

# California - Child and Family Services Review

## County Self-Assessment

MARCH 2, 2015 THROUGH MARCH 2, 2021





# CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW

## SIGNATURE SHEET

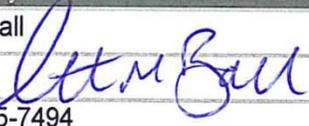
FOR SUBMITTAL OF: CSA  SIP  PROGRESS REPORT

County	Merced
SIP Period Dates	March 2, 2016 through March 2, 2021
Outcome Data Period	Q4, 2014, released April 2015, January 1, 2014 through December 31, 2014

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Signature*	
Phone Number	
Mailing Address	

### Board of Supervisors (BOS) Signature

BOS Approval Date	
Name	
Signature*	

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# TABLE OF CONTENTS

Introduction .....	1
C-CFSR Planning Team and Core Representatives .....	4
Demographic Profile .....	10
Public Agency Characteristics .....	39
State and Federally Mandated Child Welfare/Probation Initiatives .....	67
Board of Supervisors Designated Commission, .....	75
Board of Bodies .....	75
Systemic Factors .....	78
Critical Incident Review Process.....	115
National Resource Center (NRC) Training and Technical Assistance.....	116
Peer Review Results.....	116
Outcome Data Measures .....	163
Summary of Findings .....	227



# INTRODUCTION

The purpose of the County Self-Assessment (CSA) is for each County, in collaboration with their community partners, to perform an in-depth assessment of Child Welfare and Juvenile Probation programs. This analysis includes both qualitative and quantitative data and guides the County in planning for program enhancements and continuous quality improvement. The CSA is one of three major components required by the California Child and Family Services Review (C-CFSR). The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (Assembly Bill [AB] 636). As required by AB 636, Merced County Human Services Agency (HSA), Child Welfare Services (CWS), and Merced Juvenile Probation (Probation) must analyze, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes. These outcomes are measured using data from the statewide child welfare database.

In addition to the outcome indicators, the CSA must review systemic and community factors that correspond to the federal review. The areas needing improvement will be addressed in the System Improvement Plan (SIP), which must also be developed in partnership with community partners. The SIP must be approved by the Merced County Board of Supervisors and submitted to the California Department of Social Services (CDSS). Merced's most recent Self-Assessment was completed in 2011 and the SIP in March of 2012. Recent changes to the C-CFSR process have resulted in a change to the evaluation and reporting periods and the three-year cycle has been increased to five years to allow counties additional time to plan, implement, and achieve their desired outcomes and objectives. As required, Merced County's HSA, CWS, and Probation led the CSA in partnership with the CDSS. The county was additionally supported in completion of this process by Central California Social Welfare, Evaluation, Research, and Training Center.

Merced CWS and Probation worked together to address an issue important to each agency and to the community as a whole. Probation has identified a rise in the number of youth in placement, without a corresponding rise in the number of youth entering the juvenile justice system. The important questions that Probation examined in the assessment process were 1) what interventions are effective in keeping youth in their own homes and communities and avoiding placement and 2) are the right decisions being made in regard to services at home.

CWS focused on a specific C-CFSR indicator, C1.1 Reunification within 12 Months, Exit Cohort. CWS's performance on this indicator has been steadily declining and has failed to meet the federal standard/goal in the last six consecutive quarters. CWS approaches making changes to practice regarding reunification carefully because performance on a related indicator, C1.4 Re-entry Following Reunification, has exceeded the national standard for the last five consecutive quarters. CWS wants to avoid reducing the time to reunification at the risk of placing children in an unsafe situation and exposing children to more trauma and a re-entry into foster care.

With these two issues clearly identified, the two agencies jointly reached out to the community, families, youth, peers from other counties, colleagues in the office of Outcomes and Accountability, and CDSS to help identify promising practices, community needs, service gaps, potential changes in practice, and information vital to developing the five-year SIP.

## MERCED COUNTY OVERVIEW

Merced County is situated in central California in the San Joaquin Valley. Though the region is the world's most productive agricultural area, it is severely economically depressed. The economy of the county has never recovered from the 1995 closing of Castle Air Force Base. However, the opening of the University of California (UC) Merced, which broke ground in 2002 and held its first classes in 2005, provides hope for the growth and expansion of the local economy. Merced is culturally as well as ethnically diverse, with a population of 255,793 residents. Merced County ranks among California's lowest in several key socioeconomic indicators. The specifics of these indicators are described in Section 4, Demographic Profile, and taken as a whole they describe a county with low income, high unemployment, an under educated population, lack of affordable housing, high incidence of drug and alcohol abuse, high crime rates, and families under extreme stress.

In March 2012, the city of Merced had the dubious distinction of being named number one on a list of the ten worst cities in which to look for a job by U. S. News and World Report (Kurtzleben, 2012). Within the city of Merced, six of the top ten major employers are governmental entities, including the county, the city, two school districts, the university and the community college (City of Merced Comprehensive Annual Financial Report, 2010). These large employers are likely to have requirements for education and credentials that rule out many of the county's job seekers. In addition to poverty and unemployment, Merced County consistently experiences higher rates of arrests for drug and gang related crimes. Additionally, Highway 99, the major north/south highway in the Central Valley passes directly through the middle of Merced. The Merced Sun-Star reported human trafficking in the area immediately adjacent to the highway.

