

California - Child and Family Services Review Signature Sheet

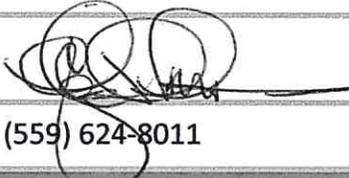
System Improvement Plan Progress Report

County	Tulare
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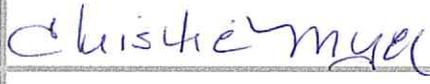
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California Child and Family Services Review

Annual SIP Progress Report

JANUARY 1, 2014-DECEMBER 31, 2014

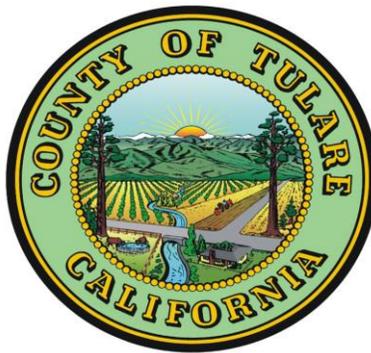


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Purpose of the SIP Progress Report

PURPOSE

Each year following the completion of the Tulare County System Improvement Plan (SIP), Tulare County will submit a SIP Progress Report to the California Department of Social Services (CDSS), developed jointly by Child Welfare Services (CWS) and Probation, in collaboration with stakeholders. The progress report provides a written analysis of current federal and state outcome data measure performance, since the beginning of the five-year SIP period, to determine if the SIP continues to accurately reflect current needs in the county. The report provides the stakeholders and CDSS with the progress of the SIP strategies, including an analysis of strengths and barriers encountered during the implementation process.

Tulare County will evaluate and report progress on the SIP on an annual basis. The progress report will identify areas where outcomes are improved, discuss ineffective strategies, and add new strategies and/or new areas of focus, as necessary, to support continuous quality improvement across the five-year SIP period.

SIP Progress Narrative

INTRODUCTION

Tulare County's 2014 SIP Progress Report is the third progress report that includes the current status of the implementation of strategies contained in the 2012-2016 Integrated SIP.

Implementation of Tulare County's SIP strategies follows California's Child and Family Services Review's (C-CFSR) philosophy of providing continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. This progress report identifies Tulare County's successfully improved outcomes, discusses ineffective strategies, and adds new outcome areas as needed to keep up with promising practices and the changing landscape of Child Welfare Services and Probation.

STAKEHOLDERS PARTICIPATION

This annual 2014 SIP progress report includes contributions of many CWS and Probation stakeholders and community members who participated in planning, implementing, and monitoring the county's 2012-2016 SIP strategies and milestones. Participating members include:

- Tulare County Children's Services Network (CSN)
- Tulare County Child Abuse Prevention Council (CAPC)
- Tulare County Child Protection Planning Committee (CPPC)
- Tulare County Mental Health Staff

- Tulare County Alcohol and Other Drug Staff
- Community-Based Organizations
- Foster Parents
- Biological Families

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Tulare County selected four (4) outcome measures for CWS and two (2) outcome measures for Probation in the 2012-2016 SIP as areas of focus. These measures include:

For CWS:

- Reunification-two (2) outcome measures
- Long-Term Care-one (1) outcome measure
- Placement Stability-one (1) outcome measure

For Probation:

- Reunification-one (1) outcome measure
- Long-Term Care-one (1) outcome measure

CWS CURRENT PERFORMANCE

CWS will discuss current performance of the county's outcome data and provide a brief analysis of the obstacles, systemic issues, and environmental conditions that may be contributing to outcome improvement or decline. Tulare County's five-year SIP focuses on two (2) measures in Reunification (C1.1 and C1.4), one (1) measure in Long-Term Care (C3.3), and one (1) measure in Placement Stability (C4.3) for CWS. The county's outcome data is based on the most recent official data source that is the University of California, Berkeley's CWS Outcomes System Summary data from Quarter 1, 2014 (March 31, 2014) in comparison to the baseline data used in the County's Self-Assessment (CSA) Quarter 3, 2010 (September 30, 2010).

Reunification Measures:

CWS is focusing on two (2) measures in the Reunification Measure: Reunification within twelve (12) months (C1.1) and Re-entry Following Reunification (C1.4).

- Reunification Within Twelve (12) Months (Exit Cohort)-Measure C1.1: CWS' score for the quarterly period ending March 31, 2014 (Q1-2014) was 71.6%. The quarterly score ending on September 30, 2010 was 61.7%.
 - An analysis of the data shows an increase (9.9%) for children who reunified with their families within twelve months of entering foster care. This increase is an improvement for this outcome measure compared to September 2010 (CSA reporting period, Q3-2010). This measure is slightly below the National Standard rate of >75.2% and has trended upward for the past three (3) quarters and surpassed the state's most recent performance rate (Q1-2014) of 63.8%. A comparison of this reporting period (Q1-2014) of 71.6% is a decline to the last SIP progress reporting period (Q1-2013) of 78.3%.

The SafeMeasures® CFPSR data shows an increase to 74.2% for Q2-2014 (June 30, 2014).

- o Contributing factors include:
 - The implementation of Family Engagement Staffings and Case Plan Staffings involving the family to strengthen family-centered practice and to strengthen relationships between staff and families.
 - The implementation of Structured Decision Making (SDM) to determine the level of risk and safety for the child and family at detention and at reunification.
 - The focus CWS placed on supporting families with services to address the safety factors which brought the family to the attention of CWS.
 - The current Tulare County Juvenile Court Officers advocate for the return of the child to their parent if safety factors are in place and it is in the best interest of the child.
 - The current Tulare County Juvenile Court Officers negatively impact this measure by periodically continuing and setting the date of the hearing beyond the national standards of reunifying within 12 months.
 - Only 25% of the parents were attending the Family Engagement Staffings since inception in 2013; however, in 2014 50% of the parents attended, a 25% increase in attendance.
- Re-entry Following Reunification (Exit Cohort)-Measure C1.4: CWS' score for the quarterly period ending March 31, 2014 (Q1-2014) was 15.8%. The quarterly score ending on September 30, 2010 was 24.2%.
 - o An analysis of the data shows a decrease (8.4%) in the number of children who re-entered foster care following reunification compared to September 2010 (CSA reporting period, Q3-2010). While this decrease is an improvement, the 15.8% score is 5.9% higher than the National Standard rate of <9.9%. A comparison of this reporting period (Q1-2014) of 15.8% is a decline from the last SIP reporting period (Q1-2013) of 11.7%.
 - o Contributing factors include:
 - CWS provides more evidence-based, in-home parent education services such as Safe Care and Parenting Wisely to families who are reunifying.
 - CWS staff consistently refers reunifying families to Family Resource Centers (FRC) and other community agencies for services to help alleviate child abuse and/or neglect and to help facilitate reunification.
 - The implementation of the Family Transitional Support Services (FTSS) Program with the FRCs. This program was implemented to prevent children from re-entering foster care by providing additional case management and/or supportive services following reunification.
 - The implementation of Team Decision Making (TDM) meetings throughout the life of a case in an effort to optimize placement stability and family engagement. A TDM meeting is held whenever a child goes home as this is a placement change.
 - The consistent use of SDM Reunification Assessment Tool to support assessing the family for safety concerns and risk concerns prior to the decision for reunification.
 - Some parents voluntarily relinquished their parental rights of a child back to CWS after reunification occurred and dependency was dismissed.
 - Non-minor dependents that are closed to Probation and opened to CWS as an AB12 case are included as a re-entry.
 - Voluntary Family Maintenance cases upgraded to a Family Maintenance case are included as a re-entry.

Long-Term Care Measure:

CWS is focusing on one (1) outcome measure in the Long-Term Care Measure: In Care Three (3) Years or Longer (C3.3).

- In Care Three (3) Years or Longer (Emancipated/Age 18)-Measure C3.3: CWS' score for the quarterly period ending March 31, 2014 (Q1-2014) was 33.3%. The quarterly score ending on September 30, 2010 was 45.5%.
 - An analysis of the data shows a significant decrease (12.2%) of children in care for longer than three (3) years when they turned 18 years old in foster care (or emancipated at an earlier age and left foster care and the dependency system). This decrease is an improvement for this outcome measure and surpassed the National Standard rate of <37.5% by 4.2%. This measure also surpassed the state's most recent performance rate (Q1-2014) of 50.5%.
 - Contributing factors include:
 - The focus CWS placed with the Family Connections Project administered by the Court Appointed Special Advocates (CASA) and the CWS Independent Living Program (ILP) Staff by actively identifying and engaging relatives, non-relative extended family members, and/or significantly committed adults for a life-long connection on behalf of the foster youth.
 - CWS implemented Team Decision Making (TDM) Meetings for every placement change that is helping to preserve placement, helping to improve family engagement, and encouraging a lower level of care.
 - A Permanency Team was created to stabilize the children on their caseloads so a permanency plan can be put in place and to facilitate foster youth with obtaining safe and permanent homes.
 - The Adoptions Team finalized 184 adoptions during fiscal year 2013/2014.
 - The Assembly Bill (AB) 12 Team supports a foster youth who turned 18 years old in foster care to apply for the AB 12 Program through the court if requested.

Placement Stability Measure:

CWS is focusing on one (1) outcome measure in the Placement Stability composite: At Least 24 Months in Care (C4.3).

- Placement Stability (At Least 24 Months In Care)-Measure C4.3: CWS' score for the quarterly period ending March 31, 2014 (Q1-2014) was 45.2%. The quarterly score ending on September 30, 2010 was 25.8%.
 - An analysis of the data shows this increase (19.4%) is a significant improvement of the number of children placed in foster care at least 24 months that had two (2) or fewer placement changes compared to the CSA reporting period September 30, 2010 (Q3-2010). This measure has steadily improved since September 2010 and surpassed the National Standard rate of >41.8% for the past three (3) quarters. This measure also surpassed the state's most recent performance rate (Q1-2014) of 38.5%.
 - Contributing factors include:
 - CWS' focus during the last two Peer Quality Case Reviews (PQCR) cycles on placement stability and the successful implementation of strategies.
 - The full implementation of TDM meetings including when a child:
 - ◻ is at imminent risk of being removed from their home
 - ◻ has an emergency placement
 - ◻ has a placement disruption
 - ◻ has a change in placement
 - ◻ exits from placement
 - CWS' continuation of expedited relative placement at point of detention.
 - The continuation of placing children with relatives and placing siblings together.
 - Better placement matching between a child and a foster family.
 - Increased support being provided to foster parents including:

- respite care
- monthly meetings between CWS and foster parents to discuss issues or to share new information
- provision of a placement needs and services plan for each child
- including care providers in selecting the training subjects that would benefit them the most
- Improved mental health services including:
 - increased Multi-Interagency Team (MIT) meetings provided between Mental Health and CWS
 - enhanced availability of Therapeutic Behavioral Services (TBS) and Wraparound Services to maintain children in their home and reduce placement changes, improve family connections, and further support reunification
 - increased collaboration between CWS and Mental Health to screen for trauma and to identify children early that may need intensive mental/behavioral health services through the Intensive Care Coordination (ICC) Program (formerly known as the Katie A. Program)

PROBATION CURRENT PERFORMANCE

Probation will discuss the county's outcome data and provide a brief analysis of the improvement or decline in outcomes and the underwriting factors of those fluctuations. Tulare County's five-year SIP focusses on two (2) measures in Reunification (C1.2 and C1.3), and two (2) measures in the Long-Term Care (C3.1 and C3.3) relating to Probation. The county's outcome data is based on the University of California, Berkeley's Probation Outcomes System Summary data Quarter 4 (April 1, 2013 to March 31, 2014).

Reunification Measures:

Probation is concentrating on two (2) measures within the Reunification Measure: Median Time to Reunification (C1.2) and Reunification within 12 Months (C1.3).

- Median Time to Reunification-Measure C1.2: The Median Time to Reunification (C1.2) showed that eleven (11) youth exited to reunification and of those that exited, the median months in care were 31.5. This is above the national average of 5.4 months in care.
 - Contributing factors include: The contributing factor for the increase is the complex long term therapeutic needs of the youth and the family in addressing the needs of the sexual offending youth. These youth require an extended stay under foster care to complete the requirements of sexual offender counseling and in most cases are transitioned from a group home to a foster home; unable to return home due to the victim or small children being in the home. In order to ensure that the youth have been rehabilitated and are able to transition to a less restrictive placement this specialized counseling is necessary and the Probation Department has little control over the period of time it takes the youth to complete the program. Over the upcoming quarters the number of sexual offending youth exiting the foster care system will have drastically increased as many of our long term foster care youth have completed the sexual offending program and began transitioning to less restrictive placements or when possible had their probation dismissed and exited foster care all together.
- Reunification within 12 Months (Exit Cohort)-Measure C1.3: The Reunification within 12 Months showed out of four (4) youth who entered foster care for the first time, two (2) youth were reunified within twelve (12) months. This is a 50% average which is slightly higher than the national average of 48.4%.

- o Contributing factors include: The Department’s work towards reunifying youth within a twelve month period to meet or exceed national average by utilizing the family finding technique and other tools for locating family.

Long-Term Care Measures:

Probation is concentrating on two (2) measures within the Long-Term Care Measures: Exits to Permanency (C3.1) and Youth in Care 3 Years or Longer (C3.3).

- Exits to Permanency-Measure C3.1: The Exits to Permanency (24 Months In Care) showed out of the ten (10) youth in care for 24 months or longer four (4) were discharged to a permanent home by the end of the year and prior to turning 18. This is a 40% rate which is above the national goal of 29.1%.
 - o Contributing factors include: The contributing factor for this improvement is due to the sexual offending youth in custody which require longer periods in foster care in order to address issues surrounding their charges. The typical time for the youth to reach their rehabilitative goals, in our experience, is twenty-four months. The Department is continually striving to transition these youth to less restrictive care while attempting to ensure that they met their rehabilitative goals to make the transition.
- Youth in Care 3 Years or Longer-Measure C3.3: The youth in care 3 years or longer showed out of five (5) youth who were in foster care during the year who were either discharged, emancipated, or turned 18 years old while still in care one (1) had been in care for 3 years or longer. That is a 20% rate which is well below the national goal of 37.5%. This is a decrease from the last reported data which showed a 30.8% rate.
 - o Contributing factors include: The contributing factor for this decrease is the direct result of sexual offending youth completing their programs and being transitioned to less restrictive care. The Department is confident that the rate will continue to meet or exceed the national goal for the remainder of the five-year System Improvement Plan.

STRATEGIES STATUS

CWS STRATEGIES AND MILESTONES STATUS

This section will provide a status of the strategies and milestones beginning January 2014 through December 2014 (the third progress report year) for each of the SIP Outcome Measures. Strategies and milestones reported as completed in the 2012 and 2013 SIP Progress Reports were removed from this 2014 progress report narrative. This status update will include any revisions and/or modifications with a brief explanation for the change, lessons learned, and successes encountered during this reporting period. This section will also identify where additional assistance of CDSS may be needed, and the addition of strategies and milestones to assist in achieving the goal(s).

