



**SISKIYOU COUNTY**  
**Health and Human Services Agency**

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*Director of Social Services Division*  
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July 3, 2014

Children's Services Outcomes and Accountability Bureau  
Attention: Bureau Chief  
Children and Family Services Division  
California Department of Social Services  
744 P Street, MS 8-12-91  
Sacramento, CA 95814

Enclosed is Siskiyou County's SIP Update for the period of June 1, 2012 to January 31, 2014.

Should I be of any assistance I can be reached Monday through Friday 8:00 a.m. to 5:00 p.m. by phone at (530)841-4826 or email [abyrd@co.siskiyou.ca.us](mailto:abyrd@co.siskiyou.ca.us)

Sincerely,

  
Alix Byrd  
Staff Services Analyst



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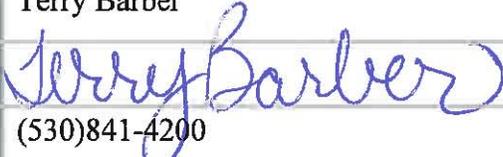
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California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

County	Siskiyou
SIP Period Dates	May 2012-January 2014
Outcome Data Period	Q3 2013

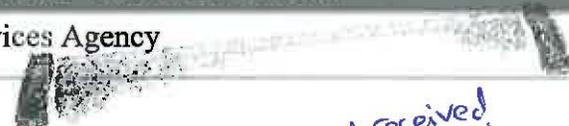
County Child Welfare Agency Director

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Public Agency Designated to Administer CAPIT and CBCAP

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Board of Supervisors (BOS) Signature

BOS Approval Date	
Name	
Signature*	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau  
Attention: Bureau Chief  
Children and Family Services Division  
California Department of Social Services  
744 P Street, MS 8-12-91  
Sacramento, CA 95814

\*Signatures must be in blue ink

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# California - Child and Family Services Review

## Annual SIP Progress Report

06/01/2012-01/31/2014



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## Introduction

This update covers activities that occurred during the past eighteen months, which has brought many changes to Siskiyou County. The Health and Human Services Agency became a super agency, with the addition of Public Health and the Office of Emergency Services. The new agency structure should help to eliminate some of the barriers to service provision and streamline service acquisition. The development of a closer working relationship between Behavioral Health (BHS) and Child Welfare (with the inclusion of Probation in dual jurisdiction cases) in response to the Katie A. lawsuit settlement, promises to integrate mental health services provided to children and families involved with Child Welfare in a positive way. During the past year, Differential Response has been reintroduced in Siskiyou County and the program is off to a productive start. The Family/Community Resource Center Network (FRC) has provided an excellent base for service provision within ten communities throughout Siskiyou County.

## SIP Progress Narrative

### **STAKEHOLDERS PARTICIPATION**

Whenever possible, we encourage appropriate stakeholders to participate in the system improvement process, either directly or through consultation. Some of these stakeholders are: the Community Services Council (serving as the Child Abuse Prevention Council and providing differential response through Child Abuse Prevention, Intervention, Treatment funding), the Family/Community Resource Center Network, the Karuk Tribe, the Quartz Valley Rancheria, the Children First Foster Family Agency, the First Five Commission, the County Office of Education, the Foster Care Liaison, Foster and Kinship Care Education program through College of the Siskiyous and others who come to meetings throughout the year and provide informal input to the process of service provision in Siskiyou County.

### **CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS**

### **CWS FOCUS OUTCOME MEASURES**

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal
S1.1	No recurrence of maltreatment	10/01/12	03/31/13	73	94	77.7	94.6
C3	Long Term Care Composite	N.A.	12/31/13	N.A.	N.A.	76.4	121.7
C3.1	Exits To Permanency (24 Months In Care)	01/01/13	12/31/13	4	16	25.0	29.1
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/13	12/31/13	19	19	100.0	98.0
C3.3	In Care 3 Years Or Longer (Emancipated/Agc 18)	01/01/13	12/31/13	1	1	100.0	37.5

**CFSR S1.1: No Recurrence of Maltreatment**

Of all children who were victims of a substantiated maltreatment allegation during the selected six-month period, what percent were not victims of another substantiated allegation within the following six months?

**Includes:** All referrals involving children who were victims of a substantiated maltreatment allegation during the six-month period between 10/01/12 and 03/31/13.

As reflected in the above table, the County’s performance in this measure has fallen below the national standard. The children that are returning to care come from families with chronic substance abuse issues. Parents often relapse into substance abuse necessitating CWS involvement. Additionally, due to substance abuse and domestic violence in the home these children often have their own behavioral issues and begin acting out while in their parents’ care, which furthers the need for CWS involvement.

**CFSR Measure 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 selected 12-month period, what percent were discharged to a permanent home by the end of the 12-month period and prior to their 18th birthday?

**Includes:** All children in foster care for two years or more on the first day of the 12-month period between 01/01/2013 and 12/31/2013.