While most of the population is clustered in the cities of Merced, Los Banos, and Atwater, many families live in the small, scattered rural communities. The county is large, 1,935 square miles, and the rural roads zigzag around the fields, pastures, and orchards. Public transportation to some areas of the county is non-existent, and long distances to services create a major logistical problem for service providers and those seeking services. In an environment of low income, high levels of poverty, low levels of education, high unemployment, high percentage of young children, and high rates of drug related crime, it is no surprise that Merced County experiences high rates of homelessness, child abuse, neglect, and juvenile offenders. While Merced has many positive attributes and many people of good will and intent, it is the pervasive poverty of the county that influences many of the issues and options discussed in this report.

This report will provide an in-depth description of the county population demographics, the populations served by CWS and Juvenile Probation. It will detail the processes of each agency, the resources and lack of resources that impact families and children, and describe the Peer Review process and outcomes.

Merced County launched the Peer Review process on December 2, 2014, with a meeting of key staff from CWS, Probation, and Outcomes and Accountability, CDSS. Outcomes and Accountability was represented by Korena Hazen, Consultant, and Mary DeSouza, Office of Child Abuse Prevention (OCAP) consultant for Merced County. Program Manager Heidi Szakala represented Probation. Attending for CWS were Deputy Director Laura De Cocker and key staff. Mayko Vang represented the Central California Social Welfare, Evaluation, Research, and Training Center. The meeting covered the C-CFSR process, including team and roles, stakeholders, requirements for the CSA, the time line, technical assistance, manuals, tools, templates, and next steps with time lines.

A Peer Review Planning Committee, Co-Chaired by Baljit Gill (CWS) and Heidi Szakala (Probation) was appointed to develop and implement the Peer Review, which was completed in April 2015. A detailed account of the planning process, execution of the Peer Review, and the findings of the peer reviewers are in Section 11: Peer Review Results.

In order to obtain maximum input from the community and the families and youth involved in the CWS and Probation Systems, 16 focus groups were held before, during, or immediately after the week of the Peer Review. A 17th focus group (Drug Court Parents) was held in June. Summaries of the comments collected in these focus groups, along with an analysis of major themes across focus groups, is included in Section 11: Peer Review Results.

The third outreach component was meeting with the C-CSFR Team and Core Representatives. The planning team elected to meet with members of the expanded C-CSFR team in their natural environment, that is, in meetings that are well established and part of the network and fabric of the community. These meetings were held after the Peer Review so the key findings could be shared with the C-CSFR team. The monthly meeting of the Family Wellness Council (FWC)/Child Abuse Prevention Council (CAPC) is made up of judges, attorneys, child welfare, probation, Court Appointed Special Advocates (CASA), mental health, education, foster youth, and community providers. In each meeting, representatives of CWS and Probation gave a brief overview of the SIP five-year cycle process, presented the issues each agency is examining, gave a summary of the Peer Review findings, and held an open discussion to solicit reactions, ideas, suggestions, and support for improvement efforts. A summary of each of these meetings is included in Section 3: C-CSFR Team and Core Representatives.

# C-CFSR PLANNING TEAM AND CORE REPRESENTATIVES

## C-CFSR TEAM

The Core C-CSFR Team is chaired by Scott Ball, Chief Probation Officer and Laura De Cocker, Deputy Director for CWS. The Peer Review Planning Committee consists of: Co-Chairs – Balijt Gill (CWS) and Heidi Szakala (Probation).

- Child Welfare Services
  - Janet Kasper, Analyst
  - Jane Norwood, Special Projects Coordinator
  - Cheweeta Richardson, Supervising Social Worker
  - Tanya Riley, Social Worker
  - Heather Rosa, Supervising Social Worker
  - Julianne Sims-Culot, Supervising Social Worker
  - Hoyu Sayaovang, Supervising Social Worker
- Probation

Kalisa Rochester, Supervising Probation Officer
- Central Training Academy
  - Mayko Vang , Coordinator
  - Margie Albers, Facilitator
- California Department of Social Services, Outcomes and Accountability
  - David Brownstein, Consultant
  - Barbara Ricciuti-Colombo, Consultant (note: Mr. Brownstein was Merced County's assigned consultant through March, 2015. Ms. Ricciuti-Colombo was the assigned consultant in April, 2015 and attended the Peer Review.)

## CORE REPRESENTATIVES

The following chart lists the required and recommended stakeholders and when and how they were included in the assessment process. In addition to the Peer Review, Merced conducted 17 focus groups and a stakeholder meeting with the Family Resource Council (FRC). The results of the focus groups are described in Section 11: Peer Review Results. The feedback from the FRC meeting is reported in this section.