REUNIFICATION MEASURES-REUNIFICATION WITHIN TWELVE (12) MONTHS (C1.1) AND RE-ENTRY FOLLOWING REUNIFICATION (C1.4):

There was an improvement in measure C1.1 of 9.9% and an improvement in measure C1.4 of 8.4% for the most recent reporting period March 31, 2014 (Q1-2014) compared to the CSA reporting period September 30, 2010 (Q3-2010). These measurements did not meet the National Standard rate for C1.1 of 75.2% and for C1.4 of 9.9%. Additional data for measures C1.1 and C1.4 is reported in the first section entitled “CWS Current Performance” of this report.

These measures should improve with the consistent application of the strategies and milestones in this section. Scheduled strategies and milestones for each measure include:

Improvement Goal 1: To increase the percentage of children who reunify within twelve (12) months by strengthening family-centered practice:

- **Strategy 1.1:** To increase the number and quality of case staffings that engage the parents, care providers, and the child (of appropriate age) in case planning.
 - **Milestone 1.1.4** (Jan 2014-Dec 2015): The case staffing process is evaluated for quality and for consistency in its implementation.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).
 - **Milestone 1.1.5** (Jan 2014-modified to: Dec 2016): The case staffing process is evaluated for effectiveness in improving practice and modified as needed. Tulare County will use the Quarterly Outcome Reports and SafeMeasures® to measure and evaluate the impact of these strategies.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone was modified to continue evaluating this strategy through the last reporting year.

CWS continues to evaluate the case staffing process for quality and consistency through a survey provided to each participant and recorded in a tracking log kept by an administrative assistant and through a facilitator checklist utilized at each case staffing. A facilitator checklist was created specifically for a case staffing and helps to provide consistency for each staffing. Case reviews were initiated during the third quarter of 2014 to report data on families who participated in the case staffing and see if they had a higher rate of success than those families that didn't attend a case staffing. All Family Reunification (FR) and Family Maintenance (FM) case go through the case staffing process. The Case Plan Development Staffing is conducted within the first days after the referral investigation. The Family Engagement Staffing is conducted 45-60 days post jurisdiction/disposition hearings and 45-60 days post status review hearings. Both of these staffings include CWS staff (social workers, nurses, and clinicians), families, care providers, community-based organizations (e.g., Family Resource Centers (FRC), Court Appointed Special Advocates (CASA), and Central Valley Resource Center (CVRC)). These staffings discuss the parent's case plan, compliance/non-compliance, what other services/resources can assist the family, what barriers are contributing to non-compliance, and other issues not previously discussed. A follow up letter is sent to the family, social worker, and the social worker's supervisor with a summary of the staffing and if any action items were assigned to an individual. A survey is distributed to staff and parents regarding how they feel the staffing addressed the family's case plan. On average, 84.1% of the respondents had positive comments regarding the staffings. The data gleaned from the case staffing tracking log showed that in Year 2013 there was a 25% parent participation rate compared to Year 2014 when it increased to 50% parent participation. The SIP workgroup will be initiating reviews of SafeMeasures® and Quarterly Outcome Reports to measure, evaluate, and discuss the impact of this strategy during their next scheduled meeting during the third quarter of 2014.

No additional assistance is needed from DCSS to continue with implementing family-centered practice during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.2:** To increase the consistent use of the SDM Reunification Assessment Tool:
 - **Milestone 1.2.5** (Jan 2014-Dec 2014): The SDM Reunification Assessment Tool for cases moving from Family Reunification (FR) to Family Maintenance (FM) and at the point when Permanent Placement (PP) is being considered will be implemented.
Status: This milestone is complete.
 - **Milestone 1.2.6** (Jan 2014-Dec 2014): Use case readings to determine and assist staff in the effectiveness, quality, and consistency in using the SDM Reunification Assessment tool.
Status: This milestone is complete.

The SDM Reunification Assessment Tool assesses for safety concerns as a child moves through the foster care system. CWS implemented the following procedures to ensure consistent use of this tool. The social workers submit a printed copy of the SDM Reunification Assessment Tool to the supervisor with their draft court report, allowing the supervisor to review the tool and ensure the recommendation to the court is congruent with the SDM tool outcome. Conversations are occurring between the social worker and the supervisor regarding the use of the tool and how it is being used prior to writing the court report and at any time there is a significant change in the case. Data is extracted from SafeMeasures® to an Excel Spreadsheet and provided to the manager to verify if there was a timely risk and safety assessment prior to case closure completed by a social worker. An analysis of the SafeMeasures® data report shows that social workers and supervisors have a better understanding of how the tool should be applied. The managers and supervisors are tasked with closely monitoring the completion of this tool from FR to FM or to PP through the monthly SafeMeasures® data report. SafeMeasures® data reports and case reading reviews will continue to be utilized for monitoring the effectiveness of this strategy and to ensure that a safety plan is in place prior to making a recommendation for FM if the tool calculates a high-risk level prior to closing from FR.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.3:** To increase the use of the SDM Family Strengths and Needs Assessment and Reunification Assessment tools at the point of exit and consistently develop family exit plans for FM and FR cases.
 - **Milestone 1.3.1** (Jan 2014-Dec 2014): A small sample of re-entry cases will be evaluated for consistent use of the SDM safety assessments at the point of exit. These findings from case reviews will be used to identify trends in the reasons that children re-enter foster care.
Status: This milestone is complete.
 - **Milestone 1.3.2** (Jan 2014-Dec 2014): Targeted policies and training curriculum based on case review findings will be developed.
Status: This milestone is complete.
 - **Milestone 1.3.3** (Jan 2014-Dec 2014): The policy and/or practice and trainings in response to case review findings will be implemented.
Status: This milestone is complete.

- o **Milestone 1.3.4** (Jan 2014-Dec 2016): The data reports and targeted case reviews will be used to establish a baseline of usage for family strengths and needs assessments and reunification assessments and the impact on re-entry. This information will be used to evaluate, measure, and modify policy and practice shifts to continue making improvements.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through the last reporting year.

This committee is working on improving the use of SDM overall to strengthen positive results. Trends identified from the sample of re-entry cases include the following:

- The SDM tool is being used but not consistently.
- Some Parents were relinquishing rights of a child back to CWS after reunification occurred and dependency was dismissed.
- Non-minor dependents were closed to Probation and opened to CWS as an AB12 case.
- Back-up placements to permanent placements within the first eight days of removal are included as a re-entry.
- Voluntary Family Maintenance cases upgraded to a Family Maintenance case are included as a re-entry.
- Our bench officers negatively impact this measure by periodically continuing hearings causing the SDM tools to be identified as out of compliance when the hearing date is set beyond the national standards of reunifying within 12 months.

The identified trends from the case review initiated discussions of how SDM is impacting decisions to close cases and what the true picture includes of family strengths and needs. Corrective actions include:

- The supervisors or manager will provide an in-depth assessment of the case when the SDM tool is measuring a moderate risk level prior to dismissal and will staff with the social worker what the safety plan is prior to dismissing.
- The social worker will staff the case with their supervisor when SDM risk levels are low as the parent is “presenting well” but the social worker has the knowledge that the parent is not fully compliant with services so the risk level should be higher.
- The social worker will analyze the risk level of the child being returned to the parent when there are no intensive support services being provided such as wraparound services or intensive treatment services for both the child and the parent. These services provide an intensive, individualized case management process for youths with serious or complex needs to support reunification back to the family.
- The CWS Deputy Director will discuss the timeline issues with the bench officers and the impact of continuing hearings causing the reunification outcome measures to decrease.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy’s goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

Improvement Goal 2: To increase the number of children who reunify within twelve (12) months by improving the consistent use of concurrent planning.

- **Strategy 2.1:** To review and revise concurrent planning practice by updating policies and staff training to increase consistency and quality. Social workers will engage children, youth, and care providers in the concurrent planning process.

- o Milestone 2.1.2 (Jan 2014-Dec 2014): The concurrent planning model pilot, policies, and training will be developed and implemented.

Status: This milestone is complete.

- o Milestone 2.1.3 (Jan 2014-Dec 2015): The data reports and targeted case reviews will be used to monitor the concurrent planning model for children entering into the CWS system and for children in the CWS PP caseload.

Status: This milestone will begin in Year 4 (Jan 2015-Dec 2015).

Concurrent planning is an evaluative process that begins at intake and extends through the entire continuum of the case with a goal of ensuring that all children in our system are given the maximum opportunity to achieve permanency in a timely manner. Concurrent planning involves a mix of meaningful family engagement strategies, targeted case practice, and legal strategies aimed at achieving timely permanency.

The concurrent planning policy was finalized in August 2014. Curriculum development for training of the policy for social workers and supervisors is scheduled for November 2014 and the pilot program will be implemented with Emergency Response (ER) Teams by December 2014. Training will include:

- The nine core components of concurrent planning
- How to provide a differential assessment and a prognostic case review
- How to provide full disclosure to all participants in the case planning process
- Family connections to locate, engage, connect, and identify support resources for the child
- Teaming on how to hold structured and facilitated meetings that bring family members together
- Arranging visits between the family and child to maintain connections as a family
- Setting clear time lines for permanency decisions
- How to write transparent written agreements and accurately document the concurrent plan
- How to include collaboration among CWS, the Juvenile Court, and service providers
- Implementing specific recruitment, training, and retention of care providers
- Being responsible to consistently apply the concurrent planning procedure
- Applying the correct time frames for talking with case participants about concurrent planning

This improvement goal and strategy will include children in Permanent Placement as it is recognized that this population is in need of intense concurrent planning efforts. The Committee will continue to monitor the quarterly data reports and conduct targeted case reviews to ensure consistent application of the concurrent planning process. Providing a consistent concurrent plan at each stage of the case will improve outcome measures in both the Reunification Composite (C1) and the Long-Term Care Composite (C3).

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

Improvement Goal 3: To explore the development of best-practice/evidence-based programs for children and families with prevention-focused community partners.

- **Strategy 3.1:** To explore and develop research-based, community-delivered, aftercare services targeted to Family Maintenance (FM) and Family Reunification (FR) families when

exiting the CWS system. The county will work with community-based providers to expand its Differential Response Program to include the aftercare population and develop/deliver services which may include family case management and support services such as parenting education, counseling, mentoring, respite, etc.

- o Milestone 3.1.2 (Jan 2012-Dec 2014): Explore the development and implementation of training and/or resources for FM and FR families through collaborative endeavors with community-based providers.

Status: This milestone is complete.

- o Milestone 3.1.3 (Jan 2012-Dec 2014): The development of policies and procedures to expand aftercare safety plans for FM and FR families and provide appropriately targeted training will be implemented.

Status: This milestone is complete.

- o Milestone 3.1.4 (Jan 2014-Dec 2015): The development of targeted Aftercare plans will be implemented.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).

The analysis for Improvement Goal 3 will be reported after Strategy 3.3 since Strategy 3.1 overlaps with the following two strategies.

- **Strategy 3.2:** To strengthen partnerships with community partners who provide supportive services for children and families during and after reunification and/or following adoptions.
 - o Milestone 3.2.1 (Jan 2012-Dec 2016): Attendance at county-wide social services network meetings (community partners/agencies) will be continued.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.
 - o Milestone 3.2.2 (Jan 2012-Dec 2016): Discuss and determine with community partners/agencies the available services and support they can provide.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.
 - o Milestone 3.2.3 (Jan 2012-Dec 2016): Frame the service continuum by utilizing the service needs assessment/gap analysis completed by the Child Protection Planning Committee (CPPC).

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.
 - o Milestone 3.2.4 (Jan 2012-Dec 2016): Identify opportunities to blend programs, services, and funding opportunities to meet newly identified or emergent child/family needs.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.
 - o Milestone 3.2.5 (Jan 2012-Dec 2016): Implement services and programs to meet identified needs and evaluate the effectiveness of new services/program.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.

The analysis for Improvement Goal 3 will be reported after Strategy 3.3 since Strategy 3.2 overlaps with Strategy 3.1 and the following strategy.

- **Strategy 3.3:** To work with the local Family Resource Centers (FRC) Differential Response program to help families develop an aftercare services plan and to access resources once their FM or FR case closes.
 - Milestone 3.3.1 (Jan 2012-Dec 2016): Continue to conduct regular meetings with FRCs as a forum for program review and evaluation.
Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.
 - Milestone 3.3.3 (Jan 2014-Dec 2015): Training to support strength-based/solution-focused services will be delivered, as necessary.
Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).
 - Milestone 3.3.4 (Jan 2014-Dec 2015): The strength-based/solution-focused services will be implemented and evaluated for the effectiveness and modified as necessary.
Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).

Improvement Goal 3 strategies are to explore the development of best-practice/evidence-based programs for children and families with prevention-focused community partners. The three strategies and milestones for the first three (3) reporting periods are complete, have been initiated, and will be ongoing to improve outcome measure C1.4. The following information overlaps working with the three (3) strategies for this improvement goal:

In the 2013 SIP Progress Report, the Tulare County CWS and the Tulare County Child Protection Planning Committee were chosen to participate as one of the first counties with the California Evidence-Based Clearinghouse (CEBC) Evidence-Based Assessment and Planning Initiative. The CEBC provided the child welfare community information and research on evidence-based programs. During the planning initiative, Tulare County's Child Protection Plan (2012-2017) was utilized to assist in determining service needs. The SIP, feedback from contracted providers, and data reports were also reviewed to assist in the service gap analysis. The two (2) focus areas selected following this review were re-entry and parenting education. These selections confirmed what the CSA revealed with re-entry and supported the direction CWS made with parenting education as part of reunification support for parents. This planning initiative regarding evidence-based practice continues to be utilized during the third reporting period (Jan 2014-Dec 2014) of improving the focus areas of the Tulare County Child Protection Plan. The focus areas include the following evidence-based and best practice programs:

Parenting Education:

CWS continues to partner with a community-based organization to conduct an evidence-based parenting education program titled "Nurturing Parents." The Nurturing Parents program provides competency-based lessons for parents who abused or neglected their children and/or who struggle with providing safe and nurturing care for their children due to the stressors in their lives. The Nurturing Parents program was developed from years of extensive research based on assessments of high-risk parenting beliefs and behaviors.

In addition to this program two in-home, evidence-based parent education services (SafeCare and Parenting Wisely) will continue to be offered to families who fit the criteria to benefit from these services.

Tulare County Mental Health also provides specialized parent education programs to families who meet the specific eligibility criteria for each program. These evidence-based programs include Parent-Child Interaction Therapy (PCIT) and 1-2-3 Magic. To date Tulare Youth Services Bureau (TYSB) has four (4) sites throughout Tulare County in the Cities of Tulare, Lindsay, Porterville and Woodlake to provide PCIT. In partnership with UC Davis, TYSB has trained and certified numerous therapists in PCIT and trained staff at partnering agencies.

