

California – Child and Family Services Review Signature Sheet
For submittal of: CSA SIP Progress Report

County	Marin
SIP Period Dates	December 29, 2013 - December 29, 2018
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California - Child and Family Services Review

Annual SIP Progress Report

December 29, 2014 – December 29, 2015



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Introduction

Background – Child and Family Services Review

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

California Child and Family Services Review (C-CFSR)

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

Quarterly Outcome and Accountability Data Reports

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency, and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. These data reports are used to inform and guide both the assessment and planning processes, and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and youth in foster care under the supervision of the Probation Department. The CSA assesses the full array of child welfare and juvenile probation, from prevention and protection through permanency and aftercare. The CSA is the analytic tool used by counties to determine the effectiveness of current practice, programs and services across the continuum of child welfare and probation placement services and to conduct a needs assessment to help identify areas for targeted system improvement. In Marin, Child Welfare and Juvenile Probation worked together, along with MAC and stakeholders, to compile the CSA and Peer Review.

The CSA is developed every five years by the lead agencies (Children's Services and Probation) in coordination with the local community and prevention partners. The process has multiple components including peer review, intensive case worker interviews, and focus groups to gather input from child welfare constituents on the full scope of child welfare and juvenile probation services provided within the County. The CSA also includes quantitative analysis of child welfare data. The Peer Review is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Both the CSA and the Peer Review serve as the foundation for the County System Improvement Plan.

In addition, the California Department of Social Services Office Of Child Abuse Prevention is now integrated into the C-CFSR and information is reported in the SIP regarding the use of CAPIT/CBCAP and/or PSSF funds to divert children and families from entering the child welfare system. These funds support the County providing a continuum of services for children and families with an emphasis on prevention and early intervention.

System Improvement Plan

Incorporating data collected through the Peer Review and the CSA, the final component of the C-CFSR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the County and state, outlining how the County will improve its capacity to provide better outcomes for children, youth, and families. The SIP includes a coordinated service provision plan for how the county will utilize prevention, early intervention, and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanisms for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies.

System Improvement Plan Progress Report

Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes.

The SIP is updated yearly and becomes a mechanism through which counties report on progress toward meeting agreed upon improvement goals. This report is the annual System Improvement Plan Progress Report.

As required, Marin County Children and Family Services and Juvenile Probation will lead the completion of this SIP Progress Report with partnership with the California Department of Social Services. This Progress Report covers 12/29/2014 through 12/29/2015.

SIP Progress Narrative

Stakeholders Participation

The current System Improvement Plan (SIP) covers December 29, 2013 – 2018. Internal meetings were conducted with all levels of staff to review the PR and CSA findings. In addition the quarterly county data reports are consistently monitored and based on all of this information, outcomes for inclusion in the SIP were identified. The management team met to review strategies and timeframes and responsibilities were assigned. In addition, smaller groups of external stakeholders were consulted regarding specific strategies and actions in which they had indicated an interest and/or where there was a need for buy in and partnership. For example, the SIP was shared with the Marin Foster Parent Association (MFPA) at one of the regularly scheduled meetings between CFS and the MFPA, the SIP was also discussed at the monthly meeting with the Courts and the Juvenile Court Judge (these meetings include representatives from CASA and the local child abuse council). CFS also meets regularly with mental health partners, foster parents, parents, and youth, and others as part of the ongoing Katie A process. While the SIP is not a specific agenda item, SIP strategies are frequently discussed. It is common practice to share our current SIP when meeting with community partners (local domestic violence agency, alcohol and other drug partners, educational partners and so forth); this is used to help facilitate dialogue about shared goals. In the last year much progress has been made towards implementing the identified action steps.

Current Performance Towards SIP Improvement Goals

The analysis below includes a comparison between the baseline quarterly data report, Quarter 3, 2012 used in the CSA and the most recent quarterly data report, Quarter 1, 2015. Additionally, Quarter 1, 2014 data from the previous System Improvement Plan Progress Report is also included for reference.¹

On October 10, 2014, the Administration for Children & Families (ACF) issued a new Federal Register notice (79 FR 61241) that notified states of the final plan to replace the data outcome

¹ 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 8/24/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

measures used to determine a state's substantial conformity with titles IV-B and IV-E of the Social Security Act. On May 13, 2015, ACF published a correction to this Final Rule in the Federal Register (80 FR 27263). More information can be found on the Federal Register's website at <https://www.federalregister.gov>, or the Federal CFSR Portal at <https://www.cfsrportal.org>.

The previous 17 federal data outcome measures have been replaced, updated, or eliminated to produce a total of seven new data outcome measures. The new measures are listed below:

SAFETY

- 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?
- S2 - Recurrence of maltreatment: Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?

PERMANENCY

- P1 - Permanency in 12 months for children entering foster care: Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care?
- P2 - Permanency in 12 months for children in foster care 12 to 23 months: Of all children in foster care on the first day of a 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 period?
- P3 - Permanency in 12 months for children in foster care 24 months or longer: Of all children in foster care on the first day of a 12 month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12 month period?
- P4 - Re-entry 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, live with relative, or guardianship, what percent re-entered foster care within 12 months of their discharge?
- 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?

Counties are required to report on the new outcome measures in C-CFSR documents due to CDSS after October 1, 2015. This report will report on the previous CFSR 2 Measures as well as the new CFSR 3 measures. The table below compares the old measures with the new measures.

	OLD	National Standard	NEW	National Standard
SAFETY	S1.1 No Recurrence of Maltreatment	>94.6	S2 Recurrence of Maltreatment	<9.1

	OLD	National Standard	NEW	National Standard
	S1.2 No Maltreatment in Foster Care	>99.68	S1 Maltreatment in Foster Care	<8.50
Permanency	C1.3 Reunification w/in 12 months (Entry Cohort)	>48.4	P1 Permanency in 12 months (Entering FC)	>40.5%
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7		
	C2.1 Adoption w/in 24 months	>36.6	P2 Permanency in 12 months (12-23 months)	>43.6%
	C2.3 Adoption w/in 12 months (17 months in Care)	>22.7		
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7		
	C3.2 Exits to Permanency (legally free at exit)	>98.0		
	C2.1 Adoption w/in 24 months	>36.6	P3 Permanency in 12 months (24+ months)	>30.3%
	C2.5 Adoption w/in 12 month (Legally Free)	>53.7		
	C3.1 Exits to Permanency (24 months in Care)	>29.1		
	C1.4 Re-Entry following Reunification	<9.9	P4 Re-Entry into Foster care in 12 months	<8.3%
	C4.1 Placement Stability (8 days to 12 days)	>86.0	P5 Placement Stability	<4.12
	C4.2 Placement Stability (12-23 months)	>65.4		
	C4.3 Placement Stability (24 months in care)	>41.8		

The following measures have been eliminated:

	OLD	National Standard
Eliminated	C1.1 Reunification w/in 12 months (Exit)	>75.2
	C1.2 Median Time to Reunification	<5.4 months
	C2.2 Median Time to Adoption	<27.3 months

C2.4 Legally Free w/in 6 months (17 months in care)	>10.9
C3.3 In Care 3 yrs. or Longer (Emancipated)	<37.5

Priority Outcome Measure or Systemic Factor:

CHILD WELFARE

SAFETY

S1.1 NO RECURRENCE OF MALTREATMENT

National Standard:	94.6%	
Baseline Quarter 3, 2012:	85.7%	
Quarter 1, 2014:	91.7%	(99 out of 108 children)
Comparison to baseline:	+6.0 %	<i>Positive movement</i>

S2- CHILDREN WITH SUBSTANTIATED ALLEGATION DURING 12-MONTH PERIOD: RECURRENCE WITHIN 12 MONTHS.

Quarter	Maltreated during the 12-month period	Recurrence within 12 months	%
Q3 2012 <i>Oct 1, 2010 to Sept. 30, 2011</i>	242	41	16.9%
Q1 2015 <i>Apr 1, 2013 to Mar 31, 2014</i>	185	24	13.00%
			-23.4%

National Standard: <=9.1%

County Performance – Not meeting standard; needs improvement

ANALYSIS:

There has been a positive trend in outcome S1.1 since the baseline. Outcome S1.1 has improved by 6% since the baseline from Quarter 3, 2012. Although it should be noted that a closer analysis of the S1.1 data revealed that there was a data entry issue in the front end of the system that was impacting outcomes. Apparently, hotline staff were not entering the incident date of a historical report of abuse/neglect when it was received. So in some instances children who were already in care appeared as if they were experiencing subsequent abuse as omitting the incident date caused the incident date to default to the date the report was taken. This has now been corrected. In measure S2, the table shows Quarter 1, 2015 that we are not meeting this standard. Marin County has diligently tracked the number of children that experience a recurrence of maltreatment. For S2, to meet the national standard of less than 9.1%, there would need to be 3 less children (16.7 children total) that experienced recurrence of abuse. Preliminary data indicates that there were fewer re-entries last calendar year suggesting that the Administrative Review process may be helping staff develop more solid reunification plans with families. Some instances moreover, our strategies of implementing

Safety Organized Practice, Structured Decision Making has strengthened our assessment and engagement of families which has assisted in improving this outcome.

TABLE 1: MALTREATED DURING THE 6-MONTH PERIOD: NO RECURRENCE WITHIN 6 MONTHS (JANUARY 2012 – SEPTEMBER 2014)

PERCENT	Interval									
	JAN2012- JUN2012	APR2012- SEP2012	JUL2012- DEC2012	OCT2012- MAR2013	JAN2013- JUN2013	APR2013- SEP2013	JUL2013- DEC2013	OCT2013- MAR2014	JAN2014- JUN2014	APR2014- SEP2014
	%	%	%	%	%	%	%	%	%	%
No recurrence of maltreatment within 6 months	93.1	92.9	93	93.4	93.1	93.3	93.3	93.4	93.4	93.4
Recurrence of maltreatment within 6 months	6.9	7.1	7	6.6	6.9	6.7	6.7	6.6	6.6	6.6

Data Source: CWS/CMS 2015 Quarter 1 Extract.

Table 1 above demonstrates overall steadiness of this measure since January-June 2012. No more than 7% of children are maltreated in Marin, however, we want this rate to drop and stay below to 5.4%.

