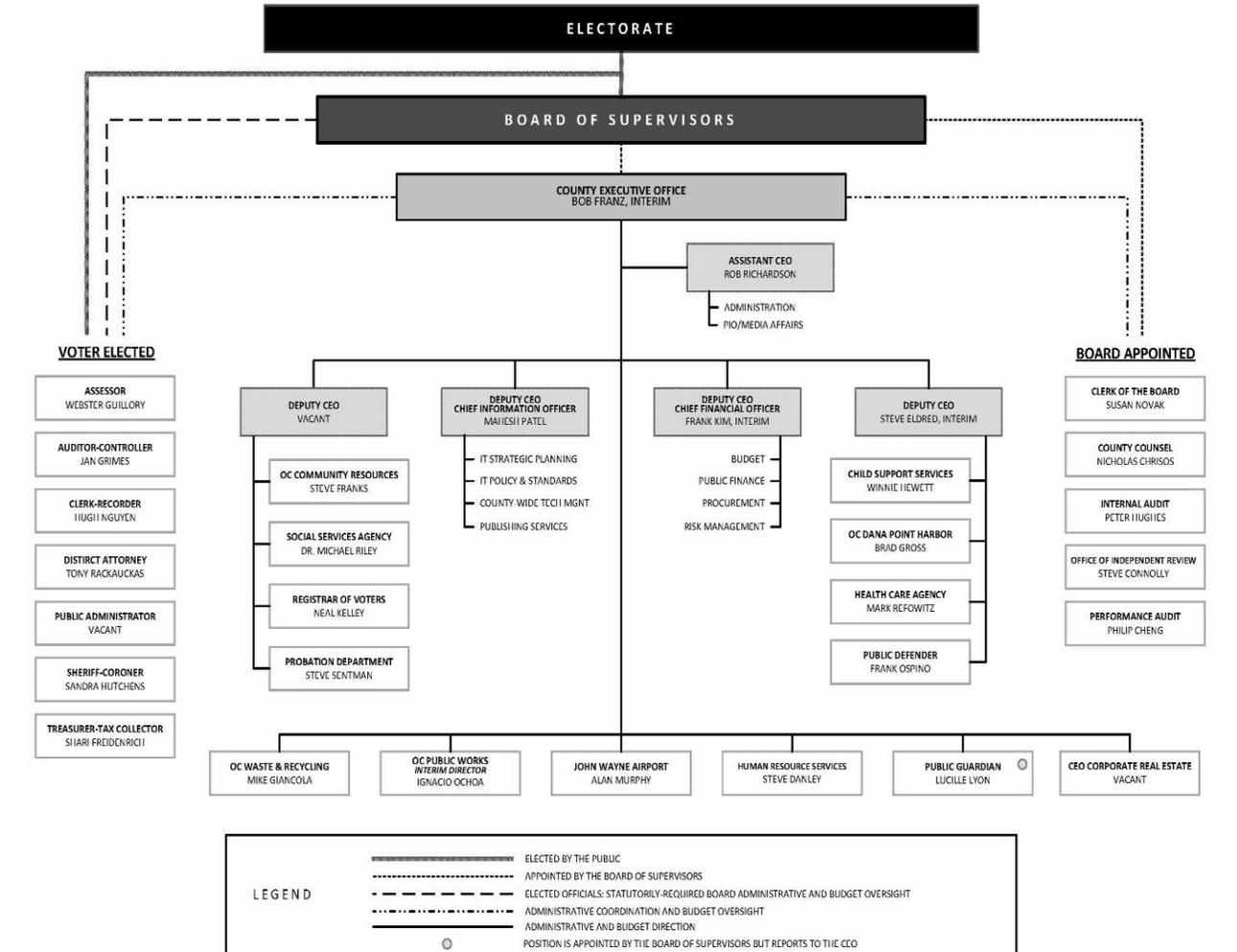
SSA CHILDREN AND FAMILY SERVICES DIVISION



