

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

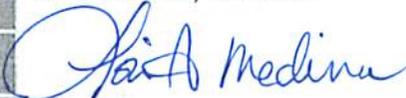
County Santa Clara County Social Services Agency

SIP Period Dates July 2012 to July 2017

Outcome Data Period January 2014 to July 2014

County Child Welfare Agency Director

Name Lori Medina, Director

Signature* 

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County Chief Probation Officer

Name Laura Garnett, Chief Probation Officer

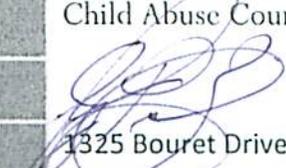
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Phone Number (408) 278-5900

Mailing Address 840 Guadalupe Parkway
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Public Agency Designated to Administer CAPIT

Name Child Abuse Council

Signature* 

Mailing Address 1325 Bouret Drive
San Jose, CA 95118

Board of Supervisors (BOS) Signature

BOS Approval Date

Name Supervisor Mike Wasserman

Signature*

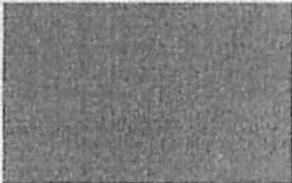
Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
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Children and Family Services Division
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*Signatures must be in blue ink

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(*) Will change to Jackie Howe from Department of Family and Children's Services on or about November 1, 2014

**California Child & Family Services 2nd Annual System
Improvement Plan Progress Report**

**Santa Clara County
Department of Family and Children's Services and
Juvenile Probation Department
JANUARY 2013 TO JULY 2017**



**COMPLETED BY
SANTA CLARA COUNTY
DEPARTMENT OF FAMILY AND CHILDREN'S SERVICES AND THE
PROBATION DEPARTMENT, JUVENILE PROBATION SERVICES**

**BRUCE WAGSTAFF, SOCIAL SERVICES AGENCY DIRECTOR
LORI MEDINA, DEPARTMENT OF FAMILY & CHILDREN'S SERVICES DIRECTOR
LAURA GARNETTE, PROBATION DEPARTMENT CHIEF**

**SUBMITTED TO THE CALIFORNIA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION**

**REPORT DATED AUGUST 2014
(DATA FROM JANUARY 2014 THROUGH JULY 2014)**

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SANTA CLARA COUNTY 2ND ANNUAL SIP PROGRESS REPORT SEPTEMBER 2014

CHILD WELFARE NARRATIVE UPDATE

Santa Clara County continued work and progress on multiple strategies during the past six months. Santa Clara County's System Improvement Plan (SIP) is focused on the issue of the disproportionate number of Latino and African American and African Ancestry children and families within Santa Clara County Child Welfare Services, both with regards to prevention, safety and permanency. Santa Clara County's comprehensive plan is focused on improvements in the following outcomes areas:

1. Address and eliminate the over-representation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system";
 - a. Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors;
2. Address safety and ensure that children and families are assessed in a timely manner and those families are provided the necessary resources and supports so that children do not enter or re-enter the child welfare system;
3. Address permanency for children and families as defined by ensuring family reunification or children returning to live with one or both parents, or if this is not possible placement with relatives or non-relatives in a guardianship or adoption situation.

The following pages provide a summary of areas of notable improvement during the past few months, January through June 2014.

CHILD WELFARE CURRENT PERFORMANCE ON OUTCOMES

Santa Clara continues to see mixed improve on a variety of the State and Federal Outcome Measures. Continued improvements were noted in the No Maltreatment in Care, Timely Immediate Response referrals, improvements in Timely Adoptions and continued Placement Stability for children. Areas of concern include: Timely 10 day responses, Timely Social Worker Visits, and Timely Dental and Medical Exams for children in care. The best performance continues to rest in the County's Reunification outcomes.

The greatest challenge in improvement efforts continues to be having enough staff resources to keep up with all the demands, mandates, and court requirements associated with casework. Although the DFCS has been able to add positions to the department budget, actually filling positions at the rate of need has not been as successful.

Attached to this report is a full summary report for all of Santa Clara County's State and Federal Outcome Measures by the Santa Clara County Social Services Agency (SCC-SSA) Office of Research and Evaluation.

- Attachment C: April 2014 CWS QR for CSFC (Child Welfare Services Quarterly Review for the Children Seniors and Families Committee)
- Attachment D: April 2014 CWS (Child Welfare Services) Outcomes and SIP (System Improvement Plan) Snapshot

Below is a summary of the current progress for Santa Clara County on all outcome measures:

SANTA CLARA COUNTY CHILD WELFARE QUARTERLY DASHBOARD

Select Child Safety, Permanency and Stability Indicators with Goals

April 2014 Report

Legend



Desired Directional Goal:

A. Child Safety

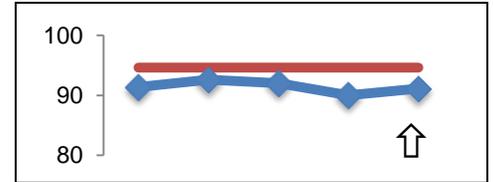
***S1. Absence of recurrence of maltreatment: Goal ≥ 94.6**

Performance

Relative performance to goal

SIP Goal

Jan12-Jun12	Apr12-Sep12	Jul12-Dec12	Oct12-Mar13	Jan13-Jun13
91.4	92.6	92.0	90.0	91.1
0.97	0.98	0.97	0.95	0.96

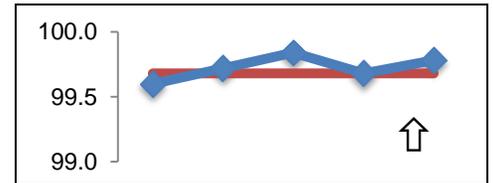


***S2. Absence of abuse in foster care: Goal ≥ 99.68**

Performance

Relative performance to goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
99.60	99.72	99.84	99.68	99.78
0.999	1.00	1.00	1.00	1.00



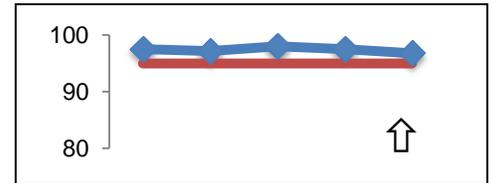
2B. Timely response to immediate response referrals: Goal ≥ 95.0

Performance

Relative performance to goal

SIP Goal

Oct12-Dec12	Jan13-Mar13	Apr13-Jun13	Jul13-Sep13	Oct13-Dec13
97.5	97.2	98.0	97.5	96.8
1.03	1.02	1.03	1.03	1.02



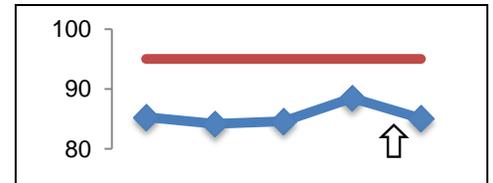
2B. Timely response to 10-day referrals: Goal ≥ 95.0

Performance

Relative performance to goal

SIP Goal

Oct12-Dec12	Jan13-Mar13	Apr13-Jun13	Jul13-Sep13	Oct13-Dec13
85.3	84.2	84.6	88.5	85.1
0.90	0.89	0.89	0.93	0.90

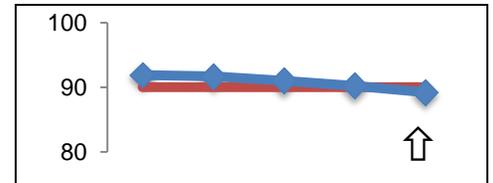


***2F.1. Timely social worker visits: Goal ≥ 90.0**

Performance

Relative performance to goal

Jan12-Dec12	Oct11-Mar12	Jan12-Jun12	Oct12-Sep13	Jan13-Dec13
91.9	91.7	91.0	90.2	89.2
1.02	1.02	1.01	1.00	0.99

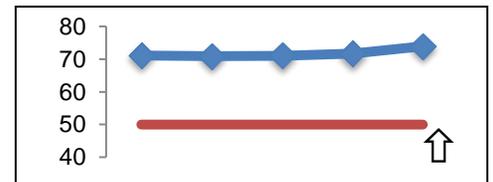


***2F.2. Timely social worker visits in residence: Goal ≥ 50.0**

Performance

Relative performance to goal

Jan12-Dec12	Oct11-Mar12	Jan12-Jun12	Oct12-Sep13	Jan13-Dec13
71.1	70.9	71.0	71.7	73.9
1.42	1.42	1.42	1.43	1.48



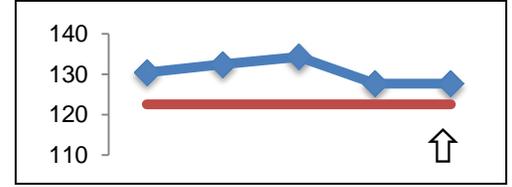
B. Timeliness of Family Reunification and Permanency

***Reunification Composite:**
Goal ≥ 122.6

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
130.4	132.5	134.3	127.7	127.7
1.11	1.14	1.16	1.07	1.07
●	●	●	●	●

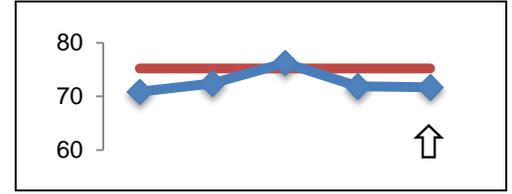


***C1.1. Reunification within 12 months for children exiting care:**
Goal ≥ 75.2

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
70.9	72.4	76.2	71.9	71.7
0.94	0.96	1.01	0.96	0.95
◆	◆	●	◆	◆

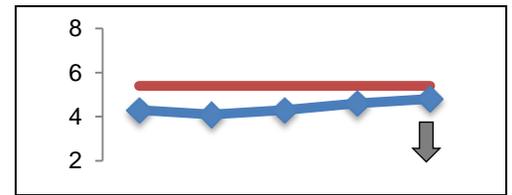


***C1.2. Median time to reunification:** Goal ≤ 5.4

months/ Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
4.3	4.1	4.3	4.6	4.8
1.26	1.32	1.26	1.17	1.13
●	●	●	●	●

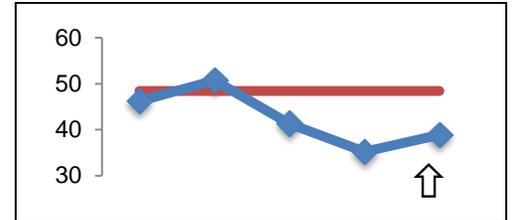


***C1.3. Reunification within 12 months for a cohort of children entering care:** Goal ≥ 48.4

Performance
Relative performance to goal

SIP Goal

Jul11-Dec11	Oct11-Mar12	Jan12-Jun12	Apr12-Sep12	Jul12-Dec12
46.2	50.7	41.3	35.2	38.9
0.95	1.05	0.85	0.73	0.80
◆	●	■	■	■

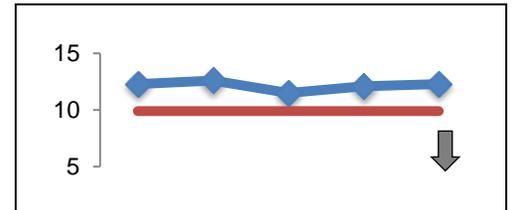


***C1.4. Re-entry into foster care within 12 months from reunification:** Goal ≤ 9.9

Performance
Relative performance to goal

SIP Goal

Jan11-Dec11	Apr11-Mar12	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12
12.3	12.6	11.5	12.1	12.3
0.80	0.79	0.86	0.82	0.80
■	■	■	■	■



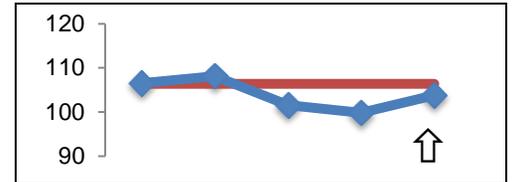
C. Timeliness to Adoption

***Adoption Composite:**
Goal ≥ 106.4

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
106.6	108.1	101.6	99.8	103.8
1.00	1.03	0.91	0.88	0.95
●	●	◆	■	◆

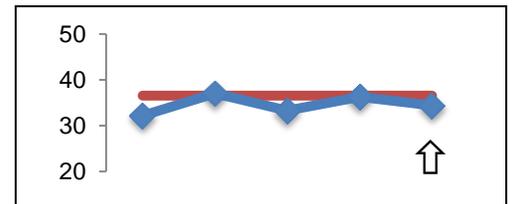


***C2.1. Adoption within 24 months for children exiting to adoption:**
Goal ≥ 36.6

Performance
Relative performance to goal

SIP Goal

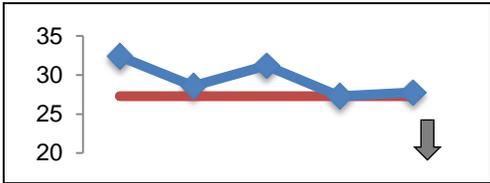
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
32.2	37.1	33.3	36.3	34.4
0.88	1.01	0.91	0.99	0.94
■	●	●	◆	◆



***C2.2. Median time to adoption:
Goal ≤ 27.3 months**

Performance
Relative performance to goal

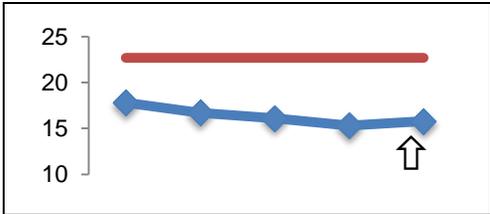
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
32.4	28.6	31.2	27.3	27.8
0.84	0.95	0.88	1.00	0.98
■	◆	■	●	◆



***C2.3. Adoption within 12 months for children in care 17 months or longer: Goal ≥ 22.7**

Performance
Relative performance to goal

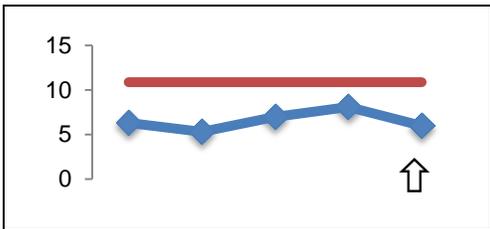
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
17.8	16.7	16.1	15.3	15.8
0.78	0.74	0.71	0.67	0.70
■	■	■	■	■



***C2.4. Legally free within 6 months for children in care 17 months or longer: Goal ≥ 10.9**

Performance
Relative performance to goal

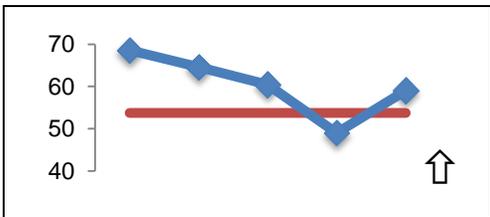
Jan12-Jun12	Apr12-Sep12	Jul12-Dec12	Oct12-Mar13	Jan13-Jun13
6.3	5.3	7.0	8.1	6.0
0.58	0.49	0.64	0.74	0.55
■	■	■	■	■



***C2.5. Adoption within 12 months after being legally freed: Goal ≥ 53.7**

Performance
Relative performance to goal

Jan11-Dec11	Apr11-Mar12	Jul11-Jun12	Oct11-Sep12	Jan12-Dec12
68.6	64.6	60.4	49.0	59.0
1.28	1.20	1.12	0.91	1.10
●	●	●	◆	●



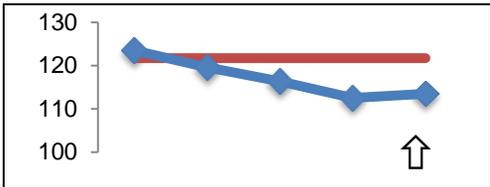
D. Permanency for Children in Long-term Care

***Permanency Composite: Goal ≥ 121.7**

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
123.5	119.6	116.4	112.5	113.5
1.02	0.97	0.93	0.87	0.88
●	◆	◆	■	■

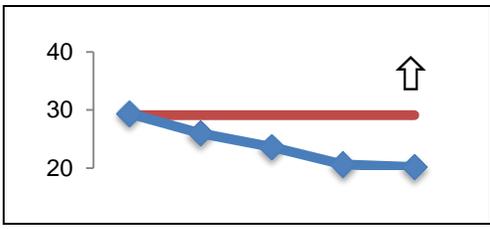


***C3.1. Exits to permanency for children in care 24 months or longer: Goal ≥ 29.1**

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
29.4	26.0	23.6	20.6	20.2
1.01	0.89	0.81	0.71	0.69
●	■	■	■	■

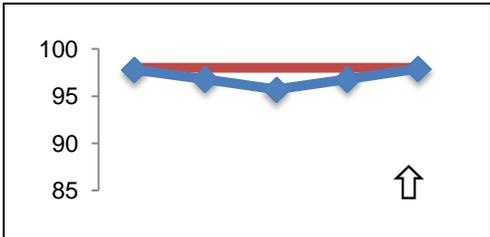


***C3.2. Exits to permanency for children exiting foster care and who were legally free for adoption: Goal ≥ 98.0**

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
97.8	96.8	95.7	96.8	97.9
0.998	0.99	0.98	0.99	0.999
◆	◆	◆	◆	◆

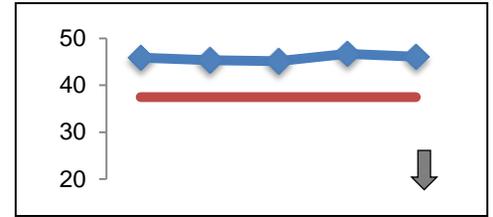


***C3.3. Exits due to emancipation or age of majority and in care 3 years or longer: Goal ≤ 37.5**

Performance
Relative performance to goal

SIP Goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
45.9	45.3	45.1	46.7	46.1
0.82	0.83	0.83	0.80	0.81
■	■	■	■	■

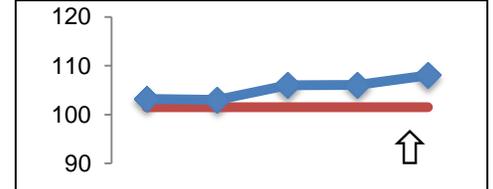


E. Placement Stability

***Placement Composite: Goal ≥ 101.5**

Performance
Relative performance to goal

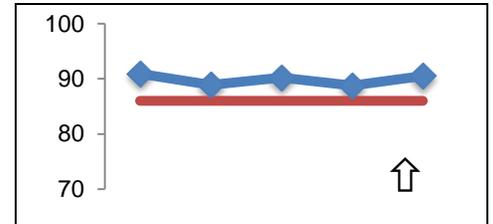
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
103.2	103.0	106.0	106.1	108.0
1.03	1.03	1.09	1.09	1.13
●	●	●	●	●



***C4.1. Children with two or fewer placements, in care between 8 days and 12 months: Goal ≥ 86.0**

Performance
Relative performance to goal

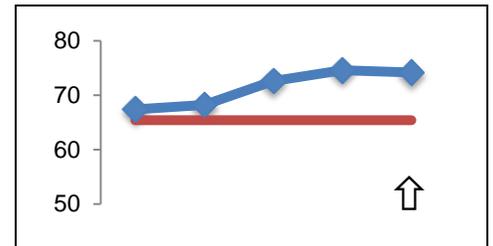
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
90.9	88.9	90.2	88.8	90.5
1.06	1.03	1.05	1.03	1.05
●	●	●	●	●



***C4.2. Children with two or fewer placements in the life of their case, in care between 12 months and 24 months: Goal ≥ 65.4**

Performance
Relative performance to goal

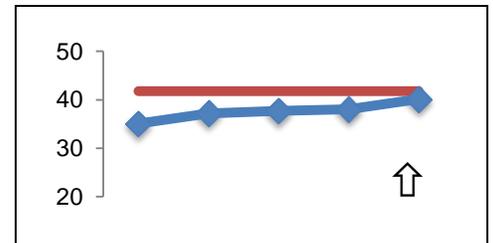
Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
67.4	68.2	72.6	74.6	74.2
1.03	1.04	1.11	1.14	1.13
●	●	●	●	●



***C4.3. Children with two or fewer placements in the life of their case, in care at least 24 months: Goal ≥ 41.8**

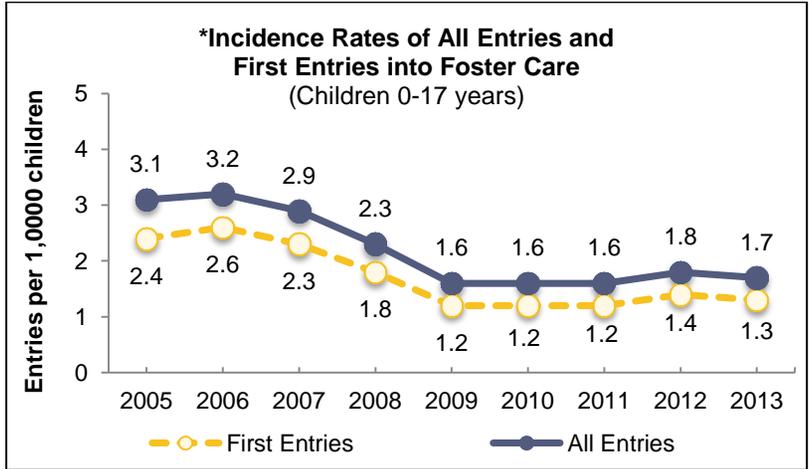
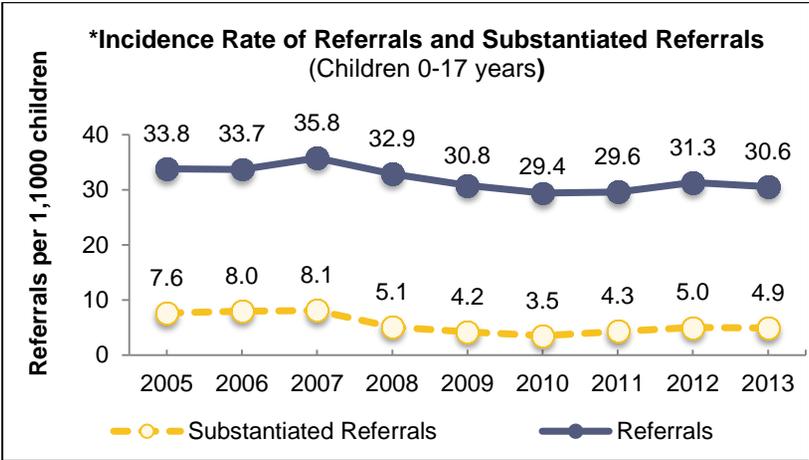
Performance
Relative performance to goal

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
35.1	37.2	37.7	38.0	40.1
0.84	0.89	0.90	0.91	0.96
■	■	◆	◆	◆



SECTION 2: LONGITUDINAL CHARTS AND RACE/ETHNICITY TABLES

PARTICIPATION RATES



*Incidence Rate for Referrals, Substantiations and Foster Care Entries per 1,000 Children (CY 2013)			
Ethnicity	Referrals	Substantiated Referrals	All Entries
Black	101.6	13.1	6.1
White	23.3	3.3	1.2
Latino	50.4	9.0	3.0
Asian/ Pacific Islander	12.2	1.5	0.3
Native American	32.1	6.4	8.6
Overall Performance	30.6	4.9	1.7

CHILD WELFARE STRATEGIES STATUS AND CURRENT ACTION STEPS

Due to the number of strategies and the fact that not all SIP goals were scheduled to be worked on during this reporting period, the section reviews only the Status and Action Steps for those Child Welfare Strategies in which there was notable improvement or barriers identified during this review period of January through June 2014.

Strategy 1:

DISPROPORTIONALITY STRATEGIES

DISPROPORTIONALITY OUTCOME MEASURES

Priority Outcome Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter or to exit the child welfare system”.
- Complete a full analysis to better understand factors related to the under-representation for Asian Ancestry American families by looking at each individual Asian Ancestry cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

State of California Performance:

% (#) of Referrals Received By Ethnicity State of California				
	5/14	2/14	11/13	8/13
African Ancestry	14% (4748)	13% (4275)	14% (4076)	14% (4206)
Latino	44% (15411)	45% (14501)	45% (13398)	44% (13498)
Asian/Pacific Islander Ancestry	4% (1299)	4% (1169)	4% (1105)	3% (952)
White	26% (9097)	27% (8570)	27% (8153)	29% (8742)
Native American	0.94% (331)	0.98% (313)	0.93% (275)	0.91% (275)

From SafeMeasures Data

Open Cases by Ethnicity

% (#) of Cases Open In Specified Month By Ethnicity State of California				
	5/14	2/14	11/13	8/13
African Ancestry	21% (19945)	21% (20157)	21% (20108)	21% (19958)
Latino	52% (50911)	53% (51759)	53% (51713)	53% (51014)
Asian/Pacific Islander Ancestry	3% (2715)	3% (2769)	3% (2787)	3% (2803)
White	22% (21687)	22% (21672)	22% (21449)	22% (21392)
Native American	1.25% (1221)	1.28% (1248)	1.27% (1239)	1.3% (1248)

From SafeMeasures Data

The percentage of open cases in a specified month represents any case that was open for any period of time during the identified month. Santa Clara County is switching to this tracking measurement, as it provides a more accurate representation of the child welfare population rather than looking at cases that were opened during the month.

Analysis: These numbers do not change much when you review the % by allegations or if you review the data by % of children entering into foster care. There are still disproportionate rates for Latino and African Ancestry children as represented in 2013 by 44% of referrals received and 52% of cases opened for Latino children; 14% of referrals received and 21% open cases for African Ancestry children and only 4% and 3% Asian/Pacific Islander Ancestry children. In addition, see this same trend for over-representation when we look at allegations by ethnicity and first entries into foster care.

% of Allegations By Ethnicity State of California				
	2013	2012	2011	2010
African Ancestry	15% (64246)	15% (65213)	15% (65106)	15% (66588)
Latino	55% (238673)	54% (239896)	53% (233472)	53% (238173)
Asian/Pacific Islander Ancestry	4% (17061)	4% (17267)	4% (16604)	4% (16870)
White	26% (112344)	27% (118246)	27% (117934)	27% (120415)
Native American	0.77% (3,722)	0.76% (3,688)	0.78% (3,693)	0.8% (3,809)

From UC Berkeley Data Disparity Indices

% of First Entries to Foster Care By Ethnicity State of California				
	2013	2012	2011	2010
African Ancestry	18% (4112)	17% (3844)	19% (5598)	19% (5789)
Latino	53% (12292)	52% (11489)	50% (15126)	51% (15584)
Asian/Pacific Islander Ancestry	3% (639)	3% (639)	3% (892)	3% (785)
White	26% (5996)	27% (6005)	26% (7912)	27% (8155)
Native American	1.2% (389)	1.6% (476)	1.5% (439)	1.2% (371)

From UC Berkeley Data Disparity Indices

Santa Clara County Current Performance:

According to UC Berkeley data, Santa Clara County's child population is comprised of 2.2% African Ancestry, 31.5% Asian Ancestry, 37% Latino, 0.2% Native American, and 23.3% White.

Santa Clara Child Population: 2008-2013

Ethnic Group	Year-Interval					
	2008	2009	2010	2011	2012	2013
	%	%	%	%	%	%
Black	2.2	2.1	2.1	2.1	2.1	2.2
White	26.8	25.4	24.4	24.1	23.7	23.3
Latino	36.1	36.4	36.7	36.8	36.9	37
Asian Ancestry/P.I.	29.4	30.4	31	31.1	31.3	31.5
Native American	0.2	0.2	0.2	0.2	0.2	0.2
Multi-Race	5.3	5.5	5.6	5.7	5.8	5.9
Total	100	100	100	100	100	100

Population Data Source:

2000-2009 - CA Dept. of Finance: 2000-2010 - Estimates of Race/Hispanics Population with Age & Gender Detail.

2010-2013 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

(Please note: De-aggregation of Asian Ancestry ethnicities is not possible due to limitations with data provided by the UC Berkeley Center for Social Services Research and draws from available CWS/CMS data.)

In comparison, the child welfare population for Santa Clara County for entries into foster care are made up of 7% African Ancestry, 16% White, 70% Latino, 6% Asian Ancestry and 1.1% Native American. (See table below for entries into foster care.)