The County’s performance has slightly declined over the last year in this measure. During the fourth quarter of 2012, the County’s performance rate was 31.8. The children in this bracket tend to be those who are runaways, or have behavioral issues and have been placed in group homes. As a result it is not possible to find a permanent placement for these children nor are they able to be returned to the parent.

**CFSR Measure C3.2: Exits to Permanency (Legally Free at Exit)**

Of all children discharged from foster care during the selected 12-month period who were legally free for adoption, how many were discharged to a permanent home prior to their 18th birthday?

**Includes:** All legally free children leaving foster care during the 12-month period between 01/01/2013 and 12/31/2013.

As shown in our performance over the period 01/01/13-12/31/13 we have reached 100% and all children in this bracket have exited care to a permanent placement. This is most likely due to our concurrent planning practice.

**CFSR Measure C3.3: In Care Three Years or Longer (Emancipated or Reach 18 in Care)**

Of all children in foster care during the selected 12-month period who were either discharged to emancipation or turned 18 in care, what percent were in care for three years or longer?

**Includes:** All children leaving foster care to emancipation or turning 18 in the 12-month period between 01/01/2013 and 12/31/2013.

As shown on our most recent performance in the above table, we have reached 100% in this area as well. For the year 2013 there was one youth who emancipated out of care and hence the 100% figure.

One of the benefits of working in a rural county is that Child Welfare and Probation staff know each other, meet frequently and work well together to creatively solve problems as they arise. The following narrative is Probation's contribution to this update.

As stated in last year's report, Probation's staff replaced the "Family Team Meeting and Engagement" protocol with a more progressive "Skype" conferencing approach to aid in family reunification efforts for those children in placement. This is in addition to, and never in place of, physical family visits and direct contact by the assigned placement officer every month. This was facilitated by the addition of a Probation Aide position where weekly phone calls and multiple Skype conferences are made by the Aide to keep reunification efforts on track. This has resulted in the anticipated added stability of the youth in placement. In addition, the Probation Aide has assisted the Placement Officer in a very successful enhancement of Family Finding efforts resulting in multiple contacts with relatives who have been able to provide homes for several youth. Probation continues to use a family finding process at intake with the youth and family members, and researches extended family links using the internet and other information sites available for that purpose.

A mentoring program was initially indicated as part of the SIP, but this was revised and Probation continues to improve the following modified strategies to improve outcomes: Family Finding and Engagement, Family Team Meetings, and Youth Engagement Protocol.

## **STATUS OF STRATEGIES**

### **STRATEGY 1: FULL IMPLEMENTATION OF FAMILY SEARCH AND ENGAGEMENT (FSE).**

Since CWS implemented Family Finding several years ago through a contract with Lexis Nexis, and dependency efforts to locate family members are required at detention and documented in Court reports, this strategy primarily involves Probation's efforts to expand family finding and engagement. Probation has continued to gather family information at intake and the Probation Aide continues to research extended family on an on-going basis. Probation re-interviews and examines relationships that were once considered marginal or where misinformation by another estranged relative may have steered the efforts away from what may be a viable relative placement alternative.

The Juvenile Probation unit now has two full time Legal Secretaries with one trained in CWS/CMS entry along with two probation officers trained in CWS/CMS entry. The Deputy Chief Probation Officer is now the acting supervisor and has only limited training in CWS/CMS. Probation anticipates more training for the Senior Probation Officer and Probation Aide to enhance our ability to capture outcomes.

#### **Strategy 1.2: Development of Intensive Treatment Foster Homes**

An MOU with Children First Foster Family Agency was recently developed to bring Intensive Treatment Foster Homes to Siskiyou County. A home has not yet been identified, but this strategy is completed.

### **STRATEGY 2: IDENTIFICATION AND RESOLUTION OF DATA ENTRY ISSUES**

#### **Strategy 2.2: Training and Support Programs for Adoptive Parents Using PSSF Funding**

CWS has worked closely with the Post Adoptions Services social worker over the past year and have greatly increased the services available to prospective and post-adoptive parents. The social worker works for Sierra Forever Families through a contract with State Adoptions and has implemented support groups in Yreka and Mt. Shasta, recreational activities and trainings specifically geared towards supporting the adoption of children involved in the child welfare system. Child Welfare has a separate contract with Sierra Forever Families to support trainings which address difficulties faced by adoptive families and contributed to another training in October. In the coming months, three more trainings for adoptive parents are scheduled.

#### **Strategy 2.3: Full Implementation of Safety Organized Practice (formerly Signs of Safety (SoS))**

Safety Organized Practice (SOP) was implemented three years ago, with a core group of supervisors and lead workers attending the three day training. While many of the principles of SOP are being used in social work practice (safety plans, family meetings, bringing people identified by the family as helpers to the table) full implementation is still forthcoming due to staffing changes and the need for more line staff training. The county has arranged with UCD to bring the three day basic SOP training to Yreka in June. Other counties and service providers,

such as the FRCs and BHS staff, will be invited to attend to ensure that the practice will be understood and implemented throughout the community.