This SIP has several strategies that are intended to contribute to improvement in this outcome. Through the CSA process it was identified that to reduce the outcome of recurrence of maltreatment we needed to strengthen the cohesiveness of the supervisory team to ensure more consistent guidance around decision making and use of safety and risk assessments tools. Creating a common lens for working with families and assessing harm and danger and the possible event of recurrence. It was further identified that increasing family engagement, so that families could engage with the social worker and community partners for what services they need would improve this outcome. Over the past reporting period CFS has taken steps to implement the following strategies:

1. Strengthen the cohesiveness of the child welfare supervisory team through the provision of ongoing SOP coaching and skill building
2. Provision of monthly unit/program specific training on use of SOP in the field
3. Ensuring that there are technical experts and agency champions available to offer support and guidance for updated SDM tools
4. Increasing family engagement; building community awareness and response to child abuse and neglect

While there has been significant work done with the CFS leadership team to strengthen team cohesiveness and promote more uniform guidance, decision making and practice, given the number of recent staff changes with the leadership team it will be important that work to strengthen leadership cohesiveness continue into the next year.

Finally, steady progress has been made in engaging or re-engaging key community partners/stakeholders. Collaborative meetings with law enforcement, mental health/Katie A. partners, local alcohol and other drugs partners, educational partners, the local domestic violence agency and the DA and other partners addressing CSEC are now occurring on a regular basis. Additionally, the County Office of Education and CFS are currently in the process of implementing Foster Focus and are in the process of finalizing the MOU for the Educational Liaison role.

PERMANENCY

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: C1.4 RE-ENTRY FOLLOWING REUNIFICATION

National Standard:	9.9%	
Baseline Quarter 3, 2012:	25.5%	
Quarter 1, 2014:	14.8%	(4 of 27 children)
Comparison to baseline:	5.8%	

P4- CHILDREN WITH ENTRIES DURING 12-MONTH PERIOD, EXITS TO REUNIFICATION OR GUARDIANSHIP WITHIN 12 MONTHS: RE-ENTRIES WITHIN 12 MONTHS. APR 1, 2012 TO MAR 31, 2013.

Quarter	Children with entries, exits to reunification or guardianship	Children with re-entries	%
Q3 2012 <i>Oct 1, 2010 to Sept. 30, 2011</i>	13	5	38.5%
Q1 2015 <i>Apr 1, 2013 to Mar 31, 2014</i>	22	8	36.40%
			-5.5%

National Standard: <= 8.3%

County Performance – Not meeting standard; needs improvement

TABLE 2: **C1.4 REENTRY** FOLLOWING REUNIFICATION (EXIT COHORT)

PERCENT	Interval			
	APR2010-MAR2011	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014
	%	%	%	%
Reentered in less than 12 months	34.5% (10 kids)	18.5% (5 kids)	14.8% (4 kids)	31.3% (10 kids)
No reentry within 12 months	65.5% (22 kids)	81.5% (22 kids)	85.2% (23 kids)	69.7% (23 kids)

Data Source: CWS/CMS 2015 Quarter 1 Extract.

ANALYSIS

The December 2014 SIP progress report revealed positive improvement in C1.4 re-entry outcome at 14.8%. However, this period (Q1 2015) shows a negative performance, with an increase to 31.3% of re-entry. Ten children re-entered this period. Table 2 above shows the variability in this measure over 4 intervals. Although the total number of children (between 22 and 32 children) is fairly constant, they are small numbers. A matter of 5 children can have great impact. For measure P4 re-entry, we are also not meeting the national standard. In order to meet this measure, there would need to be 9 less children who re-entered foster care.

There were a number of strategies explored during the CSA process that focused on how to reduce re-entry. The SIP has multiple strategies that may contribute to strengthening performance in this outcome. These include building the cohesiveness of the supervisory team; increasing the utilization of standardized assessment tools; improving assessments of safety, harm, and danger; and ensuring that families have realistic, sustainable safety plans. These strategies require careful planning and strong family and community engagement. CFS continues to work in collaboration with Mental Health partners to increase access to mental health services; regularly uses SOP to better engage families and their natural supports; and has implemented a system of Administrative review for all families where reunification is being recommended. There is some preliminary indication that the Administrative reviews and other efforts are helping to reduce re-entry. In addition, the Department is in the process of reviewing its current Administrative Review procedures in an effort to systemize and streamline the process and ensure that staff are better prepared and feel more supported at the meetings. While there is still work to be done, the administrative process as a whole has been particularly illuminating and has provided Managers the opportunity see both strengths and gaps in daily practice. The information that we learn in these meetings has helped us better target our training and support.

COMPLIANCE

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: 2B TIMELY RESPONSE (10 DAY RESPONSE)

State Goal:	90%
Baseline Quarter 3, 2012:	95.3%
Quarter 1, 2014:	97%

Quarter 1, 2015: 93%

Comparison to Baseline: -4.0% *Decrease; above State Goal*

TABLE 3: REFERRALS BY TIME TO INVESTIGATION (10-DAY RESPONSE TYPE)

PERCENT	JAN2012-MAR2012	JAN2013-MAR2013	JAN2014-MAR2014	JAN2015-MAR2015
	%	%	%	%
Timely Response	88.6%	85.7%	97%	93%
No Timely Response	11.4%	14.3%	3%	7%
Total	100	100	100	100

ANALYSIS

It is an expectation of the County that all staff will conduct timely investigations of referral allegations of child abuse and neglect. Since the baseline in Quarter 3, 2012, there has been a decrease in this measure. However, this measure has been improving including peaking at 97% in January – March 2014.

A number of systemic barriers were noted in the CSA and strategies were identified to help address this issue. In a small county staff absences and vacancies or changes in referral volume can greatly impact workflow. Over the past reporting period unplanned staff absences and increases in the percentage of referrals requiring an immediate response impacted the compliance on 10 day referrals as Emergency Response Social workers must prioritize work to respond to immediate referrals. Overall the creation of the Court Unit has helped improve the work flow for Emergency Response workers however unanticipated staff absences are still a challenge to manage. Moreover, the temporary loss of a bi-lingual staff person placed greater burden on the unit. The Department continues to explore ways to minimize the impact that unexpected staff absences have on the workflow in the front end of the system.

PROBATION

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR:

C1.1 - REUNIFICATION (WITHIN 12 MONTHS) EXIT COHORT

National Standard: 75.2%

Baseline Quarter 3, 2012: 33.3%

Quarter 1, 2014: 33.3% (2 of 6 children)

Comparison to baseline: 0%

P1- CHILDREN WHO ENTERED FOSTER CARE DURING 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS.

Quarter	Entered foster care in a 12 month period	Children discharged to permanency within 12 months	%
Q3 2012	12	4	33.3%

<i>Oct 1, 2010 to Sept. 30, 2011</i>			
Quarter 1 2015 <i>Apr 1, 2013 to Mar 31, 2014</i>	8	0	0%
			-100%

National Standard: >= 40.5%

County Performance - Not meeting standard; needs improvement

P2 – CHILDREN IN FOSTER CARE FIRST DAY OF 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS. TIME IN CARE: 12 TO 23 MONTHS.

Quarter	In care on the first day of the period	Children with exit to permanency	%
Q3 2012 <i>Oct 1, 2010 to Sept. 30, 2011</i>	4	0	0.0%
Quarter 1 2015 <i>Apr 1, 2014 to Mar 31, 2015</i>	5	4	80.00%

National Standard: >= 43.6%

County Performance – Meeting standard; needs improvement

ANALYSIS

Measures C1.1 and P1 remain below the national standard. There were no children for whom permanency occurred. For Measure P2, Quarter 1 was slightly below the national standard

As a consequence of the practice of graduated sanctions, a recommendation for removal from a child’s home is the intervention of last resort. In addition, the Marin County Probation Department holds a high standard for such a recommendation. In order to meet that criterion, the child’s behavior needs to clearly demonstrate a significant threat to either public safety or themselves, and the parents’ ability to supervise and care for the child is not sufficient. As a result, those children who are placed in out of home care often require intensive services and intervention that extend beyond a 12 month period of time. Finally, another factor contributing to this is the passage of extended foster care legislation, which is impacting the calculations of all involved in determining if reunification is the best plan for a child. It is increasingly likely that more youth will move from a reunification plan to one of independent living. Due to small numbers, it is difficult to accurately measure progress based on percentages alone. As illustrated in the above tables there is great variability in this measure over the years. Since baseline, Probation reunified 27.3% of its youth in 2012-2013. This represents three out of eleven youth (see below). The highest population in care has been eleven youth. Thus Probation’s ability to meet the national goal of 75.2% is challenging. For example, there are 8 youth in care in July 2013 – June 2014 time period. All youth would need to reunify within 12 months to meet the goal.

Of the eight youth who entered care in the period from April 1, 2013 through June 30, 2014, the average age was 16 years and 9 months. Three of the eight youth were beyond the control

of their parents and engaged in behaviors that were extremely dangerous to themselves, primarily use of drugs and alcohol, including methamphetamines, and one child was a victim of human trafficking. Five of the eight youth were engaged in delinquent behaviors that represented a threat to not only their safety but also that of the community. None of the behaviors being addressed in out of home placement for these youth are easily corrected within 12 months. In addition, four of the eight youth entered AB12 upon the completion of their probation placement. This means that these youth made the voluntary determination that they wished to participate in this program, and they made the transition to 450 Non-Minor Dependent status immediately after their 18th birthday. In order to be eligible for this program, they needed to complete their treatment goals in placement and to be 18 years old while under a foster care order. All of these factors contributed to the Probation Department's inability to meet the national standard for reunification. The department will continue to monitor and assess whether there are any strategies that the department can make internally to affect this measure.

Status of Strategies

CHILD WELFARE (STRATEGIES 1-8)

Strategy 1: Strengthen cohesiveness of the child welfare supervisory team through:

- Identification of common vision and goals
- Consistent use Safety Organized Practice(SOP) tools as part of assessment and supervision
- Consistent use of Structured Decision Making (SDM) Assessment tools during supervision
- Provision of refresher supervisory training and coaching

Analysis

Strategy 1 is intended to improve the following outcomes:

~~S1.1 Recurrence of Maltreatment~~

~~C1.4 Re-entry following Reunification~~

2B - Timely Response (10 day response compliance)

S2 Recurrence of Maltreatment

P4 Re-entry

Use of SOP, specifically safety mapping and family team meetings engages families in safety decision making and case planning, thus obtaining their input and opinions. Research has shown when families are engaged in such processes, they are more likely to follow-through with such decisions and case plan goals. Additionally, time is spent to ensure families understand the harm and danger of circumstances that compromise child safety. With families further understanding safety and following through with well-thought-out decisions, they are less likely to experience reentry or recurrence.