Family Transitional Support Services

The Family Transitional Support Services (FTSS) Program was developed collaboratively between CWS and Community-Based Organizations, specifically the Family Resource Centers (FRCs) in fiscal year 2012/2013. Tulare County renewed FTSS contracts with the current FRCs to provide aftercare services for fiscal year 2014/2015. FTSS assists families once the case transitions to Family Maintenance (FM) or Voluntary Family Maintenance (VFM). The goal is to provide assistance to families to promote safety and permanence for children and to decrease recidivism.

Full implementation of FTSS began in July 2013 and monthly meetings are conducted between the FRCs and CWS to discuss what works and what needs adjustment. The FTSS Policy is reviewed at the monthly FTSS meeting and recommendations of changes presented. An agreement to the recommendation is then updated in the policy and a revised edition is distributed to CWS and the FRCs. Here is an example of this process. Since the inception of FTSS identifying and referring appropriate CWS clients was a challenge. Policy revisions were suggested at the FTSS meeting and subsequently added to the policy. In addition to the policy, a Business Objects (database software program) Report was created to ensure all eligible families are being referred. The implementation of these solutions has improved the referral process and referrals are flowing well with better communication and collaboration between the agencies as reported at the July 2014 meeting. Other ideas implemented during this reporting period (Jan 2014-Dec 2014) to help improve referrals to the program include:

- Three (3) FRCs expanded their catchment areas to provide services to cities that do not have a FRC or community-based organization to provide FTSS services.
- FTSS referrals can be made at a variety of case staffing meetings if a FRC staff member is in attendance, such as a team decision making (TDM) meeting or a family engagement staffing.
- The FRC's have committed to attend case staffing meetings.

The first data report (Jan 2014-April 2014) showed that out of 102 families referred for FTSS services: 32 families (76 children) are receiving FTSS services, 34 families did not qualify because they lived outside the service area, 1 family declined services, and 35 potential referrals are currently being processed.

No additional assistance is needed from DCSS with implementing these strategies and milestones during this reporting period. Currently, no additional milestones are needed to achieve these strategies goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

LONG-TERM CARE MEASURE-IN CARE THREE (3) YEARS OR LONGER (C3.3):

There was a significant improvement for measure C3.3 by 12.2% for the most recent reporting period March 31, 2014 (Q1-2014) compared to the CSA reporting period September 30, 2010 (Q3-2010). Analysis of the data revealed that of the 45 youth who are represented in this outcome measure as of March 31, 2014, a total of 15 youth were in care for longer than three (3) years when they turned 18 years old in foster care (or emancipated at an earlier age and left foster care and the dependency system). This measurement surpassed the National Standard rate by 4.2% and surpassed the State's measurement by 17.2%. Additional data for this measure is reported in the first section titled "CWS Current Performance" of this report. Scheduled strategies and milestones for this measure include:

Improvement Goal 1: To increase the percentage of children/youth who exit to a permanent home within 24 months.

- **Strategy 1.1:** To develop a Permanency Team within CWS. The new Permanency Team will be tasked with looking at select Permanent Placement (PP) cases to identify common barriers to permanency, work with Quality Improvement to evaluate current practice and policy, and develop strategies to expedite permanency options for children/youth.
 - Milestone 1.1.3 (Jan 2013-Dec 2014): Identifying trends in process issues via the case reviews and proposing policy and training needs.
Status: This milestone is complete.
 - Milestone 1.1.4 (Jan 2014-Dec 2015): Implementation of proposed changes to policy and training to address permanency issues for youth in PP caseloads.
Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).

This strategy identified a connection between the Permanency hearing and how these hearings relate to achieving improved stability and permanency for children. As part of this strategy, a Permanency Placement (PP) Team was created and implemented in 2013. The goal of the Permanency Team is to stabilize the children on their caseloads so a less restrictive placement and plan can be put in place. This goal will expedite finding the children a forever family and leaving the foster care system when reunification is no longer an option. This team is tasked with completing a thorough review to determine a child's permanent plan and composing the findings in a Permanency Plan Report for presentation at the Permanency (366.26) hearing. The Supervisor of the Permanency Team is responsible to closely monitor the PP caseload for reasons why the child does not have permanency and why the child is not moving towards adoption or legal guardianship. Permanency Team practice is embedded in various county policy regarding practice to expedite permanency options. The Tulare County Counsel staff provided training on 366.26 hearings to CWS staff in February 2014 and the CWS Training Team provided training on the various county policies associated with permanency in February through November 2014. The Permanency Team was fully staffed as of April 2014 and it is anticipated with a fully staffed team this outcome measurement will continue to meet or surpass the National Standard rate.

Implementation of concurrent planning throughout the life of a case is discussed in the Reunification Composite section of Improvement Goal 2, Strategy 2.1. Providing a consistent concurrent plan at each stage of the case will improve outcome measures in both the Reunification Composite (C1) and the Long-Term Care Composite (C3).

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this

strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.2:** To develop Family Connections/Family Finding for children in care during the assessment.

This Strategy was changed on the 2013 SIP Progress Report to develop the Family Connections/Family Finding (FC) Program in partnership with the Court Appointed Special Advocates (CASA) and First 5 of Tulare County. Developing genograms for children in care will be included as part of the activities within the FC Project.

- Milestone 1.2.2 (Jan 2013-Dec 2014): Policies and training curriculum will be developed on the use of FC for children in foster care; training will be developed and delivered to staff.

Status: This milestone is complete.

- Milestone 1.2.3 (Jan 2014-Dec 2014): Staff will develop the FC Project for children in care.

Status: This milestone is complete.

- Milestone 1.2.4 (Jan 2014-Dec 2015): Implement the full roll out of the FC Project

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing through Year 4 (Jan 2015-Dec 2015).

CWS, CASA, and First 5 of Tulare County believe that every child deserves a safe, loving, and permanent family. Because of these shared values they collaborated together to develop and implement the FC Project for CWS foster children. FC is a program to connect foster children with as many appropriate family members as possible and to ultimately make permanent connections. This program focuses on connecting foster children who have little or no relationships with their extended family members. During fiscal year 2013/2014 policies were developed and training provided on the FC process to all CWS staff. All new staff is trained on the FC process as part of the on-going CWS Induction Training.

A pilot of the project began in January 2013 and completed on June 2014 with the following data collected:

- 93 children referred
- 35 children actively served by the FC Project
- 35 children on the waiting list
- 10 children closed due to their CWS case being closed
- 9 children not accepted as they did not meet the criteria
- 4 children pending review

The FC committee meets monthly and is currently working on educating stakeholders on the FC Project. The main success of this project is the connections being made on behalf of the children with family members. Another success is the direct and ongoing communication between CWS and CASA during the family search and engagement efforts.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

Improvement Goal 2: To improve permanency outcomes for children/youth in the Permanent Placement (PP) caseloads.

- **Strategy 2.1:** To implement TDM meetings for improving family engagement, discussing placement options, and addressing placement changes.

CWS implemented the full roll-out of TDM meetings by February 2, 2013. The lessons learned as well as successes encountered during TDM implementation include:

- The decision-making process improved. TDM meetings bring important adults in the child’s life together to create a supportive network of finding the least restrictive, most appropriate placement for a child.
- Placement Stability outcomes improved and relative placements increased.
- Cooperation and collaboration among families, foster families, providers of services, the community, and social workers increased. Families feel they are being heard and their input into decisions is valued.
- Placements were stabilized resulting in children remaining with the same care provider. Care providers feel this is a great opportunity to address any issues on behalf of the child, birth parents, or themselves.

A survey is completed by all participants at the conclusion of each TDM meeting. CWS uses the Efforts to Outcomes (ETO) database created by UC Berkeley to input and report data from TDM meetings. The data from both the ETO database and through the quarterly data reports from UC Berkeley and the surveys completed by participants are reviewed to evaluate the effectiveness of TDM in Tulare County.

An analysis of how effective TDM meetings are at achieving success and improving the SIP Outcome Measures are encouraging. Based on ETO reports, the following data was reported: Total TDM meetings conducted from May 2013 through May 2014 were 635 TDMs serving 1,265 children with a change in placement. These TDM meetings include Imminent Risk TDMs, Emergency Placement TDMs, Placement Move TDMs, and Exit from Placement TDMs. Additional data for this measure is reported in Placement Stability, Improvement Goal 1, Strategy 1.2. The TDM Workgroup meets bi-annually to evaluate the TDM process. CWS continues to be committed to conducting TDMs for all placement moves.

No additional assistance is needed from DCSS to continue to successfully implement TDM strategies and milestones during this reporting period. Currently, no additional strategies or milestones are needed to achieve the TDM goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

PLACEMENT STABILITY MEASURE-AT LEAST 24 MONTHS IN CARE (C4.3):

There was significant improvement in measure C4.3 of 19.4% for the most recent reporting period March 31, 2014 (Q1-2014) compared to the CSA reporting period September 30, 2010 (Q3-2010). This measurement surpassed the National Standard rate by 3.4% and surpassed the State’s measurement by 6.7%. Additional data for this measure is reported in the first section titled “CWS Current Performance” of this report. Scheduled strategies and milestones for this measure include:

Improvement Goal 1: To increase the placement stability for children in care.

- **Strategy 1.1:** To explore the implementation of “Ice Breaker” meetings to assist children, their parents, and foster parents to develop a cooperative relationship.
 - **Milestone 1.1.2** (Jan 2013-Dec 2014): Recommendations for implementing “Ice Breaker” models will be developed.
 - *Status: This milestone and strategy will be removed from the matrix and replaced with Strategy 1.2.*

- o Milestone 1.1.3 (Jan 2013-Dec 2015): An “Ice Breaker” model will be selected and piloted.

Status: This milestone and strategy will be removed from the matrix and replaced with Strategy 1.2.

Strategy 1.1 became redundant with the successful implementation of Family Engagement Staffings, Team Decision Making Meetings, providing additional support for our foster parents, and continuing joint meetings with both foster parents and FFA operators to help strengthen placement stability. A cooperative and collaborative relationship among the child, their parents, and the foster parents are part of the already established staffings/meetings. Another strategy for a cooperative relationship with the child and the foster parent is found in the Permanency Planning Assessment Unit (PPAU) where placement matching of the child with an ideal foster home occurs.

No additional assistance is needed from DCSS with these strategy and milestones during this reporting period. Currently, no additional milestones are needed and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

This strategy and milestones will be removed for Improvement Goal 1. All strategies for this Improvement Goal will be changed to reflect the deletion of Strategy 1.1 on the matrix.

- **Strategy 1.2:** To use Placement Staffings/TDMs when care providers give a seven-day notice requesting a placement change.
 - o Milestone 1.2.4 (Jan 2013-Dec 2016): Monitor and evaluate implementation of the new practice, review/revise policy and training as needed.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing to report the monitoring and evaluating component for TDM meetings effective through the last reporting year.

CWS implemented TDM meetings for placement preservation that includes children with “seven-day notices” or children with any placement changes on May 14, 2012. Every seven-day notice is double-checked to ensure there is a TDM meeting held prior to any change in placement. Based on ETO reports the following data was reported: Total Placement Move (seven-day notice) TDMs conducted from May 2013 through May 2014 served 514 children. The number of placements preserved from May 2013 through May 2014 was 174 children and 153 children moved to a lower level of care. Invited to the TDM workgroup meeting are CWS placement staff, CWS supervisors, CASA, CalWORKs, a family member, a care provider, Family Resource Centers, and parents. During the May 2014 SIP workgroup meeting a parent recommended that peer support be offered to the family during TDM meetings. Because of this recommendation Tulare County is moving forward to develop a peer voice program to help support parents as they move through the CWS system. These volunteers will attend TDMs and Family Engagement Staffings to serve as parent mentors, guides, and advocates.

The lessons learned as well as successes encountered during the TDM meetings for stabilizing placement change requests include:

- TDMs foster communication between the care provider and the child and assist with resolving issues.
- TDMs improve communication between the care providers and the birth parents regarding reunification issues.
- TDMs result in referrals to supportive services for care providers when a child needs extra support for behavioral or emotional issues.

- TDMs improve the quality and consistency of a social worker’s placement decision.

Tulare County uses the Efforts to Outcomes (ETO) database created by UC Berkeley to input and report data from TDM meetings to assist in monitoring and evaluating the success of TDMs.

An analysis of how effective TDM meetings at placement disruption are at achieving success and improving the SIP Outcome Measure C4.3 are encouraging.

No additional assistance is needed from DCSS to continue with successfully implementing TDMs when care providers give a “seven-day notice” requesting a placement change for strategies and milestones during this reporting period. Currently, no additional strategies or milestones are needed to achieve the TDM goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.3:** To identify additional supports and training needed by care providers to help preserve placements.

- Milestone 1.3.1 (Jan 2012-Dec 2016): The existing Strategic Foster Parent Recruitment Plan will be revised to include foster parents and relative care providers and to include an annual review and revision, if necessary, of the plan.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.

The Strategic Foster Parent Recruitment Plan for fiscal year 2014/2015 has been written and is in the initial stages of implementation. This milestone is ongoing effective through the last reporting year.

- Milestone 1.3.2 (Jan 2012-Dec 2016): Joint meetings between care providers (foster parents, relatives, and foster family agencies) and CWS will be continued for identification of training and/or supportive services needed.

Status: This milestone is ongoing effective through the last reporting year.

CWS has three distinct foster parent groups that meet monthly. These groups are the Foster Parent Board (eight members), the Foster Parent Association (open to all foster parents with an average of 20 foster parents attending each month), and the Foster Parent Support Group in Spanish (typically 30 foster parents attend each month). At each of these meetings foster parents are empowered to create the agenda and lead the discussion. The meetings are a forum for open discussion and training and supportive service needs are often discussed.

CWS meets on a quarterly schedule with Foster Family Agencies (FFAs) to coordinate services between CWS, FFA staff, and FFA foster homes. During these meetings training and supportive service needs are identified.

- Milestone 1.3.3 (Jan 2012-Dec 2016): Marketing strategies for foster and adoptive parent recruitment will be continued as well as engaging community partners as appropriate to explore ongoing community support.

Status: This milestone is ongoing effective through the last reporting year.

The Strategic Foster Parent Recruitment Plan was renewed in 2014 and CWS is building from past marketing efforts to develop a more personal approach. Innovative networking strategies were implemented in 2014 to better reach out to the community. CWS staff work with service clubs, faith-based communities, businesses, non-profits, neighbors,

friends, and family to educate residents of Tulare County on the need for more trained and dedicated foster parents.

- o **Milestone 1.3.4** (Jan 2012-Dec 2016): Strategic Plan improvements and building capacity for community level support to care providers will be implemented.

