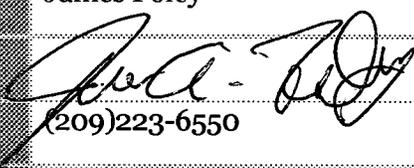


California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Amador
SIP Period Dates	November 17, 2014-November 17, 2019
Outcome Data Period	Quarter 2, 2013

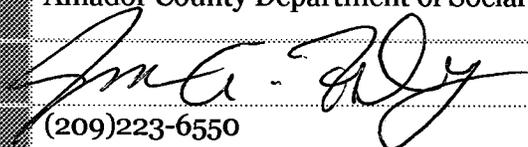
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Board of Supervisors (BOS) Signature

BOS Approval Date	NA
Name	
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California - Child and Family Services Review

Annual SIP Progress Report

NOVEMBER 17, 2014 – NOVEMBER 17, 2019



Table of Contents

INTRODUCTION.....	PAGE 2
SIP PROGRESS NARRATIVE	PAGE 3
STAKEHOLDER PARTICIPATION	PAGE 3
CURRENT PERFORMANCE TOWARD SIP GOALS	PAGE 3
STATUS OF STRATEGIES	PAGE 11
OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION	PAGE 27
PROMISING PRACTICES/OTHER SUCCESSES	PAGE 28
OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS	PAGE 30
STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES ..	PAGE 35
ATTACHMENTS	
FIVE-YEAR SIP CHART	ATTACHMENT 1

Introduction

In 1994, the U.S. Department of Health and Human Services was authorized to review state child and family service programs for the purpose of ensuring conformity with the requirements of Titles IV-B and IV-E of the Social Security Act. The federal Children's Bureau initiated the Child and Family Services Review (CFSR) process throughout the nation in 2000 using performance outcome measures. The goal of the CFSRs is to assist the states in making improvements in child welfare service delivery in order to achieve optimal child safety, permanency, and well-being outcomes.

The state of California began its first CFSRs in 2002. The review process is conducted at the county level once every five years. There are three components:

1. County Self Assessment (CSA), including a Peer Review (PR)
2. System Improvement Plan (SIP)
3. Continuous quality improvement with the use of Quarterly Outcome and Accountability Data Reports

Amador County's current 5-year Child Welfare System Improvement Plan (SIP) was approved by the Board of Supervisors (BOS) on November 25, 2014. The SIP identifies outcome measures selected for improvement along with strategies, action steps, and timeframes to achieve the target improvement goals. The purpose of this report is to provide CDSS and community stakeholders with a status update on the implementation and effectiveness of the strategic initiatives outlined in the 2014-2019 Amador County SIP. Child Protective Services, Juvenile Probation, and community partners have been working diligently to make progress within each strategy, although some areas have required adjustment to action steps and projected timeframes. The County will continue, over the next four years, to complete each action step while monitoring the targeted outcome measures for improvement.

The data used and analyzed in this report comes from several sources. First, the CWS Outcomes System Summaries for Amador County, which are reported quarterly via the Child Welfare Dynamic Report System (CWDRS), were examined. These reports can be found at: <http://www.childsworld.ca.gov>. Additional data used for analysis purposes was gathered from the Center for Social Services Research (CSSR) Child Welfare Dynamic Report System. This system is a collaborative project between the University of California at Berkeley (UCB) and the California Department of Social Services (CDSS) and can be found at: http://cssr.berkeley.edu/ucb_childwelfare. Lastly, data from SafeMeasures was also used throughout this process to support and to augment the resources cited above. SafeMeasures provides an estimate of performance in advance of the official state measures (Children's Research Center, SafeMeasures Data.).

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

Since the completion of the County's System Improvement Plan (SIP) in November 2014, both Child Protective Services and Juvenile Probation have worked closely with their community partners to ensure that the strategies outlined in the plan are implemented and monitored. For instance, Amador County Behavioral Health has actively implemented changes in both their Mental Health Department and Alcohol and Drug Services. Also, stakeholder participation in the development of a maternal wellness project has been outstanding. Further details regarding these efforts are outlined below. Members of the Multi-Disciplinary Team (MDT) remain active in identifying needs within the County's child welfare system and advocate for change as needed. These weekly meetings have proven to be an opportunity for extensive conversations about child welfare outcomes, gaps in services, collaboration between agencies, and strategies for improvement. This SIP Progress Report was discussed with the MDT on September 1, 2015. Participants in that discussion represented Amador County Behavioral Health, Amador County Child Protective Services, Amador County Juvenile Probation, Amador County Office of Education, Amador County Public Health, Amador-Tuolumne Community Action Agency, Nexus Youth and Family Services, and Sierra Child and Family Services.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

AMADOR COUNTY CHILD PROTECTIVE SERVICES

Amador County Child Protective Services selected the following two outcome measures on which to focus its improvement efforts:

P1- Permanency in 12 months (entering foster care)

P4- Reentry into foster care in 12 months

In 2014, the Administration for Children and Families (ACF) issued a notice informing states of the plan to replace the federal outcome measures. The previous 17 federal data outcome measures have been replaced, updated or eliminated to produce a total of seven new data outcome measures. California requires counties to report on these new outcome measures in C-CFSR documents due on or after October 1, 2015. There are now two measuring children's safety and protection from maltreatment and five measuring the permanence and stability of children's living arrangements. This report integrates the new measures, requiring a shift in how performance is measured and compares to the national standards, which have also been

adjusted. P1, listed above, integrates the former measures of C1.3 and C2.5. C1.3, Reunification within 12 months (entry cohort), was one of the measures selected for focus in the current SIP. P4, also listed above, was formerly C1.4, Reentry following reunification. C1.4 was the second measure identified for focus in the current SIP.

Below is a summary of the County's current performance in each measure as it compares to the data used in the County Self Assessment completed in 2014. It is important to take into consideration Amador County's small size when analyzing the data. A very small fluctuation can represent disproportionate changes to percentages. For that reason, numbers are included along with percentages throughout this report. It is also critical to remember that the count is of children, not of families.

1. New data indicator: P1- Permanency in 12 months (entering foster care)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? For the purposes of this measure, permanency includes exit status of 'reunified', 'adopted' or 'guardianship'.

Former data indicator: C1.3- Reunification within 12 months (entry cohort)

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

2014 County Self Assessment, C1.3: For Q2 2013 (January 1, 2012 and June 30, 2012), 10% of children were reunified in less than 12 months. (1 child out of 10 children)

New outcome measure, P1: For Q2 2013 (July 1, 2011 through June 30, 2012), 27.8% of children exited to permanency. (5 out of 18 children)

2014 SIP Target Improvement Goals:

Q2 2016: > 10% of children

Q2 2017: > 20% of children

Q2 2018: > 30% of children

Q2 2019: > 40% of children

Current Performance, P1: (Q1 2015) Of children who entered foster care April 1, 2013-March 31, 2014, 61.6% exited to permanency. 46.2% (18 out of 39 children) reunified with a parent. 15.4% (6 out of 39 children) exited to legal guardianship. 35.9% (14 out of 39 children) remained in care.

The national goal is that at least 40.5% of children will exit to permanency within 12 months.

Analysis of current performance

This data is an entry cohort, meaning that Q1 2015 includes children who entered foster care between April 1, 2013 and March 31, 2014 and looks at whether or not they achieved permanency within 12 months of their entry into care. Permanency includes exit status of reunified, adopted, or guardianship. Amador County showed significant success in this area, exceeding the target goals and the national standard. Success in this area is often attributed to the Social Workers and service providers being able to engage families early in the case. The quality of the services provided as well as the parents' readiness to change also help with timely reunification. Timely alternative permanent plans, such as guardianship and adoption, are achieved by concurrent planning so that if reunification services need to be terminated, the children are already in a home that will provide permanency.

This area does, however, pose challenges. Performance for this measure fluctuates and requires ongoing attention, even though the county is meeting this measure at this time. Many of the parents involved in child welfare services in Amador County struggle with drug and/or alcohol addictions. Some have been using for many years often starting as teenagers. Overcoming such an addiction takes time. Treatment is gradual, and relapse is common, sometimes occurring at a critical point in time in the dependency case. Parental mental health issues also can take time to address properly. The legal timeframes allowed for reunification, the parent's treatment needs, and permanency for the child are often at odds. These competing components are ones the Social Workers, service providers, and the Court grapple with regularly. Sometimes, children are reunified after 12 months following increases in family visits and modifications to the services provided, because it is felt that the additional time is needed to increase the likelihood of a permanent return home.

Finalizing adoptions within one year is also a challenge, and often only realistic in the cases of children under the age of three at the time of removal or in cases in which the parents' services are bypassed or waived. Pending adoptions account for some of the children identified in the current data above as remaining in care. The County does work closely with State Adoptions to address concurrent planning so that children are quickly placed in concurrent homes, and adoptions, when necessary, can be finalized timely. Delays in adoption finalization often are the result of appeals filed by the biological parents.

2. New data indicator: P4- Reentry into Foster Care in 12 months

Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent reenter foster care within 12 months of their discharge?