In a comparison of Santa Clara County (SCC) disproportionality to the State as a whole, California has a significantly higher proportion of African Ancestry children (14% of referrals and 21% of

open cases) compared to the overall State population for the African Ancestry population at 6%). This compares to SCC at 8% referrals received, 10% open cases each month and 7% first entries for African Ancestry children into the foster care system (2013). For Latino children, the State's disproportionality rate is slightly lower than SCC. For the State, 44% referral and 52% open cases in comparison to SCC, the percent of children involved in Child Welfare Services is higher for Latino children (Average of 56% referrals and 69% cases open each month). The percentage of Asian and Pacific Islander Ancestry children for both referrals and cases has remained steady at 3-4% for the State, as compared to the overall Asian Ancestry child population of the State at 11%. Santa Clara County has a higher representation of Asian/Pacific Islander Ancestry children at 14% for referrals and 7% for cases than the state. However, as previously referenced, Santa Clara County also has a much higher proportion of Asian Ancestry Pacific Islanders in the general child population as compared to the State.

% of Referrals Received By Ethnicity Santa Clara County				
	5/14	2/14	11/13	8/13
African Ancestry	8% (77)	7% (65)	7% (55)	8% (60)
Latino	56% (555)	59% (526)	60% (446)	59% (446)
Asian/Pacific Islander Ancestry	14% (136)	11% (100)	14% (108)	10% (79)
White	20% (198)	20% (179)	17% (129)	21% (158)
Native Americans	0.4% (4)	0.79% (7)	0.0% (0)	0.13% (1)

From SafeMeasures Data

The number of referrals for African Ancestry families between the period of August 2013 and May 2014 in Santa Clara County has remained fairly constant (7-8% referrals and 7-10% cases). For Latino families, the percentage of referrals has remained relatively static during the time period with a slight decrease as of May 2014, however the percentage of cases has lowered slightly. African Ancestry children represent 2% of the child population of Santa Clara County (2010 US Bureau of the Census) and 10% of the child welfare population for the county when looking at numbers of open cases each month and the number of children in foster care. Latino children represent 39% of the child population of the county and 69% of the child welfare population when you look at % of cases open in a specific month or the % of children in foster care. Asian/Pacific Islander children represent 33% of the county's child population, but only 7% of the cases open in a specific month or 6% of entries into foster care. There has been no noticeable change toward disproportionality for Latino or African Ancestry children and families.

% of Cases Open In Specified Month By Ethnicity Santa Clara County				
	5/14	2/14	11/13	8/13
African Ancestry	10% (212)	9% (194)	8% (182)	7% (164)
Latino	69% (1519)	70% (1550)	70% (1563)	70% (1565)
Asian/Pacific Islander Ancestry	7% (154)	8% (167)	7% (150)	7% (150)
White	13% (288)	13% (300)	15% (324)	15% (341)
Native Americans	0.64% (14)	0.54% (12)	0.50% (11)	0.54% (12)

From SafeMeasures Data

Percentage of open cases in a specified month represents any case that was open for any period of time during the identified month. This measurement should give a truer representation of the child welfare population rather than looking at cases that were opened during the month.

% of Allegations By Ethnicity Santa Clara County				
	2013	2012	2011	2010
African Ancestry	7% (961)	7% (988)	8% (1055)	8% (1033)
Latino	62% (8188)	61% (8167)	60% (7561)	59% (7387)
Asian/Pacific Islander Ancestry	13% (1692)	13% (1721)	12% (1495)	11% (1426)
White	18% (2386)	19% (1467)	19% (2415)	21% (2552)
Native Americans	0.22% (30)	0.30% (41)	0.27% (34)	0.33% (43)

From UC Berkeley Data Disparity Indices

% of First Entries to Foster Care By Ethnicity Santa Clara County				
	2013	2012	2011	2010
African Ancestry	7% (30)	9% (44)	11% (80)	11% (75)
Latino	70% (319)	61% (313)	66% (461)	63% (426)
Asian/Pacific Islander Ancestry	6% (27)	10% (49)	6% (39)	7% (50)
White	16% (74)	21% (107)	16% (115)	19% (126)
Native Americans	1.1% (8)	.5% (4)	0.3% (2)	0.4% (3)

From UC Berkeley Data Disparity Indices

In Santa Clara County, the percentage of referrals received and the % of cases opened for Latino and African Ancestry children and families are disproportionately high. In the child welfare population for May 2014, Santa Clara County percentages for referrals are at 8% for African Ancestry; 14% for Asian/Pacific Islander Ancestry; and 56% for Latino families in comparison to 10% African Ancestry for open cases, 7% for open cases for Asian/Pacific Islander Ancestry and 69% for Latino families.

Target Improvement Goals for Disproportionality:

1. Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter or to exit the child welfare system”.
2. Complete a full analysis to better understand factors related to the under-representation for Asian Ancestry American families by looking at each individual Asian Ancestry cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
3. Better understand what is behind the under-representation for Asian Ancestry American families by looking at each individual Asian Ancestry cultural group represented in Santa Clara County.
4. Ensure adequate resources and supports that are culturally and linguistically appropriate for all children and families served.

Action Steps:

The goal to eliminate this disproportionality over the five year period of the SIP plan involves multiple strategies. To date, DFCS has not noted *significant* change. There has been a slight decrease in entries into foster care for African Ancestry families and a slight increase for Latino children in foster care. As noted in the Disproportionality Report from Mission Analytics, DFCS is monitoring rates and looking at regression analysis to better understand how much of the disproportionality for Latino and African Ancestry families is due to bias and policies and procedure changes needed and how much can be contributed to stressors or risk factors for those families.

DFCS continues to partner with community and system partners for a system wide response within and outside of the child welfare system. The following SIP strategies were being implemented or worked on during this past review period.

Strategy 1A *Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)*

- *Differential Response allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add*

25 additional slots for African Ancestry families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African Ancestry and the diverse Asian Ancestry and Pacific Islander families.

- *Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals.*
- *Add Family Flex funds of \$500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk.*
- *Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources.*
- *Need to address the shortage in childcare resources by providing childcare needs for all families referred to DR so that families can take advantage of DR services.*

During this past review period DFCS increased funding for Differential Response (DR) through the Child Abuse Prevention (CBCAP) allocation and realignment funding aimed specifically at increases in services for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals or to prevent entry into care. Providers were required to demonstrate their ability to meet the demands of our diverse populations in their description of services and staffing plans. For Differential Response Path 2 services, families are referred from either the Emergency Response Social Worker avoiding coming into the Department or the families are referred for a “warm hand off” to a community agency after children have returned home and the case is closing, Path 4. For Path 1 families referred from the CAN center, there has been nearly double the number of families served in the past two months. Previously, only families with children birth to age 5 were eligible and now those families with older children and risk factors can be served. An additional 155 slots to serve families were allocated to Differential Response providers in April 2014 to support decreases in the waitlist for DR services. Additional staff were hired by current providers to increase capacity. Additional “flex funding” of \$500.00 per family was added to assist families in the areas of furniture, housing and electricity and water bills, as well as medical expenses.

The results of this increase were near elimination of the waitlist for DR services, as well as the following:

- From January to June 2014, there were 288 families referred for DR Path 1 services as compared to 240 families that were referred to DR Path 1 in 2012-2013 in the same time frame. An additional 48 more families were referred this year to Path 1 services. Beginning April 1, all evaluated out families were eligible to receive DR Path 1 services. In the past, a family had to have a child under the age of five. This increased the number of referrals for DR Path 1 which created a waitlist for about a month and some families were not referred to services. However, after the new staff at the respective CBO's were trained, the waitlist was eliminated. Path 1 currently does not have a waitlist. Additionally, in the past, there were African American families who could not be served by Unity Care because Unity Care staff were at capacity. With the new contract and additional funding, more slots have been allocated towards African American families. Lastly, the new contract also specifies that more languages will be served by the contracted agencies. In the past, families who spoke Mandarin or Korean were not able

to be referred due to the lack of language availability of staff. Providers now have this capacity.

- From January to June 2014, there were 379 families referred for DR Path 2 and 10 families for DR Path 4 to the previous DR contracted providers (as compared to January to June 2013, 328 families were referred to DR Path 2 and 5 for DR Path 4). Path 2 has consistently had a waitlist due to providers being at capacity. Between the months of July and August 2014, with the temporary increase in slots due to the one time additional funding allocation that was received we were able to significantly reduce the wait time for families to receive services. In July approximately 48 families had to wait 6 weeks or more (with the longest waiting over 10 weeks) for services as compared to August in which only 3 families had to wait more than 4 weeks.

At the same time a Request for Proposal for DR was launched in an effort to ensure consistent services throughout SCC for DR. The three new selected providers include: Eastfield Ming Quong (EMQ) FamiliesFirst, Gardner Family Care Corporation, and Unity Care Group. All new contractors have the cultural and language capability necessary to provide services to the children and families in SCC. Referrals are divided among the providers by zip codes for Gardner and EMQ FamiliesFirst and Unity Care will continue to serve the African American and African Ancestry population. The three providers will collectively serve approximately 800 families for the fiscal year of 2014-2015.

- New providers were required to demonstrate their ability to meet the demands of our diverse populations in their description of services and staffing plans. Current staffing levels at each of the DR providers have considered culture and language:
 - Unity Care Group staffing:
 - Director (.2 FTE) Caucasian/ English & French
 - Manager (.95 FTE) African Am/English
 - 2 case managers (.93 FTE each) African Am/English
 - 1 case manager (.93 FTE) Latino/bilingual Spanish speaking
 - 1 parent partner (.93 FTE) African Am/English
 - 1 parent partner (.93 FTE) Latino/bilingual Spanish speaking
 - 1 parent educator (.45 FTE) African Am/English
 - Gardner Family Care Corporation staffing:
 - Coordinator (.10 FTE) Bicultural Asian/Caucasian English speaking
 - Supervisor (.45 FTE) Filipina/bilingual Tagalog speaking
 - Supervisor (1 FTE) Caucasian/bilingual Spanish
 - 2 FTE mental health therapists Latino/bilingual Spanish
 - 10 (FTE) case managers:
 - 7 Latino/bilingual Spanish
 - 2 Vietnamese/ bilingual Vietnamese speaking
 - 1 Chinese Peruvian/bilingual Spanish, English and some Chinese
 - EMQFF has yet to hire their “dedicated” DR staff. In their staffing plan they will do the following:

- 1 Manager (Caucasian/ English)
- 2 FTE bilingual Spanish staff and
- 1 FTE English speaking

DFCS will continue to monitor to make sure that Agency staffing is reflective of the children and families being served in Differential Response.

Since this is a key strategy for prevention and to address disproportionality, it is critical that the Department understands “IF” DR is making a difference for families and what part of DR “makes the difference” for families. In addition, there is still a waitlist for this service and there is a concern that the longer families wait for services, the more likely they are not to engage in services. To this end, the Office of Research and Evaluation through SSA is currently working on a data analysis report for DR evaluation. This report addresses the process, services, and results of families who were referred by DFCS Differential Response (DR) Coordinators to non-court voluntary services thru community based organizations (CBO). To evaluate effectiveness of DR services, particular emphases would be given to family engagement in services in relation to child abuse or neglect re-referrals and service outcomes to evaluate the effectiveness of DR services. Results are not yet available for this data analysis, however, a preliminary look at the re-referral rates for those families who have received DR services in comparison to those the overall re-referral or re-entry rates for all families DR or not having received DR comparison shows that those families involved with DR services have a lower re-entry rate. More detailed analysis and breakdown of the types of services and an evaluation measure of engagement will be needed to better determine effectiveness. The Agency Office’s Evaluation Manager, in collaboration with DFCS staff is developing a preliminary evaluation approach.

Here is a preliminary look at the data available from this data analysis:

This data illustrates referrals rates of from a low of 13.3% in 2010 to a high of 25.2% in 2011 with an average of 17%. In comparison below, for California, the average re-referral rate is 12.2% and an overall rate for SCC is slightly lower at 11.3%.

California

PERCENT	No recurrence of maltreatment within 12 months	Recurrence of maltreatment within 12 months	Total
JAN 1998 - JUN 1999			
%	85.1	14.9	100
JAN 1999 - JUN 1999			
%	85.5	14.5	100
JAN 2000 - JUN 2000			
%	85.9	14.1	100
JAN 2001 - JUN 2001			
	86	14	100

%			
JAN 2002 - JUN 2002			
%	86.5	13.5	100
JAN 2003 - JUN 2003			
%	86.6	13.4	100
JAN 2004 - JUN 2004			
%	87.4	12.6	100
JAN 2005 - JUN 2005			
%	87.9	12.1	100
JAN 2006 - JUN 2006			
%	88.7	11.3	100
JAN 2007 - JUN 2007			
%	89.6	10.4	100
JAN 2008 - JUN 2008			
%	89.7	10.3	100
JAN 2009 - JUN 2009			
%	89.4	10.6	100
JAN 2010 - JUN 2010			
%	89.1	10.9	100
JAN 2011 - JUN 2011			
%	89.6	10.4	100
JAN 2012 - JUN 2012			
%	89.7	10.3	100

Data Source: CWS/CMS 2013 Quarter 4 Extract.

Santa Clara

PERCENT	No recurrence of maltreatment within 12 months	Recurrence of maltreatment within 12 months	Total
JAN 1998 - JUN 1999			
%	85.3	14.7	100
JAN 1999 - JUN 1999			
%	90.8	9.2	100
JAN 2000 - JUN 2000			
%	88.7	11.3	100
JAN 2001 - JUN 2001			
%	86.8	13.2	100
JAN 2002 - JUN 2002			
	89	11	100

%			
JAN 2003 - JUN 2003			
%	88.2	11.8	100
JAN 2004 - JUN 2004			
%	89.7	10.3	100
JAN 2005 - JUN 2005			
%	91.3	8.7	100
JAN 2006 - JUN 2006			
%	88.9	11.1	100
JAN 2007 - JUN 2007			
%	90.3	9.7	100
JAN 2008 - JUN 2008			
%	87.7	12.3	100
JAN 2009 - JUN 2009			
%	89.9	10.1	100
JAN 2010 - JUN 2010			
%	88.3	11.7	100
JAN 2011 - JUN 2011			
%	88	12	100
JAN 2012 - JUN 2012			
%	87.8	12.2	100

Data Source: CWS/CMS 2013 Quarter 4 Extract.

If SCC rates for overall re-referral for DR are evaluated by race and ethnicity, rates are highest for Caucasian/White at 9.5% for 2009, 13.1% for 2010, 11.4% for 2011 and 14.9 for 2012 and African Ancestry families at 22.0% for 2009, 13.6% for 2010, 7.2% for 2011 and 14.2% for 2012 and lowest for Asian Pacific Islander families at 8.2% for 2009, 3.3% for 2010, 7.2% for 2011 and 8.4% for 2012. Latino families fall in the middle with 9.7% for 2009, 10.4% for 2010, 8.9% for 2011 and 10.6 for 2012.

Ethnic/Race Groups and Re-referrals

Overall Re-referral Rate by Ethnic/Race Group

Ethnicity/Race	2009			2010			2011			2012		
	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref
African Ancestry	13	59	22.0%	20	147	13.6%	9	125	7.2%	16	113	14.2%
Asian Pacific Islander	6	73	8.2%	2	60	3.3%	7	97	7.2%	9	107	8.4%
Caucasian	14	147	9.5%	19	145	13.1%	23	202	11.4%	25	168	14.9%

Latino	49	504	9.7%	54	521	10.4%	63	707	8.9%	81	765	10.6%
Native American	0	2	0.0%	1	2	50.0%	0	7	0.0%	1	2	50.0%
Missing Ethnicity	2	15	13.3%	2	14	14.3%	1	19	5.3%	4	18	22.2%
Total	84	800	10.5%	98	889	11.0%	103	1,157	8.9%	136	1,173	11.6%

A breakdown of ages, shows the greatest referrals rates for children ages 3 and older and that the majority of re-referrals for General Neglect (average of 50%) and Physical Abuse (Average of 30%). This analysis is expected to be completed by Fall 2014, and should yield a better understanding of the variables SCC should take note of to better serve families through DR. This information will be used in collaboration with community partners to better provide families with the necessary DR services.

Age Groups and Re-referrals

Overall DR Re-referral Rate by Age Group

Age	2009			2010			2011			2012		
	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref	Re-Ref	Total DR Ref	% Re-Ref
Under 1 yr.	3	59	5.1%	7	85	8.2%	10	97	10.3%	10	88	11.4%
1-2 yrs.	8	112	7.1%	8	100	8.0%	8	140	5.7%	14	131	10.7%
3-5 yrs.	21	216	9.7%	25	227	11.0%	23	313	7.3%	36	304	11.8%
6-10 yrs.	29	205	14.1%	27	233	11.6%	36	308	11.7%	38	324	11.7%
11-15 yrs.	17	140	12.1%	26	176	14.8%	17	210	8.1%	27	232	11.6%
16-17 yrs.	6	59	10.2%	4	58	6.9%	9	78	11.5%	10	81	12.3%
18 yrs. or older	0	9	0.0%	1	10	10.0%		11	0.0%	1	13	7.7%
Total	84	800	10.5%	98	889	11.0%	103	1,157	8.9%	136	1,173	11.6%

Re-referrals by Allegation

Total Re-referrals by Allegation

Allegation	2009		2010		2011		2012	
	N	%	N	%	N	%	N	%
General Neglect	43	51.2%	40	40.8%	55	53.4%	71	52.2%

Physical Abuse	21	25.0%	31	31.6%	34	33.0%	42	30.9%
Emotional Abuse	14	16.7%	18	18.4%	6	5.8%	4	2.9%
Sexual Abuse	5	6.0%	5	5.1%	6	5.8%	11	8.1%
Caretaker Absence/Incapacity	1	1.2%	3	3.1%	1	1.0%	5	3.7%
Severe Neglect	0	0.0%	1	1.0%	1	1.0%	3	2.2%
Total	84	100%	98	100%	103	100%	136	100%

Strategy 1C -Continue to monitor the overrepresentation of African Ancestry and Latino families and address the under-representation for Asian Ancestry American and CauAsian Ancestry families in DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP:

- DFCS to continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis.
- Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any additional specific SIP goals to be developed

The Department's work with Mission Analytics over the past several months has produced the following tracking measures in order to provide a meaningful way to track and analyze data. The following strategies are aimed at improving the disproportionality with entries into child welfare for Latino and African Ancestry families. The work with Mission Analytics has confirmed the following:

- To eliminate over-representation, we need to focus on rates of allegation and substantiation as this is the more reliable way to evaluate numbers;
- Rates currently vary by decision, race and ethnicity. DFCS will concentrate on developing efficient and consistent policies to address this variation; this will include the incorporation of tools to differentiate danger, harm, and risk from complicating factors.
- Rates currently vary because either risk or practice varies. DFCS should make an effort to look at both;
- Statistical analysis suggests that risk plays a role in over-representation, but does not rule out practice.
- Strategies in the SIP include improvements in practice and risk and will need to be defined further. Current data results indicate that disproportionality in Santa Clara County may be contributed to a combination of inconsistency in the application policies and procedures and risk factors for particular cultural groups. This is especially true for Latino families. If risk is held constant, there is still a 4% chance that the difference could be a result of bias that can be attributed to the inconsistent application Departmental practices.
- Difference in rates by race and ethnicity vary over time and converging rates are evidence that over-representation is decreasing, especially if rates converge and risk is held constant.
- DFCS needs to do a comparison with other like counties to determine if rates are lower there. This is an especially efficient way to identify practices for elimination

over –representation. DFCS can look at counties where rates vary much less by race and ethnicity and consider adopting their practices.

- Mission Analytics has worked with the Unified Children of Color Workgroup to put back into production the Children of Color Tracking Report, which provides a high level look at Disproportionality rates for entries into child welfare, substantiations, referrals that become open cases and exits from the Child Welfare System.

Strategy 1H *(Also Strategy 3F)-DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African Ancestry, and Asian Ancestry American children and families. Please see SIP progress noted below for Strategy 3F.*

Strategy 1K – *(Also Strategy 5E) DFCS to continue participation in the California Partners for Permanency Project (CAPP) and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles (See attached description of CAPP philosophies and practice behaviors and Signs of Safety Organized Practice)*

- *Continue the use of Child and Family Practice Model/CAPP training- Ensuring all staff are trained and participate toward true engagement with families.*
- *Develop and deliver training that will increase staffs knowledge of the importance of teaming with families and the community, and practice strategies of teaming to increase ability to support the family and their identified support system. (Engagement).*

Please see documentation of SIP progress noted below for Strategy 5E.

Strategy 1 - *Disproportionality Strategy for Office of Cultural Competency for Children’s Services to Address and eliminate the over-representation of African American and Latino families in an effort to achieve parity through the creation of an Office of Juvenile Services Equity*

This new office has been created and the Director of Cultural Competence for Children and Youth hired. This is now the designated office responsible for the county wide implementation of policies and programs that address that racial and ethnic disparity that currently exists within our County services. The Director will assure that the issues of equity are dealt with in a manner that adheres to programmatic requirements and addresses equity as a critical priority countywide. The goals of this office is the eliminate disparity not only as it relates directly to client populations, but also disparity within both internal and external service providers. The Office Director will work closely with the County Executive, the Board of Supervisors, and appropriate community members in the effort.

To date, The Director of Cultural Competency within the County Executive’s Office has established relationships with key community leaders and convened community forums with respective cultural groups on “Disparity and Disproportionality” were launched with different cultural and faith based communities. These forums have been established to better understand the problem and to start to create solutions. Forums entitled “Santa Clara County Forum on Ethnic Disproportionality of Children and Youth” and “Combating Ethnic Disproportionality of Children and Youth from a Faith Based Perspective” have been organized by the County Executive’s Office in Coordination with the Silicon Valley of Non-Profits, Community Based Organizations such as Asian

American for Community Involvement (AACI) and La Raza Roundtable County Agencies and the South Bay Christian Ministers Union.

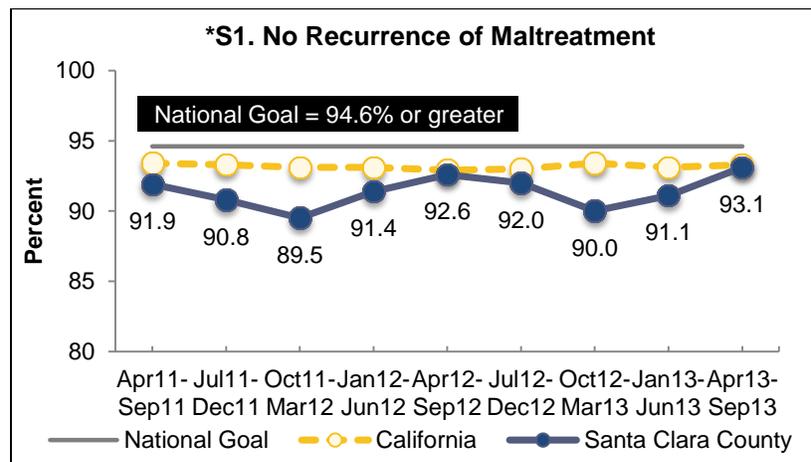
NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: S1.1 No recurrence of maltreatment within 6 months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Federal Standard : 94.6%

Current Performance: According to the data provided by UC Berkeley for the period between April 2013 to September 2013, in Santa Clara County Child Welfare **93.1%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following 6 months, as indicated by another substantiation for abuse or neglect within 6 months from the first substantiation of maltreatment. This measure has increased once again this past quarter but even with the increase, SCC is just shy of meeting this national goal for each ethnicity and is only meeting this outcome measure for Asian Pacific Islander children at 97%. Ethnic breakdown performance is as follows: 94.0% of African Ancestry families did not have a recurrence of maltreatment within 6 months during the same time period. 93.6% of Latino children and 88.9% of White children likewise did not have a recurrence of maltreatment within 6 months.

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



S1	National Standard	Last Year (Apr12- Sep12)		Most Recent Period (Apr13- Sep13)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 94.6%	86.7%	✗	94.0%	✗
White	≥ 94.6%	94.3%	✗	88.9%	✗
Latino	≥ 94.6%	92.3%	✗	93.6%	✗
Asian/ Pacific Islander	≥ 94.6%	95.4%	✓	97.0%	✓
Native American	≥ 94.6%	NA	NA	100.0%	✓
Overall Performance	≥ 94.6%	92.6%	✗	93.1%	✗

Target Improvement Goal: The County will improve performance on this measure from 90.0% (970 children) to 93.9% (1035 children). This result can be obtained from a 40% (65 children) reduction in the number of children who have a recurrence of maltreatment within 6 months following a substantiated maltreatment allegation. **Santa Clara County has increased once again this quarter and is now at 93.1% and has nearly met this SIP goal of 93.9%.**

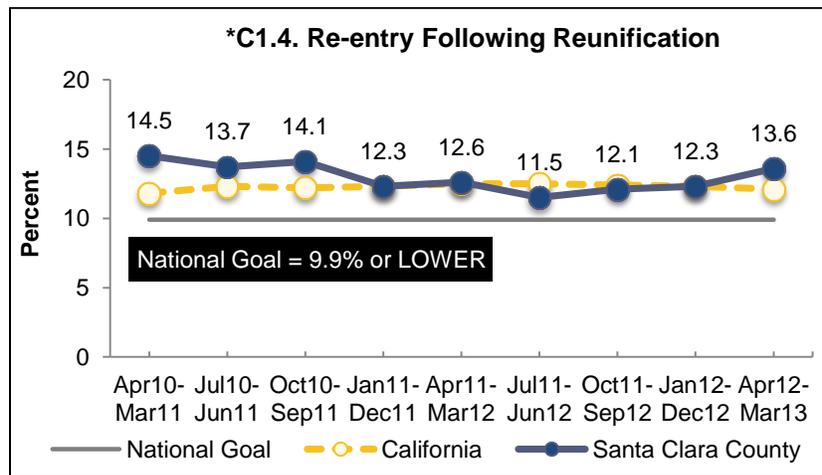
RE-ENTRY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C1.4 Reentry within 12 months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Federal Standard : 9.9% or less

Current Performance: According to the data provided by UC Berkeley for the period from April 2012 to March 2013, in Santa Clara County Child Welfare **13.6%** of children who reunified had a reentry to care within 12 months not meeting the National goal of 9.9% or lower. Unfortunately, SCC has been trending up in re-entry rates for the past two quarters. By ethnicity, SCC is only meeting this measure for Asian/Pacific Islander Ancestry children at 4.8% and for White children at 4.0%. Of concern are the rates if re-entry for Latino and African Ancestry children who reentered care in less than 12 months after discharged from foster care. 17.8% of Latino children and 18.2% of African Ancestry children.

