



Department of Public Social Services

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Susan von Zabern, Director

*Logged +
Rec'd 4-15-14
BAM*

April 14, 2014

Barbara Ricciuti-Colombo, MSW
California Department of Social Services
Outcomes and Accountability Bureau
744 P Street, MS 8-12-91
Sacramento, CA 95814

RE: Riverside County Year 1 Annual SIP Progress Report

Dear Barbara:

Enclosed are the following hard copy documents due April 15, 2014:

- Year 1 Annual SIP Progress Report for Riverside County, including signature sheet signed by Susan von Zabern, DPSS Director, and Mark A. Hake, Chief Probation Officer
- Attachment A (5-Year SIP Chart)
- Attachment B (Additional Measures Not Meeting Standards)

To assist you with locating the modifications requested by CDSS, I have also included a document labeled "Riverside County's Responses to 7 SIP Draft Comments from CDSS dated 3/6/14." This two-page document includes the original draft comments from CDSS, the page locations within the document where the changes can be found, and (where indicated) a summary of the modified text. Consistent with your March 6, 2014, correspondence, we understand that incorporation of the CDSS modification requests finalizes the approval process for this report.

Please let me know if you have any questions or concerns regarding these documents. Please also note that recent staffing changes have occurred in the Probation Department and the Year 2 Annual SIP Progress Report due April 1, 2015, will involve Supervising Probation Officer Brenda Waterman who can be reached at (951) 358-4325 or bwaterma@rcprob.us and Division Director Patty Mendoza who can be reached at (951) 358-4311 or pmendoza@rcprob.us. In addition, the new Assistant Regional Manager overseeing the System Improvement Plan for Children's Services Division is Libertie Miller who can be reached at (951) 358-6348 or limiller@riversidedpss.org. I will continue my involvement in my capacity as a Senior Administrative Analyst.

Sincerely,

Ann Reyes-Robbins, JD, PhD
Senior Administrative Analyst
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BMM

California - Child and Family Services Review

County of Riverside Annual SIP Progress Report

Year 1
2013 -2014



California – Child and Family Services Review Signature Sheet

County	Riverside
CSA Period Dates	2008-2012
SIP Period Plan Dates	2013-2018
Outcome Data Period	Q3 2013 comparison to SIP baseline data

County Child Welfare Agency Director

Name	Susan von Zabern
Signature*	<i>Susan von Zabern</i>
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Mailing Address	Department of Public Social Services 4060 County Circle Drive Riverside, CA 92503

County Chief Probation Officer

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Signature*	<i>Mark A Hake</i>
Phone Number	(951) 955-2830
Mailing Address	Probation Department 3960 Orange Street, Suite 600 Riverside, CA 92501

Board of Supervisors (BOS) Signature

BOS Approval Date	Not Required - No significant SIP changes since 7/1/2013
Name	Jeff Stone, Chairman
Signature*	Not Required

*Signatures must be in blue ink

Mail the original Signature Sheet to:	Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814
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SIP Progress Report Narrative

A. INTRODUCTION AND PURPOSE OF THE SIP PROGRESS REPORT

The purpose of the Year 1¹ SIP Progress Report is to update CDSS about Riverside County's progress toward improving outcomes on child welfare and probation SIP measures, update action steps for Children's Services Division's (CSD's) 14 SIP strategies and Probation Department's six SIP strategies, as well as provide information on Riverside County's continued efforts to increase stakeholder collaboration and feedback. This progress report further contains an analysis of strengths and barriers impacting strategy implementation, highlights promising practices within Riverside County, provides an overview of federally mandated child welfare and probation initiatives, and outlines additional outcome measures where Riverside County is performing below state and national standards.

The 2013-2018 Riverside County System Improvement Plan (SIP) was submitted to and approved by the California Department of Social Services (CDSS) and Office of Child Abuse Prevention (OCAP) effective July 1, 2013. The CSA/SIP process and resulting documents reflect feedback from more than 400 individuals from public and private agencies, Riverside County's designated child abuse prevention council,² and community participants from CAPIT/CBCAP/PSSF funded programs.³ Community feedback and proposed strategies were collected through numerous hours of collaborative discussion among internal and external stakeholders in an effort to accurately evaluate Riverside County's child welfare and juvenile probation systems and develop a plan of action to guide the next five years.

Throughout the SIP development process stakeholders discussed the patterns that emerged among sub-population groups, particularly disproportionality and disparity among African American (reunification, re-entry, placement stability), Latino (reunification), and Native American children (re-entry, placement stability). Emphasis was also placed on outcomes for very young children (re-entry)

¹ Year 1 covers the period July 1, 2013, through March 31, 2014, due to a CSA/SIP process extension granted by CDSS and OCAP. Year 2 and subsequent years will cover the period April 1 through March 31. SIP baseline data for Children's Services Division covers Q4 2012 (1/1/2011 – 12/31/2012). Probation Department's baseline data covers Q1 2012.

² Prevent Child Abuse Riverside County (PCARC) was Riverside County's designated CAPC for 12 years. Family Services Association (selected through a competitive bid process) was appointed by the Board of Supervisors to perform the lead CAPC role effective November 1, 2013, following a transition period between July 1, 2013 and October 31, 2013.

³ Riverside County's annual CAPIT/CBCAP/PSSF/CCTF Report was submitted to the Office of Child Abuse Prevention (OCAP) on October 30, 2013. There have been no significant changes or reductions in spending on programs identified in the 2013-2018 SIP.

and adolescent youth (reunification, placement stability). Focus groups identified that maintaining close and consistent communication with stakeholders and having high transparency and consistency in policy implementation, particularly as it pertains to visitation and placement decisions, are essential elements to promoting safe and timely reunification, placement stability, and reducing re-entry. Stakeholders further encouraged social work and probation staff to seek to understand and respect different racial/ethnic and organizational cultural values, and to identify barriers to open communication.

B. STAKEHOLDER PARTICIPATION

Shared responsibility for the prevention of abuse and neglect remains central to the goal of improving overall performance on Riverside County’s SIP outcome measures:

- Increasing safe and timely reunification (CSD and Probation)
- Reducing re-entry following reunification (CSD and Probation)
- Improving placement stability for youth aged 11-17 (CSD)

Riverside County Department of Public Social Services (DPSS) Children’s Services Division (CSD) and the Probation Department are committed to promoting open communication with community partners, local agencies, and providers of consulting and technical assistance. CSD and Probation continue to provide joint services with those already in the community to promote efficiency and effectiveness in service delivery to children and families. Collaborative efforts are best illustrated through the community’s active participation in ongoing SIP efforts, including participation in annual Community Partners Forums and strategy- and region-specific invitations for additional stakeholder collaboration.

Each of the operations regions⁴ regularly meets with community partner stakeholders to discuss focus areas for improvement and strategize how best to deliver services to the community. On August 6, 2013, a countywide Community Partners Forum was convened with nearly 300 DPSS, Probation, and community partner participants engaging in round table discussions centered on the theme of improving “Communication, Collaboration, Commitment” between stakeholders in a shared effort to positively impact SIP outcomes for children and families in Riverside County. Approximately 70% of the attendees were community partners and the remaining 30% were DPSS and Probation staff that facilitated roundtable dialogue focused on region-specific strengths and needs, guided by region-specific

⁴ At the start of the SIP cycle CSD had 7 operations regions. Effective October 1, 2013, an 8th operations region was created and some of the existing regions merged and restructured to better serve outlying communities and underserved populations.

data. In an effort to encourage data-guided discussions and planning with community stakeholders, Casey Family Programs facilitated data and SIP strategy preparation meetings with managers and executives the month prior to the Community Partners Forum. The discussions generated during and by the Community Partners Forums are integral to engaging stakeholders in tracking the progress made toward achieving County System Improvement Plan goals and soliciting feedback and assistance in the development of additional strategies and procurement of resources necessary to improve outcomes for children and families.

This process represented the first time that Riverside County has been able to closely review regional data trends and consider the similar and divergent needs of each of the eight operational regions. Work is currently being undertaken to encourage and facilitate regular regional discussions and action plans between DPSS, Probation staff, community partners and stakeholders surrounding the SIP outcome measures and region-specific data. The regional stakeholder discussions are expected to influence each year's Community Partners Forum, and the results of these collaborative efforts should be seen throughout future analysis of SIP improvement goals and SIP strategy progress.

Both CSD and Probation further engage community stakeholders through Joint Operational Meetings (JOMS) used to monitor the services delivered in an effort to implement SIP strategies. The Educational Liaisons Program, for example, holds bimonthly JOMS with stakeholders from both County agencies that oversee the provision of services (CSD and Riverside County Office of Education). The Integrated Core Services Committee regularly holds JOMs and teleconferences with external core services providers and internal program and management staff to collaborate on implementation and monitoring. Monthly Racial Disparity and Disproportionality (RDD) Committee meetings include community partners from churches and other local organizations and plans are underway to invite family partners and foster agencies to the conversations as well.

C. CURRENT PERFORMANCE ON SIP MEASURES

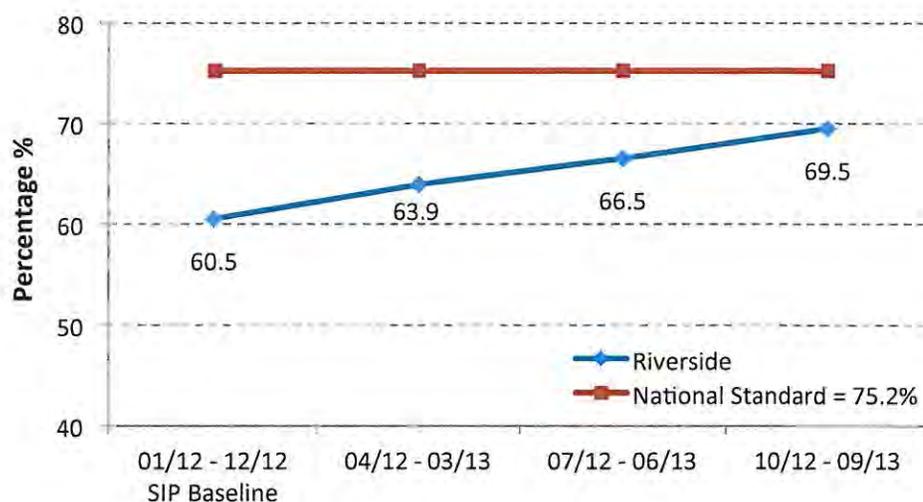
This section of the Year 1 SIP Progress Report includes CSD and Probation Q3 2013 SIP outcome measures compared to baseline SIP data. SIP baseline data for Children's Services Division covers Q4 2012 (1/1/2011 – 12/31/2012). Probation Department's baseline data covers Q1 2012 (10/1/2010 – 3/31/2012). An analysis of obstacles, systemic issues, and environmental conditions that may be contributing to outcome improvement or decline is provided for each of CSD's four measures and Probation's three measures related to safe and timely reunification, reduced re-entry, and placement stability.

Children’s Services Division Outcome Measures:

C1.1 Reunification within 12 months (exit cohort)

From 2008 to 2012, CSD experienced a decrease in the rate of children reunifying with their families within 12 months (Measure C1.1 [exit cohort]). The 2013-2018 SIP reported that though 2008-2011 data indicated improved reunification rates for children who were in foster care eight days or longer (from 62.1% in 2008 to 67.6% in 2011), the SIP baseline year of 2012 showed a decreased reunification rate at 60.5%, well below the National Standard of 75.2%. Figure C1.1 below indicates consistent improvement over the last three quarters for which data is available, from the baseline of 60.5% to 63.5% in 2013 Q1, 66.5% in 2013 Q2 and 69.5% in 2013 Q3. This represents a 14.9% improvement from baseline SIP data.⁵

C1.1: Reunification Within 12 Months (Exit Cohort)



Further analysis of data by age and ethnicity indicates reunification rate improvements across all categories of youth from baseline to Q3 2013, except Native American youth. Reunification rates for children of color now exceed those of Caucasian youth (66.9% in Q3), with Latino children increasing by 21.5% to 70.2% in Q3 from 57.8% at baseline. Similarly, reunification rates for African American children improved by 22.8% to 71.7% in Q3 from 58.4% at baseline. While baseline reunification rates for Latino and African American children trailed rates for Caucasian children by 9% and 8.4%, respectively, rates for both groups now exceed those of Caucasian children, who have maintained about the same rate

⁵ Throughout this report, percent change is used for comparative purposes as a way to describe changes in data points over time. While similar to percent difference (the difference between two percentage values), percent change describes the difference as a percentage change from the old value. For example, the percent difference between 60% and 69.5% is 9.5%, which corresponds to a 14.9% increase, or percent change, over the previous amount of 60%.

since baseline of 66.8% (66.9% in 2013 Q3). In the most recent quarter for which data is available, Latino and African American children exceed Caucasian reunification rates by 3.3% and 4.7%, respectively.

The variance of reunification rates for Native American children, from 63.6% at baseline to 70.6% at Q2 and down to 57.1% at Q3, is likely the result of the relatively small number of Native American children that make up this percentage. For Q3, only 21 total reunified youth were Native American, with nine failing to reunify within 12 months. Such variation in outcomes often occurs with small groups, but will continue to be monitored for any notable trends. Special focus on outcomes for children of color during Year 1 may have positively impacted racial disparity and disproportionality among reunification rates. These improvements will be monitored closely and explored thoroughly in an effort to continue to improve positive outcomes for these vulnerable groups.

Similar to reunification rates by ethnicity, analysis of the data also indicates improvements across all age ranges for all quarters for which data is available. While reunification rates remain below the National Standard (75.2%), many age ranges are significantly closer to the standard as of Q3 than at baseline. Reunification rates for youth aged 16-17 increased by 23.9% from 50.7% at baseline to 62.8% at Q3. Similarly, youth aged 11-15 experienced a 24.8% improvement from their 56.1% reunification rate at baseline to become the group with the highest rate of reunification during Q3 at 70%. This may indicate the success of SIP strategies that focus on youth aged 11-17 who have historically experienced challenges in reunification. Other than children younger than one year old (who continued to have a reunification rate of 100%), all age groups improved between 11.5% (aged 6-10) and 24.8% (aged 11-15).

C1.1: Reunification Within 12 Months (Exit Cohort, 8 Days or More In Care) vs. Baseline Performance						
Category		Baseline	2013 Q1	2013 Q2	2013 Q3	% Change Between the Most Recent Data and Baseline
		1/2012 - 12/2012	4/2012 - 3/2013	7/2012 - 6/2013	10/2012 - 9/2013	
Age	< 1 yr	100.0	100.0	100.0	100.0	0.0
	1 - 2 yrs	57.3	60.0	65.6	68.9	20.2
	3 - 5 yrs	57.8	60.4	64.2	67.2	16.3
	6 - 10 yrs	59.2	62.7	63.3	66.0	11.5
	11 - 15 yrs	56.1	61.3	65.0	70.0	24.8
	16 - 17 yrs	50.7	60.8	62.2	62.8	23.9
Ethnicity	African American	58.4	61.2	66.4	71.7	22.8
	Caucasian	66.8	69.8	66.9	66.9	0.1
	Latino	57.8	61.3	65.8	70.2	21.5
	Asian/Pacific Islander	93.3	100.0	100.0	100.0	7.2
	Native American	63.6	63.2	70.6	57.1	-10.2
Overall vs. National Standard (75.2%)		60.5	63.9	66.5	69.5	14.9

Riverside County continues to focus on the following strategies intended to assist families with safe and timely reunification: the Case Plan Field Tool; Educational Liaisons Program; Faith in Motion; Family Preservation Court/Children Affected by Methamphetamine (CAM); Family Resource Centers (the "Network Hub Model"); Team Decision Making (TDM) meetings; Wraparound; and utilization of evidence-based practices by service providers. Other efforts include ongoing evaluation of Core

Services⁶ and other programs such as the Independent Living Program, development of culturally appropriate interventions and practices targeted at eliminating racial disparity and disproportionality, and the development of the Katie A. Core Practice Model to ensure appropriate and quality service provision. Further, there are increased efforts to promote family engagement in the case planning process and to foster quality visitation between families in order to assist with successfully transitioning children back into their homes safely.

In summary, categories of children that were highlighted for focus in the five-year SIP – Latino, African American, and youth aged 11-17 – experienced the most significant improvements during the Year 1 SIP reporting period,⁷ while categories that were not specifically identified continued to improve, though by smaller margins.

C1.4 Re-entry following reunification (exit cohort)

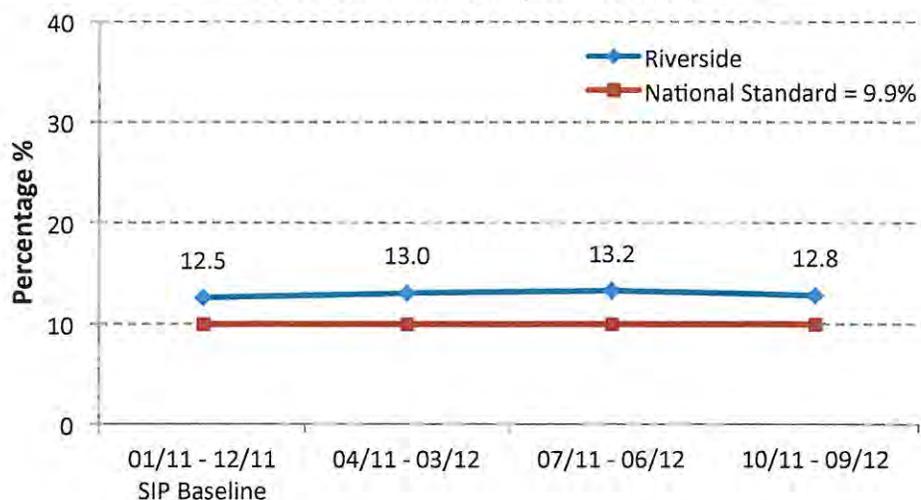
While CSD improved its re-entry performance compared to the past SIP period, data from the most recent quarter indicates a slight increase in the County's rates of re-entry. Conceptually, re-entry rates (C1.4) are closely tied to reunification rates (C1.1). The challenge for Riverside County is to improve reunification outcomes while not reunifying so quickly that re-entry rates increase. While Riverside County noted a slight increase of 0.3% in re-entry rates in Q3 (to 12.8% from the baseline rate of 12.5%), notably, this occurred while improving reunification rates by 9%. A primary focus continues to be improvement on both of these outcomes while considering the interrelatedness of the two measures.

Figure C1.4 (below) shows a moderate increase in re-entry following reunification from the SIP baseline data to 13.0% in Q1, 13.2% in Q2, and back down to 12.8% in Q3, the most recent quarter for which data is available. Riverside County's re-entry percentage has consistently failed to meet the National Standard of 9.9%, except for 2008, when CSD efforts successfully reduced the rate to 7.5%.ⁱ During this period staffing was at a high point, but staffing resources and capacity declined in the years that followed. Significant hiring efforts during the Year 1 SIP reporting period are expected to impact outcomes in the following reporting periods, since a number of new social workers will be completing their induction training throughout the fall and early spring.