Former data indicator: C1.4- Reentry following reunification (exit cohort)

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

2014 County Self Assessment, C1.4: For Q2 2013, 25% of children reentered foster care. (4 out of 16 children)

New outcome measure, P4: For Q2 2013, July 1, 2011 through June 30, 2012, 0% of children reentered foster care. (0 out of 3 children)

2014 SIP Target Improvement Goals:

Q2 2016: < 5 children

Q2 2017: < 4 children

Q2 2018: < 3 children

Q2 2019: < 2 children

Current Performance, P4: For Q1 2015, the period of April 1, 2012 through March 31, 2013, 0% of children reentered foster care. (0 out of 8 children)

The national standard is that less than 8.3% of children will reenter foster care.

Analysis of current performance

This data examines an entry cohort, looking at children who entered foster care between April 1, 2012 and March 31, 2013 (Q1 2015), and whether they reentered care within one year of their return home. Amador County's recent data shows significant success in this area, exceeding the target goals selected for this plan and the national standard. However, due to the County's small numbers, this will be a very challenging area to continue to meet the national standard. Two children reentering care typically will lead to the County not meeting the national goal. A sibling group alone could do so as well.

The timing of reunification and how it relates to reentry is something that the Social Workers and the Court struggle with at times. Neither wants to reunify too early when the family is not yet fully prepared or to wait too long adding undue stress on the family. Despite these common values, there is still disagreement at times. The timing of reunification is addressed in a literature review prepared by Ryan Honomichl, Ph.D., Holly Hatton, M.S., and Susan Brooks, M.S.W. titled *Factors, Characteristics, and Promising Practices Related to Reunification and Reentry* (May 2009). The review found that "reunifying with the birth family before 6 months in foster care has occurred, was a strong predictor of reentry. This suggests that while timely reunification is an important goal, timelines differ across families and the need for reunifying



children quickly needs to be tempered with the desire to maximize the permanency of the reunification. However, the benefit of this delay does not appear to extend much past one year" [Shaw, T.V. (2006). Re-entry into foster care system after reunification. *Children and Youth Services Review*, 2(11), 1375-1390.].

Another area of periodic disagreement between the Social Workers, the Court, and parents' attorneys is the decision about how long to keep family maintenance cases open following reunification. The Social Workers typically recommend keeping these cases open for about a year, especially when the reason for intervention is related to substance abuse, so that efforts to support the family can continue and the children's return home is permanent. Parents' attorneys seem to fear that the reason the Social Workers advocate for lengthy family maintenance cases is so that if the child needs to be removed again, the clock for reunification has continued and the parents will be unable to receive additional reunification services, leading to the need to select an alternative permanent plan for the child. These differing interests have led to contested court hearings, which can disrupt the relationship between the Social Worker and the parents, who may become confused about why the agency wants to remain involved.

There are various factors that appear to contribute to reentry. The most common appears to be the parent or parents relapsing within the year of the child's return home. For this reason, the substance abuse treatment offered in Amador County, including relapse prevention, is a critical component of this System Improvement Plan.

The integration of Safety Organized Practice is also included in the plan because of the value it places on family engagement and clear communication about safety and risk. Child Protective Services intends to begin focusing on the development of family support networks, a component of Safety Organized Practice, building on the families' community support. The intention is to assist families in remaining stable and safe after the child is returned home and after formal, court ordered services are ended. These efforts will begin during the reunification process and continue through the family maintenance phase of the case. It is hoped that the purpose of these efforts will become clear to and supported by all involved.

AMADOR COUNTY JUVENILE PROBATION

Amador County Juvenile Probation selected two areas on which to focus its improvement efforts:

- 1. Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation**

2. **Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated**

Neither of these measures are part of the statewide data indicators, so they are not affected by the recent changes described above. Below is a summary of the County's current performance in each measure as it compares to the data used in the County Self Assessment completed in 2014. As with the Child Protective Services' data, it is important to take into consideration Amador County's small size when analyzing performance.

1. **Priority Outcome Measure for Juvenile Probation:** Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation

2014 County Self Assessment: In 2013, Amador County Juvenile Probation received 146 referrals from law enforcement.

2014 SIP Target Improvement Goals: Decrease the number of referrals made to Juvenile Probation by 10% each calendar year.

2015: 132 referrals received

2016: 119 referrals received

2017: 108 referrals received

2018: 98 referrals received

2019: 88 referrals received

Current Performance: In 2014, there were 110 referrals made to Juvenile Probation by law enforcement.

Analysis

Current performance shows a decrease in the number of referrals made to Juvenile Probation. The target goals for the next couple of years were exceeded. Of the 110 referrals received in 2014, supervision was provided in some form for 74 of the youth, ranging from hold in abeyance to wardship. Specifically:

- 9 Formal Probation with Wardship
- 14 Formal Probation
- 16 Informal Probation without Court involvement
- 8 Informal Probation as directed by the Court
- 12 Deferred Entry of Judgment



- 9 Hold in abeyance through the Probation Department
- 6 Peer Court

The remaining 36 referrals were either handled as a matter of record or counsel and release. Matter of record is when the Probation Officer sends a letter informing the family and the referring law enforcement agency that the Department is not proceeding with any type of intervention but that the report and referral will be held as a matter of record to be used if subsequent referrals are received on the same minor.

One reason for the decrease in referrals is the result of the passing of Proposition 47. Drug related offenses are now misdemeanors or infractions, typically dismissed at intake. There is no custody time associated with infractions. Law enforcement is referring very few of those committing these offenses to Juvenile Probation. Also due to Proposition 47, the consequences to some property crimes have decreased. Some crimes are now misdemeanors instead of felonies.

Another contributing factor to the decrease in referrals could be improved collaboration between Juvenile Probation and the local law enforcement agencies. This seems to have led to different forms of intervention at the law enforcement level in lieu of referrals to Juvenile Probation.

When looking at the referrals the Department has received during the reporting period, there does appear to be a noticeable increase in sex related offenses. Most involved younger youth, ages 13 through 15. How these offenses are handled by community agencies has been a topic of discussion, including a recent discussion with the Multi-Disciplinary Team. Analysis of these referrals is ongoing. One factor to be considered during this analysis is the role electronic devices play in some of these offenses.

- 2. Priority Outcome Measure for Juvenile Probation:** Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated

2014 County Self Assessment: Baseline unknown (data not tracked in previous years)

Target Improvement Goal: Reduce by 10% each year

2015: 23 youth
2016: 21 youth
2017: 19 youth
2018: 17 youth
2019: 15 youth



Current Performance: For calendar year 2014, of the 110 referrals received, 23 of the youth had had prior referrals to Juvenile Probation.

Analysis

As stated above, of the 110 referrals made to Juvenile Probation, 23 of the youth had been referred previously (25 total referrals). The data appears as follows when distributed by age:

13 year olds – 0 prior referrals

14 year olds – 1 child with a prior referral

15 year olds – 2 children with prior referrals

16 year olds – 7 children with prior referrals

17 year olds - 13 children with prior referrals, with one child having two prior referrals and another having three prior referrals

It is also known that six out of the nine youth who became wards during 2014 had prior and subsequent referrals which led to revocation proceedings. One of the nine wards was subsequently placed out of the home after a violation of his formal grant of probation.

The Department's formal, informal, and hold in abeyance supervision seem to be most effective with youth ages 14 through 16.

Deferred Entry of Judgment (DEJ) is offered to any minor who is facing a felony and meets the initial criteria to be eligible. During this reporting period, this approach was mostly used for sex offenses and high restitution amount cases. It does not appear to be an effective tool for older youth as well as these high restitution amount cases with multiple co-participants. It is believed that most of the older youth either violated the terms or additional referrals were received which led to DEJ termination. Those youth were then subsequently made wards to ensure compliance and to allow the option of detention.

STATUS OF STRATEGIES

AMADOR COUNTY CHILD PROTECTIVE SERVICES

STRATEGY 1

Improve alcohol and drug services for parents provided by Amador County Behavioral Health by utilizing evidence based assessment tools and program curriculum.

ACTION STEP STATUS

- A. Hire/assign Alcohol and Drug staff to provide and oversee implementation of an Evidence-Based Alcohol and Drug Program Curriculum (MATRIX).

Projected Implementation Date: September 1, 2014

Projected Completion Date: February 1, 2015

Status: The Amador County Behavioral Health Department began recruitment for an Alcohol and Drug Services Supervisor timely. However, the process was delayed when the first individual selected left the position after a very short period of time. It was subsequently decided to promote from within. The position was then filled as of February 1, 2015. This promotion left another position in that Department vacant. Recruitment to fill that vacant position began immediately and was filled in March 2015.

- B. Purchase the MATRIX Alcohol and Drug Program Curriculum for the adult and criminal justice populations.

Projected Implementation Date: March 1, 2015

Projected Completion Date: April 1, 2015

Status: The MATRIX curriculum was purchased on March 27, 2015.

- C. Train Alcohol and Drug Treatment Staff to provide the MATRIX Program Curriculum for the adult and criminal justice populations.

Projected Implementation Date: April 1, 2015

Projected Completion Date: April 30, 2015

Status: All substance abuse counselors have been trained to utilize the MATRIX curriculum. Training was completed on April 30, 2015 and May 1, 2015. This training was also attended by the Behavioral Health Department's Psychiatric Nurse and Mental Health Services Act Program Manager. The key supervisor training must then be completed within one year. The supervisor will be attending that training in Los Angeles.

D. Implement the MATRIX Program Curriculum for adult and criminal justice populations.

Projected Implementation Date: May 1, 2015

Projected Completion Date: November 1, 2015

Status: The curriculum began to be used in June 2015 in both the Perinatal Program for mothers and the Outpatient Recovery Group.