## Stakeholders in the C-CSFR Process

Required Stakeholders*	Date (s)/Event
<b>County Child Welfare*</b>	
CWS Administrators Deputy Director, Laura De Cocker Program Administrators Baljit Gill, Jami Johnson, Daphne Short, and Kimiko Vang	Peer Review Planning Team
CWS Supervisors Hoyu Sayaovang, Juli Sims-Culot, and Cheweeta Richardson	Peer Review Planning Team Focus Group – 3/31/15
CWS SW/Case Workers Susan Lee, Glorimar De La Rosa, Sandra Benavidez, Robert Elias, Pha Xiong, Elizabeth Fonseca, Rebecca Barrena, Robin Feist, Jill Kojima, Bert Navarro, Tamra Partin, Genaye Mowrer, Sara Rodriquez, and Tanya Riley	Peer Review Interviewees Focus Group – 4/16/15
<b>Probation*</b>	
Chief Probation Officer, Scott Ball Program Manager, Heidi Szakala	Peer Review Planning Team
Probation Placement Supervisor Supervising Probation Officer, Kalisa Rochester Probation Supervisors	Peer Review Planning Team Focus Group – 3/30/15
Probation Placement Officers Christine Griffin, Barbara Glaze, Rochelle Jew, Christina Zwart, Ko Lee, Jennifer Madkins, George Garcia, Patrick Bradley, Jennifer Medeiros, and Marcelino Plascencia	Peer Review Interviewees Focus Group – 4/15/15
<b>Native American Tribes</b>	
Tribal Chair Person None in county	
<b>Service Recipients</b>	
Foster Youth (current and former) Independent Living Program Youth Probation Youth	Focus Group – 3/30/15 Focus Group – 3/30/15
Parents/Consumers All Dads Matter All Moms Matter Foster Parents and Relative Care Givers Parents Supporting Parents Foster Family Agency Foster Parents Drug and Behavioral Court Parents	Focus Group – 4/16//15 Focus Group – 3/31/15 Focus Group – 3/16/15 Focus Group – 4/06/15 Focus Group – 4/15/15 Focus Group – 6/26/15
<b>County Agency Partners</b>	
Merced County Office of Education (MCOE) Dennis Haines	Family Wellness Meeting – 5/28/15

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**Prevention Partners**

CAPC Dennis Haines, MCOE	Family Wellness Meeting – 5/28/15
Children’s Trust Fund or CAPC Dennis Haines, MCOE	Family Wellness Meeting – 5/28/15
BOS Designated Agency to Administer CAPIT/CBCAP/PSSF Laura De Cocker, HSA	Peer Review Planning Committee
Promoting Safe and Stable Families Collaborative Laura De Cocker, HSA	
Education Community Monica Adrian, MCOE, Caring Kids	Family Wellness Meeting – 5/28/15
CASA	Focus Group – 3/16/15

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**Consultation**

FRC Dennis Haines, MCOE	Family Wellness Meeting – 5/28/15
Fatherhood and Healthy Marriage Programs Lamar Henderson, All Dads Matter	Focus Group – 4/16//15
Service Providers (including special populations) Alice Keifer, Castle Family Health Lorena Ewing, Healthy House Irma Chavez, Sierra Vista	Family Wellness Meeting – 5/28/15
Supportive On-Going Services	Focus Group – 4/8/15
Teen Pregnancy Prevention Desirre Herrera, Planned Parenthood Mar Monte	Family Wellness Meeting – 5/28/15

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## THE CSA PLANNING PROCESS

A detailed description of the planning process is included in Section 11: Peer Review Results. The CSA planning process began in December 2014 with a meeting of leadership of CWS, Probation, and liaisons from Department of Social Services Outcomes and Accountability Section. At a subsequent meeting, the county agencies provided information about the quality measures selected for the focus of this cycle of the SIP, received direction regarding the process, and identified the members of the Peer Review Planning Committee (PRPC). The PRPC meet weekly and made recommendations on key decisions for approval from Deputy Director De Cocker and Chief Ball. The PRPC recommended the focus groups, the counties to reach out to for Peer Reviewers, the number and types of cases to be reviewed, the interview tools, focus group questions, and other key operational decisions for the Peer Review and the focus groups. The PRPC developed the materials for providing information to the community and scheduled focus group meetings. The PRPC and other key staff from both agencies participated in the analysis of findings and preliminary recommendations for future action.

## PARTICIPATION OF CORE REPRESENTATIVES

Merced County choose to gather input from key stakeholder groups in settings where those groups are accustomed to meeting to maximize participation and avoid creating an additional meeting on the calendars of already busy people. Many of the focus groups were held in conjunction with regular group meetings such as All Dads Matter (ADM) and All Moms Matter (AMM). Other focus groups were specifically scheduled for the assessment process. All of the required stakeholders were reached. Some stakeholders were scheduled but were not able to attend. The county intends to include these and additional stakeholders in the development of the SIP.

## STAKEHOLDER FEEDBACK

The FWC is the designated CAPC.

Merced County FWC/CAPC met May 28, 2015. Peer Review Team Co-Chairs Heidi Szakala (Probation) and Baljit Gill (CWS) presented an overview of the CSA/SIP process, the Peer Review and Focus Group process. They shared an overview of the focus areas for each agency and the findings from the Peer Review. A decision was made not to share recommendations from other counties to avoid influencing the recommendations from the FWC.