3/12/13

ATTACHMENT II

COUNTY OF ORANGE ORGANIZATIONAL CHART
 APRIL 18, 2013



LEGEND	
	ELECTED BY THE PUBLIC
	APPOINTED BY THE BOARD OF SUPERVISORS
	ELECTED OFFICIALS: STATUTORILY-REQUIRED BOARD ADMINISTRATIVE AND BUDGET OVERSIGHT
	ADMINISTRATIVE COORDINATION AND BUDGET OVERSIGHT
	ADMINISTRATIVE AND BUDGET DIRECTION
	POSITION IS APPOINTED BY THE BOARD OF SUPERVISORS BUT REPORTS TO THE CEO

ORANGE COUNTY PROBATION DEPARTMENT

ORGANIZATIONAL CHART

CHIEF PROBATION OFFICER
Steven J. Sentman
Interim Secretary, Lynda Weisman

CHIEF DEPUTY PROBATION OFFICER
JUVENILE INTAKE AND DETENTION BUREAU
Sean Barry
Secretary, Nora Fernandez

CHIEF DEPUTY PROBATION OFFICER
FIELD OPERATIONS BUREAU
Chris Bieber
Secretary, Vacant

CHIEF DEPUTY PROBATION OFFICER
OPERATIONS SUPPORT BUREAU
Bryan Prieto
Secretary, Sierra Kennedy

JUVENILE HALL
Doug Sanger
Secretary, Lourdes Magallan
Assistant Division Director,
Scott Chandler
 Division I – Scheduling/Medical, Transportation, ISU, CEGU/HCA Liaison, Construction
Assistant Division Director,
Stacey McCoy
 Division II – Detention Programs
Assistant Division Director,
Mitch Cross
 Division III – Community Programs
Assistant Division Director,
Martin Corrales
 Division IV – School, DOE Liaison, JCWP
Assistant Division Director,
Joseph Stokely
 Division V – IRC/Court Holding, Ministries Liaison, Food Services

ADULT SUPERVISION DIVISION
Don Beezley (SAO-SL)
Secretary, Mary Flynn
 North, West, Central, South County Field Offices
 Adult Admin, Child Support/Welfare Fraud Unit

ADMINISTRATIVE & FISCAL DIVISION
Ian Rudge (NCFSO)
Secretary, Olga Echevarria
Fiscal Manager, Lorna Winterrowd
Contracts Manager, Lala Ragen
 Accounting, Collections, Facility Operations, Purchasing, Records, Payroll, Budget, Forms, Property Control, Office Support, Contracts

YOUTH LEADERSHIP ACADEMY
Brian Johnson
Assistant Division Director,
Vacant
Office Supervisor, Terry Johnson
 Secure Residential Treatment

JUVENILE SUPERVISION DIVISION
Daniel Hernandez (WCFSO)
Secretary, Judy Moses
 Youth Reporting Centers
 North, West, Central, South County Field Offices, Placement, Juvenile Admin

PROFESSIONAL STANDARDS DIVISION
Todd Graham (NCFSO, SAO, GAO)
Secretary, Melodina Santos
Assistant Division Director, Christina Ronald
Assistant Division Director, Javier Medina
 Training and Volunteer Services
HR Manager, Karla Abulhusn
 Recruitment, Background Investigation, Employee Relations, Subpoenas, Rangemaster, Worker's Comp

YOUTH GUIDANCE CENTER
Dave Burnham
Office Supervisor, Terry Johnson
 Breakthrough, ASERT, STEP
Assistant Division Director,
Tim Todd

ADULT COURT DIVISION
Keith Gotts (SAO-SL)
Secretary, Mary Flynn/Rita Roberts
 Courtesy Supervision, Interstate Transfers, Investigation, County Parole, Collaborative Courts, Resident Probation Officers, Adult Intake, Adult Drug Court, PC1210 Units

PROGRAM / COMMUNITY RESOURCES / PIO DIVISION
Ed Harrison (SAO)
Secretary, Jennifer Carlin
 Grants, Program Development, Resource Monitoring, Research, IEPP