Status: This milestone is ongoing effective through the last reporting year.

The Strategic Foster Parent Recruitment Plan was renewed for fiscal year 2014/2015. As part of this plan a social worker was designated to perform the role of “Recruiter” with care providers. The Recruiter is the first point of contact with prospective foster parents. This position assists families in navigating the application and training process for becoming new foster parents. This position also attends community events to create consistent visibility in the community. The Recruiter provides a personal touch with foster parents and is instrumental in creating community level support.

- o **Milestone 1.3.5** (Jan 2012-Dec 2016): An evaluation of implemented improvements for effectiveness and efficiency and their impact on placement stability outcomes will be conducted.

Status: This milestone is ongoing effective through the last reporting year.

The number of incoming interest calls, number of attendees at orientation, and the number of prospective foster families attending the orientation are currently being tracked. This information will assist the agency to assess the benefit of recruitment events based on the number of prospective foster parents who respond to specific recruitment events/advertisements.

An analysis after completing the above milestones has shown that identifying additional support and training needed by care providers (licensed care providers, relative care providers, and FFA foster parents) to help preserve placements is an ongoing strategy and contributed to the improvement of placement stability. CWS is working towards developing new supports for care providers. These supports include:

- CWS will be purchasing 200 licenses for care providers to utilize Relias, an e-learning system. The process of how to distribute the Relias licenses is in development and will be ready for implementation by early 2015.
- CWS developed the policy, “Information to be Disclosed to Care Provider” that was signed effective February 2014. This policy describes the information about a child that must be provided to the care provider within a specified time frame to help the care provider determine if they are able to meet the needs of the child.
- The Resource Family Approval (RFA) Program is a new support for care providers that will simplify the approval process and incorporate a comprehensive psychosocial evaluation of all families that want to foster, adopt, or provide legal guardianship to a child. This process will eliminate multiple processes, duplication, and increases approval standards with one application. Statewide implementation of the RFA will be in July 2017.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy’s goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.4:** To create a “Placement Unit” within the Permanency Planning Assessment Unit (PPAU).

- o **Milestone 1.4.1** (Jan 2012-Dec 2016): Intake tools will continue to be used for a better match of children and care providers.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.

The Placement Unit continues to use two (2) tools to match care providers to foster children. The foster parent assessment tool completed by the care provider allows the agency to have a consistent tool to match foster parents to children based on the needs of the child and the skills of the foster parent. The placement intake form for the child is completed by the case carrying social worker and provides the Placement Unit with specific information on the placement needs for the child. The information gleaned from these tools assists the Placement Unit to make better placement matches.

- o **Milestone 1.4.3** (Jan 2014-Dec 2015): Training to staff will be provided and implemented on the new profiles and policy.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the fourth reporting year.

The Placement Unit was initially implemented in 2011 but was not fully staffed until the last reporting period (Jan 2013-Dec 2013) and continues to be fully staffed through the most recent reporting period (Jan 2014-Dec 2014). The Placement Unit Staff provides to the case carrying social worker two (2) to three (3) possible placement matches between a child and a foster family using information from the placement referral. The case carrying social worker will make the determination of which foster family best matches the child for placement.

The effectiveness of this strategy to impact placement stability is measured by UC Berkeley and University of California, Berkeley CWS Systems Outcome Measures Quarterly Reports. More detail regarding TDMs is included with Long-Term Care, Improvement Goal 2, Strategy 2.1 & Placement Stability, Improvement Goal 1, Strategy 1.2.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

- **Strategy 1.5:** To increase the number of children placed with relatives.

- o **Milestone 1.5.5** (Jan 2014-Dec 2016): The relative placement policies will be evaluated for effectiveness and efficiency and revised as necessary.

Status: This milestone is complete for Year 3 (Jan 2014-Dec 2014). This milestone is ongoing effective through the last reporting year.

With the passage of The Fostering Connections to Success, federal policy firmly declared a preference for placement with relatives. The legislation identified best practices for locating extended family members. CWS concurs with Federal and State policy and is committed to placing children with relatives whenever possible.

At the same time it is the goal of CWS to ensure the safety of children/non-minor dependents in all placements. All applicable, provisions in law, statute, and regulation must be met when considering a child's placement into the home of a relative/NREFM.

Relative placement is moving in an upward trend for CWS as reported through SafeMeasures® and the University of California, Berkeley's CWS Outcomes System Quarterly Summary data. The increase of relative placement is attributed to the implementation of Family Finding, implementation of TDMs, implementation of Family

Engagement Staffings, the development of the Placement Team, the development of the Permanency Team, and the development and implementation of an expedited relative placement policy.

In 2014 the SIP workgroup reviewed CWS' practice of expedited placement with a relative/non-related extended family member (NREFM) during after business hours to continue to improve in this area. Despite CWS' success in placing more children with relatives the following barriers were identified that impedes further success:

- The relative assessment process cannot be completed during after-hours due to the need for Department of Justice records if the relative verbalizes criminal history.
- A TDM meeting cannot be held during after-hours if there are an abundance of relatives to evaluate for the best placement of the child.
- The team expressed concern with placement being made during after-hours and then the need to remove the child due to unforeseen circumstances of the relative causing more emotional harm to the child.
- The delay for Child Abuse Central Index results. There is not a definite time that results would be returned after regular business hours. These results may not be returned to the CWS SSW until the next business day delaying the child's placement with a relative.
- Many relatives do not pass criminal history and background checks.

The SIP workgroup unanimously supports placing children quickly with relatives because of the profound benefits to the child and the success of the case but did not feel that an expedited placement could be successful during child detentions that occur outside of normal business hours.

This SIP Workgroup will discuss at their next meeting scheduled for March 2015 the idea of educating existing relatives and foster parents to become back-up placements to allow the social workers additional time to complete relative assessments instead of placing a child in a higher level of care.

Analysis of Outcome Measure 4B titled "Children Placed in Least Restrictive Placements (Point-in-Time)" University of California, Berkeley's CWS Outcomes System Summary data from the most recent reporting period March 31, 2014 (Q1-2014) of 34.2% compared to the CSA reporting period September 30, 2010 (Q3-2010) of 26.2% reveals a significant improvement of 8% for Least Restrictive (Point-in-Time) Placements with relative homes. The measure for Children Placed in Least Restrictive (Initial) Placements from the most recent reporting period March 31, 2014 (Q1-2014) of 15.6% compared to the CSA reporting period September 30, 2010 (Q3-2013) of 5.8% reveals significant improvement of 9.8% for Least Restrictive (Point-in-Time) Placements with relative homes.

No additional assistance is needed from DCSS with implementing these strategy and milestones during this reporting period. Currently, no additional milestones are needed to achieve this strategy's goal(s) and there are no significant reductions in spending on programs identified in the SIP for this outcome measure to report.

PROBATION STRATEGIES AND MILESTONES STATUS

This section will deliver the status of the strategies and milestones scheduled between January 2013 and March 2014 for each of the previously outlined outcome measures. The status update will include revisions and or modification with a brief explanation of the changes, lessons learned, as well as successes achieved during implementation.

Improvement Goal 1: To increase the number of children who reunify within 12 months.

- **Strategy 1.1:** To increase the number of case staffings that engages the youth, parent, and care provider.

- **Milestone 1.1.2** (Began Jan 2013; Expected completion Dec 2016): Develop policy, procedure, and training to implement consistent case staffings.

Status: This milestone is an ongoing process and will continue throughout the five-year SIP. Child and Family Team Meetings (CFT), Multi-Interagency Team Meetings (MIT), monthly placement meetings and staff meetings continue to take place to address the needs of the youth. The CFT and MIT meetings are held to address issues with the youth and/or to discuss the possible need to move the youth to another placement. These are completed on an as needed basis and include all pertinent team players. The monthly placement meetings are held between Probation Officers and group home staff, foster parents or suitable relatives to discuss the youth's compliance and address any issues as they arise. These include parents, if reunification is the planned permanent goal. Furthermore, individual monthly meetings are held with parents as the reunification process begins and until it is finalized. These meetings include discussing pertinent information on the youth behavior while in placement and having a plan for the youth once he/she returns home. Finally, monthly staff meetings are held between the Probation Officer and Supervising Probation Officer to discuss cases individually and determine the plan for reunification or permanency.

- **Milestone 1.1.4** (Began Jan 2013; Expected completion Dec 2016): Case staffing process delivery is evaluated for quality and consistency.

Status: This milestone is an ongoing process that will continue throughout the five-year SIP. With the implementation of Child and Family Team Meeting (CFT) and Multi-Interagency Team Meetings (MIT), the case staffing process of delivery of information to all team members is vastly improving. Information is being disseminated to all parties in a singular setting as to ensure the consistency of information. Furthermore, when all team members are available to discuss the issues at the same time, the perspective of all members can be addressed and a common plan can be developed. In continuing to evaluate and monitor the quality and consistency in case staffings Probation Officers are attending all meetings. Furthermore, the Supervising Probation Officer attends sporadic meetings to ensure that the Probation Officers are providing relevant information and providing appropriate suggestions/solutions to issues that arise. Finally, in the event that a placement is considering terminating a youth from their program, meetings are held prior to moving the youth to ensure that all efforts have been exhausted in dealing with the minor's issues, thus in a last final attempt to save the placement and reduce the need of multiple placements.

- **Milestone 1.1.5** (Began Jan 2013; Expected completion Dec 2016): Case staffing process is evaluated for effectiveness with revisions implemented as needed.

Status: This milestone is an ongoing process that will continue throughout the five-year SIP. Case staffings continue to be evaluated at several different levels. First and foremost by the Probation Officers attending those staffings and reporting to the

Supervising Probation Officer any areas in deficit. An example would be with the current Family Preservation Community Service Program (Wraparound). The officers attend CFT meetings and in the event of an issue the matter is brought back to the Supervising Probation Officer who attends a monthly wraparound management meeting to discuss areas within the program which need to be revised or added. This allows for free-flowing information between team members to address areas for effectiveness and adjust those not meeting the youth's needs. This is only an example of the exchange of information taking place amongst team members. Furthermore, throughout the month if an issue arises staff has an open line of communication with the Supervisor to discuss any areas that are in need of changing. As we continue collaborating with outside agencies we will continue to address issues regarding case staffing both internally and externally defining the process for effectiveness.

Improvement Goal 2: To increase the number of children who reunify within twelve (12) months by improving the concurrent planning process.

- **Strategy 2.1:** To review and revise the concurrent planning process as needed.
 - **Milestone 2.1.1** (Began Jan 2013; Completed Dec 2013): The concurrent planning policies and procedures continue to be assessed for effectiveness. This includes research and development/revision as needed.

Status: This milestone has been completed. Procedures were assessed to determine if our department was adequately addressing concurrent planning. Upon completion of the assessment we found that we lacked providing this information to the Court. We provided additional trainings delivered at staff meetings, specifically for the Placement Unit, addressing the importance of concurrent planning and stressing that concurrent plans are only efficient if well documented. We also added a new section to our Court reports which specifically addresses concurrent planning allowing not only the department but the Court to be involved in the plan. Information included in this section of our reports covers possible family members, a step down in care from group homes to foster family and finally reunification with the youth's family, if possible. By focusing on the need for concurrent planning and the crucial part it plays in reunification or permanent placement we hope to increase the number of youth who reunify within twelve (12) months. This milestone will be removed from the SIP report during the next review.

- **Milestone 2.1.2** (Began Jan 2013; Completed Dec 2013): Training will be delivered to staff after the concurrent planning policy has been developed and implemented.

Status: This milestone has been completed. Staff has been provided with training to address the importance of concurrent planning with plans for the youth being addressed in our Court reports. The information includes plans for reunification or permanent placement if the youth is unable to return home. The inclusion of the information in the Court reports not only allow for the officer to track the plan, but for the Court, the minor and all other parties involved to know that the youth will exit foster care at some point in the future. Officers are continuing to use Family Finding tools to assist in concurrent planning options when needed to address placement issues for youth and those findings are specified in our Court reports. This also includes working closely with our local Department of Social Services to establish a concurrent plan with returning the minor to a dependent status if such transition would benefit the minor's return home or permanent placement. This milestone will be removed from the SIP report during the next review.

- **Milestone 2.1.3** (Began Jan 2013; Expected completion Dec 2016): Monitor the use of the concurrent planning protocols.

Status: This milestone is an ongoing process that will continue throughout the five-year SIP. Our department will continue to monitor the effectiveness of our current procedures and be flexible to address any deficits that are noted. This monitoring will include communication with officers, reviewing of Court reports, and an open line of communication when discussing a youth's future in foster care. This open line of communication will include officers, parents/guardians, and the youth. We will continue to use Family Finding tools including Ancestry.com or other web based sites and internal programs such as LexisNexis. We have found these sites to be useful in providing substantial information to locate absent parents and family members. Furthermore, we will continue to communicate with other counties and our local Department of Social Services in educating ourselves with new tools that would assist us in perfecting our concurrent planning process.

- o **Milestone 2.1.4** (Began Jan 2013; Expected completion Dec 2016): Evaluate the effectiveness of concurrent planning protocols with revision implemented as needed.

Status: This milestone is an ongoing process that will continue throughout the five-year SIP. Our department will continue to evaluate the effectiveness of our concurrent planning protocols. We will determine our effectiveness based on the thoroughness of our concurrent plans and how effective those plans are in returning youth home within a twelve (12) month period. We will continue to focus on reunification with family, either through returning the youth home, or permanent placement which allows for the youth to have contact with family members as deemed appropriate by his/her therapists. Our focus is on providing positive and lifelong families for our youth in placement.

Improvement Goal 3: To increase the number of children discharged to permanent homes that have been in care 24 months or longer.

- **Strategy 3.1:** To develop and implement case staffings that engage the parents, care providers, and the child (of appropriate age) in case planning.

- o **Milestone 3.1.2** (Began Jan 2013; Completed Dec 2013): Develop and implement family engagement policy and deliver training to staff.

Status: This milestone has been completed. Over the past twelve (12) months, we have implemented and developed a policy for family engagement including utilizing information located on the Web, yearly subscription to Ancestry.com and web based system, and LexisNexis. Furthermore, we have established a line of communication with our local Department of Social Services, utilizing information from their archived records when attempting to locate foster youth families. The information we obtain from the above systems allow for us to reunify youth who have been in foster care for 24 months or longer, giving our Department the ability to transition youth out of foster care and into a loving, caring lifelong family. As of the implementation of Family Finding, we have utilized our resources to locate an important person in one of our long term foster care youth life and the relationship continues to this date.

- o **Milestone 3.1.3** (Began Jan 2013; Expected completion Dec 2016): Monitor the integration of Family Finding and family engagement techniques.