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



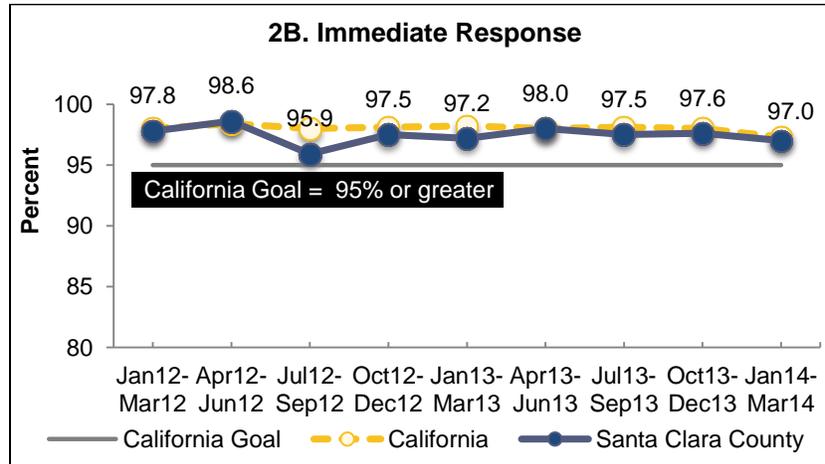
C1.4	National Standard	Last Year (Apr11- Mar12)		Most Recent Period (Apr12- Mar13)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≤ 9.9%	15.9%	✗	18.2%	✗
White	≤ 9.9%	15.9%	✗	4.0%	✓
Latino	≤ 9.9%	11.3%	✗	17.8%	✗
Asian/ Pacific Islander	≤ 9.9%	11.1%	✗	4.8%	✓
Native American	≤ 9.9%	NA	NA	0.0%	✓
Overall Performance	≤ 9.9%	12.6%	✗	13.6%	✗

Target Improvement Goal: The county will improve performance on this measure from 12.1% (52 children) to 9% (39 children). This result can be obtained from a 40% (21 children) reduction of children who reunified and had a reentry to care within 12 months. **Santa Clara County has continued to slip in meeting this measure and is currently at 13.6% as indicated through Safe Measures.**

Safety Measures:

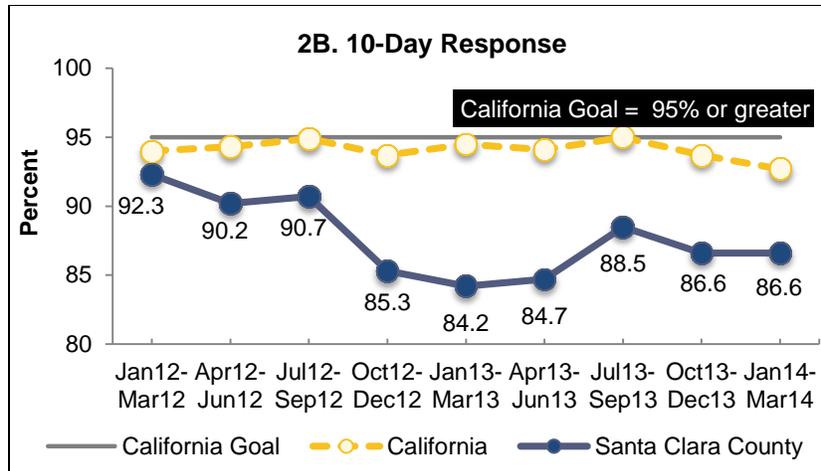
IMMEDIATE AND 10-DAY RESPONSES

2B. State Outcome indicator: Percent of immediate response referrals with a timely response



2B. Immediate Response	California Goal	Last Year (Jan13- Mar13)		Most Recent Period (Jan14- Mar14)	
		Ethnicity	Performance	Goal met (✓) or not (✗)	Performance
	≥ 95%				
Black	≥ 95%	100.0%	✓	98.1%	✓
White	≥ 95%	97.6%	✓	96.1%	✓
Latino	≥ 95%	96.7%	✓	97.0%	✓
Asian/ Pacific Islander	≥ 95%	96.4%	✓	98.4%	✓
Native American	≥ 95%	100.0%	✓	80.0%	✗
Overall Performance	≥ 95%	97.2%	✓	97.0%	✓

2B. State Outcome indicator:
Percent of 10-day referrals
with a timely response



2B. 10-Day Response	California Goal	Last Year (Jan13- Mar13)		Most Recent Period (Jan14- Mar14)	
		Ethnicity	Goal met (✓) or not (✗)	Ethnicity	Goal met (✓) or not (✗)
Black	≥ 95%	63.0%	✗	88.4%	✗
White	≥ 95%	82.2%	✗	87.4%	✗
Latino	≥ 95%	86.9%	✗	84.9%	✗
Asian/ Pacific Islander	≥ 95%	87.6%	✗	91.5%	✗
Native American	≥ 95%	100.0%	✓	100.0%	✓
Overall Performance	≥ 95%	84.2%	✗	86.6%	✗

Santa Clara County has not yet increased performance for either the 10-day nor the Immediate Response timelines but is still meeting the State goal for the Immediate Response measure.

10-day responses to child abuse and neglect referrals: The County’s performance on ten-day responses has remained the same in this past quarter at 86.6% under the National goal of 95% or better. SCC had analyzed the reasons for the decline and determined areas of improvement. Lack of timely paperwork completion appears to be the primary concern impacted by lack of staff in Emergency Response. Nearly all the Emergency Response positions have now been filled and staff have just completed their six week training series. Therefore, it is anticipated that SCC should begin to see improvements for this data measure by the 4th quarter of 2014.

Strategies:

- 1) The following SIP strategies are being employed:
 - a. Increase staffing in all Front End Emergency Response positions ensuring that staffing levels match the cultural and language needs of the families being served. DFCS prioritized the hiring of ER staff, so that timely referrals and complete assessments for families could be completed. As a result, DFCS has not had to request mandatory overtime for Emergency Response social workers since May 2014 after over 6 months of mandating.
 - b. Ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families, so that family stressors can be

addressed and families stabilized to prevent re-referrals and to decrease the numbers of families on the wait list for DR.

Action Steps

Strategy 2B - *Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.*

This action step was to be conducted between January through June 2013. Regular meetings with the different Differential Response providers have been held over the past year and modifications have been made to both the scope of services and the contracts to ensure consistency in services and documentation amongst providers. However, this action step has been extended through June of 2015 as an RFP will need to be conducted to make any significant changes to the contracts for Differential Response providers and to require all the necessary documentation in order to more clearly track those services and efforts that may be more effective for families. Revised to June 2015 –Action step in process. See information documented for Strategy 1A.

Strategy 2C - *Ensure adequate language and cultural expertise and sensitivity for staff at community based organizations providing Differential Response Services that matches to children and families served.*

- All agencies serving families through DR must demonstrate “cultural expertise” and must have staffing that matches the population being served. Changes to contract language and RFP language that reflects this shift will be incorporated.
- Evaluate all current Request for Proposals (RFP)s and contracts to ensure standard language that reflects staffing levels that ensure staff at CBO’s are “highly proficient” or have expertise in resources and in working with African Ancestry, Latino and Asian Ancestry American families.
- All community based agencies providing DR to be trained in the universal practice, principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families.

This strategy has been discussed with current community based providers and is in process. This strategy will be fully in place with the launch of the RFP for the necessary contract language changes.

Strategy 2G- *SSA Agency will ensure improved linkages for CalWORKS and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African Ancestry families.*

Action steps to achieve this goal are in full swing. There is a regular workgroup comprised of both DFCS Child Welfare staff and Department of Employment and Benefits (DEBS) staff that meet on a monthly basis to evaluate and implement improvements for the CalWORKS/Linkages. Please see Attachment H for CalWORKS/Linkages for the organizational structure upon which DFCS and DEBS have organized accomplishing better linking for families within the Child Welfare System with benefits and aid.

A summary of actions steps and progress to date includes the following:

- SSA Agency will ensure improved linkage for CalWORKS and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities

and to address the over-representation for Latino and African Ancestry families. Monthly partnership meetings are occurring in order to implement strategies. A review of handbook instructions for both Departments has been implemented and Agency wide training for both DEBS Eligibility Workers and DFCS Social Workers has been launched.

- DFCS will begin mandated training for social workers for Linkages in FY 2014-2015.
- DFCS is still working with the appropriate labor organizations to ensure the necessary procedures and supports for Emergency Response Social Workers to consistently include in their comprehensive assessment the economic needs and resources of families.
- All strategies noted above should result in improved access for eligible families and the proportion of families receiving CalWORKS increased. Regular reports are being generated in order to track improvements in this area.

Mission Analytics has completed their initial report looking at the relationship of child welfare outcomes with household income and race and ethnicity. (Please see the attached report entitled Child Welfare Outcomes: Relationship with Household Income, Race/Ethnicity and Other Factors- Preliminary Findings, May 2014 for more information.)

These reported findings examine neighborhood-level median household income and its relationship with child welfare outcomes in those neighborhoods. It addressed two questions:

1. Do rates of allegation, substantiation, case opening, and out-of-home placement decrease as neighborhood median household income increases?
2. Is this variation uniform across racial and ethnic groups?

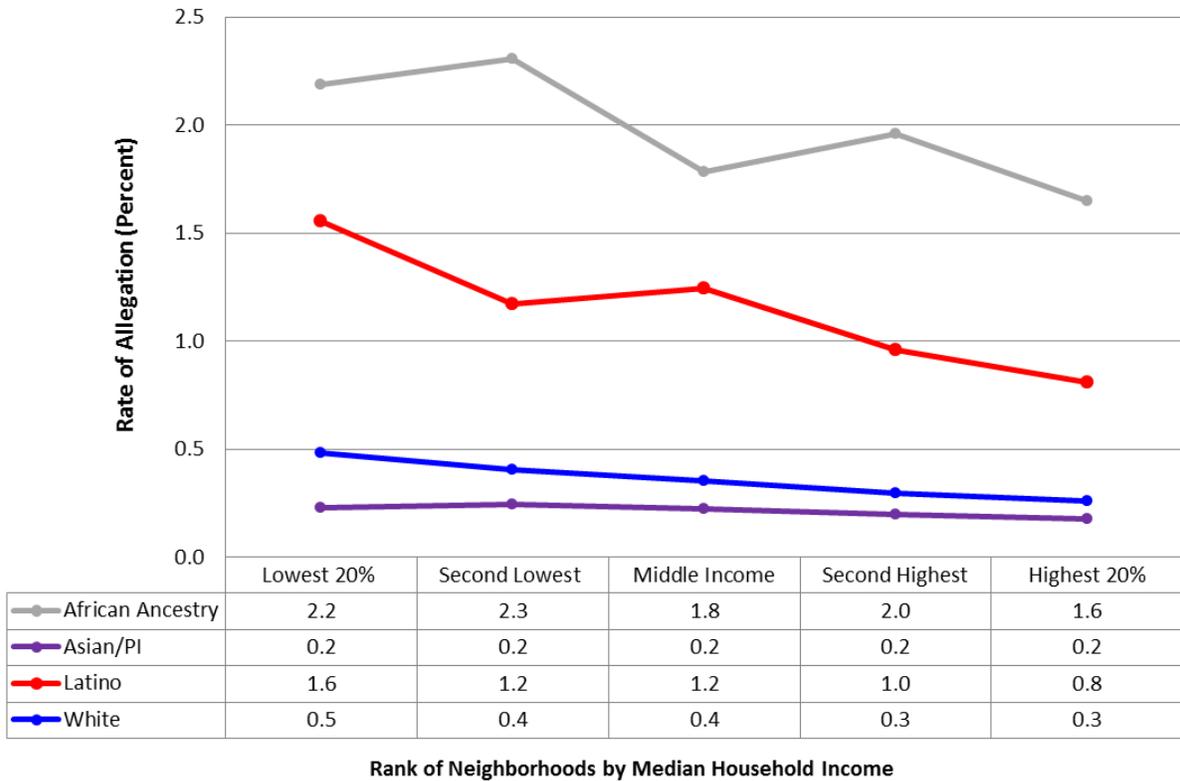
The report then looked at the degree to which over-representation appeared to be associated with risk and the degree to which it is associated with practice and answered two questions:

3. Is DFCS more likely to open cases for African Ancestry or Latino children than for White children, or more likely to place them in foster care, *holding risk constant*?
4. Does the likelihood of case opening or out-of-home placement vary with factors that DFCS can affect and that the SIP, therefore, might address?

The final step is to look at these findings to determine if they support selected initiatives in the SIP or modifications needed to certain SIP strategies.

Initial Findings:

For all levels of neighborhood income, rates of allegation are higher for African Ancestry and Latino children, although the disparity declines as neighborhood income increases.



Rates of substantiation (given an allegation) are generally highest for children in low income neighborhoods, except for African Ancestry children in high income neighborhoods.

Rates of Substantiation, by Race/Ethnicity and Neighborhood Median Income Santa Clara County, 2010



In the lowest income neighborhoods, African Ancestry and White children with substantiated allegations are the most likely to have a case opened; in higher income neighborhoods, case opening rates are highest for Asian children.

Rates of Case Opening, by Race/Ethnicity and Neighborhood Median Income Santa Clara County, 2010



Rank of Neighborhoods by Median Household Income

There is no clear relationship between neighborhood income and rate of out-of-home placement.

Rates of Out-of-Home Placement, by Race/Ethnicity and Neighborhood Median Income Santa Clara County, 2010



Rank of Neighborhoods by Median Household Income

Looking at general neglect, both Latino ethnicity and CalWORKs participation are associated with greater likelihood of case opening, holding risk factors constant, while CalWORKs is associated with greater likelihood of out-of-home placement.

Therefore, the preliminary findings in this report and data noted above are consistent with strategies that are included in the SIP. The following list of initiatives is supported by these findings:

- (1) The likelihoods of case opening and out-of-home placement, for general neglect and physical abuse, vary by ethnicity, even after controlling for risk. In connection with referrals where general neglect is the most serious, substantiated allegation, DFCS is more likely to open cases for Latino children than for White children, more likely to place African Ancestry children in foster care, and also less likely to place Chinese children in foster care. Regarding referrals for physical abuse, DFCS is more likely to open cases for Chinese, Vietnamese, and Other Asian children, and more likely to place African Ancestry and Other Asian children in foster care.
 - (2) In earlier studies completed by Mission Analytics, the analysis controls for risk more completely, the association between race and ethnicity tends to decrease. Still, the evidence is that that DFCS is more likely to open cases for African Ancestry or Latino children than for White children and more likely to place them in foster care, even after controlling for risk as well as we do here. This indicates that need for SIP initiatives explicitly designed to eliminate this variation by using decision tools such as the use of Safety Organized Practice tools through the Child and Family Practice Model for social workers to better identify differences between Harm and Danger statement and to standardize decisions across referrals for children of varying races and ethnicities. The objective of this model is to ensure that DFCS makes decision in a way that is consistent across all groups, that is sensitive to the implications of trauma, cultural humility, and that engages with families.
- Another interpretation of the results from Mission Analytics regarding race and ethnicity is that DFCS could open fewer cases for African Ancestry, Asian, and Latino children without exposing them to needless risk. A central strategy of the SIP is to expand capacity among its providers of Differential Response (DR) services and, ultimately, to refer more families to DR services rather than opening cases for them. If this led DFCS to refer African Ancestry, Asian, and Latino families to DR at a higher rate, relative to White families, one would expect variation in case opening by race and ethnicity to narrow.
 - Family low-income status is associated with greater likelihoods of case opening and out of home placement for general neglect. Low income status also appears to be associated with placement in foster care for physical abuse and this report notes that it is commonplace in the academic literature on child welfare that low-income status is associated with greater risk of contact with child welfare services. This suggests that DFCS might reduce rates of allegation, substantiation, case opening and placement, if it were to limit the influence of poverty. The SIP includes interventions designed to do this as well. One element in the SIP is an effort is the CalWORKs/Linkages project to increase enrollment in CalWORKs and other social support programs among the population in Santa Clara County that is eligible for them.
 - In addition, DFCS is more likely to open cases for general neglect, if it substantiates caregiver absence or incapacity along with general neglect. This suggests that DFCS might limit case opening for neglect, if it were to identify extended families to care for children in

referrals for neglect. SIP strategies aimed at Family Finding and better engagement with families should support will do this.

Careful monitoring of these initiatives and the impact will be key to determining if SCC has the correct strategies in place.

Strategy 2I –*All contracts and Requests for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through the community based organization contracted services matches the cultural and linguistic needs of the children and families being served.*

This action step was launched in July 2013 and will need to continue on an on-going basis as contracts are renewed or created. All contracts will include language that addresses the language and cultural make up of the staff to ensure that it meets the needs of the children and families being served by the contract.

Strategy 2J –*Increase partnership with public health, mental health and First 5 to support at risk families including the following: Children Birth through age 5*

- *Parents Under the age of 24 ↓*
- *Medically fragile/special needs children*
- *Teen parents*
- *Parents with disabilities*

The necessary primary action steps for this strategy was to ensure all children birth through age 5 receive a developmental, behavioral and social/emotional screening and are referred to the appropriate resources and interventions. This strategy has moved forward during the past year as Santa Clara County received a Federal Early Childhood grant that was aimed at improvements in the infrastructure supporting children being assessed and connected to resources and enrolled and participating in early childhood education programs. To date, DFCS has partnered with Public Health to screen over 51% of children ages birth through age 5. Challenges are mandating social workers to complete the necessary releases and paperwork with high caseloads and additional demands on their time as well as mandatory overtime. (See additional information noted below under Well-Being strategies.)

Strategy 3 SAFETY STRATEGIES

- (1) Address and eliminate the over-representation of African Ancestry and Latino families***
- (2) Better understand what is causing the under-representation for Asian Ancestry American families for referrals (*) received in DFCS for suspected child abuse and neglect through enhanced collaboration, training education and accountability between DFCS and its community partners***

() Referrals is defined as the process from the CAN Center hotline call through the referral closing- Path I, Emergency Response – Path II, Voluntary or information Supervision Services or until case opening.*

Action Steps:

Strategy 3A- *Revise the design, content and delivery of the mandated reporter training to ensure education about (1) disproportionality, (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services.*

DFCS CAN Center manager, staff, in partnership with the Child Abuse Council, other additional stakeholders and with the Office of Contracts Management (OCM) completed a Request for Proposal that utilizes this new training model. A provider was selected and the necessary training in mandated reporter training is in place. In addition, DFCS has added a Senior Management Analyst position in order to aid with the tracking for this outcome measure to determine if training mandated reporters and the community differently will have any impact to the high numbers of calls Santa Clara County receives for Latino and African Ancestry families. Or if the education and training completed differently will lead DFCS to partner differently with the community for increased resources outside of the Child Welfare Agency. The next step in this strategy will be to ensure that appropriate connections to the cultural groups within SCC.

Strategy 3F – *DFCS to continue to fill all positions through hiring of well qualified staff that are culturally and linguistically able to serve Latino and African Ancestry families.*

Strategy 3F – *DFCS to continue to fill all positions through hiring of well qualified staff that are culturally and linguistically able to serve Latino and African Ancestry families.*

DFCS continues to believe that being adequately staffed is a critical part of sustaining an organization and is key to ensuring other SIP strategies. Active hiring for well qualified staff, who possess the necessary language skills and cultural backgrounds and expertise to work with the children and families of African Ancestry, Latino and API nationalities has had positive results over the past several months. DFCS partnered with the Employment Services Agency (ESA) to prioritize hiring and improve outreach and recruitment and centralized hiring under one designated manager. Since January 2014, 42 social workers have been hired by the Department, which includes 22 Spanish speaking and three Vietnamese speaking workers. As of September 2, 2014, DFCS had twenty-six social worker vacancies: eleven monolingual positions, eleven Spanish Speaking positions, and four Vietnamese speaking positions. This is a decrease in the number of vacancies that have existed over the past year, but DFCS is unable to hire workers faster than workers are leaving the Department. To deal with retention, DFCS is working with ESA to modify the existing job specifications for the social work series so that the application pool can be expanded. In addition, ESA is looking at how to ensure that Santa Clara County is able to compete with the community and other counties for well qualified staff to hire.

In addition, the following strategies will ensure that there are additional cultural resources and a cultural focus to serve children and families:

- DFCS has continued to move forward with the Integration Initiative Partnership. This is a collaboration with the Walter S. Johnson Foundation, the Center for the Study of Social Policy, and the University of Chicago School of Social Work. The goal of the Initiative is to transform child welfare policy and practice to more effectively serve Latino and LGBTQ

children and youth. Santa Clara and Fresno counties are participating as demonstration sites and actively participate to assist the Initiative to identify and understand the unique needs of our local target populations, core components of services effective in meeting their needs and core implementation drivers necessary to sustain culturally competent service provision.

- Santa Clara County DFCS has held two open forums in August and September with community stakeholders on the introduction of a newly proposed Cultural Brokers program (linking, bridging, or mediating groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change) in Santa Clara County. DFCS is engaged with the community and seeking assistance with the design and development of this new service in an effort to strengthen partnerships between families and DFCS, and build new connections within the diverse and evolving community of Santa Clara County. The cultural brokers program is being introduced as a strategy to help break the cycle of disproportionality and outcome disparity, and provide greater opportunity and new avenues for success that may not have been tried before for families and youth involved in the Santa Clara County child welfare system. Once the idea has been fully vetted with the community, a procurement process will begin and community partners will be invited to submit proposals. Anticipated program start up is early 2015.

Strategy 3E- *Ensure consistent assessment for referrals for General Neglect*

Strategy 3G- *Ensure consistent procedures to guide calls. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information.*

Under the leadership of the current manager, the CAN Center is implementing Reflective Practice Supervision for all screening social workers and ensuring regular supervision to review Child Abuse and Neglect hotline calls. This involves workers reviewing at least one call per month through the recording to evaluate how the call was handled and to determine any ways to improve communication with the caller. To date, all CAN Center social workers are involved in Reflective Supervision. In addition, the CAN Center is implementing fidelity assessment observations with each supervisor for consistency in how the supervisors are coaching and mentoring their staff. Debriefing and feedback will be provided to each supervisor. Implementation began in mid-November 2013.

As a result of these efforts, the CAN Center team has decided that would create a Safety Organized Practice (SOP) Screener Narrative Workgroup aimed at consistent documentation of information received. A guide is being developed to assist CAN center screeners and to provide consistency in documentation and associated resources. Staff will include harm & danger statements as part of the screener narrative in order to clarify to the reader the true risk for the child(ren). Recommendations to permanent changes in the screener narrative to clarify harm and danger will be the outcome of this workgroup.

In addition, a recent audit by the Harvey Rose Management Team for DFCS determined a concern over the number or dropped phone calls through the CAN Center and recommended additional staffing levels in order to appropriately handle the volume of calls. Another unit was added to the CAN Center, and this unit is just one person shy of being fully staffed and Abandoned calls have been impacted dramatically over the past few months from a high nearly a year ago of 21% abandoned calls to a low of 6% abandoned calls for the month of May 2014.

	Jan 14	Feb 14	Mar 14	Apr 14	May 14
Abandoned calls	15%	15%	11%	8%	6%

In addition, partnership and trainings with 211 are currently underway in an effort to ensure that all staff have the most undated resource information to be provided to callers.

Strategy 3H- *Determine how to increase the utilization of the Family Resource Centers*

Department efforts for this strategy began in recent months, and this strategy has also been prioritized to move forward. Workgroups are underway and efforts to engage with community partners near the San Jose Resource Center and to ensure more community based resources are underway and that the Center is more “user friendly”. Draft work plans are in process and being implemented to carry out the necessary steps to gain community and Agency feedback from both staff and stakeholders about the changes and supports needed from within the Family Resources Centers both in San Jose and South County. For the San Jose Family Resource Center attention has been focused on increase collaboration and partnership with the neighborhood community and the available resources and increase utilization of the DFCS Family Resource Center as a more community based center. Efforts for the South County Family Resource Center have focused on employment and domestic violence due to the high numbers of unemployment and the highest rates for DV in the county. Partnerships for creation of a Family Justice Center with local law enforcement, Community Solutions and the District Attorney’s Office and the Probation Department has been launched; as well as partnership to offer classes for “health relationships” at the GFRC. In addition, a grant and partnership with Teen Force and the City of Morgan Hill and City of Gilroy will lead to a three year project to focus on employment for youth, ages 15-24. These strategies are on track for being implemented by January 2015.

Strategy 4

FAMILY REUNIFICATION STRATEGIES

Better utilize formal and information supports, such as extended family and the faith based community to increase placement with relatives and Non-Relative Extended Family Members (NREFM), safely supports parents and children in family reunification

REUNIFICATION OUTCOME MEASURES

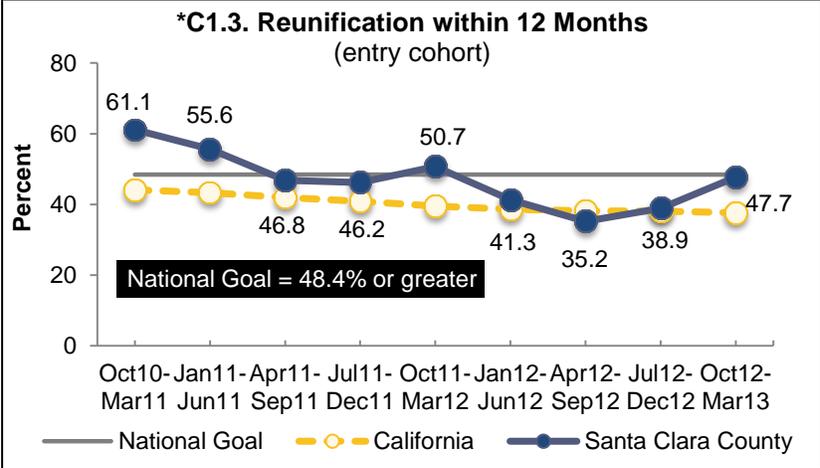
Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (6 Month Entry Cohort). Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Federal Standard: 48.4%

Current Performance: According to the data provided by SafeMeasures for the period between October 2012 and March 2013, in review of an entry cohort of children in Santa Clara County Child

Welfare **47.7%** of children who had first entries to foster care for 8 days or more were reunified in less than 12 months. By ethnicity, this goal was met only for all children except African Ancestry and White children. Of concern is that the percentage for African American children through this reunification measure is trending down. However, when you look at the median time to reunification or an exit cohort of children for reunification efforts (C1.1 or C1.2 which are other measures to evaluate reunification, SCC is meeting performance for African American children and families. For this measure, there is the following performance by ethnicity: African Ancestry 34.6% and White children 46.9% were reunified in less than 12 months during the same time period. 48.7% of Latino children and 52.9% Asian Pacific Islander children likewise reunified in less than 12 months. This measure is now just shy of meeting the National standard.

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



C1.3	National Standard	Last Year (Oct11- Mar12)		Most Recent Period (Oct12- Mar13)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 48.4%	43.8%	✗	34.6%	✗
White	≥ 48.4%	58.8%	✓	46.9%	✗
Latino	≥ 48.4%	49.0%	✓	48.7%	✓
Asian/ Pacific Islander	≥ 48.4%	61.5%	✓	52.9%	✓
Native American	≥ 48.4%	33.3%	✗	100.0%	✓
Overall Performance	≥ 48.4%	50.7%	✓	47.7%	✗

Target Improvement Goal: The County will improve performance on this measure from 33.9% (94 children) to 53.8% (149 children). This result can be obtained from a 30% (55 children) reduction of children with first entries into foster care of 8 days or more and still in care at 12 months. **Santa Clara County is jumped up in performance for this outcome measure during this past quarter to 47.7% and is just shy of the National goal of 48.4%**

Strategy 5:

FAMILY REUNIFICATION STRATEGIES

DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)

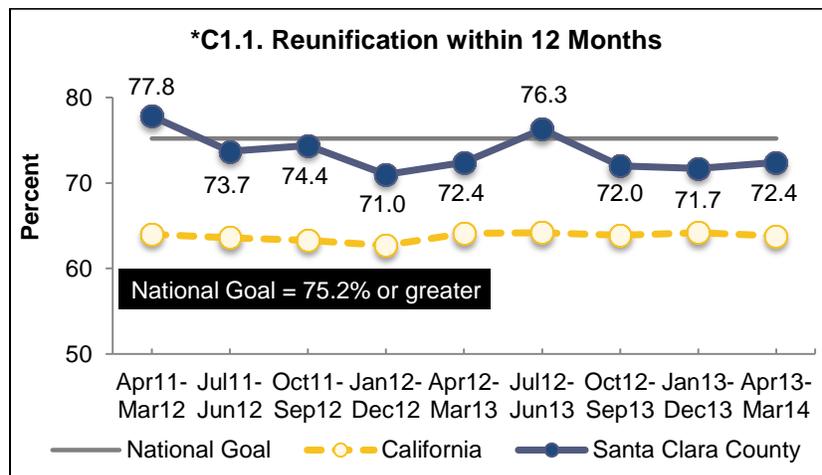
REUNIFICATION OUTCOME MEASURES - Timeliness and Permanency of Reunification

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Federal Standard: 75.2%

Current Performance: According to the data provided by SafeMeasures for the period between April 2013 and March 2014, in Santa Clara County Child Welfare **72.4%** of children who were in foster care for 8 days or more were reunified in less than 12 months. This measure has began to trend upwards in the past quarter. By ethnicity, this goal was met for all except Latino children. However, there was an increase in performance for Latino children from the previous quarter, so the County is trending in the right direction. 82.4% of Asian/Pacific Islander Ancestry children were reunified in less than 12 months during the same time period. 69.4% of Latino children, 76% of African Ancestry children, and 77.6% of White children were likewise reunified in less than 12 months.