JOPLIN YOUTH CENTER
Jeff Corp
Office Supervisor, Jeannette Lopez
Assistant Division Director,
Kimo Igarta

SPECIAL SUPERVISION DIVISION
Shawn Small (CCO)
Secretary, Lynda Weisman
 K-9 Detection, Special Enforcement, Gang Violence Suppression, Sex Crimes, Domestic Violence, Supervised Electronic Confinement, Dispatch, GPS Monitoring Center, PRIDE/DJJ, GRIP

INFORMATION TECHNOLOGY DIVISION
Jean Yu (SAO)
Secretary, Tami Tran
 Software Development, Information Systems Administration, Help Desk, Network and Hardware Support

JUVENILE COURT DIVISION
Catherine Stiver (MOB-5)
Secretary, Maria Meaney
Assistant Division Director,
Julie Stedman
 Investigation, Custody/Non-Custody Intake, Diversion, Court Officers, Juvenile Drug Court, DNA, Detention Alternatives

POSTRELEASE COMMUNITY SUPERVISION / AB 109
Sue DeLacy (SAO)
Secretary Rita Roberts
Assistant Division Director,
Erik Wadsworth
 Realignment Supervision

CONTINUOUS QUALITY IMPROVEMENT (CQI) DIVISION
Kellie Aumond, Admin. Mgr. II (NCFSO)

CFS and Probation Focus Group and Written Questionnaire

(Please consider the following topics when responding to the questions:
available resources, court proceedings, service plan, social worker
involvement, supportive services, etc)

1. What practices and programs with Children & Family Services do you see as strengths?
2. What are areas that need improvement?
3. What suggestions do you have for improvements?
4. Any other comments.

CFS Survey Monkey Questionnaire

Thank you for participating in the Children & Family Services County Self Assessment 2013. Your feedback is valuable in assisting us with compiling important information for this report, as well as helping to shape our programs and services. Survey results will not include any personal identifying information. (Questions with a * require an answer) On multiple option answers check all that apply.

*** 1. Please identify yourself by clicking the appropriate box:**

- Parent
- Foster Parent
- Relative Caregiver
- Non-Related Extended Family Member (NREFM)
- Adoptive Caregiver
- Foster Youth Under 18
- Foster Youth Over 18
- Community Partner
- Community Based Agency Administrator
- Caregiver
- Community Based Caseworker
- Police Officer
- Public Agency Caseworker
- Community Based Supervisor
- Public Agency Administrator
- Court Official
- Attorney for minor
- Attorney for Public defender
- Attorney : County Counsel
- Other (please specify)
- CFS Employee

2. If you are a community partner, please state the name of your agency.

*** 3. What Children and Family Services (CFS) practices do you see as strengths?**

- Placement practices
- Referral to services
- Services provided in a timely manner
- Timely response to requests
- Accessibility to management
- Support and resources for youth
- Support and resources for caretakers
- Support and resources for birth parents
- Other (please specify)

4. What CFS qualities do you see as strengths?

- Efficiency
- Respect

-
- Integrity
 - Creativity
 - Thoroughness
 - Fairness
 - Diversity
 - Communication
 - Teamwork
 - Initiative
 - Other (please specify)

*** 5. What can CFS do to prevent child abuse and neglect?**

- Provide help for parents experiencing stress (hotlines, counselors)
- Classes to help improve parenting skills
- Training for service providers (teachers, nurses, doctors) to identify signs of family stress, abuse/neglect, and appropriate referral practices
- Information (ads, brochures) to inform public about child abuse/neglect in English and other languages
- Provide early intervention services to children and families at risk of child abuse/neglect
- Other (please specify)