This strategy remains an effective approach in improving all three outcome areas. With

emphasis placed on strengthening the supervisory team, all outcomes are positively impacted. For S1.1 and C1.4, while supervisors and managers have made great strides in integrating SOP techniques into supervision and are actively helping their staff utilize SOP tools such as mapping, safety planning, to help ensure children are safe at key decision points, there is more work to be done to improve consistent use of SDM tools for ongoing cases. The new version of SDM will provide an opportunity to offer additional training and support for Supervisors in this area. Over the past reporting period there has been significant change in the Supervisory team and a front end vacancy currently exists. Once all positions are in place it will be important to attend to rebuilding team cohesiveness and consistency.

Action Step Analysis:

- A. Bring together supervisory and management team to identify common vision and goals. Utilize SIP to inform development of strategic plan.
- B. Utilize Leadership meetings as an opportunity to promote increased use of SOP tools and consistent use of SDM tools as part of data review, case assessment, and supervision with staff.
- C. Implement strategies identified in the plan with supervisors and staff.
- D. Assess and Evaluate the implementation strategies as part of bi –monthly Leadership Team meetings and track and monitor the increased use of SDM and SOP Tools.
- E. Provide supervisor coaching and training.

Analysis:

As mentioned in the last progress report, the timeframe for *action step A* has been extended to December 2015. While there was initial progress made on this strategy including the completion of action step A with a productive leadership retreat focused on strengthening teamwork and a follow up meeting to discuss SIP strategies in detail where supervisors and staff identified their particular areas of interest.

Ongoing progress of the SIP strategies will continue to be reviewed monthly at Leadership Team meetings. With the addition of new Supervisory staff it has been important to orient new staff so that they are familiar with SIP strategies and their role in each strategy. Moreover, with the addition of new mandates such as Case Review and CCR there is a need re- assess timelines associated with each of the SIP strategies.

Method of Evaluation & Monitoring

This strategy will be assessed by management’s observation of Supervisors consistent use of Safe Measures to track staff compliance and the completion of SDM tools. Safe Measures usage can be monitored by the Child Welfare Director, and the completion of SDM tools is tracked in Safe Measures. Safe measures data is reviewed monthly at leadership meetings. SOP tools are utilized during Administrative Reviews and other staff and client meetings. SOP language is being integrated into referral, investigative narratives, case plans, etc. as a means to facilitate systematic and consistent use of the tool. Supervisors receive regular coaching to

assist them in promoting use of SOP with their staff and the SOP coach meets every other month with the Leadership Team to provide feedback.

Additional Strategies (when applicable)

No new action steps are being added to this strategy, however due to the fact that the County has such a small leadership team action step A will need to be repeated once the new members are in place. The completion date for action step A has been changed to June 2016 and ongoing given delays in filling vacant supervisor position and a more realistic assessment that this works needs to be ongoing to be effective.

Program Reduction

- None

~~**Strategy 2: Implement a structured system of management case review for all cases where there has been recurrence of maltreatment or re-entry after reunification, and continue implementation of Review Process for all cases preparing for reunification.**~~

Implement a system of case review for all cases in accordance with the Federal/State standards incorporating continuous quality improvement (CQI) and continue the implementation of the Administrative Review process for all cases preparing for reunification.

Analysis

Strategy 2 is intended to improve the following outcomes:

~~S1.1 Recurrence of Maltreatment~~

~~C1.4 Re-entry following Reunification~~

S2 Recurrence of Maltreatment

P4 Re-entry

The Administrative Review process which incorporates SOP mapping helps staff evaluate family strengths as well as any current harm and danger. These discussions inform the development of strong safety plans which ultimately contribute to successful and lasting reunification, thus preventing reentry after reunification and recurrence of maltreatment. The County has changed the plan and the target completion date for the case review process to align with the Federally required CQI case review process. The completion of action steps A-C has been extended so that they are in alignment with the State funding cycle needed to support the budgetary demands associated with this responsibility.

Action Step Analysis:

- A. Establish a Case Review Team.
- B. Develop case review policy and protocol and review with staff.
- C. Implement case review process.
- D. Continue Administrative case reviews.
- E. Track outcomes of reunification cases reviewed at the Administration Review to see if

process is reducing re-entry.

- F. Document lessons learned from both Administrative reviews and Case reviews
- G. Review lessons learned from the Case Reviews with Leadership Team and identify policies and/or practice changes that are needed.
- H. Document policy/practice change and distribute to staff. Provide training as needed.
- I. Evaluate if the changes have improved the outcome

Analysis:

The completion of action steps A & B associated with the implementation of the case review and CQI process were extended to April 2015 to better align with receipt of the State allocation that will support this new responsibility and creation of new position to oversee the Case Review and CQI process. A Case Review Supervisor was hired in January and certified by the Administration for Children and Families over the Summer. A part time second case review position was added to the team during the Summer months and will complete the mandated case review training at the end of October. Given recent decisions by the Administration for Children and Families regarding the QA function, a third position will be added by year end. Steps D-G associated with the Case Review, QA, and CQI need to be extended through year end 2016 and should be ongoing.

A rewording of the strategy to better reflect the work that will occur is listed below:

Implement a system of case review for all cases in accordance with the Federal/State standards incorporating continuous quality improvement (CQI) and continue the implementation of the Administrative Review process for all cases preparing for reunification.

Method of Evaluation & Monitoring

This strategy will be assessed by monitoring and ensuring that there is a decrease in the recurrence rates and a decrease in the number of re-entries into foster care via the CWS/CMS Quarterly outcome reports.

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 3: Expand ongoing compliance with the use of standardized assessment tools and the use of SOP best practices throughout the child welfare continuum.

Analysis

Strategy 3 is intended to improve the following outcomes:

~~S1.1 – Recurrence of Maltreatment~~

~~C1.4 Re-entry following Reunification~~

S2 Recurrence of Maltreatment

P4 Re-entry

Expanding compliance with SDM and utilizing best practices of SOP, help to create a higher level of consistency in practice that should lead to improvements in both S2 and P4. The use of an evidence based assessment tools at consistent points in a referral or case helps to minimize bias, strengthen case assessments and ensure consistency of decision making across the agency.

Action Step Analysis:

- A. Review and re-issue policy regarding use of standardized assessment tools.
- B. Gather baseline compliance numbers and goals
- C. Provide support to staff and necessary refresher training to staff to ensure compliance with the use of standardized tools.
- D. Provide regular updates to management regarding the compliance levels.
- E. Train staff on utilization of SOP tools to develop effective safety plans that reflect what parents need to maintain the safety of their children in their homes.
- F. Conduct random document reviews to determine that SOP language is incorporated beginning at intake and throughout case (in Case Plans, Court Reports, and other CWS documents.)
- G. Provide additional training to staff on any gaps identified in the review.

Analysis:

There was progress made on this strategy. As already noted, a refresher SDM training was held for supervisors and managers in 2014 however there have been a number of staff transitions as well as recent updates to the SDM tool. Given this, additional attention to this strategy needs to occur. As noted earlier the County has made only minimal progress improving usage of the SDM tools on ongoing cases. The recent changes to SDM offer a new opportunity to re-approach this issue and CFS' new training supervisor will be working with staff to identify new strategies to help strengthening SDM compliance. Additionally, existing SDM policy will be reviewed to ensure that it provides proper guidelines regarding use of tools. With regard to the use of SOP, coaching is available for both supervisors and staff on the use of SOP practices. Staff have found this to be helpful and coaching slots are routinely utilized. It appears that this strategy has been effective in improving both S1.1 and C1.4 as both have improved. Next steps will be to hone in on specific SOP strategies including the utilization of mapping, motivational interviewing, and safety planning. Future SOP trainings will target program areas in order to offer staff more focused support.

Method of Evaluation & Monitoring

Safe Measures has been utilized to establish a baseline to measure compliance with SDM at key points in the case including Safety Assessments, Risk Assessments, and Risk-Reassessments. This will continue to be evaluated over time to track improvement in compliance.

Compliance review for the use of SOP tools will be conducted in supervision, at case review meetings and eventually evidenced in the language in case plans, court reports, and other child welfare documents

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 4: Assess CWS existing ER and CT Unit Structure and make recommendations for structural or system changes to improve flow of ER assignments and improvement in response time for referrals necessitating a response within 10 days.

Analysis

Strategy 4 is intended to improve the following outcomes:

2B Timely Response (10 day referral)

In a small county staff absences or changes in referral volume can greatly impact workflow in a given unit. The existing ER/CT structure is especially vulnerable to this and unplanned staff absences and/or unanticipated increases in the number of detentions often impacts compliance on 10 day referrals. Social workers prioritize work to prepare court petitions and reports and respond to immediate referrals, and compliance with 10 day referrals decreases. Developing a structure that can better adapt to these unanticipated changes in volume will be key to improving compliance.

Action Step Analysis:

- A. Assess existing ER/Court structure, explore how other counties with similar demographics are structured, and identify recommendations for change.
- B. Once recommendations are made a small scale pilot will occur using the proposed new ER/court structure.
- C. After the pilot reconvene work group to make recommendations for modification and expansion of the pilot structure.
- D. Implement large scale changes.
- E. Assess functionality of new structure and review and track impact on ER compliance with 10 day referrals

Analysis:

The Court unit has now been in existence for 18 months and for the most part it has been impactful in improving compliance on 10 day referrals. The original Emergency Response/Court workgroup was reconvened in early 2015 and overall staff provided positive feedback about the model. It should also be noted that the Court and all attorneys have also provided positive feedback and feel that the model offers better support to families. That

said, there are still some challenges with this model due to the size of the county and the unpredictable nature of the volume of work. For example, the unit was initially staffed with 2 court workers, one bi-lingual and the other not, there have been occasions when it is challenging to balance caseloads. Over the past year an additional bi-lingual caseworker was hired to help assist with the mono-lingual Spanish speaking cases when needed.

Method of Evaluation & Monitoring

This strategy is evaluated through tracking of response times from receipt of the referral.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 5: Increase family engagement through the provision of more systematic facilitated family meetings for families in the emergency response program, incorporating principles of SOP with other best practice models for family conferencing/teaming.

Analysis

Strategy 4 is intended to improve the following outcomes:

~~**S1.1 – Recurrence of Maltreatment**~~

~~**C1.4 – Re-entry following Reunification**~~

S2 Recurrence of Maltreatment

P4 Re-entry

Facilitated family meetings create the opportunity to develop a community and family support system at the onset of a child welfare case, establishing essential safety plans that can enable a child to remain safely in their home. They also create the necessary structure to check in monitor and if necessary refine safety plans to help ensure that they are realistic and workable at the time of CFS case closure.