Status: This milestone is an ongoing process and will continue throughout the five-year SIP. Family Finding efforts and family engagement techniques have shown to improve the permanency options for children, leading to permanent placement. The Department's continued focus on Family Finding and family engagement includes concurrent planning and helping parents to understand that if reunification plans should fail options are available to provide permanency. Our Department will continue to research new search tools to ensure that we have all the up to date programs and that those programs are integrated into our current programs. Furthermore, ongoing training

of staff will continue during monthly staff meetings as well as tapping into any outside trainings offering further information into Family Finding and Planned Permanency. Several staff attended the Improving Permanency and Inclusion for Our Youth Training in Fresno, California in June 2014. Furthermore, staff was sent to the Wraparound Conference held in Anaheim, California in July 2014. This conference included break-out sessions focusing on Family Finding and Planned Permanency.

- o Milestone 3.1.3 (Began Jan 2013; Expected completion Dec 2016): Monitor the integration of Family Finding and family engagement techniques.

Status: This milestone is an ongoing process and will continue throughout the five-year SIP. The department will continue to monitor the effectiveness of our family engagement protocols beginning with the initial receipt of information from the families through to the placement of a youth. Our Department, which has very few foster youth, has had one case where we have utilized our family finding tools and located a non-relative extended family member becoming a lifelong support for the youth. We were very excited about our success and hope that when future needs arise, we will have the same outcome

BARRIERS TO IMPLEMENTATION

CWS BARRIERS TO IMPLEMENTATION

This section will discuss any barriers CWS anticipates for future implementation of strategies and milestones. These include:

- ✓ California's Realignment of 2011 and 2012 (AB 118, SB 1020, and SB 1013)
- ✓ High Caseloads
- ✓ Population in Poverty

California's Realignment of 2011 and 2012 (AB 118, SB 1020, and SB 1013):

A barrier CWS continues to face in the implementation of performance improvement initiatives is lack of funding due to California's realignment of local public safety responsibilities including child welfare, foster care, and adoption assistance programs. Foster care assistance is an uncapped entitlement program authorized by the Title IV E of the Social Security Act. Tulare County receives approximately 50% of federal funds for these assistance programs. The remaining percentage is drawn from a combination of state and county funds. Under realignment the state capped the foster care funding to each county using the base year of federal fiscal year 2009.

This continues to be disadvantageous due to the increased cost for foster care and adoption assistance programs in Tulare County steadily increasing since California's realignment was enacted. The increase can be attributed to the following factors:

- The number of children in out of home care in Tulare County has significantly grown over the last two years. In fiscal year 2011/2012 there were 1,381 children in care compared to 1,618 children in care for fiscal year 2013/2014, a 17.2% increase.
- The cost of placement continues to steadily increase from 2009 to 2014 due to a series of state mandated rate increases for all placement facility types. All County Letter 09-45 (September 30, 2009) compared to All County Letter 14-44 (July 28, 2014) revealed that placement costs have increased by the following percentages:
 - o Group Homes by 64%.

- o Foster Family Agencies by 18.8%.
- o Intensive Treatment Foster Care Homes by 41.1%.
- o Foster Family Homes by 33.7%.
- The California Fostering Connections to Success Act (AB 12) was passed in 2010 requiring counties to extend foster care assistance to a new population (non-minor dependents, aged 18-21 years). CWS has forecast under the current realignment funding structure that Tulare County will be required to pay a significant amount of additional county general assistance dollars towards foster care and adoption assistance programs.

Under Realignment 2012, Child Welfare Administration and Foster Care were put in the same realignment sub-account. Under this structure, counties may choose to use Child Welfare Administration funding to augment foster care and adoption assistance costs. This continues to be a poor choice to make as it results in less funding for initiatives to improve the safety, permanence, and child and family well-being of foster children.

High Caseloads:

Another contributing barrier to implementing future strategies continues to be the high caseloads social workers carry. In fiscal year 2013/2014 the average caseload was 30.1 cases per social worker which is 187.3% of the minimum standards recommended in the Senate Bill (SB) 2030 Workload Study from April 2000 and 108.3% of the 1984 caseload standards. Large caseloads make it difficult for staff to invest additional time and energy into implementing best practices with children and families.

Population in Poverty:

The last barrier identified is the continuation of increasing stress families are experiencing due to the swelling number of people in poverty residing in Tulare County. Concurrently the county has had growing numbers of families being referred to CWS for investigation of child abuse and neglect along with more children entering foster care. Refer to Other Outcomes Measures Not Meeting State and/or National Standards for more information and data on this subject.

OTHER SUCCESSES/PROMISING PRACTICES

OTHER SUCCESSES/PROMISING PRACTICES FOR CWS

Tulare County CWS has implemented a number of promising practices to improve services to children and families during the 2014 SIP Progress Report time period (Jan 2014-Dec 2014). These are:

- ✓ California Screening Assessment and Treatment (CASAT) Project
- ✓ Parent Mentoring Program (Peer Voice)
- ✓ Nurturing Parenting Program for Teens

California Screening Assessment and Treatment (CASAT) Project:

The Chadwick Center of Children and Families (CCCF), the Child and Adolescent Services Research Center at Rady Children's Hospital partnered with California Department of Social Services and three (3) counties in California to conduct the California Screening Assessment and Treatment (CASAT) Project. Tulare County was selected to be the first county in which to pilot the CASAT Project. This project is designed to work with child welfare and mental health agencies to develop and implement a model framework that encompasses a universal screening and assessment process of general mental health symptomology and trauma-specific symptomology. This practice is designed to identify the unique social and emotional needs of each child and link children to the services that are best suited to meet their mental health and

behavioral needs. The goal of screening all foster children to assess for intensive behavioral and mental health services is becoming a national movement and there is increasing federal support for this practice.

Tulare County CWS and Tulare County Mental Health continue to be leaders in the State of California, using evidence-based, standardized brief assessment tools (Strengths and Difficulties Questionnaire (SDQ) and SCARED Brief Assessment of Post Traumatic Stress Symptoms (SCARED)) to screen for trauma and to identify children early that may need mental/behavioral health services. Tulare County CWS screens all children who enter CWS using these assessment tools. These screens are completed on all dependent children within thirty (30) days of the initial CWS case being opened, thirty (30) days prior to every court hearing, at any time during the case when it is determined a child may need mental health services, and within thirty (30) days prior to a child/youth transitioning from a Group Home. The SDQ and SCARED assessments are included in the Intensive Care Coordination referral packet to the Children's Mental Health Clinics. The clinics use these assessments to inform treatment and practice.

CWS is working on becoming more trauma informed by offering the following trainings:

- Caring for Children who have Experienced Trauma: A workshop for resource parents training for county foster parents. A pilot training was provided on July 22-23, 2014 to 10 county foster parents and 7 CWS staff. These 10 pilot foster parents will help roll out this training as co-facilitators to all foster parents over the next year.
- Child Welfare Trauma Training Toolkit for all social workers. This training will be mandatory for all CWS social workers beginning in November 2014. This two-day interactive training will cover the knowledge, skills, and values used when working with children in the child welfare system that have experienced traumatic events.

Tulare County was highlighted in an article, "An Approach to Screening for Mental Health and Trauma-Related Needs among Children and Youth involved in Child Welfare Services" written by the Chadwick Center for Children and Families for the CASAT Project. This article outlined the work that Tulare County CWS completed this past year with the trauma informed screening approach for all dependent children in our system. The article was published on the following website:

http://calswec.berkeley.edu/sites/default/files/uploads/casat_approach_to_screening_0.pdf

Parent Mentoring Program (Peer Voice):

The Peer Voice Program is a new parent mentoring program designed to enlist parents who have successfully navigated the Child Welfare System and are able to mentor current Child Welfare parents. The Peer Voice parent will attend TDMs and Family Engagement meetings to serve as parent mentors, advocates, and guides. The goals of the Peer Voice Program is to engage parents more fully in child welfare case planning and the service process; provide information to parents about the child welfare system including their rights and responsibilities; and provide support to assist families in meeting their safety, permanency, and well-being goals. Peer Voice parents will also serve as the "Peer Voice" on various committees, workgroups, and meetings.

CWS contracted with Parenting Network (a community-based organization) to administer this program. A team of CWS staff and Parenting Network staff conducted a site visit to Contra Costa County in September 2014 to obtain information about training, fiscal support, process, and model fidelity of their parent mentoring program. The Peer Voice workgroup is in the preliminary stages of implementation and plan to initiate the Peer Voice Program in January 2015 with TDM meetings to support parents early in their intervention.

Nurturing Parenting Program for Teens:

The Nurturing Parenting Program is supported by Child Abuse Prevention, Intervention, and Treatment (CAPIT) funds and facilitated by Family Services of Tulare County (a community-based organization) for CWS parents. The Nurturing Parenting Program is an evidence-based curriculum providing interactive sessions on stopping family dysfunction and engaging individuals and families in the process of building positive nurturing beliefs, knowledge, and skills. A faith-based community liaison notified the Tulare County Office of Child Abuse Prevention (OCAP) liaison (a CWS Staff Analyst) during fiscal year 2013/2014 that local churches were interested in supporting parenting classes for teens by providing a conference room and child care. CWS administration fully supported this collaboration effort with the faith-based community and contacted Family Services as the contracted provider to revise and deliver the Nurturing Parenting Curriculum for teen parents at a local church. A Family Services liaison and the OCAP liaison met with a local church as arranged by the faith-based community liaison. The curriculum and schedule of the classes were provided to the church for review and this information was presented to the church board. If the church board approves the expense to support the use of conference rooms and the salary for care providers to provide child care then the Nurturing Parenting Program for teens will begin in January 2015.

Due to the need to support teen parents, CWS approached Sequoia High School to provide the Nurturing Parenting Program for teen parents. This year the Department of California of Education lost its CalSAFE grant allowances for many California Counties including Tulare County. The CalSAFE grant provided infant child care and support services to student parents. Due to this change, Sequoia High School, Family Services of Tulare County, and other community partners, including CWS, have created a collaboration of resources for parent students in Visalia. The Nurturing Parenting Program for teen parents will also begin at Sequoia High School in January 2015.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

CWS OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

No Recurrence of Maltreatment, (S1.1):

CWS is not meeting the outcome measure for the National Standard of No Recurrence of Maltreatment (S1.1). This safety measurement has not met the Federal standard of 94.6% for the past two reporting years (2013 & 2014). The most recent reporting period of March 31, 2014 (Q1-2014) had a score of 88.9% and March 31, 2013, (Q1-2013) scored 89.1% compared to the CSA reporting period September 30, 2010 (Q3-2010) of 96.2%.

There are a number of obstacles, systemic issues, and environmental conditions that appear to be contributing to the decline in this outcome measurement. A factor written in last year's report that remains true today is that many Tulare County families face environmental obstacles including poverty. This is demonstrated by the county's poverty rate, unemployment rate, and increase in reliance on public assistance over the past few years.

The poverty level for Tulare County continues to affect families in Tulare County. In 2013, Tulare County experienced a 32.5% level of poverty, which is the highest rate in California according to the U.S. Census Bureau, 2008-2012 American Community Survey. During this same time, California experienced a 15.3% rate of poverty. Tulare County has had an increase of almost nine (9%) percent in the poverty level since the 2010 census when the county had a 23.8% level of poverty. This information was obtained from the U.S. Census Bureau website: (http://factfinder2.census.gov/bkmk/table/1.0/ACS/12_5YR/S1701/0500000US06107).

Tulare County has one of the highest unemployment rates in California; although, all counties posted lower unemployment rates than the previous two (2) years. The Bureau of Labor Statistics reports that in 2012 the county's unemployment rate was 16.1% and in 2014 dipped down to 12.6%. California's unemployment rate in 2012 was 11% and in 2014 was 7.8%. This information was obtained from the Bureau of Labor Statistics website: (www.bls.gov).

Families affected by poverty have turned to public services to meet their basic needs. This is demonstrated by the growth in public assistance cases in Tulare County. Over the last five (5) years the county has increased Cal Fresh cases by 44%, Medi-Cal by 40%, and CalWORKs by 3%. This information was extracted from the county's CalWin database.

Governor Brown declared a drought State of Emergency in January 2014 for the State of California. Families are being affected in Tulare County with wells drying up, being laid off from agricultural work, and being unsure where to turn with the drought related problems. During the month of January through September 2014, 412 private well failures have been recorded. A large part of the wells drying up are located in the city of Porterville and the rural areas throughout Tulare County not connected to city water lines. Without the benefit of running water available in the home, families are hauling water from family, friends, and the community to cook, clean, and flush their septic facilities. Tulare County is anticipating that the continuation of the drought's effects will hit the county more as time moves forward creating more poverty and stressors to the family as the agricultural jobs are no longer available. Recording data related to the drought began recently as more families are affected by their wells drying up. From August 2014 to September 2014, 188 qualified households were approved for a bottled drinking water program. Foodlink, a non-profit food distribution agency, distributed 44,134 food relief packages (related to the drought) since May 2014. The Workforce Investment Board reports that 44 employees were laid off or had their work hours reduced due to the drought. Tulare County Health and Human Services Agency identified 133 clients that were affected by the drought, 59 clients more than August 2014. This information was extracted from Tulare County's website: (<http://tularecounty.ca.gov/emergencies/index.dfm/drought-effects-status-updates>).

The federal government's Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) *Report to Congress*, January 2010, found that child abuse is three (3) times more common in poor families and neglect is seven (7) times more common with families in poverty. The link between poverty and child abuse and neglect has been shown to be true in Tulare County as over the past two (2) fiscal years the number of CWS referrals grew to be over 5,000 referrals. In fiscal year 2013/2014 there were a total of 5,035 Emergency Response (ER) referrals (10 Day and Immediate). In fiscal year 2011/2012 there was a total of 5,232 Emergency Response (ER) referrals (10 Day and Immediate). There have also been a rising number of children in foster care since 2011. In fiscal year 2013/2014 there was 108 more children in foster care than in fiscal year 2011/2012, an increase of 5.42%. The above information was obtained from Tulare County's CWS/CMS, Business Objects Report titled "Countywide Fact Sheet."

Another contributing factor is the high caseloads the ER social workers have experienced due to the increasing number of referrals CWS experienced in the past two (2) years. The average caseload for ER social workers for fiscal year 2013/2014 was 30.7 cases per worker. This is an average ER caseload of 231.2% of the Senate Bill (SB) 2030 Workload Study standard, and 178% of the 1984 caseload standards. The average caseload for ER social workers in fiscal year 2012/2013 was 32 cases per worker. Because of the increased workload, CWS was approved by the Tulare County Board of Supervisors in fiscal year 2013/2014 to hire ten (10) additional case carrying social workers, one (1) lead social worker, and one (1) supervisor. Of these positions, five (5) case carrying social workers and the supervisor position have been incorporated into the ER units. These additional staff helped to bring caseloads down by 1.3% and assisted in providing better services. The reduction in caseloads is great for better assessments and faster response time for Immediate and 10 Day Referrals; however, 30.7

cases per worker is still too high compared to the 2030 workload standard and the 1984 caseload standard.