Comments from the group:

- Challenges
  - Funding is a challenge. Funding can be found for 0 to 5, but funding for programming for the middle group is hard.
  - Outlying areas are a challenge. FRC goes door-to-door in Dos Palos to enroll people into parenting classes but it is a struggle. Very few people show up to classes/community events.
  - Transportation is a challenge. Transportation provider should be involved in planning.
  - Nonprofits are “shaky” in Merced County.
  - How do we bring others to the table? It impacts all of us.
  - Home visiting (for parent education) is effective for the population over five as well as younger. Requires time but results in less recidivism in the end.
  - Multi-generational approach, social connections and social support are effective.
  - Few Spanish-speaking clinicians within service providers.
  - Missing connections with the schools.
  - No gang prevention programs.
  - Sports are too expensive for some families.
  - No parenting education for parents of teens.

- No sex offender programs for parents or teens.
- Lack of fatherhood programs for teens.
- No anger management for teens and parents.
- Lack of school social workers on site.
- Resources
  - CASA as education advocates.
  - Prevention and Early Intervention (PEI) through Sierra Vista in the schools. Eight weeks of social skills training (group setting, no less than three), one time per school.
  - Behavioral and Emotional Support Team (BEST) has some of the mental health funds to provide support to kids with 504 plans and Individualized Education Programs (IEPs). Some of the mental health money went directly to the schools (instead of through mental health). Merced County Office of Education's (MCOE's) special education department.
  - Merced County has a good infrastructure built for the 0- to 5-year-old population.
  - CWS and Probation are the backbone or driving force behind social services.
  - Independent Living Program (ILP) for the 16- to 21- year-old population, classes and workshops that help build healthy social connections and teach independent living skills.
  - Mental Health has the CUBE (Community United by Empowerment).
  - After-school programs: Youth Enrichment Program (YEP), Boys and Girls Club, ASSETS.
  - Planned Parenthood has specific parenting on relationships, teen pregnancy prevention, relationship dynamics between parents, peers and significant others.
  - Building Healthy Communities/California Endowment for funding.
  - UC Merced working to connect groups to the community.
  - Parent Institute – present to the parents to let them know what is out there.
  - FRC has a calendar – central location to post services.
  - Sierra Vista can provide classes on bullying.
  - Baby Blues Support Groups by Sierra Vista.
- Ideas for Future Exploration
  - Connect senior citizens to foster youth without family.
  - Connect previous foster youth to current foster youth.

- Partner with Police Department to develop gang prevention program (L.A. County has a model. Some work is being done by individuals.)
- Develop scholarships for sports.
- CWS/Probation contacts at each school site and determine the contact person for programs.
- Fresno has programs for 10- to 12-year-old boys about how to engage in positive relationships/mentoring with males.
- Engage more people in FWC meetings to pursue these ideas.
- In the future, aid will be connected to school attendance for older kids. Parents are telling kids that school isn't important. The 16- to 17-year-old population now will have some incentive to go to school.

# DEMOGRAPHIC PROFILE

Merced County is situated in central California in the San Joaquin Valley. Though the region is the world's most productive agricultural area, it is severely economically depressed. The economy of the county has never recovered from the 1995 closing of Castle Air Force Base. Although the opening of the UC Merced, which broke ground in 2002 and held its first classes in 2005, provides hope for the growth and expansion of the local economy and opportunities, the current picture is bleak. Merced is culturally as well as ethnically diverse, with a population of 255,793 residents. Merced County ranks among California's lowest in several key socioeconomic indicators. The specifics of these indicators are described in the tables below. Taken as a whole they describe a county with low income, high unemployment, an under educated population, lack of affordable housing, high incidence of drug and alcohol abuse, high crime rates, and families under extreme stress.

## GENERAL COUNTY DEMOGRAPHICS

Population by Age, Ethnicity, Education and Language Spoken			
	Reported in 2010 CSA	Merced County <sup>2</sup>	California <sup>2</sup>
County Population	257,373 <sup>1</sup>	266,353	38,802,500 <sup>2</sup>
Persons < 5	Not reported	8.2%	6.5%
Persons < 18	Not reported	30.4%	23.9%
White alone	Not reported	81.9%	73.5%
Black or African American alone	4.1%	4.2%	6.6%
American Indian and Alaska Native alone	Not reported	2.5%	1.7%
Asian alone	6.6%	8.1%	14.4%
Native Hawaiian and Pacific Islanders alone	Not reported	0.4%	0.5%
Two or more races	Not reported	3.0%	3.7%
Hispanic or Latino	51.4%	56.8%	38.4%
White alone, not Hispanic or Latino	36.6%	30.2%	39.0%
Foreign born	Not reported	25.6%	26.0%
Language other than English spoken at home (age 5+)	Not reported	52.5%	43.7%

<sup>1</sup>Merced County 2010 County Self Assessment

<sup>2</sup>United States Census Bureau. <http://quickfacts.census.gov/qfd/states/06/06047.html>. Retrieved 6/15/15

Merced County is a majority/minority population. Hispanic or Latino persons make up the majority of the population, and over half the population speaks a language other than English at home. In the Peer Review and focus groups, lack of Spanish language services was cited as a barrier to reunification or plan compliance for some families. The demographic data shows that 25.6% of the population is foreign born, but does not specify the country of birth.

