

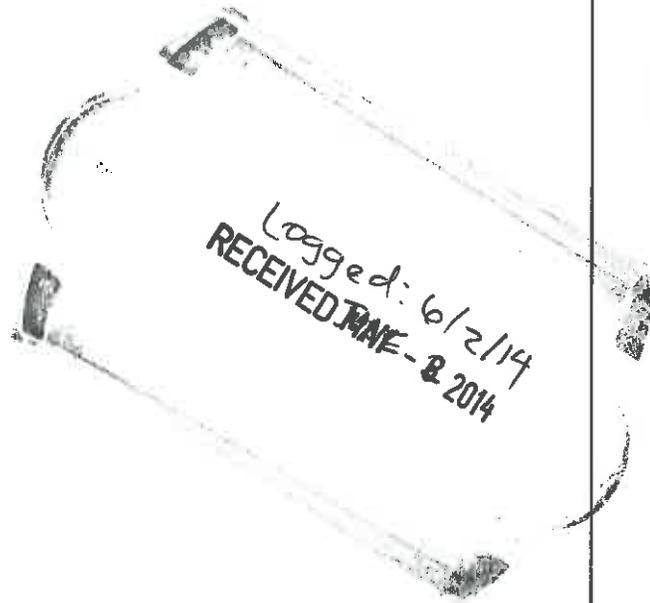
# California - Child and Family Services Review

## COUNTY OF SAN BERNARDINO System Improvement Plan Annual Progress Report

MARCH 14, 2014



**CDSS**  
CALIFORNIA  
DEPARTMENT OF  
SOCIAL SERVICES



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## Introduction

### **PURPOSE**

The San Bernardino County System Improvement Plan (SIP) Annual Report for March 14, 2014 reviews and evaluates the progress made on the SIP begun on August 19, 2013 to ensure that the SIP addresses the needs of the child welfare population on an ongoing basis. To that end, the Annual Report will:

- Recap the activities of the SIP Oversight Committee. The SIP Oversight Committee, with its various subgroups, is the primary means of:
  - Maintaining stakeholder engagement in the continuous quality improvement process
  - Following through on specific strategies and action items
  - Vetting data and new information and incorporating them into policy and practices, or providing suggestions for improvement.
- Review each of the individual strategies, describing the status of the various supporting action steps and noting where items have been completed or adjustments need to be made;
- Provide a written analysis of current Outcome Data Measure performance since the beginning of the five-year SIP period and determine if the SIP continues to accurately reflect current needs in the county;
- Analyze strengths, opportunities, challenges and barriers encountered during the implementation process;
- Examine emerging strategies, promising practices and conjoint efforts with other initiatives in the County, such as the Business Redesign, Extended Foster Care/After 18 and the implementation of the Core Practice Model; and, finally
- Review other areas of need identified by the most recent quarterly report.

### **NOTE ON TIMEFRAMES**

The SIP of 2009-2012 had been extended, with the consent of the California Department of Social Services, while issues primarily revolving around report formatting were being resolved for the more recent County Self-Assessment and SIP. This extension did not result in any adjustments for other reporting or submission deadlines, as designated in All County Information Notice I-16-12 released on May 3, 2012. The reason the SIP Annual Report is due February 1, 2014 for a SIP beginning on August 19, 2013 is to adhere to the established target deadlines. San Bernardino County requested and CDSS approved an extension of this Annual Progress Report to March 14, 2014. Consequently, some strategies and action items will reflect the effects of this shortened timeframe.

### **Strategy Implementation and Data Collection**

One of the reasons California moved from a triennial to a quinquennial cycle is that data on implemented programs would not be available until after the next cycle had begun; that is, there are lags in pertinent data collection regarding programs that are being evaluated. Though an attempt is made here to provide information from a number of sources, the fundamental outcome data being reviewed comes largely from the time period when the previous SIP was in

effect. Some strategies were carried over from the prior SIP, and to that extent will reflect on the effectiveness of those programs. New initiatives from the SIP approved in August of 2013, however, will have less information available regarding program effectiveness.

### **Progress**

Most of the 18 SIP strategies have made appreciable progress in the last 6 months, particularly the Office of Child Abuse Prevention (OCAP) strategies, though only one – Permanency strategy #4 - has been entirely completed. The review of the strategies below will identify where action steps have been initiated, implemented or require some adjustment.

## STAKEHOLDERS PARTICIPATION

The SIP Oversight Committee is composed of representatives of Children and Family Services (CFS), the Probation Department, Human Services Legislation and Research (LRU), Human Services Program Development Division (PDD), Department of Behavioral Health (DBH) and the California Department of Social Services (CDSS). Other stakeholders are also invited to attend the Committee's monthly meetings.

The SIP Oversight Committee brings continuity to the direction and monitoring of all components of the C-CFSR process and functions. The Committee created two subordinate workgroups to develop, implement and monitor strategies related to Reunification and Permanency. A third workgroup under System Resources Division and CFS-Fiscal, not directly under the Oversight Committee, revised the Office of Child Abuse Prevention (OCAP) programs, and reports to the Committee. A fourth group under Probation is responsible for monitoring and implementing Probation strategies. These workgroups are the main venue for engaging stakeholders and discussing the implementation of particular strategies. Stakeholder participants to date include the Children's Network, contracted providers (including community and faith based organizations), Group Home providers, parent partners, line staff and other county departments.

## CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

San Bernardino County identified two Child Welfare Outcomes and Accountability measures as the focus of the 2013-18 System Improvement Plan:

- **C1.3 - Reunification Within 12 Months (Entry Cohort)** - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care: and,
- **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.

The most recent data on **Measure C1.3 Reunification** indicates 30.1% of all children exited to reunification within 12 months – an all-time low.

Our baseline measure is 39.9% from quarter 2 (Q2) 2012. The SIP target goal is 41.6%.

The National Goal is 48.4%. The chart below compares all Q3 performances back to 2002:

**TABLE 1: Q3 RESULTS C1.3 SINCE 2002**

From first of:	1/02	4/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12
To end of:	6/02	9/02	9/03	9/04	9/05	9/06	9/07	9/08	9/09	9/10	9/11	9/12
Exit to reun. < 12 mos. (%)	48.1	40.2	37.7	32.6	35.0	43.5	39.6	38.3	39.9	33.5	38.4	30.1
First entries	748	831	798	809	762	697	768	579	636	772	791	863
Exit to reun. < 12 mos. (n)	360	334	301	264	267	303	304	222	254	259	304	260
National Goal (n)	363	403	387	392	369	338	372	281	308	374	383	418

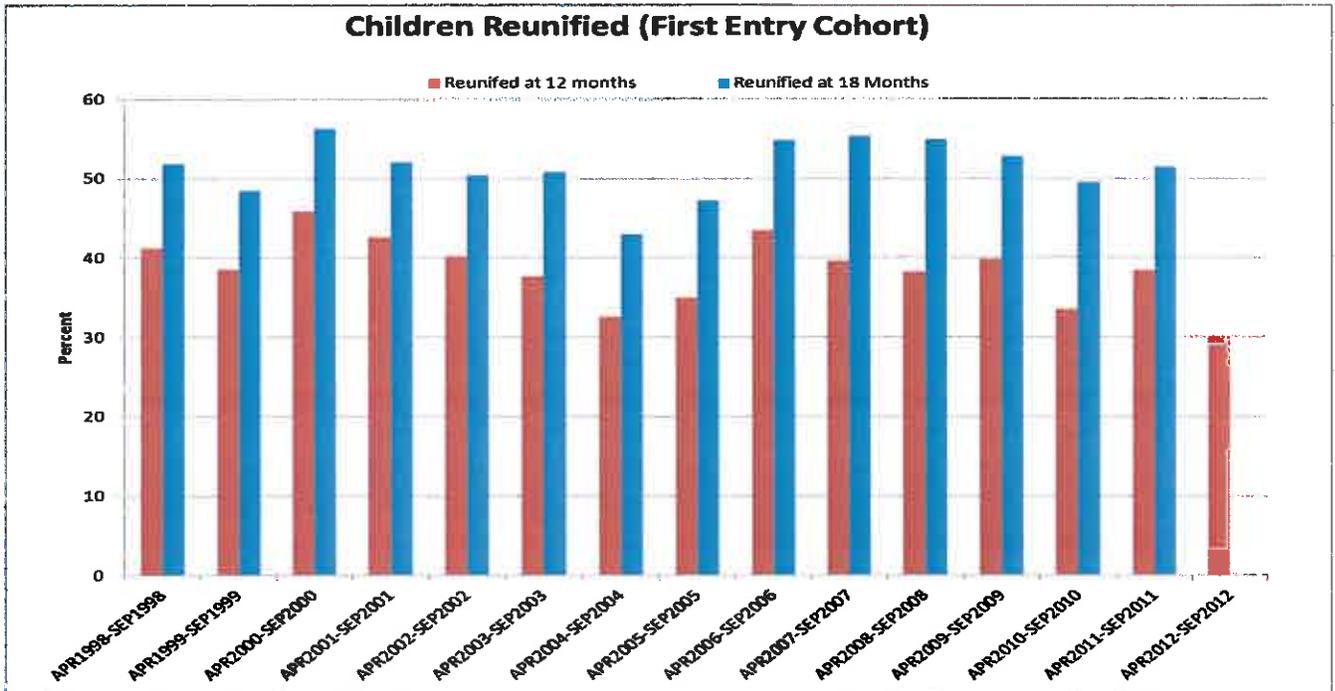
(Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved /2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

The continuing slide in timely reunification figures has caused some concern. The latest figures are the lowest on record and represent a substantial and unexpected drop-off from previous periods. A number of factors may have influenced this decline:

- Delays in processing of cases through Juvenile Court may have impacted these figures.
  - Though we did not find a substantial number reunifying in the 13<sup>th</sup> and 14<sup>th</sup> month, as had been previously expected, data for the last 5 quarters (Apr to Sep) indicates families reunified about 50% of the time by the 18th month in our removal cohort.
  - This naturally implies that there is some delay in the 12th to 18th month. This may reflect on court processes – continued hearings, etc., decisions by staff or current practices, and/or delays by children's attorneys, etc. Table 2 shows the persistent trend in reunifications within 18 months.
  - It is also worth noting that additional data shows it is African-American/ Black and White Infants that remained in care after 18 months.
  - Also, African-American/Black children age 11 to 15 and 16 to 17 had the highest in-care rates at 18 months.
- Comparing Q2 2012 to Q3 2013 removal cohort demographics we find that CFS removed more infants (less than 1 month olds), 1-11 month olds, and 3 to 5 year olds in 2013. In addition, CFS removed 50% more Native American children (6 in Q2 2012 to 9 in Q3 2013), 18% more Black children and 10% more Latino children. (Note: that is a 65% increase in the number of less than 1 month old children removed from Q2 2012 to Q3 2013).

Table 2 reflects that the number of first entries has increased from 825 in quarter 2 of 2012 to 863 in the quarter 3 of 2013: an increase of about 5%. This has very obvious implications for workload and resource pressures.

**TABLE 2: REUNIFICATION RATES AT 12MO/18MO INTERVALS SINCE 1998**



( CSSR extract 1/24/14. Needell, B., Webster, D., Amijo, 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. (2014). CCWIP reports. Retrieved /2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

- Social workers may need to be made more aware of the importance of early reunification.
  - CFS does not want to create a 'rushed' atmosphere where the pressure to meet outcomes leverages social workers to reunify inappropriately. The goal is to remove unnecessary lags and delays in the process.
  - It has been noted that some placement episodes remain open even though the Service Component has been changed from 'family reunification' to 'family maintenance'. Ensuring that the placement log is completed in a timely manner would then capture the data for the outcome and also reduce the risk of overpayments.
  
- Engagement in services may be delayed. CFS is moving to a new service provider protocol for the Office of Child Abuse Prevention programs (OCAP). The Regional Lead Agency approach has not met expectations regarding client engagement.
  - Some preliminary evidence seemed to show that there were more overall clients engaged than in previous years; however, this still represented a large portion of walk-in and community referral clients. Data from billing and the Efforts to Outcomes (ETO) database indicates that more than 50% of clients served were not from CFS referrals. Community crowd-out of CFS clients had been one of the reasons behind the move to the Regional Lead Agency (RLA), but it appears this may still have been an issue.
  - The tracking of referred clients indicates that significant numbers were not engaged in a timely manner. This appeared as a deficiency in the monitoring reports for the RLA. Preliminary reports indicate engagement has been timelier under the new Child Abuse Prevention and Treatment Services (CAPTS) protocol.
  - It is hoped the new protocol will more quickly engage clients, particularly reunifying parents, in needed services.

- Though the economy is improving, the effects of the recovery are uneven and have not affected all groups equally.
  - The San Bernardino 2013 Homeless Count and Subpopulation Survey established a baseline measure for the current homeless population and reported that because of economic conditions in the county, many families are at risk of homelessness. The Survey claimed that “The Census Bureau noted that 16 percent or nearly 100,000 households consisting of about 320,000 residents in San Bernardino County were living below poverty level as reported in the 2011 American Community Survey...[T]here were approximately 123,000 households consisting of about 400,000 persons (nearly one of every five residents) in San Bernardino County who were members of a household whose annual income was less than \$25,000 in 2011.” There were approximately 65,000 households consisting of nearly 200,000 persons whose annual income was less than \$15,000/year. ([http://www.sbcounty.gov/uploads/dbh/sbchp/content/SBC\\_Homeless\\_Count-Preliminary\\_Report-Final.pdf](http://www.sbcounty.gov/uploads/dbh/sbchp/content/SBC_Homeless_Count-Preliminary_Report-Final.pdf)) Homelessness is still a problem and may be causing delays in reunifying families.
  - Homelessness is not considered a reason for removing a child in itself, but an unstable housing situation or inadequate housing can delay reunification.
- Engagement and completion of Substance Abuse services may be affecting reunification timelines. CFS expended over \$800,000 on substance abuse services (in-patient and out-patient) for 566 clients under the Memorandum of Understanding (MOU) with the Department of Behavioral Health in Fiscal Year 2012/13. Service utilization and completion need to be assessed more closely and compared to outcomes.
- It has been suggested that, for some cases, Inter-County Transfers may be disrupting service and case plan provision. ICTs may disrupt the continuity of service and may create delays.
- TDMs, use of Parent Partners, and the use of other SIP Reunification strategies will be discussed below.