⁶ Core Services include mental health services, parenting education, substance abuse treatment, anger management, and domestic violence program.

⁷ Year 1 covers the period July 1, 2013, through March 31, 2014, due to a CSA/SIP process extension granted by CDSS and OCAP. Year 2 and subsequent years will cover the period April 1 through March 31. SIP baseline data for Children's Services Division covers Q4 2012 (1/1/2011 – 12/31/2012). Probation Department's baseline data covers Q1 2012.

C1.4: Re-Entry Following Reunification Within 12 Months (Exit Cohort)



Analysis of re-entry data by age and ethnicity highlights important improvements and declines in outcomes across these demographic variables, particularly when considered in the context of reunification outcomes (C1.1, page 7). While the most recent data indicate substantial improvements in reunification rates for all youth, those aged 1-2 and 11-15 also experienced re-entry at rates much higher than children of other age groups. Re-entry rates for children aged 11-15 experienced a 56% increase from 10% at baseline to 15.6% by Q3. Re-entry rates for children aged 1-2 remain high, from 16.5% at baseline to 16.3% at Q3. Unfortunately, older youth aged 11-15 went from almost meeting the National Standard at baseline to dropping well below the National Standard by Q3. CSD will closely monitor the supports provided to reunifying families to better ensure successful reunifications that do not result in subsequent re-entries into care.

For children under one year old, re-entry rates decreased by 17.7% from 18.1% at baseline to 14.9% at Q3. The continued successful implementation of SIP strategies such as SafeCare, SafeCare Plus, and Early SafeCare may help explain this success.

Similar to SIP outcome C1.1 (reunification within 12 months), the discrepancy between youth with the lowest and highest rates of re-entry is slightly smaller at Year 1 than at baseline. At baseline, the two most disparate age groups (children aged <1 year at 18.1% and youth aged 16-17 at 7.6%) were separated by 10.5%. As of Q3, these same two groups were separated by only 8.8% at 14.9% and 6.1%. While this is certainly positive movement in terms of reducing disparities between demographic subgroups, the outcome is not without concern. Although both groups improved their rates of re-entry, the re-entry rate for youth aged 1-2 only reflected minimal improvement, which contributed to the reduction in disparity.

According to the January 2011 to December 2011 baseline data, the rate of re-entry within 12 months following reunification was higher among African Americans (21.4%) and Native Americans (20.8%). Latinos (11.1%), Caucasians (11.1%), and Asians (5.9%) had lower re-entry rates than the overall re-entry rate of 12.5%. The most recent Q3 data available shows a 49.5% improvement for Native American youth (to 10.5% in Q3), but a 9.3% increase in the re-entry rate for African American youth (to 23.4% in Q3) and a 9.0% increase for Latino youth (to 12.1% in Q3). The County's focus on holding a Team Decision Making (TDM) meeting for every potential placement change for African American youth may have contributed to the progress made on re-entry for these youth in Q2; however, further research on the specific impact of the TDM strategy will help assess the program's effectiveness and shed light on the problematic turn-around for African American youth seen in Q3.

C1.4: Re-Entry Following Reunification Within 12 Months (Exit Cohort, 8 Days or More In Care, First Entry) vs. Baseline Performance						
Category		Baseline	2013 Q1	2013 Q2	2013 Q3	% Change Between the Most Recent Data and Baseline
		1/2011 - 12/2011	4/2011 - 3/2012	7/2011 - 6/2012	10/2011 - 9/2012	
Age	< 1 yr	18.1	14.6	11.9	14.9	-17.7
	1 - 2 yrs	16.5	15.4	15.9	16.3	-1.2
	3 - 5 yrs	10.9	11.3	11.9	11.1	1.8
	6 - 10 yrs	11.6	12.7	11.8	10.5	-9.5
	11 - 15 yrs	10.0	13.9	15.8	15.6	56.0
	16 - 17 yrs	7.6	7.0	9.8	6.1	-19.7
Ethnicity	African American	21.4	18.4	17.8	23.4	9.3
	Caucasian	11.1	11.7	11.1	10.0	-9.9
	Latino	11.1	12.1	13.1	12.1	9.0
	Asian/Pacific Islander	5.9				
	Native American	20.8	21.2	22.7	10.5	-49.5
Overall vs. National Standard (9.9%)		12.5	13.0	13.2	12.8	2.4

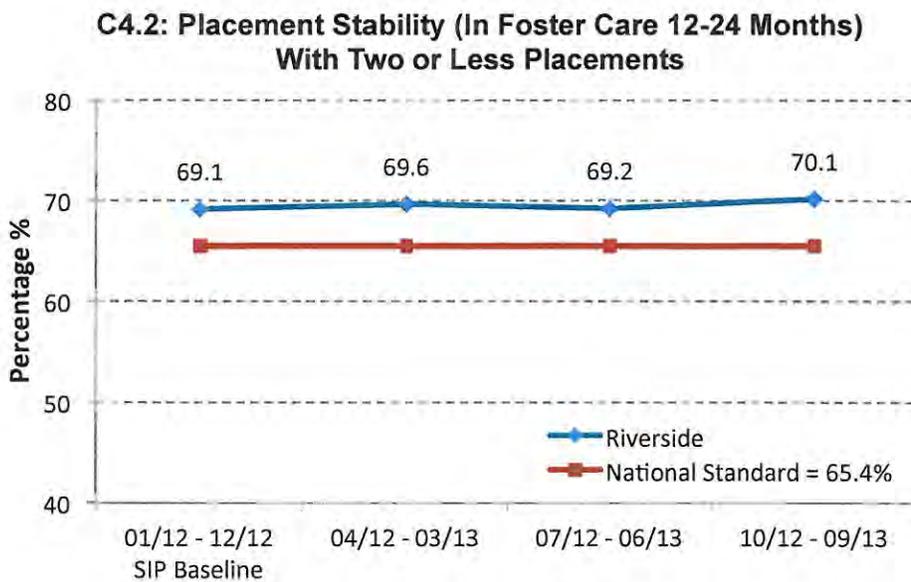
Riverside County continues to identify factors that lead to increased re-entry rates. These include reduced staffing levels experienced from 2009 to 2011 contributed to a decrease in social workers available to conduct comprehensive family assessments, gauge the needs and strengths of the family and increase family and community partner engagement, as well as encouraging community partners in coordinating supports that have positive outcomes in keeping families together. In response to the reduced staffing of the past, the County hired 100 new social workers in 2013, with 70 hired in Q4. This allowed for reductions in caseloads and opportunities for increased engagement and effectiveness with families that came to the attention of CSD.

Based on in-depth case reviews and community and parent partner feedback gathered from the 2008 County Self-Assessment process, a decline in performance may be attributed in part to incorrect use of the Structured Decision Making (SDM) risk assessment tool, insufficient engagement with parents about case plans and compliance, lack of an assessment as to whether parents benefited from services, and lack of follow-up services during and after the transition to Family Maintenance (FM). In response to these issues, the County continues to focus on and evaluate the effectiveness of strategies aimed at

reducing re-entry following reunification, including: enhanced family engagement through the use of SafeCare®, targeting children aged 0-5, specifically those with SDM risk levels of “high” to “very high;” increased utilization of Team Decision Making meetings, targeting youth aged 0-5 transitioning from Family Reunification to Family Maintenance and those at imminent risk of removal following reunification; and increased use of Wraparound services to improve family and child well-being when returning children to families, including expanding the inclusion criteria for cases to receive Wraparound services.⁸ Other efforts to maintain children in the home of their families include the use of supportive services provided by Family Preservation Court/CAM, Faith in Motion, and Family Resource Centers (“Network Hub Model”).

C4.2 Placement stability (12 - 24 months in care with ≤ 2 placements)

As indicated in figure C4.2 below, placement stability for children in out of home care for 12-24 months (defined as two or fewer placements) has largely maintained baseline levels, increasing slightly from 69.1% at baseline to 70.1% in Q3. Overall, Riverside County continues to exceed the National Standard of 65.4%.¹⁴



During this five-year SIP cycle, CSD chose to focus on placement stability due to the relatively low rate observed for youth aged 11-17. This group of youth (with a baseline placement stability rate of

⁸ Expanding the criteria for Wraparound eligibility and participation was a strategy that allowed the County to extend Wraparound to more cases – in particular to stabilize cases in Family Maintenance – rather than only increasing staff to provide more Wraparound to cases that met the previous eligibility criteria.

58.3%) tends to experience more than two placement changes when in care for over a year. While the overall rate for youth aged 11-17 has increased slightly to 60.0% in Q3, results captured in the most recent data show some improvement for children in this age group; while placement stability for youth aged 11-15 increased slightly from 62.5% at baseline to 62.6% at Q3, older youth aged 16-17 showed a 13.4% improvement, from 47% at baseline to 53.3% at Q3. Not only do these results indicate a reduction in disparity between the two subgroups of the 11-17 age range, as found in the baseline data, there is also a marked improvement for older youth, indicating that the County's efforts to target placement stability for older youth may be improving outcomes. The development of the centralized Youth and Community Resources (YCR) region to specifically target older youth (aged 16-17) has been one recent effort to improve outcomes for this group of youth. Further monitoring of placement stability for older youth will determine if this positive trend continues.

C4.2: Placement Stability (12 to Less Than 24 Months In Care With 2 or Less Placements) vs. Baseline Performance						
Category		Baseline	2013 Q1	2013 Q2	2013 Q3	% Change Between the Most Recent Data and Baseline
		1/2012 - 12/2012	4/2012 - 3/2013	7/2012 - 6/2013	10/2012 - 9/2013	
Age	< 1 yr	80.7	78.3	77.9	83.4	3.3
	1 - 2 yrs	75.5	77.1	75.8	73.2	-3.0
	3 - 5 yrs	70.5	68.9	70.8	70.0	-0.7
	6 - 10 yrs	64.5	67.0	66.8	69.1	7.1
	11 - 15 yrs	62.5	63.1	59.8	62.6	0.2
	16 - 17 yrs	47.0	52.4	54.5	53.3	13.4
Ethnicity	African American	65.8	61.6	63.1	64.1	-2.6
	Caucasian	67.9	69.6	67.5	68.8	1.3
	Latino	70.5	71.8	72.0	72.3	2.6
	Asian/Pacific Islander	83.3	71.4	68.4	78.6	-5.6
	Native American	58.3	63.2	58.3	66.7	14.4
Overall vs. National Standard (65.4%)		69.1	69.6	69.2	70.1	1.4

Additional demographic analysis of groups within this older age range provide further detail of the outcomes above, indicating that African American youth aged 16-17 increased their placement stability by 6.6%, from 37.5% at baseline to 40% at Q3. Latino and Caucasian youth aged 16-17 also showed improvement from baseline, rising from 48.2 to 52.1% and 45.8% to 62.1%, respectively.ⁱⁱⁱ

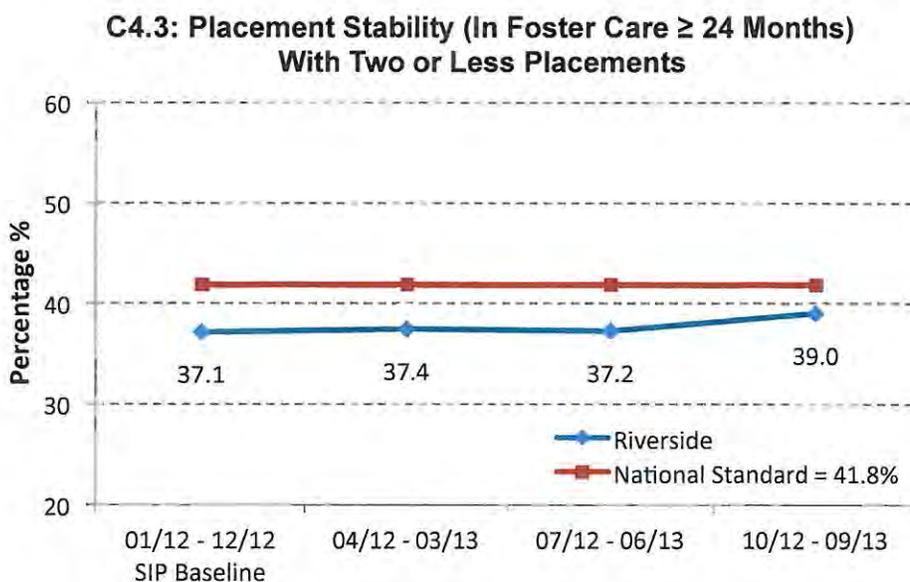
Baseline placement stability rates examined by gender and ethnicity indicate that 20% of African American females between the ages of 16-17 experience placement stability, while Asian/Pacific Islander and Latino females of the same age had rates of 33.3% and 38.7%, respectively; a notable discrepancy when compared to Caucasian females of the same age (63.6%). With placement stability, as with reunification and re-entry, County efforts appear to be impacting disparities between subgroups of age, ethnicity, and gender. By Q3, African American females aged 16-17 had improved their placement stability rates from 20% to 37.5%, closer to the rates of Caucasian and Latino females aged 16-17, whose rates of placement stability were 64.3% and 46.2%, respectively. While the County does not have any interventions specifically targeting female African American teens, the Youth & Community Resources Region and Group Homes unit have made concerted outreach efforts to ensure the specific needs of this

vulnerable population are being met. In addition, outcome-based contracts with Group Homes and Foster Family Agencies have expanded and enhanced services targeting child well-being.

While Caucasian males and females aged 16-17 showed the largest disparity at baseline with placement stability rates of 30.8% and 63.6% respectively, by Q3 the largest disparity shifted to Latino males and females aged 16-17 with the data indicating placement stability rates of 59.1% and 46.2%, respectively, a difference of 12.9%.^{iv} In summary, though youth aged 16-17 have experienced important gains in placement stability, they, along with their 11- to 15-year-old counterparts, remain at the highest risk for multiple placement disruptions.

C4.3 Placement stability (at least 24 months in care with ≤ 2 placements)

Riverside County continues to outperform the National Standard for changes in placement in less than 12 months (C4.1) and changes in placement between 12 and 24 months (C4.2, see above). Children in out-of-home care for more than 24 months, however, continue to struggle with placement stability. While placement stability for this group increased from 30.7% in 2008 to 37.1% in 2012, as described in the five-year SIP report, the rate remains below the National Standard of 41.8%, even with a moderate Q3 increase to 39.0%, as shown in figure C4.3 below.



All demographic categories of age and ethnicity have experienced only minor changes from baseline to Q3, with two exceptions: the rate of placement stability for Native American children increased by 65.2% from the baseline rate of 22.7% to the Q3 rate of 37.5%; and the rate of placement stability for Asian/Pacific Islander children increased by 54% from the baseline rate of 30.0% to the Q3 rate of 46.2%. While the number of Native American and Asian/Pacific Islander children is relatively

small (n=9 and n=6, respectively), thus unable to have much impact on the overall placement stability rate, further analysis may help to determine the factors that have contributed to this improvement. Adolescents (aged 11-17) continue to have the lowest rates of placement stability. While youth aged 11-15 experienced higher rates of stability (31.5% at Q3 versus 28.5% at baseline, an increase of 10.5%), youth aged 16-17 experienced decreased stability (15.4% at Q3 versus 16.3% at baseline, a decrease of 5.5%).⁹ Improving placement stability for all youth remains an ongoing goal for CSD in the 2013-2018 SIP period, particularly and for those youth in care at least 24 months.

C4.3: Placement Stability (At Least 24 Months In Care With 2 or Less Placements) vs. Baseline Performance						
Category		Baseline	2013 Q1	2013 Q2	2013 Q3	% Change Between the Most Recent Data and Baseline
		1/2012 - 12/2012	4/2012 - 3/2013	7/2012 - 6/2013	10/2012 - 9/2013	
Age	< 1 yr	0.0				
	1 - 2 yrs	57.1	57.4	57.0	61.0	6.8
	3 - 5 yrs	50.5	48.7	47.1	50.2	-0.6
	6 - 10 yrs	49.6	48.2	46.6	46.3	-6.7
	11 - 15 yrs	28.5	28.8	30.5	31.5	10.5
	16 - 17 yrs	16.3	16.1	15.3	15.4	-5.5
Ethnicity	African American	30.5	30.4	30.2	30.9	1.3
	Caucasian	35.9	34.6	34.5	35.2	-1.9
	Latino	40.2	41.1	41.0	43.2	7.5
	Asian/Pacific Islander	30.0	30.0	30.0	46.2	54.0
	Native American	22.7	31.8	31.8	37.5	65.2
Overall vs. National Standard (41.8%)		37.1	37.4	37.2	39.0	5.1

Stakeholders have indicated that a lack of caregiver training specifically on age-appropriate adolescent behavior versus behavioral issues related to mental health and/or trauma may impact placement stability. Furthermore, caseworkers may be limited in placement options that match child needs with caregiver strengths, resulting in an incongruity that jeopardizes placement stability. TDM meetings continue to be recommended to provide further insight into possible reasons for changes in placement, and to identify tangible strategies and supports (i.e., training, counseling, extra-curricular activities, respite care) that can be provided to youth and caregivers to assist in placement stabilization.

Strategies aimed at promoting placement stability include increased initial placements with relatives through the implementation of a streamlined relative assessment process, increased utilization of case staffing and Team Decision Making meetings to mitigate placement moves and the implementation of outcome-based contracts with Group Homes and Foster Family Agencies to expand and enhance services aimed at improving overall child well-being.

⁹ A reduction in group home placements may be a contributing factor to the lack of placement stability for this age group.

Probation Department Outcome Measures:

C1.2 Reduce Median Time to Reunification (exit cohort)

Over the last four years (April 2008 – March 2012), Riverside County Probation has underperformed in median time to reunification compared to the National Standard. Specifically, in the three years prior (04/01/08 – 03/31/11) to the current reporting period chosen for this measure, Riverside County Probation's rates reflected 12.2, 11.1 and 11.9 months respectively for each sequential reporting period. For the SIP baseline data (04/01/11 – 03/31/12), Probation's median time to reunification reflected 13.7 months, compared to the National Standard of 5.4 months. Since the initial data capture period for this measure (Q1 2012), performance in this area has substantially improved with updated performance data (07/01/12 – 06/30/13) reflecting 10.8 months, an improvement of 21%. Probation's target goal of median time to reunification at 9 months by April 2018 continues to be Probation's improvement goal.