E. Evaluate the MATRIX Program for fidelity to the model, report as required.

Projected Implementation Date: June 1, 2016

Projected Completion Date: June 1, 2017 and on-going

Status: On target to be completed timely.

ANALYSIS

Staff appear to value the use of the MATRIX curriculum and the structure that it provides. Feedback from clients has also been positive. Clients have indicated that they particularly like the education piece included in the curriculum to see the science behind their addictions, which has been motivational and de-stigmatizing. Participation and attendance appear to have improved.

METHOD OF EVALUATION AND/OR MONITORING

The Supervisor will be attending additional training to learn about oversight and supervision as it relates to the MATRIX curriculum. The supervisor will also be developing a system to gather information regarding program effectiveness. This is listed above as action step E.

ADDITIONAL STRATEGIES

Not applicable.

STRATEGY 2

Increase trauma informed care and Evidence Based Practices provided by Amador County Behavioral Health for parents by implementing the use of Trauma-Focused CBT (Cognitive Behavioral Therapy) and Seeking Safety.

ACTION STEP STATUS

- A. Three clinical staff to attend Orientation Training for Trauma-Focused CBT. One of the three trained clinical staff will be the team lead.

Projected Implementation Date: August 1, 2014

Projected Completion Date: August 28, 2014

Status: The Orientation Training has been completed. Three clinicians were trained. One was selected as the team lead.

- B. Three clinical staff to attend 2 day training for Trauma-Focused CBT. Team lead will also attend an additional half day of training.

Projected Implementation Date: October 1, 2014

Projected Completion Date: October 31, 2014

Status: In October 2014, the three selected clinicians completed the two day Trauma-Focused CBT training, and, in addition, the lead member completed the half day training. The training has been provided by the California Institute of Behavioral Health Solutions (CIBHS).

- C. Clinical Team will participate in all additional training, consultation calls, and supervision on an ongoing basis for the duration of one year.

Projected Implementation Date: October 1, 2014

Projected Completion Date: ~~September 30, 2015~~ December 31, 2015

Status: All three clinicians participated in the additional booster training as well as the on-going consultation calls. The last consultation call will be in December 2015. Once the clinicians have completed their case presentations and recordings, they will be certified. CIBHS provides on-going supervision of all team members. The lead clinician has been certified. The other two clinicians are pending certification.

- D. Evaluate the utilization of Trauma-Focused CBT for fidelity to the model and report as required.

Projected Implementation Date: November 1, 2015

Projected Completion Date: April 30, 2016 and on-going

Status: On target to be completed timely.

- E. Review requirements and provide necessary training to clinical staff to resume implementation of weekly Seeking Safety groups.

Projected Implementation Date: ~~December 1, 2015~~ February 1, 2016

Projected Completion Date: ~~May 31, 2016~~ June 30, 2016

Status: Adjustments are being made to the projected timeframes for implementation and completion. The Behavioral Health Department does not currently have the staff to resume these groups. The one trained staff person intended to begin the programs has been promoted into a supervisory position in Alcohol and Drug Services. The Department is currently hiring and will soon be selecting an appropriate staff person to be trained.

- F. Schedule Seeking Safety groups to begin. Identify co-occurring clients who could benefit from this service to determine the number of groups to offer.

Projected Implementation Date: ~~March 1, 2015~~ July 1, 2016

Projected Completion Date: ~~August 31, 2015 and on-going~~ August 1, 2016 and on-going

Status: Adjustments have been made to the implementation and completion dates due to the reasons described in action step E above.

- G. Evaluate the utilization of Seeking Safety for fidelity to the model and report as required.

Projected Implementation Date: ~~April 1, 2016~~ February 1, 2017

Projected Completion Date: ~~April 1, 2017 and on-going~~ February 2018 and on-going

Status: Adjustments to timeframes were required due to the reasons described in action step E above.

ANALYSIS

The clinicians' experiences with Trauma-Focused CBT have been very positive to this point. In fact, the clinicians who are not part of the trained team have become aware of the value of the treatment and are beginning to help to identify children who would benefit.

METHOD OF EVALUATION AND/OR MONITORING

Trauma-Focused CBT is monitored with ongoing supervision calls with CIBHS. The lead clinician also meets weekly with the other clinicians and has her separate lead worker supervision calls. Evaluation of Seeking Safety will be conducted by the Program Manager.

ADDITIONAL STRATEGIES

Not applicable.

STRATEGY 3

Increase the use of research based practices provided by Amador County Behavioral Health for parents by utilizing the Milestones of Recovery Scale.

ACTION STEP STATUS

- A. Train lead staff on the Milestones of Recovery Scale (MORS).

Projected Implementation Date: January 1, 2014

Projected Completion Date: January 31, 2014

Status: This training has been completed in January 2014.

- B. Train all clinical staff on the Milestones of Recovery Scale (MORS).

Projected Implementation Date: June 1, 2014

Projected Completion Date: August 31, 2014

Status: This training has been completed timely.

- C. Milestones of Recovery Scale (MORS) assessment form to be added to the Electronic Health Record (EHR) system

Projected Implementation Date: September 1, 2014

Projected Completion Date: September 30, 2014

Status: This was completed October 31, 2014.

- D. Utilize the Milestones of Recovery Scale (MORS) with all Full Service Partner (FSP) clients. Clinicians and/or Personal Services Coordinators (PSC's) will complete a baseline MORS score for all FSP clients.

Projected Implementation Date: October 1, 2014

Projected Completion Date: November 30, 2014 and on-going

Status: This action item has been partially completed. Not all Full Service Partner clients have a MORS score at this time. This has been in large part due to staff turnover, but it has also been a challenge to get current staff buy-in to using the

tool. Some staff feel like this is just one more thing they have to complete and have not yet seen the value of gathering this information. Rather than keeping the focus on completing the assessment tool with just the Full Service Partner clients, management has decided to focus on all clients being treated by the agency. Newly hired staff are being trained on the assessment tool so that its use is an integrated part of their practice.

- E. Clinicians and/or Personal Services Coordinators (PSC's) will complete a monthly MORS score for all FSP clients. Clinical staff will continue to assess every 30 days.
Projected Implementation Date: November 1, 2014
Projected Completion Date: November 30, 2014 and every 30 days thereafter

Status: As with step D above, this step has been partially completed because not every Full Service Partner client has a baseline score. Those who do are being reassessed monthly.

- F. Implement Milestones of Recovery (MORS) with all adult client populations, both mental health and drug and alcohol clients.
Projected Implementation Date: January 1, 2015
Projected Completion Date: ~~January 1, 2016 and on-going~~ March 1, 2016 and on-going

Status: The use of MORS with all adult clients being treated by the agency has begun. As stated above, there have been some delays in implementation largely due to staff turnover. New staff are being trained at this time. Also, the assessment tool has become a part of the assessment at crisis appointments so that that population can be scored. The completion of this step has been extended to allow additional time for training.

- G. Evaluate the utilization of the Milestones of Recovery Scale (MORS) and report as required.
Projected Implementation Date: ~~January 1, 2016~~ January 1, 2017
Projected Completion Date: ~~January 1, 2017 and on-going~~ January 1, 2018

Status: The implementation and completion dates have been adjusted due to the circumstances described above.

ANALYSIS

It has been observed that the MORS tool is easy to use. It does not have to be completed by a therapist. Any trained behavioral health staff person can complete the assessment. The tool is also specific to community mental health. Staff turnover and buy-in from the existing staff have been challenges, causing the necessity to adjust the implementation timeframes.

METHOD OF EVALUATION AND/OR MONITORING

Reports can be run in the agency's computer system, which not only show assessment completion but also client outcomes.

ADDITIONAL STRATEGIES

Not applicable.

STRATEGY 4

Develop and implement the Maternal Wellness Project to address maternal post partum anxiety and depression.

ACTION STEP STATUS

- A. Develop a Maternal Wellness Task Force for Amador County.
Projected Implementation Date: September 1, 2014
Projected Completion Date: October 31, 2014

Status: The task force, titled Amador-Calaveras Perinatal Wellness Coalition, has been created. The kickoff meeting was held on October 9, 2014 with the assistance of the organization Strategies. Strategies is a nationally recognized alliance of experienced trainers, organizational development coaches, facilitators, and support staff providing training, coaching, facilitation, and technical assistance for community-based organizations, county agencies, and networks. Strategies' focus is child abuse and neglect prevention and early intervention. Amador County participants chose to invite Calaveras County to join the efforts, in part because many of their births occur at Amador County's only hospital. This collaboration has proven to be beneficial. Participation in this effort has been phenomenal, and has included, but not been limited to, representation of the following Amador County agencies:

Amador County Behavioral Health
Amador County Child Abuse Prevention Council
Amador County Child Protective Services
Amador County Public Health

Amador-Tuolumne Community Action Agency
First 5 Amador
Head Start Preschool
Nexus Youth and Family Services
Operation Care
Sutter Pediatrics and Women's Center
Women, Infants, and Children (WIC)

In addition to these agencies being represented, participants have also included a local Marriage and Family Therapist in private practice as well as a retired Obstetrician.

The coalition has developed its logo to be used on flyers, educational materials, etc. Strategies created two banners, one for each County, with the task force name and logo to be used at community events.

- B. Complete an action plan for the Maternal Wellness Project with assistance from Strategies' Consultants. Plan will at a minimum include training, screening tool development, and creation of a referral process. Plan will also include a schedule for the Maternal Wellness Task Force to continue on-going meetings for the life of the project.