It does not appear that these informed conjectures can be substantiated or effectively analyzed solely with the use of aggregate data. For example, the homelessness survey did not specifically identify families engaged in the Child Welfare System. CFS is exploring the use of case reads to determine why some cases and not others reunified timely in the current climate.

An effective case read protocol will require the development of appropriate questions and search tools, the selection of representative samples and, most importantly, time to adequately explore the factors that lead to delay in reunification.

**Measure C3.1 Permanency** shows improvement as 25.2% of the foster children exited to permanency of all children in care for 24 months or more from last quarter.

The National Goal is 29.1%.

The baseline measure from Q2 2012 is 23.9%. The targeted SIP Goal is 26.2%.

**TABLE 3: ANNUAL RESULTS C3.1 SINCE 2002**

From first of:	7/02	10/02	10/03	10/04	10/05	10/06	10/07	10/08	10/09	10/10	10/11	10/12
To end of:	6/03	9/03	9/04	9/05	9/06	9/07	9/08	9/09	9/10	9/11	9/12	9/13
Exit to perm. by end of yr.(%)	24.1	25.8	26.0	23.8	20.4	22.5	28.8	25.6	27.5	26.4	24.3	25.2
In care, 1st day of yr. for 24+ mos. (n)	2,203	2,142	1,942	1,820	1,743	1,800	1,696	1,372	1,198	956	846	913
Exit to perm. by end of yr.	532	553	504	433	355	405	489	351	330	252	206	230
National Goal (n)	642	624	566	530	508	524	494	400	349	279	247	266

(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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

It is worth noting that the number in care for more than 2 years has been more than cut in half since 2002 and reduced by over a third since 2008. Regarding more recent trends, it is thought that the completion of Permanency Strategy number 4, the data clean-up that removes non-dependent Legal Guardians from the denominator of the measure, helped to buoy the figures in a positive direction. In many respects, this improvement reflects gains from the SIP of 2009-12, which included the expansion of family to family practices and an emphasis on relative placements

For Probation, reunification is the only way to exit to permanency as there have been literally no exits to adoption or guardianship in a decade under this measure. Comparing the year ending in December 2012 to the one ending on December 2013 there was an improvement from 14.3% reunified to 16.1%. The overall numbers are, however, very low and do not accurately reflect that most wards return to their families. Probation is engaged in discussions with CDSS on how to enhance appropriate and accurate capture of this information.



## STATUS OF STRATEGIES

To achieve the Reunification and Permanency Outcomes and Accountability goals, the SIP includes 18 specific strategies:

- Five reunification strategies
- Six permanency strategies
- Four probation strategies
- Three OCAP program strategies

### **REUNIFICATION STRATEGIES**

#### **REUNIFICATION STRATEGY 1: INCREASE TEAM DECISIONMAKING MEETINGS (TDMs) TO ENHANCE EARLY ENGAGEMENT OF PARENTS.**

The use of Team Decisionmaking Meetings (TDMs) early in the child welfare process has demonstrably reduced times to reunification. It was also observed that the number of TDMs has been increased from the previous year, though not for all regions. The following table describes the current trends in TDM utilization by TDM type for San Bernardino County:

**TABLE 4: TDMs BY TYPE SINCE 2010**

	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Imminent Risk	457	403	486	611
Emergency Placement	399	222	152	126
Placement Preservation	348	336	274	292
Exit from Placement	98	76	87	63
Missing	0	0	1	0
<b>Total</b>	<b>1302</b>	<b>1037</b>	<b>1000</b>	<b>1092</b>

Data Source: TDM ETO database

The trend since 2010 is a levelling off in the number of TDMs and a categorical decline, except for those considered “imminent risk.”

The primary obstacle to expanding the use of TDMs has been the limited number of trained TDM facilitators. The Legislation and Research Unit has estimated that it would take approximately 26 TDM facilitators countywide to fully implement TDMs at all decision points. Training will be completed for 5 facilitators by the end of January, 2014. It has been observed that supervisors are necessary for TDMs to be expanded. As it is a requirement for supervisors to be present at TDMs, this creates a workload issue for CFS supervisors, who have 7-9 staff. There are no current plans to increase the number of supervisors, but the question may be re-addressed after the facilitators have been in place.

It is thought the value of TDMs needs to be reinforced and social workers need to be made aware of how, in the long-run, use of TDMs, especially early in the case, assists in reducing overall amounts of work and in improving outcomes. To that end, two flyers have been recently released and circulated noting the requirement to hold TDMs and the positive impact TDMs have demonstrated such as:

- When the TDM decision supported maintaining a placement, children were maintained in that placement over 80% of the time
- Children recommended to remain at home with no further involvement remained safely at home within 12 months of the TDM over 90% of the time
- TDM recommendations for placement preservation were followed over 70% of the time
- Children removed with an intake TDM spent less time in foster care and were more likely to reunify within 12 months compared to children removed without an intake TDM
- Children with a TDM decision of “remain/return home with no further involvement” had a lower rate of removals after the TDM at 3, 6, and 12 months compared to children who had a Court or Voluntary FM case.

A brochure has also been drafted and released encouraging Transitional Conferences for transitional age youth. Management is committed to holding supervisory staff accountable for the performance of their units in conducting TDMs. This is the current practice in the regions where TDMs are held most frequently.

As part of improving the ability to identify crucial decision points in a case, it was recommended out of the Reunification workgroup that TDM facilitators be invited to monthly conferences, unit meetings and Risk Assessment Meetings (RAMs). Though very much a preliminary approach and still contingent on increasing the number of facilitators, it was reported back that facilitators have taken part in RAMs in some regions.

Engagement of community partners at TDMs is ongoing; regions continue to work on building partnerships. Recent uncertainty created by the transition to the new Child Abuse Prevention and Treatment Services (CAPTS) program (see OCAP strategies, beginning on p.23) has impacted the availability of some providers. It is thought this is not unusual when new protocols of such expanse are instituted and, in time, contracted providers will be more available for TDMs. Further, it has been strongly suggested that resources and partners to support housing be brought into TDMs. Often when children are removed, various other benefits are lost to the parent and they experience housing instability. Providing community and other contacts may help stabilize the housing situation of reunifying parents.

The information systems supporting TDMs are relatively well established. Ongoing reports are regularly generated and staffed in TDM Countywide Meeting and Family-to-Family Steering meetings. LRU provides regular data for the SIP Oversight and Workgroups on TDMs.

**REUNIFICATION STRATEGY 2: INCREASE AND ENHANCE THE ROLE OF PARENT PARTNERS IN EARLY ENGAGEMENT.**

The use of Parent Partners was identified in the County Self-Reassessment as a promising practice. For cases opened in 2011 and assigned to a Parent Partner, 81% reunified (17 out of 21 cases). Expansion of the program requires additional Parent Partners be hired and trained. Currently there are 6 Parent Partners, with 5 additional Parent Partners in training. It has been noted that there is a need to have more male parent partners and that enhancing engagement of fathers may improve reunification efforts.

Parent Partners are engaged in a number of activities that help them in building connections with social workers and gaining information to better guide reunifying parents. Parent Partners participate in the initial training (O & I) of social workers, go to unit meetings and have offered to participate in TDMs. Parent Partners assisted in the development of the training curriculum for incoming Parent Partners. Parent Partners began facilitating court orientations in July, 2013.

Some information on use of Parent Partners is available through Special Project Codes in CWS/CMS. Though this information catches general utilization of Parent Partners, the details on the types of tasks performed and the quality of service is not available. A data base is being developed by LRU to help capture both quantitative and qualitative data.

**REUNIFICATION STRATEGY 3: SAFETY ORGANIZED PRACTICE (SOP)**

The first phase of SOP is nearly completed and the next is on track to begin in February/March of this year. The Training for trainers for new supervisors has been scheduled. SOP techniques are being utilized in Risk Assessment Meetings and TDMs, though how extensively is difficult to determine. SOP training consists of 10 modules and a 3-day orientation. Since May of 2013 266 staff completed the first module; 139 completed the first 5 modules by the end of 2013. Training on Coaching that employs many of the skills identified in SOP was also completed by CFS Management in August, 2013.

TDM Facilitators report positive results from use of SOP Language in TDMs. Some workers have reported out at TDMs and at court the positive results of using some of the SOP techniques with children. Some workers are beginning to incorporate SOP into practice. Regions will be encouraged to use SOP to individualize case plans. (See Reunification strategy #5). Particularly of interest was transposing portions of the Harm and Danger statements, and Safety goals into individualized case plans, using behaviorally specific objectives.

Quantitative elements such as the number that attend trainings are relatively easily captured from class lists. How to adjudge this practice’s effectiveness is still uncertain. SOP is a technique that guides engagement and interaction between the social worker and client, and therefore, essentially, has a qualitative ontology. There will certainly be variance in the application of these techniques by social workers. There may be some elements available – particular entries in case plans, for instance – that may be captured in aggregate. It will clearly take some surveying to determine the level of program penetration and application. This could well be an element in the proposed case reads mentioned above.

**REUNIFICATION STRATEGY 4: INCREASE TRAINING AND SUPPORT TO PARENTS, RELATIVES AND CAREGIVERS.**

Visitation Service Centers (VSC) have been in place and operable since June of 2013. Between June 1, 2013 and January 3, 2014, 472 service referrals for 787 children have been made to the 5 VSCs and 4,233 supervised visits for 743 children were conducted. About two-thirds (315) of the referrals included some element of FR in their designation. Referral and utilization patterns indicate that after an initial surge, referrals dropped off, as the table below shows:

**TABLE 5: NUMBER OF CHILD-REFERRALS GENERATED FOR VSCs BY MONTH, 2013**

MAY-13	JUN-13	JUL-13	AUG-13	SEP-13	OCT-13	NOV-13	DEC-13
7	273	161	130	124	153	64	76

(CWS/CMS DATA EXTRACT 1/6/14)

If the ‘sales curve’ pattern continues to be followed, then use will rebound and level off, though exactly where is uncertain. It is also expected that the data input will improve, as there were some anomalies in the entries (e.g.; Duplicate referrals for the same child on the same day, or conversely, visits that could not be tied to a referral).

The VSCs are, generally providing service in a timely manner. On average there were 14 days between date of referral and date of first supervised visit, with a range of 1 to 140 days. Since the VSCs have only been operational for 7 months, no demonstrable impact on outcome measures is expected for over a year. Quality and enhancements to service have not yet been

addressed. Mentoring of reunifying parents is included in the contract and may include collaboration with caregivers. It was thought that this aspect of service would start this year, but that is still uncertain. This may be addressed as part of contract renewals.

Regarding Support Groups social workers need to request support groups when completing referrals. At least 30 agencies/vendors indicated they were able to provide support groups through the CAPTS program Request For Qualification (RFQ). Support groups were available with the Regional Lead Agency, but only 16 clients participated according to the most recent PSSF/CAPIT annual report. It is unclear exactly why these services were underutilized. After reviewing initial referrals it may be necessary to reinforce their availability through flyers and other means.

Regarding increasing support and outreach to kin caregivers and optimizing training resources, the Placement Resources Division (PRD) has engaged the Community Colleges (CC) and will circulate available trainings at the Kinship Centers. Barstow CC, San Bernardino Valley CC and Citrus CC provided information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents. PRD will also initiate a mass mailing, though it was recognized that obtaining up-to-date addresses may be a problem. When possible, the addresses from C-IV are utilized for the relative's mailing address. This should reduce the number of undeliverable addresses. It was noted that the Community Colleges provide child care during classes, but there is an application process and prospective attendees must register for classes and make arrangements in advance.

There has been resistance to the idea that relative caregivers, Non-Related Extended Family Members (NREFMs) and Kin Caregivers should participate in PRIDE classes. The PRIDE trainers were unsure of the applicability of some of the material, though it was also acknowledged that some materials would apply. It was also again noted that engaging relative caregivers is problematic. Once children are placed, they no longer want to be 'part of the bureaucracy. What additional motivation do they have for training?

It was noted that, in a few years, the proper motivation may be supplied by the implementation of the Resource Family Approval (RFA) program, authorized through Senate Bill 1013. The statute requires CDSS to implement a unified, family friendly, and child-centered resource family approval process to replace the existing multiple processes for licensing foster family homes, approving relatives/NREFMs, approving guardianships and approving adoptive families. After an early implementation program is completed, CDSS anticipates statewide implementation of the RFA Program to begin as early as July of 2017. It has been suggested that it would benefit the County to be ahead of the curve on this and lay the groundwork for full implementation.

Engaging reunifying parents in services as early as possible is standard practice. To date that does not include instituting bridging meetings. Similar in concept to the 'icebreakers' program, the materials previously prepared are currently under review by the Reunification workgroup. The implementation of the other action steps have been reviewed but not yet implemented.

#### **REUNIFICATION STRATEGY 5: EMPHASIZE REUNIFICATION PLANNING TO FACILITATE EARLY TRANSITION OF CHILDREN TO PARENTS' HOME.**

The case plan checklist still needs to be developed so that it is individualized and focused on case plan goals. Originally conceived as a timeline informing the reunifying parents of upcoming court dates, the idea now is that it be an 'Action Plan' to help reunifying parents more clearly understand what action items and services identified in their case plan need to be completed and by when.

Furthermore, the intent is not simply to 'check-off' that a particular service has been completed, but that the tool be integrated using SOP techniques; that is, reinforce the value of the services

by using the tool as a springboard for discussion regarding the real changes reunifying parents have assimilated into their lives. The Performance Education and Resource Centers (PERC) have been contacted to begin discussion on how to integrate these approaches into SW training. The Eastern region is arranging training by SOP coaches regarding case plans. Other regions will be encouraged to do this as well.

## **PERMANENCY STRATEGIES**

### **PERMANENCY STRATEGY 1: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, TAY, ILP/PFA, WRAPAROUND AND CASA**

The Children's Network (CN) has an extensive list of available mentoring services throughout the County and provided their listings for access by social workers. A portion of that list, the means to access it and contact the CN Mentoring program coordinator were provided in a flyer to social workers released in January, 2014.

As part of implementing strategies under the Permanency workgroup, CFS is tracking stakeholder engagement efforts, particularly for mentoring services. The regional offices operate independently in engaging the community and are consistently attending and hosting a variety of events in their service areas. From March, 2013 to February, 2014, the Central Region alone participated, assisted with or hosted 33 events in their area. In February of this year alone the Eastern Region engaged 246 Community Partners in resource fairs, appreciation events and similar activities. More specifically, Community Resource Fairs took place in Morongo Basin in October of 2013 and in Highland in September. CFS also participated in the Health and Wellness Fair sponsored by Arrowhead Regional Medical Center. Vendor Information Fairs, organized by the Program Development Division, were held in all CFS regions in August and September of 2013. CFS staff met vendors, learned more about the services they provide and laid the groundwork to partner with service providers to meet the needs of CFS children and families.