Combining the strategies of Facilitated Family Meetings with principles of SOP (explained in strategy 3) will enable family meeting participants to better identify what is working (family strengths), and what is not “worries” and have a more open and frank dialogue in a family friendly and focused manner. The increased engagement families and their natural supports in such a manner will also potentially support improved outcomes in Recurrence of Maltreatment and Re-entry following Reunification.

Similarly, the implementation of the Katie A Core Practice Model (strategy 8) encourages better engagement of families through “teaming” processes which by design will assist in decreasing the rate of re-entry by addressing the behavioral health issues of the children.

This strategy cannot be measured for effectiveness at this point as the timelines for the

implementation of action steps will need to be changed and the strategy will not start until mid-year 2016.

- A. Research and review existing family meeting models such as Team Decision Making and Family Group Conferencing and determine model best suited to meet the County's needs.
- B. Adapt model to incorporate SOP principles.
- C. Develop written policy for use of family meetings.
- D. Train staff and community partners in the family meeting model, providing coaching as needed.
- E. Identify staff to pilot family meeting model.
- F. Conduct a pilot of family meetings
- G. Gather lessons learned from pilot and make needed modifications, implement across the agency.
- H. Evaluate effectiveness of meetings by tracking participation of family and community members and case outcomes.

Analysis:

Given staffing issues and the implementation of the case review and the Resource Family Approval process timelines for this strategy have been postponed. The new timelines are outlined in this update. Action steps will begin mid-year 2016.

Method of Evaluation & Monitoring

The frequency and purpose of Facilitated Family Meetings can be tracked using the new codes that are in CWS/CMS. Satisfaction of families can be evaluated via surveys or focus groups and overall effectiveness should impact recurrence and re-entry rates.

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 6: Build community awareness of child abuse and neglect through the provision of local child welfare data and education about the dynamics of child abuse and neglect. Work in conjunction with Marin Advocates for Children (MAC), Marin's recipient of Community Based Child Abuse Prevention funds to target and strengthen collaboration with agencies across the County who serve at risk families and children, especially in the services areas of domestic violence and substance abuse treatment where there are identified service gaps/challenges. Building on this strategy is the identification of community partners that can assist families by participating in team meetings and providing needed support and services to the families.

Analysis

Strategy 6 is intended to improve the following outcomes:

~~S1.1 Recurrence of Maltreatment~~

~~C1.4 Re-entry following Reunification~~

S2 Recurrence of Maltreatment

P4 Re-entry

Awareness of child abuse and neglect continues to steadily increase throughout the community. In addition to its relationship with MAC, the county maintains strong partnerships with other agencies such as local law enforcement, community health, children's mental health, Alcohol and Other Drug agencies, domestic violence, the District Attorney, Marin Community College, local school districts, and the Marin Foster Parent association. A number of new partnerships with local faith based organizations, sexual assault advocates, and others have also been established. This year CFS worked in coordination with the Youth Law Center to implement the Quality Parenting Initiative. The excellent community participation at these meetings (often 40-50 participants) is further reflection of the progress that the agency has made in this arena. Additionally, participation of community partners will be key as the County begins to roll out team decision making or family group conferencing. These initial steps appear to be helping in improving these two outcomes of S1.1 and C1.4. Increasing community awareness of child abuse and neglect, especially among partners who provide essential resources such as AOD treatment or domestic violence services helps strengthen understanding regarding the needs of families and children in the community and ultimately creates a stronger safety net for our children. Stakeholders including parents report that improving the communication and support of the team in the engagement of services that the family needs improves successful family dynamics. Families that have numerous supports are able to rely on those supports to mitigate potential crisis in the family, especially in the case of relapse. The CSA found that many families experienced recurrence of maltreatment and re-entry following reunification due to substance abuse relapse. Surrounding these families with support will assist in improving these outcome measures.

Action Step Analysis:

- A.** Identify and reach out to key child and family serving agencies, including Alcohol and Other Drugs and Domestic Violence and initiate dialogue and promote opportunities for increased collaboration and coordination, including participation in team meetings and cross training.
- B.** Establish regular collaborative meetings with the Court and key agencies to provide a venue for data sharing, problem resolution, increased engagement, coordination, and agency cross training.
- C.** Evaluate whether the action plan was effective in increasing services and/or collaboration with key partners and resulted in improvement in outcomes.

Analysis:

Quarterly meetings have been held with community partners including Center Point, County Mental Health (Katie A. Collaborative meetings), health providers such as the Marin Community Clinic and Marin General Hospital, educational agencies including the County Office of Education and our larger local school districts, law enforcement agencies, and domestic violence partners. The County continues to contract with the local domestic violence agency to support an on-site DV Liaison position and is about to finalize a contract with the County Office of Education for the Educational Liaison position. The County is also in the midst of a more in-depth partnership with the San Rafael Police Department to strengthen cross training opportunities and deepen our work together. Additionally, the County is an active participant in multiple CSEC sub-committees and has developed a strong relationship with the District Attorney and victim advocate groups working on the CSEC issue. Finally, the County is also working in close partnership with local community partners who provide services to the Latino population and has recently established a contract to support their assistance in helping youth maneuver the SIJS application process. The aforementioned examples are all reflective of either new or renewed partnerships. The partnerships are a valuable resource as they help maintain ongoing positive rapport which in turn can help create a better pathway to services for the families we are working with.

Method of Evaluation & Monitoring

Track the number of trainings provided in the community that offer an overview of child abuse/ neglect including the specific organizations who received the training(s) and the number of participants who attended.

Analyze the outreach plan to ensure that CFS and its partner agency MAC have targeted and prioritized training for those agencies that are best suited to help reduce existing service gaps identified in the CSA.

Capture the number of times CFS staff present child welfare data and/or overview of child welfare operations to other community groups.

Track the number of cross-trainings received from and provided to partners such as AOD programs and Domestic Violence providers. It was identified in the CSA that the relationships between CFS and partner agencies could be strengthened by the provision of cross training, the creation of ongoing collaborative meeting opportunities, and meaningful participation in family meetings. A list of the community members and service providers who participate in team meetings will be kept and built upon each subsequent year.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 7: Determine the effectiveness of the existing Differential Response (DR) Path 1 model and make appropriate modifications.

Analysis

Strategy 7 is intended to improve the following outcomes:

S1.1 – No Recurrence of Maltreatment

S2 –Recurrence of Maltreatment

The use of DR is attributed to a better engagement of families in practice, identification of motivations for family change and building on family strengths. In a multi-state evaluation of DR, four states evaluated family satisfaction and engagement. It was reported that families were more satisfied with how they were treated, felt more involved in decision making, connected to the community and that their contact with CPS was beneficial. Notably one state found that in 95% of the cases that were DR, families were included in service planning compared to only 67% of traditional investigations. Social workers felt that families in DR were more cooperative and willing to engage in services than those in traditional investigations. Social workers also felt they treated the clients more respectfully in the DR approach (Child Welfare Information Gateway. (2008). *Differential responses to reports of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services).

A review of our existing DR model will provide an opportunity to assess if the current DR Path 1 model effectively engages families and successfully links them to services in the community. It will further assess if our current practice helps reduce recurrence of maltreatment.

This strategy was scheduled to be initiated in June 2015 but a long term Supervisory vacancy in the front-end of the system made it impossible to address this strategy. The new start date will be March 2016. The CSA process identified that there was a need to examine the D.R. program, look at current service providers, and determine if modifications need to be changed in the program.

Action Step Analysis:

- A.** Analyze current Differential Response model and its effectiveness in preventing recurrence of maltreatment.
- B.** Identify areas that require modification and develop plan of correction. Determine next steps.
- C.** Implement changes as identified in B.
- D.** Evaluate the program by reviewing its effectiveness in preventing recurrence of maltreatment

Analysis:

This strategy was scheduled to be initiated in June 2015 however other agency issues (loss of key staff and case review) demanded management and staff attention. It is anticipated that work will begin in March 2016.

Method of Evaluation & Monitoring

Review of existing Path 1 program will help determine the effectiveness of our current model and serve as a means to develop the baseline data needed as we move forward. With limited resources available we will need to determine if a Path 1 or Path 2 model is better suited to meet the needs of our County. In particular, we will review current Path 1 referrals to assess level of client engagement and rate of re-referral. If a new strategy is developed an evaluation component will be identified.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 8: Work in collaboration with Mental Health partners to increase access and linkage to children’s mental health services through implementation of Katie A required practices. Katie A. v. Bonta is a federal class action lawsuit filed on behalf of California foster youth and children at risk of out-of-home placement. In September 2011 the Katie A. settlement agreement was reached which includes:

- Timely screening of all children with open Court Ordered and Voluntary CFS cases
- Completion of mental health assessments and connection to services
- Connection to mental health services

Analysis

This strategy is intended to improve the following outcome:

~~**C1.4 – Re-entry following Reunification**~~

P4 – Re-entry to foster care in 12 months

In support of the foundational concepts of Katie A, research reveals that children in foster care have significantly higher mental health issues than the general population. It is estimated that up to 75% of foster children have mental health needs that rise to level of requiring treatment; however, often children do not receive assessment or treatment. The consequences of not meeting the mental health needs of children in care are lower educational attainment, an increase in placement changes and a decrease in the likelihood to reunify or achieve another form of permanency (Landsverk, J.A., Burns, B.J. Stambaugh, L.F., and Reutz, J.A.R. (2006). *Mental health for children and adolescents in foster care*. Casey Family Programs).

<http://www.casey.org/Resources/Publications/pdf/MentalHealthCareChildren.pdf>

Action Step Analysis:

- A. Develop collaborative forum with mental health partners to increase access and linkage to children's mental health.
- B. Implement collaborative forum and utilize forum to develop protocols and policies for staff in each agency, CFS and Mental Health to implement Katie A. required practices.
- C. Cross train staff regarding policies and protocols.
- D. Implement policies and protocols that serve children in need of mental health services.
- E. Through collaborative forum, monitor process and modify as needed.
- F. Track number of children served and outcomes of children receiving required mental health services.

Analysis:

Steady progress has continued towards the completion of this Action Step although one of CFS' two mental health liaison staff retired and his replacement was only recently hired. Policies and procedures are effective and remain in place outlining steps required to facilitate completion of screenings as required by Katie A. Children's Mental Health has procedures in place to ensure timely completion of assessments. While the policies work well locally, there continue to be challenges connecting children living with relatives or FFA providers out of County with mental health resources. Regular meetings are in place with Children's Mental Health to troubleshoot this and any other challenges that surface. In addition, Marin County is a partner in the new multi-county. Trauma Transformed Federal initiative, we are hopeful that this partnership may help facilitate increased coordination across County lines.