Projected Implementation Date: November 1, 2014

Projected Completion Date: February 1, 2015

Status: An action plan has been developed. The coalitions vision and mission statements, as well as a list of priorities, were agreed upon on February 2, 2015. The coalition continues to meet every few weeks.

- C. Develop grant committee for fund development for medical provider certification.

Projected Implementation Date: February 1, 2015

Projected Completion Date: June 1, 2015

Status: The coalition members collaborated to pull resources together to bring multiple trainings, including the certification training, to the County. Funding came from First 5 Amador, Amador County Department of Behavioral Health, and Strategies. The task force also opened up some seats for the trainings for other counties to send participants. Several individuals attended from Tuolumne County who paid for their participation.

- D. Capacity building/education on Postpartum Depression to public and nonprofit agencies providing services to parenting families.

Projected Implementation Date: March 1, 2015

Projected Completion Date: May 1, 2015 and ongoing

Status: In March 2015, two action areas were decided, and the coalition divided into two work groups to address these areas in an effort to build community capacity: (1) Community Awareness and Education and (2) Screening and Referral. The work of these groups is ongoing. As is stated in action step E below, training provided in the community was extensive and reached a diverse group of participants. Rack cards are being developed to distribute in the community, which include education as well as questions to self-screen and refer. The Director of Amador First 5 has presented to the Sutter Amador Community Advisory Council. In addition, a retired doctor who is on the task force is planning to present to the community's medical staff.

- E. Postpartum Support International certificate training of local clinicians and medical staff and foundational training of case manager, home visitor, and other direct services staff serving mothers and families.

Projected Implementation Date: April 1, 2015

Projected Completion Date: June 30, 2015

Status: Training was held in May 2015. This included the Post Partum Support International (PSI) certificate training, a one day basic training, as well as a webinar. The webinar was a live webinar, but continues to remain available on the Amador First 5 website and on the Strategies website.

The Perinatal Basics training was held on May 4, 2015. This training was attended by thirty-five individuals representing numerous agencies and fields including, but not limited to, home visitors, CPS Social Workers, Registered Nurses, family advocates, medical assistants, and breastfeeding support coordinators.

The PSI certificate training was held on May 28 and 29, 2015. Thirty-four individuals attended this two day training and received certificates. This included CPS Social Workers, Registered Nurses, therapists, an Obstetrician, crisis workers, a Public Health Nurse, and more.

- F. Professional staff to utilize screening tool.

Projected Implementation Date: July 1, 2015

Projected Completion Date: ~~October 1, 2015~~ December 31, 2015

Status: The process to select a screening tool began in March 2015. Two screening tools are being considered, the Edinburgh and the PHQ. It is anticipated that one will be selected during the October 2015 meeting. The projected completion date has been modified to allow additional time to distribute the screening tool to community partners and to provide any needed training.

- G. Implementation of referral process for professionals to refer women and families for mental health services.

Projected Implementation Date: July 1, 2015

Projected Completion Date: ~~October 1, 2015~~ **December 31, 2015**

Status: The work to develop a referral process began in March 2015. An algorithm was finalized in September 2015 which maps out the process from screening through referral. In addition, a rack card has been drafted that includes self-screening questions along with a list of resources in the community and how to contact them. These tools will be presented to community partners, including medical professionals. For that reason, the completion date has been modified.

H. Gather and analyze data gathered from screening and referral process.

Projected Implementation Date: **January 1, 2016**

Projected Completion Date: **July 1, 2016 and on-going**

Status: On target to be completed timely.

I. Share data with key stakeholders so that gaps in services can be indentified and services can be improved.

Projected Implementation Date: **July 1, 2016**

Projected Completion Date: **January 1, 2017 and on-going**

Status: On target to be completed timely.

ANALYSIS

The collaborative effort of this task force has been phenomenal. It is clear that the action plan will be completed. Once the tools are put into place for screening, referrals, and treatment, it is expected that there will be better understanding of the community's needs as well as a direction to guide future efforts in this area.

METHOD OF EVALUATION AND/OR MONITORING

The task force continues to meet regularly, including the participation of Strategies staff. Compliance with the action plan is monitored by the task force and reviewed at each meeting.

ADDITIONAL STRATEGIES

Not applicable.

STRATEGY 5

Integrate Safety Organized Practice (SOP) as the standard for Child Protective Services Social Work.

ACTION STEP STATUS

- A. Child Protective Services leadership to attend SOP Foundational Institute.

Projected Implementation Date: September 29, 2014

Projected Completion Date: October 1, 2014

Status: Amador County decided to implement SOP from the top down, with the Program Manager and Social Worker Supervisor participating in training first. The CPS Program Manager and Social Worker Supervisor both participated in the SOP Foundational Institute September 29-October 1, 2014.

- B. Child Protective Services leadership to attend SOP Group Supervision training.

Projected Implementation Date: January 20, 2015

Projected Completion Date: January 20, 2015

Status: The Social Worker Supervisor completed SOP Group Supervision training provided by the Northern Training Academy on January 20, 2015. The Supervisor subsequently shared the materials and training concepts with the Program Manager.

- C. Begin using group supervision and consultation framework.

Projected Implementation Date: February 1, 2015

Projected Completion Date: On-going

Status: Amador County has had a long standing tradition of staffing cases as a team each week. Beginning in October 2014, methods learned in the Foundation Institute and the SOP Group Supervision Training began to be integrated into these meetings as well as during one on one case consultation between the Supervisor/Manager and the Social Workers. Staff were not told, "We are now implementing Safety Organized Practice." Instead, it was decided to introduce slowly concepts, modeling approaches to working with others. Some SOP tools, such as Three Houses, Scaling Questions, and Harm and Danger Statements, were introduced early in the process, with the suggestion that the approaches be tried with various families. Staff have begun to share their experiences using these tools and have expressed that they have been useful.

In June 2015, the Supervisor and Program Manager met with one Social Worker to complete a Safety Mapping for a new case. This Social Worker found the process extremely beneficial. She brought what had been written with her to Court and was able to express articulately to the Judge her worries about the family as well as their strengths. The response from the Judge and the attorneys was positive. This Social Worker then informed her coworkers how helpful this process was. Now, the first half of each staff meeting is devoted to Safety Mapping. The County has obtained a large white board to be used for the process. Each week, Social Workers present a case and receive support and input from their coworkers and develop next steps for working with the family. The first safety mapping completed as a group involved a challenging case in

which the Social Worker, even after months of working together, had not been able to build trust with the parents or to move the family forward. She took the mapping with her when meeting with the family and showed them that she does see their strengths. She was also able to be clearer about her worries, and together they were able to understand what next steps were necessary to move the family closer to reunification.

The plan is to continue with this approach, gradually developing skills and implementing new techniques. As staff receive formal training, it is anticipated that this process will be fine tuned, and the practices will become the way Amador County consistently works with families.

- D. ~~Child Protective Services staff to participate in SOP Overview and to develop next steps for implementation.~~

~~Projected Implementation Date: May 1, 2015~~

~~Projected Completion Date: August 31, 2015~~

Status: It was decided to eliminate this step as it appeared unnecessary. Rather than a formal overview, introducing the concepts gradually during group supervision seems to have been sufficient for moving this plan forward. It should be noted that three of the current Social Workers participated in Core Phase I training during 2014/2015. During this training, they received an overview of SOP.

- E. ~~Child Protective Services staff and key community partners to attend two day SOP Foundational Training. Work with Northern California Training Academy to coordinate time and date.~~

~~Projected Implementation Date: September 1, 2015~~

~~Projected Completion Date: December 31, 2015 April 30, 2016~~

Status: It is necessary to modify the completion date for this action step due to course availability. The new projected completion date is April 30, 2016. One Social Worker attended SOP Foundational Training in September 2015. The remaining Social Workers are scheduled to attend this training in February and March 2016.

However, the Program Manager has been in communication with the Northern Training Academy. Since the County needs six Social Workers trained, the academy might be able to come to Amador to provide the training to all staff at once in January 2016.

The decision was also made to eliminate the inclusion of key community partners in this training. It has been decided to find other opportunities to expose child welfare partners to these practices, such as during Multi-Disciplinary Team meetings and quarterly meetings with the Court and attorneys.

- F. Coach assigned to Amador County Child Protective Services and plan developed to best utilize coach's assistance.

Projected Implementation Date: January 1, 2016

Projected Completion Date: February 29, 2016

Status: On target to be completed timely.

- G. Hold monthly, regular coaching sessions with SOP coach through Northern Training Academy. All social workers and the supervisor will receive both group and individual coaching.

Projected Implementation Date: March 1, 2016

Projected Completion Date: May 31, 2016, then as needed

Status: On target to be completed timely.

- H. Begin to review and revise policies as needed to support practice.

Projected Implementation Date: June 1, 2016

Projected Completion Date: December 1, 2016

Status: On target to be completed timely.

- I. CPS staff to participate in at least one SOP advanced training each calendar year.

Projected Implementation Date: June 1, 2016

Projected Completion Date: November 17, 2019 and on-going

Status: On target to be completed timely.

- J. Develop plan to support supervisor to continue practices in the long term. This includes attending the Coaching Institute for Child Welfare Supervisors.

Projected Implementation Date: July 1, 2016

Projected Completion Date: December 31, 2016

Status: On target to be completed timely.