Interagency Youth Resiliency Teams (IYRT) are a joint effort of Probation and DBH that provide mentoring opportunities for foster youth under CFS. Funding of the program had been a concern, but it appears the program will be funded through FY 2014/15. Because the funding is relatively short-term (DBH Innovation) and somewhat flexible regarding its focus, IYRT is seeking to enhance its value with other agencies and particularly with advancing the goals of the SIP. The flyer mentioned above prominently mentions the 3 IYRT providers.

IYRT captures enrollment through the provider agencies and evaluates outcomes based on the Child and Adolescent Needs and Strengths Assessment (CANS). The CANS is a comprehensive assessment of psychological and social factors for use in treatment planning. Domains assessed include general symptomatology, risk behaviors, developmental functioning, personal and/or interpersonal functioning, and family functioning. The CANS is intended to support case planning and evaluation of services systems. The Program Coordinator agreed to review the SIP outcomes to see if connections can be derived with the available systems.

Regarding Wraparound services, a bottleneck had developed at the end of 2013 because of a more stringent application of diagnosis standards designating medical necessity. The following table notes how Wraparound enrollment dropped off:

**TABLE 6: WRAP ENROLLMENT BY MONTH**

Wrap Admit Month	Total FY11-12	FY12-13	FY13-14
July	48	44	47
August	41	30	18
September	53	37	33
October	44	41	29
November	37	29	13
December	27	26	14
January	34	39	25
February	35	31	47
March	44	49	19 (as of 3/12/14)
April	38	58	n/a
May	50	29	n/a
June	50	46	n/a

(Wraparound Tracking Log, March 19, 2014)

With improved clarification of the need for an appropriate diagnosis, and how and when to obtain it, the number of Wraparound participants has rebounded.

**PERMANENCY STRATEGY 2: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR PARENTS AND CAREGIVERS OF CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, WRAPAROUND, CFS PARENT PARTNERS, KINSHIP CENTERS, VISITATION CENTERS AND PRESCHOOL SERVICES**

The purpose of this strategy is to build on the efforts at bridging between caregivers and reunifying parents (though with less emphasis on timeframes), and also to provide additional training to caregivers to enhance the prospect that they will become permanent placements.

As mentioned previously, Visitation Centers have been operable since June of 2013. There were 101 referrals that identified Permanent Placement (PP) as at least one of the service components – about 21%. VSCs are still going through the growing pains of a newly established process and have not embraced the potential of acting as a facilitator for bridging between parents and caregivers.

Connecting parents and caregivers to resources in order to enhance their ability to care for children is an essential element in a number of strategies that have already been reviewed:

- TDMs (Reunification Strategy #1) are the primary venue that connects reunifying parents with other caregivers. This provides an opportunity to build a mentoring relationship. To date, however, this is not a formalized process but has been reported back as being accomplished informally.
- Parent Partners (Reunification Strategy #2) are referenced in the action steps for this strategy because parents that interact with them can benefit from their experience. Parent Partners also may assist in resolving issues that may arise between the parent and current caregiver.

- SOP includes in its approach the building of support networks. Both identifying those connected to the family that have effectively engaged with them positively and accessing new resources, persons and entities that might assist in the achievement of family goals are encouraged in this practice.
- As mentioned in Reunification strategy #4, Placement Resources Division (PRD) has engaged the Community Colleges and will circulate available trainings at the Kinship Centers. Barstow CC, San Bernardino Valley CC and Citrus CC provided information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents. It is believed that these efforts will positively impact both measures.
- And, again, as mentioned under Permanency Strategy #1, IYRT is willing to adjust its role based on the needs of the SIP. The flyer released on mentoring services actually allows access to mentoring services, including for foster parents/caregivers.

### PERMANENCY STRATEGY 3: INCREASE AND ENHANCE TRANSITION FROM GROUP HOME TO LESS RESTRICTIVE SETTING

The most recent available data does support the picture of an intransigent congregate care population, particularly those who have been in care two years or longer. The following data is for all youth that had a group home placement under CFS in 2010 and a subsequent placement:

*Of the 423 youth in GH placement in 2010, the number of Youth with at least one placement change between placement in 2010 and 10/16/2013:*

**TABLE 7: GH YOUTH PLACEMENT CHANGES, 2010-2013**

Group Home	173	63.8%
FFA	54	19.9%
Relative/NREFM	25	9.2%
FFH	15	5.5%
Small Family	2	0.7%
Guardian Home	1	0.4%
Court Specified	1	0.4%
<b>Total</b>	<b>271</b>	<b>100.0%</b>

(CWS/CMS extract, October, 2013)

*Where discernible, the subsequent group home placement was:*

**TABLE 8: GH TO GH PLACEMENT CHANGE RCL**

Lower RCL	35	28.7%
Same RCL	41	33.6%
Higher RCL	46	37.7%
<b>Total</b>	<b>122</b>	<b>100.0%</b>

(CWS/CMS extract, October, 2013)

Of the remaining 98 (271 minus 173) that went to a **non-group home** placement

- 70 (71.4%) had a subsequent placement change after that non group home placement
- 47 (48% of the 98) had a change to another group home at some point

- 27 (27.6%) had the placement end within 30 days (8 were identified as behavioral issues or higher level of care required; 10 were AWOL).

Some notable points include:

- Nearly half (48%) of those that step down to a less restrictive setting end up going back to a GH at some point
- Over a quarter (27%) of those that step down to a less restrictive setting end up changing placements within 30 days.
- Most placement changes out of a GH are to another GH (63.8%).
- If a youth changes placement to another group home, it is more likely they will step up than step down (37.7% compared to 28.7%).
- Over a third in GH don't change at all (152 of 423)

The County of San Bernardino, through this strategy, recognizes the important goal of reducing the number of children in group home care. With the release of All-County Letters (ACL) 13-86 and 13-87 implementing particular provisions of the 2011 realignment and AB 74, the County established project plans to implement both initiatives. These initiatives particularly identify those youths in GHs that are under 12 years old and/or that have been in for a year or longer and, therefore, impact the target population of this strategy. The identified youths are to have their placements reassessed on a regular, on-going basis.

To that end, a flyer was released in December of 2013 advising social workers that the reassessment procedures called for in the ACLs would be implemented imminently. Assessment forms are being updated to specifically address these new requirements. It is expected that all the targeted children will be reassessed as required by the end of the year. From that point on then, reassessment will be integrated into case planning practice for social workers of youth in group homes.

Regarding the specific action steps in the SIP, it is worth emphasizing that even though the County greatly appreciates the goals of deinstitutionalization reflected in much recent and pending legislation, the County recognizes that, without substantially funded and expanded alternative models of care to transition from group homes to family settings, these well-meaning initiatives may be exercises in futility.

One of those transitional therapeutic models that can serve as a step down for congregate care being piloted by San Bernardino County and an integral part of this strategy is the Children's Residential Intensive Services (ChRIS) program sponsored by DBH. The ChRIS program began in July of 2013 and had 43 enrollments since that time.

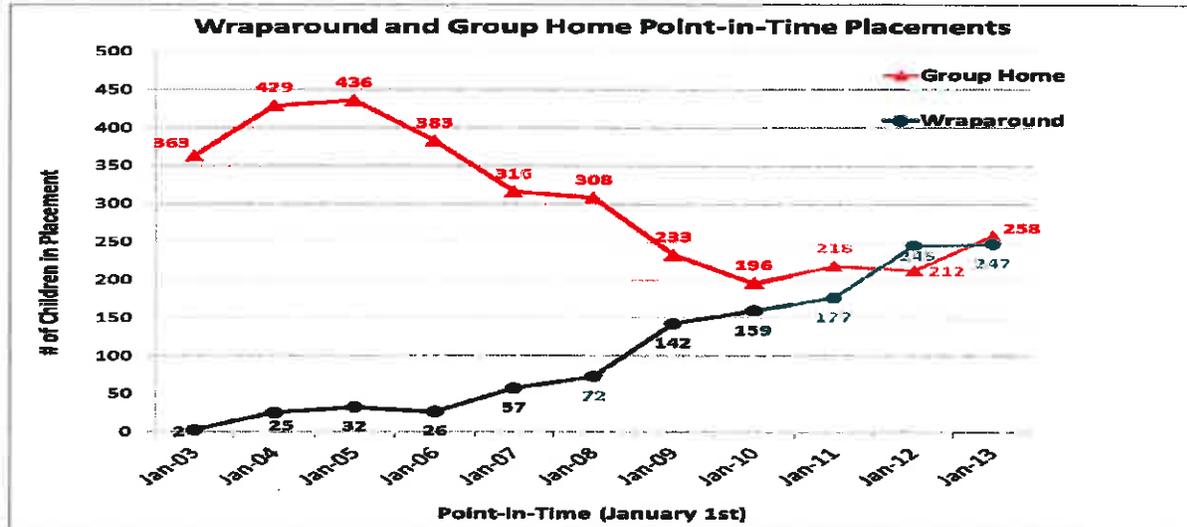
Another program with a similar target population is Intensive Treatment Foster Care (ITFC) which currently has 5 youths enrolled. ITFC serves to divert potential group home placement. As mentioned above the IYRT programs are being engaged, though we are at a preliminary stage with regard to GH diversion.

Wraparound referrals were subject to some changes because the standard for 'medically necessary' mental health condition was under review (See Permanency Strategy #1). There was a drop in the number of Wraparound referrals in the last half of 2013, but they have since rebounded.

The following table is from the San Bernardino County's Wraparound Program FY 2012-2013 Annual Report prepared by Human Services, Legislation and Research Unit, and displays a point-in-time comparison of children in group homes and Wraparound placements. Group home

placements began to decrease as Wraparound expanded (FY05-06) and enrollments in Wraparound increased. While the relationship between Wraparound enrollments and group home placements is correlational, it is reasonable to suggest that Wraparound has played a role in the decrease of group home placements.

**TABLE 9: WRAP AND GH PLACEMENTS SINCE 2003**



(Legislation and Research Unit Wraparound Report, 2012-2013)

The practice of involving Wraparound 30-45 days prior to a placement move has not yet been instituted, though the advent of Child and Family Teams (CFTs) through the Core Practice Model (CPM) may help facilitate teaming approaches during GH placement changes.

The available information indicates that engaging in Wraparound prior to transitioning out of a Group Home positively impacts certain well-being results and decreases some negative outcomes:

**TABLE 10: GH TRANSITIONS WITH WRAP LESS THAN 30 DAYS BEFORE EXIT**

Under 30 Days		
Graduation	35	36.5%
Negative Outcomes (AWOL, Incarceration)	9	9.4%
Back to a Group Home	3	3.1%
Other Dismissal Reasons	44	45.8%
Still Open/Unknown	5	5.2%
Total	96	100.0%

**TABLE 11: GH TRANSITIONS WITH WRAP 30 TO 45 DAYS BEFORE EXIT**

<b>Between 30 and 45 Days</b>		
Graduation	4	33.3%
Negative Outcomes (AWOL, Incarceration)	0	0.0%
Back to a Group Home	0	0.0%
Other Dismissal Reasons	7	58.3%
Still Open/Unknown	1	8.3%
<b>Total</b>	<b>12</b>	<b>100.0%</b>

**TABLE 12: GH TRANSITIONS WITH WRAP MORE THAN 45 DAYS BEFORE EXIT**

<b>More than 45 Days</b>		
Graduation	11	37.9%
Negative Outcomes (AWOL, Incarceration)	2	6.9%
Back to a Group Home	3	10.3%
Other Dismissal Reasons	12	41.4%
Still Open/Unknown	1	3.4%
<b>Total</b>	<b>29</b>	<b>100.0%</b>

(Wraparound Tracking Log, cross referenced to CWS/CMS, 3/20/2014)

Compared to the larger group of those attempting to transition from congregate care, the figures for those engaging in Wraparound services prior to transitioning appear to show solidly that it substantially improves the results for that group - particularly the adverse results (AWOL, incarceration, returning to GH) go down significantly. The evidence does not specifically support the 30-45 day timeframe noted in the Actions Step B, but then the number is comparatively small. Expansion of this teaming approach is expected to positively impact the larger group.

CFS has been engaged with the Department of Behavioral Health in transitioning the current regimen on mental health screening and assessment protocols (Healthy Homes, Screening, Assessment, Referral and Treatment (SART), etc.) to the new approaches required by the CPM. Some of the steps CFS and DBH have taken to implement the CPM included:

A referral process and supporting forms has been developed. Policies and Procedures are being prepared to incorporate into the CFS Handbook.

- CPM brochures for staff and community partners and families are being finalized
- A CFT Tool Kit is being developed which will include:
  - Safety Plan

- Action Plan
- CFT documentation worksheet
- Instructions for use of the above forms
- A CFT brochure
- A CFT participant survey
- CFT Training is being implemented, with the first round completed in March, 2014 and a second being planned for April.

The exact structure of the CFT is still under discussion. It was recognized that CFTs in many respects are similar to TDMs, except that there is more of a specific emphasis on mental health service provision in a CFT. Programmatically, TDMs provide something of a foundation on which to build CFTs.

TDMs have been used when placement changes in GHs are under review. Upon analysis we did not discover any correlation between use of TDMs and the rate of stepped-down placements.

**TABLE 13: GH, TDMs and RECOMMENDATIONS**

	TDM Year			
	2010	2011	2012	2013
Children in a Group Home at the time of the TDM	50	52	61	45
Children recommended to remain/or go to another group home placement at the TDM	42	37	46	26
% GH Children Recommended at TDM to go to another/remain in a Group Home	84.0%	71.2%	75.4%	57.8%

(CWS/CMS extract, October, 2013)

On the contrary, it appears that TDMs, by and large, affirm the need to maintain some level of GH placement. These figures may reflect that the use of TDMs was primarily to stabilize the current placement.

Some suggestions have been made regarding how to improve this transition to a less-restrictive setting from our GH partners:

- Be more mindful of the timing of the placement change. Have the placement change occur when there is, for example, a break in school as opposed to changing placement while school is in session
- Engage the foster parents or new caregivers prior to changing placement. Have step-down visits prior to the actual placement change. Provide the subsequent foster parents a better idea of the realities of group home daily living, so they can appreciate the need to maintain some continuity.