This outcome measure was selected as a SIP goal because the data shows that over time, placement stability decreases the longer a minor is "in care" in placement. If the goal is to identify and address a minor's treatment needs in placement, the quicker this is done accurately and diligently, the less chance that a placement minor will have an extended stay in placement. For Probation, issues which influence and impact median time to reunification include how well a minor's needs are assessed and treated, the age of the youth at the time of placement (impulsivity versus stability and adjustment), adherence to case plan goals, encouraging family involvement/reunification visitations, monitoring placement facility staff skill level and training, ensuring due diligence in screening the minor's case to determine if all efforts to address the minor's treatment issues in the community have been exhausted, and which placement program offers the best "fit" regarding efforts to treat, rehabilitate and reunify the minor.

Options for creating shorter reunification timeframes include stronger communication and relationship building skills possessed by probation officers, multiple efforts to engage youth and advocate on their behalf, increased levels of family engagement, and holding placement programs accountable for proper service provision. To this end, Riverside County Probation continues to focus on the following strategies intended to reduce median time to reunification: Strengthen Probation Officer Practices; Improving Placement-based Mentoring and use of Goals/Outcome-based Placement Visitation; and Utilization of Evidence-Based Practices by service providers. Additional efforts include ongoing Evaluation of Placement Support and Services to improve initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit.

C1.3 Increase Rates of Reunification with 12 Months (entry cohort)

Over the last four years (October 2007 – March 2011), Riverside County Probation has underperformed in rates of reunification within 12 months compared to the National Standard. Specifically, in the three years prior (10/01/07 – 03/31/10) to the current reporting period chosen for this measure, Riverside County Probation’s rates reflected 24.0%, 23.1% and 23.1% of youth reunified respectively for each sequential reporting period. For the SIP baseline data (10/01/10 – 03/31/11), Probation’s rate of reunification within 12 months reflected 17.1%, compared to the National Standard of 48.4%. This data collectively displayed a decreasing percentage of youth who reunify within 12 months of care. Since the initial data capture period for this measure (Q1 2012), performance in this area has consistently improved with updated performance data (01/01/12 – 06/30/12) reflecting 41.1% of youth reunified within 12 months, an improvement of 140%. Although current data reflects the target improvement goal that 34.2% of youth will reunify within 12 months by April 2018 is surpassed, this continues to be Probation’s improvement goal.

This outcome measure was selected as a SIP goal because past data showed that over time less and less placement youth were reunifying with their families within 12 months of care, and several likely reasons existed for the data outcomes regarding this measure. First, the “typical or normal” type of minor representative of the current placement population has changed significantly. In the last several years, the presentation of multiple psychiatric and psychological issues, gang and drug involvement, academic deficiencies, minimal family unit integrity and support, and parents with substance abuse and/or domestic violence issues have increased in probation placement youth. Second, as minors present with more difficult treatment issues, this necessitates that placement programs adequately screen, assess, engage and treat placement youth immediately and not “wait” for issue/service needs to “arise” before making multiple efforts to engage youth and advocate on their behalf. Third, with more intensive and focused services comes the need to hold placement programs accountable for proper service provision and increased levels of family engagement, ensure case plan goals and reunification goals are being strategically followed, and that all treatment programs and goals match and “fit” the assessed needs of placement youth, all of which requires due diligence in probation officer practice.

Strategies for increasing rates of reunification within 12 months include: Strengthen Probation Officer Practices; Improving Placement-based Mentoring and use of Goals/Outcome-based Placement Visitation; Utilization of Evidence-Based Practices by service providers; Increased use of Wraparound; and Evaluation of Placement Support and Services to improve initial and ongoing assessments of minors, to reduce placement failures/runaways and promote and maintain first/best placement fit. Probation

will continue to monitor and evaluate these data to identify outcomes responsible for improvement in this measure, and adjust future improvement goals as appropriate.

C1.4 Reduce Re-entry following Reunification (exit cohort)

Over the last three years (April 2008 – March 2011), Riverside County Probation has underperformed in re-entry following reunification compared to the National Standard. Specifically, in the two years prior (04/01/08 – 03/31/10) to the current reporting period chosen for this measure, Riverside County Probation's rates of youth returned to placement within 12 months reflected 13.0% and 13.5% respectively for each sequential reporting period. For the SIP baseline data (04/01/10 – 03/31/11), Probation's rate of re-entry following reunification reflected 10.6%, compared to the National Standard of 9.9%. Since the initial data capture period for this measure (Q1 2012), performance in this area has surpassed the National Standard (9.9%) on four separate quarters. The rate of re-entry following reunification improved to 9.1% (Q2 2012), declined back to 10.6% (Q3 2012), improved to 8.3% (Q4 2012), declined to 9.1% (Q1 2013) and then improved again to 7.3% (Q2 2013). Although updated performance data (7/1/11 – 6/30/12) reflects an improvement of 31% of youth returned to placement within 12 months, and the target improvement goal of 9.9% by April, 2018 is surpassed, this continues to be Probation's improvement goal.

This outcome measure was selected as a SIP goal due to the challenge of matching youth-based services with identified need. If the goal of any probation-based intervention (assessment, treatment, supervision, placement, service referrals, etc.) is to remove barriers to a successful law-abiding transition to adulthood, when a minor re-offends and is returned to placement, this provides an opportunity to review the larger process of intervention. This is to ensure it remains current, focused, evidenced-based, and matched to the individual; such that, the first fit/best fit of treatment milieu to minor exists, to facilitate successful placement outcomes and limited re-entry.

The fluctuations in quarterly performance data reflected above suggest an uncertain trend regarding re-entry performance and may be attributed to several recent issues impacting the Probation department including a temporary reduction in juvenile probation staff due to a reallocation of staff and resources to infrastructure, Court Pretrial and Adult Probation Realignment programs (AB109), and the limited/reduced rehabilitative programs and community services designed to reduce re-entry. The success rate on this measure may be further impacted by limited monthly contact meetings between probation officers, youth, and parents while the youth is in out of home placement and after the youth returns home. The reallocation of juvenile staff and resources has reduced veteran staff, which combined with an increase in newly hired and/or transferred inexperienced staff, has allowed for only

mandatory monthly contact with the youth and their family. These contact meetings help to ensure the safety and well-being of the youth, provide an opportunity to review the case plan and service objectives, and encourage case plan compliance. The fluctuations in probation staffing levels and experience may be influencing case plan compliance and how probation officers interact with youth and their families in these meetings; thereby, possibly contributing to increased re-entry. Based on in-depth case reviews and community and parent partner feedback, a decline in performance may also be attributed in part to insufficient discussion with parents about case plans and compliance, lack of an assessment as to whether parents benefited from services, and lack of follow-up services during and after the transition to reunification.

Riverside County Probation continues to identify factors leading to the increase in re-entry rates, and will continue to evaluate its re-entry following reunification strategies and action steps to better adjust future improvement goals as appropriate. To this end and in response to these issues, Probation continues to focus on and evaluate the effectiveness of strategies aimed at reducing re-entry following reunification, including: Strengthen Probation Officer Practices; Improving Placement-based Mentoring and use of Goals/Outcome-based Placement Visitation; Utilization of Evidence-Based Practices by service providers; Increased use of Wraparound; and Evaluation of Placement Support and Services to improve initial and ongoing assessments of minors, to reduce placement failures/runaways and promote and maintain first/best placement fit. Additionally, in response to staffing issues in the past two years, over half of the staff at the Juvenile Division of the Probation Department have been newly hired, or transferred from other probation assignments into Juvenile positions. Although initial experience levels are minimal, the hiring, transfer and training of juvenile staff in the long term will allow for reductions in caseloads and opportunities for increased engagement and effectiveness with probation minors and families.

D. STATUS OF SIP STRATEGIES & BARRIERS TO IMPLEMENTATION

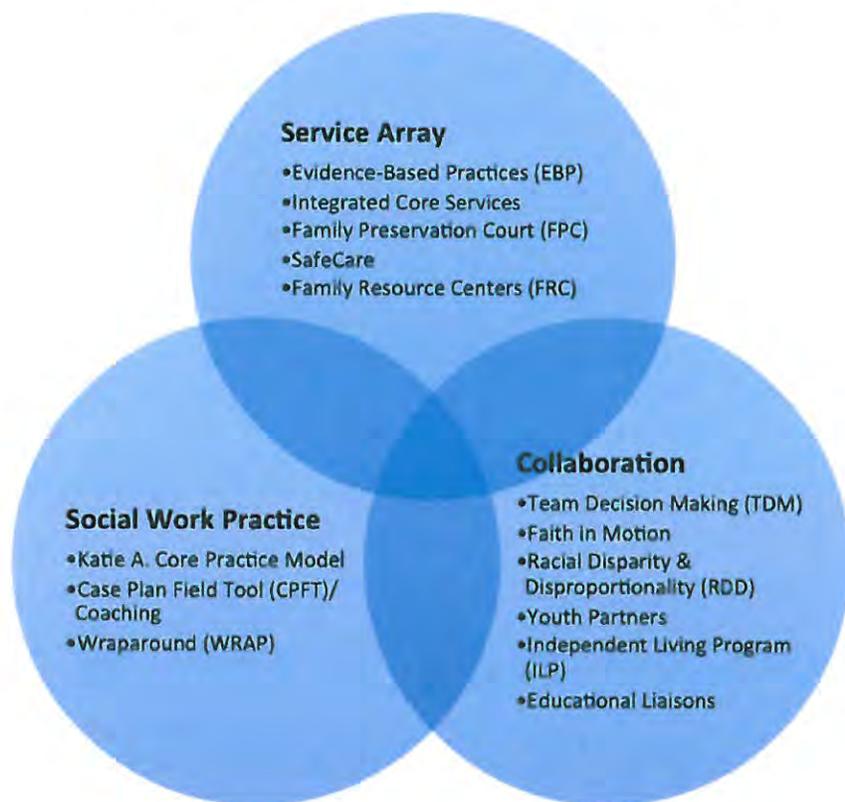
This section of the Year 1 SIP Progress Report should be read in conjunction with Riverside County's Five-Year SIP Chart (Attachment A). The two sections combined provide the status of all CSD and Probation strategies and action steps scheduled to start and/or be completed by the end of Year 1.¹⁰ An explanation of all revisions to the Five-Year SIP Chart is provided, including obstacles or barriers preventing or delaying a strategy or action step from being completed timely. Lessons learned and successes encountered during implementation are shared, as well as modifications being made to

¹⁰ Year 1 covers the period July 1, 2013, through March 31, 2014, due to a CSA/SIP process extension granted by CDSS and OCAP. Year 2 and subsequent years will cover the period April 1 through March 31.

address obstacles or barriers. The method of evaluation and/or monitoring of strategies and action steps are also shared in this section and Attachment A.¹¹

Children’s Services Division:

As the figure below illustrates, the 14 strategies utilized by CSD during the 2013-2018 SIP cycle have been organized thematically into three categories (service array, social work practice, and collaboration). Although these categories were developed based on feedback from stakeholders, focus group participants, and peers, it is important to recognize, that these multi-systemic strategies crossover and inform more than one category. For instance, the Case Plan Field Tool is a collaborative effort to engage families in the case planning process, as well as a social work best practice that assists children in addressing special mental health needs. Year 1 progress for each of these 14 strategies is summarized below within the service array, social work practice, and collaboration groupings.



¹¹ Progress reporting on SIP strategies utilizing CAPIT/CBCAP/PSSF/CCTF funds are also outlined in the Annual CAPIT/CBCAP/PSSF/CCTF Report submitted to OCAP on October 30, 2013. There have not been any significant changes or reductions in spending on programs identified in the 2013 – 2018 Riverside County SIP.

Service Array

Evidence-Based Practices

No new evidence-based practices were introduced during the Year 1 reporting period. CSD continues to work with providers to encourage the use of evidence-based practices, including modifying the bid and contracting process to monitor model fidelity in implementation.

Integrated Core Services

The goal of Integrated Core Services is to support children and families in achieving placement stability, safe and timely reunification, and reduced re-entry. Stakeholders that participated in the County Self-Assessment process recommended that services be provided to families in an integrated manner, specifically through a one-stop model, to minimize service-access barriers and increase service coordination. As a result, CSD implemented an Integrated Core Services delivery model in July 2012 that partnered with the Department of Mental Health (DMH), Catholic Charities San Bernardino/Riverside, My Family Incorporated (MFI), and Family Services of the Desert (FSOD). This partnership created a formal network of lead agencies with the capacity to provide multiple core services including parenting education, substance abuse treatment, mental health services, domestic violence treatment, and anger management. Each of these community-based organizations has taken a lead role in designated geographic areas of the county to screen, match, and directly provide families with services that can be accessed within a single agency. Similar to a one-stop model, families can receive multiple services in one location, improving service coordination and reducing client travel time and expenses.

CSD meets regularly with these lead agencies to collaboratively develop a simplified and consistent service referral process, identify gaps in resources, develop client tracking and evaluation systems, leverage resources, and continuously identify ways to improve client services. Program evaluation of all CAPIT, CBCAP, and PSSF core services has been transitioned from an external evaluating agency to the County's oversight. Assessments for client intake, exit, and two global measures were developed and in use beginning October 2013. One notable obstacle has been the challenges involved when scheduling and implementing a large and multi-phasic plan that involves multiple collaborators with various capacities.

Additional program modifications have been underway to address these obstacles by adding three additional evidence-based measurement tools to further gauge the effectiveness of services provided in Year 2, as well as to secure funding for two positions to assist service providers with completing timely and accurate data entry for the intake and exit questionnaires, in addition to the global and program-specific assessments.

The County has continued to work closely with Riverside County Department of Mental Health (DMH), DMH IT, and DPSS IT to simplify the electronic referral submission process to ensure an accurate count of all services and authorizations (i.e. Medi-Cal and CARTS authorizations and reauthorizations). The County's capacity to assess strategy effectiveness increased following the move from external to internal program evaluation and increased use of evidence-based tools. Plans are underway to implement data entry procedures to increase data matching with the CWS/CMS database. A comprehensive evaluation of Core Services effectiveness is scheduled for Year 2.

Family Preservation Court

Family Preservation Court (FPC) is an intensive, court-supervised program designed to assist parents in eliminating drug and/or alcohol dependency, thereby permitting children to be safely returned to their parent(s) and keeping families together. By providing focused and comprehensive support to address the needs of these families, the County expects improvements in safe and timely reunification and reduced re-entry outcomes. FPC targets families involved with the child welfare system who have a dependency case (post-file clients) and families at risk of losing their children due to abuse and neglect as a result of substance abuse through the pre-filing program.

Since its implementation in 2005, Family Preservation Court has undergone some relatively minor program changes, including adopting new materials (*Nurturing Families and Recovery and Relapse*), but the structure and phases of the one-year program have remained essentially unchanged. In response to obstacles around program sustainability, the FPC Steering Committee began regular sustainability planning meetings in September 2013. In addition, CSD collaborated with Riverside County Superior Court and Children and Family Futures to develop a successful SAMHSA grant proposal that was recently awarded funding to sustain and expand the strategy for an additional three years. The program expects to serve at least 240 clients during this period of expansion, which includes a trauma-informed service component to be measured and evaluated by Children and Family Futures (CFF).

Children and Family Futures and CSD provide technical assistance to Mental Health Systems (MHS), Oasis Star, and Family Service Agency (FSA), the program's service providers. One provider, MHS, has implemented a new data collection system and has been working with CFF to explore decreasing the use of paper assessments while increasing direct data entry by provider staff.

Three CSD court officers serve as information liaisons to assigned social workers during weekly FPC meetings with clients and judges. MHS administers services via three Centers for Change located in Riverside, Hemet, and Indio. The Centers for Change typically have 8-10 staff including a manager, an office assistant, 1-3 facilitators for group sessions, and 1-3 drug and alcohol counselors and case managers. Any social worker countywide may refer clients for FPC services. The guiding ideas for FPC

implementation came from Family Drug Court literature and programs from states outside California. In particular, the Centers for Change have used the *Nurturing Parenting* curriculum, frequent drug testing, a relapse prevention curriculum, support groups for reunification and FPC graduation, and referrals to numerous other supports to meet basic needs.

CFF completed a Year 2 evaluation of FPC in September 2013. The program has established clear short-, mid-, and long-term outcomes. Data is collected and compiled by CFF for analysis and ongoing evaluation, assisted by Research Specialists from the Children's Services Division Data Analysis and System Improvement Plan Units.

Family Resource Centers

In 2001, CSD established several Family Resource Centers (FRCs) throughout Riverside County focused on enhancing families' protective capacities. After analyzing data from stakeholder surveys to identify communities that would most benefit from additional CSD services, four sites were selected as FRC locations: Perris, Jurupa Valley (formerly Rubidoux), Desert Hot Springs, and Mecca. Each FRC functions as a hub for services to improve the lives of families in the surrounding communities, particularly vulnerable children and families. CSD aims to reduce the stress that often comes from participating in multiple services by providing centralized service delivery.

The primary goal of FRCs is to provide services to the community through increased numbers of qualified vendors. A new FRC began operations in Mead Valley in late December 2013. By the end of January 2014, services had already been provided to 40 clients seeking food, hard goods (diapers), and counseling referrals. Applications are pending or received for six service providers who have expressed interest in utilizing space within the center. In addition, three facility use permits have been processed for self-defense classes and self-esteem workshops that began in March 2014.

Challenges to FRC implementation have included some community members indicating that they do not feel comfortable utilizing FRCs or failing to take advantage of the variety of services offered. In addition, FRCs have limited resources and space, thereby impacting their capacity for service provision, including their ability to involve various partner agencies in providing more comprehensive services. Finally, delays have occurred in the contracting process with service providers, further impacting service delivery timelines. In response, the County has modified the contract tracking process to identify problems more quickly in the future.

SafeCare®

SafeCare® is an evidence-based in-home training program for parents who are at-risk of being, or have been, reported for child neglect or abuse. Trained SafeCare® professionals provide home visits with families to improve parents' knowledge and practice of appropriate parenting skills and

interactions with their children. SafeCare® involves weekly scheduled in-home appointments, up to two hours per visit, for an average of four to six months for each family. During these meetings, staff discuss three basic areas with parents: health and safety; home safety; and parent interaction with the child or infant.

In an effort to impact entry and re-entry into the foster care system, Riverside County has expanded SafeCare® into three unique countywide programs: (1) Primary SafeCare®; (2) SafeCare® Plus; and (3) Early SafeCare®, which targets families, with at least one child aged 0-5, who have been reported for child maltreatment. Families with a substantiated history of child maltreatment and those with children one year old and younger are considered high priority cases.

Full implementation of SafeCare® has involved emphasizing model fidelity by most program staff and educating other County staff about the program's eligibility requirements. In an effort to maintain and monitor program fidelity, the SafeCare® team has worked with researchers from the University of California San Diego (UCSD) to examine coaching and program fidelity and to receive ongoing technical assistance in conducting ongoing program evaluation.

As a result of the County's proposal to expand the three SafeCare® programs to increase the number of clients served, the Department of Public Health has hired additional nurses as part of the team for the program. These public health nurses began in January 2013.