- K. Develop plan to evaluate implementation progress, successes, and challenges for continued improvement.

Projected Implementation Date: July 1, 2016

Projected Completion Date: December 31, 2016 and on-going

Status: On target to be completed timely.

- L. Develop plan to train new staff.

Projected Implementation Date: April 1, 2017

Projected Completion Date: April 30, 2017

Status: On target to be completed timely.

M. Ongoing CQI review of practice to look at effectiveness and needed modifications for improvement.

Projected Implementation Date: April 1, 2017

Projected Completion Date: November 17, 2019 and on-going

Status: On target to be completed timely.

ANALYSIS

To date, integration of SOP into the practices of Amador County's Social Workers has been smooth and positive. Consistent use of the tools will take practice and support. Group supervision will continue as an opportunity to remind staff of the practices, to model techniques, and to celebrate success. Ongoing training will be valuable as well as coaching once that begins.

METHOD OF EVALUATION AND/OR MONITORING

Monitoring will be accomplished with case and court report reviews by the Social Worker Supervisor and Program Manager, as well as during group supervision.

ADDITIONAL STRATEGIES

Not applicable.

AMADOR COUNTY JUVENILE PROBATION

STRATEGY 1

Increase data collection within Juvenile Probation to gain a better understanding of the population served and where to best focus efforts, focusing on referral and recidivism rates.

ACTION STEP STATUS

- A. Develop and begin to utilize a manual system ~~Automon, the Probation Department's data collection system~~, to gather data on all new law enforcement referrals in relation to type of offense, level of offense, age, drug/alcohol related, additional referrals received, prior contact, etc.

Projected Implementation Date: November 1, 2014

Projected Completion Date: April 30, 2015

Status: The Probation Department's case management system, Automon, has not been as helpful for data gathering as anticipated. The temporary solution has been to develop a system to gather information manually. Due to the small caseloads at this time, this has been manageable, and quality information is gathered from the Officers' assessments. At this time, this action step is being modified to reflect this solution.

- B. Develop form to capture key factors regarding youth served through Probation and various forms of supervision and referrals for services based upon risks and needs.

Projected Implementation Date: November 1, 2014

Projected Completion Date: January 1, 2015

Status: A form has been developed to compile data. Some data was compiled manually. Also, the JAIS assessment tool utilized by Officers has a reporting component.

- C. Gather and analyze data from new tracking system.

Projected Implementation Date: November 1, 2016

Projected Completion Date: January 1, 2017 and annually thereafter

Status: On target to be completed timely.

- D. Establish target goals for reducing recidivism rates for calendar years 2017-2019.

Projected Implementation Date: November 1, 2016

Projected Completion Date: January 1, 2017

Status: On target to be completed timely.

- E. Disseminate data gathered to key community partners, including but not limited to: Schools, ATCAA, Behavioral Health, Public Health, Juvenile Justice Commission, Operation Care, Nexus, and Multi-Disciplinary Team participants.

Projected Implementation Date: January 1, 2017

Projected Completion Date: May 1, 2017 and annually thereafter

Status: On target to be completed timely.

- F. Meet with key community partners and MDT participants to assess service array and gaps in services and to develop strategies for improvement.

Projected Implementation Date: July 1, 2017

Projected Completion Date: January 1, 2018 and annually thereafter

Status: On target to be completed timely.

ANALYSIS

Timely progress is being made. The data gathered so far has been useful. Thorough analysis will begin once more information is gathered.

METHOD OF EVALUATION AND/OR MONITORING

The Juvenile Unit Supervisor gathers and compiles the case data. The Supervisor will be responsible for data analysis.



ADDITIONAL STRATEGIES

Not applicable.

STRATEGY 2

Introduce an evidence based youth alcohol/drug treatment program provided by the Amador County Department of Behavioral Health.

ACTION STEP STATUS

- A. Hire/assign Alcohol & Drug staff to provide and oversee implementation of an Evidence-Based Alcohol & Drug Program Curriculum (MATRIX)
Projected Implementation Date: September 1, 2014
Projected Completion Date: February 1, 2015

Status: The Amador County Behavioral Health Department began recruitment for an Alcohol and Drug Services Supervisor timely. However, the process was delayed when the first individual selected quickly left this position. It was subsequently decided to promote from within. The position was then filled as of February 1, 2015. This promotion left another position in that Department vacant. Recruitment to fill that vacant position began immediately and was filled in March 2015.

- B. Purchase the MATRIX Alcohol & Drug Program Curriculum for the youth population
Projected Implementation Date: March 1, 2015
Projected Completion Date: April 1, 2015

Status: The MATRIX curriculum was purchased on March 27, 2015.

- C. Train Alcohol & Drug Treatment Staff to provide the MATRIX Program Curriculum for the youth population
Projected Implementation Date: April 1, 2015
Projected Completion Date: April 30, 2015

Status: All substance abuse counselors have been trained to utilize the MATRIX curriculum. Training was completed on April 30, 2015 and May 1, 2015. This training was also attended by the Behavioral Health Department's Psychiatric Nurse and Mental Health Services Act Program Manager. The key supervisor training must then be completed within one year. The supervisor will be attending that training in Los Angeles. One counselor has been selected to provide the service to teens.

- D. Implement the MATRIX Program Curriculum for youth population
Projected Implementation Date: May 1, 2015
Projected Completion Date: November 1, 2015

Status: The curriculum is now being used for the youth population. Due to the small number of youth referred so far, the counselor is providing this service on an individual basis. Once more youth are referred, the plan is to begin groups, which will meet two times a week for one hour each session.

- E. Evaluate the MATRIX Program for fidelity to the model, report as required

Projected Implementation Date: June 1, 2016

Projected Completion Date: June 1, 2017 and on-going

Status: On target to be completed timely.

ANALYSIS

Staff appear to value the use of the MATRIX curriculum and the structure that it provides. So far, the youth have been engaged in treatment and are participating well.

METHOD OF EVALUATION AND/OR MONITORING

The Supervisor will be attending additional training to learn about oversight and supervision as it relates to the MATRIX curriculum. The supervisor will also be developing a system to gather information regarding program effectiveness. This is listed above as action step E.

ADDITIONAL STRATEGIES

Not applicable.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

One of the biggest challenges for Child Protective Services has been the increasing caseload size. Over the last few years, the County has seen a significant increase in the number of children with first entries into care and, subsequently, the number of children in care. This, along with the complexity of family reunification cases, makes case management especially demanding, leaving less time for Social Workers to develop new skills and to leave the office for training. It has been difficult to understand why there has been such an increase in the number of first entries. A look at the types of cases opened during the last couple of years reveals that drugs and alcohol continue to be common contributing factors to child welfare intervention. Methamphetamine, marijuana, and alcohol use are widespread. There have been a few cases involving heroin. Some of the drug related cases have involved the manufacturing and/or sale of drugs. Parental mental health issues are also a frequent factor. The county has seen several severe physical abuse cases over the last few years as well. Lastly, there have been a number of large sibling groups placed into protective custody.

Adding to this is the fact that the County's current Social Worker staff is relatively new, with the most senior worker only having just over three years experience. This has been largely due to

other unit changes, including one worker being moved to adult services, one being promoted to Social Worker Supervisor, and one changing positions in order to complete the newly mandated Child Welfare Case Reviews. These changes took three very experienced Social Workers away from direct client child welfare case management. The County is currently in the process of hiring two new CPS Social Workers.

One of the Child Protective Services strategies includes the integration of Safety Organized Practice (SOP) into the work. Timeframes for some of the action steps have been modified due to the availability of training provided by the UC Davis Northern Training Academy. It is hoped that once Foundational Training is completed, the advanced courses will be easier to enroll in as there are various course offerings to choose from and most are not as lengthy as the Foundational Training.

Several strategies in this plan include the County's Behavioral Health Department, both Alcohol and Drug Services and Mental Health. A barrier to their implementation of the strategies identified in the plan has been staff turnover. It is believed that the plan will still be completed, but some delays have occurred and may continue to occur.

Juvenile Probation has struggled with data gathering using Automon, the automated case management system currently in use. This has required staff to manually gather the information needed. This effort will continue.

PROMISING PRACTICES/ OTHER SUCCESSES

AMADOR COUNTY CHILD PROTECTIVE SERVICES

As is indicated previously, Amador County Child Protective Services has had success in the outcome measures focused on for this SIP, specifically, P1 (Permanency in 12 months) and P4 (Reentry into foster care in 12 months). There are additional measures in which the County met the national standard during the quarter used for analysis:

S1 - Maltreatment in Foster Care

Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

The data from Q1 2015 indicates that no children were victims of abuse while in care. The national goal is less than 8.5%. This success is attributed to foster parent screening and training along with the close oversight provided by the County and Foster Family Agency Social Workers. This includes regular in person contact with the children and the caregivers in the placement home.

S2 – Recurrence of Maltreatment

Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?

The data from Q1 2015 indicates that 8.6% of all children (5 out of 58 children) who were victims of a substantiated allegation were victims of another substantiated maltreatment allegation within 12 months. The national goal is less than 9.1%. When an allegation is substantiated, every form of possible intervention is explored, whether it is simply providing referrals to community services without opening a case, opening a voluntary case, opening a court case without detaining the children, or opening a court case with detaining the children. No matter the form of intervention, the Social Workers work to connect families with community supports quickly. The close working relationships between Child Protective Services and the county's service agencies helps facilitate this.