**PERMANENCY STRATEGY 4: IMPROVE ACCURACY OF CWS/CMS DATA ENTRY REGARDING NRLG (AKA, SERVICES ONLY GUARDIANSHIPS OR SOGS)**

The inclusion of Probate Guardians (called SOGs) in the Permanency figures had been weighing down outcome data. An effective protocol was developed and a 'data clean-up'

completed in August of 2013. Since that time the Permanency figures have trended positively. To follow-up, review will be conducted to ensure the coding protocol is maintained. Otherwise, this strategy is considered fully and successfully implemented.

**PERMANENCY STRATEGY 5: TO BETTER MATCH CHILDREN/YOUTH TO FOSTER HOMES WHICH INCREASES THE LIKELIHOOD OF PERMANENCY.**

This strategy involves long-term project management in the redeployment of foster care recruiting resources. Current practices will be significantly affected, but will most likely still be part of the overall approach to recruitment. One of the identified issues was the inefficiency of the process: from start to finish, only about 11% of those who attended orientations or Taking Care of Business Days (TCBDs) actually became foster parents. Recent refinements in the TCBD – a ‘one-stop’ shop approach to providing service for prospective foster parents, including submitting live scans and obtaining TB tests – had some encouraging initial results. These included a preemptory screening that assisted in identifying those very unlikely to complete the process, mainly because of background issues. Also, recognizing that the process is inherently long with numerous opportunities to encounter diverting snags, there has been a new emphasis on continuous engagement of applicants to keep them focused on completing the process.

The full project will require leadership at the Deputy Director level to be effective. There has been a recent change in Deputy Director for Placement Resources. It will take some time then to develop a workable project plan.

Nevertheless, there are processes in place to build on and a number of general strategies were discussed including which kinds of community partners might be best to partner with and in which regions. Resource/vendor fairs mentioned above are often also opportunities to recruit foster parents. If a new approach is to be attempted, it was thought an area such as Yucca Valley would be an appropriate venue. It is a relatively remote and rural community, and has proportionally a high need for caregivers.

**PERMANENCY STRATEGY 6: CONTINUALLY AND SYSTEMATICALLY REASSESS PARENTS, RELATIVES AND SUPPORTS FOR RETURN AND/OR PLACEMENT OF CHILDREN IN CARE LONGER THAN 24 MONTHS.**

This strategy combines a few identified practices with elements of other strategies into a sustained practice of continual reassessment and search and engagement. For example, Case Assessment Forums (CAFs) are going to be the primary assessment vehicle used in reassessing Group Home placements for those in placement over a year and those under 12. That is discussed at some length under Permanency Strategy #3. The means to systematically capture the actual number of CAFs or similar meetings (RAMs and DAREs) is not currently in place. CFS is currently in the process of developing methods to more efficiently capture RAM/DARE/CAF utilization figures. The Business Redesign includes a group that is also reviewing and refining RAM/DARE/CAF processes and documentation.

Family Search and Engagement (FSE) has been part of County Family to Family practices for years. Nevertheless, a standard method to capture when FSE is performed on a case in order to track the results needs to be developed.

ChRIS, CASA, Wraparound and IYRT have been discussed in previous sections. In this context, the intent is to optimize the assessment provisions of these programs and, again, it begins with understanding current utilization. SOP is also discussed in more detail in another section and is expected to impact the quality and number of reassessments. TDMs, TCs and other contacts are also to provide opportunities to inform reassessment efforts.

## **PROBATION STRATEGIES**

### **PROBATION STRATEGY 1: PROVIDE PARENTS AND THE YOUTH, AT THE ONSET, WITH TRAINING AND RESOURCES**

A youth's first encounter with the criminal justice system may be minimized when the youth and his/her parents are provided with training and resources that assist with addressing non-compliant behavior at an early stage in the process. Probation's approach is twofold: 1) to increase the number of parental referrals to the Parent Project at the earliest entry into the criminal justice system and 2) refer an increased number of youth on formal probation to the Interagency Youth Resiliency Team (IYRT) mentoring program or similar program. Use of intervention programs can help reduce involvement with the criminal justice system and thereby avoid out of home placement.

The first step in using these programs is to train officers on program availability and process, specifically in units that work closely with youth and their parents at the earliest stage of the criminal justice system. There are several components to the training including: familiarization with each of the programs through electronic dissemination, training of juvenile staff on data entry and tracking, and training more staff to actually participate in the programs thus increasing availability to parents and youth.

A referral tracking system is in development. Officers will enter data on program referrals and program completion for both parents and youth. In addition, Probation is developing a process for tracking how referrals, participation in programs and completion of programs impacts court-ordered out of home placements.

Obstacles include the lack of consistency in providing referrals to our mentoring programs and the parent project program throughout the life of the case. As officers become more familiar with the positive impact these programs have on the success of youth and families, we expect to see a substantial number of referrals. . Finally, parents and youth may be unwilling to enroll in or attend the classes for a number of reasons, including lack of transportation, resistance to additional law enforcement involvement and resistance to change.

### **PROBATION STRATEGY 2: INCREASE USE OF THE WRAPAROUND PROGRAM**

The purpose of this strategy is to increase the use of the Wraparound program through the use of Probation screeners who would expedite the review and referral process for getting probation youth into the program. The goal is to reduce the number of out of home placements by using the interventions offered by Wraparound. Wrap assists families in working together on problems that may affect the youth's successful completion of probation, thereby avoiding out of home placement.

The development and implementation of guidelines and process for Wraparound screeners has been completed and these guidelines are currently being implemented. Training for screeners has also been completed. Probation youth are actively being screened and accepted into the program based on this process.

Two areas of probation youth are the current focus for Wraparound referrals: those who have not reached a level of criminal behavior or family dysfunction requiring out of home placement; and those who have returned from out of home placement and are at risk of returning to placement because of family instability.

Using data from Probation's case management system, the department will track success in keeping these youth in the community with their families rather than in out of home placement. This tracking process is under development.

The placement screener was added to the Wraparound unit with the intent of having this specific staff screen all Wraparound referrals, thus reducing the work load for probation officers making the referrals. This has not been entirely successful due to caseload and protocol changes. The result is that officers currently continue to complete an extensive screening packet prior to submitting to the Wraparound unit.

**PROBATION STRATEGY 3: INCREASE FAMILY PARTICIPATION AT MDT'S FOR ALL MINOR'S IN CUSTODY OVER 60 DAYS**

The purpose of this strategy is to ensure that minors facing out of home placement and remaining in custody over sixty days receive support from family and other support systems while awaiting placement. Although the long term goal for these youth is for them to return home once they have completed out of home placement, the timeframe for returning home can be from six to twenty four months so support from family, clergy, counselors, etc. is imperative during this time period.

Youth in custody awaiting placement are now assigned to a Multi-Disciplinary Team (MDT) which will focus on behavior in juvenile hall, as well as the long term goal of reunification with family. The team can also work on factors that affect the youth's chance for success on probation -- for example, mental health issues, trauma and post-traumatic stress, family instability, etc. This team may include juvenile hall staff, probation officers, family members, Department of Behavioral Health (DBH) staff, clergy, school district representatives, and independent therapists.

A second part of this process involves assigning an independent therapist to assist youth in custody over sixty days with the goal of increasing positive behavior which will get the youth placed sooner and back home with their family. Funding for this component is being reviewed.

Finally, a tracking component through the probation data system is being implemented which will look at the success of the MDT's in expediting the youth getting accepted into an out of home placement or possibly returning home without the need for placement.

Since November 2013, the Placement Unit has been successful in placing youth quickly after they have been ordered placed. This has resulted in no youth meeting the criteria of remaining in custody over 60 days awaiting placement and deemed difficult to place. Consequently, the strategy has not been used and obstacles have not been identified.

**PROBATION STRATEGY 4: UTILIZE FAMILY FINDING TO LOCATE EXTENDED FAMILY MEMBERS FOR POTENTIAL PLACEMENT**

The purpose of this strategy is to reduce the number of out of home placements by implementing a comprehensive family finding program. The goal is to locate extended family members thereby introducing positive intervention by family members and friends which will reduce the need for out of home placement.

The first step in utilizing the family finding program was to implement a training for all juvenile probation officers in the department. Approximately 80% of the training is now complete.

Secondly, a protocol is being developed whereby probation officers will begin the process of family finding at the youth's first encounter with the criminal justice system. This process will continue if/when the youth progresses through the system.

Finally, Probation is implementing a tracking component, which will enable us to examine the success of placing youth with extended family members rather than out of home placement.

Finding convenient locations for training of staff in outlying areas of the county has posed a problem. Staff is also finding that some families are unwilling or at least resistive to providing information about extended family members, perhaps due to criminal involvement by extended family members.

## **OCAP STRATEGIES**

### **OCAP STRATEGY 1: EXPAND THE NUMBER AND VARIETY OF SERVICE PROVIDERS FUNDED BY OCAP PROGRAMS.**

In order to gain time to implement the new protocol, the contract for the Regional Lead Agency was extended to December 31, 2013. During that transitional period CFS:

- Revised the contract template;
- Released the new Request for Qualification procurement, conducted qualification conferences, responded to prospective bidder's questions and reviewed proposals;
- The Board of Supervisor's approved 52 provider's under the new contract to go into effect January 1, 2014;
  - Requirements for insurance and protecting personally identifiable information have proven costly for some providers and they have withdrawn their request,
  - Currently 37 contractors are in place, though it is expected that most of the applicants will eventually be accepted;
- Referral and information release forms were revised, including Preventive Referrals, developed to enhance community access to services;
- Policy and Procedure were incorporated into the CFS HB and published on-line by January 1, 2014;
- CFS Fiscal updated the fee schedule;
- SWs in all regions were given an overview of the new processes and forms by CFS Fiscal and HS Contracts, and a flyer was released notifying SWs of changes, December 16, 2013;
- Clients currently engaged in services were transitioned to the new protocol.
  - For most clients, the transition was accomplished seamlessly, requiring only re-issuing of referrals. Clients in service with providers under the RLA that had also fully complied with the new contract requirements had no interruption in service.
  - Some clients have had delays and interruptions in services. It is expected that once all the remaining applicant contracts are fully approved these issues will be resolved;
- The new protocol was in full effect on January 1, 2014 in all regions for all clients.

### **OCAP STRATEGY 2: USE IN-HOUSE SERVICE COORDINATORS TO ENSURE ENGAGEMENT IS PROMPT AND TRACK REFERRALS AND ATTENDANCE.**

Four Service Coordinators (SC) were hired and trained by November 20, 2013 and a fifth SC may be hired soon. This training included:

- Explanation of the referral process using the Handbook materials;

- Review and adherence to a PDD drafted step/action tool used to designate PSSF/CAPIT or alternative funding for client services;
- Practical input of data into the revamped Efforts to Outcomes (ETO) database.

The SCs have been 'introduced' in the four geographic regions. Social workers have been informed regarding their role by direct outreach of CFS/HS administrative staff and through an informational flyer. The SCs have been assisting in processing referrals and inputting client information into ETO since January 2, 2014.

**OCAP STRATEGY 3: REVISE THE QUALITY ASSURANCE AND CASE REVIEW PROTOCOLS TO APPLY REVIEW STANDARDS TO THE NEW PROCESS AND UPGRADE THE EFFORTS TO OUTCOMES DATABASE.**

Contract negotiations and discussion began in March, 2013 for a revamped database to capture information. Revised specifications were submitted to the vendor and a new proposal was submitted. The new ETO contract was signed on July 3, 2013. An ETO 3-day training was completed by HS and CFS site administrators on 10/30/13. Service coordinators completed training on November 201, 2013. The development of a desk guide is being considered to expedite entries. The SCs were submitting information into ETO on January 2, 2014.

Anticipating a significantly expanded number of contracts to be monitored, HS contracts, PDD and HS Auditing developed a contract monitoring protocol. The protocol is meant to adhere to County Policy and Standard Practice and to reflect the quality assurance approach promulgated in ACYF-CB-IM-12-07. The protocol reflects a tiered approach to optimize effectiveness without being inefficient. Higher risk/higher volume contracts receive a higher level of scrutiny. All contracts will be monitored at some level.

The first monitorings are expected to take place in April, 2014. It was not necessary, as originally thought, to revise the RFQ language regarding monitoring as the standard language was broad enough to allow for the aforementioned revisions.

## OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

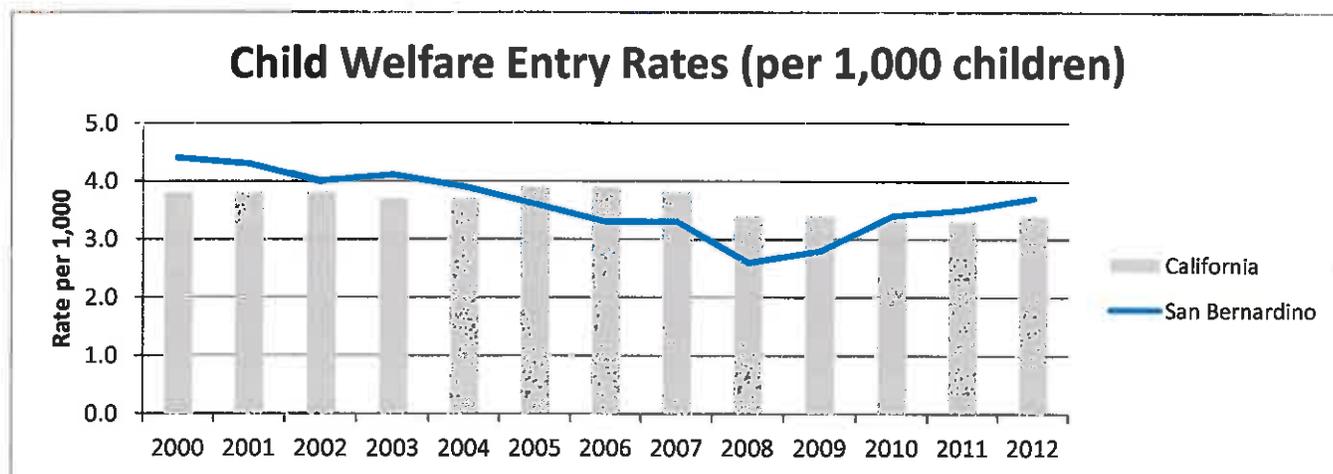
It has been noted that for line staff, the SIP is remote and largely irrelevant to how they practice. It was further noted that the public at large has little understanding of how CFS operates or intends to improve. To facilitate engagement, understanding and acceptance of the SIP goals and strategies, CFS and Probation have posted a summary of the SIP for public consumption. <http://hs.sbcounty.gov/cfs/Documents/System%20Improvement%20Plan.pdf>. The summary was developed with the assistance of the Program Development Division (PDD).