### STRATEGY 3: FULL IMPLEMENTATION OF FAMILY TEAM MEETINGS (FTM)

Since the use of Family Team Meetings (to develop safety plans and to implement the Core Practice Model) is part of Child Welfare Services practice, this strategy involves Probation's implementation of Family Team Meetings.

Parents and children continue to be a part of case planning and decision making from the time of removal to termination of jurisdiction. As stated, video-conferencing and enhanced family findings have helped facilitate reunification efforts and location of relatives who can provide viable placement options. With the Probation Aide supplementing the role of the Placement Officer, setting up the video conferencing and checking in with youth in placement on a weekly basis, we have experienced a greater ability to help youth and family feel and stay connected and a constant part of the case plan objectives and goals. We obtain information more quickly and stay ahead of issues that may derail the case plan as well. We continue to use motivational interviewing techniques and strive to address criminogenic needs identified by our risk assessment and case planning tool. As a result we have reduced our placements from over twenty last year to eight currently. We have had reunifications with parents who previously had rights terminated and found a grandparent with guardianship in Oklahoma where a minor is now placed and doing well.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Strategy 1.1: Implement MOU with Community Care Licensing (CCL) to license county foster homes.

This strategy was previously completed.

Strategy 1.2: Provide specific training to county licensed foster parents.

Social workers and the nurse case assistant provide specific training as needed for the one county licensed home. These foster parents have already received training related to the care of medically fragile children.

Strategy 2.1: Implementing assessment and training of relatives and NREFM caretakers

A good working relationship with the Foster and Kinship Care Education Program staff at College of the Siskiyous has been formed to ensure that there is a range and variety of training for relative and NREFM caretakers. A pamphlet is provided to prospective caregivers that outlines responsibilities and who to call if they have questions. Additionally, the child welfare screener is available to answer questions during the day and the on-call worker can help if there is an emergency need after hours.

Strategy 2.2: Probation previously revised this section to reflect a youth engagement process.

Youth Engagement Protocol:

This concept has essentially been incorporated into the totality of the services provided by the enhanced contact via telephone and Skype by the Probation Aide to the youth in placement. The Aide is charged with asking the youth how they feel about their placement, is the case plan working and meeting their needs, and what ideas do they have to modify or adjust to make it better. The constant contact and feedback have empowered our youth and helped them feel more connected and empowered in the case plan process. This also allows the Placement Officer to operate off of much more available information to communicate with the placement staff in order to make sure the placement entity is meeting the needs of the youth and family. This information is reflected in our six month reports.

Well-Being Outcome 3: Children receive services adequate to their physical, emotional, and mental health needs.

Strategy 1.1: Request a subcommittee of the Dental Task Force to analyze the problem.

Given the success of the Dental Task Force in assisting children and families to receive dental care, it was determined that the subcommittee was not needed.

Strategy 1.2: Coordinate dental services for children with Tribal Health Clinics.

The County Dental Task Force has been very successful in securing funding and bringing dental vans to treat children in all areas of Siskiyou County. The CWS nurse case assistant has developed a good working relationship with local providers and makes sure all children who need care are referred to dentists. Transportation and lodging is provided, if needed, to parents and children who need sedation dentistry, as the only clinic who will see these children and bill Medi-Cal is in Atwater, CA, which is more than 360 miles from Yreka. This strategy has been completed.

Strategy 1.3: Continue to support the CWS Nurse and the Placement Probation Officer in their responsibilities.

Probation and Child Welfare staff continue to provide the CWS nurse case assistant and the Placement Probation Officer with support as needed to ensure that all youth receive the medical and dental care they need and that all data is entered into the Health and Education Passport on CWS/CMS.

**CWS/Probation OIP Funds**

CWS utilized part of the CWSOIP funds to pay for drug testing of parents to ensure that they are drug free and are able to make the best use of the services offered to them on their case plans. This will help to offer youth permanency within their families with a drug free parent. Some of the funds are also used to pay for Family Finding expenses. Family Finding will assist in obtaining permanency for youth if they cannot safely reunify with their parents. By aiding in the

search for family members and placing dependent youth with their extended family members, this service can assist youth to achieve permanence within their extended family/non-relative extended family members.

Probation has utilized their OIP funds to contract with a therapist to work with youth in Juvenile Hall, both individually and in groups. These youth are not eligible to receive Medi-Cal funding and therefore cannot engage with Behavioral Health Clinicians. These youth are in need of clinical services and may be able to be returned to their families and the community safely if they receive the help they need in a timely fashion.

## **OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION**

When CWS began the process of licensing foster homes again, after a ten year hiatus, it was with the understanding that funding would be forthcoming. With all the budgetary challenges of the past few years, including realignment in 2011, it became apparent that the costs of foster home licensing would not be funded. Given Siskiyou County's fiscal situation, it was necessary to take a long, hard look at client needs and Social Worker capacity. It was with regret that the decision was made to put foster home licensing on hold for the time being, to be revisited at a future date. One of the factors in this decision was that, after several years of dedicated work, we only were able to license one county foster home. The Licensing Social Worker was assigned to the Emergency Response Unit as of December 1, 2013.