However, given that the County is located in an agricultural area with many migrant farm workers, it can reasonably be assumed many of the foreign born population is from Mexico. CWS has a designated liaison with the Mexican consulate specifically for situations in which children can be placed or reunited with family in Mexico. CWS has 32 bilingual positions; 29 of the 32 are currently filled. Of those 29, 6 are Southeast Asian speaking and 23 are Spanish speaking.

Education of Merced County Residents		
	Merced County	California
25 and over, less than 9th Grade	20.0%	10.2%
25 and over, 9th to 12 grade, no diploma	12.4%	8.5%
25 and over, high school graduate or equivalent	24.4%	20.7%
25 and over, some college, no degree	22.7%	22.1%
25 and over, Associate's degree	6.0%	7.8%
25 and over, Bachelor's degree	8.4%	19.4%
25 and over, graduate or professional degree	4.2%	11.2%
Percent high school graduate or higher	66.7%	81.2%
Percent Bachelor's degree or higher	12.6%	30.7%

United States Census Bureau. <http://quickfacts.census.gov/qfd/states/06/06047.html>.

The education level of the population impacts CWS and Probation in two ways. Since entry level professional positions in both Agencies require a bachelor's degree as a minimum, only a small portion of the population is available for the pool of possible candidates. The second impact is on the client population. Lack of an education and qualifications for a job is a barrier to many client families that need employment to stabilize their living situation and provide a safe environment for children. The chart below shows the top ten manufacturing and nonmanufacturing jobs. The largest employers in Merced are public entities such as government and schools, organizations that are likely to have high educational requirements for employees.

Top Ten Non-Manufacturing Employers	
Employer	Number of Employees
County of Merced	1,980
Merced City School District	1,300
AT&T Call Center	1,200
Merced Union High School District	891
Merced College	800
University of California, Merced	500
City of Merced	480
WalMart	290
Costco	200
Home Depot	200

Data is from 2009. <https://www.cityofmerced.org/services/business.asp>. Retrieved 6/15/15

Top Ten Manufacturing Employers	
Employer	Number of Employees
Quad Graphics	700
Scholle Corporation	370
McLane Pacific	250
SaveMart Distribution Center	230
Wellmade	100
Label Technologies	74
RTS Packaging	68
Safeway	60
O'Keefe's Inc.	50
California Fiber Drum	44

Data is from 2009. <https://www.cityofmerced.org/services/business.asp>. Retrieved 6.15.15

Merced has opportunities for adults to continue their education. Merced Adult School, a school in the Merced Union High School District, offers adult basic education, General Education Diploma (GED) classes and testing, English as a Second Language, conversational English, and high school diploma. Merced College, located in the City of Merced with a campus in Los Banos, offers an Associate of Arts degree and a variety of vocational courses. The UC Merced offers both bachelor's and graduate degrees. However, UC Merced, a campus of the University of California, has high academic standards for admission and is a state and regional resource as well as a resource for local residents.

### Unemployment Data

Population in the Labor Force (16 and Over)		
	Merced County	California
In Labor Force (total)	60.60%	64.20%
Civilian Labor Force	60.50%	63.70%
Employed	49.70%	56.40%
Unemployed	10.80%	7.30%
Armed Forces	0.50%	0.10%
Not in Labor Force	35.80%	39.40%
Percent of population unemployed	17.90%	11.50%

United States Census Bureau. <http://quickfacts.census.gov/qfd/states/06/06047.html>. Retrieved 6/15/15

Unemployment is a major issue for the Merced community. The lack of available jobs appropriate to the educational level of the population and the slow economy of the area mean many families are unable to get and keep jobs that provide salary and benefits adequate to sustain a family. The impact of the drought on employment in Merced County is unknown at this time, but many residents fear that with farmers letting their fields lie fallow due to lack of water

for irrigation, the number of jobs in agriculture will be reduced and further compound the unemployment situation.

Residents of Merced County who are employed or self-employed tend to have lower incomes than California as a whole.

Income		
Total Households	Merced	California
Less than \$10,000	7.00%	5.70%
\$10,000 to \$14,999	7.50%	5.20%
\$15,000 to \$24,999	14.10%	9.60%
\$25,000 to \$34,999	13.20%	9.10%
\$35,000 to \$49,999	14.80%	12.30%
\$50,000 to \$74,999	18.30%	16.90%
\$75,000 to \$99,999	10.40%	12.40%
\$100,000 to \$149,999	9.40%	14.90%
\$150,000 to \$199,999	2.80%	6.80%
\$200,000 or more	2.60%	7.20%
Median household income	\$42,591	\$61,094
Mean household income	\$59,420	\$85,408
Percent with Supplemental Security Income	9.3%	5.7%
Percent with Cash Aid	8.0%	4.0%
Percent with SNAP/CalFresh	18.0%	8.1%

Data is from 2013 <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Retrieved 6/16/15

Merced has more low income and fewer high income families than California as a whole. A comment was made in a focus group that not-for-profits have a hard time surviving in Merced. The low family income averages could be contributing to this phenomenon. Families may not have sufficient disposable income to contribute to not-for-profit groups, and two worker families may not have time for volunteer work. Additionally, those families that access services from not-for-profit agencies are often unable to pay for services.