*** 6. What are the most important components to ensure children's placement stability in foster care?**

- Consistent visitation with significant parent and/or family members
- Assessments of child's needs
- Provide services appropriate to needs of child
- Making sure child's educational needs are met
- Schedule Team Decision Making (TDM) meetings for all placement changes
- Appropriate family connections
- Early engagement and collaboration between birth and foster parents (Ice Breakers)
- Life enriching opportunities (e.g., sports, ILP classes, music, arts)
- Accessibility and timeliness of services/resources
- Appropriately planned transition into placement
- Consistent social worker assignment
- Adequate pre and post placement support
- Clear and timely communication between all parents
- Wraparound services provided
- 24 hour access to crises intervention services
- Other (please specify)

*** 7. How can CFS better meet the educational needs of children in the foster care system?**

- Available transportation to school of origin
- Improve/increase communication between caregivers and schools
- Increase after school child care resources
- Increase caregiver involvement
- Provide more school related information to caregivers
- Increase caregiver understanding and preparation to teach basic life skills to foster children

-
- Increase training for employees
 - Increase training for foster parents/caregivers
 - Increase communication
 - Other (please specify)

*** 8. In your opinion, which of the following areas are challenges for parents in Orange County?**

Note: housing and jobs are considered as vital needs so do not appear on the list.

- Not enough affordable, quality child care
- Crime and violence
- Drugs and/or alcohol problems
- Lack of good schools for children
- Other (please specify)

*** 9. How can the Social Services Agency and Children and Family Services help parents experiencing stress and anger get the help they need?**

- Parent support groups or programs offered close to home such as school, community centers, etc.
- Home visits from trained professionals to help parents learn parenting and other skills
- Drug and/or alcohol programs
- Classes for parents in: parenting classes, available benefits, etc.
- Child care drop-off sites so parents can take breaks
- Other (please specify)

*** 10. When children had been taken into foster care, what do you think parents need to help them be reunited with their children more quickly?**

- Treatment programs for abuse, drug addiction and other problems
- Regular parent-child visitations
- Support to help parents follow their case plan and manage their daily lives
- All families have regular Team Decision Making (TDM) meetings to assist in placement decisions, successful reunification and aftercare services
- Fair treatment by child welfare staff regardless of race or culture
- Other (please specify)

*** 11. After a family has been reunited, what kinds of support do you think parents need so the children are not removed again?**

- Regular follow-up by a case manager for support, mentoring, and connection to service programs
- Access to 24 hour crisis services
- Child drop-off centers so parents can take breaks
- In-home services
- Community groups (faith-based, support groups, elders/mentors, resource centers)
- Individual or family counseling
- Affordable, qualified child care
- Help with drug and/or alcohol problems
- Other (please specify)

*** 12. If you needed the following services, where would you feel most comfortable receiving them?**

Type of Service	In my home	At my child's school	At a Community Agency	At a family resource center in my neighborhood
Parenting classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with a drug and/or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplining children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you have any other suggestions regarding what would be helpful for families, please tell us:

*** 14. How can community organizations be more effective in serving Orange County's families?**

- Additional neighborhood programs for families
- Staff that speak the same language and understand the culture as the people they are serving
- Better ways for agencies to work together to help families
- More parent involvement in solving family problems
- Partnerships between county agencies and community groups, for example, faith-based, community centers, etc.
- Other (please specify)

15. What, if any of the Children and Family Services strategy groups have you participated in:

- Redesign Planning Council
- Recruitment, Development and Support (RDS)
- Parent Leadership Task Force (PLTF)
- Eliminating Racial Disparity and Disproportionality (ERDD)
- Quality Parent Initiative (QPI)
- Self Evaluation Team (SET)
- Other (please specify)
- Foster Youth Outcomes (FYO)

16. Please share any other comments and/or recommendations for improving our services.

Please tell us about yourself:

Your age: Under 18 years 18-25 years 26-40 years 41-60 years 60+ years

What is the race/ethnicity that best describes you? (Please check all that apply.)

- Hispanic/Latino Caucasian African-American Asian or Pacific Islander
- Native American Decline Other (Please specify)

Do you currently have a child in your home under the age of 18? Yes No

Have you ever used services to help with a family problem? Yes No

What city do you live in?