The document serves as an on-line primer and brochure for the SIP, explaining how the SIP acts as a roadmap to guide improved service. This document has been used to explain the purpose and focus of the SIP to supervisors and line staff with some success. For many SIP strategies, the key to success is buy-in and adherence to policy by line staff. The SIP Oversight Committee intends to market the SIP by developing posters for regional offices and by increasing the engagement of supervisory and line staff at workgroup meetings.

As shown below when discussing Extended Foster Care, like many counties, the number of young adults that have chosen to stay in care was underestimated. This goes along with the larger trends in foster care entry rates. Compared to the State, in the last 3 years San Bernardino has had a higher rate of foster care entry.

- From 2005 to 2009, San Bernardino County has had lower foster care entry rate than California.
- However, since 2010, San Bernardino County has had a higher foster care entry rate.

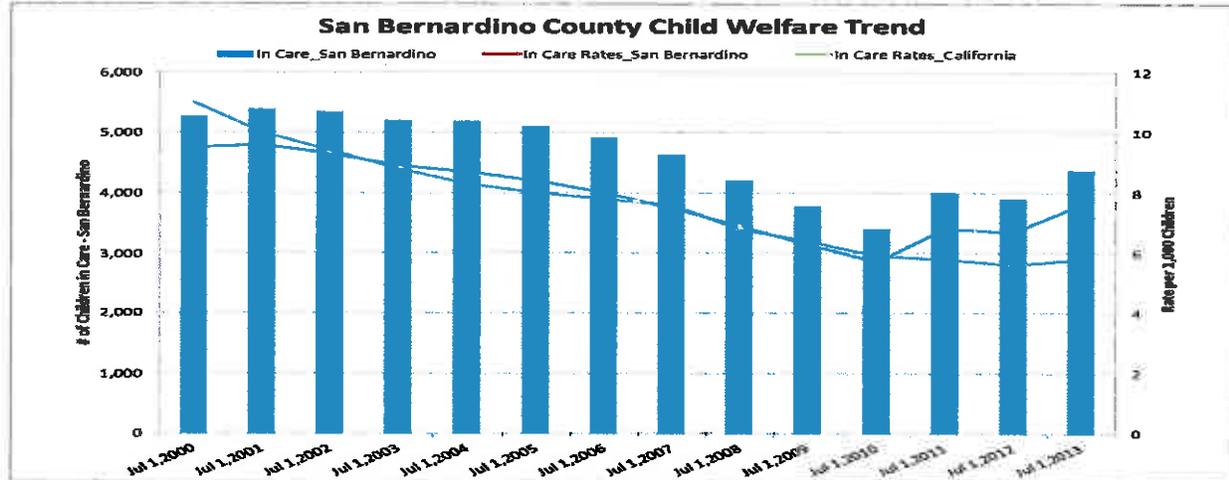
**TABLE 14: CHILD WELFARE ENTRY RATES SINCE 2000**



(CSSR extract 1/24/14 :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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

California has had declining in-care rates since 2000. San Bernardino County's in-care rates had been similar to the state's rates until July 1, 2011.

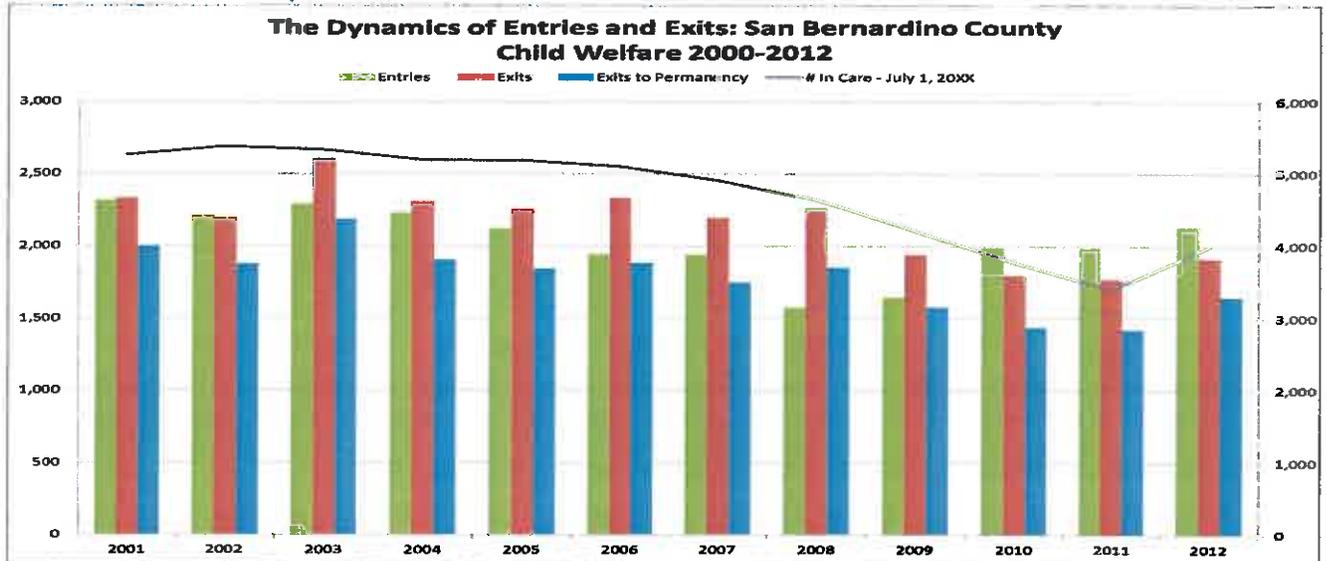
**TABLE 15: IN-CARE RATES SINCE 2000**



(CSSR extract 1/24/14: :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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

Since 2010, San Bernardino County has had more children entering care than exiting care. The number of children in foster care (point in time) had been declining since 2011, but has now started to increase. Certainly part of that reduced number of exiting youths has been influenced by the number of transitional age youth remaining in Extended Foster Care.

**TABLE 16: ENTRIES, EXITS AND PERMANENCY SINCE 2001**



(CSSR extract 1/24/14: :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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

Expanded overall caseloads can serve as a barrier to implementing any particular strategy. Other demographic trends may have an impact on practice and strategy implementation. Recent data show an upsurge in the number of African-American youths entering care in San

Bernardino County. There is also a trend of having younger children enter into care. Though the incidence rate/1000 is lower for African-Americans compared to the State (11.1 v. 9.4), the rate is still the highest for any group in the County. For individuals coming into care:

- 80% of the children are coming into care because of neglect allegations (2011, 2012).
- In 2012, Black and Native American children entered care at higher rates.
- Infants and younger children had higher rates of removal in 2012.

**TABLE 17: ENTRIES BY RACE/ETHNICITY, 2012**

Ethnic Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	49,135	460	9.4
White	128,605	604	4.7
Latino	353,980	1,038	2.9
Asian/P.I.	27,754	10	0.4
Native American	1,651	14	8.5
Multi-Race	18,668	0	0
Missing	0	32	.
Total	579,792	2,158	3.7

(CSSR extract 1/24/14: :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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

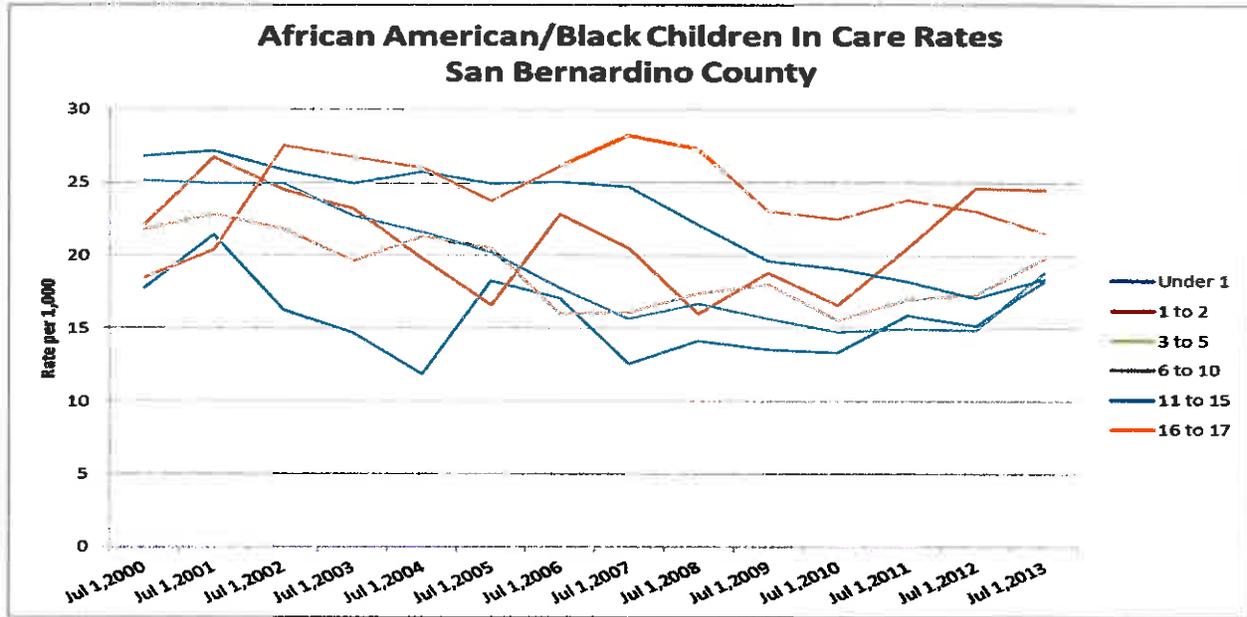
**TABLE 18: ENTRIES BY AGE, 2012**

Age Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Age Under 1	31,488	399	12.7
Age 1 to 2	60,734	323	5.3
Age 3 to 5	95,037	417	4.4
Age 6 to 10	155,916	494	3.2
Age 11 to 15	164,036	378	2.3
Age 16 to 17	72,581	147	2.0
Total	579,792	2,158	3.7

(CSSR extract 1/24/14: 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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

The combination of these two trends has led to the somewhat surprising result that the largest segment of African-American children in care are those between the ages of 1 and 2.

**TABLE 19: AFRICAN-AMERICAN/BLACK IN-CARE RATES SINCE 2000**



(CSSR extract 1/24/14:Needeli, 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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

African American/Black children age 16 to 17 had the highest rates in care for most of the last ten years. In July 1, 2013, children age 1 to 2 had the highest rates of in care for African American/Black children.

Inherent in the implementation of the four probation strategies are obstacles which arise as a result of the perceptions held by clients about law enforcement personnel and those held by probation officers about the populations served. The challenges probation faces result from the client's lack of trust and the officer's reluctance to believe client behavior can be impacted in ways other than using incarceration as a sanction. The results of these challenges are outlined in each of our strategies.

## PROMISING PRACTICES/ OTHER SUCCESSES

Some promising practices for CFS already included and previously described in the SIP are:

- TDMs
- Parent Partners
- SOP
- Service Coordinators for CAPTS

There are other promising practices that have been instituted by CFS and Probation recently to varying degrees, including:

- The merging of the Central Placement Unit with the Child and Adult Abuse Hot Line (CAAHL).
  - The Central Placement Unit (CPU) is a CFS unit through which placement selection decisions are based on the best interest of the child and include, but are not limited to, the following placement considerations:
    - Thorough assessment of the child's needs
    - Co-placement with the child's sibling(s)
    - Proximity of parents to placement home to facilitate visitation and family reunification
    - Appropriateness of maintaining the child in the school in which the child was enrolled at the time of placement
    - Applicability of the Indian Child Welfare Act (ICWA)
    - Capability of the care provider to meet the specific needs of the child.
  - The purpose of the CPU is to provide intensive placement support to CFS Social Workers by:
    - Eliminating the time spent locating placements during normal working hours thereby allowing more time to focus on case management activities
    - Maintaining accurate information on placement vacancies
    - Enhancing and improving the Department's relationship with foster family resources
    - Reducing length of children's placement in shelter care homes
    - Facilitating appropriate matches between foster children and foster homes
    - Identifying strengths of available placement resources
  - This placement support has traditionally only been available during normal business hours. In order to enhance this service the CPU has now merged with the CAAHL to provide these services after normal business hours. At present CPU services are provided until 11pm 7 days a week. The goal is that these services will be made available 24/7.
- The Jurisdictional/Dispositional (J/D) Writer approach is a particular type of blended unit where typical intake and carrier responsibilities are divided differently for the purpose of improving the quality of services to families, including referral investigations and in depth J/D reports.
  - Typically intake Social Service Practitioners (SSPs) have to manage their caseload between investigating referrals and writing the J/D report and consequently, are unable to sufficiently focus on investigating referrals while working on J/D reports – or vice versa.
  - With the J/D writer approach,

- Intake SSPs who are responding and investigating referrals will have more time to focus on preventive services, while
    - J/D Writers are able to better focus on the evaluation of the family prior to the J/D hearing.
  - J/D Writers have been in place since 2011 in various offices and will be reviewed and evaluated as part of the on-going Business Redesign efforts.
- Another promising practice related to unit configuration and under review by the Business Redesign are the Sibling Units.
  - Typically CFS units providing direct services to clients are comprised of both intake and carrier workers under the same Supervisor.
  - Under this model, one intake unit and one carrier unit will be assigned to each of three geographical areas and will partner together to provide services to families in that area.
  - When a referral is being investigated by the Intake unit, the paired Carrier unit will provide secondary assignment duties.
- The expanded use of Case Assessment Forums (CAF), a peer case review process, is a promising practice to use when group discussion is helpful during case planning.
  - CAFs have been in use since 2009 and some of the forms and tools used during that process are going to be applied to meeting the requirements of the Core Practice Model.
  - The CAF process provides SWs with a supportive environment to help make difficult, non-emergency case planning decisions. The process provides needed peer resources, peer validation and critique for SWs.
- Similar in some respects to SOP, CFS management was trained in August, 2013, using the Coaching Toolkit for Child Welfare Practice, sponsored by the UC Davis Center for Human Services. Coaching is:
  - A supervision style that integrates strategies and techniques to focus on building critical decision making skills.
  - Supportive, learner-led, reflective and positive.
  - Employed the CLEAR transformational coaching model (Contract, Listen, Explore, Action and Review).
- San Bernardino County has established a Joint Management Steering Committee with the Department of Behavioral Health that is guiding implementation of the directives under Katie A. and the Core Practice Model. The establishment of a joint management structure is one of the goals of Katie A. and is meant to ensure that gains made in providing Mental Health Services are sustained in the long-term.
- Not so much a promising practice as a philosophical approach, CFS and Probation have embraced the spirit of cooperation and collaboration with each other and with other agencies in order to achieve mutual goals. San Bernardino County has a long history of collaborative activities. Collaboration can take many forms:
  - Community and interagency partnerships at the highest administrative levels,
  - Formal interagency programs,
  - Contractual relationships,
  - Networks of community agencies,
  - Interagency task forces and committees targeted at specific issues, and
  - Informal partnerships, often at the level of service.