This past year has been one of staff changes for both Child Welfare and Probation. Staff have left for other employment (at times, within the County, at times going to public sector positions) and staff have been absent for medical reasons. We have lost not one, but two Linkages Social Workers; one moving to Child Welfare and one to Drug and Alcohol Services within our Agency, so the knowledge and skills they have gained are not lost, but may be useful to us in the future. One Child Welfare Social Worker became the Regional Manager for the Foster Family Agency which has the most homes in Siskiyou County. Her knowledge of our Agency, and the training and expertise she gained during employment with the County, is helpful to our Agency and hers on a daily basis.

As we begin the County Self Assessment process, we will need to pay close attention to staff vacancies and how much can be accomplished with the number of staff available. As requirements increase, we will also need to work closely with our community service providers/stakeholders to develop creative solutions to meet community needs.

## **PROMISING PRACTICES/ OTHER SUCCESSES**

The promising practice of Safety Organized Practice has been implemented, with further training to be provided to new workers and a refresher to experienced workers through UCD in June of this year. It has been difficult to implement this practice fully due to staffing challenges. We will be training all Child Welfare staff in this practice and will open up other trainings to community stakeholders in order to maximize engagement.

## OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Data entry issues have continued to impact our reported outcome measures and will continue to be addressed in our next SIP, as we work closely with Probation to ensure that all placement and contact information is entered accurately and timely. Probation has hired a Data Analyst and will be ensuring all CWS/CMS input is accurate and timely. Discussion of data entry issues will be made part of our ongoing, monthly Probation/CWS meetings. It will need to be included in our upcoming SIP, as well. It was recently discovered that CWS staff had entered some data incorrectly when the non-relative, non-dependent guardian cases were originally entered into CWS. This impacted our current C3.1 Measure: Exists to Permanency (24 months in care). This problem has been addressed and the issue resolved. Future reports should accurately represent the current state of this measure. The remaining children in this measure represent long term placements, who cannot, due to their severe mental illness or biological conditions, be adopted and will transition into Far Northern Regional Group Homes upon turning age 18. On a positive note, three of these minors who had been in care for more than twenty four months were adopted in November and one was placed into guardianship. Two teenagers were on the run during a substantial part of this time frame and this makes it difficult to provide permanency for them, thus impacting the percentage on this measure.

## State and Federally Mandated Child Welfare/Probation Initiatives

Child Welfare staff and Children's System of Care staff from Behavioral Health have worked closely to provide intensive home based services and intensive care coordination for children falling under the requirements of the Katie A. lawsuit settlement. Regular meetings between staff have taken place and family team meetings are occurring on a regular basis. It has proven to be a learning experience for everyone and one that will continue to have a positive impact on children receiving mental health services.

The Probation Department currently has a Chief Deputy and a Deputy Probation Officer who attended the Extending Foster Care for Juvenile Justice Youth training provided by The Resource Center for Family-Focused Practice in 2012. It is anticipated a Senior Deputy Probation Officer and a Probation Aide will attend After 18 Program training in 2014. The Addendum to 241.1 Protocol between Health and Human Services and the Probation Department that addresses the requirement for a written process to determine which agency and court jurisdiction will supervise the new status of Non-Minor Dependent (NMD) is still in the discussion stages.

The Probation Department by default is supervising all NMD eligible youth that are under 602 wardship. Probation is currently supervising two NMD adults who are no longer wards, two NMD adults who remain 602 wards, and there are three NMD adults who are either currently ineligible because they have not met the requirements or have opted out. Probation has four youth pending transitional jurisdiction proceedings and will be entering NMD status within the next six months.

While the Probation Department has experienced multiple NMD successes and supports the importance of the After 18 Program, it is anticipated the adult NMD caseload will become more time intensive and larger than the actual juvenile placement caseload in another year, which will in turn raise multiple barriers to continued success of our juveniles in placement and NMD adults.

Probation will soon have multiple adult NMD cases living out of Siskiyou County at significant distances away (12 hour round trip drives to Turlock, California and Covelo, California) and even out of state (Colorado). While we do not have any juvenile cases in foster care placement out of state this year (2014), we have had cases in Arizona, Michigan and Nevada in the past year (2013), and may need to place out of state in the future. The NMD caseload will continue to increase with many moving out of county, and our single Probation Placement Officer will soon be spending more time meeting adult NMD mandates than juvenile placement mandates. Since our Probation Aide is not able to make face to face contacts in lieu of, or in place of, the Probation Placement Officer, that position is of limited assistance. With the funding deficits smaller juvenile probation departments are facing, the NMD caseloads will most likely make it impossible to meet the mandates properly due to inadequate staffing.