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



C1.1	National Standard	Last Year (Apr12- Mar13)		Most Recent Period (Apr13- Mar14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 75.2%	68.8%	✗	76.0%	✓
White	≥ 75.2%	70.7%	✗	77.6%	✓
Latino	≥ 75.2%	70.9%	✗	69.4%	✗
Asian/ Pacific Islander	≥ 75.2%	90.3%	✓	82.4%	✓
Native American	≥ 75.2%	100.0%	✓	100.0%	✓
Overall Performance	≥ 75.2%	72.4%	✗	72.4%	✗

Target Improvement Goal: The County will improve performance on this measure from 72.2% (275 children) to 82% (312 children). This improvement can be obtained from a 30% (37 children) shift of children who reunify in more than 12 months to reunifying in less than 12 months. **Santa Clara County has improved slightly on this measure to a current performance of 72.4%. This measure is now being met for all children except Latino children at this time.**

Santa Clara County has engaged in the following activities during this past quarter toward the reunification improvement strategies:

Strategy 5A- *Increased visitation in a more natural and relaxed setting and increasing the number of visits available for families and children. Enforce the step down visitation model that would ensure visits occur in the least restrictive and supportive environment for families. Prioritize the an increase in support staff, funding and resources needed to help with the visits, including the availability of in-home parenting support.*

The timeline for implementation of a plan for increased visitation is Fall of 2014. This strategy has been prioritized through the Strategic Planning process and workgroups aimed at further development of the necessary short and long term action steps have been actively engaged over the past few months. This plan includes the following action items:

- Orientation and training for birth parents early in the process to understand expectation of supervision and how to be successful.
- Additional support staff to support successful visitation and a training for staff to provide more coaching for people in supportive roles for families to become more comfortable with the challenge and expectations for supervising visits. For instance, how to redirect or coach a parent in a difficult situation and when to ask for help.
- Locate venues where families can engage in natural home like settings that are weather protected.
- Ensure transportation is not a barrier for visits for caregivers or birth parents.
- Ensure additional support and training for staff in situations involving Domestic Violence with families.
- Ensure management reviews of supervised visits to better understand the barriers to “Step Down Visitation” to a more natural and least restrictive setting. Successful visitation between children and parents is one of the biggest predictors of successful reunification for families. Therefore, the necessary resources and support must be included in the process.

Currently, the workgroup is focused on the following:

- (1) Identification of the necessary funding needed for both space and staffing to ensure that space, transportation or persons to supervise visits is not a barrier and
- (2) Ensuring that the necessary tracking and supports so there is increased visitation and supports for parents to have meaningful visits with children that occur on a regular basis in natural settings at times that are convenient for families. This work is occurring through twice a month workgroups aimed at identifying barriers to visitation and the possible solutions. Currently, the Department is looking at ensuring appropriate space and the appropriate persons to supervise visits, as well as ensuring that visits are “stepped down” and made less restrictive and that parents understand what is required of them to be able to move from a supervised visit to unsupervised. One of the challenges for the workgroup is to how to identify the appropriate data tracking to be able to identify success for this strategy.

Strategy 5B-*Continue to support staff through training in order to have the difficult conversations with families regarding trauma. Ensure trauma focused educational services for parents and caregivers, and staff and ensure language and ethnicity is included. Creation of an on-line policies and procedures manual of current licensed professionals and including coaching and mentoring for staff especially with regards to trauma and*

Strategy 5E -*Continued participation in CAPP for Safety Organized Practice and Coaching and Mentoring- now referred to as Santa Clara County's Child and Family Practice Model (CFPM)*

Strategies 5B and 5E are intertwined as both involve Agency wide training and system changes in the ways in the Department is supporting children and families and the ways in which the Department is supporting social workers working with families to develop training and system changes respective organizations and agencies on a trauma informed practice. Efforts are still on track with the Santa Clara County CAST Committee- (Cross Agency Systems Team) supported and led by the Child Traumatic Stress Network and through the work with Chandra Gosh Ippen for a trauma informed training specific to those families involved in the Child Welfare, Probation and Mental Health systems. Training is expected by December 2014. In addition, Santa Clara County continues to move forward in training for the entire Department for the Child and Family Practice Model around Safety Organized Practice, trauma informed support and Cultural Humility with families. These trainings are providing staff with additional tools to support challenging work with families and to engage in the difficult conversations necessary. All continuing child welfare units and support units have been trained and training for the Front End social workers in Emergency Response and Dependency Intake is in process. In addition, Reflective Supervision Training which includes coaching and mentoring training to all managers and supervisors to make sure there is an infrastructure in place the supports the direct service case workers and the trauma they may experience in working with families and children who have been traumatized is in full implementation. This training will ensure that supervisors and managers learn and develop the skills to support their staff and to help reduce work stress, and improve staff's sense of competence and well-being. Further, Fidelity Assessments are currently underway to evaluate the effectiveness of the training and full implementation. A fidelity assessment tool is used by a trained supervisor or manager and community partner observing the social worker with the family in a "teaming event."

In addition, Santa Clara County DFCS has obtained Board approval for participation in the Title IV-E Well-Being Demonstration Project. This is an opportunity for Child Welfare and Probation Departments to use Title IV-E funding, which is the largest federal funding source for Child Welfare, more flexibly. The Title IV-E California Well-Being Project (Well-Being Project) will allow the child welfare and probation departments to offer federal foster care funds to children and families not normally eligible for Title IV-E support, and also provides funding for certain services not normally covered under Title IV-E. The project over the next five years will focus on two components:

- Prevention: Wraparound for probation youth exhibiting delinquency risk factors that put them at risk of entering foster care.
- Family Centered Practice: Safety Organized Practice to further implement and enhance the Core Practice Model for child welfare, focusing on prevention services to prevent the need for removals from the home, and supporting less restrictive placement options.

- The first year of participation will be largely focused on planning and stakeholder outreach.

Strategy 5C –*Enhance parent education support that is research based and takes into consideration the culture of the family. Tailor classes to meet the needs of families, ensure classes in South County and additional classes in Spanish. Look at open ended classes and ensuring childcare and transportation and the implementation of Triple P evidenced based parenting classes throughout the county.*

SCC DFCS had successfully partnered with Mental Health and the Probation Department in order to award the contract to provide Triple P evidenced based parenting classes. However, due to challenges with the selected provider’s inability to understand and meet the needs of the population, the respective department’s are in the process of selection of a new provider. Unfortunately, this has led to a delay in meeting this SIP goal. Currently, DFCS is utilizing staff trained in parent education to provide at least a minimum number of parenting classes in both English and Spanish for parents to meet their case plan requirements. A new contractor and new classes are expected to begin by August 2014.

Strategy 6 –

PERMANENCY STRATEGY

Increase the number of youth in guardianships and children/youth in adoption placements and eliminate the barriers to support a stable placement for children/youth

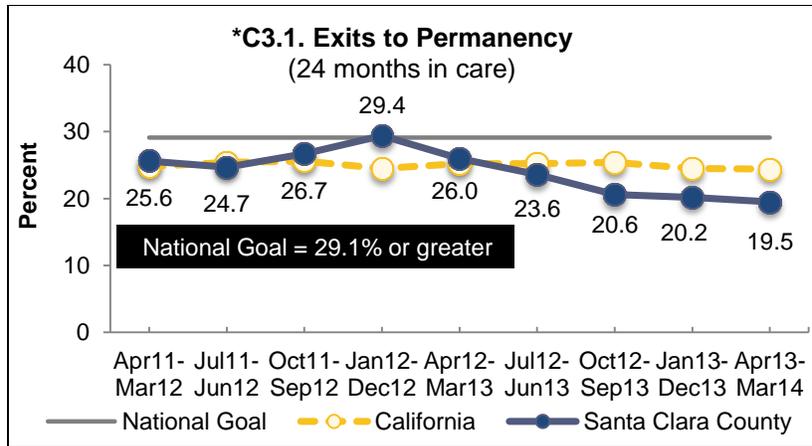
PERMANENCY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 months in care). Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

Federal Standard: 29.1%

Current Performance: According to the data provided by UC Berkeley for the period between April 2013 to March 2014, in Santa Clara County Child Welfare **19.5%** of children who were in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year and prior to turning 18. This measure is currently not meeting the National standard. Included in this percentage are children who exited to reunification, adoption, and guardianship. Not included are children who exited to non permanency or were still in care. By ethnicity during the same time period, 18.2% of Asian/Pacific Islander Ancestry children who were in foster care on the first day of the year exited to a permanent home by the end of the year and prior to turning 18. 21.5% of Latino children, 4.8% of African Ancestry children, and 23% of White children likewise exited to a permanent home by the end of the year and prior to turning 18. There continues to be a drop in exits to permanency for African Ancestry children this quarter and SCC is only meeting this outcome measure for Native American youth.

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



C3.1	National Standard	Last Year (Apr12- Mar13)		Most Recent Period (Apr13- Mar14)	
		Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Ethnicity	Goal	Performance	Goal met (✓) or not (✗)	Performance	Goal met (✓) or not (✗)
Black	≥ 29.1%	17.2%	✗	4.8%	✗
White	≥ 29.1%	11.7%	✗	23.0%	✗
Latino	≥ 29.1%	31.0%	✓	21.5%	✗
Asian/ Pacific Islander	≥ 29.1%	28.6%	✗	18.2%	✗
Native American	≥ 29.1%	60.0%	✓	50.0%	✓
Overall Performance	≥ 29.1%	26.0%	✗	19.5%	✗

Target improvement Goal: The County will improve performance on this measure from 20.4% (65 children) to 40.8% (130 children). This result can be obtained from a 26% (65 children) reduction in the number of children who are still in care. **Santa Clara County is currently at 19.5% and has decreased performance on this outcome measure for the past year and a half.**

The following strategies and actions steps occurred during this review period aimed at improvement in permanency measures:

Strategy 6B- *Concurrent Home Agreements are submitted, tracked and monitored for all children. Permanency Coordinator continues to send monthly report to Supervisors and Managers identifying those children who do not have Concurrent Home Agreements on file. Reinstate manager reviews for permanency and ensure all cases are transferred to finalization unit within 30 days of Parenting Rights being terminated.*

The first two action steps have been implemented. However, the overall deadline has been modified from January 2014 to January 2015 in order to allow the necessary time to track concurrency, understand the trends and to establish additional goals. In addition, the Department received a grant from the Dave Thomas Foundation for Wendy’s Wonderful Kids (WWK), to help the Department achieve permanency for children who have been in the system without a permanent plan and will supports efforts to achieve permanency. The children to be served by the Wendy’s Wonderful Kids program will be those children and youth who have been on the waitlist the longest for an adoptive family. By the time the children are referred to a WWK recruiter, nearly 70% are older than 8 years old, 30% have had six or more placements, and 50% have been in foster care more than four years. Some have never had a plan of adoption and have simply been on a track to

age out of foster care at age 18 or 21 without the security and love of a permanent family. Child Specific recruitment and careful tracking to continue to encourage the most permanent plan for a child and to secure options

In addition, Santa Clara County has been actively involved in the pilot project with the State for the Relative Family Approval Project (RFA). The Resource Family Approval (RFA) Program is a stream line process for recruiting and approving and retaining individuals and families who volunteer to open their hearts and homes to become quality substitute parents to children in need of placement due to protective or other social service reasons. The implementation process for SCC is currently underway to start implementation by July 2014.

This streamlined process includes comprehensively assesses homes using the highest standards for the care and supervision of children served by the child welfare system, as well as provides training and resources to prepare families for their roles and responsibilities. It is the program's vision to provide a safe, stable and nurturing home environment to a youth until they can safely achieve a positive permanency outcome through long-term permanency. Tools that will be used include a psycho-social risk and permanency assessment with intensive ongoing oversight of each home.

DFCS will fund an additional unit through Realignment funding for one Social Work Supervisor and eight (8) Social Worker III codes added to the Family and Permanency Bureau. The social work supervisor will be oversee the Resource Family Approval unit consisting of 6 social worker III who will assess applicants to become Resource Family Approved homes under this new approval process, 1 social worker III conducting licensing investigations, and 1 social worker III coordinating out-of-county relative placements.

In order to prepare for full implementation, a soft launch occurred, May 10, 2014. The "traditional process" of recruiting foster families has ended and Santa Clara County is now recruiting for "Resource Families". There is now a new process of requiring an informational meeting followed by submission of a Live Scan application. Prospective caregivers are then required to begin pre-approval training. There are currently 29 individuals in the Pre-approval training of the new process, excluding relatives. Additional considerations for the RFA streamlined process will include better use of Family Finding and use Joint decision making meetings, creation of an Emergency Relative Approval Process, and tracking system. The goal is to ensure that barriers to licensure are addressed and the relative are better prepared to support placement.

Strategy 6C-*Create a new assignment to track and monitor all external home studies to expedite completion and to better track and understand any delays.*

Strategy 6D *Permanency Coordinator and social workers to be trained in having conversations with youth about permanency and adoption as well as the creation of a permanency resource library to be utilized. A Permanency Resource Library has been established and is currently utilized by social workers and caregivers for permanency planning and for supporting children through the adoption readiness process. Permanency Resources are also available to support post-adoptive families and the staff who serve them.*

This action step was pushed back until January 2016 due to prioritization of the number of tasks for the Permanency Bureau functions. A current budget request is pending to augment resources in this program area.

Strategy 6E –*Inclusion of an adoption social worker in all Team Decision Making Meetings where a child has been legally freed.*

Deadline has been extended to January 2016, in order to ensure the necessary staffing to cover this task.

Strategy 7

PERMANENCY, FAMILY REUNIFICATION AND WELL-BEING STRATEGY

-Increase efforts to support children's well-being in order to stabilize and support children/youth in placement and support a parent(s) ability to reunify with their child(ren).

Action Steps-

Strategy 7A. Make education a priority and increase educational support to each student through the following action steps including hiring an additional staff in the Educational Services Unit by October 2013 to focus on the activities noted below. Due to delays in the movement of staff and the need to not remove another staff away from direct case carrying services, there has been a delay in the hiring of an additional staff in order to accomplish the following: However, efforts are underway to move toward the following:

- Increase tutoring – County Office of Education has dedicated additional funding for children and youth and a process is being established to ensure success.
- Better support for social workers and youth to understand and read transcripts – A plan will be developed and implemented by June 2014.
- Ensure the necessary support and classes for middle school students
- Increase partnership through School Linked Services
- Decrease number of expulsions through advocacy and education
- Increase number of 3-5 year olds in Head Start, State preschool or other comparable preschool Early Education Environment.
- Increase partnerships with local colleges for opportunities for transitioned aged youth.

The Department has increased efforts to ensure educational well-being in the following ways:

(1) Participation in the Early Education Partnership Grant to increase the number of children ages 3-5 in preschool or Head Start, Currently over 40% of children ages 3-5 are enrolled in pre-school and another 6% are on the waitlist for Fall 2014 academic year. County Office of Education has guaranteed DFCS that all children who are 4 years of age will have a “slot” for preschool before the start of Kindergarten.

(2) Training for early education providers to increase the knowledge about child welfare and understanding trauma for children in foster care launched in Spring 2014 for 60 early education teachers.

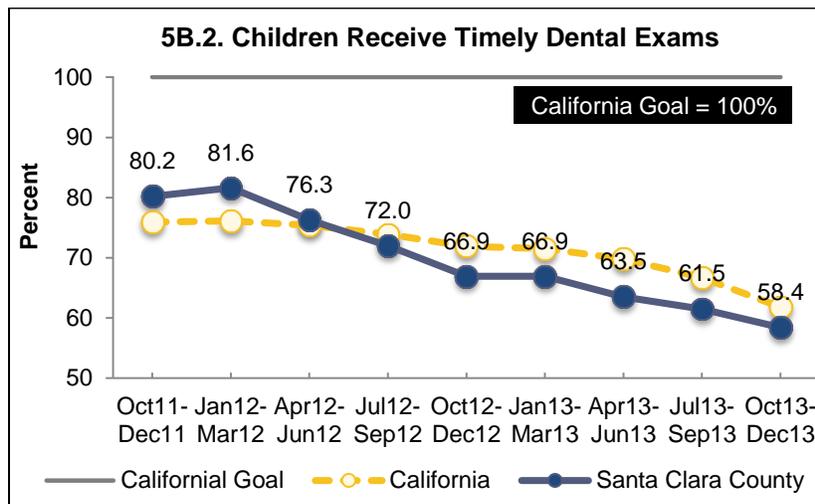
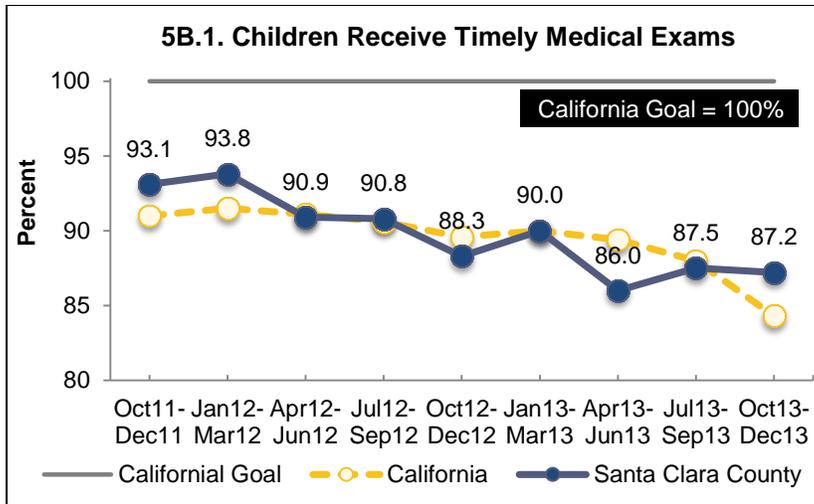
(3) One additional social work coordinator (SWCIA) has been hired into the Educational Services Unit in order to support social workers for education for high school and post secondary education/vocation for youth. This additional position was identified by moving a resource from another program area. It is anticipated that this position will focus on the educational needs and supports for youth and young adults, Non-minor Dependents participating in Extended Foster Care. This position will work closely with Emerging Scholars, RISE, YES Scholars and ILP to ensure youth and young adults are connected to financial resources and educational supports to reach full academic potential. This position will also work closely with Foster Youth Liaison's from each community college and University in Santa Clara County to increase enrollment rates and opportunities for foster youth. By adding one additional Social Work Coordinator I to the Educational Services Unit to focus on secondary and post-secondary educational needs for youth in foster care, the other Social Worker Coordinator I will focus on preschool children through middle school to ensure children in middle are adequately assessed with the appropriate education placement. In addition, middle school students are being linked with Child Advocates and an evaluation of the Middle School Education Court is currently underway to determine the effectiveness this project may have provided and in continuation of the program or replication is needed to support middle school education.

(4) Additional tutoring support is currently being addressed through County Office of Education funding tutoring services for children and youth that meeting the criteria, out of home placement in FFH, Group Homes up to the age of 19 yet not received HS diploma. COE is partnering with REACH to provide services. Youth and children not eligible for tutoring services through COE are provided through tutoring funded by DFCS through Team Up Tutor! In addition, The Hub youth center offers drop in tutoring services on Wednesdays from 1-5pm. Services concluded in June 2014 and will resume again in September 2014.

(5) For increased partnership with School Linked Services, in progress, a number of community partners received SLS funds to support the educational needs of youth in Santa Clara County. The Educational Services Unit is collaborating with Imani Village to leverage educational resources that will be made available to high risk you, foster care and juvenile justice youth in Santa Clara Count. The Educational Services Unit also has plans to collaborate with the 12 SLS member school districts and 5 SLS Hub sites to leverage educational resources for high risk youth.

Well-Being Measures

Timely medical and dental exams: Timely Dental and Medical Exams for all children have continued to trend downward, performing below the 100% State goal.



5B.2. Children Receive Timely Dental Exams, October 2013 - December 2013

Dental Exams	Black	White	Latino	Asian Ancestry/ Pacific Islander	Native American	Overall Performance
Received a timely dental exam	48.1%	66.4%	58.9%	55.1%	37.5%	58.4%

Strategy:

- SIP strategies are currently aimed at increased partnerships with Public Health and better identification of medical and dental resources to increase performance. DFCS has seen an increase in the number of children birth through age 5 seen by a Public Health nurse, whose primary objective is to ensure a child is assessed and connected to the necessary resources, including a primary physician and regular physicals. Additional data analysis is needed to better understand the barriers impeding performance for this measure. For instance, there is a concern that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education may be needed for this growing population to understand the implications if they do not seek regular dental care for several years. The Department is working to hire an additional Management Analyst position to ensure that necessary resources for tracking and evaluation for these goals.

Notable improvements for this review period include the following:

Safety: *“Children are first and foremost protected from abuse and neglect.”*

- **Children experience no maltreatment in foster care (Federal Measure S2)** Maltreatments in foster care are rare and the County continues to meet this Federal measure.
- **Children receive timely visits from social workers (State Measure 2F.1)** DFCS has continued to meet this state goal. DFCS is working with Juvenile Probation to ensure they meet this goal for the number of youth placed out of county. SCC will need to work with child welfare staff and juvenile probation staff for the new State Measure 2F.2 that will track visits with children in their placement/residence. This will be a new mandate. In SCC, social workers are visiting children and youth in the residence at least every other month. This is not the case for probation officers. Planning for policy and procedures changes and training are currently underway to meet this new requirement.

Permanency Measures: *“Children have permanency and stability in their living situations without increasing entry into foster care.”*

- **Timeliness and Permanence of Reunification:** Santa Clara County has continued to shorten the median time to reunification for families. For the past three (3) years Santa Clara County has met the national goal. In addition, reunification for exit cohorts within twelve (12) months has also improved and meets national standards. Children in Santa Clara County (SCC) are returning to one or both parents within a twelve month time period. Further, SCC has continued to decrease the numbers of families that re-enter care after reunification, currently only 1.6% short of the national goal.

- **Children legally free for adoption experience timely adoptions:** Santa Clara County continues to demonstrate that once children are legally free, the adoption process can be finalized timely.
- **Permanency for Children in Long-term Care:** Santa Clara County was meeting this national goal until just the past two quarters and has slipped slightly. Further analysis is needed, however, this may also be impacted by the numbers of youth choosing to opt into Extended Foster Care and not to chose guardianship or adoption as a permanency option.
- **Placement stability:** Children in SCC continue to experience more stability in foster care for longer periods, resulting in the County exceeding the national goal for four consecutive quarters. The County exceeded the target rates for children who stayed in care for less than 24 months by ensuring two or fewer placements.

Child Well-Being Measures:

- **Placement with Siblings:** The majority of children continue to be placed with all or some of their siblings 72.8% and 53% of children are placed with all of their siblings.

A summary of challenges this past review period and the SIP strategies in process include the following:

Safety Measures:

- **Recurrence of Maltreatment:**

Santa Clara County is still slightly below the national goal for the recurrence of maltreatment within six months of a prior substantiation. (SCC 92.0% and National Standard 94.6%) Challenges during this review period continue to be the high number of vacancies in DFCS in the Front End, struggles to fill Emergency Response (ER) and Dependency Intake (DI) positions, and mandatory overtime for ER workers to cover the unusually high number of child abuse referrals. In addition, there is the need to increase access to Differential Response for families to prevent entries into the child welfare system.

During the past review period DFCS and SIP goals have been aimed at ensuring the appropriate staffing levels in Emergency Response so that timely referrals and complete assessments for families are completed and that families are connected with the necessary resources and are appropriately assessed. In addition, DFCS is committed as to ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families. Assessments need to identify stressors so that services can be secured and families stabilized to prevent re-referrals or to prevent entry into care. Increased allocation of resources to increase the number of families able to access Differential Response and a newly selected providers under

the new logic model for DR should continue to support improvements in prevention services available to families.

10-day responses to child abuse and neglect referrals:

The County's performance on ten-day responses continues to decline at 81.8% and does not currently meet the State goal of 95% or more during the last ten quarters. SCC has analyzed reasons for the decline and is in the process of implementing strategies aimed at improving performance. One of the reasons for the decline is tied to timeliness of paperwork and data entry. For Emergency Response workers who are working mandatory overtime and ensuring children are seen, paperwork can often be delayed. Yet, it is vital that the appropriate documentation is completed timely. A plan of correction is currently being implemented and improvements are expected next quarter as a result. This is linked to *SIP strategy 1H –DFCS to conduct priority hiring of staff of all positions that are culturally and linguistically proficient to serve Latino, African Ancestry and Asian and Pacific Islander children and families*. Although, DFCS has actively recruited and hired staff, unfortunately staff continues to leave faster than staff can be hired and trained.

Permanency Measures:

- **Reunification within 12 months, tracking of an Entry-cohort and median time to reunification:** SCC remains just below the national standard for the median time to reunification. (SCC 4.2 months and the National is 5.4 months or lower.) In addition, tracking for an entry-cohort of children for reunification show Santa Clara County performance at 14.1% below the National goal of 48.4% or greater.

The following SIP goals are aimed at improving family reunification efforts: Implementation of the 23 practice behaviors through the California Partners for Permanency (CAPP)- now known as the Santa Clara County Child and Family Practice Model (CFPM) is aimed better engagement and support for families and children to ensure successful timely reunification; Efforts to address disproportionality and to ensure that all services and supports are equally distributed and that there is no bias in working with families; Better Linkages for families with the CalWORKS program to ensure that financial supports are addressed; Increased visitation and supports for parents to have meaningful visits with children that occur on a regular basis in natural settings at times that are convenient for families.

- **Legally freeing children within 6 months and finalizing adoptions for children in care 17 months:** As mentioned in the improvement section, performance has significantly improved for adoptions within 24 months and the median time to adoption has shortened. However, the main challenge area is for children in care 17 months and timely freeing and finalizing their

adoptions. This is SIP improvement strategy area with identified goals to improve adoption tracking and remove barriers impeding timely adoptions.

- **Permanency for children in long-term foster care:** The permanency exit trend for children in long-term care continues to be low for Santa Clara County and below the national goal for children in care 24 months or longer and for those children who were in care three years or longer who exited to emancipation or turned 21 years of age. However, it is important to note that the methodology for this measure requires a case to achieve guardianship or adoption and to close out of the foster care system. In Santa Clara County, families may choose to continue child welfare support services, which influences achieving the national goal for this measure. In addition, Santa Clara County has a fairly large number of youth (approximately 100 per year) not exiting the child welfare system into adoption or guardianship and electing to stay in care as a non-minor dependent. This further impacts this indicator as these youth are choosing not to complete guardianship or adoption in order to gain the advantages of Extended Foster Care.
- **Placement Stability for children in care for 24 months or longer:** Performance in limiting to two or less for children in care 24 months continues to improve for SCC since the closure of the Children's Shelter as another placement that children and youth would experience. This outcome measure is not met for the life of a case for a child in care. Therefore, it is anticipated that as placement stability continues to improve for children and youth for under 24 months, SCC will continue to increase in this performance measure.

Well-Being Measures:

Timely medical and dental exams: Timely dental and medical exams for all children have continued to trend downward, performing below the 100 percent State goal for the past two quarters. SIP strategies are currently aimed at increased partnerships with Public Health and better identification of medical and dental resources to increase performance. In addition, SCC will begin monthly monitoring and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional data analysis is underway to better understand the barriers impeding performance for this measure. One concern currently is that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education may be needed for this growing population to understand the implications if they do not seek regular dental care for several years. care in less than 12 months.

DISPROPORTIONALITY STRATEGY FOR THE COUNTY EXECUTIVE

Disproportionality Strategy for the Office of Cultural Competency for Children's Services

Strategy 1: Address and eliminate the over-representation of African Ancestry and Latino families through the creation of a Director position in the newly developed Office of Cultural Competency.

Please see description noted below for progress for this SIP goal.

BARRIERS AND OBSTACLES TO SIP IMPLEMENTATION

As discussed earlier in this report and in the Status of the SIP goals section, the most significant barriers to implementation have been the following and are currently being addressed: ensuring the necessary infrastructure and staffing to be able to accomplish SIP goals. Significant progress was made during the last six months increasing hiring of both Social Worker II/III codes in core child welfare areas such as Emergency Response, Dependency Investigations and Continuing Services, as well as the hiring of the necessary management and management analyst positions to provide oversight and handle the workload.

CHILD WELFARE SUCCESSES AND PROMISING PRACTICES

Successes and Promising Practices as noted above are the partnerships and collaborations that have been created and have contributed to the success in achieving success in meeting the goals for the Early Education and Early Childhood assessments and services for children birth to age 5, the Fatherhood Initiative and organization of resources and supports for fathers within Santa Clara County, the hiring of additional staff that meet the cultural and language needs of the clients involved with DFCS, the CalWorks/Linkages Partnership and mandated training for all DFCS staff, and efforts to ensure an improved logic model and consistent services for Differential Response.