P3 – Permanency in 12 months (24+ months)

Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

Of all children who entered care from April 2014 through March 2015 in Amador County, 75% of children (3 out of 4 children) discharged to permanency, including two children who reunified and one who was adopted. The national goal is greater than 30.3%. Amador County's success in this area can be attributed to ongoing family engagement efforts as well as quality concurrent planning. This is a data measure, though, which includes very few children and could easily fluctuate.

2F – Timely Monthly Caseworker Visits (Out of Home)

This measure looks at the requirement that Social Workers maintain monthly in person contact with children in out of home placement. This is an area in which Amador County has consistently met the previous national standard of 90%. For Federal Fiscal Year 2015, the national standard was raised to 95%. For the period of April 2014 through March 2015, 96.1% of the required monthly in person visits were conducted timely. Effective January 2014, an additional standard was added that children needed to be visited at least 50% of the time in their place of residence. For the period of April 2014 through March 2015, in Amador County, 71.6% of the visits occurred in the child's place of residence. The County has made in person contact a priority. Compliance is monitored using SafeMeasures. A challenge in this measure has been appointments being cancelled by the family or a crisis needing to be handled by the Social Worker interfering with a planned monthly contact.

AMADOR COUNTY JUVENILE PROBATION

S1 - Maltreatment in Foster Care



Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

The data from Q1 2015 indicates that no children were victims of abuse while in care. The national goal is less than 8.5%.

P2 – Permanency in 12 months (12-23 months)

Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

For Q1 2015, 100% of children exited to permanency. The only child in this data set was adopted.

2F – Timely Monthly Caseworker Visits (Out of Home)

Juvenile Probation has been in compliance with this measure. For the period of April 2014-March 2015, 96.6% of the required monthly in person visits were conducted timely. 82.1% were completed in the child's residence. This data includes three youth.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

AMADOR COUNTY CHILD PROTECTIVE SERVICES

P2- Permanency in 12 months (12-23 months)

Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

For Q1 2015 (April 1, 2014 through March 31, 2015), 35.7% of children exited to permanency, in these cases, adoption (5 out of 14 children). The national standard is that more than 40.5% of the children will exit to permanency.

This measure defines children who exited to permanency as children who reunified, exited to guardianship, or exited to adoption. This is a measure in which Amador County's small size drastically impacts the percentages. If one more child had been discharged to permanency during the current data timeframe, the County would have exceeded the national standard at 42.8%.

The data over time shows a lot of fluctuation in Amador County's performance in this measure. This, again, could be attributed to the small numbers. The data can also be impacted by the inclusion of sibling groups.

	Interval						
	APR2008- MAR2009	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013	APR2013- MAR2014	APR2014- MAR2015
	%	%	%	%	%	%	%
Exited to reunification	14.3	37.5	16.7	42.9	.	.	.
Exited to adoption	57.1	50.0	25.0	42.9	42.9	28.6	35.7
Exited to guardianship	.	.	.	.	42.9	28.6	.
Exited to non-permanency	14.3	.	8.3	14.3	.	.	.
Still in care	14.3	12.5	50.0	.	14.3	42.9	64.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/25/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Below is the data expressed in numbers rather than in percentages:

	Interval						
	APR2008- MAR2009	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013	APR2013- MAR2014	APR2014- MAR2015
	n	n	n	n	n	n	n
Exited to reunification	1	3	2	3	.	.	.
Exited to adoption	4	4	3	3	3	2	5
Exited to guardianship	.	.	.	.	3	2	.
Exited to non-permanency	1	.	1	1	.	.	.
Still in care	1	1	6	.	1	3	9
Total	7	8	12	7	7	7	14

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/25/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Delays in permanency can be attributed to several factors. These are described in detail above in the discussion of measure P1. One factor is the delay in adoption finalization due to appeals. The County, State Adoptions, and the Court strive to make sure that all other requirements for

the finalization are put into place promptly so that once the appellate process is concluded, and it is decided that the adoption can proceed, there are no further delays.

Some of the children who are remaining in care for this extensive period of time are children with the greatest needs, some having been in a group home placement at some point during their placement episode. Mental health services targeting these youth are critical to achieving permanency and stability. With the improved quality of these services, the County is hopeful that permanency can be achieved for more of these youth.

P5- Placement Stability

Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

For Q1 2015 (April 1, 2014 through March 31, 2015), the rate of placement moves was 5.56. The national standard is less than 4.12.

The chart below breaks down the rate for Q1 2015 by age group.

Age Group	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Under 1	649	1	1.54
1-2	1,488	8	5.37
3-5	2,608	13	4.98
6-10	1,168	8	6.84
11-15	2,176	11	5.05
16-17	357	6	16.80
Total	8,446	47	5.56

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Homstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/24/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

This data indicates that the youth with the highest rate of placement moves during this quarter were ages 16-17. However, when the data is separated by males and females, the age group with the highest rate of placement moves for males remains ages 16-17. But for girls, it is ages 6-10.

The lowest rate of placement moves is with children, males and females, under the age of 1 year. Infants are typically easy to place into concurrent homes. These children experience few, if any, placement disruptions.

The data for the State of California as a whole indicates the same trend in terms of the age groups with the highest and lowest rates. Amador County's total rate was higher than the state average for this time period, which was 3.89.

Historically, it appears that when the County does not meet the standard, it is often only slightly above the national goal. The chart below shows the data back to 2008.

	Time Period						
	APR2008- MAR2009	APR2009- MAR2010	APR2010- MAR2011	APR2011- MAR2012	APR2012- MAR2013	APR2013- MAR2014	APR2014- MAR2015
	per 1,000 days	per 1,000 days	per 1,000 days	per 1,000 days	per 1,000 days	per 1,000 days	per 1,000 days
Under 1	4.86	4.45	32.78	2.83	5.83	0.97	1.54
1-2	3.14	6.38	2.40	3.34	7.00	3.92	5.37
3-5	3.66		12.95	5.37	7.88	2.62	4.98
6-10	10.92	2.38	5.08	3.53	3.77	4.51	6.84
11-15	6.96	4.91	2.51	12.57	0.72	5.27	5.05
16-17	10.16	2.07	1.13	1.30	10.49	10.63	16.80
Total	5.99	3.89	4.40	4.94	4.60	3.65	5.56

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cucaró-Alamin, S., Putnam-Homstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWP reports*. Retrieved 9/25/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

The County feels that success in this area can be attributed to the value the Social Workers place on placement stability, close working relationships between the Social Workers and the local foster family agencies and foster parents, the utilization of Intensive Care Coordination (ICC) teams, and the increase in placement with relatives. Measure 4B, Point in Time Placement with a Relative, shows that for Q1 2015, 35.9% (23 out of 64 children) of children in care were placed with relatives. This is an increase from 19% (8 out of 42 children) for Q2 2013, the County Self Assessment baseline data. However, relative placements are not always possible as the initial, emergency placement, oftentimes because of the relative's criminal history and the need for an exemption request. Therefore, placement with a relative, if it occurs, is often the child's second placement.

A significant challenge in stabilizing placements has been working with youth with serious mental health needs who exhibit challenging behaviors, including defiance, substance abuse, and running away. Some of these children are or have been in group home placements. In these situations, Intensive Care Coordination teams in collaboration with the County's Mental Health Department have been useful. However, youth in group homes are placed out of county since Amador County does not have any of its own congregate care facilities. This makes coordinated mental health services extremely challenging. Even the behavior of younger children can pose a challenge for foster parents, often leading to seven day notice to move the child being given to Child Protective Services. Despite the efforts to assist foster parents over the last few years, including increased training efforts made during the County's previous SIP, this remains an ongoing problem.



Another challenge for placement stability is the fact that there are not enough foster homes within the county. Efforts are made to not place children out of county so that reunification efforts can be more effective and so that children do not have to change school and leave their familiar communities. It is felt, though, that in order to achieve this sometimes placements are made in homes that are not the best possible match, but are selected due to location. In particular, there are very few foster homes in the county which accept placement of teens. Removal from their communities and schools can exacerbate problem behavior.

The County has focused on limiting the use of group home care. Trying foster home placements prior to resorting to group home care can lead to multiple placement changes.

It is hoped that the implementation of the Resource Family Approval (RFA) requirements in 2017 will result in improvement in placement stability. Caregivers will go through more thorough assessments and receive more extensive training, both initially and on-going. Although Amador County is not an early implementer, conversations have already begun between community partners regarding the County's readiness and strategies to implement these changes.

AMADOR COUNTY JUVENILE PROBATION

P1: Permanency in 12 months (entering foster care)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

For Q1 2015 (April 1, 2013 – March 1, 2014) 0% of children (0 out of 2 children) exited to permanency. Both children remained in care. The national standard is greater than 40.5%.

Due to the very small number of probation youth placed in out of home care, this measure, particularly when looking at percentages, is difficult to analyze. One of the youth in this current data set was about to finish his program to return home, but used drugs/alcohol on a visit home and needed to return to his program to continue his treatment. The other youth is a sex offender requiring substantial treatment that will take a significant period of time.

Other measures:

It should be noted that measure **S-2: Recurrence of maltreatment** does not apply to Juvenile Probation.