Most of our current NMD adults have benefitted from the After 18 program because our placement numbers have dropped and our Probation Aide has been assisting with setting up services and advising youth about the program. The expected increase in the adult NMD caseload will result in our Probation Placement Officer traveling constantly just to make the mandatory face to face contacts, and the quality of contact will suffer. Unfortunately, our Juvenile Probation Placement Officer will eventually be spending the majority of their time contacting adult NMDs, who are not on probation, marginalizing the officer's time with critical juvenile cases in placement. This creates unintended barriers to best practices and quality time spent on early reunification efforts for juvenile placement cases. In addition, since adult NMDs can opt in and out at will, we will never know how many we may have from month to month.

Child Welfare shares the concerns of the Probation Department with regard to the staff time and placement dollars that are required to meet the requirements of AB 12. While we support the legislative intent of AB 12, we do not feel we can take on the supervision of Transitional Jurisdiction youth. County Counsel has advised us that we do not have jurisdiction to file a dependency petition for youth who are aging out of the Probation system. We do not have the relationship with the youth and parents that we have with dependent youth or with dual jurisdiction youth. As stated above, the Addendum to the 241.1 Protocol currently in place needs to be updated, but we have not been able to reach agreement to this point.

Child Welfare has had one NMD over the past year, and anticipate one in the near future. Over the past few years, our focus has shifted, as an Agency, to securing permanency for youth at much younger ages than previously. We no longer "raise" children in foster care until they reach adulthood. In the past, one of our NMDs chose to get married and thus, was no longer eligible for NMD services. We work diligently to preserve children in their families of origin, or with relatives, with safety plans in place to ensure that they grow up with kin and not in out of home care. We have worked closely with State Adoptions to ensure children permanency in an adoptive home as early as possible, as soon as concurrent planning has shown us that they cannot

safely be returned to their parents. This emphasis has resulted in us having far fewer teenagers in placement than in previous years.

## 3 - Year SIP Chart

**Priority Outcome Measure or Systemic Factor:** Permanency Composite 3 (Long Term Care Composite)

**National Standard:** C3:Federal Standard 121.7 State PIP Goal 110.0

C3.1: Federal Standard 29.1

**Current Performance:** C3: ~~County 54.6~~ ~~County 108.5~~ County 76.4

C3.1: ~~County 4.8~~ ~~County 36.8~~ County 25.0

**Target Improvement Goal:** C3.1

Q2 11: 9.5

Q2 12: 11.9

Q2 13: 14.3

**Priority Outcome Measure or Systemic Factor:** Permanency Composite 3 (Long Term Care Composite)

**National Standard:** C3.2: Federal Standard 98.0

**Current Performance:** C3.2: ~~County 66.7~~ ~~County 89.5~~ County 100.0

**Target Improvement Goal:** C3.2

Q2 11: 66.7

Q2 12: 77.8

Q2 13: 77.8

**Priority Outcome Measure or Systemic Factor:** Permanency Composite 3 (Long Term Care Composite)

**National Standard:** C3.3: Federal Standard 37.5

**Current Performance:** C3.3: ~~County 70.0~~ ~~County 66.7~~ County 100.0

**Target Improvement Goal:** C3.3

Q2 11: 60.0

Q2 12: 60.0

Q2 13: 50.0

**Priority Outcome Measure or Systemic Factor:** Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

**National Standard:** 4A All siblings placed together 90.0  
4B Some/all siblings placed together 50.0  
4E N.A.

**Current Performance:** ~~Q2-10 Q4-11 Q2-13~~ Q3 13

4A - All siblings placed together in care: ~~53.3 78.4 46.2~~ 43.4

Some or all siblings placed together in care: ~~65.3 82.4 75.0~~ 66

It is difficult to place large sibling groups together, particularly if one sibling is abusive to the others. This is an issue that will be considered in the County Self-Assessment when Placement Stability is addressed. This measure varies, depending on the number siblings coming into care together.

4B – First placement with relatives: ~~21.3 10.3 16.9~~ 15.2

Staff take great care and proceed with caution when first placing children in out of home care. If staff cannot immediately receive a CLETS report or the relatives' home is not ready for their placement, we do not place with relatives for the first placement. It is safer for the children and they will have a better outcome if staff take the time to do a proper home study and a thorough background check before placement. At times several relatives will request placement and time is taken to make sure the best match is made. This measure varies based upon the nature, distance and relationship of the relatives with the children needing placement.

Point in Time Placement with Relatives: ~~29.0 28.7 31.1~~ 26.4

4E – Placement of ICWA eligible children with relatives: 43

**Target Improvement Goal:**

4A - All siblings placed together in care: 60.0

Some or all siblings placed together in care: 75.0

4B – First placement with relatives: 27.5

Point in Time Placement with Relatives: 35.0

**Priority Outcome Measure or Systemic Factor:** Well-Being Outcome 3: Children receive services adequate to their physical, emotional, and mental health needs.

**National Standard:** N.A.

**Current Performance:** In both CWS and Probation, 100% of children in care have a Health & Education Passport, at least 80% of children receive timely health exams, and there are management systems in place for children who need psychotropic medication. However, the rate of timely dental exams is 42.3 and children in and out of the system have limited access to mental health and AOD services.