CHILD WELFARE OUTCOME MEASURES NOT MEETING STATE AND/OR NATIONAL STANDARDS

As noted above, Santa Clara continues to improve on most of the State and Federal Outcome Measures, but also continues to struggle with other measures. This quarter, the number of measures with improvement outnumbered those measures that declined. Santa Clara needs to improve in some the Family Reunification efforts. Conversely, the Adoption composite has been an area of challenge. The County made remarkable improvement and met the national goal for this composite for three consecutive quarters. However, there is a regression this quarter. Adoptions within 12 Months (for children who are legally free for adoption) is the only measure of the five adoption measures that meets the national goal. Specifically, Children Legally Free within 6 Months and Adoptions within 12 Months (for children in care for 17 months or longer) are farthest away from the national goal, currently at 62% and 71%, respectively.

Below is a summary of the challenges relative to the State goals and the strategies to improve performance.

- The County's performance on Ten-day Responses has not met the State goal of 95% or more during the last nine quarters, ultimately plunging to 81.8% this quarter.

Strategies:

- 2) Safety is an identified area of improvement for the SIP. SCC has analyzed reasons for the decline and is in the process of implementing strategies aimed at improving performance. One of the reasons for the decline is tied to timeliness of paperwork and data entry. For Emergency Response workers who are working mandatory overtime and ensuring children are seen, paperwork has often be delayed. Yet, it is vital that the appropriate documentation is completed

timely. A plan of correction is currently being implemented and improvements are expected next quarter as a result.

- 3) In addition, the following SIP strategies are being looked at:
 - c. Increase resources in the Front End for Emergency Response ensuring staff vacancies are filled as a priority so that timely referrals and complete assessments for families can be completed are a Department priority.
 - d. Ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals and to decrease the numbers of families on the wait list for DR.
 - e. In addition, the county has initiated a competitive process to add additional resources to Differential Response with particular attention to Latino and African Ancestry families, as well as Vietnamese families. It is anticipated the increased resources will be available within the next year through CBCAP funds and Realignment funding.
- Timely Dental and Medical Exams for all children have continued to trend downward, performing below the 100% State goal.

Strategy:

- 1) SIP strategies are currently aimed at increased partnerships with Public Health and better identification of medical and dental resources to increase performance. In addition, SCC will begin monthly monitoring and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional data analysis is underway to better understand the barriers impeding performance for this measure. One concern currently is that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education may be needed for this growing population to understand the implications if they do not seek regular dental care for several years.

In addition, as noted above the County is actively addressing the decline in the State outcome rate for timely 10 day responses, as well as trying to better understand the decline in timely medical and dental services for children.

Please refer to the summary of the current progress for Santa Clara County noted in the section on current progress.

STATE AND FEDERALLY MANDATED/ NON-MANDATED CHILD WELFARE INITIATIVES

Santa Clara County is currently participating in several Federal and State initiatives. The following is a summary of Santa Clara County's participation and current progress:

CAPP- California Partners for Permanency/Santa Clara County's Child and Family Practice Model (CFPM)

Santa Clara County was chosen as one of the early implementing counties for the California Partners for Permanency project (CAPP), which is funded through a five-year Federal grant, administered by the California Department of Social Services. The project is aimed at reducing the number of children in long-term-foster-care. CAPP's planned intervention is a Child and Family Practice Model that includes culturally-sensitive engagement; empowerment of family, Tribal, and community networks; and the use of culturally-based and trauma-informed healing practices. This Practice Model will include both front-line practice standards for Social Workers and systemic capacity standards. The front-line practices will include standards in four essential element areas including (1) authentic discovery and engagement; (2) empowering families; (3) healing trauma; and (4) a pre and post-permanency circle of support. The four early implementing counties: Santa Clara, Los Angeles, Humboldt and Fresno engaged local stakeholders in creating the details of these practice elements specific to the two populations of focus: African Americans and Native Americans. These two groups were identified based of statewide data of the most disparately represented groups in California.

In Santa Clara County, social work units have been trained in cohorts of no more that 40-50 persons per training. Since November 2013, all continuing units have been trained on the practice model. Training for emergency response and dependency investigation functions launched in May of 2014 but has been slow due to high vacancy rates in Emergency Response and Dependency Intake impacting the number of workers that can be involved in training. Current planning is in process to ensure the necessary coverage to support Front End workers away from their work for 3 days of training for August and October 2014 and January 2015. In addition, one day orientation sessions have been conducted for Community Based Organizations of the CAPP Initiative and the Santa Clara County Child and Family Practice Model to introduce stakeholders to the underlying philosophy and practice approach have been launched and are being held every couple of months. In addition, a half day training session was conducted for Court Partners. In attendance were the Juvenile Dependency Judges, Attorneys, Mediators, and Child Advocates.

In addition, Fidelity Assessments are now being conducted for the random selection of African Ancestry families six months after the case carrying social worker has been trained and is implementing the tools and techniques of the Child and Family Practice Model. Feedback from the Fidelity Assessments will lead to the necessary organizational or system change areas that may needed.

Title IV-E Child Welfare Waiver Demonstration Project

Santa Clara County has applied for the Title IVE waiver demonstration in an effort to ensure the creative funding for more prevention services and programs aimed at supporting the reduction in Disproportionality.

Early Education Child Welfare Participation Grant

Santa Clara County Social Services Agency- Department of Family and Children's Services was awarded a grant from the Department of Health and Human Services Administration for Children and Families for a period beginning September 30, 2012 through September 29, 2014. The overarching goal of the Circle of Care Project is to increase wellbeing and to build protective factors for these children, their families, and their caregivers through the enhancement and improvement of the collaborative multi-agency service delivery system. The project will achieve this goal through three distinct strategies, or program strands:

1. Strengthening existing collaborative partnerships by building a more formalized and tightly connected infrastructure to support coordinated care;
2. Enhancing services through the implementation of assessments and screening for children with significant adverse childhood experiences; and
3. Broadening the availability of high quality early childhood education/care through specialized training and professional development for caregivers to assure effective service delivery to children involved in the system.

The Circle of Care Project grant was awarded based on current partnerships established with FIRST 5, County Office of Education, Head Start, Public Health Department and the WestED Training Institute. It is an infrastructure building grant allowing the necessary time and resources to continue to build a strong infrastructure for this county by allowing a child welfare system where children age birth through age five, who are involved in the system receive a full spectrum of the early intervention services needed to thrive. In addition, this project will result in increased capacity for collaborative practice in Santa Clara County to support comprehensive integration of services between the child welfare system and the early childhood education system.

The following are the activities and accomplishments during this review period. The following highlights these accomplishments:

1. Agreements in place between DFCS and the Public Health Department and between DFCS and the County Office of Education Head Start.
2. Continued screenings by visiting public health nurses program administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's). This included identified funding, completion of the necessary releases, court orders and communication and a tracking mechanism put into place. Training has begun to occur for all social workers in the child welfare department, as well as tracking and the necessary written policies and procedures. As of April 2014, 51% of children have been screened.
3. Ensure priority enrollment for children into an appropriate Head Start, State Preschool or other preschool setting. As of April 2014, over 40% of children ages 3-5 years of age had been enrolled into an appropriate preschool early education setting.
4. Over 60 Early Education Providers from the target areas of downtown San Jose, Eastside San Jose and Gilroy have completed a specialized 36 hour training curriculum through DeAnza Community College to better understand child welfare and the impact on trauma. These providers are now currently participating in a "hands on curriculum" follow up training in their early education classroom setting.
5. Establishment of a shared parenting education intervention utilized across the County. Provider selected for the Triple P Positive Parenting Program and full launch for parents involved in the Mental Health and Child Welfare systems. A second community based provider has been selected and trainings are now beginning for Triple P.

Katie A. Settlement Agreement

Santa Clara County Department of Family and Children's Services (DFCS) has been working in collaboration with Santa Clara County Mental Health Department to ensure the necessary compliance with the Katie A. legislation and requirements. Santa Clara County DFCS in partnership with Mental Health has a preliminary plan and has initiated Phase 1 of the completion of forms by social workers to identify mental health services for all children involved within the Child Welfare System. In addition, a mandatory training overview for all child welfare staff and mental health community providers was launched in July 2014.

CHILD WELFARE SIP MATRIX

Please see the attached UPDATED Santa Clara County System Improvement Plan Matrix, dated July 2014 for a detail of the current strategies and status to date. (Attachment A) In addition, please refer to the SIP Strategy Summary Matrix for a summary of all strategies and manager assignment. (Attachment B)

PROBATION INTRODUCTION

With more than 1.8 million residents, Santa Clara County is the sixth most populated county of California's 58 counties and the most populated county in the Bay Area. The County's 15 cities contain 95% of the County's population, and more than half of the County's residents live in San Jose. In 2013, the total youth population in Santa Clara County ages 10-17 was 185,041 with 29 percent White youth, three percent Black youth, 36 percent Latino youth, 32 percent Asian/Pacific Islander youth, and all other combined were less than a percent.

Over the last two decades, Santa Clara County has had significant demographic shifts in its youth population (ages 10-17). Overall the population has increased by 19 percent, but the shift between racial and ethnic groups has been even more dramatic. The youth of Santa Clara are increasingly youth of color. The White youth population has decreased by 22 percent since 1993, and is no longer a majority. The Latino youth population has increased by 46 percent to become the largest racial/ethnic population. During the same time, Asian/Pacific Islander youth numbers increased by 72 percent. The percentage of Black youth has decreased by 17 percent, while the Native American youth population has had the greatest decrease of 29 percent.

In 2013, of the total 6,612 youth arrested in Santa Clara County, 1,851 youth (28 percent of all youth arrested) were booked at Juvenile Hall. Following national trends, Santa Clara County experienced a reduction in arrest. In 2013, there was a 20 percent decrease in arrests for all youth compared to 2012, with almost 1,700 fewer arrests in 2013. Since 2011, there has been a 32 percent decrease in the number of arrests. A review of the youth population and arrests clearly indicate overrepresentation for Latino and Black youth. While Latino youth represent 36 percent of the overall youth population, they represent 67 percent of youth arrested. Black youth represent three percent of the overall youth population, but nine percent of arrested youth. The demographic shifts and arrest rates for youth remind us why improving outcomes for youth of color is critical to the future success not only of those individual youth, but of the county as a whole.

Santa Clara County Probation's (Probation) focus area during the Peer Quality Case Review (PQCR) was on timely reunification. Specially, to measure efforts toward Permanency as it relates to probation youth reunifying within 12 months of entering a foster care placement. According to the California Social Services Research Center (CSSR Q1 2012), Probation's rate of Timely Reunification was low, with 30.8% of youth reunified within 12 months, compared to a national standard of 75.2% and a California average of 63.9%. In addition, Probation's rate of Placement Stability was below the national standard, with 35.7% of youth who have been in foster care for 24 months or more having 2 or fewer placements, compared to a national standard of 41.8% and a California average of 46.8%.

Through the System Improvement Plan (SIP) process themes were identified which lead to strategies for improvement recommended by the SIP Planning Committee. Probation outcomes selected for improvement in this cycle included the following outcome measures: C1.1 Timely Reunification and 4B Least Restrictive Placement. These outcomes were selected as a means to improve targeted areas highlighted by data analysis incorporated in the PQCR and the County Self-Assessment (CSA). Furthermore, stakeholder feedback has indicated the priority in foster care services needs to be on increasing the quality and consistency of best practices around parents and caregivers engagement, system and practice reforms, enhancing recruitment and retention of foster homes and relative placement, and increase use of wraparound services, making timely reunification and placement stability more probable.

STAKEHOLDERS PARTICIPATION

Probation

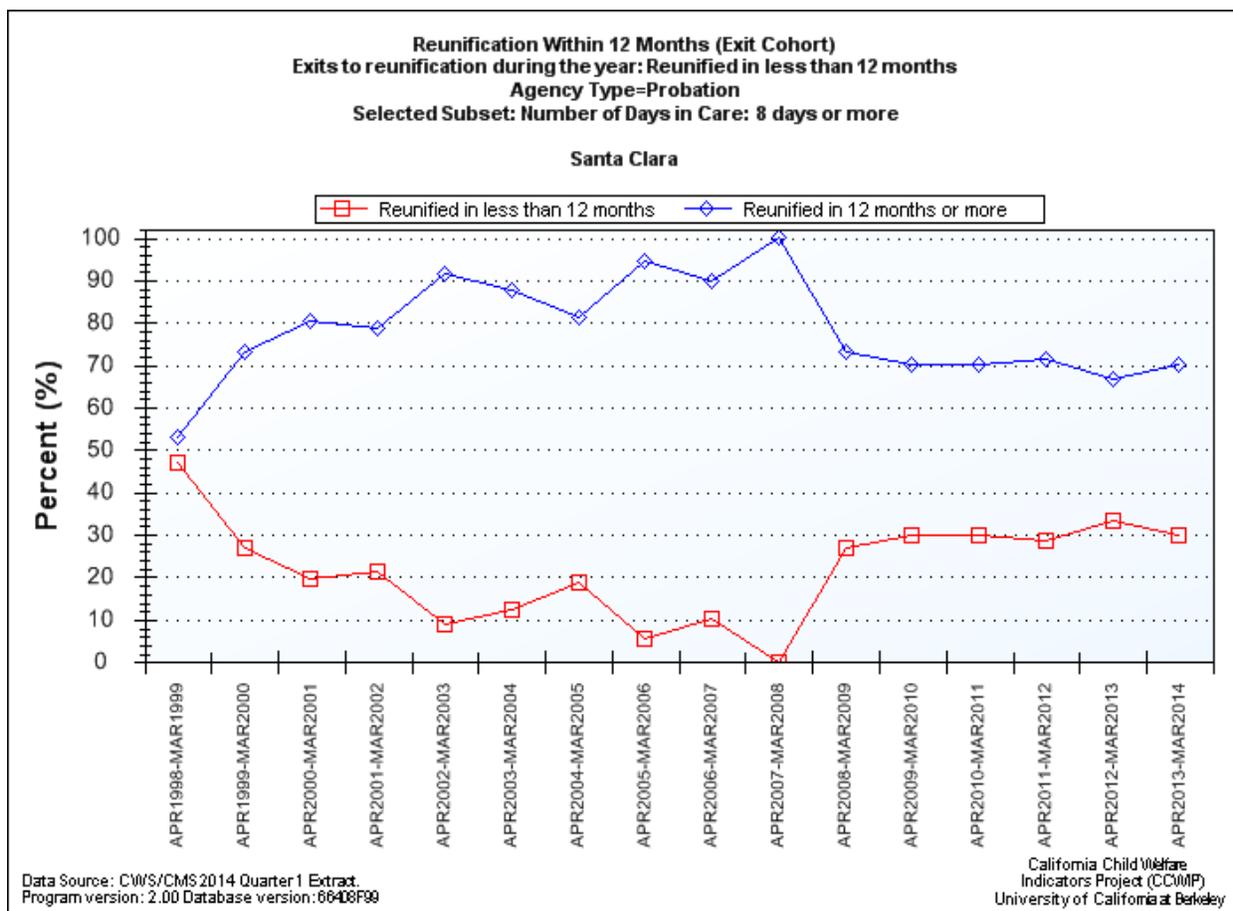
During the time since the Santa Clara County System Improvement Plan (SIP) was approved in June 2012, Probation has continued to work closely with our stakeholders and core representatives to monitor the implementation of the SIP strategies and action steps. Our stakeholders and core representatives have been an integral part of the planning process for many of the identified SIP strategies as well as other projects that are in place within the community. For instance, participants from the Department of Family and Children Services (DFCS), Mental Health Department, Superior or Juvenile Court, Appointed Advocates such as LACY, District Attorney's Office Public Defender's Office, community service providers, and youth from the HUB served on committees to implement Intensive Targeted Wraparound services and/or the Dually Involved Youth Unit.

Throughout the next three years, the department will continue to work closely with our partner agencies, to ensure the improvement goals and SIP strategies are successfully completed. We will also work together to identify and address any other areas needing improvement.

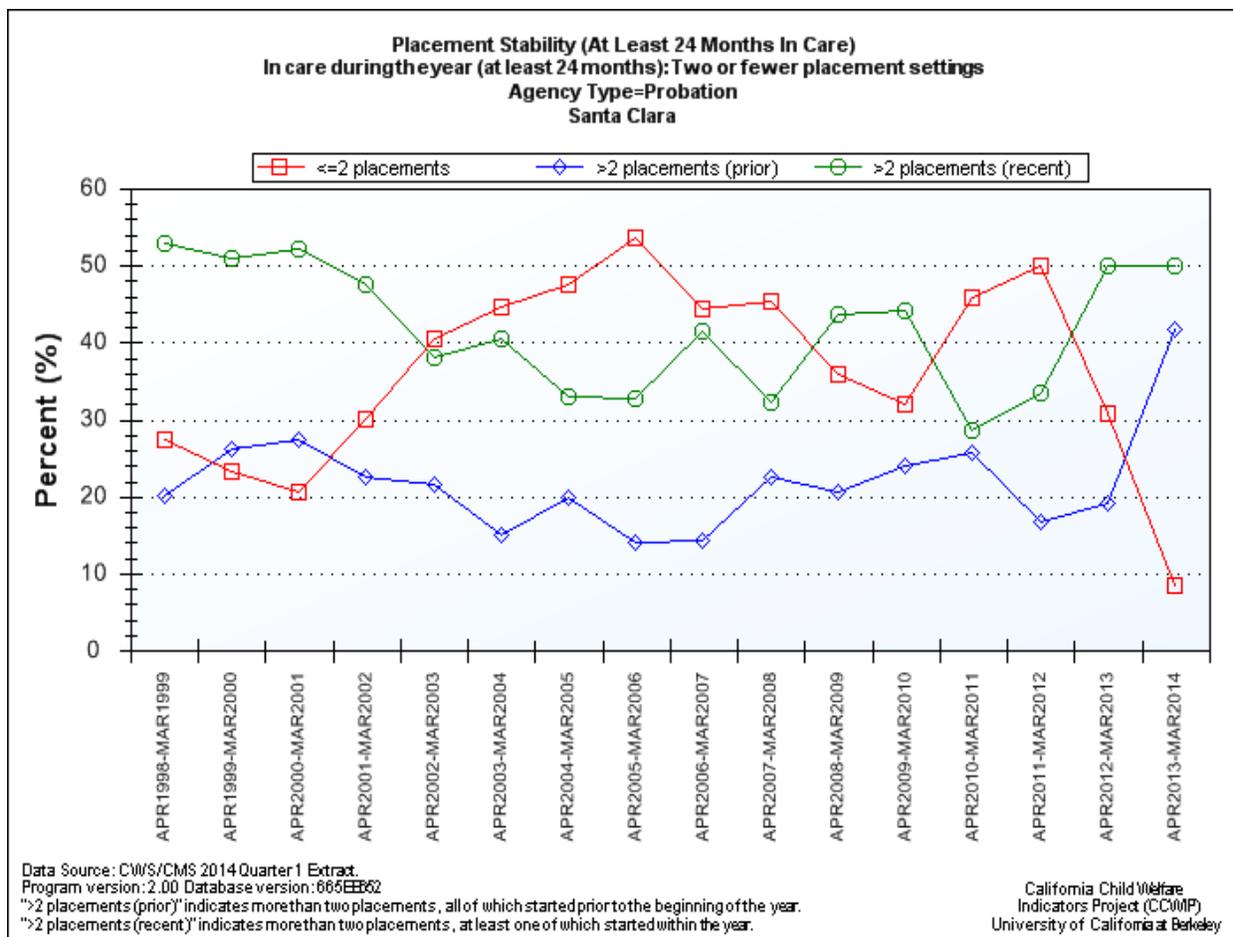
CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Probation

The Timely Reunification outcome indicator data set, C1.1, is an exit cohort that identifies, out of all youth who exited care through reunification in a 12-month period, how many and what percent reunified in less than 12 months. Last year's performance for C1.1 in Q1 (March 2013) was 33.3%, which was 41.9% below the National Standard of 75.2%. Our current performance for C1.1 in Q1 (March 2014) is 30%, which is a 3.3% decrease from last year. Target Improvement Goal: Increase the percentage of children who reunify within 12 months from 30.8% to 58.8% during the next five years, by 5.6% increments each year. Though the County has not reached its goal of increasing the percentage of children who reunify within 12 months by 5.6% during the past year, we will continue to strive to increase this percentage from the current 30% to 58.8% during the next three years.



The Placement Stability outcome indicator data set, C4.3, is youth who have been in foster care for 24 months or more having two or fewer placements. When looking at placement stability for probation youth, the point in time data shows a significant drop to 91.7% of youth who were in more than two placements. Last year's performance for C4.3 in Q1 (March 2013) was 30.8%, which was 10% below the National Standard of 41.8%. Our current performance for C4.3 in Q1 (March 2014) is 8.3%, which is a 22.5% decrease from last year. Target Improvement Goal: Increase percentage of children with two or fewer placements who have been in care at least 24 months from 35.7% to 47.6% during the next five years, by 2.4% increments each year.



Both in Timely Reunification and Placement Stability the number count of youth in this time period are much lower than previous years, 7 of 21 and 8 of 26 respectively in 2013 and 3 of 10 and 1 of 12 respectively in 2014. As Probation's numbers of youth in foster care continue to get smaller the confidence in understanding the impact of new programs and services will have on these outcomes becomes a concern. Other statistical methods to assess and compare trends may become critical in the future.

STRATEGIES STATUS

Strategy 1: Develop coordinated and integrated child welfare and juvenile justice system that enhances services and outcomes for dually involved youth.

In 2012 the juvenile court system, child welfare and juvenile justice systems came together to apply for a grant with the MacArthur Foundation aimed at better serving dually involved youth. The impetus behind applying for this grant stemmed from frustrations with the preexisting model of serving this population and the growing acknowledgment that outcomes for many dually involved youth were abysmal.

In the Spring of 2012, Santa Clara County became one of four competitively selected demonstration project sites to receive technical assistance towards the development of an integrated child welfare and juvenile justice system that enhances outcomes for youth that touch both systems. Utilizing best practices developed during the MacArthur Foundation *Models for Change* Initiative, the four selected jurisdictions worked with a team of consultants for 12 months in an effort to improve outcomes for dually involved youth. The work undertaken during the yearlong grant period has been used to develop a curriculum that will be instructive to jurisdictions throughout the county. **See Attachment 1 - body of text from DIY Manual developed for MacArthur Foundation**

Based on the direction provided by Technical Assistance Advisors, in the of Summer 2013, an Executive Steering Committee was developed, comprised of leaders from the relevant child serving agencies and Courts, other juvenile justice stakeholders, community and youth representation. The Executive Steering Committee guides the work of three Subcommittees: Legal & Policy, Data and Practice & Resource.

The Executive Steering Committee established the following “Desired Outcomes” for the Initiative:

A. Youth, Family & Community Outcomes

1. Youth have decreased contact with law enforcement and the juvenile justice system.
2. Youth remain in family setting with appropriate support and access to services, whenever possible.
3. Youth are protected from high-risk environments (including sexual exploitation, gang activity and domestic violence).
4. Youth reduce high-risk behaviors that threaten their well-being and community safety.
5. Youth are connected to positive adults, cultural ties and pro-social activities.
6. Family Finding is used more frequently and effectively to increase connections to a youth’s family of origin.
7. Youth have the supports they need to ensure educational/ vocational engagement and success.
8. Youth and their caregivers have access to services that meet their cultural and linguistic needs.
9. Rates of juvenile delinquency decrease, resulting in a safer community.
10. Victims and communities harmed by juvenile crime are restored.
11. Faith based communities are engaged in efforts to support youth and families.
12. Communities are empowered in ways that make them safer.

B. System Outcomes

1. The child welfare system and juvenile justice system eliminate the disproportionate representation of children of color.
 - a. Identify specific junctures at the front-end of the process, and throughout the process at which structural changes can be made to reduce disproportionate minority contact.
2. Youth serving systems (child welfare, juvenile justice, mental health, community based agencies):
 - a. align philosophies and process amongst agencies such that coordinated services, support, joint efforts, and family engagement are the common goal
 - b. increase investment in outreach, prevention and early intervention
 - c. consider possibilities for blended funds and coordinated service delivery
 - d. improve data collection and use across system
 - e. increase trauma-informed services & reduce system induce trauma

A commitment to jointly working towards these goals is memorialized in a Memorandum of Understanding signed by judicial leadership from the juvenile justice court and dependency court, the Director of DFCS, SSA, Mental Health, Chief Probation Officer, District Attorney, Public Defender, SVCN, and youth staff from the HUB. **See Attachment 2 – Interagency MOU**

Throughout this reporting period, the subcommittees have invested an enormous amount of resources into discussing these goals, developing plans to meet them, and developing an evaluation plan to measure “success.” The Initiative focused on developing and implementing plans for the following three efforts: Youth and Family Team Meetings; restructuring judicial oversight of dual jurisdiction cases and a Dually Involved Youth Unit.

The goal of the Youth and Family Team Meetings (YFTM) is to partner with the youth and family in identifying what supports are needed in order to be able to function safely, ultimately free of system involvement.

The YFTM will involve three phases:

1. The YFTM process will begin with a youth advocate building a relationship with the youth and family, and conducting an assessment of the youth’s most salient needs and strengths.

2. Subsequently, a YFTM will be held with a variety of system and non-system participants to discuss the strengths and needs of the youth and explore ways to capitalize on the strengths and more effectively respond to the needs.
3. Finally, a separate meeting will take place without the youth and family to discuss specific joint recommendations that will go into the Court report.

The Mental Health department has resourced the Initiative with a facilitator to conduct these meetings, and with a Youth Advocate, who has “lived experience” to partner with the youth throughout the process. The YFTMs incorporate best practice, as identified by our MacArthur Foundation Technical Assistance Advisors. **See Attachment 3 - YFTM Process**

Another “best practice” for serving dually involved youth is a One Judge model in which one judicial officer oversees both the dependency and delinquency case, thereby enhancing the ability to see the youth and family holistically. However, after actively exploring this option for a number of months, we have concluded for a variety of logistical and philosophical reasons that we are not currently at a point where it makes sense to implement this model. That said, we pursued other creative solutions that lead to developing a “Lead Court” model for judicial oversight of cases involving dually involved youth. **See Attachment 4 – Dual Status Protocol**

Dually Involved Youth Unit

In the past, dually involved youth may have been on the caseload of social workers and probation officers with little to no experience handling this distinctive population. Dually involved youth may represent a small fraction of a staffs’ caseload; consequently staff do not have the opportunity to develop either expertise with how to handle this population, or familiarity of how to navigate the other system involved. Further, depending on where a youth is in their process with each agency, the staff assigned by each system may not be in communication at all. A social worker may not even know that a youth on his caseload has accrued numerous referrals to Probation. It is generally not until a youth has penetrated deeper into the juvenile justice system that the communication between systems becomes more regular. Moreover, each system looks at the youth and family through a limited lens, given their respective agency mandates and responsibilities.

Following several years of development of a dually involved youth process, in June 2014 the creation of a dually involved youth initial protocol, and the Dually Involved Youth (DIY) unit has been realized. The DIY unit consists of co-located probation officers and social workers, overseen by both Probation and DFCS supervisors and managers. The DIY unit uses a coordinated and holistic approach by which Probation and DFCS works together to jointly provide appropriate services and intensive case management. DIY staff will utilize promising practices which include:

1. sharing appropriate and relevant information for use in crafting joint recommendations and case plans;
2. coordinating screening and assessment methods to reduce redundancies;
3. ensuring consistency of the workers assigned to families to enhance case management and supervision as well as build trust and rapport with the youth and family; and
4. facilitating cross-system awareness regarding resources in order to reduce the delay in accessing services.

It recognizes the critical role that families play in planning for an array of services to meet the specific needs of their youth and family. Further, they coordinate the development of case plans. This includes the presentation of these case plans to the court as part of the case dispositional process. DIY staff provide coordinated case supervision, continuing the partnership between Probation and DFCS throughout the time the case is open in both systems. It includes the need of updating case plans to improve youth and family outcomes and reflect the changing dynamics in families. The ongoing refinement of probation and social work practice to meet the needs of the DIY population all stemmed from the changes in how DIY youth are now being served in Santa Clara County.

Additionally, an in-depth data tracking system has been created to drive decision making **(See Attachment 5 – DIY Data Tracking Indicators)**. The Data Subcommittee exploring the question of which youth would most benefit from being served by this Unit. As part of this exploration, we have partnered with San Jose State Professor, Dr. Emily Bruce, and have reviewed dozens of academic articles to identify the key risk factors for child welfare youth that increase likelihood of entering the delinquency system. While there are a number of salient indicators, two prominent factors consistently appear throughout the literature: number of child welfare placements, and placement in congregate care at time of arrest. We have taken all of these factors into consideration in determining the specific population that will be served by the Unit.