Method of Evaluation & Monitoring

As there are new mandates regarding implementation of the Katie A Core Practice Model, it is expected that there will be data entry requirements. It is also anticipated that CDSS will require counties to submit reports detailing the use of services to ensure counties are following the new requirements of Katie A.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

PROBATION

Strategy 9: Assess the effectiveness of the parent support program and make recommended modifications.

Analysis

This strategy is intended to impact the following strategy:

~~C1.1 – Reunification within 12 months~~

P1 Permanency in 12 months (entering foster care)

Effective July 1, 2015, the Probation Department increased its support to the Parent Support Program by contracting with Seneca hiring a half-time Equivalent Case Manager, available to provide additional support services to parents of youth in care. The case manager responds to the needs, questions, and concerns of parents of youth while they are in foster care. One of the lessons learned from focus groups conducted with parents was that some of them do not have enough support or information and experience both stress and anxiety as a result. The Deputy Probation Officers assigned to their child’s case must dedicate the majority of their time to managing the placement, and only can provide the parents with the time that remains after those tasks are taken care of. An additional goal of this position is to encourage the parents to take the time and energy to address whatever issues they may have that have contributed to the need for the child to be removed from their home. Parent education classes (beyond the monthly support group sessions), drug and alcohol treatment, individual counseling or mental health treatment are offered to the parents so that the child can be returned to their home as soon as possible and remain safe and healthy. Particularly in cases where the removal of the child was in part due to the parent’s inability to provide a safe environment, such services may eliminate that concern and allow the Juvenile Court to return the child within the 12 months.

Action Step Analysis:

- *Revisions to the action steps and/or timeframes including an explanation of all revisions including obstacles or barriers preventing or delaying a strategy and action step from timely completion.*
 - *Modifications made to address obstacles or barriers.*
 - *Lessons learned as well as successes encountered during implementation.*
- A. Implement the plan.
 - B. Conduct interviews with Probation Officers, facilitators of the group, and families to determine if changes have been successful.
 - C. Make modifications as necessary

Analysis:

The Probation Department will be carefully monitoring the amount of participation of parents in this service to see if there is value to it. It is a voluntary service, and if parents do

not take advantage of the services, it will have to be re-evaluated to see if it is cost-effective to continue. It may also make sense to assess whether a parent's participation in this service resulted in a reduced period of time in care for the child. It is too soon to assess the impact at this time.

Method of Evaluation & Monitoring

- *Method of evaluation and/or monitoring of strategies and action steps.*

Focus groups with parents can identify the parents' perception of the effectiveness of the program. Interviews and/or surveys conducted with probation officers can reveal if they are seeing any difference in case management when parents are better supported and engaged in their child's case plan. Tracking the time to reunification can also assist in evaluating the effectiveness of the program long-term. As this program has just been implemented we will re-assess in 12 months to determine its initial effectiveness.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 10: Actively explore strategies to engage youth and identify best practices for implementation

Analysis

This strategy is intended to impact the following strategy:

C1.1 – Reunification within 12 months

P1 Permanency in 12 months (entering foster care)

Action Step Analysis:

- A.** Visit programs such as V.O.I.C.E.S and CHALK to identify the program that could best meet the needs of Marin County.
- B.** Develop a plan to implement a youth engagement program that is realistic within budgetary and staffing constraints.
- C.** Develop training for staff and community partners to assist in the implementation of the plan.
- D.** Implement the plan.
- E.** Evaluate the effectiveness of the plan by way of surveys and focus groups.

Analysis:

After thoroughly assessing both programs, staff determined that neither program was viable for a County such as ours with a very small number of youth on probation. While our existing system has a planned "re-entry" process in which returning youth are introduced to a variety

of services and supports, there is not always a dedicated case manager identified to ensure cases do not fall “between the cracks”, such as when one Deputy Probation Officer creates a re-entry plan and then transfers the case to another. As a result, the Probation Department has dedicated a 0.5 Mental Health Practitioner to the position of “re-entry coordinator” to assist in the development and implementation of re-entry plans for youth returning from placement to their communities.

Method of Evaluation & Monitoring

- Method of evaluation and/or monitoring of strategies and action steps.
- Satisfaction surveys and focus groups will be conducted.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Obstacles and Barriers to Future Implementation

CHILD WELFARE

The past year has been a difficult year for a variety of reasons. There have been persistent staffing challenges, including a key supervisory position that was vacant for 9 months and the recent death of another supervisor. In addition, there were two child deaths, both due to natural causes but traumatic for staff nonetheless. Finally, the demands resulting from the establishment of the case review process and the upcoming implementation of the RFA process are stretching the capacity of the Department and making it difficult to prioritize some of the strategies identified in the SIP.

PROBATION

The uncertainty around foster care reform adds to the difficulty for planning for this process. In addition, compounding directives from both the State and federal agencies, including this process, and multiple and at times duplicative oversight mandates (such as reviews of Title IV-E process and case reviews of placement files) all create demands that reduce capacity to actually perform the tasks promised in this report. Finally, inconsistent funding at the State level, which varies year to year and is not made final until a fiscal year is already underway, makes planning challenging and uncertain.

Promising Practices/ Other Successes

CHILD WELFARE

Overall, the Department is pleased with the progress it is making with the implantation of SOP. The coaching offered in Unit Meetings has been an effective way to promote consistency amongst staff and to ensure that the Supervisor is engaged in the staff's learning. This past year the Department also implemented the Quality Parenting Initiative (QPI). The initiative has been especially helpful in preparing the County for RFA. In addition, our increased emphasis on recruitment helped us increase the number of new licensed foster/resource families. In 2014 we licensed 4 new families and in 2015 we will license 8 new families, a 100% increase.

PROBATION

Seneca, the local wrap services provider, to develop another foster home in the area. This will further reduce the need to place youth far from their families, and should help to reduce the period of time in which they are placed out of their homes.

State and Federally Mandated Child Welfare/Probation Initiatives

Marin County is dedicated to providing appropriate services to the After 18 population and continues to provide a robust Independent Living Skills program and Transitional Services for both child welfare and probation youth. As of November 18, 2014, the Probation Department provides services to nine young adults in the After 18 Program, while 14 are currently eligible but not suitable for services.

As indicated in strategy 8, we continue to implement Katie A services for sub class members and ensure the provision of appropriate mental health services.

Marin County is not a California Partners for Permanency County.

Marin County is not a Title IV-E Child Welfare Waiver Demonstration Capped Allocation project.

Marin County is not participating in any State corrective action plans.

This SIP is demonstrating how the county is contributing to the successful achievement of California's goals for outcomes for children and families.

Marin County is not receiving any technical assistance from the National Resource Center Training and Technical Assistance.

Outcome Measures not Meeting State/National Standards

The following measures are not meeting state and/or national standards.

Child Welfare

SAFETY

S2.1 NO MALTREATMENT IN FOSTER CARE

GOAL	99.68%	
CURRENT	98.48%	
NUMERATOR/DENOMINATOR	130	132

Quarter 1 2015

S1- CHILDREN IN FOSTER CARE DURING 12-MONTH PERIOD: RATE OF VIVTIMITIZATION PER DAY OF FOSTER CARE.

Quarter	Foster care days	Instances of substantiated maltreatment	Maltreatment Reports
	n	n	per 100,000

			days
Q1 2015 <i>April 1, 2014 to March 31, 2015</i>	28,084	6	21.36

The national standard is ≤ 8.5.

County Performance – Not meeting standard; needs improvement

As already noted, this is likely a data entry issue. Staff have been advised and should not be making this error in the future. As of 12/14/15 Safe Measures reported that there was no recurrence of maltreatment in 95.3% of the referrals involving children who were victims of a substantiated maltreatment allegation during the six-month period between 10/1/2014 and 3/31/2015.

ANALYSIS OF SAFETY – S2.1/S1

A review of this measure shows that this is the first time there has been a decrease in this outcome. Since 1998, the outcome has measured 100%. The department is well aware of the corresponding incident and has concluded that this does not appear to be a long standing problem that would necessitate a SIP strategy. We are also re-evaluating our data as we have potentially identified a data entry issue (see page 10 for further analysis).

PERMANENCY

C1.2 MEDIAN TIME TO REUNIFICATION (EXIT COHORT)

GOAL	5.4		
CURRENT	7.4		
NUMERATOR/DENOMINATOR	N/A	23	

Quarter 1 2015

TABLE 5: C1.2 MEDIAN TIME TO REUNIFICATION BY AGE GROUP

Age Group	APR2011-MAR2012	APR2012-MAR2013	APR2013-MAR2014	APR2014-MAR2015
	Months in care	Months in care	Months in care	Months in care
	Median	Median	Median	Median
Under 1	1.3	4.3	3.9	1.9
'1-2	11.7	4.1	4.4	6.5
'3-5	5.5	13.2	6.2	8.1
'6-10	7.6	3.9	10.8	10.9
'11-15	14	15.9	9.2	10.1
16-17	0	14.2	2.9	0
Total	7.6	7.4	6.4	7.4

C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)

GOAL	10.9%	
CURRENT	0%	
NUMERATOR/DENOMINATOR	0	7

Quarter 1 2015

P1- CHILDREN WHO ENTERED FOSTER CARE DURING 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS

Quarter	Entered foster care in a 12 month period	Children discharged to permanency within 12 months	%
Quarter 1 2015 <i>Apr 1, 2013 to Mar 31, 2014</i>	56	25	44.60%

National Standard: >= 40.5%

County Performance – Performing within standard; no improvement needed

P2 – CHILDREN IN FOSTER CARE FIRST DAY OF 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS. TIME IN CARE: 12 TO 23 MONTHS.

Quarter	In care on the first day of the period	Children with exit to permanency	%
Quarter 1 2015 <i>Oct 1, 2013 to Sep 30, 2014</i>	6	3	50.00%

National Standard: >= 43.6%

County Performance – Performing within standard; no improvement needed

C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE)

GOAL	29.1%	
CURRENT	20%	
NUMERATOR/DENOMINATOR	2	10

Quarter 1, 2015

TABLE 6: EXITS TO PERMANENCY (24 MONTHS IN CARE)

	Interval			
	APR2011- MAR2012	APR2012- MAR2013	APR2013- MAR2014	APR2014- MAR2015
Exited to adoption by end of year and before age 18	26.7	35.3	25	20

Still in care	60	41.2	56.3	70
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Quarter 1, 2015

P3- CHILDREN IN FOSTER CARE FIRST DAY OF 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS - TIME IN CARE: 24 MONTHS OR LONGER.