Percentage of Families Living Below the Poverty Level		
Families	Merced	California
With related children under 18 years	21.10%	12.00%
With related children under 5 years only	29.80%	17.80%
Married couple families	27.80%	15.80%
With related children under 18 years	13.70%	7.20%
With related children under 5 years only	19.80%	10.40%
Families with female householder, no husband present	15.60%	7.20%

## Percentage of Families Living Below the Poverty Level

Families	Merced	California
With related children under 18 years	42.10%	27.40%
With related children under 5 years only	52.70%	36.80%

Data is from 2013 <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>. Retrieved 6/16/15

Over half of the households with a female head of household with children under five are living below the poverty level. Poverty can be correlated to higher levels of child abuse and neglect. Therefore, children of single mothers are a category with high potential for being identified for child welfare services. The table below demonstrates that children five and under have a higher incidence of allegations, substantiations, and entries than other age groups. Although we cannot directly connect the incidence of involvement of children five and under to poverty or single parent status, it is our informed conjecture that poverty is a major factor in the involvement of children five and under with child welfare.

In an attempt to serve the population of children five years and younger, CWS has a close relationship with First 5 of Merced County. HSA's AMM program is co-housed with First 5. The Early Connections project which reaches out to families with children five and under for developmental screening is a joint project of CWS and MCOE. CWS participates actively in Linkages with a Family Service Representative and an Employment and Training Worker co-housed with CWS staff, providing coordination and continuity of services for families in the child welfare system who also receive public assistance.

Age Group	Children With Allegations	Incidence per 1,000 Children	Children With Substantiations	Incidence per 1,000	Children With Entries	Incidence per 1,000 Children
Under 1	335	78.9	96	22.6	73	17.2
1 to 2	630	74.5	81	9.6	60	7.1
3 to 5	950	74.5	113	8.9	59	4.6
6 to 10	1,580	70.9	159	7.1	98	4.4
11 to 15	1,328	60.6	124	5.7	80	3.7

Needell, B., 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 6/16/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare). Retrieved 6/16/15

### Average Housing Costs

The housing market in Merced has been a roller coaster. Housing prices peaked in 2005/2006, declined abruptly in 2006/2007, leveled off in 2008 and began slowly rising in 2012. Prices have never recovered to the peak level. In October 2012, ABC news named Merced County as the number five metropolitan area in the country for housing foreclosures with one in every 83 homes in foreclosure.

(<http://abcnews.go.com/Business/top-10-metropolitan-areas-highest-foreclosure-rates/story?id=17556494>. Retrieved 6/16/15.)

While foreclosures may provide opportunities for some people to buy at below market rates, a community with many foreclosures is not financially stable. The following table shows the recent median sales price for homes in Merced County. Using the general rule of thumb, the value of the home should not be more than four times the annual income, and given the median

household income is \$42,591, fewer than one-half the households in Merced could afford a three bedroom house.

Median Sales Price for Homes				
Number of Bedrooms	March to June 2015	Three Months Prior	One Year Prior	Five Years Prior
Two bedrooms	\$110,000	\$113,500	\$107,000	\$56,500
Three bedrooms	\$166,000	\$152,000	\$150,000	\$105,000
Four bedrooms	\$232,000	\$214,000	\$230,000	\$138,250
All properties	\$175,000	\$164,000	\$166,000	\$119,000

[http://www.trulia.com/real\\_estate/Merced-California/market-trends/](http://www.trulia.com/real_estate/Merced-California/market-trends/). Retrieved 6/16/15.

The chart below shows the average rental unit prices for Merced. While rent is more affordable than California as a whole, the inventory of available rentals is small.

Average Rental Rates			
Beds	Inventory	Merced County	California
1	3	\$597	\$2,144
2	2	\$725	\$3,083
3	18	\$1,071	\$3,982
4	14	\$1,139	\$5,364
5+	1	\$1,800	\$12,297

[http://www.realtor.com/local/Merced-County\\_CA/rent-prices](http://www.realtor.com/local/Merced-County_CA/rent-prices). Retrieved 6/16/15.

The Housing Authority of the County of Merced currently administers the Housing Choice Voucher Program, a Federal rent subsidy program under the Department of Housing and Urban Development. The program provides 2,705 rent subsidy vouchers to families in privately owned rental units in Merced County. Families who are eligible must meet the income guidelines set by the U.S. Department of Housing and Urban Development, must pass criminal background checks, must not owe the Housing Authority dollars for any past client history, and comply with completing forms and presenting verifications and documentation that the Housing Authority requires, including immigration status.

Families must apply for the program when the Housing Authority is taking applications. As the family's name comes to the top of the application waiting list, they are screened for eligibility into the program; and if eligible, are given a Housing Choice Voucher, with a time limit of 60 days to find a unit. The Housing Authority does not screen for tenancy, but does screen for criminal background history. (<http://www.merced-pha.com/voucher.php>. Retrieved 6/16/15.)

CWS has an arrangement with the Housing Authority for housing choice vouchers for youth who are aging out of foster care. A voucher can make a significant difference in a youth's ability to live independently after leaving foster care. The youth must complete the same paperwork and submit the same verifications required for anyone eligible for the program. Typically, five to seven vouchers per year are provided to youth.