CFS and Probation partner with all manner of entities concerned about children's issues, from large governmental entities to small community and faith based organizations. CFS and the Probation Department are well aware that collaboration is essential to success.

- Collaborations with outside service providers and working in concert with community stakeholders has improved the way in which Probation can offer services to the juvenile population. Additionally, specialized programs in both adult and juvenile divisions have allowed the department to facilitate a broader impact in the way clients are supervised in the community. Listed below are some of the key programs that are either in use or are under consideration for implementation.
  - By utilizing referrals to the Wraparound Program for minors both in their home and those in court ordered to out-of-home placement, the entire family is “wrapped” in services. This provides assistance in rehabilitating negative behavior and re-directing how the family responds.
  - AB 12 services are available to those minors who are in transition and need a place to live while they develop a plan of action to assist them in making a successful transition into adulthood.
  - Minors who have not been placed and are not eligible for AB 12 services can take advantage of the resources offered through the Day Reporting Centers.
  - The Independent Living Program (ILP) assists minors with life skills development when they have completed their term in placement. Minors are exposed to a vast array of information and programs affording the opportunity to design a plan that will allow each client to make positive strides in their life.
  - Collaborative efforts between city and county schools and probation have expanded. This includes use of the Restorative Justice Model in the schools and exploration of a Youth Court in the school system. Monthly meetings with the schools, school police/resource officers, and probation help facilitate seamless communication.
  - The CASE program, a specialized caseload, deals with the sexual exploitation of youthful offenders.
  - Mental Health Court and Drug Court support juvenile rehabilitative measures and assist families in their ability to better manage difficult behaviors.
  - Dual Status supervision provides the best use of resources from both social service and law enforcement agencies to address client needs.
  - Gender specific programs for young ladies, such as Probation's GRACE caseload, provide a safe environment for discussion of traumatic and often painful situations.
  - Specialized programs, including the Sex Offender, Gang, Domestic Violence, and DUI units, allow the needs of youth and adult offenders to be addressed by officers with expertise in a specific area. Also, the addition of canine (K9) units to the department adds another tool to use in protecting the community.

## OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

The following Outcome Measures were not trending positively or fell below a standard threshold in the last reporting cycle. Given that the County is less than a year into the SIP, there is no immediate intention to add any measures to the current targets. Nevertheless, given some of the changes in these figures, the County intends to continue to monitor all these measures to discern if these trends are aberrant or require some direct action to remedy. At the time of the County Self-Assessment, all of these measures had been trending in the right direction, or had been above the baseline standard.

- **S1.1 No Recurrence of Maltreatment.** This measure computes the percentage of children who were victims of a substantiated child maltreatment allegation and had did not have another substantiated allegation within a specified 6 month time period. The baseline data (Q2 2012) indicates 93% of the children had no maltreatment and the most recent time period (Q3 2013) performance was 92.3%, a -0.7% change. An analysis of the data shows there has been an overall increasing trend of no recurrence of maltreatment.
- **C1.4 Re-Entries Following Reunification.** This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge. Baseline data (Q2 2012) for reentry to foster care within 12 months following reunification (exit cohort) was 10.3% as compared to 10.8% from Q3 2013 (Cohort of 10/1/11 to 9/30/2012). African-Americans/Blacks and Latinos were 12.5% and 11.7% respectively. The County is still below the comparative State rate of 12.3%.
- **C2.1 Adoptions Within 24 Months.** This measure computes the percentage of all children adopted what percent were adopted within 24 months of removal. Only placement episodes ending in adoption are included. The Q3 2012 figure was 43.5% and the comparison rate for Q3 of 2013 was 30.7%. Again the sudden drop was something of a surprise as the figure for Q2 2012 was 41.8%. For African-American/Blacks, the figure was 21.3% (Q3 2013).
- **C2.2 Median Time To Adoption.** This measure computes the median length of stay (in months) for children discharged to adoption. Only placement episodes ending in adoption are included. For the year beginning October, 2011, the median figure is 26 months; and the comparison data for Q3 2013 was 28.6 months. Though moving in the wrong direction, this figure is similar to the baseline (Q2 2012) of 26.9 months.
- **C4.1 Placement Stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for 8 days or more, but less than 12 months. The baseline data for this measure indicated that 88.1% of all children in care between 8 days and 12 months had only 1 or 2 foster care placements as compared to Q3 in 2013 when 88.0% of children had only 1 or 2 foster care placements. This figure is below previous figures, but still above the baseline.
- **2B Timely Response To Investigations (IR and 10 Day).** This measure computes the percentage of referrals in which face-to-face contact with a child occurs, or is attempted, within the regulatory timeframes. For the 10 day we fell below the state standard of 90% to 89%. Factors that may have hindered timely response to referrals include the growth in the entry rate noted in the section above, while maintaining essentially the same number of staff. While the current drop in performance is below the state mandate of 90%, speculation is this is an aberration and will rebound in the next quarter.

- **Least Restrictive Placement (Entries First Placement: Group/Shelter):** The increase is a very small change. The baseline performance was 3.1% of the children first placement was a group home/shelter compared to the current performance of 3.5%. The county follows best practices and tries to place the children at the lowest level of care when possible.

(Source for all data above: :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. (2014). CCWIP reports. Retrieved 2/5/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)> )

Regarding re-entries following reunification there is no indication that reunifications are being rushed, as evidenced by the County performance on measure C1.3. It is thought instead that this is just a temporary direction change, possibly influenced by resurgent instability in housing. The County is concerned that reunified families need to be stabilized and will be watching this measure over time.

Regarding the two Adoption measures, the County over the long haul has been trending reasonably well with regards Adoptions. In the SIP, for example, 4 of the 5 Adoption measures were not just trending positively, but strongly so. Though the median time performance has dropped, the County is still above the national goal (28.6 months v. 27.3 months). It can also be said of the Placement Stability measures that San Bernardino County is still above the national standards but, compared to last quarter, county performance dropped.

## **WELL-BEING MEASURES**

**Rate of Timely Health Exams:** The baseline performance was 92.9% of the children in care had timely health exams compared to the current performance of 86.2%. This is a large decrease but one quarter does not indicate a trend. Children Age 0 to 2 had the lowest rate of timely health exams:

**TABLE 20: TIMELY HEALTH EXAMS, Q3 2013**

	Received a timely medical exam	Did not receive a timely medical exam	Total Children in Care* – July 1, 2013 to September 30, 2013	%
<b>Under 1</b>	206	71	277	25.6%
<b>1 to 2</b>	493	111	604	18.4%
<b>3 to 5</b>	575	80	655	12.2%
<b>6 to 10</b>	770	116	886	13.1%
<b>11 to 15</b>	620	78	698	11.2%
<b>16-17</b>	317	42	359	11.7%
<b>18-20</b>	242	18	260	6.9%
<b>Total</b>	3,223	516	3,739	13.8%

\*31 days in care, age 0 to 20

When the placement types are examined for “under 1” and “1 to 2” year olds, FFAs had the highest rate of children without timely dental exams for children age 1 to 2.

**TABLE 21: TIMELY HEALTH EXAMS, Q3 2013 BY PLACEMENT TYPE**

	Infants Received a timely medical exam	Infants Did not receive a timely medical exam	Total	% of Infants	1 to 2 Received a timely medical exam	1 to 2 Did not receive a timely medical exam	Total	% of 1 to 2 Year Olds
Pre-Adopt	0	0	0	0.0%	17	1	18	5.6%
KIn	89	23	112	20.5%	222	66	288	22.9%
Foster	38	14	52	26.9%	53	7	60	11.7%
FFA	79	34	113	30.1%	197	37	234	15.8%
Total	206	71	277	25.6%	493	111	604	18.4%

**Rate of Timely Dental Exams:** The baseline performance was 78.0% of the children in care had a timely dental exams compared to the current performance of 65.7%. While this is large decrease, the difficulties in finding Medi-CAL dental providers has been well documented in our SIP and prior reports.

**OTHER OUTCOME DATA MEASURES – 1.25 year comparison from baseline (Q2 2012) to current (Q3 2013)**

**Referral Rates participation** have been on an increasing trend since our baseline time period of Q2 2012. In 2011, the referral rate was 61.8 per 1,000. The most current performance, 2012, is 62.0 per 1,000 children. Our current performance is slightly higher than our baseline performance.

**Entry rates participation** has increased slightly from baseline, 3.5 per 1,000 children to current performance of 3.7 per 1,000 children entering foster care. Historically the foster care entry rate has hovered around 3.x per 1,000 children.

**In-Care Rate participation.** The foster care participation rate has increased by 12.7% from a baseline of 6.7 per 1,000 to the current performance of 7.6 per 1,000 children in foster care. There are many reasons why the in-care rates are increasing, more children are remaining in care for a variety of reasons. It is not recommended to include this measure at this time as we are addressing this issue with our other two performance measures: C1.3 Reunification within 12 months (entry cohort) and C3.1 Permanency at 24 months. If the county improves on the two measures above then the in-care rates should decrease.

**Probation Outcomes**

- **Participation Rates: Entry Rates.** The participation rate went from a baseline of 0.28 per 1,000 to the most recent performance of 0.33 per 1000 (Q2 2013). There has been no appreciable increase in the number of youths entering probation (168 children in Q2 2012 and 189 children in Q3 2013).
- **C1.1 Reunification Within 12 Months (Exit Cohort).** Overall, the probation department is performing consistently below the national standard of 75.0%. During the baseline time period (Q2 2012), the performance increased to 58.1 but dropped to 52.0 for our most recent quarter (Q3 2012). All of probation youths are age 11 and older. Historically, it is difficult to reunify older children.

- **C1.2 Median Time to Reunification (Exit Cohort).** The county's performance is similar to C1.1. In Q2 2013 it took probation youths 11.6 months to reunify which was a 24.7% increase from the baseline of 9.3 months. The national standard is 5.4 months. Historically, probation median time to reunification has ranged from 8.6 to 19.2 months.
- **C3.3 In Care 3 Years or Longer (Emancipated/Age 18).** This measure computes of the youth in care for three years or longer, what percentage of the children emancipated or turned 18 while in care. In 2012, Quarter 1, 11.4% of the youth emancipated or turned 18 were in foster care for 3 years or longer compared to the most recent performance of 21.1%. While the percentages are large the actual numbers are very small. For the baseline 5 out of 44 youths in care for three years or longer emancipated or turned 18 compared to the most recent performance of 15 out of 71 youths. The implementation of Extended Foster Care has impacted this measure because youth are electing to remain in foster after their 18<sup>th</sup> birthday.
- **C4.1 Placement Stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for 8 days or more, but less than 12 months. The baseline data for this measure indicated that 98.5% of all children in care between 8 days and 12 months had only 1 or 2 foster care placements as compared to Q3 in 2013 when 96.4% of children had only 1 or 2 foster care placements. This figure is below previous figures, but still above the national standard of 86.0%.
- **C4.2 Placement stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 12 months, but less than 24 months. Baseline data indicates that 75.2% of all children in care from 12-24 months had only one to two placements as compared with Q3 of 2013 in which 75.0% of children in care had only 1 or 2 placements. Again, while the current performance is slightly lower, both time periods are above the national standard of 65.4%.
- **C4.3 Placement stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 24 months. Baseline data indicate that 58.2% of all children in care from 24 months or longer had only one to two placements as compared with Q3 of 2013 in which 52.5% of children in care had only 1 or 2 placements. Again, while the current performance is lower, both time periods are above the national standard of 41.0%.
- **2F Timely monthly caseworker visits (out of home).** This measure calculates the percentage of children in placement who are visited by caseworkers. This is a revised measure that uses new criteria. Comparing the year ending in December, 2012, to the one ending on December, 2013, San Bernardino County Probation improved from 77% to 89.9%. This is only slightly below the national standard of 90% and still well above the same figure for California as a whole, 59.1%. Nevertheless it is thought that major factors may be affecting the outcome measure: 1) Juveniles pending placement but currently housed in juvenile hall and 2) Runaway minors. Additionally, there are some issues dealing with when and if CWS/CMS episodes are closed which may affect this measure.

## State and Federally Mandated Child Welfare/Probation Initiatives

Since the release of the **Core Practice Model** and other related guidance from the Department of Health Care Services, CFS has been engaged with the Department of Behavioral Health in crafting policy for further provision of intensive health care services to qualifying children in foster care. Optimizing the collaborative forum and processes used for the Healthy Homes program and the Screening, Assessment, Referral and Treatment (SART) program, a Universal Referral Form has been finalized with supporting policy and procedure. Brochures for social work staff have been drafted and published, and a Child and Family Team (CFT) toolkit is under development. A small number of CFTs have been conducted.

Regarding **Extended Foster Care/After 18**, policy and procedure has been developed for all placements, most recently THP+Foster Care. The most recent figures show that for CY2012-2013 88.4% are staying at least 30 days past their 18th birthday. For Non-Related Legal Guardians (NRLGs), retention is at 84.4%, for a total of 87.4% for all transitioning youth that remain in Extended Foster Care.

The primary purpose of EFC is to prepare former foster youth for life beyond dependency. The following table shows the most recent participation activities being accessed (point in time count January, 2014):

**TABLE 22: NMD PARTICIPATION ACTIVITIES, JANUARY 2014**

NMD Activity	Number
College/Vocational Education	143
Completing HS or Equivalent	137
Employed, Minimum 80 hrs/mo	35
Medical Disability	6
Removing Barriers	132

(CWS/CMS extract, January, 2014)

Regarding the placement types being used in San Bernardino County, the County took a deliberate policy of being more cautious in the assignment of Supervised Independent Living Placements. In accord with the directives from the State, SILPs are meant to be the last transitional step to independent living, not the primary or first step (in most cases). Consequently, there is a notable difference in the percent of SILPs in San Bernardino County compared to the statewide figures, as seen in the following table:

**TABLE 23: NMD PLACEMENT TYPES, JANUARY 2014**

Placement Type	California (%)	San Bernardino (%)
FFA	21.9%	25.3%
FFH	3.3%	4.9%
Group Home	3.8%	4.2%
Guardian Home	10.1%	3.8%
Relative/NREFM Home	10.0%	27.9%
SILP	48.4%	29.8%
Other	2.5%	4.1%

(CWS/CMS extract, January, 2014)

It is worth noting that, for San Bernardino County, "other" includes THP+-FC, Court specified homes and small family homes.