Quarter	In care on the first day of the period	Children with exit to permanency	%
Quarter 1 2015 <i>Apr 1, 2013 to Mar 31, 2014</i>	16	7	43.80%

National Standard: >= 30.3%

County Performance – Performing within standard; no improvement needed

ANALYSIS OF PERMANENCY (REUNIFICATION – C1.2, ADOPTION C2.4, PERMANENCY C3.1, P1, P2, P3)

Reunification measure C1.2 has been consistently between 6.4 and 7.6 months. It is above the national standard of 5.4 months. In particular children between 6-15 years old have the longest periods of reunification. We do best in reunifying babies under 1 year old. This specific measure will no longer exist in the CFSR 3 Measures. In measure C2.4, there were no children who met this criteria. With such small numbers, it is hard to meet this standard. Had we met this standard, 1 child (14%) would have needed to have been legally freed. Measures P1 and P2 are all performing within the National Standard.

For Permanency C3.1, we see in Table 5, we have not met the national standard since 2013. However, we have so few children, a matter of 1 or 2 children can make a significant impact on the percentages. Measure P3 reveals county performing well above the national standard.

PERMANENCY – PLACEMENT MEASURE

C4.1 PLACEMENT STABILITY- AT LEAST 8 DAYS BUT LESS THAN 12 MONTHS

GOAL	86%		
CURRENT	81.5%		
NUMERATOR/DENOMINATOR	53		65

Quarter 1, 2015

C4.3 PLACEMENT STABILITY- AT LEAST 24 MONTHS

GOAL	41.8%		
CURRENT	38.9%		
NUMERATOR/DENOMINATOR	7		18

Quarter 1, 2015

P5- CHILDREN WHO ENTERED FOSTER CARE DURING 12-MONTH PERIOD: RATE OF PLACEMENT MOVES

County	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
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Quarter 1 2015 <i>Apr 1, 2014 to Mar 31, 2015</i>	8,339	36	4.31
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National Standard: ≤ 4.12 per 1,000

County Performance – Not meeting standard; needs improvement

ANALYSIS OF PLACEMENT – C4.1 AND C4.3

Measures C4.1 and C4.3 are only slightly below the national standard and do not represent a significant problem at this time. In the new CFSR 3 Measures, the county is just slightly above the national goal in Quarter 1 2015. Not meeting this measure is a matter of 0.19 per 1,000 days. We do not believe this to be significant problem for our children at this point. We will monitor the measure for the next year. A number of children disrupted placements with relatives and Foster Family Homes due to the families’ inability to provide permanency.

PROBATION

SAFETY

S1- CHILDREN IN FOSTER CARE DURING 12-MONTH PERIOD: RATE OF SUBSTANTIATED MALTREATMENT.

Quarter	Foster care days	Instances of substantiated maltreatment	Maltreatment Reports
	n	n	per 100,000 days
Q1 2015	2,644	0	0

The nation standard is ≤ 8.5 .

County Performance - Performing within standard; no improvement needed

S2- CHILDREN WITH SUBSTANTIATED ALLEGATION DURING 12-MONTH PERIOD: RECURRENCE WITHIN 12 MONTHS. N/A

PERMANENCY

C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

GOAL	48.4%	
CURRENT	0%	
NUMERATOR/DENOMINATOR	0	1

Quarter 1 2015

C1.4 REENTRY FOLLOWING REUNIFICATION (EXIT COHORT)

GOAL	9.9%	
CURRENT	16.7%	
NUMERATOR/DENOMINATOR	1	6

Quarter 1 2015

C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE)

GOAL	22.7%	
CURRENT	0%	
NUMERATOR/DENOMINATOR	0	1

Quarter 1 2015

C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)

GOAL	10.9%	
CURRENT	0%	
NUMERATOR/DENOMINATOR	0	1

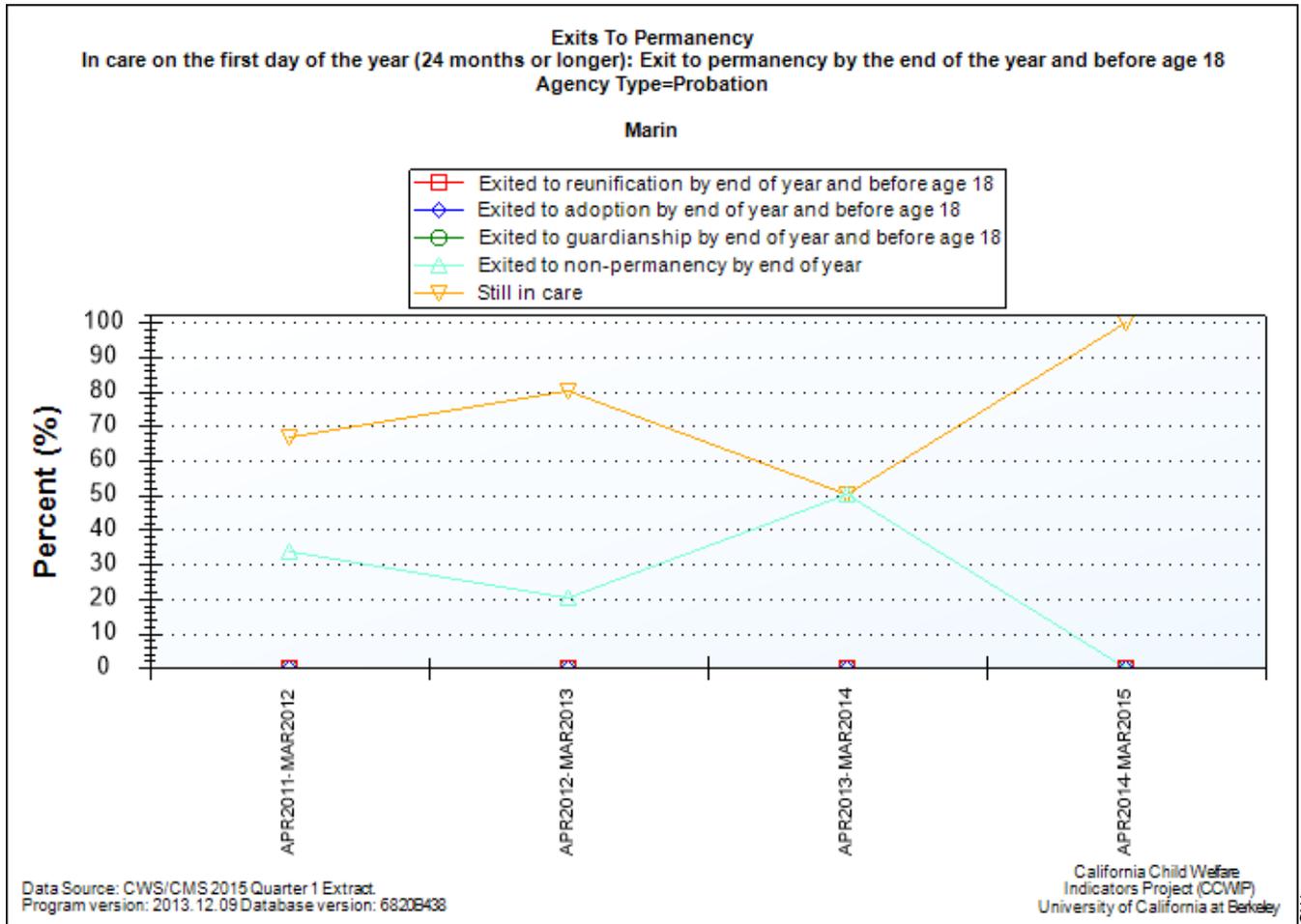
Quarter 1 2015

C3.1 EXITS TO PERMANENCY (24 MONTHS IN CARE)

GOAL	29.1%	
CURRENT	0%	
NUMERATOR/DENOMINATOR	0	1

Quarter 1 2015

GRAPH 1: EXITS TO PERMANENCY

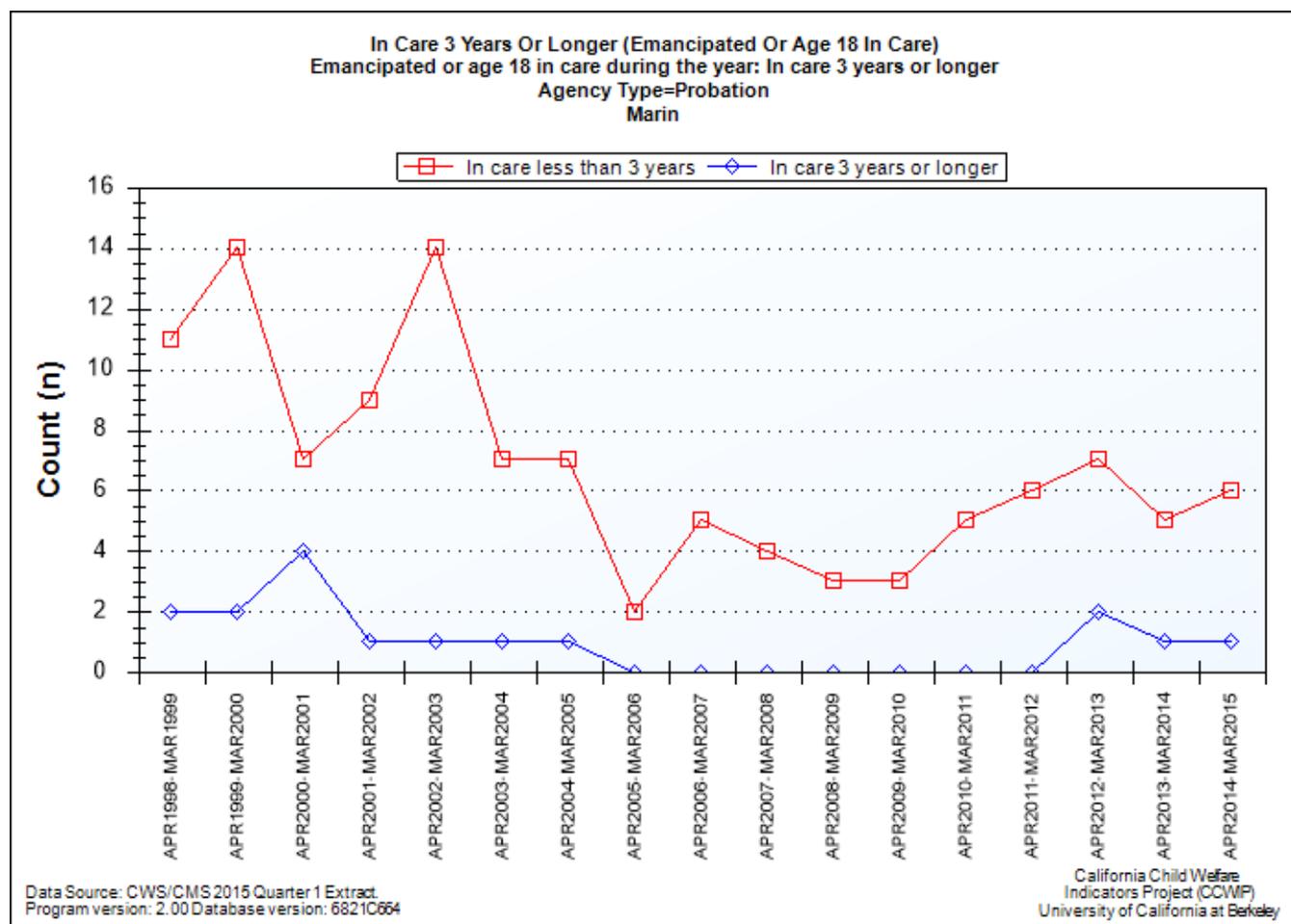


C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATED OR AGE 18 IN CARE)

GOAL	37.5%	
CURRENT	14.3%	
NUMERATOR/DENOMINATOR	1	7

Quarter 1 2015

GRAPH 2: IN CARE 3 YEARS OR LONGER



P3 – CHILDREN IN FOSTER CARE FIRST DAY OF 12-MONTH PERIOD: EXIT STATUS AT 12 MONTHS. TIME IN CARE: 24 MONTHS OR MORE.