Social Work Practice

Core Practice Model (Katie A. Settlement Agreement)

In April 2013, Riverside County Department of Mental Health (DMH) and CSD sought stakeholder input to incorporate the perspectives of youth, families, and the community to assess public child welfare and mental health systems in the areas of leadership, collaboration, systems capacity, service array, child and family involvement, cultural responsiveness, outcomes and evaluation, and fiscal resources to meet the needs of children interacting with the child welfare and mental health systems. Findings from this assessment continue to guide planning for improving service delivery in an integrated approach to meet the needs of children in foster care. Implementation of the Core Practice Model (CPM) has helped to identify areas within the agencies where additional technical assistance and support are needed to ensure effective implementation of mental health interventions that assist in the safe and successful reunification of children with their parents.

Though the Core Practice Model will expand to more groups and regions during the 5-year SIP cycle, Year 1 progress on this initiative has focused on two implementation contexts: all levels of staff in

regions where some program components have been implemented; and regions where all program components have been implemented, but with only a small number of participants.

The State provides technical assistance in Katie A. implementation to counties during weekly teleconference meetings and encourages counties to email questions in between these meetings. Riverside County has received technical assistance from the IT department to develop a data sharing system between CSD and DMH. Training and implementation of the Katie A. Core Practice Model will occur in five phases as follows:

Phase I: September 2013 – October 2013

- Targeting all existing Wraparound cases

Phase II: November 2013 – December 2013

- Targeting all existing Group Home/Wraparound siblings/new Wraparound youth)

Phase III: January 2014 – March 2014

- Targeting four (4) CSD regions

Phase IV: April 2014 – May 2014

- Continue implementation in remaining regions

Phase V: July 2014

- Screen and assess every new case

Case Plan Field Tool/Coaching

The Case Plan Field Tool (CPFT) was piloted in two County regions in December 2011 and implemented countywide between September 2012 and April 2013. As indicated in Attachment A, the Case Plan Field Tool continues to progress through the early stages of implementation. With countywide rollout and an early stage impact evaluation complete, CPFT implementation is currently focused on training and sustaining social work coaches to provide ongoing support during the implementation phase. Riverside County partnered with PCWTA to provide four training and coaching sessions involving more than 50 participants between December 2013 and February 2014. Learning objectives included partnering with families to develop the case plan together, writing case plans that are action-based and behaviorally descriptive, including a safety network in case plans, ensuring case plans address harm and danger to the child, and learning how to coach social workers in developing case plans. CSD has established workgroups and coaching mechanisms to further improve on strategy implementation and sustainability. Summative and formative evaluations will be conducted throughout implementation, paying particular attention to the impact of the Case Plan Field Tool strategy on the SIP outcome measures.

In August 2013, an initial evaluation of the Riverside County Case Plan Field Tool was released by NCCD/Children's Research Center.^v The report analyzed case plan differences before and after countywide implementation (between September 2012 and April 2013). The following post-implementation case plan improvements were observed:

- The Case Plan Field Tool is being used as designed (case plans reflect a safety-focused approach to case planning).
- Increased identification of safety objectives that align with safety threats.
- Increased identification of safety actions to reduce threats to child safety.
- Increased use of caregiver and child names in case plans (indicators of engagement).
- Increased documentation of safety networks.

As implementation continues (including a new Child/Youth Case Plan Field Tool and the development of a Case Plan Field Tool resource website) and additional evaluations are completed, the impact of the Case Plan Field Tool on the SIP outcomes of improving rates of reunification, re-entry, and placement stability will be more directly discussed. The rates of reunification, re-entry, and placement stability identified in the System Improvement Plan serve as baseline data for the evaluation of the Case Plan Field Tool's success. A discussion about these baseline data and the County's progress in Year 1 is contained in Section C of this report.

Wraparound

The Wraparound system of care is an approach that provides personalized, comprehensive services for children and adolescents who are placed, or at risk of being placed, in a group home at a Rate Classification Level (RCL) of 10-14. The intent of Wraparound is for children and adolescents to remain/return to a lower level of care in a family setting, and, as a result, improve overall placement stability, safe and timely reunification, and re-entry rates.

The evidence-based Wraparound program is fully implemented and data indicate an adherence to model fidelity. CSD has contracted with two service providers, Olive Crest and Oak Grove, who expanded service delivery at the start of SIP Year 1 from an expected 75 youth to serving 150 youth. Contracts were again amended in September 2013 to expand the program to serve 230 youth with 10 additional slots for AAP (Adoption Assistance Program) Wraparound.

The rapid expansion of Wraparound necessitated renewed efforts to educate social workers on program requirements and the referral process. As part of the expansion of services to more clients in more regions across the county, program staff realized the need for a decentralized referral system to

keep up with the demands of providing a significant increase in services and to avoid the disruption of services to families while provider capacity was developed. Current plans are to introduce specific outcome language in provider contracts to mitigate possible service disruption in the future.

A baseline evaluation of data from CSD Wraparound providers at the beginning of Year 1 indicated improved outcomes for families who utilized the program. CSD, the Probation Department, the Department of Mental Health (DMH) and the two contracted Wraparound providers (Oak Grove and Olive Crest) established a joint Wraparound Outcomes Committee which met for the first time in August 2013. Service providers began entering data into a single DMH-administered database in November 2013, the first quality assurance checks were completed in the last quarter of 2013, with additional quality checks planned for early 2014. Data will be extracted from the database and linked with data from CWS/CMS in July 2014 (Year 2), with the first joint annual report on Wraparound outcomes expected in Q3 2014.

Collaboration

Team Decision Making (TDM)

Riverside County began implementing the Family-to-Family Team Decision Making (TDM) model as a pilot program with one facilitator in October 2005. The program has since expanded to 11 full-time facilitators and several part-time (back-up) facilitators, with further staff expansion expected in 2014. SIP strategy goals during Year 1 included evaluating TDM baseline data and utilizing the findings to promote awareness, dialogue, and accountability. Although data matching issues with CWS/CMS have delayed the completion of a comprehensive TDM report until Q2 of 2014, some baseline data has been reviewed and an evaluation plan has been developed. CSD SIP Unit Research Specialists met regularly with TDM facilitators at scheduled Consistency Meetings to review data concerns and collaboratively strategize recommendations for improvement. CSD also obtained technical assistance from the California Evidence-Based Clearinghouse (CEBC), whose researchers conducted a focus group meeting with TDM facilitators in July 2013.

In addition to expanding the number of full-time facilitators, the TDM program is also expanding its' scope. Members of the Katie A. *Training, Coaching, and Informing* subcommittee met with TDM facilitators in November 2013 to begin evaluating Riverside County's plans to utilize TDM facilitators to conduct Child and Family Team Meetings, as proposed by the Katie A/Core Practice Model implementation process.

Racial Disparity and Disproportionality (RDD)

In 2008, in response to data indicating that certain ethnicities were disproportionately represented in caseloads throughout Riverside County, CSD management and executives formed the Racial Disparity and Disproportionality (RDD) Committee to identify strategies to decrease racial disproportionality and its impacts. Through regular meetings since then, four key goals were identified to improve outcomes for African American children, particularly placement stability, safe and timely reunification, and reduced re-entry:

- Reduce the number of referrals of African American children through increased prevention services and raising public awareness (reduced re-entry)¹²
- Reduce the number of detentions of African American children (reduced re-entry)
- Reduce the length of stay and placement moves in out-of-home placement of African American children through increased use of SDM, TDMs, and the Case Plan Field Tool (placement stability and reunification)
- Increase community/staff awareness of, available resources to address, and collaboration to impact, racial disparity and disproportionality of African American children in the child welfare system (placement stability, safe and timely reunification, reduced re-entry)

The RDD Committee involves social workers, field managers, FRC managers, and research specialists in a process of building, expanding, and integrating RDD awareness and outcomes into program implementation and evaluation through five subcommittees: Awareness and Marketing; Partner Identification and Development; Services and Resources; Strategies and TDMs; and Data and Research.

Progressive efforts to expand RDD awareness have included marketing, identifying macro-level community and agency partners, and reviewing research reports to identify focus areas for further monitoring. The RDD Committee is working to develop a training video to educate social workers about RDD issues and to encourage utilization of community- and faith-based organizations as family partners in the case planning process.

In response to the SIP strategy action step to identify and evaluate existing RDD models that are effective in improving outcomes to prepare for the release of a new RFP,¹³ Casey Family Programs provided technical assistance to the RDD Committee by arranging a presentation by Professor Margaret

¹² Although these outcomes were initially established related to first-time entries into child welfare, subsequently-identified SIP demands emphasized the need to apply these outcomes to re-entry outcomes, as well.

¹³ See Attachment A for further details on the action steps for this strategy.

Jackson, a CSU Fresno faculty member and the Director of the Fresno County, in November 2013. Dr. Jackson was instrumental in partnering with the Fresno County child welfare department to reduce disparity and disproportionality in their system through the development and implementation of the Cultural Broker Family Advocate program. First implemented in Fresno County in 2006, this program partnered community members with the County to “implement family advocacy and liaison services to address the disproportional over-representation of African American families in the Child Welfare system.”^{vi}

Faith in Motion

Faith in Motion engages local churches throughout Riverside County to collaboratively meet the needs of youth and families impacted by abuse and neglect and to impact the SIP outcomes of placement stability, safe and timely reunification, and reduced re-entry. The collaborative has encouraged faith-based organizations to develop support services for caregivers and families involved in the child welfare system and to directly impact placement stability through the recruitment of foster and adoptive families within the faith community. Modeled after a similar program implemented in Orange County, California, Faith in Motion provides nine opportunities for local churches to connect with children and families of all ages and ethnicities.¹⁴

Faith-based partners have been helped meet the needs of Riverside County foster children since 2006 through a wide range of volunteer support, financial assistance, and responding to identified emergency needs of children and families. Through the implementation of Faith in Motion, these partners have become a rapidly-growing network that was especially active in CSD's County Self-Assessment, completed in January of 2013, as well as ongoing strategy development and refinement for CSD's five-year SIP.

Difficulties in maintaining and increasing program staff has presented challenges to continuing program growth, while a lack of sustainable funding development continues to pose a challenge to successful program development. For example, current needs include printing costs for brochures, advertisements, and additional outreach efforts to staff and clients.

Program successes in 2013 include: faith-based partners providing social workers with resources; a partnership between a church and bicycle store to provide free bicycle repairs to foster families; and the training and certification of ten families to adopt foster youth at the first Faith in

¹⁴ These include: recruiting and supporting foster and adoptive parents; providing resources to social workers to assist families on their caseloads; mentoring families reunifying with their children; providing one-time assistance to a family in need; displaying pictures and stories of children having difficulty finding 'forever families;' providing a 'dorm kit' for youth attending college; mentoring foster youth currently in out-of-home care; and any other assistance a church may choose to provide to meet a need.

Motion Adoption Training. Expansion efforts have resulted in the growth of Faith in Motion partnerships from three to 48 community partners and increased communication efforts, including a dedicated Facebook page and monthly newsletter, as well as establishing relationships with other divisions within DPSS. As a result, collaboration and participation continues to grow.

Lessons learned throughout the implementation phase include emphasizing: (1) responsiveness to partner interest; (2) open communication and flexibility to work around faith partner schedules; (3) flexible evening and weekend hours; (4) openness to new programs offered by faith partners; and (5) inclusion of other county and departmental divisions to participate in Faith in Motion.

An additional obstacle has been a lack of knowledge about the program's effectiveness, as neither baseline data nor clear short-, mid-, or long-term outcomes have been established. Evaluation has been based solely on anecdotal success stories from program participants. Program staff, with assistance by CSD's SIP Unit Research Specialists, plans to administer a survey to faith-based partners and CSD staff to establish baseline data and assess current progress, success, and program participation. Future evaluations will examine the program's impact on the SIP outcomes of re-entry, placement stability, and reunification. Development of a plan for data collection, analysis, and ongoing evaluation is expected to occur in Q1 2014.

Educational Liaisons

The Educational Liaison program is a comprehensive interagency program that supports social workers in obtaining appropriate educational services for children in the foster care system, particularly supporting a child's continued attendance at his or her school of origin. Research supports CSD's efforts to maintain children in their home schools while in foster care, noting that educational continuity provides critical support for children's well-being and stability in placement while supporting the transition to safe and timely reunification and positively influencing re-entry rates. In addition to other educational support services, Education Liaisons provide assistance in assessing ways in which children can either remain in their schools or assist in a smooth transition to another school when it is determined to be best for the child.

Since 2008, the Educational Liaisons program has been providing educational support and advocacy services for the County's high-need foster youth. In response to data indicating increased rates of high school dropout, crime, incarceration, unemployment, homelessness, substance abuse, welfare dependence, and poverty for youth with significant educational needs, the program assists social workers in identifying and meeting these needs. Providing solid educational support to these youth contributes to decreased occurrences of these problematic outcomes.

This program is fully implemented, with new staff carrying partial caseloads. However, caseload size may be a barrier to continued successful implementation, as Educational Liaisons have been required to maintain a caseload of 55 children/youth. Adjustments are currently being made to these caseload requirements in order to provide increased individualized attention to youth and increase the likelihood that their specific educational needs will be met. Increased travel requirements may also become an issue as youth residing in group homes are placed across, and outside of, the County.

Educational Liaisons have acted as educational experts for case-carrying social workers who need assistance with cases in which specified educational services such as student records, advocating for rights, or attending IEPs has been requested. While the previous iteration of the Educational Liaisons program has been largely short-term in nature, the Individualized Educational Service model implemented in 2013 involves a longer-term mentorship model of six months or longer. Though the short-term program presented challenges in evaluating program effectiveness beyond basic descriptive analysis, data is currently being collected to allow CSD to measure long-term effectiveness such as graduation rates and SIP outcomes of placement stability and rates of reunification and re-entry.

A summary report completed on Educational Liaisons program data for fiscal year 2008-2009 through fiscal year 2012-2013 provides analysis of participant demographics, key service provision variables, and data trends across fiscal years. Notable results identified that: a monthly average of 17 youth were served by Educational Liaisons during fiscal year 2012-2013FY 12/13; 58% of services provided to youth in fiscal year 2012-2013 were for DPSS Screenings, while an additional 18% were designated as TDM meeting attendance; and 46% of DPSS-referred youth were referred by CSD's Youth and Family Resources Region (YFR) for fiscal year 2012-2013. YFR works with older youth in group home placements, and continues to work very closely with the Educational Liaisons program to meet the particular needs of these youth.

Independent Living Program (ILP)

CSD's Independent Living Program (ILP) is comprised of two main components to improve placement stability and re-entry outcomes for youth and young adults in out-of-home care: first, a centralized case management program, and second, an ILP community-based contract. ILP aims to promote education, employment, permanency, health & safety, and to provide current and former foster youth with resources that promote self-sufficiency and independence. In 2012, CSD established a new centralized operational region, Youth and Community Resources (YCR), for the primary purpose of servicing ILP-eligible youth aged 16-18 in Planned Permanent Living Arrangements (PPLA) and Non-Minor Dependent young adults up to age 21. Approximately 25 YCR social workers, well-versed in the

specific needs of the population, provide services aimed at increasing placement stability and ensuring successful transition to adulthood.

Riverside County has been providing ILP services for 10 years, and served approximately 1300 in-care youth and 600 after-care youth in 2012. In January 2013, CSD partnered with Oak Grove Center for Education and the Arts to provide training, advocacy, mentoring, and support services to ILP-eligible CSD and Probation youth. Oak Grove staff members consist of: one Program Specialist; one Program Director; one Lead Independent Living Skills (ILS) Coach; four ILS coaches; four Facilitators who implement the evidence-based curriculum; and a number of former foster youth who serve as mentors. In total, approximately 20 Oak Grove ILP social workers regularly work with in-care youth, and have proven to be very responsive to the needs of program youth.

Oak Grove has recently begun to utilize a new evidence-based life-skills curriculum entitled ARISE and has seen life skills workshop attendance increased greatly since its implementation. In 2013, approximately 75 youth graduated from the first quarter of Life Skills workshops and an additional 30 youth registered to begin the next quarter of workshops.

Current action items for ILP include: developing goals with the ILP Consortium group to ensure placement stability; increasing high school graduation rates and college attendance for ILP youth; increasing financial literacy and stability; expansion of the transitional housing program plus foster care THP+FC program¹⁵; surveying caregivers of youth who have graduated from high school; continuing to expand Project Graduate; and assigning designated youth's Educational Liaisons to collaborate with the Riverside County Bar Association and Juvenile Courts.

Challenges faced by ILP include: transportation, especially for youth who live in remote locations to attend important workshops; increased staff caseload; limited placement resources; and obtaining appropriate mental health services for youth transitioning from group homes and remaining in Extended Foster Care (EFC). Partnerships with, and focused service delivery from, ILP providers are critical and meaningful to youth who receive ILP services.

Additional Year 2 plans for ILP include: increasing the number of participants in ILP THRIVE; establishing an evaluation measure to measure program outcomes for contracted providers; increasing community partnerships to further specific ILP goals; modifying the existing Efforts-to-Outcomes (ETO) database to better capture data for non-minor dependent (NMD) clients; and assigning a Program Specialist within YCR to assist with ILP data collection and reporting requirements. ETO is utilized to collect program information on all youth who participate in ILP services.

¹⁵ Riverside County had previously implemented THP+, designed to focus on meeting the transitional needs of emancipated youth. THP+FC expands the program's reach to include non-minor dependents who have elected to remain in the County's care. THP+ and THP+FC allow older youth to live independently while remaining under the oversight of CSD.

Youth Partners

Youth Partners work with the Youth and Community Resources (YCR) region as mentors to youth and young adults with current open dependency cases. In 2011, CSD hired four Youth Partners to advocate for and assist youth who were transitioning to adulthood. They have played a significant role in supporting youth by participating in Team Decision Making meetings, assisting youth with transportation, and guidance to colleges, housing, and/or joining the military. Youth Partners have been active participants in Community Partners Forums, stakeholder workgroup meetings and focus groups, and have been key contributors in developing of strategies to increase placement stability and reduce re-entry rates for adolescent youth.

Youth Partners have first-hand experience with the Child Welfare system, placing them in a unique position to assist other youth in navigating the process. Further, Youth Partners understand of the cultural and social factors affecting youths' success, and can assist in transitioning to independent living. Year 1 SIP strategy goals included exploration of similar practice models and developing a standardized position description to expand the Youth Partner program. Exploration of similar models was completed in September 2013, and recruitment of six to eight Youth Partner positions began October 7, 2013, closed November 1, 2013, with new Youth Partners expected to begin employment prior to Year 2.

Additional CSD Action Steps and Strategy Support

At this time no additional assistance is needed from the CDSS to continue successful implementation of the 14 CSD strategies. No additional action steps have been identified in Year 1 and there are no significant reductions in spending, or plans to reduce spending, to report. Minimal timeline changes are identified in Attachment A.