For the following data measures, there were no children who met the criteria for inclusion during Q1 2015:

P3: Permanency in 12 months (24 + months)

P4: Reentry into foster care in 12 months

P5: Placement stability

State and Federally Mandated Child Welfare/Probation Initiatives

Amador County has fully implemented the **Fostering Connections After 18 Program**. In general, as youth aged out of foster care in California, many were found to have no permanent connections. They struggled with establishing a social network, accessing medical and health care, obtaining employment, and completing educational goals. This program allows youth to remain in or reenter foster care as Non-Minor Dependents to continue to receive support. Amador County currently has seven young adults taking advantage of this opportunity. County staff is working closely with its Independent Living Program (ILP) to assist these youth in reaching independence. Child Protective Services, Juvenile Probation, and the Court have revised the County's 241.1 Protocol to indicate that transition jurisdiction youth from the Probation Department will be supervised by Child Protective Services once the conditions of probation have been met.

Amador County is also actively implementing the requirements which resulted from the **Katie A. v Bonta** lawsuit. This lawsuit was sought to improve the mental health services for children with open child welfare cases. The lawsuit led to the implementation of the Core Practice Model (CPM), designed to provide guidance and direction to county child welfare and mental health agencies when working with these children and their families.

In Amador County, Child Protective Services and the Mental Health Department are collaborating to fully adopt the Core Practice Model. The CPS Social Workers are utilizing mental health screening tools, and mental health assessments include the use of CANS, Child and Adolescent Needs and Strengths Comprehensive Multisystem Assessment. This is a multi-purpose tool developed to support decision making, including level of care and treatment planning, to facilitate quality improvement initiatives, and to allow for monitoring of outcomes of services. Versions of the CANS are currently used in 25 states in child welfare, mental health, juvenile justice, and early intervention applications. Intensive Care Coordination (ICC) services and Intensive Home-Based Services (IHBS) are being provided by a team of professionals who meet regularly to develop treatment plans and to assess progress.

Most recently, in September 2015, the Mental Health Department and Child Protective Services developed a shared electronic tracking system to track the screening of children referred to Mental Health, when their assessments occur, whether or not they receive ICC services, etc. It is anticipated that the use of this system will ensure timely services as well as assist with avoiding a child's needs not being adequately identified or met.

Amador County is in the process of implementing the mandated **Child Welfare Case Reviews**. It has been agreed that Child Protective Services will complete not only its own reviews, but will complete Juvenile Probation's as well. A staff person has been selected and trained. Once she is certified, she will begin the review process.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor for Child Protective Services: C1.3—Reunification within 12 months (entry cohort)

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

P1- Permanency in 12 months (entering foster care)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? For the purposes of this measure, permanency includes exit status of 'reunified', 'adopted' or 'guardianship'.

National Standard:

~~The national standard is that at least 48.4% of children will reunify within 12 months.~~

The national goal is that at least 40.5% of children will exit to permanency within 12 months.

CSA Baseline Performance: ~~For Q2 2013, 10% of children were reunified in less than 12 months. (1 child out of 10 children)~~

For Q2 2013 (July 1, 2011 through June 30, 2012), 27.8% of children exited to permanency. (5 out of 18 children)

Target Improvement Goal:

Q2 2016: > 10% of children

Q2 2017: > 20% of children

Q2 2018: > 30% of children

Q2 2019: > 40% of children

Current Performance: For Q1 2015 (4/1/13 – 3/31/14): 61.6% exited to permanency (24 out of 39 children)

Priority Outcome Measure or Systemic Factor for Child Protective Services: C1.4—Reentry following reunification (exit cohort)

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

P4- Reentry into Foster Care in 12 months

Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months

of their discharge?

National Standard:

~~The national standard is that no more than 9.9% of children will reenter foster care.~~
The national standard is that less than 8.3% of children will reenter foster care.

CSA Baseline Performance: ~~Q2 2013, 25% of children reentered foster care. (4 out of 16 children)~~

For Q2 2013, July 1, 2011 through June 30, 2012, 0% of children reentered foster care. (0 out of 3 children)

Target Improvement Goal:

Q2 2016: < 5 children

Q2 2017: < 4 children

Q2 2018: < 3 children

Q2 2019: < 2 children

Current Performance: For Q1 2015 (4/1/12 – 3/31/13), 0% of children reentered foster care (0 out of 8 children)

Priority Outcome Measure or Systemic Factor for Juvenile Probation: Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation

National Standard: N/A

CSA Baseline Performance: In 2013, Amador County Juvenile Probation received 146 referrals from law enforcement.

Target Improvement Goal: Decrease the number referrals made to Juvenile Probation by 10% each calendar year.

2015: 132 referrals received

2016: 119 referrals received

2017: 108 referrals received

2018: 98 referrals received

2019: 88 referrals received

Current Performance: In 2014, there were 110 referrals made to Juvenile Probation by law enforcement.

Priority Outcome Measure or Systemic Factor for Juvenile Probation: Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated

National Standard: N/A

CSA Baseline Performance: Baseline unknown (data not tracked in previous years)

Target Improvement Goal: ~~To be determined by January 1, 2017 for calendar years 2017-2019.~~ Reduce by 10% each year

2015: 23 youth

2016: 21 youth

2017: 19 youth

2018: 17 youth

2019: 15 youth

Strategy 1: (CPS) Improve alcohol and drug services for parents provided by Amador County Behavioral Health by utilizing evidence based assessment tools and program curriculum.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Hire/assign Alcohol & Drug staff to provide and oversee implementation of an Evidence-Based Alcohol & Drug Program Curriculum (MATRIX)	9/1/14	2/1/15 Completed	Jim Foley, HHS Director
B. Purchase the MATRIX Alcohol & Drug Program Curriculum for the adult and criminal justice populations	3/1/15	4/1/15 Completed	Alcohol & Drug Supervisor
C. Train Alcohol & Drug Treatment Staff to provide the MATRIX Program Curriculum for the adult and criminal justice populations	4/1/15	4/30/15 Completed	Alcohol & Drug Supervisor
D. Implement the MATRIX Program Curriculum for adult and criminal justice populations	5/1/15	11/1/15 Completed	Alcohol & Drug Supervisor

E. Evaluate the MATRIX Program for fidelity to the model, report as required On target to be completed timely.	6/1/2016	6/1/17 and on-going	Alcohol & Drug Supervisor
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Strategy 2: (CPS) Increase trauma informed care and Evidence Based Practices provided by Amador County Behavioral Health for parents by implementing the use of Trauma-Focused CBT (Cognitive Behavioral Therapy) and Seeking Safety.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<input checked="" type="checkbox"/> N/A			
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Three clinical staff to attend Orientation Training for Trauma-Focused CBT. One of the three trained clinical staff will be the team lead.	8/1/14	8/28/14 Completed	Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI
B. Three clinical staff to attend 2 day training for Trauma-Focused CBT. Team lead will also attend an additional half day of training.	10/1/14	10/31/14 Completed	Melissa Cranfill, LCSW (Oversight) Tammy Garner, MFT (Team Lead) Megan Hodson, ACSW Kateri Ross, MFTI

<p>C. Clinical Team will participate in all additional training, consultation calls and supervision on an ongoing basis for the duration of one year.</p> <p>The last consultation call will be in December 2015.</p>	10/1/14	9/30/15 12/31/2015	<p>Melissa Cranfill, LCSW (Oversight)</p> <p>Tammy Garner, MFT (Team Lead)</p> <p>Megan Hodson, ACSW</p> <p>Kateri Ross, MFTI</p>
<p>D. Evaluate the utilization of Trauma-Focused CBT for fidelity to the model and report as required.</p> <p>On target to be completed timely.</p>	11/1/15	4/30/16 and on-going	<p>Melissa Cranfill, LCSW (Oversight)</p> <p>Tammy Garner, MFT (Team Lead)</p> <p>Megan Hodson, ACSW</p> <p>Kateri Ross, MFTI</p>
<p>E. Review requirements and provide necessary training to clinical staff to resume implementation of weekly Seeking Safety groups.</p> <p>Trained staff person was promoted. Behavioral Health is in the process of hiring staff person to be trained.</p>	12/1/15 2/1/2016	5/31/15 6/30/2016	Melissa Cranfill, LCSW
<p>F. Schedule Seeking Safety groups to begin. Identify co-occurring clients that could benefit from this service to determine the number of groups to offer.</p> <p>Delayed due to reason noted in item E.</p>	3/1/15 7/1/2016	8/31/15 8/1/16 and on-going	Melissa Cranfill, LCSW
<p>G. Evaluate the utilization of Seeking Safety for fidelity to the model and report as required.</p> <p>Delayed due to reason noted in item E.</p>	4/1/16 2/1/2017	4/1/17 and on-going 2/1/2018 and on-going	Melissa Cranfill, LCSW

Strategy 3: (CPS) Increase the use of research based practices provided by Amador County Behavioral Health for parents by utilizing the Milestones of Recovery Scale.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Train lead staff on the Milestones of Recovery Scale (MORS).	1/1/14	1/31/14 Completed	Program Manager, Melissa Cranfill, LCSW
B. Train all clinical staff on the Milestones of Recovery Scale (MORS).	6/1/14	8/31/14 Completed	Program Manager, Melissa Cranfill, LCSW