Quarter	In care on the first day of the period	Children with exit to permanency	%
Quarter 1 2015 <i>Apr 1, 2014 to Mar 31, 2015</i>	1	0	0%

National Standard: >= 30.3%

County Performance – Not meeting standard; needs improvement

P4- CHILDREN WITH ENTRIES DURING 12-MONTH PERIOD, EXITS TO REUNIFICATION OR GUARDIANSHIP WITHIN 12 MONTHS: RE-ENTRIES WITHIN 12 MONTHS.

Quarter	Children with entries, exits to reunification or guardianship	Children with re-entries	%
Q1 2015	3	0	0

National Standard: <= 8.3%

County Performance - Performing within standard; no improvement needed

ANALYSIS – REUNIFICATION C1.3, C1.4, C3.1, C3.3, AND P4

There are so few probation youth that were measured in these outcomes. We are below standard in all of the measures except P4. We did not have any youth re-enter foster care. We will continue to address Reunification in our SIP.

PERMANENCY – PLACEMENT MEASURES

C4.1 PLACEMENT STABILITY- AT LEAST 8 DAYS BUT LESS THAN 12 MONTHS

Goal	86%	
Current	81.8%	
Numerator/Denominator	9	11

Quarter 1 2015

GRAPH 3: PLACEMENT STABILITY

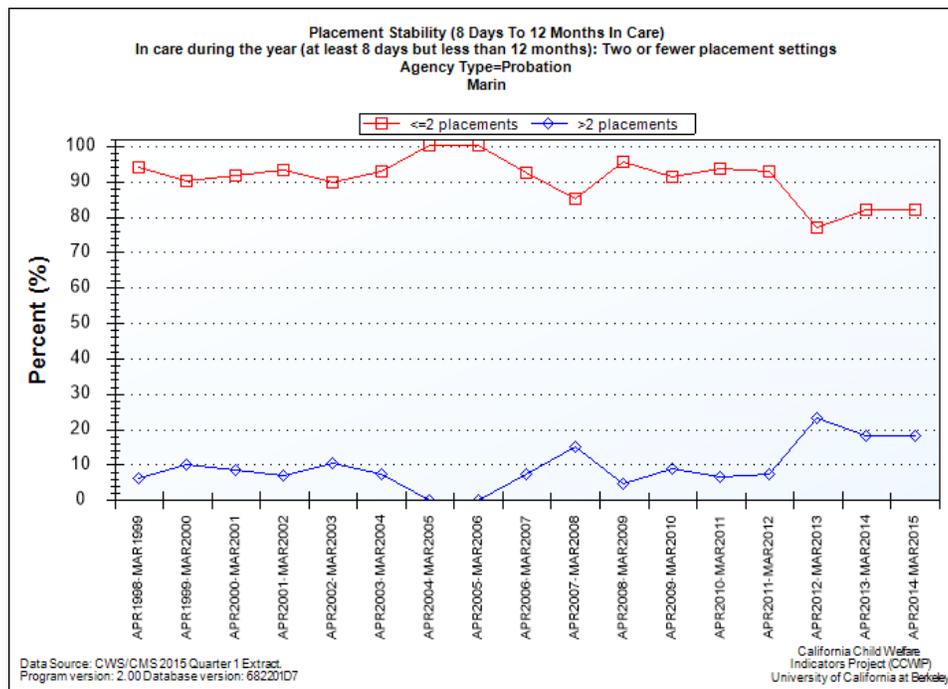


TABLE 7: PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

COUNT	PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)		
	APR2012-MAR2013	APR2013-MAR2014	APR2014-MAR2015
	N	n	n
<=2 placements	10	9	9
>2 placements	3	2	2
Total	13	11	11

Data source Q1 2015

P5- CHILDREN WHO ENTERED FOSTER CARE DURING 12-MONTH PERIOD: RATE OF PLACEMENT MOVES

Quarter	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Q1 2015	1,901	5	2.63

National Standard: ≤ 4.12 per 1,000

County Performance - Performing within standard; no improvement needed

ANALYSIS OF PLACEMENT – C4.1

The tables above reveal a performance slightly below the national standard. In Quarter 1, 2015, 2 of 11 children had more than two placements (C4.1). To meet this measure, one less child would have needed to remain in less than two placements. Measure P5 shows that we are performing within the national standard. At this time, we do not believe we need to address these measures specifically.

Child Welfare

Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment

National Standard: 94.6%

Current Performance: According to the Quarterly Data Report (Quarter 4, 2012), of the 126 children who had substantiated referrals, 108 had no recurrence of maltreatment. This is an 85.7% rate of no recurrence.

Target Improvement Goal: Marin County will improve its performance on this measure from 85.7% to 95%, resulting in 12 more children not experiencing a recurrence of maltreatment.

Priority Outcome Measure or Systemic Factor: 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?

National Standard: 9.1%

CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), Of the 242 children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, 41 were victims of another substantiated maltreatment allegation within 12 months of their initial report. This is a 16.9% additional substantiation rate.

Current Performance: According to the Quarterly Data Report (Quarter 1, 2015), 13% of 185 children (=24 children) were victims of another substantiated allegation.

Target Improvement Goal: Marin County will improve its performance on this measure from 13% to 9.1%, resulting in 7 less children experiencing repeated victimization (=17 children).

Priority Outcome Measure or Systemic Factor: C1.4 Re-entry following Reunification

National Standard: 9.9%

Current Performance: According to the Quarterly Data Report (Quarter 4, 2012), of the 32 children who were discharged from foster care to reunification, 8 re-entered within 12 months from their earliest discharge. This is a 25.0% rate of re-entry within 12 months.

Target Improvement Goal: Marin County will improve performance on this measure from 25% to 10%, resulting in 3 less child reentering within 12 months.

Priority Outcome Measure or Systemic Factor: P4 Re-entry into foster care within 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: 8.3%

CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), of the 13 children who entered foster care in the 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, five re-entered foster care within 12 months of their discharge. This is a 38.5% reentry rate.

Current Performance: According to the Quarterly Data Report (Quarter 1, 2015), 36.4% (8) of 22 children re-entered into foster care.

Target Improvement Goal: Marin County will improve performance on this measure from 36.4% to 8.3% resulting in 6 less children reentering within 12 months.

Priority Outcome Measure or Systemic Factor: 2B Timely Response (10 day response)

National Standard: N/A

State Goal: 90%

CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), 123 of 129 child abuse and neglect referrals were attempted or completed within the required 10-day response time. This is a 95.3% compliance rate.

Current Performance:

	From:	4/1/2013	4/1/2014	4/1/2015
	To:	6/30/2013	6/30/2014	6/30/2015
Timely resp. (10-day resp. compliance) (%)		91.3	95.7	93.0
		90.0	90.0	90.0
"10 days or less response" cases (n)		104	93	71
Seen by social worker w/in 10 days (n)		95	89	66

Target Improvement Goal: Marin County will improve its performance on this measure by maintaining a 90% or greater rate each month.

5 – Year SIP Chart Child Welfare

Strategy 1: Strengthen cohesiveness of child welfare supervisory team.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 Recurrence of Maltreatment</i> <i>C1.4 Re-entry following Reunification</i> <i>2B- Timely Response (10 day response compliance)</i> <i>S2 Recurrence of Maltreatment</i> <i>P4 Re-entry to Foster Care in 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Bring together supervisory and management team to identify common vision and goals. Utilize SIP to inform development of strategic plan.	January 2014 – March 2014 December 2015 June 2016	Program Manager II
B. Utilize Leadership meetings as an opportunity to promote increased use of SOP tools and consistent use of SDM tools as part of data review, case assessment, and supervision with staff.	April 2014 and monthly thereafter	Program Managers
C. Implement strategies identified in the plan with supervisors and staff.	June 2014 March 2016	Program Managers
D. Assess and Evaluate the implementation strategies as part of bi –monthly Leadership Team meetings and track and monitor the increased use of SDM and SOP Tools	August 2014 and monthly thereafter	Program Managers
E. Provide supervisor coaching and training.	June 2014 and ongoing	Training Supervisor, Bay Area Academy, Consultant

<p>Strategy 2: Implement a system of case review for all cases in accordance with the Federal/State standards incorporating continuous quality improvement (CQI) and continue the implementation of the Administrative Review process for all cases preparing for reunification.</p> <p>Implement a structured system of management case review for all cases where there is recurrence or reentry and continue implementation of the Administrative Review Process for all cases preparing for reunification.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>S1.1 Recurrence of Maltreatment</p> <p>C1.4 Re-entry following Reunification</p> <p>S2 Recurrence of Maltreatment</p> <p>P4 Re-entry to Foster Care in 12 months</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Establish a Case Management Review Team.	January 2014 April 2015	Program Manager
B. Develop <u>case</u> review policy and protocol and review with staff.	January – February 2014 May 2015	Program Manager
C. Implement case review process.	March 2014 June 2015 October 2015	Program manager and assigned lead
D. Continue Administrative case reviews.	January 2014-ongoing	Lead worker and Program Manager
E. Track outcomes of reunification cases reviewed at the Administration Review to see if process is reducing re-entry.	June 2014 March 2015 and quarterly thereafter	Lead worker and Program Manager