CWS is monitoring the performance of this measurement closely and made programmatic changes to improve this outcome. An ER unit was carved out to specifically serve the Immediate Response (IR) referrals. In July 2013 the IR team was fully staffed to begin implementation of separating Immediate Response referrals from 10 Day Response referrals. Prior to this change, ER social workers were constantly being pulled from their assigned 10 Day investigations to complete Immediate Response investigations. This caused a loss in productivity and a huge backlog of 10 Day Response referrals and late response times. The benefit of separating out Immediate Response referrals from 10 Day Response referrals has shown an improvement in Q1-2014 (March 31, 2014). Measure number 2B, Timely Response (Immediate Response Compliance) reported on the most recent reporting period of March 31, 2014 (Q1-2014) a score of 99.7% compared to March 31, 2013 (Q1-2013) with a score of 96.2%. Measure number 2B, Timely Response (10 Day Response Compliance) reported on the most recent reporting period of March 31, 2014 (Q1-2014) a score of 95.7% compared to March 31, 2013 (Q1-2013) with a score of 88.8%. ER Social workers are now able to better conduct thorough and timely investigations for 10 Day Response referrals with this change in practice.

CWS does not anticipate starting new strategies for No Recurrence of Maltreatment (S1.1), as there are a number of current strategies that should positively affect this measure. These include working with Family Resource Centers to increase prevention and aftercare services, developing evidence-based programs for children and families with prevention-focused community partners, improving the use of Structured Decision Making throughout the life of a case, and conducting Team Decision Making Meetings at the point of reunification. These strategies along with the programmatic changes discussed above should assist in improving outcome measurement S1.1.

State and Federally Mandated Child Welfare/Probation Initiatives

STATE AND FEDERALLY MANDATED CHILD WELFARE INITIATIVES

Tulare County CWS has researched, and in some cases implemented state and federally mandated initiatives to improve services to children and families during the last three (3) SIP Progress Reports. These are:

- ✓ Katie A. et al. v. Diana Bonta et al. Settlement Agreement
- ✓ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP)
- ✓ Safety Organized Practice (SOP)
- ✓ Commercial Sexual Exploitation of Children/Youth (CSEC)

Katie A. et al. v. Diana Bonta et al. Settlement Agreement (Intensive Care Coordination):

The Katie A. Settlement Agreement seeks to improve access to effective care by enabling California's most vulnerable children to receive intensive mental health services in their own homes and communities. This will allow children to remain safely with their families or in a home-like setting and help prevent additional trauma caused by unnecessary institutionalization.

During fiscal year 2014/2015 there was a movement in the State of California to move away from using the name “Katie A.” when describing children in specialty mental health services. Instead of referring to “Katie A.” Tulare County chose to rename the initiative to Intensive Care Coordination (ICC).

The timeline of ICC implementation is:

- September 2013, CWS conducted a series of trainings to educate staff on how to screen all children with open CWS cases for the ICC subclass criteria
- October 2013, CWS began screening
- November 2013, Mental Health began training the children’s mental health providers on the requirements under the ICC settlement
- December 2013, ICC services began
- October 2014, CWS finalized the interagency policy with Mental Health regarding ICC and the core practice model

CWS and Mental Health leadership meet on a monthly basis to keep the communication open regarding the ICC implementation. CWS and Mental Health participate with the state and regional learning collaboratives and Tulare County has risen to be one of the leaders in the state regarding the implementation of ICC. CWS has also participated in conference calls, hosted site visits, and met with other county representatives at the regional learning collaborative.

As of September 2014 CWS has “back screened” over 950 dependent children in care from October 2013. CWS completes an ICC screening for all children (3 years and up) within 30 days of the initial CWS case being opened, 30 days prior to every court hearing, any time it is determined the child may need mental health services, and within 30 days of a child transitioning from a group home to a lower level of care.

Intensive Care Coordination assessments are part of the CASAT Project that CWS and Mental Health collaborate for Tulare County foster children to receive intensive mental health services and to treat trauma. Additional data for CASAT is reported in the section: Other Successes/Promising Practices for CWS, California Screening Assessment and Treatment (CASAT) Project.

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

The purpose of the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) is to grant counties flexibility in the use of unrestricted federal Title IV-E foster care funding to provide alternative services that support family engagement, family-centered practice and interventions, and promote social and emotional well-being. In September 2012 Tulare County submitted a letter of intent to CDSS to announce interest in the project. After thoroughly analyzing the fiscal and programmatic advantages and disadvantages of the project, CWS concluded that it was not in the County’s best interest to participate at this time. A letter was submitted to CDSS on July 18, 2013 to inform the state that Tulare County had chosen to opt out of the project.

Safety Organized Practice (SOP):

Safety Organized Practice (SOP) is a collaborative practice model supported by the National Resource Center for In-Home Services, a service of the Children’s Bureau’s National Child Welfare Training and Technical Assistance Network. SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their information support network, and the agency. SOP uses strategies and techniques based on

the belief that a child and his or her family are the central focus, and partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Tulare County is in the research phase for SOP although current best practice, strategies, and milestones reveal that CWS is supporting SOP. The elements of the SOP model include: motivational interviewing, solution-focused practice, cultural humility, appreciative inquiry, trauma-informed practice, risk and safety assessment tools (SDM), family meetings and networks of support, and strategies for engaging children. CWS' current best practice, strategies, and milestones include: implementation of California Screening Assessment and Treatment (CASAT) Project for trauma-informed practice, utilizing SDM for risk and safety assessments, implementing Family Engagement meetings and Team Decision Making meetings that include families and their network of support and to engage children. CWS has the foundation laid for integrating SOP in Tulare County if it is selected to implement.

Commercial Sexual Exploitation of Children/Youth:

Governor Jerry Brown signed in June 2014 Senate Bill (SB) 855 to create a Commercially Sexually Exploited Children (CSEC) Program, to be administered by the California Department of Social Services. The new legislation provides \$5 million in the 2014-2015 budget and \$14 million annually beginning in fiscal year 2015-2016 to fund prevention, intervention, and other services for children who are sexually trafficked and to provide training to child welfare and foster care providers. SB 855 is in line with the federal government to fight commercial sexual exploitation of children/youth. The federal government released "Coordination, Collaboration, Capacity: Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017," the first-ever strategic action plan to strengthen services for victims of human trafficking in this country. The California Department of Social Services released All County Letter (ACL) 14-62 dated September 3, 2014 Commercially Sexually Exploited Children (CSEC) Program to provide information for the recent legislation (SB 855, Chapter 29, Statutes of 2014) amendments.

CWS is a key stakeholder as an agency that will provide services to youth who are human trafficking victims. CWS is partnering with agencies such as Mental Health, Probation, Public Health, and Juvenile Court to develop protocols to serve Commercially Sexually Exploited Children (CSEC). The Tulare County District Attorney's Office is spearheading a task force to fight human trafficking by working together to create awareness of this issue. Tulare County's combination of poverty, double digit unemployment, and the agrarian nature of the county create the perfect storm for human trafficking. Because this is a "hidden" crime, human trafficking often goes unnoticed or is erroneously reported and handled. The task force's first meeting was September 25, 2014 and will include quarterly meetings to discuss the issue of human trafficking in Tulare County.

The Tulare County Child Abuse Prevention Council (CAPC) will be facilitating a Commercially Sexually Exploited Children's Conference in November 2014 to bring awareness of this issue and foster collaboration and communication.

Five-Year SIP Chart

SIP CHART AND STRATEGIES FOR CWS:

Priority Outcome Measure or Systemic Factor: C1.1 (Reunification Within Twelve (12) Months)

National Standard: >75.2%

Current Performance: According to the July 2014 Quarterly Data Report (Q1-2014), of the 211 children in out-of-home foster care, 151 of them were reunified within twelve (12) months. This is a 71.6% rate for reunification within twelve (12) months.

Target Improvement Goal: CWS will improve performance for measure C1.1 from 71.6% to 75.2%.

Priority Outcome Measure or Systemic Factor: C1.4 (Re-entry Following Reunification)

National Standard: <9.9%

Current Performance: According to the July 2014 Quarterly Data Report (Q1-2014), of the 265 children who exited foster care to reunification, 42 children re-entered foster care following reunification. This is a 15.8% rate for re-entry following reunification.

Target Improvement Goal: CWS will improve performance for measure C1.4 from 15.8% to 9.9%.

Priority Outcome Measure or Systemic Factor: C3.3 (In Care Three (3) Years or More)

National Standard: <37.5%

Current Performance: According to the July 2014 Quarterly Data Report (Q1-2014), of the 45 youth who turned 18 years old in foster care (or emancipated at an earlier age and left foster care and the dependency system), 15 youth were in care three (3) years or more. This is a 33.3% rate for youth in care three (3) years or more.

Target Improvement Goal: Although CWS' current performance surpassed the Federal and State Standard, CWS will work towards consistently maintaining a standard of 37.5% or lower.

Priority Outcome Measure or Systemic Factor: C4.3 (Placement Stability, At least 24 Months In Care)

National Standard: >41.8%

Current Performance: According to the July 2014 Quarterly Data Report (Q1-2014), of the 389 children placed in foster care at least 24 months, 176 children had two (2) or less placement changes. This is a 45.2% rate for placement stability in at least 24 months of care.

Target Improvement Goal: Although CWS' current performance surpassed the Federal and State Standard, CWS will work towards consistently maintaining a standard of 41.8% or higher.

Reunification Measures: **Measure C1.1 & Measure C1.4**, Child Welfare Services (CWS)

Improvement Goal 1.0

Increase the percentage of children who reunify within twelve (12) months by strengthening family-centered practice.

Strategy 1.1: Increase the number and quality of case staffings that engage the parents, care providers, and the child (of appropriate age) in case planning.	[]	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C1.1.
	[]	CBCAP	
	[]	PSSF	
	[X]	N / A	

Action Steps	Timeframe	Person Responsible
1.1.1 Case staffing policy and training reviewed and revised to support the engagement of children, families and care providers in developing and supporting case plans.	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED	CWS Managers CWS Supervisors CWS Policy & Program Specialists Training
1.1.2 Policy and training are delivered to staff on the case staffings requirements (i.e., inclusion of family, youth, and care providers) for developing case plans.	<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED	CWS Supervisors Training CWS Family Advocate Subject Matter Experts
1.1.3 Case staffings are held as prescribed in revised policy.	<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED	CWS Managers CWS Supervisors Social Workers
1.1.4 Case staffing process is evaluated for quality and for consistency in its implementation.	<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 STATUS: INITIATED AND ONGOING THROUGH YEAR 4	CWS Managers CWS Supervisors Quality Improvement
1.1.5 The case staffing process is evaluated for effectiveness in improving practice and modified as needed. Tulare County will use the Quarterly Outcome Reports and SafeMeasures® to measure and evaluate the impact of these strategies.	<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration CWS Managers CWS Supervisors CWS Policy & Program Specialists Training Analyst Team

Strategy 1.2: Increase the consistent use of the Structured Decision Making (SDM) Reunification Assessment tool.		<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C1.1.		
		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N / A			
Action Steps	1.2.1 Utilize SafeMeasures® and case reviews to assess SDM timely and appropriate usage.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers CWS Supervisors Quality Improvement
	1.2.2 Evaluate data to isolate and reveal barriers.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors Quality Improvement
	1.2.3 Review/revise or create/implement policies. and implement training on the consistent use of the SDM Reunification Assessment tool.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors CWS Policy & Program Specialists Training
	1.2.4 Develop and implement in-depth training for social workers and supervisors on how to appropriately apply and document the needed information for consistent use of the SDM Reunification Assessment tool.		<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Managers CWS Supervisors CWS Policy & Program Specialists Training
	1.2.5 Implement the SDM Reunification Assessment tool for cases moving from FR to FM and at the point when PP is being considered.		<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors
	1.2.6 Use case readings to determine and assist staff in the effectiveness, quality, and consistency in using the SDM Reunification Assessment tool.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Supervisors Quality Improvement
	1.2.7 Evaluate the effectiveness of practice in use of the SDM Reunification Assessment tool using SafeMeasures®, and modify as needed.		<input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input type="checkbox"/> Year 5-Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Supervisors Quality Improvement Analyst Team

Strategy 1.3: Increase the use of SDM Family and Needs Assessment and Reunification Assessment tools at the point of exit and consistently develop family exit plans for FM and FR cases.		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C1.1.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		
Action Steps	1.3.1 Complete a targeted review of a sampling of re-entry cases to evaluate for the consistent use of the SDM safety assessments at the point of exit. Use findings from case reviews to identify trends in the reasons that children re-enter foster care.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED	Person Responsible	CWS Managers Quality Improvement Analyst Team
	1.3.2 Develop targeted policies and training curriculum based on case review findings.		<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Policy & Program Specialists Training
	1.3.3 Implement policy and/or practice and training in response to case review findings.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers Training
	1.3.4 Use data reports and targeted case reviews to establish a baseline of the usage of family and needs assessments and reunification assessments and the impact on re-entry. This information will be used to evaluate, measure, and modify policy and practice shifts to continue making improvements.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Administration CWS Managers Quality Improvement CWS Policy & Program Specialists Training Analyst Team
Improvement Goal 2.0: Increase the percentage of children who reunify within 12 months by improving the consistent use of concurrent planning.					
Strategy 2.1: Review and revise concurrent planning practice by updating policies and staff training to increase consistency and quality. Social workers will engage children, youth, and care providers in the concurrent planning process.		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C1.1 and C3.3.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		

Action Steps	2.1.1 Research and develop improved concurrent planning model and policies to improve practice. Review PQCR focus group information and update according to findings from review.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers CWS Supervisors CWS Policy & Program Specialists
	2.1.2 Develop and implement concurrent planning model pilot and providing policies and training to staff.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Supervisors CWS Policy & Program Specialists Training Social Workers
	2.1.3 Use data reports and targeted case reviews to monitor the use of the concurrent planning model for children coming into CWS. Evaluate revised concurrent planning practice with targeted group of children in the PP caseload.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors Quality Improvement
	2.1.4 Evaluate the effectiveness/efficiency of concurrent planning model through the use of data reports and case reviews -- revise as needed to improve consistency and practice. Expand use of new model to existing PP caseload. Evaluate the results of the concurrent planning pilot using SafeMeasures® and Quarterly Outcome Reports; revise policy and training as needed to expand to all children without a Planned Permanent Living Arrangement (PPLA).		<input type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Policy & Program Specialists CWS Supervisors Training Analyst Team
Improvement Goal 3: Explore the development of best-practice/evidence-based programs for children and families with prevention-focused community partners.					