When evaluating which youth to focus on, we balanced the priorities of (1) serving the youth currently identified as true dual status or judicial dual status (i.e, youth on the 241.1 calendar); (2) serving child welfare youth who are at risk of penetrating the juvenile justice system; (3) maintaining the flexibility of serving youth that do not fall into either the first or second category but present compelling reasons for inclusion in the Unit. We estimate the Unit will have the capacity to serve 25-26 youth and families on the staff's caseload, at a time.

Best practice dictates that dually involved youth are served by specialized staff that have ongoing, cross-system training so they are better equipped to serve dually involved youth. The Dually Involved Youth Unit would be comprised of teams of specialized staff working together to understand the family unit as a whole and respond effectively to the complex needs of the youth and family. Further, the team has explicit encouragement by management to develop nontraditional solutions, which will include, among other things, linkages to non-traditional, smaller, culturally appropriate service providers. There is recognition that some families have pre-existing relationships with service providers who are not currently under contract with both agency and that for many families, traditional service delivery has not been successful. A new model demands changes in both staffing and services, requiring the use of flexible funding to engage non-traditional partners.

Strategy 2: Improve family supports through linkages to family-based alternative services and alternative placements to group homes for probation youth in placement.

On November 12, 2012, the Santa Clara County Social Services Agency's (SSA) Department of Family and Children's Services (DFCS), in collaboration with the Probation Department (PD) and the Mental Health Department (MHD), invited qualified vendors to submit proposals to furnish "Intensive Targeted Wraparound" (ITW) services within and for the County of Santa Clara ("County"). On July 1, 2013, the County awarded two providers a total of 48 ITW slots (24 slots each) to provide services to youth and their families. The Providers were established Foster Family Agencies (FFA) and were to provide Intensive Therapeutic Foster Homes for 20% of the slots awarded.

The ITW program is an additional strategy for providing enhanced community-based family preservation options. Each ITW team includes a Wraparound facilitator, a family specialist, parent partner, and probation officer as core members (with each family then adding additional family/community members). This greatly enhances our ability to provide intensive supports for youth who would normally be kept in detention or residential care. Obviously some youth, even with this level of care, require periods of time in detention or residential care, but the ongoing support allows for shorter stays in both, and facilitates re-entry into the community again. Also, the ITW program assists youth at imminent risk of out-of-placement in high-end group homes to stabilize them in their home or current placement. For those in group home care, ITW provides the youth with the opportunity to return to a family-type setting in their community, or ITW begins with a family-centered, strength-based, needs-driven planning process for creating individualized service and support plans for youth and their caregivers. Intensive Therapeutic Foster Parents are intensely trained, highly committed, mission driven licensed foster parents who are dedicated to the "no-reject, no-eject" policy, making their home available to our youth for six months. Within these six months the team and Intensive Therapeutic Foster Parent work with the youth identifying interventions and stabilize the youth. The team also works to identify family/kin and other natural team members who will be available for long-term permanency for the youth. After the six month stay, the youth shall step down to

the least restrictive placement appropriately for the youth. This can include birth parent, relative, non-related extended family member, or foster home. The Intensive Therapeutic Foster Parent will generally serve one youth at a time. Two or more children who are emotionally disturbed or have serious behavioral problems who are siblings may be placed together in the same professional parent foster home if there is agreement between the county social worker and/or probation officer and the FFA.

Probation access the ITW services on eight (8) occasions. All eight (8) youth were placed in the Pre-Preventative Intensive Targeted Wraparound services program and returned or remained home with their parent(s) or guardian(s). Of the eight (8) youth: four (4) exited wraparound and entered an out of home placement or a ranch camp; one (1) had their probation dismissed due to completion of all terms and conditions as set by the Court; and three (3) are currently still receiving services from the program. Regarding gender, 5 of Wraparound clients have been young men, with 3 young women—which is generally typical of the juvenile justice system.

During this reporting period, there were no probation youth placed in an ITW Intensive Therapeutic Foster Parent home. Unfortunately, there are only 10 Intensive Therapeutic Foster Parent homes and being that they are shared beds with DFCS, they are usually filled to capacity.

BARRIERS TO IMPLEMENTATION

None Identified.

OTHER SUCCESSES/PROMISING PRACTICES

Probation has invested in several efforts for youth and their families, to reform the nature of the Juvenile Justice system in this jurisdiction. The primary focus has been to use a myriad of options to reduce reliance on out of home care and to increase stability in family based settings. Listed below are a few key initiatives for Probation:

- The Santa Clara County wraparound program has been developed through a collaborative partnership between the County and the Wraparound agencies. This partnership, through regular meetings and solicitation of community and family input, maintains high standards, measures the achievement of outcomes and ensures voice, choice and access for all stakeholders. Wraparound utilizes a targeted portion of local foster care funds (combined with EPSDT dollars) to create an interagency team of probation officers and community based professionals to provide intensive services to keep youth at home with their families rather than placed in group homes or possible institutional care. The interagency teams provide intensive case management and treatment within a wrap-around philosophy, which include field based mental health, substance abuse and probation services in a

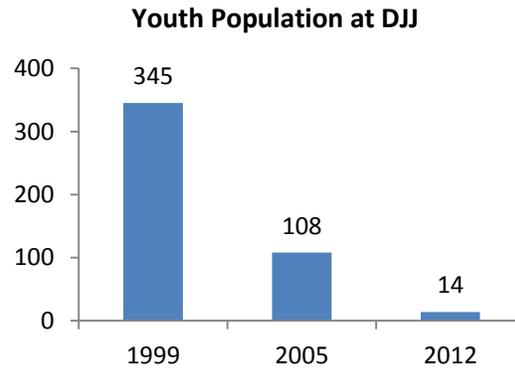
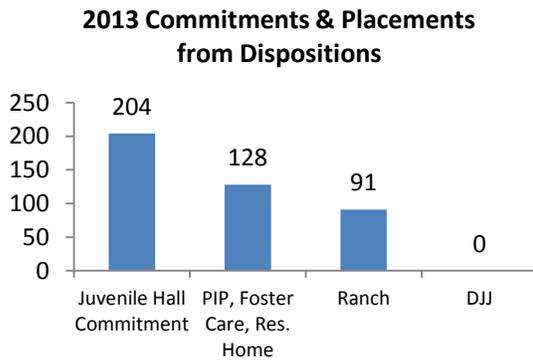
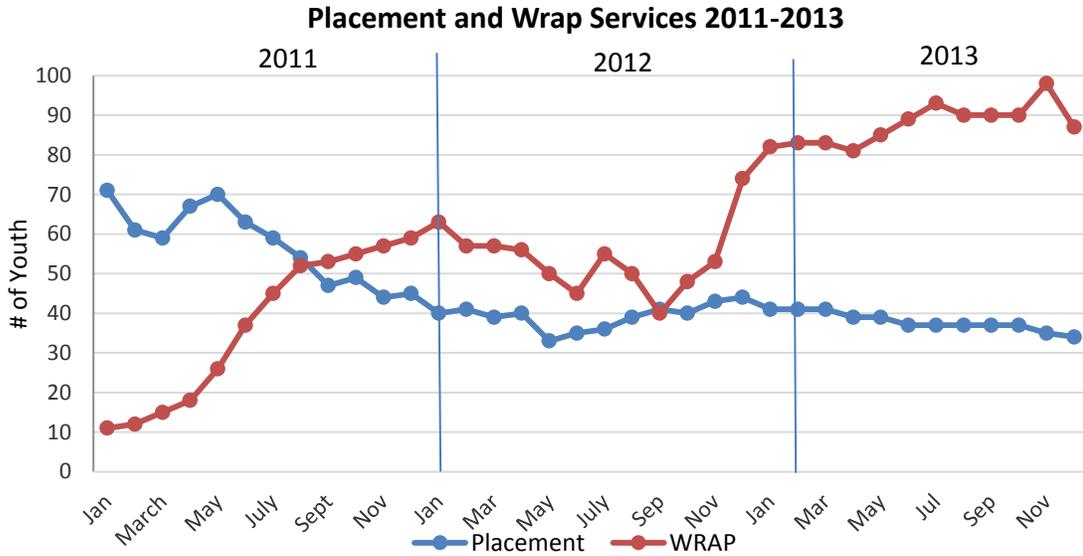
“whatever it takes” effort to achieve family and youth goals. Efforts to keep youth home from group home placements included:

- **Pre-Placement Diversion:** Wards of the court with court orders for wraparound services while living at home instead of being placed in out-of-home placement or institutional care.
- **Step-down from foster care:** Release from necessary out-of-home placement, with return home with wraparound services subsequent to release.
- **Reentry Services:** Intensive services for youth released from institutional care with wraparound support while preparing for reentry, then supporting the return home.

Probation tends to focus primarily on Placement Diversion as our primary strategy for reducing out-of-home placement. However, in addition to serving court wards as a formal alternative to group home care, the Reentry Services team also serves court wards with high criminality reentering the community to prevent escalation deeper into the juvenile justice system, such as out-of-state foster care placement and commitments to the California State Department of Juvenile Justice (DJJ).

- **Multidimensional Treatment Foster Care (MTFC):** Probation has developed a partnership with the Bill Wilson Center (a local community provider) to provide local (MTFC) placement as an alternative to congregate care, incarceration, and hospitalization for adolescents who have chronic antisocial behavior, emotional disturbance, and delinquency. MTFC is an evidence based foster care program that places one youth with a foster family at a time. Community families are recruited, trained, and supported to provide MTFC placed adolescents with intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from delinquent peers.

Since the implementation of these key initiatives and several other program and practice changes there has been a significant reductions in out of home placements (youth with warrants, in detention, or on home trial not included in chart below) from pre 2011 placement levels. Usage of secure detention facilities for disposition continues to decrease. Commitments to Juvenile Hall, the Juvenile Rehabilitation Facility (The Ranch) have decreased by 23 percent cumulatively. Perhaps the most significant decrease has been Santa Clara County’s youth population at the Department of Juvenile Justice (DJJ - formerly California Youth Authority, or CYA). There was a DJJ population of 345 youth in 1999 and by 2012 it had been significant decreased to 14 youth at DJJ. In addition, there were no youth committed to DJJ in 2013 by Probation.



Probation CWSOIP Narrative

There are no significant changes to Probation expenditure plan this year. Probation plans to continue paying for Probation Officer training and overtime for video visits (via) Skype. Probation had planned to purchase laptops for placement probation officers in FY14, so they can enter notes when visiting placements and so they can set up video visit (via) Skype between the parents and youth in the group homes which are located out of county. However, the equipment was not procured, thus, will be purchased during this fiscal year. Probation will also continue to help parents with travel cost, so they might see their children more frequently, enabling continuity of contact. Probation intends to focus on parents/guardians of youth who are in placement in FY16. To this end, Probation will use the money to provide support to parents and youth by offering parenting classes. Probation will also explore the possibility of contracting with a community based organization to conduct family finding efforts.

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DISPROPORTIONALITY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system”.
- Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

State of California Performance:

According to the UC Berkeley data, African American/African Ancestry and Native American children are over represented in child welfare compared with their presence in the overall population, while White, Latino, and Asian American children are under-represented. In California, African Ancestry children are 5.5% of the population, Asian American children are 11%, Latino children are 52%, Native American children are .4%, and Whites are 27%.

In California’s Child Welfare population, African American/African Ancestry children represent over 14% of the referrals received and over 20% of the cases opened each month, Native American children 1%, White children are 28%, Latino children have 43% of referrals received and represent over 50% of the % of cases opened and Asian Children represent 4% of the referrals and 3% of the cases opened each month. For the State of California the percentages of referrals and cases by ethnicity has remained constant during the past year. There continues to be a substantially higher percentage of African American and Hispanic children with open cases as compared to referrals.

% (#) of Referrals Received By Ethnicity State of California				
	9/12	6/12	3/12	12/11
African American	14% (4449)	14% (3957)	14% (4869)	14% (3856)
Latino	43% (14014)	43% (11797)	44% (15659)	43% (11575)
Asian/Pacific Islander	4% (1135)	3% (946)	4% (1402)	4% (957)
White	28% (9169)	29% (8050)	28% (10158)	30% (8002)

From SafeMeasures Data

% (#) of Cases Open In Specified Month By Ethnicity State of California				
	9/12	6/12	3/12	12/11
African	21% (401)	21% (331)	21% (391)	21% (321)

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American				
Latino	52% (1109)	52% (1021)	52% (1180)	52% (910)
Asian/Pacific Islander	3% (78)	3% (78)	3% (108)	3% (79)
White	25% (600)	29% (593)	27% (622)	28% (525)

From SafeMeasures Data

These numbers do not change much when you look at the % by allegations or if you look at the data by % of children entering into foster care, there are still disproportionate rates for Latino and African American/African Ancestry children as represented in 2011 by 19% of the population and 50% Latino children and only 3% Asian/Pacific Islander children.

% of Allegations By Ethnicity State of California				
	2011	2010	2009	2008
African American	15% (65106)	15% (66588)	15% (65970)	15% (67954)
Latino	53% (233472)	53% (238173)	53% (234254)	53% (240234)
Asian/Pacific Islander	4% (16604)	4% (16870)	4% (17259)	4% (18377)
White	27% (117934)	27% (120415)	27% (120571)	28% (125423)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity State of California				
	2011	2010	2009	2008
African American	19% (5598)	19% (5789)	20% (6398)	21% (6747)
Latino	50% (15126)	51% (15584)	50% (15895)	49% (16241)
Asian/Pacific Islander	3% (892)	3% (785)	3% (971)	3% (1070)
White	26% (7912)	27% (8155)	25% (7975)	26% (8409)

From UC Berkeley Data Disparity Indices

Santa Clara County Current Performance:

According to UC Berkeley data, Santa Clara County's child population is comprised of 2% African Ancestry/African American, 31% Asian, 37% Latino, 0.2% Native American, and 23% White.

In comparison in the child welfare population for Santa Clara County for entries into foster care, 11% are African Ancestry, 1% are Native American, 16% are White, 66% are Latino and 6% are Asian. (See table below for entries into foster care.)

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The State has a significantly higher representation of African American children (14% referrals received 21% cases) compared to the African American child population of the State (6% from UC Berkeley data), for Santa Clara County 8% referrals received and 9% opened cases each month, but 11% entries for children into foster care system for 2011. For Latino children (43% referrals and 52% cases), the representation is somewhat lower for children with referrals and about the same for children with open cases as compared to the overall State child population (51% from UC Berkeley data).

For Santa Clara County, the % is higher for Latino children (58% referrals and 61% cases opened each month). The percentage representation of Asian children for both referrals and cases has remained steady at 3-4% for the State, as compared to the overall Asian child population of the State at 11%. Santa Clara County has a slightly higher representation of Asian/Pacific Islander children at 12% for both referrals and cases than the state.

% of Referrals Received By Ethnicity Santa Clara County				
	9/12	6/12	3/12	12/11
African American	8% (66)	8% (50)	8% (71)	10% (77)
Latino	58% (487)	55% (360)	55% (519)	59% (446)
Asian/Pacific Islander	12% (105)	11% (73)	14% (131)	13% (95)
White	18% (154)	24% (158)	20% (193)	16% (121)

From SafeMeasures Data

There has been a slight downward trend in the number of referrals for African Americans and Asian/Pacific Islander families between the period of 12/11 and 9/12 in Santa Clara County. For Latino families, the percentage of referrals and cases has remained relatively static during the time period. African American children represent 2% of the child population of Santa Clara county (2010 US Bureau of the Census) and 9-12% of the child welfare population for the county when looking at numbers of opened cases each month and the number of children in foster care. Latino children represent 39% of the child population of the county and 66-67% of the child welfare population when you look at % of cases opened in a specific month or the % of children in foster care. Asian/Pacific Islander children represent 33% of the county's child population, but only 12% of the cases opened in a specific month or 7% of entries into foster care.

% of Cases Open In Specified Month By Ethnicity Santa Clara County				
	9/12	6/12	3/12	12/11
African American	15% (11)	6% (3)	8% (7)	6% (4)
Latino	52% (38)	63% (30)	57% (49)	71% (47)
Asian/Pacific Islander	15% (11)	10% (5)	9% (8)	14% (9)

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White	18% (13)	19% (9)	24% (21)	9% (6)
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From SafeMeasures Data

% of Allegations By Ethnicity Santa Clara County				
	2011	2010	2009	2008
African American	8% (1055)	8% (1033)	8% (1059)	8% (1177)
Latino	60% (7561)	59% (7387)	59% (7699)	59% (8160)
Asian/Pacific Islander	12% (1495)	11% (1426)	13% (1633)	12% (1702)
White	19% (2415)	21% (2552)	20% (2594)	20% (2774)

From UC Berkeley Data Disparity Indices

% of Entries to Foster Care By Ethnicity Santa Clara County				
	2011	2010	2009	2008
African American	11% (80)	11% (75)	13% (94)	10% (102)
Latino	66% (461)	63% (426)	62% (425)	63% (623)
Asian/Pacific Islander	6% (39)	7% (50)	7% (52)	8% (78)
White	16% (115)	19% (126)	17% (118)	18% (178)

From UC Berkeley Data Disparity Indices

In Santa Clara County, the percentage of referrals received and the % of cases opened per ethnicity for Latino and African American/African Ancestry children and families have remained consistently high at a disproportionate number. In the child welfare population for September 2012, Santa Clara County percentages of ethnicities for referrals are at 8% for African American/African Ancestry; 12% for Asian/Pacific Islander; and 58% for Latino families in comparison to 15% African American/African Ancestry for open cases, 15% for open cases for Asian/Pacific Islander and 52% for Latino families.

Target Improvement Goal:

1. Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system”.
2. Complete a full analysis to better understand factors related to the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address

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those factors.

3. Better understand what is behind the under-representation for Asian American families by looking at each individual Asian cultural group represented in Santa Clara County.
4. Ensure adequate resources and supports that are culturally and linguistically appropriate for all children and families served.

REUNIFICATION OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort). Of all children discharged from foster care to reunification during the year, who had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal from home?

Federal Standard: 75.2%

Current Performance: According to the data provided by SafeMeasures for the period between 10/1/11 and 9/30/12, in Santa Clara County Child Welfare **74%** of children who were in foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 94.1% (16) of Asian/Pacific Islander children were reunified in less than 12 months during the same time period. 76.2% (173) of Latino children, 52.9% (18) of African Ancestry children, and 71.6% (48) of White children were likewise reunified in less than 12 months.

Target Improvement Goal: The county will improve performance on this measure from 74% (256 children) to 82% (284 children). This improvement can be obtained from a 30% (28 children) shift of children who reunify in more than 12 months to reunifying in less than 12 months.

REUNIFICATION OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (6 Month Entry Cohort). Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

Federal Standard: 48.4%

Current Performance: According to the data provided by SafeMeasures for the period between 4/1/11 and 9/30/11, in Santa Clara County Child Welfare **47.5%** of children who had first entries to foster care for 8 days or more were reunified in less than 12 months. By ethnicity, 53.8% (7) of Asian/Pacific Islander children were reunified in less than 12 months during the same time period.

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47.3% (69) of Latino children, 55.0% (11) of African Ancestry children, and 44.2% (19) of White children were likewise reunified in less than 12 months.

Target Improvement Goal: The county will improve performance on this measure from 47.5% (106 children) to 63.2% (141 children). This result can be obtained from a 30% (35 children) reduction of children with first entries into foster care of 8 days or more and still in care at 12 months.

RE-ENTRY OUTCOME MEASURE (Although, Santa Clara County has done well in improvement in Family Reunification over the last several years, this outcome goal is being included in the efforts towards improvements in permanency, as Santa Clara County's mission and goal is to increase the likelihood of children residing with parents, returning with parents or residing with relatives/NREFM if they are unable to return home.)

Priority Outcome Measure or Systemic Factor: C1.4 Reentry within 12 months following Reunification. Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

Federal Standard : 9.9%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/10 and 9/30/11, in Santa Clara County Child Welfare **14.1%** of children who reunified had a reentry to care within 12 months. By ethnicity, 0.0% (0) of Asian/Pacific Islander children reentered care in less than 12 months during the same time period. 14.2% (41) of Latino children, 18.3% (11) of African Ancestry children, and 15.9% (8) of White children likewise reentered care in less than 12 months.

Target Improvement Goal: The county will improve performance on this measure from 14.1% (65 children) to 8.5% (39 children). This result can be obtained from a 40% (26 children) reduction of children who reunified and had a reentry to care within 12 months.

NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: S1.1 No recurrence of maltreatment within 6 months of a substantiated maltreatment allegation. Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

Federal Standard : 94.6%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/11 and 3/31/12, in Santa Clara County Child Welfare **89.6%** of children who had a substantiated maltreatment allegation did not have a recurrence of maltreatment within the following 6 months. By ethnicity, 92.3% (72) of Asian/Pacific Islander children did not have a recurrence of maltreatment within 6 months during the same time period. 88.4% (526) of Latino children, 90.5% (38) of African

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Ancestry children, and 91.4% (159) of White children likewise did not have a recurrence of maltreatment within 6 months.

Target Improvement Goal: The county will improve performance on this measure from 89.6% (806 children) to 93.9% (844 children). This result can be obtained from a 40% (38 children) reduction in the number of children who have a recurrence of maltreatment within 6 months following a substantiated maltreatment allegation.

PERMANENCY OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 months in care). Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

Federal Standard : 29.1%

Current Performance: According to the data provided by UC Berkeley for the period between 10/1/11 and 9/30/12, in Santa Clara County Child Welfare **26.7%** of children who were in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year and prior to turning 18. Included in this percentage are children who exited to reunification, adoption, and guardianship. Not included are children who exited to non permanency or were still in care. By ethnicity during the same time period, 10.5% (2) of Asian/Pacific Islander children who were in foster care on the first day of the year exited to a permanent home by the end of the year and prior to turning 18. 31.5% (74) of Latino children, 15.1% (8) of African Ancestry children, and 21.4% (15) of White children likewise exited to a permanent home by the end of the year and prior to turning 18.

Target Improvement Goal: The county will improve performance on this measure from 26.7% (102 children) to 56.0% (214 children). This result can be obtained from a 40% (112 children) reduction in the number of children who are still in care.

<p>Strategy 1: <i>Disproportionality Strategies</i></p> <p>(1) Address and eliminate the overrepresentation of African American and Latino families in an effort to achieve parity. (*)</p> <p>(2) Address the under-representation for Asian American and Caucasian families in DFCS in both referrals received for suspected child abuse and neglect and those children and families who are already involved with open cases in Child Welfare in Santa Clara County. (*)</p> <p>(*) These goals to be accomplished through data analysis and engagement with representatives of the cultural groups affected.</p>	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input checked="" type="checkbox"/> Other-county to look at additional funding sources to support these strategies	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification C3-Timely Permanency</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 1A (Also Strategy 2A for Prevention Goals) Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African American/African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral,</p>	<p>By July 2013 –<i>Revised to July 2014 due to delays in the competitive contracting process- RFP was launched and new contracts will be in place for Fall 2014.</i></p> <p><i>Completed- additional slots were added but not all providers could fully implement, this goal will continue into FY 14/15 to ensure demand is met for prevention services.</i></p>	<p>Differential Response Coordinators and CAN Center and Front End Program Manager</p>

medical, developmental, or mental health concerns.)

- DR allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add 25 additional slots for African American families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African American and the diverse Asian and Pacific Islander families.
- Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals.
- Add Family Flex funds for \$500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk.
- Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources.
- Need to address the shortage in childcare resources by supporting and connecting to childcare for families referred to DR so that families can take advantage of DR services.

<p>Strategy 1B Work with an oversight committee comprised of key community persons representative of the Latino, African American/African Ancestry and several of the Asian American community groups that will meet with Santa Clara County SSA and DFCS Executive Management and SIP oversight members, as well as employee groups and designated community based organizations on a quarterly basis to discuss current trends and progress on SIP goals to address disproportionality. This committee will be responsible for any additional goals aimed at addressing disproportionality for the specific cultural groups and will coordinate all efforts with the newly created Office of Juvenile Services Equity.</p>	<p>To begin Spring 2013 –Revised to begin by Fall 2014</p>	<p>SSA Director to take leadership role in working with the Disproportionality Oversight Committee</p> <p>DFCS Director, Deputy Director and Administrative SIP Manager</p>
<p>Strategy 1C Continue to monitor the overrepresentation of African American and Latino families and address the under-representation for Asian American and Caucasian families in DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP:</p> <ul style="list-style-type: none"> • DFCS to continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis. • Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any 	<p>December 2013 for the identification of additional SIP goals –Additional goals completed through Children of Color Task Force.</p> <p>Evaluation of data and monitoring of over-representation of children on-going throughout the SIP time period.</p> <p>Monthly reports to the Board of Supervisors- Children, Seniors and Families Committee are in process.</p> <p>Data analysis in process with Mission</p>	<p>DFCS Agency Director and SSA Director</p>

<p>additional specific SIP goals to be developed by December 2013 to address disproportionality in each of the respective cultural groups reflective for Santa Clara County- including: (1) Latino families; (2) African America/African Ancestry families; (3) Asian American families; and (4) Caucasian families.</p>	<p>Analytics to better understand Disproportionality and any changes in strategic goals.</p>	
<p>Strategy 1D (Also in Strategy 3A for Safety Goals) Revise the design, content and delivery of mandated reporter training in the following ways:</p> <ul style="list-style-type: none"> • Enhance curriculum to include education about: (1) disproportionality in Santa Clara County; (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services. • Include SCC CAN center staff (Child Abuse and Neglect Call Center staff) in the discussion and planning of curriculum enhancements. • Develop a “Train the Trainer” model for efficient delivery of the training to a broad array of mandated reporters. • Include a partner trainer from the Parent Advocate Program or Parent Advisory Board- Parents Encouraging Parents. • Include Cultural Experts in the curriculum development and training. Curriculum Development to be contracted with cultural experts in the field. 	<p>By Spring 2014- Revised to February 2015- due to delays in the contracting process</p>	<p>CAN Center Manager, DFCS Administration Contract Program Manager and Staff Development</p>

<ul style="list-style-type: none"> • Ensure this goal is in alignment with the work through the Child Abuse Council to improve mandated reporter training and messaging to the community. 		
<p>Strategy 1E (Also Strategy 3D)</p> <p>Increase collaboration between the community and the Department of Family and Children’s Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families, specifically to address issues of disproportionality for the over-representation of Latino and African American/African Ancestry families and the under-representation for Asian American and Caucasian families.</p> <ul style="list-style-type: none"> • Complete a community assessment to better understand needs. • Ensure CAN Center workers are aware of the current community resources. • Involve consumers and the community to improve DFCS services from the diverse cultural communities that comprise Santa Clara County. • Ensure key leaders in the Latino, African American, and Asian Pacific Islander community are engaged and willing to help support a community assessment of needed resources. –Cultural Forum dialogues with members of the community and cultural groups 	<p>To be completed by January 2014–Revised planning and goal setting to begin by January 2014 and goals to be completed by June 2015</p> <p>Involvement of key community leaders</p>	<p>CAN Center manager with the San Jose and Gilroy Family Resource Center Managers</p> <p>Director of Cultural Competency, SSA and DFCS Director</p>

<ul style="list-style-type: none"> • Link with resource directory being created. • This strategy should link with the goal to meet on a quarterly basis with the community about resource needs. • Increased collaboration to be ranked through a baseline assessment of resources and an annual assessment of available resources as assessed by parents, youth, and families. • Meetings with the community to create links to the community through “cultural brokers” in Santa Clara County 	<p>To launch discussion of creation in the Summer of 2014- define and establish cultural brokers by Feb 2015</p>	<p>Program Manager II in Administration</p>
<p>Strategy 1F (Also Strategy 3E) Ensure social workers provide consistent assessment for referrals for General Neglect, as it relates to cultural</p> <ul style="list-style-type: none"> • Implement system wide training –Signs of Safety/Safety Organized Practice for all DFCS staff and Differential Response community providers in an effort to identify true harm from complicating factors that may be causing risk. • Data analysis indicates that a major factor in the phenomena of overrepresentation is related to family stress variables. General neglect assessments must look at the impact of family stress variables related to poverty, number of children, and age of parent and to ensure linkages to the resources to address these stresses. • Continue data analysis to better understand those cases confirmed as General Neglect. 	<p>Completed by Spring 2014-Revised to December 2014 due to a need to continue Safety Organized Training for all Front End staff throughout 2014 and into January 2015</p>	<p>Front End DFCS Program Managers- ER, DI and South County, Administration Program Manager and Staff Development</p>