## Homelessness Data

Homelessness is an issue for Merced County. According to the Merced County 2014 Homeless Count and Survey, there are 768 adults and children in Merced. Of these persons, 609 (606 adults and three children) or 79% were counted on the streets and/or were unsheltered and 159 persons or 21% were counted in shelters and transitional housing programs, including 18 children.

Merced County, like many other counties, has a substantial number of households that are at-risk of becoming homeless. Twenty-four percent (24.6%) of Merced County residents were living below the poverty level according to the 2012 American Community Survey, which is the most current data available from the U.S. Census Bureau. This means approximately 65,000 County residents representing around 19,000 households are at risk of becoming homeless at any moment. Thirty-six percent of single-female headed households live below the poverty level. Thirty-four percent of households with children under age five live below the poverty level, putting these populations at a increased risk of becoming homeless. The data also noted that 20% of all families and 11% of persons age 65 and over live below the poverty level.

The 2014 report identified the following sub populations:

- More than one-third (36%) of the homeless population is made up of women. More than two-thirds (67%) of the women have been homeless one year or more.
- Three percent of the total homeless population had HIV/AIDS or tested for HIV. Two-thirds (67%) were homeless one year or more. Nearly all persons (83%) who reported they had HIV/AIDS or tested positive for HIV were women.
- Two percent of the total homeless population were unaccompanied youth under 18. Half (50%) of unaccompanied youth under 18 have been homeless one year or more.
- Six percent of the total homeless population were youth ages 18 to 24. Nearly three-fourths (73%) were homeless one year or more.
- Seven percent of the total homeless population were seniors age 62+. Nearly half (46%) have been homeless one year or more.
- Six percent of the total homeless population were veterans. More than half (58%) were homeless one year or more.

<http://www.mercedcoc.com/>. Retrieved 6/16/15).

In focus groups and the Peer Review, it was noted that parents may become homeless if their children are removed. When children are removed from the home, parents lose their eligibility for many public assistance programs including cash assistance, CalFresh, and possibly Medi-Cal and housing vouchers. Removal of the children can begin a cycle of deeper poverty and homelessness which exacerbates the challenges of completing the service plan, making meaningful life changes, and reuniting the family.

In 2015, HSA received a grant from CDSS to establish a program for homeless or potentially homeless families. The program, built on the evidence-based rapid re-housing model, targets the following populations of CalWORKs clients who lack safe and stable housing and:

- Whose children are in foster care and for whom lack of housing is a barrier to family reunification.
- Whose children are at risk of being removed from their family due to lack of adequate housing.
- Who are currently living in a temporary safe house or who are at risk of homelessness due to domestic violence.
- Whose children are struggling with school attendance and achieving educational goals due to lack of a safe and stable housing.
- Who are unable to participate consistently in a job search or other CalWORKs programs or whose employment is at risk due to a lack of safe and stable housing.
- Who are at risk of homelessness or are currently homeless due to interruption of regular income such as recent unemployment or failure to receive child support.
- Who are veterans with families.

To date, this program has served over 90 families.

### **Federally Recognized Tribes**

There are no federally recognized active tribes in Merced County. Merced currently has 13 youth in foster care with either Indian Child Welfare Act (ICWA) eligibility or a relationship to a federally recognized tribe. When a Native American child is identified, letters are sent to all tribes named by the family. The county works with any tribe that responds and wants to interact with the family or the child.

### **Regional Differences within the County**

The California Endowment has identified communities within Merced that are particularly notable for the level of poverty. Southwest Merced and the east Merced County unincorporated communities of Planada, Le Grand, and Beachwood-Franklin combine to make up the Building Healthy Communities area in Merced. With a diverse population exceeding 55,000, these neighborhoods share challenges including high levels of poverty, unemployment, lack of access to health care, and the highest level of disconnected youth in the state. Merced Building Healthy Communities (MBHC) and its partners are advocating for improvements on multiple levels in these communities. Initiatives include increasing health access, addressing exclusionary school discipline policies with restorative alternatives, and empowering youth so their voices are heard. HSA has worked collaboratively with MBHC on the Leadership for Life program for men.

### **Changes or Trends and Impact on the Performance on the Outcome Data Measures**

The most notable change since the last CSA is a slight reduction in unemployment. Merced County is stable in the sense that little has changed in demographics or the standard of living since the previous CSA. The same problems of poverty, homelessness, and unemployment still correlate with higher than state average referral rates to CWS. The population has grown minimally and the percentage of the population that is Hispanic/Latino has increased slightly. None of the demographic changes are dramatic enough to have any positive impact on the delivery/availability of services or the performance on the Outcome Data Measures.

## CHILD MALTREATMENT INDICATORS

The table below provides basic information about the children's demographics in the county.