Probation Department:

This section summarizes the Probation Department's progress on the 6 strategies identified in the 2013-2018 System Improvement Plan. Two of these strategies (promoting evidence-based practices, expanding and evaluating Wraparound) are shared efforts with CSD, although the agencies are on different time lines (as outlined in Attachment A).

Strengthen probation officer practices

The Year 1 SIP strategy goal was to continue implementation of Motivational Interviewing and Forward Thinking programs through December 2013. The training for Motivational Interviewing was

completed by year-end. To ensure consistency and standardized oversight in the implementation of evidence-based practices using the Forward Thinking program, the program will be centralized with Probation's Field Projects Division.

Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation

The Year 1 SIP strategy goal was to assess Probation's Mentoring Program to implement improved placement-based coaching, and evaluate feasibility of incorporating the goals/outcome-based Chief Probation Officers of California (CPOC) Placement Visitation Form by December 2013. The goal of using the CPOC Placement Visitation Form was met at year end, and Probation will continue to monitor the form's effectiveness into 2014 in ensuring the correct information is entered into the CMS/CWS system. Placement's Mentoring Program now includes consistent Placement CORE training by UC Davis, mandated for all placement probation officers. In addition, placement supervisors also attend Placement SPO CORE training through the UC Davis program.

Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)

The Year 1 SIP strategy goal entails exploring the use of community-based organizations (CBOs) and service providers (SPs) who adhere to an evidence/performance-based care model by December 2013. This goal continues into 2014. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize an evidence/performance-based model.

Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit

The Year 1 SIP strategy goal included evaluating existing CBOs and SPs for individual/minor-specific initial and ongoing treatment service plans, and evaluating the potential improvements in efficiency and accountability through scheduled progress reports in conjunction with quarterly evaluations by placement providers by December 2013. This goal continues into 2014. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize evidence/performance-based treatment models.

Increase a minor’s retention in familiar environments and culture by expanding family-centered community-based Wraparound Program

The Year 1 SIP strategy goal included evaluating current Wraparound Program utilization/ processes comparing actual practice to policy and developing expansion recommendations, as well as partnering with Riverside County Department of Mental Health on existing/future Wraparound grant provisions and providing expansion recommendations to respective Executive Management Teams by December 2013. The expansion recommendations should include components of early intervention, placement step-down to community, minor’s cultural/language needs and family/extended family location.

A Partnership was implemented between Probation, Children’s Service Division, and Department of Mental Health to comprehensively link individual wraparound provider data into a centralized database. The Wraparound Outcomes Committee meets on a monthly basis to monitor progress on a collaborative Wraparound evaluation.

An Enhanced Wraparound Referral Process was developed by Probation and approved by the Presiding Judge, Chief Deputy Probation Officers, Managers, as well as the Supervising DA, DPD, JDP and the Juvenile Bench Officers. Probation facilitated the practice of referring minors and their families to the wraparound program earlier, to provide them with services before they were unwilling and/or too frustrated to embrace treatment. This ultimately will decrease the need for out-of-home placement, increase the opportunities for success and graduation, provide minors more opportunities with the Court before resorting to placement, and decrease the overall amount of time a minor and family would participate in the program. Probation will utilize monthly wraparound data, entered into the centralized database, to continually evaluate its Wraparound strategies and action steps to increase a minor’s retention in the community and reduce out of home placement.

Improve communication of and connection to available family specific services by developing the “resource specialist” concept

A “resource specialist” is a job duties profile to be incorporated into existing clerical, probation assistant, and/or probation officer job expectations designed to improve communication of and connection to available family specific services by developing and maintaining a current list of community resources.

This is a Year 2 SIP strategy goal. There is nothing new to report at this time.

Additional Probation Action Steps and Strategy Support

At this time no additional assistance is needed from the CDSS to continue successful implementation of the six Probation strategies. No additional action steps have been identified in Year 1 and there are no significant reductions in spending, or plans to reduce spending, to report. Minimal timeline changes are identified in Attachment A.

E. Other Successes/Promising Practices

This section describes additional successes and promising practices encountered during the system improvement process that extend beyond the SIP strategies outlined in section D of this report.

Children's Services Division:

While Riverside County's 14 SIP strategies are rather comprehensive, there are additional promising practices worth highlighting, particularly given their potential impact on the identified SIP outcome measures of safe and timely reunification, reduced re-entry, and increased placement stability. These include practices that are independent of existing SIP strategies (e.g., the creation of a Supervisors Advisory Group) and others that have arisen from the existing SIP process (e.g., the Community Partners Forum).

The **Supervisors Advisory Group** began in March 2013, for the purpose of enhancing communication across all levels of Children's Services Division. The Supervisors Advisory Group seeks to maximize the organization's functioning in order to improve outcomes for children and families in Riverside County by representing line staff and peers, facilitating the exchange of information, and identifying challenges and solutions. In particular, the Advisory Group brings together administrative supervisors and field supervisors to discuss consistency issues across programs and regions, succession planning for administrative continuity, and predictive problem-solving of upcoming issues as they arise, rather than after they are impacting services, practice, and outcomes.

Probation Department:

It is worth highlighting again the success of CSD and Probation's most recent **Community Partners Forum** in 2013. The number of community partners in attendance (approximately 300) far exceeded both expectations and previous attendance figures for 2012 (approximately 200). The community response provided the County with affirmation of the work that has been accomplished to improve the County's outcomes and provided a wealth of feedback on future focus opportunities,

particularly at the regional level. County leadership continues to work with regional managers and staff to ensure that the momentum initiated at the Community Partners Forum is maintained by organizing regional community partners meetings where discussions and action items initiated at the Forum will continue to be developed and implemented. This regular contact is expected to greatly increase the impact and utility of subsequent Community Partners Forums.

State and Federally Mandated Child Welfare/Probation Initiatives

This section describes the extent to which Riverside County CSD and Probation Department have participated in and implemented current federal or state initiatives.

Katie A. v. Bonta Lawsuit / Core Practice Model

As described in the section on the Katie A/Core Practice Model SIP strategy (see page 22), Riverside County has devoted substantial resources toward ensuring successful implementation of the Katie A. requirements and the Core Practice Model. In collaboration with the Department of Mental Health, Riverside County CSD has developed a process to identify youth that meet the criteria for eligibility in the Katie A. class and subclass. Furthermore, the County is working interdepartmentally to implement the Mental Health Screening Tool (MHST) for use with every child/youth entering the child welfare system by the beginning of Year 2 of the SIP cycle.

Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP)

Riverside County CSD and Probation prepared a joint application for participation in the Title IV-E Waiver Demonstration CAP in October 2012. Both agencies have participated in regular statewide meetings and teleconferences to explore the feasibility of their ongoing participation. The County is currently awaiting further guidance regarding the baseline-year calculations in order to determine whether participation is economically feasible and beneficial.

Program Improvement Plan

Riverside County has been an important contributor to the success of the Children and Family Services Review (CFSR) and Program Improvement Plans (PIP), and continues to focus on strategies that will lead to continued achievement for Riverside County and the State of California. The County has long used Structured Decision Making (SDM) tools to determine risk and safety for children, and is continuing

to implement the Case Plan Field Tool and expand TDMs, for example, to improve case plans countywide. In addition, a number of Assistant Regional Managers throughout Riverside County have established an SDM subcommittee to ensure consistency of SDM practice and complete case reviews to ensure that case outcomes actually match SDM findings. These programs are expected to result in improvements in reunification and re-entry rates, as well as reducing incidents of maltreatment in foster care.

Safety Measures

The CFSR PIP Safety Measures include: absence of maltreatment of children in foster care; absence of maltreatment recurrence; timeliness of initiating investigations of reports of child maltreatment; services to family to protect children in home and prevent removal; risk of harm to child (risk assessment); and risk of harm to child (safety assessments). Riverside County's performance has contributed to the State's progress on a number of PIP safety measures. These measures include:

- Measure 2B - Timely responses for immediate response referrals and 10-day response referrals: Riverside County consistently performs better than the State average (99.3% for Riverside County versus 97.2% for the State on Immediate Response; 95% for Riverside County versus 91.7% for 10-day Response).
- Measure 2C - Timely social worker visits: Riverside County consistently performs better than the State average (98.5% for Riverside compared to 92.8% in the most recent period for which data is available).
- Measure S1.1 - No recurrence of maltreatment: The percentage of children without a substantiated referral within the six months following initial substantiation in Riverside County is consistently higher than the State average (though only between 1-2%), with current performance (94.5%) missing the National standard of 94.6% by only 0.1%.

Permanency Measures

While the slight increases in Riverside County's performance on the SIP focus outcomes of placement stability (12-24 months in care and 24 or more months in care) have contributed to the overall improvement on the State's permanency measures,¹⁶ positive outcomes on a number of other State measures have contributed to the state's overall improvement related to permanency. Notable outcomes for Riverside County include:

¹⁶ The State's permanency measures include: timeliness to adoptions; permanency for children in foster care for extended time periods; timeliness and permanency of reunification; placement stability; permanency goals established in a timely manner; permanency goal of other planned permanent living arrangement; and family finding.

- Measure C2.1 and C2.2 - Adoption Within 24 Months (Exit Cohort): The most recent performance for adoption within 24 months (40.2%) is trending downward from the same period in the previous year. Overall, this performance is higher than the State average and the National standard (35.9% and 36.6%, respectively). Consistent with this performance, the median time to adoption shows an upward trend from 24.6 to 26.3 months recently. This current length of stay is below the State level and the National standard (27.9 and 27.3 months, respectively).
- Measure C2.3 - Adoption Within 12 Months (At Least 17 Months In Care): The percentage of adoption within 12 months of all children who stay in foster care for at least 17 months is trending upward. Our current performance (30.2%) is higher than both the State average (20.8%) and the National standard (22.7%).
- Measure C2.4 - Legally Free Within 6 Months (At Least 17 Months In Care): Our performance for children in foster care for 17 months or longer who became legally free for adoption (11.4%) was better than the State average (8.1%). This represents an increase of almost 40% compared to the same period last year and is higher than the National standard of 10.9%.
- Measure C2.5 - Adoption Within 12 Months (Legally Free): For adoptions within 12 months, Riverside consistently outperforms the State average and the National standard of 64.4% and 53.7%, respectively, with the most recent performance on this measure at 70.8%.
- Measure C3.1 - Exits To Permanency (24 Months In Care): Over the past several years, Riverside has consistently exceeded the State average (29.3% compared to 24.5% for the State). The County's current performance of 32.7% is above the National standard of 29.1%, and represents a 13% increase compared to the same period last year.
- Measure C3.2 - Exits To Permanency (Legally Free At Exit): For exits to permanency, Riverside's performance of 99.4% consistently exceeds both the State average of 97.2% and the National standard of 98%.

Well-being Measures

California's well-being measures include: addressing the needs and services of the child, parent, and foster parent; child and family involvement in case planning; caseworker visits with the child; and caseworker visits with parents. Riverside County's positive performance on Measure 4A (Siblings) has contributed to the State's well-being measures, as the County has been placing about 80% of children in supervised care with some or all of their siblings, compared to 73.5% at the State level.

Guided by implementation science and internal evaluation efforts, Riverside County is making significant strides in raising the overall success rates for youth in the child welfare and probation system.

ⁱ *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://www.childsworld.ca.gov/PG1358.htm>>

ⁱⁱ *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://www.childsworld.ca.gov/PG1358.htm>>

ⁱⁱⁱ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2013). CCWIP reports. Retrieved 11/6/2013, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^{iv} Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/02/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^v Martin, K. & Stellrecht, A. (2013). *Improving the quality of case plans in child welfare: The impact of the Case Plan Field Tool in Riverside County, California*. NCCD Children's Research Center

^{vi} Cultural Broker Family Advocate Program. (Unknown). *Cultural Broker Family Advocate Program* [Brochure]. Unknown Author.

Riverside County Children's Services Division & Probation 5-Year SIP Chart

Q3 2013 Data Update

Children's Services Division Outcome
<p>Priority Outcome Measure or Systemic Factor: <u>C1.1 Reunification within 12 months (exit cohort)</u></p> <p>National Standard: 75.2%</p> <p>Current Performance: 60.5% (1/1/2012-12/31/2012, exit cohort, 8 days or more in care) Age: <1=100%; 1-2 years old=57.3%; 3-5 years old=57.8%; 6-10 years old=59.2%; 11-15 years old=56.1%; 16-17 years old=50.7% Ethnicity: African American=58.4%; White=66.8%; Latino=57.8%; Asian/Pacific Islander=93.3%; Native American=63.6%</p> <p>Updated Performance: 69.5% (10/1/2012-9/30/2013, exit cohort, 8 days or more in care) Age: <1=100%; 1-2 years old=68.9%; 3-5 years old=67.2%; 6-10 years old=66.0; 11-15 years old=70.0%; 16-17 years old=62.8% Ethnicity: African American=71.7%; White=66.9%; Latino=70.2%; Asian/Pacific Islander=100.0%; Native American=57.1%</p> <p>Target Improvement Goal: 75.2% by 2018</p>
Probation Outcome
<p>Priority Outcome Measure or Systemic Factor: <u>C1.2 Reduce median time to reunification (exit cohort)</u></p> <p>National Standard: 5.4 months</p> <p>Current Performance: 13.7 months (4/1/2011-3/31/2012, exit cohort, 8 days or more in care)</p> <p>Updated Performance: 10.1 months (10/1/2012 – 9/30/2013, exit cohort, 8 days or more in care)</p> <p>Target Improvement Goal: Median time to reunification will be 9 months by April, 2018. This remains Probation's improvement goal.</p>

<p style="text-align: center;">Probation Outcome</p>
<p style="text-align: center;">Children's Services Division Probation Outcome</p> <p>Priority Outcome Measure or Systemic Factor: <u>C1.3</u> Increase rates of reunification within 12 months (entry cohort)</p> <p>National Standard: 48.4%</p> <p>Current Performance: 17.1% of youth reunified within 12 months (10/1/2010-3/31/2011, entry cohort, 8 days or more in care)</p> <p>Updated Performance: 38.8% of youth reunified within 12 months (4/1/2012 – 9/30/2012, entry cohort, 8 days or more in care)</p> <p>Target Improvement Goal: 34.2% of youth will reunify within 12 months by April, 2018. Since the initial data capture period for this measure (Q1 2012), performance in this area has consistently improved. Although current data indicates that this goal has been surpassed, this continues to be Probation's improvement goal. Probation will continue to monitor and evaluate these data to identify outcomes responsible for improvement in this measure, and adjust future improvement goals as appropriate.</p>
<p>Priority Outcome Measure or Systemic Factor: <u>C1.4</u> Reduce re-entry following reunification (exit cohort, first entry, 8 days or more, re-entered in less than 12 months)</p> <p>National Standard: 9.9%</p> <p>Current Performance:</p> <p style="text-align: center;"><u>Children's Services Division</u></p> <p>12.5% of youth return to placement within 12 months (1/1/2011-12/31/2011)</p> <p><u>Age:</u> <1=18.1%; 1-2 years old=16.5%; 3-5 years old=10.9%; 6-10 years old=11.6%; 11-15 years old=10.0%; 16-17 years old=7.6%</p> <p><u>Ethnicity:</u> African American=21.4%; White=11.1%; Latino=11.1%; Asian/Pacific Islander=5.9%; Native American=20.8%</p>

Probation

10.6% of youth returned to placement within 12 months (4/1/2010-3/31/2011)

Updated Performance:

Children's Services Division

12.8% of youth return to placement within 12 months (10/1/2011-9/30/2012)

Age: <1=14.9%; 1-2 years old=16.3%; 3-5 years old=11.1%; 6-10 years old=10.5%; 11-15 years old=15.6%; 16-17 years old=6.1%

Ethnicity: African American=23.4%; White=10.0%; Latino=12.1%; Asian/Pacific Islander=N/A; Native American=10.5%

Probation

10.8% of youth returned to placement within 12 months (10/1/2011 – 9/30/2012)

Target Improvement Goal:

Children's Services Division

9.9% by 2018, with a focus on 0-2-year old children and youth in group homes and FFA placements

Probation

9.9% by April, 2018.

UPDATE: Since the initial data capture period for this measure (Q1 2012), performance in this area has surpassed the National Standard (9.9%) for four separate quarters. The rate of re-entry following reunification improved to 9.1% (Q2 2012), declined back to 10.6% (Q3 2012), improved to 8.3% (Q4 2012), declined to 9.1% (Q1 2013), improved again to 7.3% (Q2 2013), and subsequently declined to 12.9% (Q3 2013). Although current data reflect overall improvement in this measure, Probation will continue to monitor and evaluate these data to identify outcomes responsible for observed fluctuations. Further, Probation will continue to evaluate its re-entry following reunification strategies and action steps to better understand the data trends and adjust future improvement goals as appropriate.