F. Document lessons learned from both Administrative reviews and case reviews	June 2014 January 2016 and quarterly thereafter	Program Manager
G. Review lessons learned from the Case Reviews with Leadership Team and identify policies and/or practice changes that are needed	January 2015 June 2016	Program Manager
H. Document policy/practice change and distribute to staff. Provide training as needed.	June 2015 December 2016	Program Manager
I. Evaluate if the changes have improved the outcome	January <u>2018</u>	Program Manager

Strategy 3: Expand ongoing compliance with the use of standardized assessment tools and use of SOP best practices throughout the child welfare continuum.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 Recurrence of Maltreatment</i> <i>C1.4 Re-entry following Reunification</i> <i>S2 Recurrence of Maltreatment</i> <i>P4 Re-entry to Foster Care in 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review and re-issue policy regarding use of standardized assessment tools.	January 2014 – March 2014 Completed	Program Manager and SDM Lead
B. Gather baseline compliance numbers and goals	March 2014 Completed	Program Manager and SDM Lead
C. Provide support to staff and necessary refresher training to staff to ensure compliance with the use of standardized tools.	April – May 2014 Completed Ongoing	SDM Staff Lead in conjunction with Training Supervisor and Unit Supervisors
D. Provide regular updates to management regarding the compliance levels.	June 2014 and quarterly there after March 2015 and quarterly there after	Program Managers
E. Train staff on utilization of SOP tools to develop effective safety plans that reflect what parents need to maintain the	June 2014 and on an as needed basis	Training Supervisor, SOP Lead, Bay Area Academy

safety of their children in their homes.		
F. Conduct random reviews to determine that SOP language is incorporated beginning at intake and throughout the case (in Case Plans, Court Reports, and other CWS documents.)	June 2016 – December 2016	Training Supervisor, SOP Lead, Bay Area Academy
G. Provide additional training to staff on any gaps identified in the Review.	February 2017 and ongoing	Training Supervisor, SOP Lead, Bay Area Academy

Strategy 4: Assess existing ER/Court structure and make recommendations for changes to improve flow of ER assignments.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2B Timely Response (10 day referral)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Assess existing ER/Court structure, explore how other counties with similar demographics are structured, and identify recommendations for change.	Jan 2014 – September 2014 Completed	ER & Ongoing Supervisor
B. Once recommendations are made a small scale pilot will occur using the proposed new ER/court structure.	September 2014 – June 2015 Underway Completed	ER & Ongoing Supervisor
C. After the pilot reconvene work group to make recommendations for modification and expansion of the pilot structure.	February 2015 – July 2015 June 2015 - December 2015 Completed	ER & Ongoing Supervisor
D. Implement large scale changes.	January 2016 - June 2016	ER & Ongoing Supervisor
E. Assess functionality of new structure and review and track impact on ER compliance with 10 day referrals	June August 2015 and ongoing	Supervisors & Managers

Strategy 5: Increase family engagement through the provision of more systematic facilitated family meetings incorporating principles of Safety Organized Practice with other best practice models for family conferencing/teaming.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 Recurrence of Maltreatment</i> <i>C1.4 Re-entry following Reunification</i> <i>S2 Recurrence of Maltreatment</i> <i>P4 Re-entry to Foster Care in 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research and review existing family meeting models such as Team Decision Making and Family Group Conferencing and determine model best suited to meet the County's needs.	January 2014 – June 2014 February 2015 – July 2015	Training Supervisor and Leadership Team
B. Adapt model to incorporate SOP principles.	July 2014 – January 2015 August 2015 – February 2016	Manager and Training Supervisor
C. Develop written policy for use of family meetings.	January 2015 – June 2015 February 2016 – July 2016	Manager and Training Supervisor
D. Train staff and community partners in the family meeting model, providing coaching as needed.	June 2015 July 2016 – October 2016	Training Supervisor and staff lead
E. Identify staff to pilot family meeting model.	September 2015 October 2016 – December 2016	Training Supervisor and staff lead
E. Conduct a pilot of family meetings	November 2015 January 2017 – March 2017	Staff and Community members
F. Gather lessons learned from pilot and make needed modifications, implement across the agency.	January 2016 – December 2016 April 2017 – March 2018	CFS Leadership Team, Staff and Community members
F. Evaluate effectiveness of meetings by tracking participation of family and community members and case outcomes.	December 2016 June 2018 and quarterly thereafter	CFS staff TBD

Strategy 6: Build community awareness of child abuse and neglect through the provision of local child welfare data and mandated reporter training. Strengthen collaboration with agencies across the County who serve at risk families and children, especially in the services areas of domestic violence and substance abuse treatment where there are identified service gaps/challenges.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 No Recurrence of Maltreatment</i> <i>C1.4 Re-entry following Reunification</i> <i>S2 Recurrence of Maltreatment</i> <i>P4 Re-entry to Foster Care in 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify and reach out to key child and family serving agencies, including Alcohol and Other Drugs and Domestic Violence and initiate dialogue and promote opportunities for increased collaboration and coordination, including participation in team meetings and cross training.	February 2014 and ongoing Completed and ongoing	Program Manager I & II
B. Establish regular collaborative meetings to provide a venue for data sharing, problem resolution, increased engagement, coordination, and agency cross training.	March 2014 - June 2014 monthly June 2014 quarterly ongoing Completed and ongoing	Program Managers, Supervisors, PHNs
C. Evaluate whether action plan was effective in increasing services and/or collaboration with key partners and resulted in improvement in outcomes.	January 2015 and quarterly ongoing	Program Manager II

Strategy 7: Review and evaluate the Differential Response model currently in practice to determine effectiveness and make modifications as determined appropriate.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 No Recurrence of Maltreatment</i> <i>S2 Recurrence of Maltreatment</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Analyze current Differential Response model and its effectiveness in preventing recurrence of maltreatment.	June 2015 – December 2015 March 2016-December 2016	Program Manager and Supervisor
B. Identify areas that require modification and develop plan of correction. Determine next steps.	January 2016 – March 2016 January 2017-June 2017	Program Manager and Supervisor
C. Implement changes as identified in B.	April 2016 – June 2016 July 2017-October 2017	Program Manager, Supervisor, Staff
D. Evaluate the program by reviewing its effectiveness in preventing recurrence of maltreatment	June 2017 – June 2018 November 2017-September 2018	Program Manager

<p>Strategy 8: Work in collaboration with Mental Health partners to increase access and linkage to children’s mental health services through implementation of Katie A required practices:</p> <p>Timely screening and of all children with open CFS cases (VFM,FM,RR)</p> <p>Completion of mental health assessments and connection to services</p> <p>Connection to mental health services</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.4 Re-entry following Reunification</p> <p>P4 Re-entry to Foster Care in 12 months</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop collaborative forum with mental health partners to increase access and linkage to children’s mental health.	January 2014 Completed and ongoing	Program Manager and Children’s Mental Health
B. Implement collaborative forum and utilize forum to develop protocols and policies for staff in each agency, CFS and Mental Health to implement Katie A. required practices.	January 2014 - June 2014 Partially completed	Program Manager and Children Mental Health
C. Cross train staff regarding policies and protocols.	May 2014 - December 2014 Completed and ongoing	Program Manager and Children’s Mental Health Staff, Training Supervisor
D. Implement policies and protocols that serve children in need of mental health services.	January 2015 Completed	Program Manager and Children’s Mental Health
E. Through collaborative forum, monitor process and modify as needed.	January - June 2015 and ongoing	Program Manager, Children’s Mental Health and collaborative forum partners
F. Track number of children served and outcomes of children receiving required mental health services.	January 2016 and yearly thereafter	Program Manager

5 – Year SIP Chart Probation

Priority Outcome Measure or Systemic Factor: C1.1 - Reunification within 12 months) Exit Cohort

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

National Standard: 75.2%

CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), of the 6 children who were discharged from foster care to reunification, 2 were reunified within 12 months from their latest removal. This is a 33.3% rate of reunification within 12 months.

Current Performance: 33.3% (CWS/CMS 2014 Quarter 1 Extract)

Target Improvement Goal: Marin County Juvenile Probation will improve performance on this measure from 33.3% to 75.2%, resulting in more children reunifying.

Priority Outcome Measure or Systemic Factor

P1 Permanency in 12 months (entry into foster care) - Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?

National Standard: 40.5%

CSA Baseline Performance: 33.3% (Quarter 3, 2012)

Current Performance: 0% (0 of 9 children) (Quarter 1 2015)

Target Improvement Goal: We will improve performance on this measure from 33.3% to 40.5%, which had that occurred in this quarter, 4 children would have achieved permanency.

Strategy 9: There is an existing parent support group that meets monthly. This strategy is designed to enhance the success of this program.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>C1.1 Reunification within 12 months</i> <i>P1 Permanency in 12 months (entry into foster care)</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify an organization to assist in the assessment, including recommendations for modifications to the Parent Support Group.	December 2013- January 2014 Completed	Juvenile Division Director
B. Organization to conduct interviews with Probation Officers, facilitators of the group, and families to determine what is working and what isn't.	January 2014 - March 2014 Completed	Juvenile Division Director
C. Develop a plan to modify the parent support group based on the feedback.	March 2014 - June 2014 Completed	Juvenile Division Director
D. Develop a plan for engaging foster youth and their families through the use of a dedicated case manager who would be responsible for providing support services to parents whose youth are in placement.	January 2015 –March 2015	Juvenile Division Director
E. Implement the plan.	In progress to be completed by July 2015	Placement Supervisor
F. Conduct interviews with Probation Officers, facilitators of the group, and families to determine if changes have been successful.	September 2015	Juvenile Division Director
G. Make modifications as necessary	March 2016 and ongoing	Placement Supervisor

Strategy 10: Explore and implement strategies to engage youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Reunification within 12 months <i>P1 Permanency in 12 months (entry into foster care)</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Visit programs such as V.O.I.C.E.S and CHALK to identify the program that could best meet the needs of Marin County.	June 2014 - September 2014 Completed and determined that neither program would be practical in Marin County given the few number of youth interested in the services	Juvenile Division Director
B. Develop a plan for engaging a foster youth(s) and their families through the use of a dedicated case manager who would be responsible for: offer support services to youth returning from placement, whether they remain on probation or not	January to March 2015	Juvenile Division Director
C. Implement the plan by contracting with a provider to deliver services described above.	July 2015	Juvenile Division Director
D. Evaluate the effectiveness of the plan by interviews with staff involved and youth interns.	March 2016 and ongoing	Placement Supervisor