<ul style="list-style-type: none"> • Front End Manager to complete bi-annual random review of General Neglect cases. • Ensure a clear definition and response for general neglect referrals. 		
<p>Strategy 1G (Also Strategy 3F) DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African American/African Ancestry, and Asian American children and families and ensure retention of those staff hired.</p>	<p>Spring 2013-Completed. This goals began in Spring 2013 and will be ongoing to ensure hiring and retention of staff.</p>	<p>DFCS Administration Manager, Code Control Analyst and SSA HR</p>
<p>Strategy 1H (Also Strategy 4D) Increase communication between caregivers and parents to identify best placements and to secure the necessary supports and improve family engagement through the following:</p> <ul style="list-style-type: none"> • Expanded use of (1) Team Decision Making meetings that occur before removals of children, (2) Transition Meetings for any placement decisions on cases and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings). • By December 2014, include analysis of the current number of these occurring and the # 	<p>To begin by Fall 2014 – and implementation by Fall 2015</p>	<p>Family and Permanency Manager and San Jose Family Resource Center Manager</p>

<p>to increase each year for the 5 year time period and link with the family finding goal.</p> <ul style="list-style-type: none"> • Develop Orientation classes for caregivers (similar to the Parent Orientation class to ensure relatives and caregivers understand the “system”) and a drop-in support group that takes language into consideration. • Launch the Relative Family Approval Process 		
<p>Strategy 1I (Also Strategy 5C)</p> <p>Enhance parenting education to improve participation and learning and natural support networks for parents. Improved Education Support to include consideration of cultural and language for all classes, regardless of the size of the class.</p> <ul style="list-style-type: none"> • Identify research based parenting programs that promotes learning with both parents and children involved- example: Celebrating 	<p>To be completed and in place by Fall 2014- Completed for new parenting program Triple P roll out- due to change in CBO- 2nd launch to occur in Fall 2014.</p>	<p>Family Resource Center Manager and DFCS Contracts Manager</p>

<p>Families, a program that is supportive of families from different cultures</p> <ul style="list-style-type: none"> • Increased in-home parenting training Add additional contract services to provide in-home parenting. • Tailor classes to meet families' individual needs . • Ensure opportunities for families that may not have common language needs- specifically American Sign Language (ASL) and Korean needs and ensure adequate Spanish. Speaking classes to meet demand • Ensure the necessary available classes in South County. • Look at open-ended classes where parents can join a class at any time and the availability to make up classes. • Ensure childcare and support is available at the same location as the classes being provided. Increase contract for child care to ensure full childcare needs for parents in classes. • Continue to partner with Mental Health and First 5 in the county-wide initiative implementation of the evidence based, Best Practice Triple P 		
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<p>parenting program.</p> <ul style="list-style-type: none"> • Need to modify existing contracts for parenting classes and create additional contracts for additional classes. • Need analysis of need and demand of parenting classes to be conducted by Fall 2014. 		
<p>Strategy 1J (Also Strategy 5E)</p> <p>DFCS to continue participation in the California Partners for Permanency Project (CAPP) and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles (See attached description of CAPP philosophies and practice behaviors and Signs of Safety Organized Practice) (Re-design for Santa Clara County – Child and Family Practice Model)</p> <ul style="list-style-type: none"> • Continue the use of Child and Family Practice Model training- Ensuring all staff are trained and participate toward true engagement with families. • Develop and deliver training that will increase staffs knowledge of the importance of teaming with families and the community, and practice strategies of teaming to increase ability to support the family and their identified support system. (Engagement). • Ensure community based organizations working with DFCS are trained in the 	<p>September 2012 through February 2015</p>	<p>CAPP Manager, DFCS Director and Staff Development</p>

<p>universal practice principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families.</p> <ul style="list-style-type: none"> • Evaluate and put the necessary structure in place to ensure the CAPP initiative is successful and that this initiative will be expanded and support all children and families. 		
<p>Strategy 1K (Also Strategy 5I)</p> <p>Increase parent voice in decision making that is reflective of the diverse cultures represented in SCC</p> <ul style="list-style-type: none"> • Support the Parent Advisory Board- Parents Encouraging Parents with a diverse membership representative of families. • Begin a drop-in support group for birth parents- available for mothers only, fathers only or couples –ensure language capability to include all families. New contract must be developed and launched. • Revive the Youth Advisory Board to ensure a strong youth voice representative of the diverse membership of youth in SCC. • Ensure that these representatives have a voice in the SIP and all other decision making 	<p>Spring 2013-Revised Fall 2015 (Look at Waiver ability to create a fiscal way to support)</p>	<p>Family Resource Center managers and Transitioned Aged Youth Manager</p>

<p>initiatives and activities within DFCS.</p>		
<p>Strategy 1L. Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services</p> <ul style="list-style-type: none"> • Look at the classes and programs offered at the Family Resource Centers that could be offered to the community for prevention. • Create a time limited workgroup that will ensure the full utilization of the staff and resources of the different cultural infrastructures that exist at the current San Jose Family Resource Center – Nuestra Casa, Ujirani, and Asian Pacific Islander Family Resource Center and ensure services include prevention, intervention and tertiary services that the staff providing services reflect the communities being served. • Look at different structures that exist for Alameda and in South County collaboration for resource centers to see if replication would be possible for Santa Clara County. • Partnership with FIRST 5 Santa Clara County for better utilization of the Family Resource Centers and ensure all children birth through age 5, who are involved with the Child Welfare System receive developmental and social/emotional screenings and referrals to 	<p>Launched and in process by January 2015</p>	<p>First 5, DFCS Administration, Family Resource Center Managers for San Jose and Gilroy</p>

<p>developmentally appropriate services from a Public Health Nurse. (This action step should link to Strategy 2J.)</p>		
<p>Strategy 1M. As contracts with SSA and DFCS are created or renewed ensure that contract providers have staff at all levels that are representative of the cultures of the families being served and have the capacity and skills sets to serve Latino, African American/African Ancestry and Asian Pacific Islander children and families</p>	<p>June 2014-Revised. This began in Fall 2013. All contracts to be revised at FY renewal by July 2014</p>	<p>SSA Contracts and DFCS Administration Manager</p>
<p>Strategy 1N. Develop strategies to ensure a diverse workforce at all levels.</p> <ul style="list-style-type: none"> • Targeted recruitment and hiring of staff at all levels, who are reflective of the children and families being served and have cultural proficiency and linguistically are able to serve the population. • Utilization of Cultural Excellence Committee, employee groups and representatives from the Latino, African American and different API communities to help with targeted recruitment in an effort to secure staff who have the linguistic and cultural expertise to support children and families. • Ensure the necessary training and support to promote leadership development and leadership opportunities. 	<p>Starting February 2013 and on-going in order to ensure retention of staff.</p>	<p>DFCS Administration Project Manager and SSA HR and ESA</p>

<p>Strategy 10. Explore possibilities of additional linguistic and culturally specific units and services can be provided throughout the continuum of child welfare.</p> <p>Look at the possibility of providing a monetary differential for ensuring the necessary cultural expertise in working with specific cultural groups. Bicultural Certification would involve testing to determine staff's cultural awareness, sensitivity, consistency, and humility as well as having experience in working with African American, Latino, API, or LGBTQ families.</p>	<p>December 2013-Revised to December 2014- currently in an exploratory phase to determine with ESA what is possible</p>	<p>DFCS Director and SSA Director</p>
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<p>Strategy 1P -CalWORKS/Linkages- SSA Agency will ensure improved linkage for CalWorks and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over representation for Latino and African American families.</p>	<p>To begin by March 2013 and initiatives and tracking and improvements to be noted by March 2014</p>	<p>DFCS Director and SSA Director with FRC – San Jose and South County managers</p>
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<p>Strategy 2:</p> <p><i>PREVENTION & SAFETY STRATEGY</i></p> <p>Increase the opportunities to support children and families at risk of abuse and neglect before entering the child welfare system and to support those families leaving the child welfare system from returning and to improve family sustainability.</p> <p>This will be accomplished through increased community awareness of child abuse prevention and intervention and through the development or further promotion of innovative prevention strategies.</p>	<input checked="" type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 2A. Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities for the following at risk populations: Latino families, African American/African Ancestry families, API families, young parents ages 18-24, Immigrant families, parents struggling with Mental Health, Developmental Delays, substance</p>	<p>By July 2013-Revised to July 2014 due to delays in the contracting process.</p>	<p>Differential Response Coordinators and Program Manager</p>

<p>abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)</p> <ul style="list-style-type: none"> • DR allocation to be increased as follows based on the demand over the past year of approximately 30 families on the wait list at any given time and the number of referrals DFCS receives: (1) Add 50 additional slots for Latino families each fiscal year; (2) Add 25 additional slots for African American families each fiscal year; (3) Add 25 additional slots for all other families ensuring language and cultural expertise to support Latino, African American and the diverse Asian and Pacific Islander families. • Re-evaluation of slots allocated and the progress of DR to be assessed at 6-month intervals. • Add Family Flex funds for \$500 per family to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk. • Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR 		
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<p>in an effort for families to access prevention and family support resources.</p> <ul style="list-style-type: none"> • Need to address childcare needs for families referred to DR. 		
<p>Strategy 2B. Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.</p>	<p>January-June 2013</p>	<p>Differential Response Coordinators and Manager</p>
<p>Strategy 2C. Ensure adequate language and cultural expertise and sensitivity for staff at community based organizations providing Differential Response Services that matches to children and families served.</p> <ul style="list-style-type: none"> • All agencies serving families through DR must demonstrate “cultural expertise” and must have staffing that matches the population being served. Changes to contract language and RFP language that reflects this shift will be incorporated. • Evaluate all current Request for Proposals (RFP)s and contracts to ensure standard language that reflects staffing levels that ensure staff at 	<p>Launch training by December 2013 and completed by December 2014-Revised to training launch by Spring 2014 and to be completed by December 2014. Changes in contracts began by December 2013</p>	<p>Differential Response Coordinators and Manager and SSA Contract Manager and Staff Development</p>

<p>CBO's are "highly proficient" or have expertise in resources and in working with African Ancestry/African American, Latino and Asian American families.</p> <ul style="list-style-type: none"> • All community based agencies providing DR to be trained in the universal practice, principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families. • Train Community Based Organizations (CBOs) in Trauma Informed Practice. 		
<p>Strategy 2D. Data analysis to better understand the demographics and causal factors contributing to trends in subsequent maltreatment and maltreatment in foster care. This information should be used to add up to 3 additional SIP goals to address subsequent maltreatment and maltreatment in foster care.</p>	<p>Additional SIP Goals to be created by July 2013-Revised to July 2014</p>	<p>Contract with Sphere for Data Analysis DFCS/SSA Contracts</p>
<p>Strategy 2E. Provide an Immigration Certification Training to key identified DFCS staff and community partners including JPD to enhance their skills and expertise so that children and families have legal standing and resources in order to meet their immigration</p>	<p>Training and proposed structure to be developed by December 2014 and training to be launched by July 2014</p>	<p>Immigration Committee in conjunction with Staff Development</p>

<p>needs.</p> <p>Utilize staff development to collaborate and implement training.</p>		
<p>Strategy 2G. CalWORKS/Linkages- SSA Agency will ensure improved linkage for CalWorks and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African American families.</p> <ul style="list-style-type: none"> • No less than quarterly meetings with Child Welfare- Department of Family and Children’s Services (DFCS), Department of Employment and Benefits (DEBS), community persons and key stakeholders to review services, data and procedures and make the necessary changes to increase the number of families connected to and receiving CalWorks. • Ensure the necessary procedures and supports for Emergency Response Social Workers to consistently include in their comprehensive assessment the economic needs and resources of families. 	<p>December 2013 –Revised to March 2014</p>	<p>Linkages committee manager from DFCS and DEBS in collaboration with the Emergency Response Manager. This strategy to be championed by the SSA Director to set the directive.</p>

<ul style="list-style-type: none"> • For potentially eligible families, follow the protocol to link clients for expedited CalWORKs services at the Benefits Application Center. • Families connected to DFCS will be prioritized and procedures will be put in place to ensure this priority. • Track the number of families served through the above Linkages strategies as an indicator of increased access to available economic support resources and to ensure that these services are having an impact. <p>All strategies noted above should result in improved access for eligible families and the proportional of families receiving CalWorks increased.</p> <p>Actual number of increase to occur annually to be determined by June 2013.</p>		
<p>Strategy 2H. Establish a structure for accountability and information sharing for all prevention services that would provide the necessary oversight for feedback and accountability and work in collaboration with the Child Abuse Council. (See Attachment C for the organizational structure to be created.)</p>	<p>Spring 2013</p>	<p>OCAP Liaison- DFCS Administration Manager and SSA Contracts Manager supporting DFCS</p>

<p>Strategy 2I. All contracts and Request for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through the community based organizations contracted services matches the cultural and linguistic needs of the children and families being served.</p>	<p>Starting July 2013 through 2018 SIP time period</p>	<p>SSA Contracts Manager supporting DFCS and DFCS Administration Project Manager</p>
<p>Strategy 2J. Increase partnership with public health, mental health and First 5 to support at risk families including the following:</p> <ul style="list-style-type: none"> • Children Birth through age 5 • Parents Under the age of 24 ↓ • Medically fragile/special needs children • Teen parents • Parents with disabilities <p>Increased partnership and blended funding to do the following for voluntary and court ordered services:</p> <ul style="list-style-type: none"> • Ensure all children birth through age 5 receive a developmental, behavioral and social/emotional screenings and are referred to the appropriate resources and interventions (Kids 	<p>All Services to be in place by December 2013</p>	<p>DFCS Administration Manager – to transition to the South County manager</p>

<p>Connections).</p> <ul style="list-style-type: none">• Strategy: All children under the age of six receive a developmental/social emotional screening from a PHN and are referred to Kid Connections for assessment and referral to home visitation and or therapeutic services.		
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<p>Strategy 3: SAFETY STRATEGY</p> <p>(1) Address and eliminate the over-representation of African American/African Ancestry and Latino families and</p> <p>(2) Better understand what is causing the under-representation for Asian American families for referrals (*) received in DFCS for suspected child abuse and neglect through enhanced collaboration, training, education and accountability between DFCS and its community partners.</p> <p>(*) Referrals is defined as the process from the CAN Center hotline call through the referrals closing- Path 1, Emergency Response-Path 2 , Voluntary or Informal Supervision services or until case opening.</p>	<input type="checkbox"/> CAPIT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1- No Recurrence of Maltreatment</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 2A. Revise the design, content and delivery of mandated reporter training in the following ways:</p> <ul style="list-style-type: none"> Enhance curriculum to include education about: (1) disproportionality in Santa Clara County; (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and 	<p>Completed by Spring 2014</p>	<p>Contractor for mandated reporter trainings and DFCS CAN Center Manager and Staff Development</p>

<p>barriers to services.</p> <ul style="list-style-type: none"> • Evaluation of change to be assessed through the following: <p>(1) Changes in curriculum to be evaluated through reduction in numbers of referrals that become cases;</p> <p>(2) Pre and post tests provided to mandated reporters that demonstrate an understanding of the material provided;</p> <p>(3) Track how often and how many persons are trained-and develop priorities as to who needs to receive the training;</p> <p>(Link with goal 3D)</p> <ul style="list-style-type: none"> • Include SCC CAN center staff (Child Abuse and Neglect Call Center staff) in the discussion and planning of curriculum enhancements. • Develop a Train the Trainer model for efficient delivery of the training to a broad array of mandated reporters. • Include a partner trainer from the Parent Advocate Program or Parent Advisory Board-Parents Encouraging Parents. • Include representatives from the community from the Latino, African American/African Ancestry and members of the API communities in the curriculum development and delivery. 		
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<ul style="list-style-type: none"> • Modify the current contract for the mandated reporter training. • Ensure this goal is in alignment with the work through the Child Abuse Council to improve mandated reporter training and messaging to the community. • Ensure a list of all agencies and partners that need to have the revised mandated reporter training. 		
<p>Strategy 3B. Provide a regular meeting/training specifically to law enforcement, schools, and medical professionals in Santa Clara County on a twice annual basis in an effort to ensure common understanding of cases and concerns and to ensure a clear understanding of disproportionality. Include CAN Center staff in these trainings to improve community relations and communication between agency hotline and mandated reporters.</p> <ul style="list-style-type: none"> • Evaluation through pre- and post test case vignettes to those attending meetings and trainings- on a bi-annual basis ensuring 80% accurate in referrals being made to child welfare. • SCC to target schools, medical providers or law enforcement jurisdictions with the largest numbers to referrals for child abuse and neglect. 	<p>To begin Spring 2013-Revised training by Fall 2014 and full launch by February 2015</p>	<p>Contractor for mandated reporter trainings and DFCS CAN Manager and Staff Development</p>

<p>Strategy 3C. DFCS to provide at least one point person at the monthly service provider network meetings in an effort to ensure the community is aware of the needs of the families involved in Child Welfare Services and the current trends.</p> <p>DFCS to look at a replication of the Alameda County model for sharing information and resources.</p>	<p>October 2013 to launch –Revised to ideas for development by December 2014</p>	<p>DFCS CAN or Front End Manager</p>
<p>Strategy 3D. Increase collaboration between the community and the Department of Family and Children’s Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families.</p> <ul style="list-style-type: none"> • Complete a community assessment to better understand needs. • Ensure CAN Center workers are aware of the current community resources. • Ensure key leaders in the Latino, African American, and Asian Pacific Islander community are engaged and willing to help support a community assessment of needed resources. 	<p>To begin by January 2014-Revised by July 2014 due to delays in the contracting process.</p>	<p>CAN Center manager and Staff Development</p>

<ul style="list-style-type: none"> Involve consumers and the community to improve DFCS services For example- Child Abuse Council (CAC) Disproportionality report <ul style="list-style-type: none"> Link with the Disproportionality Committee to be created. 		
<p>Strategy 3E. Ensure consistent assessment for referrals for General Neglect</p> <ul style="list-style-type: none"> Implement system wide training – Signs of Safety/Safety Organized Practice for all DFCS staff and Differential Response community providers in an effort to separate out harm from complicating factors that may be causing risk. Continue data analysis to better understand those cases confirmed as General Neglect. Ensure a clear definition and response for general neglect referrals. 	Spring 2014	Front End DFCS Program Manager and Staff Development
<p>Strategy 3F. DFCS to continue to fill all positions through hiring well qualified staff that are culturally and linguistically proficient to serve Latino, African American/African Ancestry, and Asian American children and families.</p>	Spring 2013- Revised to Spring 2014	DFCS Administration Manager, Code Control Analyst and SSA HR

<p>Strategy 3G. Ensure consistent procedures to guide calls are handled in the CAN Center. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information provided to callers.</p>	<p>By December 2013-Revised to Spring 2015 training and procedures put into place</p>	<p>CAN Center Manager and Deputy Director</p>
<p>Strategy 3H. Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services</p> <ul style="list-style-type: none"> • Look at the classes and programs offered at the Family Resource Centers that could be offered to the community for prevention. • Look at different structures that exist in Alameda and in South County as collaborative resource centers. • Join collaboratively with FIRST 5 to look at collocation with the First 5 Family Resource Centers that are highly resourced and geographically accessible with services and support for families with children birth through age 5 with resources . • Time limited workgroup to evaluate options to be created by Spring 2013 and recommend the changes to the Family Resource Center by December 2013. 	<p>January 2015</p>	<p>First 5, DFCS Administration, Family Resource Center Manager</p>

<p>Strategy 4: Family Reunification and Permanency Strategies</p> <p>Better utilize formal and informal supports, such as extended family and the faith based community to increase placement with relatives and Non- Relative Extended Family Members (NREFM), safely support parents and children in family reunification</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1- Family Reunification C3- Permanency S1- No Repeat Maltreatment</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 4A. Expand Family Finding services and efforts to increase the number of children and youth placed with and develop life-long connections to family</p> <ul style="list-style-type: none"> • Re-establish formal internal procedures and dedicated resources to complete Family Finding activities- RFPs and Contracts and internal staff • Maximize utilization of community based organizations providing Family Finding support • Analysis of how much dollar allocation needed and baseline of Family Finding by June 2013. 	<p>February 2014-Revised to August 2014</p>	<p>Family and Permanency Manager Contracts Manager for DFCS</p>

<p>Strategy 4B. Need to ensure the necessary education and support so that immigrant children and youth are connected with family – nationally and internationally if necessary. This includes both youth in the Child Welfare and Juvenile Probation Systems</p> <ul style="list-style-type: none"> • Formal procedures to be developed for both DFCS and JPD with designated oversight and tracking for families being served. 	<p>October 2013-Revised to Fall 2014</p>	<p>DFCS Administration Manager and Staff Development</p>
<p>Strategy 4C. Increase communication between caregivers and parents to identify best placements, secure necessary supports and improve family engagement through:</p> <ul style="list-style-type: none"> • Expanded use of (1) Up-Front Meetings before decisions about children being removed, (2) Transition Meetings for all placement and case decisions and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings). • By July 2013, include analysis of the current number of these occurring 	<p>To begin by Fall 2014</p>	<p>Family and Permanency Manager and Family Resource Center Manager</p>

<p>and the # to increase each year for the 5 year time period and link with the family finding goal.</p> <ul style="list-style-type: none"> Develop Orientation classes for caregivers and a drop-in support group that take into consideration language needs for families 		
<p>Strategy 5: <i>Family Reunification Strategies</i> DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1- Family Reunification C3- Permanency</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 5A. Increased Visitation in a more natural relaxed setting (Re-think visitation)- Increase the number of visits available for children and families in a more natural environment through the following:</p> <ul style="list-style-type: none"> Enforce the step down model- need to define baseline and indicators of improvement to include here Increased support staff to expand capacity for conducting supervised 	<p>Fall 2014</p>	<p>Continuing Services Identified Program Manager</p>

<p>visitation both internally to DFCS and through contracts – need to identify the number of staff to increase to support visitation, include cultural and language needs</p> <ul style="list-style-type: none"> • Increase in “In-Home Parenting “ support 		
<p>Strategy 5B. Continue to support the development and delivery of training to increase staff’s ability to engage with the families around difficult/courageous conversations and to support work with families regarding trauma.</p> <ul style="list-style-type: none"> • Ensure trauma focused educational services for parents, caregivers and staff. • Culture and trauma practice and training should include the specific needs of cultural groups, especially for Latino and African American children and families, and should include issues of acculturation, poverty, parenting, language, immigration, generational hierarchy, separation and loss. • On-Line Policies and Procedures 	<p>To be completed by Spring 2014 –Revised to December 2014</p>	<p>Staff Development, DFCS Administration, CAST Team</p>

<p>Handbook for Santa Clara County (OPP) to include resource of current licensed professionals.</p> <ul style="list-style-type: none"> • More training for staff to be equipped to identify traumas both for the families served and for the impact to staff. Ensuring support and sensitivity to trauma and the impact. • Create coaching opportunities within the Department that supports the successful linkage of training to practice. • Increase staff’s knowledge of types of trauma and how one’s trauma impacts their ability to engage and work within the Child Welfare System. Provide training that will move DFCS towards being a more trauma informed Agency. Collaborate with other Agencies supporting our families around strategies to address trauma. 		
<p>Strategy 5C. Enhance parenting education support to improve participation, learning and natural support networks Parenting – Better Education Support to include consideration of cultural and language for all classes, regardless of the size of the class.</p> <ul style="list-style-type: none"> • Identify research based 	<p>To be completed by Fall 2014</p>	<p>Family Resource Center Manager and DFCS Contracts Manager</p>

<p>parenting programs that promotes learning with both parents and children involved- example: Celebrating Families that is supportive of families from different cultures.</p> <ul style="list-style-type: none"> • Increased in-home parenting training – Add additional contract services to provide • Tailor classes to meet families’ individual needs. • Ensure opportunities for families that may not have common language needs- specifically American Sign Language (ASL) and Korean needs and ensure adequate Spanish Speaking classes to meet demand • Ensure the necessary available classes in South County. • Look at open ended classes where parents can join a class at any time and the availability to make up classes. • Ensure childcare and support is available at the same location as the classes being 		
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<p>provided- Need analysis of the increase needed</p> <ul style="list-style-type: none"> • Continue to partner with Mental Health and First 5 in the county-wide initiative implementation of the evidence based, Best Practice Triple P parenting program. • Need to modify existing contracts for parenting classes and create additional contracts for additional classes. 		
<p>Strategy 5D. (Link to strategies 3D and 3G) Create an a resource directory for parents and caregivers and provide the necessary oversight to manage and keep updated</p> <ul style="list-style-type: none"> • More efficient utilization of 211 (Ensure that DFCS specific resources are included in 211 directory) 	December 2015	DFCS Administration
<p>Strategy 5E. Continued participation in CAPP and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles</p> <ul style="list-style-type: none"> • Provide mandatory Reflective Practice 	2013 through 2018	CAPP Manager, DFCS Director

<p>Facilitation training to all supervisors and managers so that they are better able to understand the reflective process. Through this training supervisors and managers will learn and develop skills to support their staff with coaching, mentoring or facilitation. This training will focus on reflective practice as a strategy for enhancing skills, understanding our reaction when working with staff and others, and examine the emotional content of experiences in ways that can reduce work stress, and improve staff sense of competence and well-being. It will also provide supervisors with an approach to interact with their staff that is supported by the key initiatives within DFCS (Institutional Analysis, CAPP Practice Model, and Latino Child Welfare Equity Project).</p> <ul style="list-style-type: none"> • Provide Mandatory Reflective Practice Training to all Child Welfare staff (October 2012). • Assess need for and provide follow up coaching for supervisors to support work in supervision. • Continue the use of CAPP training to ensure all staff are trained in engagement with families is a priority. • Develop and deliver with key Department staff teaming training 		
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<p>that will increase staffs knowledge of the importance of teaming with families and the community, practice strategies of teaming to increase ability to support the family and their identified support system. (engagement)</p> <ul style="list-style-type: none"> • Ensure community based organizations working with DFCS are trained in the universal practice principles and philosophy that guides children & family services in Santa Clara County. Ensure agencies have an understanding of the practice behaviors they are expected to demonstrate when working with children & families. • Evaluate and put the necessary structure in place to ensure the CAPP initiative is successful and that this initiative will be expanded and support all children and families. 		
<p>Strategy 5F. Ensure the active engagement of fathers for all cases and the Agency expectation that fathers will be included and provided the necessary resources and supports</p> <ul style="list-style-type: none"> • Tracking of cases to ensure engagement of fathers and paternal family members is consistent for all cases. Use the tracking through the 	<p>Need overall goal to improve to by end of SIP cycle – January 2018</p>	<p>Fatherhood Engagement Coordinator- Leon Basset and Deputy Director and Staff Development</p>

<p>Efforts to Outcomes (ETO) database and start tracking through those families involved with the California Partners for Permanency (CAPP).</p> <ul style="list-style-type: none"> • Continued participation in the Fatherhood Initiative and Partnership with other community based organizations in an effort to increase or to create the necessary resources for fathers – For instance, housing for single fathers who have young children and are battling substance abuse issues. • Bring in culturally specific and culturally responsive curriculum and training for fathers that represents the diverse families in Santa Clara County. Specifically in support of Latino families and fathers, partner with The National Latino Fatherhood and Family Institute- Héctor Sánchez- Flores currently a member of the CAST team and a leader in program development on topics of Male Involvement, Fatherhood, Parent Engagement, and culturally appropriate child develop programs. • Provide training that promotes and supports inclusion of fathers and the paternal family. 		
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<p>Strategy 5G. Increase parent voice in decision making</p> <ul style="list-style-type: none"> • Support the Parent Advisory Board- Parents Encouraging Parents. • Begin a drop-in support group for birth parents- available for mothers only, fathers only or couples. • Revive the Youth Advisory Board to ensure a strong youth voice representative of the diverse membership of youth in SCC. • Ensure that these representatives have a voice in the SIP and all other decision making initiatives and activities within DFCS. 	<p>To be completed by December 2013-Revised to July 2014</p>	<p>DFCS Administrative Support Manager and DFCS Deputy Director and identified program manager</p>
<p>Strategy 6: <i>Permanency Strategies</i></p> <p>Increase the number of youth in guardianships and children/youth adoption placements and eliminate the barriers to support a stable placement for children/youth</p>	<p><input type="checkbox"/> CAPIT</p> <p><input checked="" type="checkbox"/> CBCAP</p> <p><input checked="" type="checkbox"/> PSSF</p> <p><input type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1- Family Reunification C3- Permanency</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>