**Target Improvement Goal:**

Raise the rate of timely dental exams from 42.3 to 60.0. Q4 11 55.0

<b>Strategy 1: Full Implementation of Family Search and Engagement (FSE).</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Permanency Composite 3 (Long Term Care Composite) C3: <del>County 54.6</del> Federal Standard 121.7 State PIP Goal 110.0 <del>County 108.5</del> <del>County 61.4</del> C3.1: <del>County 4.8</del> Federal Standard 29.1 <del>County 36.8</del> <del>County 11.1</del>  With FSE, there will be a formal protocol for searching for relatives and significant adults throughout the life of a case. Permanency plans will be accelerated and permanent connections can be made for children and youth.
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>		
<b>Timeframe:</b>		
<b>Person Responsible:</b>		
<b>A.</b> Resolve contract and funding issues.	<b>Completed</b>	CWS Program Manager / Deputy Director, Social Services Division
<b>B.</b> Develop written policy and procedures and train staff	<del>April 2012</del> <del>August 2012</del>  In process. Due to staff changes and workload challenges, this was not accomplished within this time frame and will become part of the next System Improvement Plan.	CWS Program Manager / <del>Assistant Chief Probation Officer</del> <b>Deputy Chief Probation Officer</b>

<p><b>C.</b> Establish a QA process whereby Supervisors evaluate the use of FSE on a quarterly basis during Supervisor/Worker case conferences and Supervisor documents the results.</p>	<p><del>August 2012</del> <del>October 2012</del></p> <p>This was not accomplished within the time frame and will become part of the next System Improvement Plan.</p>	<p>CWS Program Manager / Court Supervisor / Staff Services Analyst</p>
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<p><b>Strategy 1.2:</b> Development of Intensive Treatment Foster Homes</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Intensive Treatment Foster Homes will act as an alternative to Group Homes. Placing children within the County facilitates visitation, maintains family connections and expedites early permanency.</p>
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Identify FFAs that will be involved in this effort</p>	<p><del>August 2011</del> Completed</p>	<p>Court Supervisor</p>
<p><b>B.</b> Work with FFA Staff on recruiting, training, and establishing protocols.</p>	<p><del>August 2012</del> In process</p>	<p>Court Supervisor</p>
<p><b>C.</b> Establish ART as the gatekeeper and evaluation team for children referred to and placed in ITFHs.</p>	<p>August 2013 MOU in development</p>	<p>CWS Program Manager</p>



<p><b>D.</b> Develop a quarterly evaluation process that includes ART and the FFA to assess whether the right children are being placed in ITFHs and whether there is a difference in early permanency compared to children placed in Group Homes.</p>	<p>February 2014  In process</p>	<p>Court Supervisor/<del>Probation Supervisor</del>  Deputy Chief Probation Officer</p>
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<p><b>Strategy 2:</b> Identification and resolution of data entry issues</p>	<p><input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>  C3.2: Federal Standard 98.0</p>
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Action Steps:	Timeframe:	Person Responsible:
<p><b>A.</b> Identify data entry problems.</p>	<p><del>June 2011</del> <del>December 2012</del>  Several issues recently identified regarding initial data entry with non-dependent non-relative guardian cases</p>	<p>Help Desk staff member/CWS Super User/Staff Development Analyst</p>
<p><b>B.</b> Train Staff on proper procedures</p>	<p><del>September 2011</del> <del>June 2013</del>  Staff have been trained and written procedures are being developed for future reference.</p>	<p>Help Desk staff member/CWS Super User/Staff Development Analyst</p>
<p><b>C.</b> Establish a system whereby Help Desk staff member monitors data entry on a monthly basis and presents findings at monthly staff meetings.</p>	<p><del>October 2011</del> <del>June 2013</del>  In process, using the Staff Services Analyst</p>	<p>Help Desk staff member/CWS Super User/Staff Development Analyst</p>

<b>Strategy 2.2:</b> Development of training and support program(s) for adoptive parents using PSSF funding.	<input checked="" type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> CWS and Adoptions agree there is a significant need for specialized training and support for pre and post adoptive parents. There are no such programs at the present time.
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
<b>A.</b> Meeting of CWS and Adoptions staff to finalize curricula for the program(s) and develop outcome expectations	<del>October 2011</del> <del>October 2012</del> <del>June 2013</del> Contract developed with CBO for adoption support and training	Court Supervisor/State Adoptions' Staff
<b>B.</b> Selected adoptive parents, including potential adoptive parents, will participate in the first round of program(s).	<del>October 2012</del> <del>October 2013</del> To be developed	Court Supervisor/State Adoptions' Staff
<b>C.</b> Complete evaluation process to determine if program expectations have been met and make adjustments to the program(s) if needed	<del>October 2013</del> <del>October 2014</del> To be developed	Court Supervisor/State Adoptions' Staff