Children's Services Division Outcome

Priority Outcome Measure or Systemic Factor: C4.2 Placement stability (12- 24 months in care with <=2 placements)

National Standard: 65.4%

Current Performance: 69.1% (1/1/2012-12/31/2012)

Age: <1=80.7%; 1-2 years old=75.5%; 3-5 years old=70.5%; 6-10 years old=64.5%; 11-15 years old=62.5%; 16-17 years old=47%

Ethnicity: African American=65.8%; White=67.9%; Latino=70.5%; Asian/Pacific Islander=83.3%; Native American=58.3%

Updated Performance: 70.1% (10/1/2012-9/30/2013)

Age: <1=83.4%; 1-2 years old=73.2%; 3-5 years old=70.0%; 6-10 years old=69.1%; 11-15 years old=62.6%; 16-17 years old=53.3%

Ethnicity: African American=64.1%; White=68.8%; Latino=72.3%; Asian/Pacific Islander=78.6%; Native American=66.7%

Target Improvement Goal: 65.4% for 11-17-year-old children by 2018

Children's Services Division Outcome

Priority Outcome Measure or Systemic Factor: C4.3 Placement stability (at least 24 months in care with <=2 placements)

National Standard: 41.8%

Current Performance: 37.1% (1/1/2012-12/31/2012)

Age: <1=0%; 1-2 years old=57.1%; 3-5 years old=50.5%; 6-10 years old=49.6%; 11-15 years old=28.5%; 16-17 years old=16.3%

Ethnicity: African American=30.5%; White=35.9%; Latino=40.2%; Asian/Pacific Islander=30.0%; Native American=22.7%

Updated Performance: 39.0% (10/1/2012-9/30/2013)

Age: <1=N/A; 1-2 years old=61.0%; 3-5 years old=50.2%; 6-10 years old=46.3%; 11-15 years old=31.5%; 16-17 years old=15.4%

Ethnicity: African American=30.9%; White=35.2%; Latino=43.2%; Asian/Pacific Islander=46.2%; Native American=37.5%

Target Improvement Goal: 41.8% by 2018

Strategy 1: Strengthen probation officer practices		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Applicable Outcome Measure(s) and/or Systemic Factor(s):
Probation Action Steps: A. Continue implementation of Motivational Interviewing and Forward Thinking programs UPDATE: Motivational Interviewing training is completed. To ensure consistency and standardized oversight in the implementation of evidence-based practices using the Forward Thinking program, the program will be centralized with Probation's Field Projects Division.		Timeframe: December 2013 – December 2014 <i>Ongoing</i>		C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)
B. Evaluate training delivery and transfer of learning strategies for 1A, using audits and use of case plans/treatment needs, and implement changes based on evaluation completed in 1B		December 2014 – December 2015		Probation Department, Juvenile Services Division

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<p>C. Using tools developed from 1B, monitor PO monthly contacts with minors and their families to develop and implement practice improvements, ensure quality of treatment, and facilitate successful engagement of minor/parent with probation services</p>	<p>December 2015 – December 2017</p>	<p>Probation Department, Juvenile Services Division</p>
<p>D. Evaluate PO contact “learning curve” practice improvements, treatment quality and engagement strategies for 1C, implement changes based on evaluation completed in 1D</p>	<p>December 2017 – April 2018</p>	<p>Probation Department, Juvenile Services Division</p>

<p>Strategy 2: Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)</p>
<input checked="" type="checkbox"/>	CAPIT									
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<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>Probation Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>								
<p>A. Assess probation's Mentoring Program to implement improved placement-based coaching, and evaluate feasibility of incorporating goals/outcome-based Chief Probation Officers of California (CPOC) placement visitation form</p> <p>UPDATE: Ongoing. Placement's mentoring program now includes consistent Placement CORE training by UC Davis, mandated for all placement probation officers. Further, placement supervisors also attend Placement SPO CORE training through the UC Davis program.</p>	<p>December 2013 – December 2014</p> <p>Ongoing</p>	<p>Probation Department, Juvenile Services Division, Placement Unit Supervisors</p>								
<p>B. Using tools developed from 2A, enhance probation officer practices to insure diligent use of case plan, treatment goals, open dialogue with minor/staff re: minor's program improvement and family visitation, and monitoring of treatment facility programs</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>								

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C. Implement items 2A and 2B as resources permit	December 2015 – December 2017	Probation Department, Juvenile Services Division
D. Evaluate effectiveness of 2C if implemented	December 2017 – April 2018	Probation Department, Juvenile Services Division

<p>Strategy 3: Promoting Evidence-Based Practices</p> <p><u>Probation:</u> Improve placement support and services by requiring placement providers to utilize Evidence-Based Programs (EBP)</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Increase rates of reunification within 12 months (exit cohort) C1.2 Reduce median time to reunification C1.3 Increase rates of reunification within 12 months (entry cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
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<input checked="" type="checkbox"/>	N/A									
<p align="center">Children's Services Division</p>										
<p>Action Steps:</p> <p>A. Require all new and existing service providers to utilize evidence-based or evidence-informed interventions with families, and to implement internal evaluation processes for measuring outcomes</p> <p>UPDATE: CSD continues to work closely with service providers and the DPSS Contract Analysis Unit to modify existing and future contracts and to provide technical assistance to providers.</p>	<p>Timeframe:</p> <p>2013-2015</p>	<p>Person Responsible:</p> <p>Children's Services Division</p>								
<p>B. Utilize technical assistance from CEBC to develop an inventory of existing evidence-based models that are effective in improving outcomes</p> <p>UPDATE: CEBC convened focus groups consisting of TDM facilitators and service providers in July 2013. CSD has maintained contact with CEBC about follow-up data collection with the TDM facilitators. A report is expected from CEBC prior to the completion of Year 1.</p>	<p>2013-2014</p>	<p>Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)</p>								

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	<p>C. Utilize technical assistance from CEBC to develop a roadmap for expanding evidence-based practice in Riverside County</p> <p>UPDATE: Following receipt of the CEBC report, CSD managers and executives will collaborate with CEBC to develop a roadmap for expanding evidence-based practices across the County.</p>	<p>2013-2014</p> <p>Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)</p>
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Action Steps:	Probation	Timeframe:	Person Responsible:
<p>A. Explore use of community based organizations (CBOs) and service providers (SPs) who adhere to an evidenced/ performance-based care model</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize an evidence/performance-based model.</p>	<p>December 2013 – December 2014</p> <p>Ongoing</p>	<p>Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera</p>	
<p>B. Evaluate existing CBOs and SPs for EBP standards of care and treatment, graduation rates, and accountability-based performance reviews</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>C. Develop a CBO/SP list in relation to current dept. need, which incorporates EBP requirements into contracts, and release a solicitation for contracts/providers with a contract start date on or before January 1, 2016</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>D. Implement items 3B and 3C as resources permit</p>	<p>January 2016 – January 2018</p>	<p>Probation Department, Juvenile Services Division</p>	

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E. Evaluate effectiveness of 3D if implemented	January 2018 – April 2018	Probation Department, Juvenile Services Division
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<p>Strategy 4: Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)</p>
<input checked="" type="checkbox"/>	CAPIT									
<input type="checkbox"/>	CBCAP									
<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>Probation</p> <p>Action Steps:</p> <p>A. Evaluate existing CBOs and SPs for individual/minor-specific initial and ongoing treatment service plans</p> <p>Evaluate the potential improvements in efficiency and accountability re: monthly progress reports in conjunction with quarterly evaluations by placement providers</p> <p>UPDATE: Ongoing. Probation implemented the Placement Review and Revision Committee to examine and explore CBO's and SP's who utilize evidence/performance-based treatment models.</p>	<p>Timeframe:</p> <p>December 2013 – December 2014</p> <p>Ongoing</p>	<p>Person Responsible:</p> <p>Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox, Tari Dolstra, Isha Jacks, Natalie Rivera</p>								
<p>B. Evaluate existing Interagency Screening Committee (ISC) policy and process</p> <p>Require presentations by each private placement provider to ISC, to reduce placement failures/runaways by identifying first/best placement fit of minors to program</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>								

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<p>C. Identify gaps in 4A and 4B to promote early and accurate identification of issues, ensure placements follow their treatment service plans, increase accountability and standard of care, and strategize for timely reunification</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>
<p>D. Develop recommendations from 4C for comprehensive initial and ongoing assessment program to improve placement support and services</p>	<p>January 2016 – December 2016</p>	<p>Probation Department, Juvenile Services Division</p>
<p>E. Implement program as funds available</p>	<p>December 2016 – January 2018</p>	<p>Probation Department, Juvenile Services Division</p>
<p>F. Evaluate effectiveness of 4E if implemented</p>	<p>January 2018 – April 2018</p>	<p>Probation Department, Juvenile Services Division</p>

<p>Strategy 5: Wraparound</p> <p>Probation: Increase a minor's retention in familiar environments and culture by expanding family-centered community-based Wraparound Program</p> <p>UPDATE: Wraparound Outcomes Committee Collaboration: Partnership implemented between Probation, Children's Service Division, and Mental Health to comprehensively link individual wraparound provider data into a centralized database.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Increase rates of reunification within 12 months (exit cohort)</p> <p>C1.2: Reduce Median time to Reunification (exit cohort)</p> <p>C1.3: Increase Rates of Reunification within 12 months (entry cohort)</p> <p>C1.4 Reduce re-entry following reunification (exit cohort)</p> <p>C4.2 & C4.3 Increase rates of placement stability</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<p>Children's Services Division</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Evaluate current Wraparound baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>UPDATE: CSD completed a baseline evaluation of data from CSD providers at the beginning of Year 1. Currently plans are underway to join CSD, Probation, Olive Crest, Oak Grove and DMH data in a single database administered by DMH. The first meeting of the Wraparound Outcomes Committee occurred in August 2013.</p>	<p>2013 - 2015</p>	<p>Children's Services Division</p>

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<p>B Evaluate program effectiveness and the link between Wraparound as intervention and long-term child and family outcomes</p> <p>UPDATE: Service providers began entering data into the DMH administered database effective November 1, 2013. Data quality assurance checks will be completed in Q4 2013 and Q1-Q2 2014. Data will be extracted from the database and linked with CSD and Probation data from CWS/CMS at the beginning of the 2014 fiscal year. The first joint annual report on Wraparound outcomes that links provider data for CSD and Probation with CWS/CMS data is expected in Q3 2014.</p>	<p>2013 - 2014</p>	<p>Children's Services Division</p>
<p>C. Ongoing review and analysis of Wraparound outcomes</p>	<p>2013-2018</p>	<p>Children's Services Division</p>
<p>D. Expansion of client recruitment and service delivery for the Wraparound program</p>	<p>2013-2018</p>	<p>Children's Services Division</p>

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Probation	Timeframe:	Person Responsible:
<p>Action Steps:</p> <p>A. Evaluate current Wraparound Program utilization/processes re: actual practice vs. policy and develop expansion recommendations</p> <p>UPDATE: Completed. The Enhanced Wraparound Referral Process was approved by the Presiding Judge, Chief Deputy Probation Officers, Managers, as well as the Supervising DA, DPD, JDP and the Juvenile Bench Officers.</p> <p>Partner with Mental Health on existing/future Wraparound grant provisions and provide expansion recommendations to respective Executive Management Teams</p> <p>UPDATE: Completed and ongoing. Probation facilitated the practice of referring minors and their families to the wraparound program earlier, to provide them with services before they were unwilling and/or too frustrated to embrace treatment. This is expected to decrease the need for out of home placement, increase the opportunities for success and graduation, provide minors more opportunities with the Court before resorting to placement, and decrease the overall amount of time a minor and family would participate in the program.</p>	<p>December 2013 – December 2014</p> <p>Completed and ongoing</p>	<p>Probation Department, Juvenile Services Division, Anthony Clubb, Scott Wilcox</p>

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<p>Expansion recommendations to include components of early intervention, placement step-down to community, minor's cultural/language needs and family/extended family location</p> <p>UPDATE: Completed and ongoing. Probation will utilize monthly wraparound data, entered into the centralized database, to continually evaluate its Wraparound strategies and action steps to increase a minor's retention in the community and reduce out of home placement.</p>		
<p>B. Integrate approved recommendations developed from 5A into Wraparound Program</p>	<p>December 2014 – December 2015</p>	<p>Probation Department, Juvenile Services Division</p>
<p>C. Evaluate and monitor the expanded practices of Wraparound Program</p>	<p>December 2015 – January 2018</p>	<p>Probation Department, Juvenile Services Division</p>
<p>D. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry</p>	<p>January 2018 – April 2018</p>	<p>Probation Department, Juvenile Services Division</p>

Strategy 6: Improve communication of and connection to available family specific services by developing the “resource specialist” concept	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)
Probation Action Steps:	Timeframe:	Person Responsible:
A. Gather information: nationwide, regional and local best practices, county government agency and departmental practices (in process)	June 2014 – June 2015	Probation Department, Juvenile Services Division
B. Evaluate current available resources, resource providers, and community based organizations, and complete a dept. needs assessment	June 2015 – January 2016	Probation Department, Juvenile Services Division
C. Generate the “resource specialist” duties profile, to be incorporated into existing clerical, probation assistant, and/or probation officer job expectations	January 2016 – June 2016	Probation Department, Juvenile Services Division
D. Make recommendations to Executive team	June 2016 – January 2017	Probation Department, Juvenile Services Division
E. Implement approved recommendations contingent upon available funding	January 2017 – January 2018	Probation Department, Juvenile Services Division
F. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry	January 2018 – April 2018	Probation Department, Juvenile Services Division

<p>Strategy 7: Case Plan Field Tool</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
<p>Children's Services Division</p>		
<p>Action Steps:</p>		
<p>A. Provide training and coaching for social workers on family engagement and the development of behavioral-focused, client-informed case plans UPDATE: Training was provided between July 2012 and June 2013. Due to internal and external workloads, additional training was postponed to January 2014.</p>	<p>Timeframe: July 2012 – June 2014 June 2016</p>	<p>Person Responsible: Children's Services Division Casey Family Programs Public Child Welfare Training Academy National Council of Crime and Delinquency/Children's Research Center (NCCD/CRC)</p>
<p>B. Establish workgroups to evaluate the current coaching/training process and develop recommendations for expansion of instruction for case plan development, specific to adolescent/transiting youth A core team of CPFT "champions" has been formed by CSD and monthly meetings commenced October 2013. The workgroup keeps in close communication with NCCD/CRC and PCWTA to develop recommendations for expansion of instruction.</p>	<p>July 2013 – June 2014 2015</p>	<p>Children's Services Division Public Child Welfare Training Academy NCCD/Children's Research Center</p>
<p>C. Provide training to social workers who work with the identified group on family networking and utilization of the case plan field tool UPDATE: Pilot training on the Child/Youth tool occurred in the time period specified.</p>	<p>April – June 2013</p>	<p>Public Child Welfare Training Academy NCCD/Children's Research Center</p>

<p>Feedback from the training resulted in tool revisions and a final version of the tool being released in September 2013. Phase 2 training with identified coaches occurred in January 2014.</p>		
<p>D. Complete data analysis and evaluate the effectiveness of the initial implementation of the Case Plan Field Tool</p> <p>Develop recommendations and plan for ongoing assessment</p> <p>UPDATE: The initial evaluation of the CPFT was completed in August 2013 with promising results. A core team of CPFT “champions” has been formed by CSD and monthly meetings commenced October 2013.</p>	<p>July August 2013 – June 2014 2013</p>	<p>Children’s Services Division NCCD/Children’s Research Center Casey Family Programs</p>
<p>E. Recruitment and training of 8-10 child welfare social worker supervisors as Case Plan Field Tool coaches</p> <p>UPDATE: A preliminary list of CPFT coaches was developed in September 2013 and expanded in December 2013. Training for coaches will continue through 2015.</p>	<p>July 2013 – June 2014 2015</p>	<p>Children’s Services Division</p>
<p>F. Provide advanced training and coaching to ensure sustainability of practice</p> <p>A CPFT website developed by NCCD/CRC was launched in September 2013. The website provides training videos accessible to social workers in the field. Additional live training and ongoing coaching will occur through 2015.</p>	<p>July September 2013 – June 2015</p>	<p>Children’s Services Division Public Child Welfare Training Academy NCCD/Children’s Research Center</p>

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<p>G. Ongoing implementation, evaluation and revision of the Case Plan Field Tool</p> <p>UPDATE: A Child/Youth CPFT was developed by NCCD/CRC in September 2013. The tool will be implemented, evaluated, and revised as needed throughout 2014 – 2018.</p>	<p>July 2013 – June 2018</p>	<p>Children's Services Division</p>
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<p>Strategy 8: Katie A. Core Practice Model (CPM) Initiative</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPIT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPIT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
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<input checked="" type="checkbox"/>	N/A									
<p>Children's Services Division</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>								
<p>A. Staff training on implementation of the Katie A. Core Practice Model UPDATE: Training and implementation will occur in 5 phases as follows: Phase I: September 2013 – October 2013</p> <ul style="list-style-type: none"> Targeting all existing Wraparound cases <p>Phase II: November 2013 – December 2013</p> <ul style="list-style-type: none"> Targeting all existing Group Home/ Wrap siblings/ new Wraparound youth <p>Phase III: January 2014 – March 2014</p> <ul style="list-style-type: none"> Targeting four (4) CSD regions <p>Phase IV: April 2014 – May 2014</p> <ul style="list-style-type: none"> Continue implementation in remaining regions <p>Phase V: July 2014</p> <ul style="list-style-type: none"> Screen and assess every new case 	<p>December September 2013 – July 2014</p>	<p>Children's Services Division California Department of Health Care Services California Department of Social Services Riverside County Department of Mental Health</p>								
<p>B. Utilize an implementation science approach to engage Department of Mental Health in the collaborative development of an implementation and evaluation plan</p>	<p>March 2013 – December 2013</p>	<p>Children's Services Division Riverside County Department of Mental Health</p>								

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<p>C. Plan, prepare, and build the necessary supports to promote utilization of the Core Practice Model</p> <p>UPDATE: CSD and DMH have worked as collaborative partners to develop the supports necessary to promote utilization of the Core Practice Model. The Katie A. Steering Committee was developed in Q2 2013 and has been meeting monthly. The following five Katie A. subcommittees were also developed in Q2 2013 and meet on a weekly basis to address training, implementation, and evaluation needs:</p> <ul style="list-style-type: none"> • Mental Health Screening & Assessment • Service Delivery & Case Management • Fiscal Planning • Training, Coaching, and Informing • Data Analysis & Outcomes 	<p>June May 2013 – July 2014</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>
<p>D. Pilot Core Practice Model implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary</p>	<p>December 2013 – July 2014 – December 2014</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>
<p>E. Develop a plan for data collection and analysis, including the development of an ongoing evaluation plan</p> <p>UPDATE: The Data Analysis & Outcomes subcommittee works closely with the Katie A. Steering Committee on a monthly basis to report progress.</p>	<p>December May 2013 – June 2014</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>

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<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue and accountability</p>	<p>July 2014 – December 2014</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>
<p>G. Full Implementation Stage – The majority of staff are using the CPM with fidelity</p>	<p>June 2015 – July 2016</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>
<p>H. Evaluate program effectiveness and the link between CPM as an intervention and long-term child and family outcomes</p>	<p>December 2015 – June 2018</p>	<p>Children’s Services Division Riverside County Department of Mental Health</p>

<p>Strategy 9: Educational Liaisons Program Expansion</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
<p>Children's Services Division</p> <p>Action Steps:</p> <p>A. Exploration of similar practice models and the development of position description UPDATE: The position descriptions were modified and recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons.</p>	<p>Timeframe:</p> <p>April – June 2013</p>	<p>Person Responsible:</p> <p>Children's Services Division Riverside County Department of Education</p>
<p>B. Plan, prepare, and build the necessary supports to promote utilization of the modified and expanded Educational Liaison intervention UPDATE: Monthly Joint Operation Meetings are held to address these action steps.</p>	<p>June – December 2013 – March 2014</p>	<p>Children's Services Division Riverside County Department of Education</p>
<p>C. Develop a plan for data collection, analysis, and ongoing evaluation</p>	<p>April – June 2013 – October 2013</p>	<p>Children's Services Division</p>

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<p>D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>An initial evaluation of baseline data with one full-time and one part-time Educational Liaison was completed in Q2 2013. An evaluation of data from the expanded program will occur following the first year of the expanded program (September 2013 – June 2014).</p>	<p>April 2013 – January September 2014</p>	<p>Children’s Services Division</p>
<p>E. Recruitment of two additional Educational Liaison positions</p> <p>UPDATE: Recruitment occurred at the beginning of Year 1. By Q3 2013, the program had expanded to three full-time Educational Liaisons.</p>	<p>January 2013 – January 2014</p>	<p>Children’s Services Division Riverside County Department of Education</p>
<p>F. Pilot a process for identifying appropriate utilization of Educational Liaisons and assign teams to monitor and improve the intervention and implementation supports</p> <p>UPDATE: This timeframe was modified to align with the school year term.</p>	<p>July September 2013 – June 2014</p>	<p>Children’s Services Division Riverside County Department of Education</p>
<p>G. Full Implementation Stage – The majority of staff are using the Educational Liaisons model with fidelity.</p>	<p>July 2014 – June 2018</p>	<p>Children’s Services Division Riverside County Department of Education</p>