Strategy 3.1 Explore and develop research-based, community-delivered, Aftercare services targeted to family maintenance (FM) and family reunification (FR) families when exiting the CWS system. The county will work with community-based providers to expand its Differential Response (DR) services program to include the Aftercare population and develop/deliver services which may include family case management and support services like parenting education, counseling, mentoring, respite, etc.		[X]	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s) : This strategy applies to Outcome Measure C1.4.	
		[]	CBCAP		
		[X]	PSSF		
		[]	N / A		
Action Steps	3.1.1 Review data from CWS/CMS and SafeMeasures® to identify and review cases resulting in re-entry and identify common factors.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers Analyst Team
	3.1.2 Explore the development and implementation of training and/or resources for FM and FR families through collaborative endeavors with community-based providers.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Supervisors CWS Family Advocate Analyst Team Community-Based Organizations
	3.1.3 Develop policies and procedures to expand Aftercare safety plans for FM and FR families and provide appropriately targeted training.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Policy & Program Specialists CWS Supervisors Training
	3.1.4 Implement the development of targeted Aftercare plans.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors Social Workers
	3.1.5 Evaluate results of program and process improvements and modify as necessary.		<input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Supervisors

Strategy 3.2:		[X]	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s):		
Strengthen partnership with community partners to provide supportive services to children and families during and after reunification and/or following adoptions.		[]	CBCAP			
		[X]	PSSF			
		[]	N / A			
Action Steps	3.2.1	Timeframe	Person Responsible		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration CWS Managers CWS Supervisors Analyst Team
	3.2.2				<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration CWS Family Advocate Analyst Team
	3.2.3				<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration Community Partners Analyst Team
	3.2.4				<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration Community Partners Analyst Team
	3.2.5				<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	CWS Administration CWS Managers Community Partners Analyst Team

Strategy 3.3 Work with the local Family Resource Centers' Differential Response program to help families develop an Aftercare services plan and to access resources once their FM or FR CWS case closes.		[X]	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C1.4.	
		[]	CBCAP		
		[X]	PSSF		
		[]	N / A		
Action Steps	3.3.1 Continue regular meetings with FRCs as a forum for program review and evaluation.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	Person Responsible	CWS Administration CWS Managers CWS Supervisors Family Resource Centers
	3.3.2 Identify additional strength-based/solution-focused services.		<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Administration CWS Managers CWS Supervisors Lead Workers CWS Family Advocate Family Resource Centers
	3.3.3 Deliver "road show" training to support strength-based/solution-focused services, as needed.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors Lead Workers Training
	3.3.4 Implement strength-based/solution-focused services and evaluate the effectiveness of the new services, and modify as necessary.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Administration CWS Managers CWS Supervisors Quality Improvement Analyst Team Family Resource Centers

Long-Term Care Measure: Measure C3.3, Child Welfare Services (CWS)					
Improvement Goal 1.0					
Increase the percentage of children/youth who exit to a permanent home within 24 months.					
Strategy 1.1:		[]	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C3.3	
Develop a Permanency Team within CWS. The new Permanency Team will be tasked with looking at select PP cases to identify common barriers to permanency, work with Quality Improvement to evaluate current practice and policy, and develop strategies to expedite permanency options for children/youth.		[]	CBCAP		
		[]	PSSF		
		[X]	N / A		
		Action Steps	1.1.1 Review select cases in CWS/CMS to identify reasons for children not achieving permanency. Review PQCR focus group information and data reports from CWS/CMS to identify themes and reasons for children not achieving permanency.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED
1.1.2 Conduct in-depth review of the process that occurs when the service component changes from FR to PP.	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers Quality Improvement		
1.1.3 Identify trends in process issues identified via the case reviews and propose policy and training needs.	<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers Quality Improvement		
1.1.4 Implement any new changes to practice or policy and provide training to address permanency issues for youth in PP caseloads.	<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors Quality Improvement CWS Policy & Program Specialists Training		
1.1.5 Evaluate results of program and process improvements	<input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Supervisors		

	through the use of data reports and targeted case reviews, Quarterly Outcome Reports and SafeMeasures® and modify as necessary.				CWS Policy & Program Specialists Quality Improvement Training Analyst Team
Strategy 1.2:	Children in care will have genograms a Family Connections/Family Finding (FC) Project developed at assessment	<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C3.3.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		
Action Steps	1.2.1 Existing material on developing genograms will be identified.	Timeframe	<input checked="" type="checkbox"/> Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers CWS Supervisors
	1.2.2 Policies and training curriculum will be developed on the use of genograms Family Connections/Family Finding for children in foster care; training will be developed and delivered to staff		<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED This milestone was modified in 2013. This strategy was changed to develop the Family Connections/Family Finding (FC) Project.		CWS Managers CWS Policy & Program Specialists Training MSW Intern
	1.2.3 Staff will develop genograms the FC Project for children in care.		<input checked="" type="checkbox"/> Year 2-Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 STATUS: COMPLETED		CWS Supervisors Social Workers
	1.2.4 The consistent use of genograms will be monitored by supervisors and managers. Implement the full role out of the FC Project.		<input checked="" type="checkbox"/> Year 3-Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input type="checkbox"/> Year 5-Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 4		CWS Managers CWS Supervisors
	1.2.5 The use and quality of genograms will be evaluated for consistency and impact on outcomes. Evaluating the results of the FC Project and modifying as necessary.		<input checked="" type="checkbox"/> Year 4-Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5-Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Supervisors Quality Improvement

Improvement Goal 2.0					
Improve permanency outcomes for children/youth in the Permanent Planning caseload.					
Strategy 2.1: Social workers will engage children, youth, and care providers in the concurrent planning process through the consistent use of case staffings, Family Finding, engagement strategies, and TDM meetings.		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s):	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		
Action Steps	2.1.1	Timeframe	STATUS: DELETED This milestone was modified to be included with other Strategies.		Person Responsible
	2.1.2		STATUS: DELETED		
	2.1.3		STATUS: DELETED		
	2.1.4		STATUS: DELETED		
	2.1.5		STATUS: DELETED		
Strategy 2.1: Implement Team Decision Making (TDM) to improve family engagement, address placement options, and placement changes.		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C3.3	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		

Action Steps	2.1.1	Timeframe	☒ Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers CWS Supervisors Training UC Davis
	2.1.2		☒ Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors CWS Policy & Program Specialists Training Analyst Team
	2.1.3		☒ Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers PPAU
	2.1.4		☒ Year 2-Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Administration CWS Managers CWS Supervisors PPAU
	2.1.5		☒ Year 1-Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers PPAU

Placement Stability Measure: Measure C4.3, Child Welfare Services (CWS)					
Improvement Goal 1.0					
Increase the placement stability for children in care.					
Strategy 1.1:		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C4.3	
Explore the implementation of Ice Breaker meetings to assist children, their parents, and foster parents to develop a cooperative relationship.		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		
Action Steps	1.1.1 Research and explore Ice Breaker models used in other counties for replication in Tulare County.	Timeframe	STATUS: DELETED This strategy was deleted due to multiple strategies implemented to develop a cooperative relationship among children, parents, and foster parents.		Person Responsible CWS Managers CWS Supervisors CWS Family Advocate
	1.1.2 Develop and provide recommendations for implementing Ice Breaker models.		STATUS: DELETED		
	1.1.3 Pilot Ice Breaker meetings of the selected model.		STATUS: DELETED		
Strategy 1.1:		<input type="checkbox"/>	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C4.3.	
Use Placement Staffings/TDMs when care providers give a seven day notice requesting a placement change.		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N / A		
Action Steps	1.1.1 Review and/or revise policies and training around practice when seven-day notices are given.	Timeframe	<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 STATUS: COMPLETED		Person Responsible CWS Managers CWS Supervisors CWS Policy & Program Specialists Social Workers Training
	1.1.2 Present new/revised policies and training for		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 STATUS: COMPLETED		

	conducting a TDM when notice has been given.				Specialists Training
	1.1.3 Implement TDM for every seven-day notice or placement change that is requested to discover additional support needs to preserve placements whenever possible.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers
	1.1.4 Monitor and evaluate implementation of the new practice, review/revise policy and training as needed.		<input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Administration CWS Managers CWS Supervisors CWS Policy & Program Specialists Training
Strategy 1.2:		<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C4.3.		
Identify additional supports and training needed by care providers to help preserve placements.		<input type="checkbox"/> CBCAP			
		<input type="checkbox"/> PSSF			
		<input checked="" type="checkbox"/> N / A			
Action Steps	1.2.1 Annually review and revise the existing Strategic Foster Parent Recruitment Plan to include foster parents and relative care providers.	Timeframe	<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: COMPLETED FOR YEAR 3 AND ONGOING THROUGH YEAR 5	Person Responsible	CWS Managers CWS Supervisors Licensing Staff
	1.2.2 Continue joint meetings between care providers (foster parents, relatives, and foster family agencies) and CWS to identify training and/or supportive services.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Managers CWS Supervisors Licensing Staff CWS Family Advocate
	1.2.3 Continue marketing strategies for foster and adoptive parent recruitment and engage community partners as appropriate to explore ongoing community support.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Managers CWS Supervisors Licensing Staff

	1.2.4 Implement Strategic Plan improvements and build capacity for community level support to care providers.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Managers CWS Supervisors Licensing Staff
	1.2.5 Evaluate implemented improvements for effectiveness and efficiency and their impact on placement stability outcomes.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Administration CWS Managers CWS Supervisors CWS Family Advocate Licensing Staff
Strategy 1.3: Create a “Placement Unit” within the Permanency Planning Assessment Unit (PPAU).		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N / A	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C4.3.		
Action Steps	1.3.1 Continue to use intake tools to better match children and care providers.	Timeframe	<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 <input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5	Person Responsible	CWS Managers CWS Supervisors Social Workers PPAU Licensing Staff
	1.3.2 Develop and finalize policy coordinating placement with the PPAU and using the completed child and caregiver profiles.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 STATUS: COMPLETED		CWS Managers CWS Supervisors PPAU
	1.3.3 Provide training to staff on the new profiles and policy; implement.		<input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Managers CWS Supervisors Training Social Workers

	1.3.4 Evaluate the impact of the Placement Unit on improving performance on placement stability outcomes using SafeMeasures® and Quarterly Outcome Reports; review and revise policy and training as needed.		<input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016		CWS Administration CWS Managers CWS Supervisors PPAU Quality Improvement Training
Strategy 1.4 Increase the number of children placed with relatives.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N / A	Applicable Outcome Measure(s) and/or Systemic Factor(s): This strategy applies to Outcome Measure C4.3.		
Action Steps	1.4.1 Review/revise current relative assessment and placement policies and training.	Timeframe	<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 STATUS: COMPLETED	Person Responsible	CWS Managers CWS Supervisors CWS Policy & Program Specialists Training
	1.4.2 Deliver revised policies and training to staff on the relative assessment process, especially for emergency relative placements which impact initial placement rates for stability outcomes.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Managers Licensing & Relative Assessment Supervisors CWS Policy & Program Specialists Training
	1.4.3 Implement practices according to policy and training.		<input checked="" type="checkbox"/> Year 1 – Jan 2012-Dec 2012 <input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Managers CWS Supervisors Social Workers
	1.4.4 Monitor relative placement data using SafeMeasures® and evaluate use of new practices to assure relatives are provided first placement preference when appropriate.		<input checked="" type="checkbox"/> Year 2 – Jan 2013-Dec 2013 STATUS: COMPLETED		CWS Managers CWS Supervisors
	1.4.5 Evaluate the effectiveness and efficiency of revised relative placement policies and revise accordingly.		<input checked="" type="checkbox"/> Year 3 – Jan 2014-Dec 2014 <input checked="" type="checkbox"/> Year 4 – Jan 2015-Dec 2015 <input checked="" type="checkbox"/> Year 5 – Jan 2016-Dec 2016 STATUS: INITIATED AND ONGOING THROUGH YEAR 5		CWS Administration CWS Managers Licensing & Relative Assessment Supervisors Quality Improvement

Five-Year SIP Chart

SIP CHART AND STRATEGIES FOR PROBATION:

Priority Outcome Measure or Systemic Factor: C1.3 (Reunification Within Twelve (12) Months)

National Standard: 48.4%

Current Performance: According to the Quarter 4 Data Report, of the four (4) youth who entered foster care for the first time, two (2) were reunified within twelve (12) months. This is a 50% average which is slightly higher than the national average.

Target Improvement Goal: Probation will continue to improve performance on this measure by implementing Family Finding procedures.

Priority Outcome Measure or Systemic Factor: C3.3 (In Care Three (3) Years or More)

National Standard: 37.5%

Current Performance: According to the Quarter 4 Data Report, of the five (5) youth who emancipated at an earlier age or turned 18 years old and left foster care and the dependency system, one (1) youth was in care for three (3) years or more. This is a 20% rate for youth who were either discharged to emancipation or turned 18 years old while in care.

Target Improvement Goal: Probation has exceeded the national standard set and continues to work towards continuing to decrease the percentage by 2016.

Tulare County Probation will focus on three measures within this outcome measure:

- **Measure C1.2 (Median Time to Reunification)**
- **Measure C1.3 (Reunification within 12 Months – Entry Cohort)**
- **Measure C3.1 (Exits to Permanency – 24 Months in Care)**

Improvement Goal 1.0

Increase the number of children who reunify within 12 months by improving the collaborative case staffing process.

Strategy 1. 1 Increase the number of case staffings that engage the parent, caregivers and child in the case planning and placement decisions.	<input type="checkbox"/>	CAPIT	Strategy Rationale Research has shown that engaging children and families in the case planning process leads to earlier reunification. Tulare County Probation utilizes case staffings to keep children, families and caregivers connected. In addition, they are utilized to address issues as they arise such as behavior issues, placement changes and the transition from foster care.
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	
	<input checked="" type="checkbox"/>	N/A	

Action Steps	1.1.1 Develop policy and training to implement consistent case staffings	Timeframe	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012 <input type="checkbox"/> Year 2 Jan 2013 – Dec 2013 <input type="checkbox"/> Year 3 Jan 2014 – Dec 2014 <input type="checkbox"/> Year 4 Jan 2015 – Dec 2015 <input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016	Person Responsible	Placement Supervisor		
					1.1.4 Case staffing process is evaluated for quality and consistency of delivery	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012 <input type="checkbox"/> Year 2 Jan 2013 – Dec 2013 <input type="checkbox"/> Year 3 Jan 2014 – Dec 2014 <input type="checkbox"/> Year 4 Jan 2015 – Dec 2015 <input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016	Placement Supervisor
					1.1.5 Case staffing process is evaluated for effectiveness	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012 <input type="checkbox"/> Year 2 Jan 2013 – Dec 2013 <input type="checkbox"/> Year 3 Jan 2014 – Dec 2014 <input type="checkbox"/> Year 4 Jan 2015 – Dec 2015 <input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016	Placement Supervisor

Improvement Goal 2.0

Increase the percentage of children who reunify within 12 months by improving the consistent use of concurrent planning.