<b>Strategy 2.3: Full implementation of Signs of Safety (SoS).</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> The Signs of Safety (now referred to as Safety Organized Practice) model is being used at various decision-making points. If this strategy is used at the point of identifying prospective adoptive parents, the time to finalization of the adoption may be shortened.
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Train all CWS staff.	<del>October 2011</del> <del>June 2013</del> Spring 2014	CWS Program Manager/Supervisors/UCD
<b>B.</b> Develop written policy and procedures, including use of SoS ( <b>now Safety Organized Practice</b> ) when making permanency decisions.	<del>December 2011</del> <del>May 2013</del> Training for staff and community service providers will take place June 2014. The Staff Services Analyst will develop SOP Procedures after training is completed.	CWS Program Manager/Supervisors
<b>C.</b> Establish process whereby Supervisors monitor SoS when they sign case plans and updates.	<del>March 2012</del> <del>September 2013</del> Summer 2014	Court Supervisor

<b>Strategy 3:</b> Full implementation of Family Team Meetings (FTM).	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> With Family Team Meetings, parents and children will be engaged in case planning and other decision-making activities resulting in more appropriate and realistic decisions and, possibly, earlier discharge to permanent homes.
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Identify model to be implemented and determine source of funding.	<del>October 2011</del> <del>October 2012</del> <del>Moved 6 months out</del> Katie A Family Team Meetings are held/Safety Organized Practice Family Team Meetings are held/funding source still to be determined	CWS Program Manager/Deputy Director, Social Services Division
<b>B.</b> Develop protocol and train all CWS and Probation staff	<del>February 2012</del> <del>February 2013</del> <del>Moved 6 months out</del> Probation staff are holding their own meetings/Safety Organized Practice Training for new staff/refreshers for other staff to be held June 2014	CWS Program Manager/UCD
<b>C.</b> Establish a system whereby Supervisors monitor and document the use of FTMs during monthly case conferences with SWs.	<del>August 2012</del> <del>August 2013</del> Will be incorporated in next System Improvement Plan, in conjunction with Safety Organized Practice full implementation.	CWS Program Manager



<p><b>Permanency Outcome 2: The Continuity of family relationships and connections is preserved for children.</b></p> <p><b>Strategy 1.1:</b> Implement MOU with Community Care Licensing (CCL) to license county foster homes.</p>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>                      4A – The County is in the process of developing an MOU with Community Care Licensing to license county foster homes. This gives the County the opportunity to develop foster homes specifically for sibling groups.</p>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<p><b>A.</b> Obtain County Board of Supervisor approval for MOU.</p>	<p><b>Completed</b></p>	<p>CWS Program Manager</p>
<p><b>B.</b> Finalize MOU with CCL</p>	<p><del>July 2011</del> <b>Completed</b></p>	<p>CWS Program Manager</p>
<p><b>C.</b> Recruit/select CWS Licensing Social Worker</p>	<p><del>October 2011</del> <b>Completed.</b></p>	<p>CWS Program Manager</p>
<p><b>D.</b> Complete training of Licensing Worker on licensing policies and procedures.</p>	<p><del>April 2012</del> <b>Completed</b></p>	<p>CWS Program Manager/State Licensing Trainings</p>



<p><b>E.</b> Begin recruitment campaign for county foster parents.</p>	<p>January 2012 Ongoing continuously <b>Licensing put on hold due to lack of community interest/homes</b></p>	<p>Licensing Social Worker</p>
<p><b>F.</b> Schedule licensing updates and discussion of vacancy roster at monthly staff meetings.</p>	<p><del>June 2012</del> <del>June 2013</del> <b>Licensing put on hold, due to lack of community interest/homes and staffing needs elsewhere in Child Welfare Services</b></p>	<p>Licensing Social Worker</p>

<p><b>Permanency Outcome 2: The Continuity of family relationships and connections is preserved for children.</b> <b>Strategy 1.2:</b> Provide specific training to county-licensed foster parents.</p>	<input checked="" type="checkbox"/> CAPIT	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> 4A – With appropriate training, foster parents will be better able to understand family dynamics and the need for siblings to maintain relationships, even if it includes coping with difficult behavior initially.</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Identify trainer and funding.</p>	<p><del>June 2013</del> <b>Staff provide ongoing training to the one county licensed home as needed on an ongoing basis</b></p>	<p>CWS Program Manager</p>
<p><b>B.</b> Provide training to selected foster parents.</p>	<p><del>January 2014</del> <b>Staff provide ongoing training to the one county licensed home as needed on an ongoing basis</b></p>	<p>Licensing Social Worker</p>