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<p>H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p>	<p>July 2014 – June 2018</p>	<p>Children's Services Division</p>
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Children's Services Division		Applicable Outcome Measure(s) and/or Systemic Factor(s):	
Action Steps:	Timeframe:	Person Responsible:	
Strategy 10: Faith In Motion	<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability	
	A. Plan, prepare, and build the necessary supports to sustain a collaborative community-directed model	July 2013 – June 2014	Children's Services Division Faith-Based Partnership
	B. Expansion of faith-based recruitment and service delivery	July 2013 – June 2018	Children's Services Division Faith-Based Partnership
C. Develop a plan for data collection, analysis, and ongoing evaluation UPDATE: This process is expected to begin in Q1 2014.	July 2013 – June 2014	Children's Services Division Faith-Based Partnership	
D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	July 2015 – June 2016	Children's Services Division Faith-Based Partnership	
E. Evaluate program effectiveness and the link between Faith in Motion as an intervention and long-term child and family outcomes	July 2016 – June 2018	Children's Services Division Faith-Based Partnership	

Strategy 11: Family Preservation Court/CAM Program Sustainability Project	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort)
Children's Services Division	Timeframe:	Person Responsible:
A. Develop strategies for program sustainability at grant termination in 2016, including a matrix of continuum of services	July 2013 – June 2016	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services
B. Utilize an implementation science approach to engage core service providers to expand key components of the Family Preservation Court/CAM programs to all providers of drug and alcohol prevention services	July 2014 – June 2015	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services Riverside County Department of Mental Health Catholic Charities MFI
C. Plan, prepare, and build necessary supports to promote utilization of Key FPC/CAM intervention components by core service providers	July 2014 – June 2015	Children's Services Division

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<p>D. Develop a plan for data collection, analysis, and ongoing evaluation</p>	<p>July 2014 – June 2015</p>	<p>Children's Services Division</p>
<p>E. Pilot expansion of the FPC/CAM intervention components and assign teams to monitor and improve the intervention and implementation supports</p>	<p>July 2015 – June 2016</p>	<p>Children & Family Futures Riverside County Family Preservation Court Riverside County Department of Mental Health Catholic Charities MFI</p>
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.</p>	<p>July 2015 – June 2016</p>	<p>Children's Services Division</p>
<p>G. Full Implementation Stage – The majority of service providers are using the continuum of services with fidelity</p>	<p>July 2016 – June 2018</p>	<p>Riverside County Family Preservation Court Riverside County Department of Mental Health Catholic Charities MFI</p>
<p>H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p>	<p>July 2016 – June 2018</p>	<p>Children's Services Division</p>

<p>Strategy 12: Family Resource Centers/ “Network Hub Model”</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
<input checked="" type="checkbox"/>	CAPT									
<input type="checkbox"/>	CBCAP									
<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>Children’s Services Division</p>										
<p>Action Steps:</p> <p>A. With technical assistance from Casey Family Programs, utilize a strategic consultant to engage community partners in the development of a collaborative and community-directed model for Family Resource Center communities</p> <p>UPDATE: Community partners have met monthly with CSD and the Case Family Programs consultant. In October 2013, community partner leadership decided to pursue a potential merging of the Jurupa Valley Family Resource Network Team with the Healthy Jurupa Valley Team due to the shared goals of the two groups for the same community area. The Jurupa Valley Network Team met in November 2013 with members of the Healthy Jurupa Valley Team to explore merger possibilities.</p>	<p>Timeframe:</p> <p>July 2013 – June 2014</p>	<p>Person Responsible:</p> <p>Children’s Services Division Casey Family Programs Pat Bowie (strategic consultant)</p>								
<p>B. Evaluate data and resources respective to the four Family Resource Center target areas to identify shared outcomes for improvement, beginning with the Jurupa Valley community</p>	<p>Timeframe:</p> <p>July 2013 – June 2018</p>	<p>Person Responsible:</p> <p>Children’s Services Division Casey Family Programs Community Stakeholders</p>								

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<p>C. Conceptualize pilot model and implement community readiness assessments to determine feasibility of model plan</p>	<p>July 2013 – June 2014</p>	<p>Children’s Services Division Pat Bowie (strategic consultant) Community Stakeholders</p>
<p>D. Implement pilot Network Hub Model</p>	<p>July 2013 – June 2014</p>	<p>Children’s Services Division Community Stakeholders</p>
<p>E. Ongoing implementation and evaluation of the Network Hub Model</p>	<p>July 2013 – June 2018</p>	<p>Children’s Services Division Community Stakeholders</p>
<p>F. Evaluate sustainability of pilot Network Hub Model</p>	<p>July 2014 – June 2015</p>	<p>Children’s Services Division Casey Family Programs Community Stakeholders</p>

Strategy 13: Internal Evaluation of Integrated Core Services	<input checked="" type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division Action Steps: A. Develop a plan for data collection, analysis, and ongoing evaluation of all Core Services UPDATE: Due to transition delays as well as staff and provider development needs, the timeframe was extended through 2013. B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability. UPDATE: Due to transition delays as well as staff and provider development needs, the start date was delayed. C. Evaluate program effectiveness and the link between Core Services as interventions and long-term child and family outcomes	Timeframe: April – June December 2013 July 2013 January 2014 – June 2014	Person Responsible: Children's Services Division Children's Services Division
	July 2014 – June 2018	Children's Services Division

Strategy 14: Independent Living Program Evaluation Plan	<input type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division	Timeframe:	Person Responsible:
A. Develop a plan for data collection, analysis, and ongoing evaluation	December 2013	Children's Services Division
B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	December 2013 -- June 2014	Children's Services Division
C. Evaluate program effectiveness and the link between the Independent Living Program as intervention and long-term child and family outcomes	June 2014 -- July 2018	Children's Services Division

<p>Strategy 15: Racial Disparity and Disproportionality (RDD)</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>
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<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p>Children's Services Division</p>										
<p>Action Steps:</p> <p>A. Evaluate current RDD baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>UPDATE: The RDD Committee meets on a monthly basis. Committee members have worked with SIP and Data Analysis Unit Research Specialists to identify outcomes and variables of interest and develop a standardized reporting format that can be utilized to present data in a region-specific format. CSD staff expect to complete a comprehensive RDD report by the end of Year 1.</p>	<p>Timeframe:</p> <p>July 2013 – June 2014</p>	<p>Person Responsible:</p> <p>Children's Services Division</p>								
<p>B. Identify and evaluate existing RDD models that are effective in improving outcomes to prepare for release of new RFP</p> <p>UPDATE: Casey Family Programs is providing technical assistance with this process. This support included arranging a November 2013 presentation by Professor Margaret Jackson, a CSU Fresno faculty member and the Director of the Fresno County Cultural Brokers Program. Ms. Jackson was instrumental in</p>	<p>July 2013 – June 2014</p>	<p>Children's Services Division <i>Casey Family Programs</i></p>								

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<p>partnering with the Fresno County child welfare department to reduce disparity and disproportionality in their system.</p>		
<p>C. Select contractor and begin model implementation</p>	<p>July 2014 – June 2015</p>	<p>Children's Services Division</p>
<p>D. Develop a plan for data collection, analysis, and ongoing evaluation</p>	<p>July 2014 – June 2015</p>	<p>Children's Services Division</p>
<p>E. Evaluate program effectiveness and the link between the selected RDD model as intervention and long-term child and family outcomes</p>	<p>July 2015 – June 2018</p>	<p>Children's Services Division</p>

Strategy 16: Primary Safe Care/Early Safe Care/Safe Care Plus	<input type="checkbox"/> CAPT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort)	
Children's Services Division			
Action Steps:	Timeframe:	Person Responsible:	
A. Continue targeted referral and service provision to families with children between the ages of 0 and 5, identified as high risk, and eligible for Family Maintenance or Family Maintenance Voluntary services	July 2013 – June 2018	Children's Services Division Riverside Dept. of Public Health John F. Kennedy Foundation Family Service Association	
B. Baseline analysis of Primary SafeCare/Early SafeCare/SafeCare Plus data to establish client need and capacity for service delivery	July 2013 – December 2013	Children's Services Division	
C. Establishment of graduation outcome goals for Primary SafeCare/Early SafeCare/SafeCare Plus	July 2013 – June 2014	Children's Services Division	
D. Safe Care Plus partner with UCSD to receive technical assistance in data collection and program evaluation. Deliverables include: <ul style="list-style-type: none"> • Design of data collection instruments and procedures for data collection and analysis • Assistance in design and development of a web-based database • Selection and prioritization of outcome indicators 	July 2013 – June 2014	Children's Services Division University of California, San Diego	

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<p>E. Conduct ongoing evaluation to:</p> <ul style="list-style-type: none"> ● Assess participation rates of target population ● Examine fidelity in model implementation ● Assess effectiveness of program relative to client improved family functioning and CSD improved SIP outcomes 	<p>July 2013 – June 2018</p>	<p>Children’s Services Division</p>
<p>D. Participate in and support the Safe Care Sustainment Research Project conducted by UCSD</p>	<p>July 2013 – June 2018</p>	<p>Children’s Services Division University of California, San Diego</p>

Strategy 17: Team Decision Making (TDM) meetings		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Applicable Outcome Measure(s) and/or Systemic Factor(s):
Children's Services Division				
Action Steps:		Timeframe:		Person Responsible:
<p>A. Evaluate current TDM baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p> <p>UPDATE: Data matching concerns with CWS/CMS have delayed the development of a comprehensive TDM report; however, some baseline data has been reviewed and an evaluation plan has been developed.</p>		<p>January – December 2013 – June 2014</p>		<p>Children's Services Division</p> <p>UC Berkeley (strategic consultant)</p> <p>California Evidence-Based Clearinghouse (CEBC)</p>
<p>B. Develop recommendations for improved data collection, database management, and data analysis, including the development of an ongoing evaluation plan.</p> <p>UPDATE: SIP Unit Research Specialists meet regularly with TDM facilitators at the scheduled Consistency Meetings to review data concerns and collaboratively strategize recommendations for improvement.</p>		<p>July – December 2013</p> <p>Ongoing</p>		<p>Children's Services Division</p> <p>UC Berkeley (ETO database manager)</p> <p>CEBC</p>
<p>C. Evaluate program effectiveness and the link between TDM as intervention and long-term child and family outcomes</p>		<p>May 2013 – June 2018</p>		<p>Children's Services Division</p> <p>California Evidence-Based Clearinghouse for Child Welfare</p>

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<p>D. Review and evaluate recommendations to incorporate, within the TDM program, new standards of practice consistent with the Katie A. Core Practice Model</p> <p>UPDATE: Katie A. Training, Coaching, and Informing subcommittee members met with TDM facilitators in November 2013 to begin discussing Riverside County's plans to utilize TDM facilitators in the Child and Family Team Meetings.</p>	<p>January – December 2014</p>	<p>Children's Services Division Riverside County Department of Mental Health</p>
<p>E. Implement recommendations from item D, above</p>	<p>January 2015 – June 2018</p>	<p>Children's Services Division</p>

Strategy 18: Youth Partners	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division Action Steps:	Timeframe:	Person Responsible:
A. Exploration of similar practice models and the development of a position description UPDATE: This process was completed in September 2013.	January – December 2013	Children's Services Division
B. Plan, prepare, and build the necessary supports to promote utilization of the Youth Partner	July 2013 – June 2014	Children's Services Division
C. Recruitment of six to eight Youth Partner positions UPDATE: The recruitment process began October 7, 2013 and closed November 1, 2013. Youth Partners are expected to be in place during the designated timeframe. The number of Youth Partners will be determined as indicated by staffing needs.	July 2014 – June 2015	Children's Services Division

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<p>D. Pilot Youth Partner program implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary</p>	<p>July 2015 – June 2016</p>	<p>Children’s Services Division</p>
<p>E. Develop a plan for data collection, analysis, and ongoing evaluation</p>	<p>January – July 2014</p>	<p>Children’s Services Division</p>
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p>	<p>January 2015 – June 2016</p>	<p>Children’s Services Division</p>
<p>G. Full Implementation Stage – The majority of staff are using the Youth Partners model with fidelity</p>	<p>July 2016 – June 2018</p>	<p>Children’s Services Division</p>
<p>H. Evaluate program effectiveness and the link between Youth Partners as an intervention and long-term child and family outcomes</p>	<p>July 2016 – June 2018</p>	<p>Children’s Services Division</p>

Additional Riverside County Outcome Measures Not Meeting State/National Standards

CHILD WELFARE MEASURES

There are 6 additional measures where Riverside County Children's Services Division has been performing below state averages based on Q3 2013 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley. These outcome measures include:

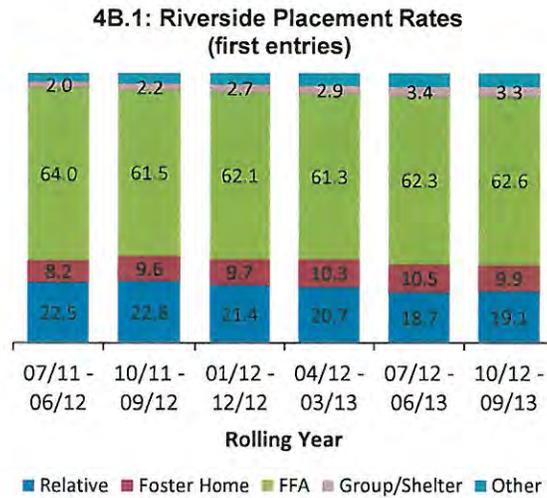
- 4B Least Restrictive Point in Time Placements (first entries)
- 4E Indian Child Welfare Act (ICWA) Placement Preferences
- 5B Timely Health/Dental Exams
- 8A Exit Outcomes for Youth Aging Out of Foster Care
- S1.1 No Recurrence of Maltreatment
- S2.1 No Maltreatment in Foster Care

4B Least Restrictive Point-in-Time Placements (first entries):

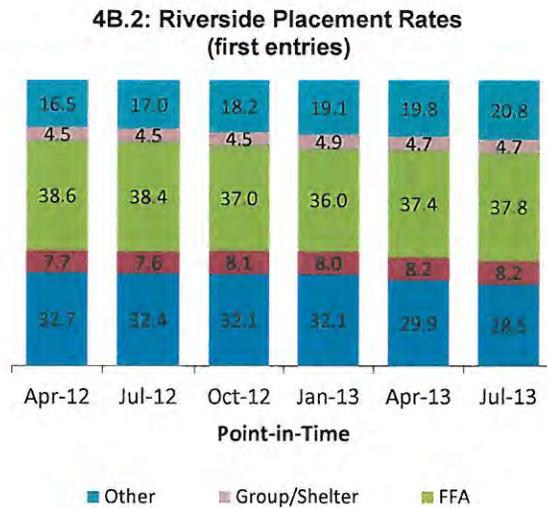
The data for this measure is derived from a longitudinal database and contains information on all entries to out-of-home care during a specified time period. Riverside outcomes are compared to California averages. Youth 18 and over that elect to remain in care as AB12 non-minor dependents may be placed in a new placement type, the Supervised Independent Living Placement (SILP).

FFA placements, at 62.3% (compared to 45.4% for California), comprise the largest percentage of any initial placement type for children in out-of-home care, followed by Relative Homes at 18.7% (compared to 26.6% for California) and Foster Homes at 9% (compared to 17.6% for California), as averaged over the 6 data periods between April 2011 and June 2013 (Figure 4B.1). Although Riverside County's placement in FFA homes exceeds the state average and group home placements have increased slightly since April 2011, it is important to note that placement in FFA homes has decreased over the same time period. Since 2008, Riverside County has emphasized improving the relationship between CSD and out-of-home caregivers through increased engagement, ongoing communication, and targeted recruitment strategies to increase the availability of suitable placements for children in foster

care and attempt to maintain children in their same school districts and keep sibling sets together when appropriate.¹



Riverside County’s point-in-time rate of placement for group homes has steadily remained under 5%, lower than California’s average of 7% (Figure 4B.2). In addition, point-in-time performance for FFA placements decreased by 2% between the period from April 2012 and July 2013.

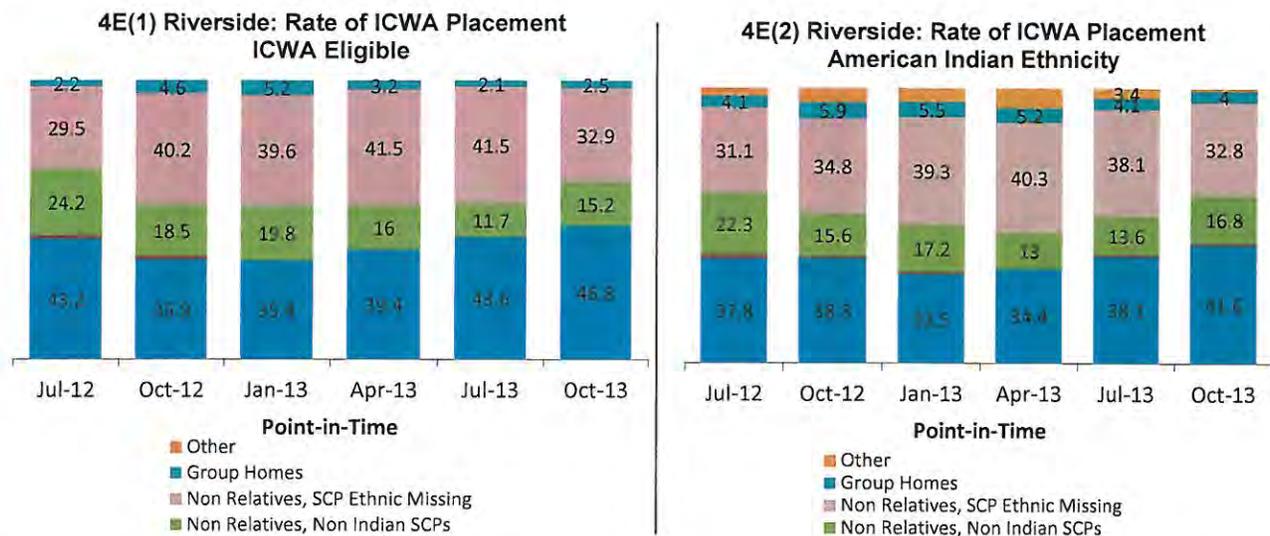


¹ Further discussion of these efforts can be found in Riverside County’s 2008 County Self-Assessment.