Strategy 2. 1 Review and revise concurrent planning process		<input type="checkbox"/>	CAPIT	Strategy Rationale Tulare County Probation Placement Unit has recently experienced staff turnover which has resulted in a unit of entirely new staff; therefore, fundamental concepts need to be taught and monitored.	
		<input type="checkbox"/>	CBCAP		
<input type="checkbox"/>	PSSF				
<input checked="" type="checkbox"/>	N/A				
Action Steps	2.1.1 Research and develop improved concurrent planning polices and practice	Timeframe	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012	Person Responsible	Placement Supervisor
			<input checked="" type="checkbox"/> Year 2 Jan 2013 – Dec 2013		
			<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014		
			<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015		
	<input type="checkbox"/> Year 5 Jan 2016 – Dec 2016				
	2.1.2 Develop and implement concurrent planning policy and training to staff		<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012		Placement Supervisor
		<input checked="" type="checkbox"/> Year 2 Jan 2013 – Dec 2013			
		<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014			
		<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015			
		<input type="checkbox"/> Year 5 Jan 2016 – Dec 2016			
	2.1.3 Monitor the use of concurrent planning protocols		<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012		Placement Supervisor
		<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013			
		<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014			
		<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015			
		<input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016			
	2.1.4 Evaluate the effectiveness of concurrent planning protocols and revise as needed		<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012		Placement Supervisor
		<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013			
		<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014			
		<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015			
		<input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016			

Improvement Goal 3.0					
Increase the number of children discharged to a permanent home that has been in care 24 months or longer.					
Strategy 3. 1		<input type="checkbox"/>	CAPIT	Strategy Rationale	
Develop policy regarding family finding and family engagement and provide training to staff		<input type="checkbox"/>	CBCAP	Tulare County Probation Placement Unit has recently experienced staff turnover which has resulted in a unit of entirely new staff; therefore, fundamental concepts need to be taught and monitored.	
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Action Steps	3.1.2	Timeframe	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012	Person Responsible	Placement Supervisor
	Develop and implement family engagement policy and training to staff		<input checked="" type="checkbox"/> Year 2 Jan 2013 – Dec 2013		
			<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014		
			<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015		
3.1.3	<input type="checkbox"/> Year 5 Jan 2016 – Dec 2016	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012	Placement Supervisor		
Monitor the integration of family finding and engagement techniques	<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013	<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013			
	<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014	<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014			
	<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015	<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015			
3.1.4	<input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016	<input type="checkbox"/> Year 5 Jan 2016 – Dec 2016	Placement Supervisor		
Evaluate the effectiveness of family engagement protocols and revise as needed	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012	<input type="checkbox"/> Year 1 Jan 2012 – Dec 2012			
	<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013	<input type="checkbox"/> Year 2 Jan 2013 – Dec 2013			
	<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014	<input type="checkbox"/> Year 3 Jan 2014 – Dec 2014			
		<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015	<input type="checkbox"/> Year 4 Jan 2015 – Dec 2015		
		<input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016	<input checked="" type="checkbox"/> Year 5 Jan 2016 – Dec 2016		

Appendix

An Approach to Screening for Mental Health and Trauma-Related Needs among Children and Youth involved in Child Welfare Services:



An Approach to Screening for Mental Health and Trauma-Related Needs among Children and Youth Involved in Child Welfare Services

California Screening, Assessment, and Treatment (CASAT) Initiative
Chadwick Center for Children, Youth, and Families at Rady Children's Hospital – San Diego
In cooperation with the U.S. Department of Health and Human Services,
Administration for Children and Families

Screening for mental health (MH) and trauma-related needs among children and youth involved in child welfare (CW) services refers to broadly administering a brief measurement instrument and using scores to identify children and youth who demonstrate need for additional MH services. Based on review of the CW and MH literature and consultation with experts in the field, the CASAT team has designed a screening approach that includes evaluation of general MH symptomology and trauma-specific symptomology using empirically supported measurement instruments to support CW worker decision-making.

General Mental Health Screening

Two screening instruments have strong empirical support for providing scores that help to identify general MH symptomology. Either could be appropriately used to identify MH needs:

Pediatric Symptom Checklist (PSC-17)

- Jellinek, Murphy, Robinson, et al. (1988)
- 17 Items; Ages 4-18
- http://www.massgeneral.org/psychiatry/services/psc_home.aspx
 - Widely studied and implemented among physicians in Massachusetts and the Washington CW system as a screen for MH treatment needs
 - Available without cost in more than 20 languages
 - Yields a Total Difficulties Score and five additional scale scores (Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior)

Strength and Difficulties Questionnaire (SDQ)

- Goodman (1997)
- 25 Items (Part 1) and 8 Items (Part 2: Impact Supplement); Ages 3-17*
- <http://www.sdqinfo.org/>
 - Widely studied and implemented throughout U.S. and nationally adopted in England as a brief behavioral screening instrument
 - Available without cost in more than 40 languages (however electronic versions may require a licensing fee)

- Yields a Total Difficulties Score and five additional scale scores (Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior)
- Some items focused on family strengths which may support family engagement

Trauma Screening

Although we did not find a trauma-focused screening tool that perfectly aligned with our needs, through literature review, consultation with experts in the fields of screening, assessment, and trauma, and discussions with CW leadership in California, we identified a trauma measurement tool that best met our identified needs for a universal screening approach in California:

Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms

- Muris, Merckelbach, Korver, Meesters (2000)
- 4 Items; Ages 7-18*
- http://www.tandfonline.com/doi/abs/10.1207/S15374424JCCP2903_11#.U7rnikCJMop
 - Good support for the psychometric characteristics (reliability, validity, sensitivity, and specificity) of the scores with a large sample
 - Little training is required to administer, score, and interpret the SCARED
 - The measurement tool was available without additional costs
 - The CASAT team translated items to create a Spanish version

Additional trauma-focused screening tools that might be considered include the:

Children's Revised Impact of Event Scale (CRIES 8)

- Children and War Foundation (1998)
- 8 Items; Ages 8 and above
- <http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/>

Child PTSD Symptom Scale (CPSS)

- Foa, Johnson, Feeny, & Treadwell (2001)
- 17 Items (Part 1) and 7 Items (Part 2); Ages 8-18
- <http://www.istss.org/ChildPTSDSymptomScale.htm>

Implementation Pilot in Tulare County

Tulare County is implementing a screening approach that includes administering the Strengths and Difficulties Questionnaire (SDQ; part 1 only) and the Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms to all children and youth ages 3 and older* who are open to CW services (see Table 1; the Ages and Stages Questionnaire: Social Emotional is administered for children ages 0-3). These tools are available in English and Spanish for caregiver or youth respondents based on age.

There are a number of approaches and considerations for implementing a screening approach among children and youth involved in CW services (Conradi et al., 2011). Tulare Child Welfare Services (CWS) leaders have opted to train CW workers to administer the screening tools. Resource parents, care providers, and mental health specialists have also participated in trainings on the screening approach to promote cooperation and consistency across and within systems. Consistent discussion about the use of screening tools has been embedded in the CWS culture by designated “champions” to discuss this topic at CW team meetings. Screening packets are conspicuously available for staff members in their offices.

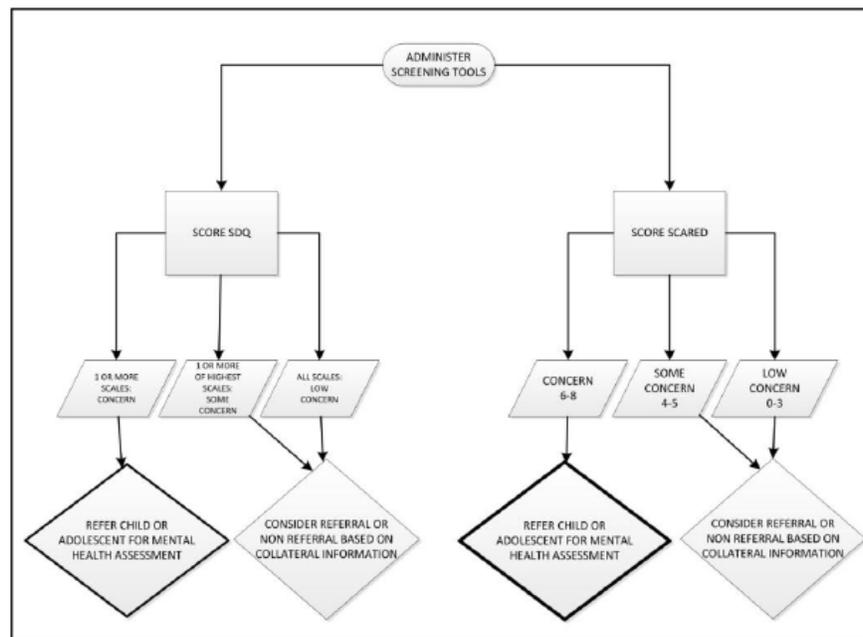
Table 1. Summary of Measurement Tools Included in Tulare Pilot of CASAT Screening Approach

Measurement Instrument	Construct(s) Assessed	No. of Items	Administrati on Time	Psychometric Support	Ages	Respondent
Strength and Difficulties Questionnaire (SDQ)	Total Mental Health; Emotional Symptoms, Conduct Problems, Hyperactivity-Inattention, Peer Problems, and Prosocial Behavior	25 (Part 1)	10-15 minutes	Robust support for reliability and validity of scores in diverse settings	3-17 (18)*	Parent, Child/Youth, Teacher
Screen for Child Anxiety Related Disorder (SCARED) Brief Assessment of PTS Symptoms	Effects of Trauma (post-traumatic symptomology such as feeling scared, intrusive thoughts, nightmares)	4	< 3 minutes	Support for reliability, validity, sensitivity and specificity of scores in large sample of nearly 1,000 children and adolescents	(3-6)* 7-18	Caregiver, Child/Youth, Teacher

In order to eventually share screening results with MH staff, a first step in the Tulare County screening process includes Emergency Response workers obtaining releases of information at Team Decision Meetings or Detention Hearings. The screening tools are administered to youth and caregivers by the CW worker who completes the Jurisdiction/Disposition Hearing report (within 30 days of referral to CWS). Currently the screening tools are scored by the Katie A Coordinator. However, Tulare CWS leaders are evaluating the consistency and accuracy of scores when child welfare workers score the tools themselves with the intention of potentially shifting that task (scoring) to CW workers. The tools are currently completed using paper forms and handwritten scoring.

The results are used to determine the need for a more in-depth MH assessment. Screening results should indicate if the CW worker needs to consider making a referral for an in-depth MH assessment, or if no MH assessment is indicated at this time (see Figure 2). There is a CW worker override based on the assumption that best practice exists at the intersection of evidence-based evaluation, child, youth, and family characteristics, and CW worker judgment (CW workers are asked to describe why a referral has not been made when the screening tools indicate further assessment is warranted). When referrals are made to mental health services and appropriate releases have been completed, the screening results are documented in the Child Welfare Services/Case Management Services (CWS/CMS) database, listed on transfer form, and provided to mental health workers to support transition between systems.

Figure 2. Decision Support for Implementing Screening Tool



Based on the potential for latent symptomology, in particular for children and youth impacted by traumatic stress, routine re-screening is crucial to the screening process. Therefore, Tulare CWS has linked rescreening with following events and staff continues to discuss systematic approaches to incorporating screening information into court reports and integrating previous screening data for progress monitoring:

- Within 30 days of the initial CWS case being opened.
- Thirty days prior to every court hearing.
- At any time during the case when it is determined the child may need mental health services.
- Within 30 days prior to a child/youth transiting from a Group Home.

Tulare CW workers have provided feedback that the screening information is helpful when preparing the Jurisdiction/Disposition Hearing report. Screening data includes basic information about existing resiliency and connection to the community, as well as information about the MH needs of youth and the possible impact of trauma in the child or youth's life. Staff feedback on implementation of this screening approach has also included that the tools help guide conversations with care providers regarding areas of difficulty and strengths for the child or youth. Tulare CWS leadership also has found that after care providers complete the tool, there tends to be increased awareness about the connection between presenting problematic behaviors and prior trauma experiences. This has contributed to gradual shifts from staff conceptualizations of "out of control," "ADHD," or "reactively attached" children and youth to greater awareness of children and youth who have experienced trauma.

Next Steps: Alignment with Existing Systems

Consistent and predictable barriers emerge when CW systems create universal screening systems. CW workers can become overwhelmed with the multiple demands placed on them and there is natural resistance to adding a new process, another form, or new tools. As discovered through previous projects and based on feedback from our partners, leaders and workers in the CW system would feel more strongly engaged with a screening process that is embedded in existing child welfare worker tools. Such an approach becomes simply a better way of meeting requirements to which they are already committed. Fifty-four of California's 58 counties currently use Structured Decision-Making (SDM; Children's Research Center, 2008) as their risk and safety identification system. Although SDM was not developed as a MH or trauma screening instrument, SDM is a widely disseminated tool that is used by CW workers shortly after receiving a referral to the CW system. In addition, SDM has historically provided a framework to standardize much of what CW workers do.

With these key strengths of SDM in mind, the CASAT team will continue to work with the developers of SDM to link a trauma-informed MH needs screening component with existing SDM processes (specifically the Family Strengths and Needs Assessment; FSNA). This undertaking will integrate the screening elements from valid and reliable screening tools and has the potential to enhance implementation of screening across the state. With SDM also in use in 39 other states, the integration of universal screening in SDM in California can spread to other CW jurisdictions seeking to achieve similar goals. Therefore, SDM may offer a vehicle for the CW system to widely disseminate and adopt

an evidence-based screening approach to identify MH needs among children and adolescents referred to the CW system.

In addition, the CASAT team has been working with the Children's Research Center to identify key SDM items that align with MH and trauma screening themes. With data collected from the screenings conducted in Tulare County, the CASAT team will examine the results and compare data from the screening tools and key SDM items to evaluate the existing approach, the added value of each screening element, and ways to create an approach that is both thorough and parsimonious based on empirical evaluation in real-world settings.

For additional information about implementation of this approach in Tulare CWS, please contact:

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**When recommended age ranges for existing measurement tools did not align with Tulare CWS needs, CASAT team members evaluated item content and appropriateness for use with wider age ranges. With the SDQ, the age range was expanded to include 18-year-olds without modification. For the SCARED Brief Assessment of PTS Symptoms, ages 3-6 were included by adapting the teacher version, rewording the instructions and asking caregiver to respond to the items. In rare circumstances, CW Social Workers may also complete the SCARED Brief Assessment of PTS Symptoms. However, the unusual circumstances for using the CW Social Worker version is documented and reviewed by supervisors, since that version is considered only supplementary to information provided directly by children, youth, or caregivers. A teacher version of the SDQ is also occasionally used in Tulare County as a supplement to the primary screening tools.*