<p>Strategy 6A. Ensure the on-going support for post adoption and guardianship families through</p> <ul style="list-style-type: none"> • The creation of a support group for post adoption population and for those relative adoption and guardianship. • Youth Mentors similar to parent mentors—Create a group of adopted older youth to help youth ages 15+ years old to support permanency issues, especially around adoption for older youth. • Strengthen adoptions and guardianship plans for both relative and non-relatives who are commitment to adoption or guardianship provide by proving focused family counseling with the biological parents if needed. 	<p>December 2014-Revised to June of 2015 for all goals. Support group by December 2014</p>	<p>Family and Permanency Manager- Adoption Supervisor and CC25 Project Manager</p>
<p>Strategy 6B. Ensure concurrent plans for all children and youth and the tracking and monitoring of these plans in order to develop individual plans for children and families aligned with agency strategic goals</p> <ul style="list-style-type: none"> • Reinstate the permanency review process 	<p>To be completed by January 2014-Revised to January 2015</p>	<p>Permanency Coordinator and Family and Permanency Manager</p>

<ul style="list-style-type: none"> • Increase timely adoptions. New policy—all cases to be transferred (case ready) to adoption finalization unit within 30 days of Termination of Parental Rights (TPR). • Implement tracking of the concurrency trends and establish additional goals to break down barriers. 		
<p>Strategy 6C. Create new assignment to track and monitor all external home study activities through completion. This assignment would include would include the tracking of timely completion of home studies being conducted by ICPC, FFA, and out of county assessments. In addition, it is recommended to have an adoption home study coach (needs to be in house staff who are familiar with different regulations and requirements) for RELATIVE/RNEFM to complete their adoption home studies in a timely manner.</p> <ul style="list-style-type: none"> • Implement a timeline for home studies to be completed and include the home study completion in CWS. • Provide Relative/NREFM Orientations with families who are adopting. 	<p>December 2015</p>	<p>Family and Permanency Manager and Adoption Supervisor and Administrative Support Supervisor for ICPC</p>

<p>Strategy 6D. Permanency Coordinator and Social Workers to be trained in having conversations with youth about permanency, Guardianship and Adoption prior to any Team Decision Making (TDM) meetings. We need to do a better job of finding out what adoptions means to each child/youth. (This goal should link with the youth mentors –Strategy A.)</p> <ul style="list-style-type: none"> • Provide an Adoption and Permanency training for DFCS Social Workers (evaluate current Adoptions and Permanency curriculum for child welfare and mental health professionals offered in the community). • Permanency Planning Coordinator/Social Workers will utilize the Adoptions and Permanency resource Library for resource material to support permanency. 	<p>October 2014-Revised to January 2016</p>	<p>Family and Permanency Manager</p>
<p>Strategy 6E. Include an adoption social worker or permanency coordinator in Team Decision Making Meetings (TDMs) for children who are legally freed.</p> <ul style="list-style-type: none"> • Creation of a permanency TDM. Focus options any child over 12 years 	<p>January 2017</p>	<p>Permanency Coordinator and Family and Permanency Manager</p>

<p>without a concurrent plan. Any child refusing adoption/guardianship as an adoption. Any child in a concurrent home willing to adopt or take guardianship but child is refusing adoption or guardianship.</p>		
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<p>Strategy 7: <i>Permanency & Family Reunification Strategy</i></p> <p>Increase efforts to support children’s well-being in order to stabilize and support children/youth in placement and support parent’s reunifying with their children</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1- Family Reunification C3- Permanency</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>Strategy 7A. Need to make education a priority- Increase educational support for youth in care to support each student reaching their full educational potential and increasing the graduation rates. Add an additional support social worker to the Educational Rights Project. One to focus on preschool through Middle school and the other to become the expert on high school through post secondary education- now that DFCS is serving youth in extended foster care through age 21. This additional resource would allow DFCS to explore and accomplish the following:</p> <ul style="list-style-type: none"> • Increase tutoring – increase collaboration with County Office of Education and better identification of the tutoring resources in the county. • Better support social workers and youth to understand transcript/credits. • Ensure the necessary supports and classes in middle school as it is an important predictor of a student’s graduation later from high school. • Increase partnership with schools and mental health through School Linked Services and 	<p>October 2013 for additional staff</p> <p>Goals of increase by 2017-<i>Revised for goals by 2014 and improvements by 2018</i></p>	<p>Educational Services Coordinator and DFCS Administration Manager</p>

<p>leverage funding.</p> <ul style="list-style-type: none"> • Decrease number of expulsions through advocacy and education. • Increase the number of 3-5 years old students in Head Start or preschool. (This is the biggest indicator of later success in school and high school graduation.) • Increase the partnerships with the local community colleges, universities, County Office of Education and potential funders for services for transitioned aged youth and older youth. 		
<p>Strategy 7B. Increase partnership with public health, mental health and First 5 to support at risk families including the following:</p> <ul style="list-style-type: none"> • Children Birth through age 5 • Parents Under the age of 24 ↓ • Medically fragile/special needs children • Teen parents • Parents with disabilities <p>Increased partnership and blended funding to do the following:</p> <ul style="list-style-type: none"> • Ensure all children birth through age 5 receive a developmental, behavioral and social /emotional screenings and connections to the appropriate resources and interventions (Kids Connections) <ul style="list-style-type: none"> • Strategy: All children under the age of six receive a developmental/social emotional screening from a PHN and 	<p>Goals by 2013 and completed by December 2015</p>	<p>DFCS Administration Managers</p>

<p>connection to KidConnections for assessment and referral to home visitation and or therapeutic services</p>		
<p>Strategy 7C. Establish a workgroup with mental health to identify the gaps, strengths and barriers to consider creative alternatives to increase mental health services for children and parents.</p> <ul style="list-style-type: none"> • Creation of a plan to blend funding with mental health to ensure mental health assessments and services for all children and youth both voluntary and court ordered. • Build programs and services for older youth to increase their willingness to accept mental health support. • Strategically set a plan to deal with the barriers of medical or Systems of Care, including the inability to obtain Parental Consent impacting services. 	<p>To be completed by January 2015</p>	<p>DFCS Administration and Deputy Director</p>
<p>Strategy 7D. Assist Non Minor Dependent (NMD) youth find stable and affordable housing in the community. This will be accomplished through the following:</p> <ul style="list-style-type: none"> • Increase relationships with apartment complexes that are willing to provide housing to foster youth. • Invite potential landlords to open forums to educate them on foster youth and the 	<p>January 2015</p>	<p>DFCS Administration and CC25 Project Manager,</p> <p>Current housing contractors for THPP, THP Plus FC and THP Plus.</p>

<p>payment process of the various housing programs the Dept provides.</p> <ul style="list-style-type: none"> • Provide ongoing housing workshops for youth that cover financial literacy, renter’s rights, and realistic housing expectations. • Identify housing resources for youth who have substance abuse, mental health or developmental concerns. Increase partnership with Mental Health, DADS and the regional centers to establish the necessary housing resources. 		
<p>Strategy 7E. Employment: Increase the number of youth to have paid or unpaid work experience to address extended foster care and the numbers of youth in foster care through age 21 and participation requirement for employment or education.</p> <ul style="list-style-type: none"> • Increase relationships with community partners in establishing internships and employment opportunities for foster youth. • Develop a database to track a youth’s 	<p>To be completed by January 2014-Revised to December 2014</p>	<p>DFCS Administration and CC25 Program Manager</p>

<p>employment history in order to help develop strategies in supporting them to have long term and meaningful employment experiences.</p>		
<p>Strategy 7F</p> <p>Financial Literacy: Increase youth’s knowledge with the importance of saving money and establishing good credit and ensure a process for credit checks for all youth ages 16 to 24;</p> <ul style="list-style-type: none"> • In collaboration with the Independent Living Program (ILP), provide monetary incentives for attendance in workshops. • Increase the number of youth who have bank accounts. • Provide financial literacy trainings (age appropriate) that describes the different types of accounts, credit, and bank fees. • Ensure a process for credit checks for all older youth. 	<p>January 2014</p>	<p>DFCS Administration and CC25 Project Manager and partnership with Financial planners association</p>
<p>Strategy 7G</p> <p>Increase foster parent, group home staff, relative caregiver involvement with supporting youth as they transition to adulthood:</p> <ul style="list-style-type: none"> • Develop a curriculum through ILP and Foster parent support agencies that cover ILP core competencies that can be taught in the home 	<p>To be fully implemented by June 2014- Revised for pilot in place and evaluated by June 2014 and then to scale by 2018</p>	<p>DFCS Administration and CC25 Project Manager, Foster Parent Association, Recruitment, and the Family and Permanency Manager</p>

<p>where a youth resides. For example, an opportunity to learn to wash clothes, meal planning, develop grocery list, and budgeting.</p> <ul style="list-style-type: none">• Provide ongoing forums/ trainings on various subjects that effect youth and bring in speakers in the areas such as gang affiliation, substance abuse, and social media. Have these forums/ trainings co-lead with a foster youth and a foster parent.		
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Santa Clara County Probation 5-Year SIP Chart 2013-2018

<p>Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 Months (exit cohort)</p> <p>National Standard: 75.2%</p> <p>Current Performance: According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 17 probation youth who have been in foster care 8 days or more, 4 were reunified in less than 12 months. This is a 30.8% rate of timely reunification</p> <p>Target Improvement Goal: The county will improve performance on this measure from 30.8% to 58.8%, resulting in 10 out of 17, more children reunifying within 12 months of placements.</p>																												
<p>Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (At least 24 Months in Care)</p> <p>National Standard: 41.8%</p> <p>Current Performance: According to the July 2012 Quarterly Data Report (Quarter 1 of 2012), of the 42 children who have been in foster care for 24 months or more, 15 have had 2 or fewer placements. This is a 35.7% rate of placement stability.</p> <p>Target Improvement Goal: The county will improve performance on this measure from 35.7% to 47.6%, resulting in 20 out of 42, more children with stable placements.</p>																												
<p>Priority Outcome Measure or Systemic Factor: Address and eliminate the over representation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino youth will be no more likely than other youth given the same risk or protective capacity factors, to enter probation foster care placement.”</p> <p>State Performance: % of Probation Youth In Care By Ethnicity Point in Time</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="3" style="padding: 5px;">Ethnic Group</th> <th colspan="4" style="padding: 5px;">Point In Time</th> </tr> <tr> <th style="padding: 5px;">1-Jul-09</th> <th style="padding: 5px;">1-Jul-10</th> <th style="padding: 5px;">1-Jul-11</th> <th style="padding: 5px;">1-Jul-12</th> </tr> <tr> <th style="padding: 5px;">%</th> <th style="padding: 5px;">%</th> <th style="padding: 5px;">%</th> <th style="padding: 5px;">%</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Black</td> <td style="padding: 5px;">28.4</td> <td style="padding: 5px;">26.6</td> <td style="padding: 5px;">26.4</td> <td style="padding: 5px;">27</td> </tr> <tr> <td style="padding: 5px;">White</td> <td style="padding: 5px;">20.9</td> <td style="padding: 5px;">22.1</td> <td style="padding: 5px;">22.2</td> <td style="padding: 5px;">23</td> </tr> <tr> <td style="padding: 5px;">Latino</td> <td style="padding: 5px;">47.4</td> <td style="padding: 5px;">48.2</td> <td style="padding: 5px;">48.5</td> <td style="padding: 5px;">47.1</td> </tr> </tbody> </table>	Ethnic Group	Point In Time				1-Jul-09	1-Jul-10	1-Jul-11	1-Jul-12	%	%	%	%	Black	28.4	26.6	26.4	27	White	20.9	22.1	22.2	23	Latino	47.4	48.2	48.5	47.1
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Santa Clara County Probation 5-Year SIP Chart 2013-2018

Asian/P.I.	2.3	2.1	2	2.1
Nat Amer.	1	0.9	0.9	0.9
Total	100	100	100	100

From UC Berkeley Data

According to the UC Berkeley data, In California, Native American and African American children are over represented in the Probation foster care system compared with their presence in the overall population; while White, Latino and Asian American children are under represented. In California, African Ancestry children are 5.5% of the population, Native American children are .4%, Whites are 27%, Latino children are 52% and Asian American children are 11%. In the Probation population, however, African Ancestry children represent approximately 27% of the population and Native American children are 1%, while White children are 23%, Latino children are 47% and Asian children represent 2%.

Santa Clara County Probation Foster Care Placements by Race/Ethnicity: The number of youths in foster care has markedly declined in the past two years (see Figure 1). The proportion of youths in foster care shows variation by race/ethnicity. A steady increase in the proportion of foster care point-in-time caseload is observed for Latino youths. This has led to declining proportions for Asian/Pacific Islander, Caucasian and to a lesser degree, African Ancestry youths. These numbers also include foster care youth experiencing trial home visits, in runaway status, and in other types of placements (i.e. Juvenile Hall). On average, these conditions account for 39 percent of the total number of youths identified to be in “foster care.” The proportion of youths in runaway status has increased steadily in the past three years, from 9.8 percent in FY 2010 to 23.2 percent in FY 2012. The proportion of youths in other types of placements has markedly declined in the last fiscal year period, from 23.1 percent in FY 2011 to 11.0 percent in FY 2012.

Point-in-time average number of youths in foster care.

Ethnic Groups	SCC Pop Count, estimate for 2011		FY2009*		FY2010		FY2011		FY2012	
	count	percent	count	percent	count	percent	count	percent	count	percent
African Ancestry	4,041	2%	12	12%	12	10%	12	11%	9	10%
Caucasian	48,051	26%	16	16%	18	15%	13	12%	9	11%
Latino	67,083	37%	63	67%	85	69%	79	73%	62	76%
Asian/P.I.	54,236	30%	5	5%	7	6%	3	3%	1	2%
Nat Amer	10,080	5%	0	0%	0	0%	1	1%	1	1%
Total	183,491		95		122		108		82	

Notes:

FY counts based on the average of 4 point-in-time counts. However, average for FY2009 includes only 3 point-in-time counts.

Data Source: University of California at Berkeley Center for Social Services Research.

Population estimates use interpolated data based on 2000 & 2010 US Census, UCB Center for Social Services Research.

Santa Clara County Probation 5-Year SIP Chart 2013-2018

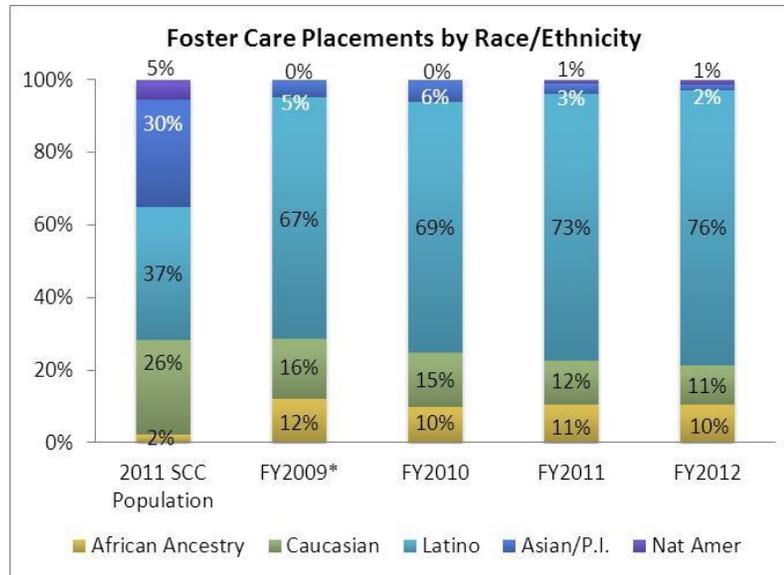


Figure 1.

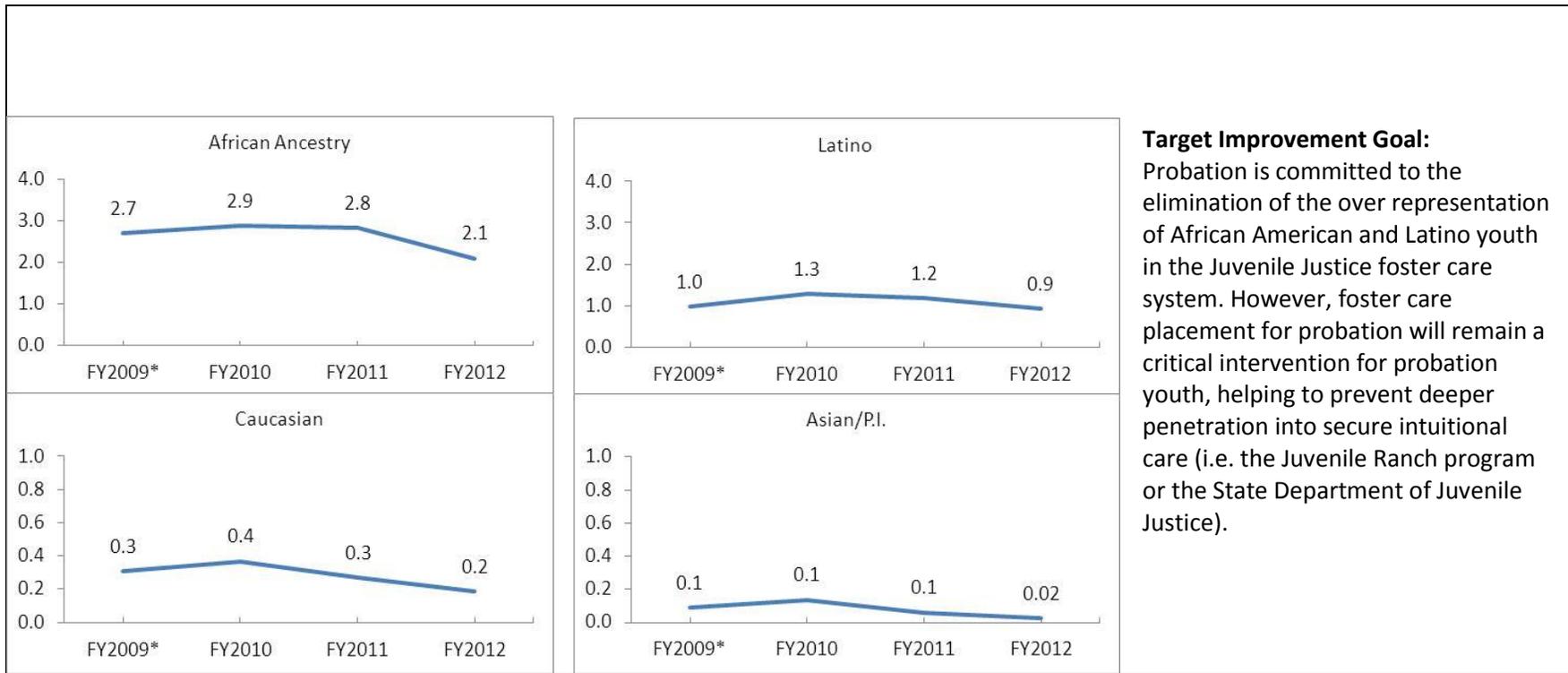
When tracking

the disproportionate representation of foster care placements by race/ethnicity, the following table and figures show that all youths have experienced decreases in the number of youths in foster care per 1,000 youths in Santa Clara County. This is particularly evident for African Ancestry youths when comparing the most recent period with the previous three year periods.

Disproportionality rate: Incidence per 1,000 youths.

	FY2009*	FY2010	FY2011	FY2012
African Ancestry	2.7	2.9	2.8	2.1
Caucasian	0.3	0.4	0.3	0.2
Latino	1.0	1.3	1.2	0.9
Asian/P.I.	0.1	0.1	0.1	0.02
Nat Amer	0.0	0.0	0.1	0.1

Santa Clara County Probation 5-Year SIP Chart 2013-2018



Santa Clara County Probation 5-Year SIP Chart 2013-2018

Strategy 1: Develop coordinated and integrated child welfare and juvenile justice system that enhances services and outcomes for dually involved youth.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability 4B Least Restrictive Placement, Relative
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Establish the Juvenile Justice and Child Welfare System Integration Initiative Executive Steering Committee Team and develop sub-committees	July 2012 - Completed	Chief Probation Officer and Deputy Chief Probation Officer
B. Review local data on dually involved and crossover youth. Research best practices & characteristic of dually involved and crossover youth <ul style="list-style-type: none"> • Use of technical assistance providers (John D. and Catherine T. MacArthur Foundation) to gain an understanding of national practices. • Review internal data captured by Probation and DFCS on dually involved youth which were used to create current Dual Status policies and procedures where create. • Serious examination of concurrent services with all systems partners – Lead Agency model 	August 2012 – December 2012 Completed Completed September 2013	Deputy Chief Probation Officer, Probation Manager & Research and Development Manager
C. Develop coordinated and integrated child welfare and juvenile justice system protocol that enhances services and outcomes for dually involved youth	January 2013 – June 2013 – September 2013	Deputy Chief Probation Officer & Probation Manager

Santa Clara County Probation 5-Year SIP Chart 2013-2018

<ul style="list-style-type: none"> • Pool resources and increase information sharing to eliminate the duplication of assessments and services to best support the family. • Formalize interagency case coordination to provide seamless processes easily navigable by families (i.e. Coordinated case planning, case management, and court reporting). 		
<p>D. Establish cross-systems training of for JPD and CWS staff</p> <ul style="list-style-type: none"> • Training on child welfare and juvenile justice system Lead Agency Model protocol. • Introduction training for JPD on child welfare system and vice versa. 	<p>July 2013 – September 2013 September 2013 - December 2013</p>	<p>Probation Manager, Placement Supervisor, Family Preservation Supervisor & JPD Training Unit</p>
<p>E. Evaluate results of strategy by tracking the number of days dually involved youth spend in the delinquency system and the number of days dually involved youth spends in juvenile detention after implementation.</p>	<p>January 2014 – July 2014</p>	<p>Information Systems Unit & Research and Development Manager</p>

Santa Clara County Probation 5-Year SIP Chart 2013-2018

Strategy 2: Improve family supports through linkages to family-based alternative services and alternative placements to group homes for probation youth in placement.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability 4B Least Restrictive Placement, Relative
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Collaborate with SSA, DFCS and Mental Health to increase the use of the Enhanced Wraparound Program. The program is a synthesis of Wraparound, Professional Parent homes, Family Finding and Mental Health services.	December 2012 Completed	Chief Probation Officer & Deputy Chief Probation Officer
B. Educate Probation Staff, Courts, attorneys, parents, and child caregivers on available Enhanced Wraparound services.	April 2013 Completed	Deputy Chief Probation Officer & Probation Manager
C. Ensure appropriate referrals process to the RISC committee for Enhanced Wraparound services.	April 2013 Completed	Probation Manager & Placement Supervisor
D. Have access to Enhance Wraparound providers and Professional Parent home providers to: <ul style="list-style-type: none"> • Assist youth in high end group homes and their caregivers in stabilizing their placement. • Increase availability of mental health services for behaviorally and emotionally disturbed JPD youth. 	July 2013 Completed	Probation Supervisor & Probation RISC Coordinator

Santa Clara County Probation 5-Year SIP Chart 2013-2018

<p>Have access to highly trained professional parent homes and increased access to professional parent foster beds.</p>		
<p>E.</p> <ul style="list-style-type: none"> • Evaluate families' access to available Enhanced Wraparound services and if JPD reunification rates within 12 months increased significantly since implementation. • Increase the number of available professional parent foster beds homes from 5 (current number of beds available to JPD) to 15. 	<p>July 2014</p>	<p>Information Systems Unit & Research and Development Manager</p>

Santa Clara County Probation 5-Year SIP Chart 2013-2018

Strategy 3: Probation will increase the number of youth who are safely reunified in a timely manner with their families through increased support and engagement with parent(s).	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Family Reunification within 12 months (exit cohort) C4.3 Placement Stability
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Parent(s) will take part in an orientation session, meeting with a Probation Officer to map out his or her child’s program. <ul style="list-style-type: none"> Educate parents on the placement process and resources available to support parent(s). Clarifying the role of the foster caregiver, sharing information on the child’s needs, planning for visitation and other ways to involve the parent(s) while their child is in foster care. 	December 2013	Probation Manager & Placement Supervisor
B. Joint Decision Making (JDM) practice will be implemented in the Placement Unit. The addition of JMD meetings for youth who are removed from their homes will be implemented in order to engage parent(s) to make the best decisions possible for the youth and ensure the parents’ voice is heard prior to any placement, re-placement, or reunification with the family. <ul style="list-style-type: none"> A protocol will be developed for JDM utilization for staff. JDMs to include parents, care providers, parent partner. 	December 2013	Probation Manager & Placement Supervisor

Santa Clara County Probation 5-Year SIP Chart 2013-2018

<p>C. Development of a Parent Partner program.</p> <ul style="list-style-type: none"> • Parent Partners that are culturally and ethnically appropriate who have the ability to help parent(s) navigate the policies, procedures, and court issues involved with having a case with JPD. • Parent Partners can participate in JDMs. • Recruit and train Parent Partners to provide support and resources for JPD parent(s) to help parent(s) successfully reunify with their children in a safe and timely manner. • Parent Partners are also invited to appropriate department-wide county meetings, relevant trainings, and educational opportunities. 	<p>March 2014</p>	<p>Probation Manager & Placement Supervisor</p>
<p>D. Provide training including advanced training to Placement Probation Officers to increase their skills.</p> <ul style="list-style-type: none"> • Continue to integrate training and operating practice that is culturally and ethnically appropriate and ensure adequate training to Probation staff on the family involvement in the case-planning process and strength-based JDMs. • Probation Placement Officer Course training to ensure the safety of both the community and the youth as they work toward the safe return of the youth to the family and community. • Family Engagement training to learn 	<p>June 2014</p>	<p>Placement Supervisor & JPD Training Committee</p>

Santa Clara County Probation 5-Year SIP Chart 2013-2018

<p>evidence based practices that will provide probation officers with the tools to assess client needs during a contact, as well as how to engage the youth and parent(s) effectively.</p> <ul style="list-style-type: none"> • Motivational Interviewing training to learn interviewing skills that will improve client relationships, through improved reflections, effective summaries and key open ended questions . 		
<p>E. Evaluate results of strategies</p> <ul style="list-style-type: none"> • Increase Timely Family Reunification through greater support and engagement with parent(s); • Increase Placement Stability by making better placement decisions; • Increase parent involvement for JPD youth in foster care placement. 	<p>June 2015</p>	<p>Information Systems Unit & Research and Development Manager</p>

SIP Strategies for the Office of the County Executive

<p>Strategy 1:</p> <p><i>Disproportionality Strategy for Office of Cultural Competency for Children’s Services</i></p> <p>(1)Address and eliminate the over-representation of African American and Latino families in an effort to achieve parity through the creation of an Office of Juvenile Services Equity</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> Other-county to look at additional funding sources to support these strategies	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1- No Recurrence of Maltreatment S2- Timely Emergency Response Referrals C1-Timely Family Reunification C3-Timely Permanency</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Create a new Office within the Office of the County Executive. This new Office will reside within the Office of the County Executive and will be directed by a leader that reports directly to the County Executive. The Director of the Office will be responsible for the county wide implementation of policies and programs that address that racial and ethnic disparity that currently exists within our County services. The Director will assure that the issues of equity are dealt with in a manner that adheres to programmatic requirements and addresses equity as a critical priority countywide.</p> <p>The Office will include, as a minimum, a Latino Planning Council and an African American Social Planning Council in order to assure appropriate community input and</p>	<p>Office of Juvenile Services Equity to be established within 6 months by the end of October 2013 – Revised date</p>	<p>County Executive</p>

SIP Strategies for the Office of the County Executive

<p>monitoring of progress. As appropriate and requested, other racial and ethnic group councils will be created to address their specific issues. It is envisioned that Social Planning Council will be initiated and maintained by community members. The Councils will be supported by the Office and the Office will coordinate and facilitate County programs and processes in order to attain the goals stated in the SIP.</p> <p>The Office will work to eliminate disparity not only as it relates directly to client populations, but also disparity within both internal and external service providers. The Office Director will work closely with the County Executive, the Board of Supervisors, and appropriate community members in the effort. This Office will be operational within 6 months.</p>		
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