Regarding the **Business Redesign**, the project has also been taking a variety of preliminary steps. The project has been subdivided into a number of workgroups.

**Communication Organization-Wide (COW) Committee.** The purpose of the committee is to clarify and codify the communication processes for the department. The most recent meeting was on December 5, 2013. The Communication Plan was reviewed. PDD has published the Plan in the Visions/Plans portal section. PDD requested other counties' information on how social media sites are administrated and monitored communication between their department and community. It is expected that specific products will include communicating identified SIP goals and strategies.

**Accessibility/Usability-Reorganization and redesign of the handbooks/online tools:** A survey seeking feedback from social work staff was received. Feedback from the survey is assisting in the development of the sub-group's project plan. The results of the survey (298 respondents) were the following:

- 88% are either familiar or very familiar with CFS handbooks
- 85% rate handbooks as very important or important to social work
- 62.5% use the handbooks either often or sometimes
- 61% want training on using handbooks
- 40% use handbooks when making decisions on cases
- 21% used the handbooks more than five times in the month prior to the survey month

A high-level outline for training on the usage of the CFS handbooks was assigned at the November meeting. PDD will also provide an update on the research for a more accurate and responsive search engine.

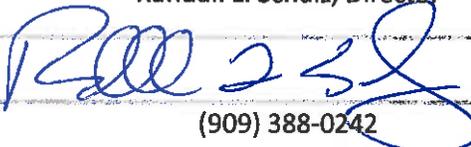
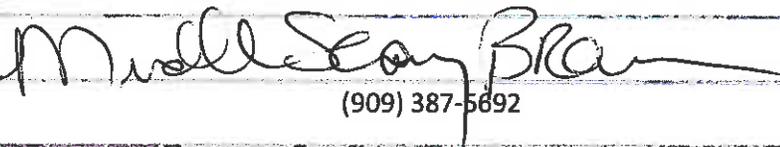
**Effective Use of Technology Tools:** Meetings regarding technology use throughout the department began on June 19, 2013. The Charter Statement was approved by the CFS Executive Team. The Initiative Workgroup continues to create staff surveys regarding technology. Group is meeting monthly with the most recent meeting held on December 10, 2013.

**Risk Assessment Practice/Warrant Process Training:** Purpose of the group is to review the use of Comprehensive Assessment Tools (CAT) and Risk Assessment Meetings (RAMs) by CFS regions and also coordinates training with County Counsel. RAW workgroup will discuss possible training methods for Supervisors. These efforts very much coincide with Permanency Strategy #6 and continued reassessment of cases, particularly with an eye for permanency options.

**Unit Configuration:** The Charter statement for this group has been approved. Current goals for this group include researching ICWA unit configuration in other counties, F2F unit configuration in SB and other counties and consideration for specialized Katie A. membership units.

## California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report 

County	SAN BERNARDINO
SIP Period Dates	AUGUST 19, 2013 – JANUARY 31, 2018
Outcome Data Period	QUARTER 2 2012
County Child Welfare Agency Director	
Name	Randall L. Schulz, Director
Signature*	
Phone Number	(909) 388-0242
Mailing Address	Children and Family Services 150 South Lena Road San Bernardino, CA 92415-0515
County Chief Probation Officer	
Name	Chief Michelle Scray Brown
Signature*	
Phone Number	(909) 387-5692
Mailing Address	Probation Department – Administration 175 West 5 <sup>th</sup> Street, 4 <sup>th</sup> Floor San Bernardino, CA 92415
Public Agency Designated to Administer CAPIT and CBCAP	
Name	N/A
Signature*	
Phone Number	
Mailing Address	
Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A
Name	
Signature*	
Mail the original Signature Sheet to:	Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 714 P Street, MS 6-12-91 Sacramento, CA 95814
*Signatures must be in blue-ink	

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Probation Agency	Name	Laura Davis, Division Director I
	Agency	Probation Department
	Phone & E-mail	(909) 383-2738 <a href="mailto:Laura.Davis@prob.sbcounty.gov">Laura.Davis@prob.sbcounty.gov</a>
	Mailing Address	Central Juvenile Services San Bernardino County Probation Department 150 West 5th Street San Bernardino, CA 92415
Public Agency Administering CAPIT and CBCAP (Other than Child Welfare)	Name	N/A
	Agency	
	Phone & E-mail	
	Mailing Address	
CAPIT Liaison	Name	Teri Self, Deputy Director
	Agency	Children and Family Services
	Phone & E-mail	(909) 386-8396 <a href="mailto:tself@hss.sbcounty.gov">tself@hss.sbcounty.gov</a>
	Mailing Address	Children and Family Services 150 South Lena Road San Bernardino, CA 92415-0515
CBCAP Liaison	Name	N/A
	Agency	
	Phone & E-mail	
	Mailing Address	
PSSF Liaison	Name	Teri Self, Deputy Director
	Agency	Children and Family Services
	Phone & E-mail	(909) 386-8396 <a href="mailto:tself@hss.sbcounty.gov">tself@hss.sbcounty.gov</a>
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## 5 – Year SIP Chart

**Priority Outcome Measure or Systemic Factor: C1.3 - Reunification Within 12 Months (Entry Cohort)** - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.

**National Standard:** 48.4%

**Current Performance:** 38.3% (down from baseline of 41.6%)

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final 2 years for a total of 3.25% over 5 years.

**Priority Outcome Measure or Systemic Factor: C 3.1 - 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.

**National Standard:** 29.1%

**Current Performance:** 22.9% (down from baseline of 24%)

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final year for 3.25% over 5 years.

**Priority Outcome Measure or Systemic Factor:**

**National Standard:**

**Current Performance:**

**Target Improvement Goal:**

**Priority Outcome Measure or Systemic Factor:**

**National Standard:**

**Current Performance:**

**Target Improvement Goal:**

<p><b>OCAP Strategy 1: Expand the number and variety of Service Providers funded by OCAP programs.</b></p>	<p><b>■ CAPIT</b>  <input type="checkbox"/> CBCAP  <input checked="" type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting Adoptive Families with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by               <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for former TTS and OCAP program service providers</li> </ul>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p>A. Extend current contracts to end of year</p>	<p>April 23, 2013 to Board of Supervisors</p>	<p>Human Services contracts</p>
<p>B. Develop transition plan for clients currently under service</p>	<p>August 2013 - November 2013</p>	<p>Children and Family Services (CFS) - Fiscal</p>
<p>C. Draft and release Request for Qualification (RFQ) for Child Abuse Prevention and Treatment Services (CAPTS)</p>	<p>August 2013 - September 2013</p>	<p>Human Services contracts</p>
<p>D. Develop policy and procedure for program processes including more referrals for adoptive families.</p>	<p>August 2013 - October 2013-December 2013</p>	<p>Program Development Division (PDD)</p>
<p>E. Accept and approve RFQ applications</p>	<p>November 2013 - December 2013-February 2014</p>	<p>Human Services contracts</p>
<p>F. Assign clients to services</p>	<p>January 1, 2014 - January 2018</p>	<p>CFS - Systems Resources Division (SRD)</p>

<p><b>OCAP Strategy 2: Use in-house Service Coordinators to ensure engagement is prompt and track referrals and attendance.</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input checked="" type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by                             <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Extend current contracts to end of year</p>		<p>April 23, 2013 to Board of Supervisors</p>	<p>Human Services contracts</p>
<p><b>B.</b> Develop transition plan for clients currently under service</p>		<p>August 2013 - November 2013</p>	<p>CFS Fiscal</p>
<p><b>C.</b> Hire/train In-house staff for program support. Staff adoption workers regarding availability of services.</p>		<p>August 2013 - <del>October</del> 2013 November 2013</p>	<p>CFS Fiscal</p>
<p><b>D.</b> Develop Policy and Procedure for program processes</p>		<p>August 2013 - <del>October</del> 2013 December 2013</p>	<p>PDD</p>
<p><b>E.</b> Assign clients to services</p>		<p>January 1, 2014 - January 2018</p>	<p>CFS - SRD</p>
<p><b>F.</b> Begin use of improved/upgraded Efforts to Outcomes (ETO) database</p>		<p>January 1, 2014 - January 2018</p>	<p>Human Services Legislation and Research Unit (LRU)</p>

<p><b>OCAP Strategy 3: Revise the Quality Assurance and Case Review protocols to apply review standards to the new process and upgrade the Efforts to Outcomes database.</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input checked="" type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for TTS and OCAP program service providers</li> </ul>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Contact ETO and review upgrade needs. Explore options and review potential costs.</p>	<p>July 2013 - August 2013</p>	<p>CFS - SRD</p>
<p><b>B.</b> Develop transition plan for clients currently under service</p>	<p>August 2013 - November 2013</p>	<p>CFS - Fiscal</p>
<p><b>C.</b> Draft and Release RFQ for CAPTIS which includes new QA and ETO protocols</p>	<p>August 2013 - September 2013</p>	<p>Human Services contracts</p>
<p><b>D.</b> Purchase upgrades or revise current database for new requirements.</p>	<p>September 2013 - November 2013</p>	<p>CFS - SRD</p>
<p><b>E.</b> Develop a training plan for staff assigned to ETO input</p>	<p>September 2013 - November 2013</p>	<p>CFS - Fiscal</p>

F. Hire/train In-house staff for program support, specifically on ETO input.	August 2013 - October 2013	November 2013	CFS - Fiscal
G. Develop Policy and Procedure for program processes	August 2013 - October 2013	December 2013	PDD
H. Assign clients to services/enter into the new system	January 1, 2014 - January 2018		CFS - SRD
I. Begin use of improved/upgraded ETO database	January 1, 2014 - January 2018		LRU
J. Conduct first round of program monitoring (Quality Assurance, Desk Audits, and OSVs)	April 2014 - June 2014		Human Services contracts and PDD Contracts Support
K. Complete Annual Report (PSSF/CAPIT)	October 2013/14/15/16/17		PDD Contracts Support

Strategy 1: Increase Team Decisionmaking Meetings (TDMs) to enhance early engagement of parents.	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>Improve timeliness to Reunification (C1.3)</li> <li>Staff, caregiver and service provider training</li> <li>Agency collaboration</li> </ul>	
<b>Action Steps</b>		<b>TimeFrame:</b>	<b>Person Responsible:</b>
<b>A.</b> Provide Team Decisionmaking Meetings (TDMs) for every case in which a child is at risk of removal or has been removed within one week of detention; and at every major decision point in the case.	August 2013 – August 2014	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee	
<b>B.</b> Ensure Parent Partners, Community Partners and Service Providers are invited to attend TDMs.	August 2013 – August 2014	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee	
<b>C.</b> Provide TDM refresher trainings for all staff to build value for this practice.	January 2014 to December 2014	UC Davis, Performance, Education and Resource Centers (PERC), Regional Managers	
<b>D.</b> Ensure that training for TDM Facilitators and Back-Up Facilitators is available a minimum of twice per year.	August 2013 – January 2018	PERC, Regional Managers, New Initiative Supervisors	
<b>E.</b> Track and monitor outcomes with <i>ad hoc</i> , quarterly and annual reports, and make recommendations for programmatic changes.	August 2013 to January 2018	TDM Countywide Strategy Committee, LRU	

<p><b>Strategy 2: Increase and enhance the role of Parent Partners in early engagement.</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and /or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Staff, caregiver and service provider training</li> <li>• Service array</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Increase the number of parent partners; develop policy to define and enhance their role in early engagement.</p>	<p>August 2013 – August 2014</p>	<p>CFS - SRD, CFS Executive Team, PDD</p>	
<p><b>B.</b> Invite parent partners to participate in Team Decisionmaking Meetings (TDMs), when planning for safety and exit from placement; or upon request when parent partner issues match the parent' s.</p>	<p>August 2013 – December 2014</p>	<p>CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee</p>	
<p><b>C.</b> Implement training for parent partners, including through the Regional Training Academy</p>	<p>September 2013 -- January 2018</p>	<p>CFS - SRD, Public Child Welfare Academy (PCWTA)</p>	
<p><b>D.</b> Develop a database to track parent partner's activities with specific clients. Implement and utilize this database.</p>	<p>February 2013 -- June 2013                      July 2013 -- January 2018</p>	<p>CFS - SRD, LRU</p>	

<p><b>E. Increase Parent Partners' availability at Court to assist parents. Parent partners will facilitate the Court Orientation, and remain available to meet with parents during the morning Court sessions.</b></p>	<p>August 2013 – January 2018</p>	<p>CFS - SRD</p>
<p><b>F. Increase Social Worker awareness of Parent Partners accessibility and their role in assisting in early reunification countywide, through unit meetings, flyers, Orientation and Induction training, and other outreach.</b></p>	<p>January 2014 – December 2014</p>	<p>CFS - SRD, PDD, PERC</p>



<p><b>Strategy 3: Safety Organized Practice (SOP)</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to reunification (C1.3)</li> <li>• Staff, caregiver and service provider training</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>TimeFrame:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Conduct Training for Trainers, to prepare CFS Supervisors to train and mentor staff on Safety Organized Practice.</p>	<p>Current to June 2013</p>	<p>CFS - SRD, Regional Managers and Supervisors, PERC, and PCWTA</p>	
<p><b>B.</b> Complete first phase of Safety Organized Practice training for 50% of Supervisors and line staff. Training includes 12 modules.</p>	<p>Current to December 2013</p>	<p>CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA</p>	
<p><b>C.</b> Continue with second phase of Safety Organized Practice training to achieve full implementation.</p>	<p>November 2013 to December 2014</p>	<p>CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA</p>	
<p><b>D.</b> Utilize Safety Organized Practice to enhance risk assessment in Risk Assessment Meetings (RAMs) and Team Decisionmaking Meetings (TDMs)</p>	<p>August 2013 - January 2018</p>	<p>CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee</p>	
<p><b>E:</b> Implement Safety Organized Practice (SOP) in all regions throughout the life of the case. Social Workers will incorporate SOP in their practice and interactions with families</p>	<p>January 2015 – January 2018</p>	<p>Regional Managers, Supervisors, Social Workers</p>	