<p><b>C.</b> Evaluate whether training made a difference in foster parents' ability to take sibling groups.</p>	<p><del>July 2014</del> <b>N/A; unable to evaluate due to there being only one county licensed foster home.</b></p>	<p>Licensing Social Worker</p>
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<p><b>Permanency Outcome 2: The Continuity of family relationships and connections is preserved for children.</b> <b>Strategy 2.1:</b> Implementation of protocol to assess and train relative and NREFM caregivers.</p>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> 4B – With a system in place (including a written protocol and identified staff) to assess and train relatives, the placement of children with relatives becomes more of an automatic process.</p>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Develop written policies and procedures on relative placements.</p>	<p><del>January 2012</del> <del>June 2012</del> <b>Completed</b></p>	<p>ER/Court/Licensing Supervisor</p>
<p><b>B.</b> Develop ongoing training protocol <b>and determine source of funding.</b></p>	<p><del>April 2012</del> <del>September 2012</del> <b>Ongoing and continuous</b></p>	<p>ER/Court/Licensing Supervisor</p>
<p><b>C.</b> Establish a method of collecting feedback from relatives as to whether the training has met their needs. Discuss at staff meetings.</p>	<p><del>October 2012</del> <del>April 2013</del> <b>Surveys are being developed – anticipated completion date – July 2014</b></p>	<p>ER/Court Supervisor</p>



<b>Permanency Outcome 2: The Continuity of family relationships and connections is preserved for children.</b>  <b>Strategy 2.2: <del>Creation of mentoring program for foster youth.</del></b> Probation revised this section to reflect a youth engagement process.	<input checked="" type="checkbox"/> CAPIT	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Youth exiting the foster care system need every opportunity to form permanent connections with significant adults.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
<b>A.</b> <del>Meet with appropriate stakeholders to assess feasibility of a mentoring program.</del> Develop a written protocol that establishes a youth engagement process.	<del>March 2012</del> <del>May 2012</del>	<del>CWS Program Manager/Assistant Chief Probation Officer</del>  Deputy Chief Probation Officer
<b>B.</b> <del>Identify funding source and designate a program manager.</del> Provide ongoing trainings to the Placement Unit to ensure staff is updated on the newest trends/techniques.	<del>September 2012</del> <del>October 2012</del>	<del>CWS Program Manager/Assistant Chief Probation Officer</del> Placement Unit Officers
<b>C.</b> <del>Recruit mentors and train them, possible through the training contract with UCD.</del>	<del>March 2013</del>	<del>CWS Program Manager/Mentoring Program Manager/UCD</del>
<b>D.</b> <del>Develop a written protocol that establishes a process of evaluation, e.g. quarterly meetings that include mentors and youth.</del>	<del>September 2013</del>	<del>Court Supervisor/ILP Social Worker/Provider/Mentoring Program Manager</del>

<p><b>Well-Being Outcome 3: Children receive services adequate to their physical, emotional, and mental health needs.</b></p> <p><b>Strategy 1.1:</b> Request a subcommittee of the Dental Task Force to analyze the problem.</p>	<input checked="" type="checkbox"/> CAPIT	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> The Dental Task Force, headed by Public Health, is currently in place and has been a driving force in the area of dental health for children.</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe	Person Responsible:
<p><b>A.</b> Establish a subcommittee comprised of selected current Task Force members and to include Probation, Tribal representatives, the CAPIT Liaison, and the First Five Director.</p>	<p><del>January 2012</del> <del>January 2013</del> Sub-Committee not needed</p>	<p>CWS Program Manager/Public Health Deputy Director</p>
<p><b>B.</b> Explore funding strategies for county-wide dental exams and treatment for children, including those covered by Medi-Cal</p>	<p><del>June 2012</del> <del>June 2013</del> Dental Task Force is effectively in place</p>	<p>CWS Program Manager/Public Health Deputy Director</p>
<p><b>C.</b> Produce a final report with a full analysis of the problem and recommended plan of action, including a timeframe for milestones and person/group responsible for activity</p>	<p><del>October 2012</del> <del>October 2013</del> No longer needed</p>	<p>CWS Program Manager/Public Health Deputy Director</p>

<b>Well-Being Outcome 3: Children receive services adequate to their physical, emotional, and mental health needs.</b>  <b>Strategy 1.2: Coordinate dental services for children with Tribal Health Clinics</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> Tribal Clinics in Yreka and Quartz Valley accept children with Denti-Cal but they have backlogs. A coordinated system would help to prioritize children based on need.
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Meet with Tribal representatives	<del>October 2011</del> <del>December 2012</del> <b>Completed</b>	ER Supervisor/ CWS Nurse
<b>B.</b> Develop a system for referring foster children and prioritizing when they are seen	<del>January 2012</del> <del>June 2013</del> <b>Child welfare nurse case assistant refers all children and works with doctors and dentists to make sure the children with the most serious needs are seen first; making sure all needs are met and documented in CWS/CMS.</b>	ER Supervisor/ CWS Nurse



<p><b>Well-Being Outcome 3: Children receive services adequate to their physical, emotional, and mental health needs.</b></p> <p><b>Strategy 1.3: Continue to support the CWS Nurse and the Placement Probation Officer in their responsibilities.</b></p>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> The CWS Nurse and the Placement Probation Officer carry the bulk of responsibility for these outcomes and need departmental support.</p>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input checked="" type="checkbox"/> <b>N/A</b>	
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Identify technical and clerical needs and provide support in those areas as needed</p>	<p>Providing support as needed</p>	<p>ER Supervisor / <del>Probation Supervisor</del> Deputy Chief Probation Officer</p>