<p>C. Milestones of Recovery Scale (MORS) assessment form to be added to the Electronic Health Record (EHR) system.</p>	<p>9/1/14</p>	<p>10/31/14</p> <p>Completed</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>
<p>D. Utilize the Milestones of Recovery Scale (MORS) with all Full Service Partner (FSP) clients. Clinicians and/or Personal Services Coordinators (PSC's) will complete a baseline MORS score for all FSP clients.</p> <p>Delayed due to some resistance to using tool as well as staff turnover. Newly hired staff are being trained on the assessment tools so that its use is an integrated part of their practice.</p>	<p>10/1/14</p>	<p>11/30/14 and on-going</p> <p>Partial completion, on-going</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>
<p>E. Clinicians and/or Personal Services Coordinators (PSC's) will complete a monthly MORS score for all FSP clients. Clinical staff will continue to assess every 30 days.</p> <p>See reason for delay noted in item D.</p>	<p>11/1/14</p>	<p>11/30/14 and every 30 days thereafter</p> <p>Partial completion, on-going</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>
<p>F. Implement Milestones of Recovery Scale (MORS) with all adult client populations, both mental health and drug and alcohol clients.</p> <p>See reason for delay noted in item D.</p>	<p>1/1/15</p>	<p>1/1/16 3/1/16 and on-going</p>	<p>Program Manager, Melissa Cranfill, LCSW</p>

<p>G. Evaluate the utilization of the Milestones of Recovery Scale (MORS) and report as required.</p> <p>See reason for delay noted in item D.</p>	1/1/16-1/1/17	1/1/17 1/1/18 and on-going	Program Manager, Melissa Cranfill, LCSW
<p>Strategy 4: (CPS)</p> <p>Develop and implement the Maternal Wellness Project to address maternal post partum anxiety and depression.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 - Reunification within 12 months (exit cohort)</p> <p>C1.4 - Reentry following reunification (exit cohort)</p>	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Develop a Maternal Wellness Task Force for Amador County</p>	9/1/14	10/31/14 Completed	<p>Connie Vaccarezza/Public Health Nurse, Supervisor</p> <p>Nina Machado/Executive Director, Amador First 5</p>
<p>B. Complete an action plan for the Maternal Wellness Project with assistance from Strategies' Consultants</p> <p>Plan will at a minimum include training, screening tool development, and creation of a referral process. Plan will also include a schedule for the Maternal Wellness Task Force to continue on-going meetings for the life of the project.</p>	11/1/14	2/1/15 Completed	Maternal Wellness Task Force

C. Develop grant committee for fund development for medical provider certification	2/1/15	6/1/15 Completed	Maternal Child Adolescent Health (MCAH) Perinatal Services (Public Health) Amador First 5
D. Capacity building/education on Postpartum Depression to public and nonprofit agencies providing services to parenting families	3/1/15	5/1/15 and on-going Completed and on-going	Strategies will set up conference
E. Postpartum Support International Certificate training of local clinicians and medical staff and foundational training of case managers, home visitors, and other direct services staff serving mothers and families	4/1/15	6/30/15	Strategies Consultant Perinatal Services Coordinator (Public Health)
F. Professional staff to utilize screening tool Completion date modified to allow additional time to distribute screening tool to community partners and to provide any needed training.	7/1/15	10/1/15 and On-going 12/31/2015 and On-going	Community partners including medical professionals and mental health professionals
G. Implementation of referral process for professionals to refer women and families for mental health services Date modified to allow time for tools to be	7/1/15	10/1/15 12/31/2015 and On-going	Medical and mental health professionals

presented to community partners.			
H. Gather and analyze data gathered from screening and referral process On target to be completed timely.	1/1/16	7/1/16 and On-going	Maternal Wellness Task Force Strategies Consultant
I. Share data with key stakeholders so that gaps in services can be identified and services can be improved On target to be completed timely.	7/1/16	1/1/17 and On-going	Maternal Wellness Task Force

Strategy 5: (CPS) Integrate Safety Organized Practice (SOP) as the standard for Child Protective Services Social Work.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 - Reunification within 12 months (exit cohort) C1.4 - Reentry following reunification (exit cohort)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Child Protective Services leadership to attend SOP Foundational Institute.	9/29/14	10/1/14 Completed	CPS Program Manager CPS SW Supervisor Northern California Training Academy
B. Child Protective Services leadership to attend SOP Group Supervision training.	01/20/2015	01/20/2015 Completed	CPS Program Manager CPS SW Supervisor Northern California Training Academy
C. Begin using group supervision and consultation framework.	2/1/2015	On-going Completed	CPS Program Manager CPS SW Supervisor
D. Child Protective Services staff to participate in SOP Overview and to develop next steps for implementation. County has been introducing SOP concepts during group supervision, which makes this step unnecessary.	5/1/15	8/31/15	CPS Program Manager CPS SW Supervisor CPS Social Workers Northern California Training Academy

<p>E. Child Protective Services staff and key community partners to attend two day SOP Foundational Training. Work with Northern California Training Academy to coordinate time and date. Completion date modified due to course availability.</p>	9/1/15	12/31/15 4/30/16	<p>CPS Program Manager CPS SW Supervisor CPS Social Workers Community Partners Northern California Training Academy</p>
<p>F. Coach assigned to Amador County Child Protective Services and plan developed to best utilize coach's assistance.</p>	1/1/16	2/29/16	<p>CPS Program Manager CPS SW Supervisor Northern California Training Academy</p>
<p>G. Hold monthly, regular coaching sessions with SOP coach through Northern Training Academy. All social workers and the supervisor will receive both group and individual coaching.</p>	3/1/16	5/31/2016, then as needed	<p>CPS SW Supervisor CPS Social Workers Northern California Training Academy</p>
<p>H. Begin to review and revise policies as needed to support practice.</p>	6/1/16	12/1/2016	<p>CPS Program Manager CPS SW Supervisor</p>
<p>I. CPS staff to participate in at least one SOP advanced training each calendar year.</p>	6/1/16	11/17/2019 and on-going	<p>CPS Program Manager CPS SW Supervisor CPS Social Workers</p>

<p>J. Develop plan to support supervisor to continue practices in the long term. This includes attending the Coaching Institute for Child Welfare Supervisors.</p>	<p>7/1/16</p>	<p>12/31/16</p>	<p>CPS Program Manager Northern California Training Academy</p>
<p>K. Develop plan to evaluate implementation progress, successes, and challenges for continued improvement.</p>	<p>7/1/16</p>	<p>12/31/16 and on-going</p>	<p>CPS Program Manager CPS SW Supervisor</p>
<p>L. Develop plan to train new staff</p>	<p>4/1/17</p>	<p>4/30/17</p>	<p>CPS Program Manager CPS SW Supervisor</p>
<p>M. Ongoing CQI review of practice to look at effectiveness and needed modifications for improvement</p>	<p>4/1/17</p>	<p>11/17/19 and on-going</p>	<p>CPS Program Manager CPS SW Supervisor</p>

<p>Strategy 1: (Probation)</p> <p>Increase data collection within Juvenile Probation to gain a better understanding of the population served and where to best focus efforts, focusing on referral and recidivism rates.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation</p> <p>Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Develop and begin to utilize Automon, the Probation Department's data collection system, to gather data on all new law enforcement referrals in relation to type of offense, level of offense, age, drug/alcohol related, additional referrals received, prior contact, etc.</p> <p>Automon has not been helpful for data gathering so an internal system was developed to manually gather data.</p>	11/1/14	4/30/15 Completed	Juvenile Unit Supervisor
<p>B. Develop form to capture key factors regarding youth served through Probation and various forms of supervision and referrals for services based upon risks and needs.</p>	11/1/14	1/1/2015 Completed	Juvenile Unit Supervisor
<p>C. Gather and analyze data from new tracking system.</p>	11/1/16	1/1/17 and annually thereafter	Juvenile Unit Supervisor Supervising Deputy Probation Officers

D. Establish target goals for reducing recidivism rates for calendar years 2017-2019.	11/1/16	1/1/17	Juvenile Unit Supervisor
E. Disseminate data gathered to key community partners, including but not limited to: Schools, ATCAA, Behavioral Health, Public Health, Juvenile Justice Commission, Operation Care, Nexus, and Multi-Disciplinary Team participants.	1/1/17	5/1/17 and annually thereafter	Juvenile Unit Supervisor
F. Meet with key community partners and MDT participants to assess service array and gaps in services and to develop strategies for improvement.	7/1/17	1/1/18 and annually thereafter	Juvenile Unit Supervisor

Strategy 2: (Probation) Introduce an evidence based youth alcohol/drug treatment program provided by the Amador County Department of Behavioral Health.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Reduce the number of offenses committed by youth which result in a referral to Juvenile Probation Reduce the number of subsequent referrals received or sustained violations committed amongst present and recently supervised minors after probation is terminated	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Hire/assign Alcohol & Drug staff to provide and oversee implementation of an Evidence-Based Alcohol & Drug Program Curriculum (MATRIX)	9/1/14	2/1/15 Completed	Jim Foley, HHS Director
B. Purchase the MATRIX Alcohol & Drug Program Curriculum for the youth population	3/1/15	4/1/15 Completed	Alcohol & Drug Supervisor
C. Train Alcohol & Drug Treatment Staff to provide the MATRIX Program Curriculum for the youth population	4/1/15	4/30/15 Completed	Alcohol & Drug Supervisor
D. Implement the MATRIX Program Curriculum for youth population	5/1/15	11/1/15 Completed	Alcohol & Drug Supervisor

E. Evaluate the MATRIX Program for fidelity to the model, report as required	6/1/2016	6/1/17 and on-going	Alcohol & Drug Supervisor
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