<p><b>Strategy 4: Increase training and support to parents, relatives and caregivers.</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to reunification (C1.3)</li> <li>• Foster and adoptive parent licensing, recruitment and retention</li> <li>• Staff, caregiver and service provider training</li> <li>• Agency collaboration</li> <li>• Service array</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Initiate and establish Visitation and Family Support Centers. Train Social Worker staff and begin referral process.</p>	<p>May 2013 – December 2013</p>	<p>Improving Quality System-wide Advisory Board (IQSAB), CFS Executive Team, PDD, Regional Managers, HS Contracts</p>	
<p><b>B.</b> Explore expanded role of Visitation and Family Support Centers in parent support and training, mentoring and training of the resource parents, kin caregivers and training of community partners.</p>	<p>January 2014 – December 2014</p>	<p>IQSAB, CFS Executive Team, PDD, Regional Managers</p>	
<p><b>C.</b> Implement and promote accessibility of parent support groups, through CAPTS service providers, and other contracted providers.</p>	<p>January 2014 – January 2018</p>	<p>PDD, Regional Managers, Supervisors and Social Workers, Service Providers</p>	
<p><b>D.</b> Increase support and outreach to kin caregivers and optimize training resources. Provide training and information regarding classes available through PRIDE, Community Colleges and Kinship Centers.</p>	<p>September 2013 – January 2018</p>	<p>CFS - Placement Resource Division (PRD), Kinship Centers, Community Colleges</p>	

E. Develop training for caregivers to mentor birth parents	December 2013 – January 2018	Placement Resource Division
F. Continue to provide orientation to parents at the detention hearing.	April 2013 – January 2018	CFS - SRD
G. Implement bridging meetings between social workers, parents and caregivers.	January 2014 – January 2018	Regional Supervisors, Social Workers, CFS - SRD, F2F Steering Committee
H. Train and inform social work staff on the PRIDE training and exercises provided to caregivers to enhance support to children, parents and caregivers.	January 2014 to December 2014	CFS - PRD, Regional Managers, Supervisors and Social Workers
I. Explore providing training to relative caregivers, comparable to PRIDE	January 2014 – December 2014	CFS - PRD, Regional Managers, Supervisors and Social Workers

Strategy 5: Emphasize reunification planning to facilitate early transition of children to parents' home.	Applicable Outcome Measure(s) and/or Systemic Factor(s):			
	<input checked="" type="checkbox"/> CAPIT	Improve timeliness to Reunification (C1.3)		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A			
Action Steps:	Timeframe:	Person Responsible:		
A. Re-train staff to simplify and individualize case planning, through county wide trainings and case conferencing.	January 2014 – December 2016	CFS - SRD, Regional Supervisors and Managers, PERC		
B. Develop and implement individual reunification timeline tool, to ensure parents have more specific information on their case plan timeframes.	July 2013 - December 2013-March 2014	PDD, Regional Managers and Supervisors, Social Workers		
C. Initiate and continue discussion with Court and Attorneys to address issues related to early reunification, during monthly Court Coordination and Bench Bar meetings.	August 2013 – January 2018	CFS - SRD, Regional Managers, Deputy Directors, Social Workers and Supervisors, CFS Court Staff		
D. Utilize Safety Organized Practice in assessment and case planning.	January 2014 – January 2018	Regional Social Workers and Supervisors		
E. Continue building community connections to support parents post reunification in their communities.	June 2013 – January 2018	CFS - PRD, New Initiative Units, Regional Social Workers		

<p><b>F. Ensure parents understand court timelines and processes related to reunification. Utilize Court Orientation, Court Video, Parent Partners, Reunification Timeline Tool and Case Plan.</b></p>	<p>June 2013 -- January 2018</p>	<p>Regional Social Workers, Supervisors, and Court Staff</p>
<p><b>G. Track and monitor parents' reunification efforts through ad hoc, quarterly and annual reports.</b></p>	<p>June 2013 -- January 2018</p>	<p>LRU, Timely Reunification Workgroup</p>

<b>Permanency Strategy 1: Expand and optimize mentoring programs for children/youth in care over 24 months. Programs: IYRT, TAY, ILP/PFA, Wraparound and CASA</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>			
	<input checked="" type="checkbox"/> CAPIT	<ul style="list-style-type: none"> <li>● C3.1 – Exits to Permanency (24 months in care)</li> <li>● Service Array/Collaboration</li> <li>● Management Information Systems</li> </ul>		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF <input type="checkbox"/> N/A			
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>		
<b>A.</b> Increase awareness of programs; by revising and circulating flyers, Brown Bag Training, having Community based resource fairs, Regional staff fairs, and Vendor fairs; Use of ILP Facebook page and exploring further use of social media; thereby, increasing referrals and utilization of programs to improve engagement and participation.	August 2013 - August 2014	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community Providers		
<b>B.</b> Increase full time TDM facilitator staff, increase TDM usage for all cases at all decision points of the case.  Increase attendance at community events to recruit community partners. Team with service providers to include in TDMs, TCs, Community events, presentations and work groups	August 2013 - August 2015	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community, ILP, Wraparound, CASA		
<b>C.</b> Utilize established tracking methods and database to determine outcomes (ILP, Wraparound, CASA).	August 2013 - January 2018	LRU		
<b>D.</b> Develop and improve data component and tracking method (TAY, IYRT).	August 2013 - February 2014	CFS, LRU, Department of Behavioral Health (DBH)		

<p><b>Permanency Strategy 2: Expand and optimize mentoring programs for parents and caregivers of children/youth in care over 24 months. Programs: IYRT, Wraparound, CFS Parent Partners, Kinship Centers, Visitation Centers and Preschool Services</b></p>	<p><b>Applicable Outcome Measure(s) and /or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Service Array/Collaboration</li> </ul>	
	<p><input checked="" type="checkbox"/> CAPIT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input type="checkbox"/> N/A</p>	<p><b>Timeframe:</b></p>
<p><b>Action Steps:</b></p> <p><b>A.</b> Increase awareness of mentoring programs with DYK flyers, training, presentations, provide training hours, resource fairs, ILP Facebook page, foster parent association meetings, Parent Partners, reach out and engage other community based centers such as Family Resource Centers; thereby, increasing referrals and utilization of service capacity and improve engagement and participation.</p> <p><b>B.</b> Utilize established tracking methods and data bases to determine outcomes (Wraparound, PP, Kinship, and Visitation Centers).</p> <p><b>C.</b> Develop an improve data component and tracking method for all programs other than wrap (IYRT, Preschool Services, Family Resource Centers).</p>	<p><b>Person Responsible:</b></p> <p>PDD, CFS - PRD, Regional CFS staff, Family Resource Centers, Service Providers</p>	<p>August 2013 – August 2014</p> <p>August 2014 – August 2015</p> <p>August 2013 - January 2018</p>

<p><b>Permanency Strategy 3: Increase and enhance transition from group home to less restrictive setting</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Foster Parent Training</li> <li>• Social Worker Training</li> <li>• Collaboration</li> </ul>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Increase awareness to social workers and understanding of step down services by increasing training strategies to facilitate transition. Develop and expand CHRIS program (from RBS) and revised ITFC contracts. Begin referring to CHRIS and ITFC and increase referrals to wraparound and IYRT.</p>	<p>July 1, 2013 – July 2015</p>	<p>Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)</p>
<p><b>B.</b> Involve wraparound 30/45 days prior to placement move in or out of group home. Use upcoming provider and staff training refresher courses to institute this practice. Regional offices currently have a wrap services representative at their offices to give 1:1 support to workers. Provide DYK flyers, if appropriate. Utilize Care Coordination Team (CCT) to have providers in regional offices.</p>	<p>July 1, 2013 -- July 2015  Inform staff and past providers by 2013  Increase compliance by December 2014</p>	<p>Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)</p>
<p><b>C.</b> Utilize integrated practice approach when engaging and referring children for mental health services. Increase Healthy Homes referrals and improve collaboration to increase Healthy Home referrals and follow through with recommendations; revitalize collaboration process with DBH.</p>	<p>August 2013 – February 2015</p>	<p>CFS Regional Staff, DBH</p>

D. Conduct a TDM at every decision point.	August 2013 – August 2015	CFS Regional Staff, Community, Service Providers
E. Utilize established tracking methods and database to determine outcomes ( Healthy Homes, Wraparound, TDM).	August 2013 – January 2018	LRU, CFS
F. Develop and improve data component and tracking method for ChRIS and ITFC.	July 1, 2013 – July 2015	LRU, CFS, DBH

<b>Permanency Strategy 4: Improve accuracy of CWS/CMS data entry regarding NRLG (aka, Services Only Guardianships or SOGs)</b>	<input checked="" type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Social Worker training</li> </ul>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Provide list of children/youth in NRLG with incorrect legal authority(WIC 300)	June 2013 - December 2013	CFS Supervising Office Specialists (SOS), LRU
B. Research and correct legal authority and/or placement status	June 2013 - December 2013	CFS Regional SWs and Clerical staff

Permanency Strategy 5: To better match children/youth to foster homes which increases the likelihood of permanency.	CAPIT		Applicable Outcome Measure(s) and/or Systemic Factor(s):
	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A		<ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Foster Parent Recruitment and training</li> </ul>
Action Steps:	Timeframe:		Person Responsible:
A. Develop project plan and timelines for transition from broad to targeted, child-centered recruitment strategy.	September 2013 - January 2014		CFS – PRD, PDD
B. Explore caretaker evaluation process and assess recruitment needs.	September 2013 - January 2014		CFS - PRD, LRU
C. Research foster homes and training/recruitment in other counties	January 2014 - May 2014		CFS - PRD, PDD
D. Finalize project plan to target specific populations and recruit resource parents, including phase in and program targets	January 2014 - June 2014		CFS - PRD
E. Implement the targeted strategy and increase foster care capacity	June 2015 - January 2018		CFS - PRD

<p><b>Permanency Strategy 6: Continually and systematically reassess parents, relatives and supports for return and/or placement of children in care longer than 24 months.</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• C3.1 -- Exits to Permanency (24 months in care)</li> <li>• Social Worker training</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Increase utilization of Children's Case Assessment Forums (CCAF) by establishing countywide guidelines as to frequency and content of meeting.</p>	<p>August 2013 – March 2014</p>	<p>CFS management</p>	
<p><b>B.</b> Increase the use of family search and engagement. Provide UC Davis training, implement CHRIS, increase referrals to CASA, wraparound, IYRT and CHRIS.</p>	<p>June 2013 – January 2018</p>	<p>CFS management</p>	
<p><b>C.</b> In the initial stages of a case, identify relative and non-relative supports to the child/youth by document in a designated area of CMS family information and continue to add new information as it becomes known throughout the duration of the case through training, case conferences, DYK and supervisory coaching.</p>	<p>August 2013 – August 2014</p>	<p>Intake and Carrier SW's and Sups</p>	
<p><b>D.</b> Explore use of mid-assessment meeting that gather parties and reviews status and progress of parents, specifically engaging court personnel.</p>	<p>November 2013 – <del>December</del> May 2014</p>	<p>CFS management/SIP Oversight</p>	

<p>E. Train, implement and utilize Safety Organized Practice.</p>	<p>April 2013 - December 2014</p>	<p>PCWTA, CFS Trainers and SW's</p>
<p>F. Increase attendance/involvement of child and family support through initial and ongoing face to face contacts, family meetings, TDMs and TCs.</p>	<p>Begin: August 2013 – August 2014</p>	<p>CFS SW's and Sups, Community</p>

<b>Probation Strategy 1: Provide parents and the youth, at the onset, with training and resources</b>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Reduce percentage of juvenile probationers sent to out of home placement.</li> </ul>
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A. Refer parents of youth on formal probation and 1<sup>st</sup> time offenders, at the earliest entry into the juvenile justice system, to Parent Project</b>	August 2013 - June 2014	Probation Investigations / CST
<b>B. Refer an increased number of youth on formal probation, to IYRT mentoring or similar programs</b>	August 2013 - June 2014	Probation Investigations / CST
<b>C. Develop and improve data component and tracking method or utilize established tracking methods and database to determine outcomes and generate reports as needed.</b>	August 2013 – February 2014	Probation /LRU

Probation Strategy 2: Increase use of the Wraparound program	CAPIT		Applicable Outcome Measure(s) and/or Systemic Factor(s):
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	
	<input type="checkbox"/>	N/A	
Action Steps:		Timeframe:	Person Responsible:
A. Assign and train a Wraparound screener		October 2013 - January 2014	Probation – Wraparound screener
B. Develop procedures and guidelines for Wraparound screening		September 2013 - January 2014	Probation – Wraparound screener
C. Screen existing medium supervision wardship cases for the Wraparound program		January 2014 - January 2015	Probation
D. Utilize established tracking methods and database to determine outcomes; Provide reports as needed		February 2014 – January 2018	Probation/LRU

<p><b>Probation Strategy 3: Increase family participation at MDT's for all minors in custody over 60 days</b></p>	<p><input checked="" type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Increase percentage of minors returning to the home from which they were removed by improving family therapy and parent/child relationships</li> </ul>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Assign therapist to conduct family therapy/reunification for all youth detained longer than 60 days awaiting placement and deemed difficult to place.</p>	<p>January 2014 - June 2015</p>	<p>DBH and Probation</p>
<p><b>B.</b> Allow clergy, extended family members and other family support systems to attend therapy/reunification/MDT's</p>	<p>September 2013 - June 2015</p>	<p>DBH and Probation</p>
<p><b>C.</b> Develop and improve data component and tracking method</p>	<p>January 2014 – January 2018</p>	<p>Probation/LRU</p>

<b>Probation Strategy 4: Utilize family findings to locate extended family members for potential placement</b>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Decrease the number of youth sent to out of home placement; increase use of placement with extended family members</li> </ul>	
	Timeframe:			Person Responsible:
	Action Steps:			
A. Train all juvenile services Probation Officers in family findings	January 2014 - July 2014	Probation		
B. Conduct family findings on youth entering the juvenile justice system and at risk for out of home placement or removal from parents home	July 2014 - June 2015	Probation		
C. Develop guidelines and protocol for family findings	September 2013 - January 2014	Probation		
D. Develop and improve data component and tracking method	January 2014 – January 2018	Probation/LRU		

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