4E(1) & 4E(2) ICWA Placement Preferences (ICWA Eligible/American Indian Ethnicity):

These data examine the placement status of Indian Child Welfare Act eligible children [4E(1)] and children with primary or mixed (multi) ethnicity of American Indian [4E(2)]. Placement status considers placement type, child relationship to substitute care provider, and substitute care provider ethnicity. The resulting placement status categories are: placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

The percentage of placements in Relative Homes has recently trended upward while Non-Relative, Substitute Care Providers (ethnicity missing) has trended downward for both measures 4E(1) and 4E(2) between July 2012 and October 2013. Relative Home placement has increased by 8.3% and 10.1% for measures 4E(1) and 4E(2), respectively, between July 2012 and October 2013. In contrast, California averages appear very consistent over time for all placement types. Although Riverside County has 12 federally-recognized Native American tribes, the number of ICWA-eligible children interacting with the child welfare system is relatively small. Therefore, a few children can impact the overall percentages at any given point in time for these measures. Riverside County continues to work closely with the Native American tribes to address concerns and collaboratively strategize on ways to improve outcomes for Native American children. These strategies include tribal-coordinated evidence-based interventions such as Incredible Years®, a series of interlocking programs for parents, children, and teachers, supported by over 30 years of research. The program is used worldwide in schools and mental health centers, and has been shown to work across cultures and socioeconomic groups, particularly important factors in Riverside County.



5B(1) & 5B(2) Rate of Timely Health/Dental Exams:

These data show the percentage of children who meet the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per the California Code of Regulations: "Persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period."

Riverside County's rates of timely health and dental exams have trended downward, following a trajectory similar to California as a whole (Figure 5B). Current rates for health exams (72.3% compared to 85.0% for California) and dental exams (46.6% compared to 63.3% for California) mark a decrease by 11% and 22.6% respectively, compared to the same period of the previous year. While this may signal a decrease in timely care for some children, reduced data entry compliance by social workers may also impact this outcome. Case overloads have led to delays in data entry during the past year. In addition, new employees often struggle to develop competency with the complex CWS/CMS data entry process quickly. The County has taken steps to reinforce the importance of timely and accurate data entry in its training of new social workers, as well as through the addition of quarterly data quality assurance reviews.



8A Completed High School Equivalency/Obtained Employment/Have Housing Arrangements/Received ILP Services/Permanency Connection with an Adult:

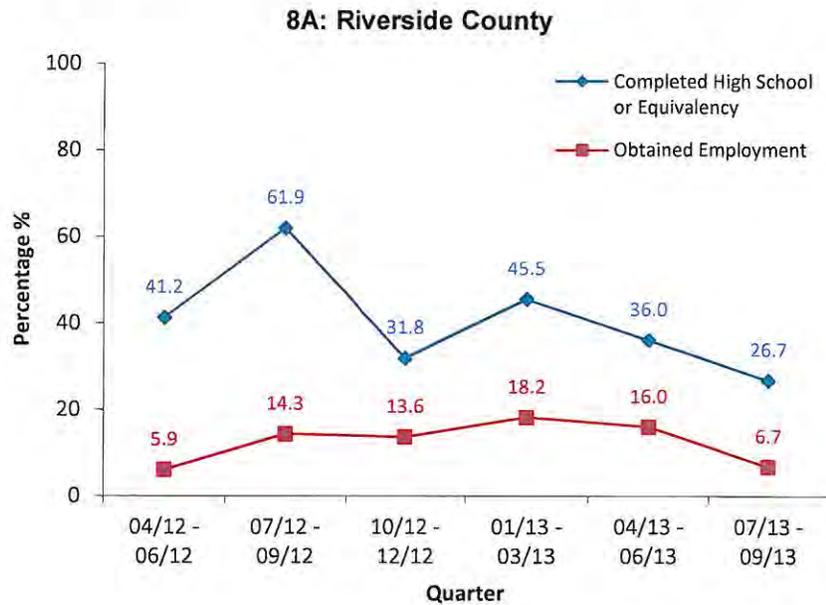
Previously, Measure 8A was an annual report comprised of data from the SOC 405A, Independent Living Program Annual Statistical Report. Effective October – December 2008 (Q4), the measure was revised to a quarterly report of outcomes for youth who exited foster care placement due to attaining age 18 or 19, or those foster youth under age 18 who were legally emancipated from foster care pursuant to Family Code Section 7000. Measure 8A now includes child welfare supervised and probation supervised foster youth. All data for the measure are collected from the SOC 405E, Exit Outcomes for Youth Aging Out of Foster Care Quarterly Statistical Report. The information entered on each youth is based on what is known about the youth's status at the month of exiting care.

Riverside County has experienced variability in most of the associated outcomes for measure 8A, which is to be expected given the impact of the school calendar year on some of the outcomes. The percentage of youth completing high school or equivalency that age out of foster care or are legally emancipated averages 40.5% for the period April 2012 to September 2013 (below California's average of 57.7%). High school graduation rates spiked to 61.9% in the quarter from July 1, 2012, to September 31, 2012, as this is traditionally the period when graduation records from the preceding months are posted that include the majority of high school graduations for the year. Riverside County's overall graduation rate exceeds the overall California graduation rate for this period. A subsequent dip in graduation rate followed the normal cycle of the school year, with few students graduating outside the late spring/early summer time period; the most recent data available,² which includes data from the normal high school graduation period of July to September of 2013, indicates that Riverside County is below the State average (26.7% versus 59%, respectively). Previous experience indicates that these data for graduation rates may often be entered later as educational information is updated, and thus may be more difficult to adequately track per reporting period. As such, Riverside County will continue to track this data closely to monitor graduation rates for these youth.

Riverside County foster youth continue to struggle with obtaining employment due to economic conditions. Between July and September of 2013, only 6.7% of child welfare supervised youth obtained employment (compared to California's average of 19.2%). Notably, Riverside County had experienced several quarters of increased employment from July 2012 to June 2013. Youth unemployment is reflective of Riverside County's higher than average unemployment rate overall. In August 2013, the

² From the California State 405E Report, available at <http://www.cdss.ca.gov/research/res/pdf/SOC405E/2013/SOC405EJul-Sep13.pdf>.

national unemployment rate was 7.3% compared to California’s unemployment rate of 8.9% and Riverside County’s unemployment rate of 10.8%. These unemployment rates are improved from the prior year when the national unemployment rate was 8.3%, California’s unemployment rate was 10.4% and Riverside County’s rate was 13%. As the local unemployment rate continues to decline, youth employment outcomes are expected to increase. Riverside County works closely with service providers to offer employment-related training and job search assistance to youth in care.



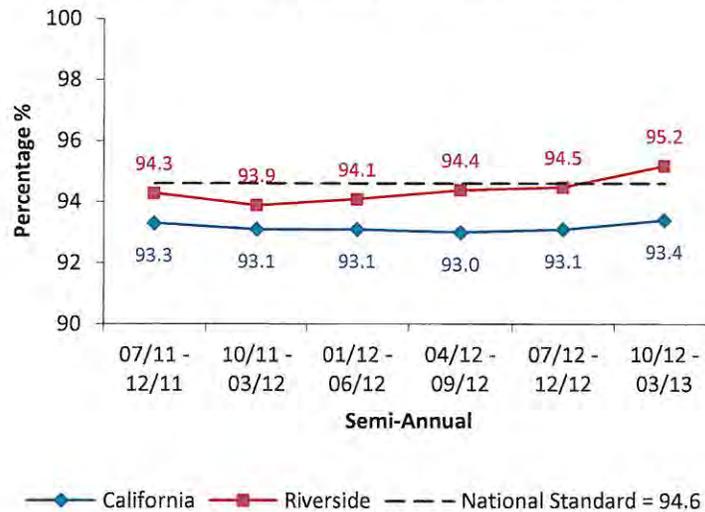
S1.1 No Recurrence of Maltreatment:

Safety measure S1.1 reflects the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within a specified 6-month period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months. Only allegations with a disposition are included (per federal guidelines). Follow-up substantiated allegations must be at least two days after the first to be counted as subsequent allegations. "At risk, sibling abused" and "substantial risk" allegation codes are excluded from these data, as are incoming ICPC (Interstate Compact) children. For this analysis, referrals identified as related (as "primary" and "secondary" referrals) or that are received within a day of each other are treated as a single referral. In this report, only the most severe substantiated allegation is reported for each referral.

Riverside County’s percentage of children without a substantiated referral within the six months following initial substantiation has been consistently between 1% to 2% higher than the State average

over the years. While current performance has exceeded the National standard of 94.6%, as seen below, performance on this measure will continue to be monitored to ensure continued improvement.

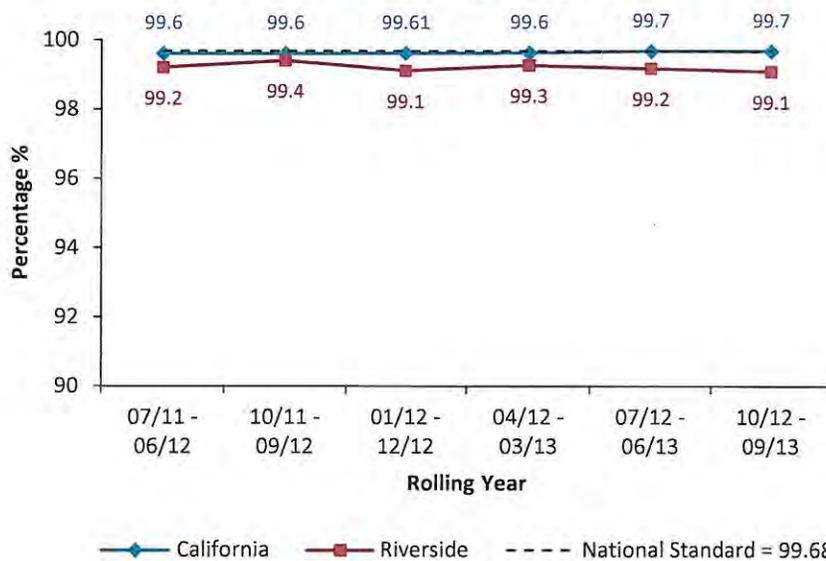
S1.1: No Recurrence of Maltreatment



S2.1 No Maltreatment In Foster Care:

This safety measure reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. The percentage of children who experience no maltreatment in foster care by a foster parent or facility staff member has remained slightly within 1% below California’s average and the National Standard of 99.68% between July 2011 and September 2013. Riverside County’s performance has remained at or above 99% since the April 2011 – March 2012 reporting period.

S2.1: No Maltreatment In Foster Care



PROBATION MEASURES

When compared to Child Welfare data, fewer of the County's outcome measures include Probation Department data. Because of this, Probation data only reflects two additional measures where the Riverside County Probation Department has been performing below State averages and National Standards, based on Q3 2013 data from the California Child Welfare Outcomes and Accountability System quarterly report prepared by the University of California, Berkeley. These outcome measures include:

- C3.1 Exits to Permanency (24 months in care)
- 2F Timely monthly caseworker visits (out of home)

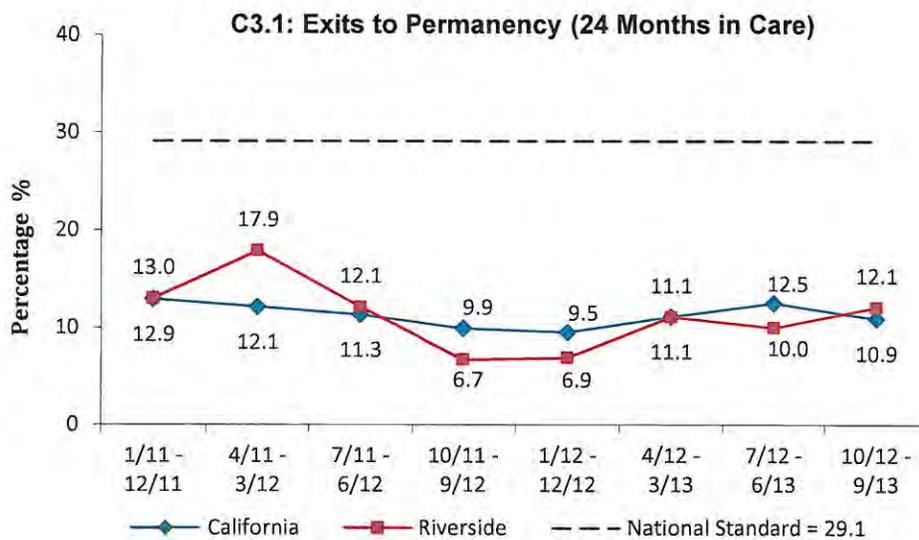
C3.1 Exits to Permanency (24 months in care):

This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer. As seen in the chart below, for the last seven periods during which Probation data has been collected, Riverside County's performance has been consistently below the National Standard of 29.1%. Though there was a brief spike in performance for the period of April 2011 – March 2012 (17.9%), performance has consistently been between 6.7% and 12.1% across multiple time periods.

A review of the data reflects Riverside County's rates of exits to permanency are following a trajectory similar to California as a whole, as seen below. Although slightly lower at times across several time periods, Riverside's rate (between 6.7% and 12.1%) compares similarly to California (between 9.6% and 12.1%) in this measure, and the collective data statewide remain some distance from the National Standard of 29.1%. While this may signal concern regarding a commitment to exits to permanency, it suggests a different focus for Probation youth in foster care. Typically, Probation youth are ordered to complete a placement program as a result of delinquent behavior, and after exhausting community services at the local level. Most private placement programs are 6 to 12 months in duration, with juvenile sexual offender programs lasting 16 to 24 months in length. As such, the majority of Probation placed youth complete their foster care treatment programs well under 24 months in care, resulting in a relatively low percentage of youth falling within the C3.1 Exits to Permanency (24 months in care) category. Additionally, juvenile sexual offenders often reach the age of majority while completing treatment in the sexual offender programs and their probation wardship may be terminated, thereby reducing the percentage of C3.1 youth further.

Lastly, given Riverside County's focus on outcome measure C1.2 Reduce Median Time to Reunification (exit cohort) where recent Probation data reflected a median time of 10.8 months, with

Probation’s target goal of median time to reunification at 9 months by April 2018, this outcome measure was chosen as a SIP goal because the data shows that over time placement stability decreases the longer a minor is “in care” in placement. This implies a focus to facilitate Probation placement youth successfully completing foster care treatment programs in shorter time frames (between 6 and 12 months) by ensuring the accurate and diligent assessment of a minor’s treatment needs upon entry to placement. This focus, combined with the relatively low numbers of juveniles ordered into long term sexual offender programs (lasting 16 to 24 months) naturally reduces the potential placement population who fit the criteria for the C3.1 Exits to Permanency (24 months in care) category. Riverside County remains committed to reinforcing the importance of timely exits to permanency and will continue to monitor quarterly data to identify areas for improvement and review, while evaluating current placement programs for quality of care and accountability to treatment standards.



2F Timely monthly caseworker visits (out of home):

Regarding 2F, this measure (report) calculates the percentage of children in placement who are visited by their assigned Probation Officer (caseworker). For each child in placement for an entire month, they must be visited at least once, and while this report considers each month separately, it summarizes the data for a 12-month period. Reports are generated for children in Child Welfare and Probation supervised care; however, reports for the “probation agency type” are not available for years prior to 2012, since CWS/CMS was not structured at that time to collect client contact data for probation supervised youth. As seen in the chart below, for the last four intervals summarized yearly, and considered quarterly (Jan 2012 – Dec 2012; Apr 2012 – Mar 2013; Jul 2012 – Jun 2013; Oct 2012 – Sep 2013) during which Probation data has been collected (Data Source: CWS/CMS 2013 Quarter 3

Extract), Riverside County's performance has been consistently below the National Standard of 90%. During this time period, total percent visited per interval reflected a range of 66.3%, 73.2%, 78.0% and 74.6%, respectively, across multiple interval periods.

A review of the data reflects Riverside County's rates of timely monthly caseworker visits exceed the trajectory of California as a whole, as seen below. During each interval (Jan 2012 – Dec 2012; Apr 2012 – Mar 2013; Jul 2012 – Jun 2013; Oct 2012 – Sep 2013), Riverside's rate (66.3%, 73.2%, 78.0% and 74.6%) surpasses comparison to California's rate (51.5%, 55.4%, 55.6% and 58.3%) by 14.8%, 17.8%, 22.4% and 16.3%, respectively, and the collective data statewide remain some distance from the National Standard of 90%. While this may suggest a lack of due diligence regarding commitment to timely monthly caseworker visits, it actually highlights a different interpretation of the data summarizing 2F outcome measures for Probation youth in foster care. Per Division 31, section 31-320.3, "the social worker/probation officer shall visit each child with an approved case plan who remains in the home at least once each calendar month"; as such, Riverside County Probation Officers are mandated to contact placement youth a minimum of once per month, without exception. Internal Probation Department tracking data reflects all contacts are being made within each month as mandated; therefore, what elements account for the discrepancy between CWS/CMS data and departmental data? When examined at a deeper level, the discrepancy reflects a known implication of this measure; in that, 2F compliance rates for Riverside County may decrease due to the inclusion of Runaway Youth into the total count of children who require monthly visits. These youth cannot be contacted monthly due to running away from their placement facility, and their whereabouts being unknown. For Riverside County Probation placement youth, the interval year July, 2012 through June, 2013 reflected an average "runaway rate" of 7.5%, per month, of youth in placement one month and longer.

Additionally, further analysis of CWS/CMS data and departmental data exposed an inconsistency between when monthly placement visitation data is "collected" versus "entered" into the CWS/CMS system. Specifically, rolling Safe Measure Extract date/Analysis date reports generated monthly that reflect 2F contact data, when pulled, regularly precede the final entry dates of Riverside County Probation youth monthly contact input data. As such, 2F timely monthly caseworker visit data in the CWS/CMS system inaccurately reflects a lower percent of youth visits than actually occur for Riverside Probation.

A recent awareness and discussion of these issues has generated steps to address the underperformance. Regarding 2F compliance rates, Probation will continue to track and monitor the inclusion of Runaway Youth into the total count of children who require monthly visits, to ensure an accurate account of the percentage of runaway youth each month. Regarding the inconsistency

between when monthly placement visitation data is “collected” versus “entered” into the CWS/CMS system, Riverside County Probation is currently reviewing practices involving data collection versus data entry timelines, training issues, and personnel commitment to CWS/CMS access and data entry specifically for clerical and probation staff. Heretofore, Probation practice and involvement with the CWS/CMS system regarding measure 2F has been limited. In light of recent changes in contacting county Probation Departments to address performance issues, Riverside County Probation will continue to monitor monthly and quarterly data to identify areas for improvement and review, and remains committed to focusing on best practices to reinforcing the importance of accurate data collection and entry.

2F Timely Monthly Caseworker Visits (out of home)