Children Demographics in Merced County		
	Merced 2009	Merced 2015
Child Population	81,370 <sup>1</sup>	79,287 <sup>5</sup>
Children in School	56,154 <sup>1</sup>	57,011 <sup>3</sup>
Children in Special Education Classes	5,429 <sup>1</sup>	6,198 <sup>3</sup>
Children born to teen parents	597 <sup>1</sup>	470 <sup>4</sup> (2012 data)
Children who leave school prior to graduation <sup>2</sup>	770 <sup>1</sup>	444 <sup>3</sup>
Children participating in subsidized school lunch programs <sup>2</sup>	40,328 <sup>1</sup>	44,925 <sup>3</sup>
Children receiving age-appropriate immunizations <sup>5</sup>	4,125 <sup>1</sup>	4,655 <sup>5</sup>
Babies who are born with a low birth rate <sup>3</sup>	292 <sup>1</sup>	293 <sup>4</sup> (2012 data)
Single parent homes	Not reported	26.2% <sup>5</sup>
Grandparent homes	Not reported	3.5% <sup>5</sup>
Children with special health care needs	Not reported	1,897 <sup>5</sup>
Child reported bullying or harassment at school	Not reported	34% <sup>5</sup>
Domestic violence calls per thousand	Not reported	9 <sup>5</sup>

<sup>1</sup>2010 Merced County CSA

<sup>2</sup>United States Census Bureau, <http://quickfacts.census.gov/qfd/states/06/06047.html>, retrieved 6/15/2015

<sup>3</sup>California Department of Education, <http://dq.cde.ca.gov/dataquest/>, retrieved May 15, 2015

<sup>4</sup>State of California, Department of Public Health, Birth Records

<sup>5</sup>Merced County: Summary – Kidsdata.org, <http://www.kidsdata.org/data/region/dashboard.aspx?loc=354&pf+1>, retrieved May 15, 2015

A study by the Robert Wood Johnson Foundation ranks California counties of a variety of indicators of overall public health. Merced's rankings are shown in the table below. Merced never reaches the top half on any indicator.

Health Indicators With Merced's Rank Out of 58 Counties			
	Merced	California	Merced Rank in State
<b>Health Outcomes</b>			<b>39</b>
Length of Life			31
Premature Death	6,581	5,285	
Quality of Life			47
• Fair or poor health	23%	18%	
• Poor physical health days	4.6%	3.7%	
• Poor mental health days	4.2%	3.6%	
• Low birth weight	6.5%	6.8%	

## Health Indicators With Merced's Rank Out of 58 Counties

	Merced	California	Merced Rank in State
<b>Health Factors</b>			<b>48</b>
Health Behaviors			38
• Adult smoking	12%	13%	
• Adult obesity	31%	23%	
• Food environment index	6.3%	7.5%	
• Physical inactivity	20%	17%	
• Access to exercise opportunities	68%	93%	
• Excessive drinking	14%	17%	
• Alcohol impaired driving deaths	35%	31%	
• Sexually transmitted infections	3,900	441	
• Teen births	49	34	
<b>Clinical Care</b>			<b>42</b>
• Uninsured	21%	20%	
• Primary care physicians	2,204:1	1,291:1	
• Dentists	2,460:1	1,291:1	
• Mental health providers	914:1	376:1	
• Preventable hospital stays	52	45	
• Diabetic monitoring	82%	81%	
• Mammography screening	63.5%	59.3%	
<b>Social and Economic Factors</b>			<b>53</b>
• High school graduation	92%	83%	
• Some college	43.1%	61.7%	
• Unemployment	14.7%	8.9%	
• Children in poverty	34%	24%	
• Income inequality	4.6	5.1	
• Children in single-parent households	37%	32%	
• Social associations	4.3	5.8	
• Violent crime	604	425	
• Injury deaths	60	46	
<b>Physical Environment</b>			<b>45</b>
• Air pollution - particulate matter	9.1	9.3	
• Drinking water violations	10%	3%	
• Severe housing problems	28%	29%	

## Health Indicators With Merced's Rank Out of 58 Counties

	Merced	California	Merced Rank in State
• Driving alone to work	78%	73%	
• Long commute - driving alone	28%	37%	

Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/app/california/2015/rankings/merced/county/outcomes/overall/snapshot>. Retrieved 6.18.15

### Housing Costs and Availability

The table below describes housing costs and availability in the county.

#### Housing Costs and Availability in Merced County

Subject	California		Merced	
	Estimate	Percent	Estimate	Percent
<b>Housing Occupancy</b>				
Total housing units	13,726,869	13,726,869	83,828	83,828
Occupied housing units	12,542,460	91.40%	75,409	90.00%
Vacant housing units	1,184,409	8.60%	8,419	10.00%
Homeowner vacancy rate	1.8	(X)	3	(X)
Rental vacancy rate	4.9	(X)	6.9	(X)
<b>Housing Tenure</b>				
Occupied housing units	12,542,460	12,542,460	75,409	75,409
Owner-occupied	6,939,104	55.30%	40,398	53.60%
Renter-occupied	5,603,356	44.70%	35,011	46.40%
Average household size of owner-occupied unit	2.98	(X)	3.25	(X)
Average household size of renter-occupied unit	2.88	(X)	3.5	(X)
Owner-occupied units	6,939,104	6,939,104	40,398	40,398
Less than \$50,000	283,694	4.10%	2,990	7.40%
\$50,000 to \$99,999	304,130	4.40%	8,247	20.40%
\$100,000 to \$149,999	429,762	6.20%	9,577	23.70%
\$150,000 to \$199,999	563,437	8.10%	6,819	16.90%
\$200,000 to \$299,999	1,147,906	16.50%	6,577	16.30%
\$300,000 to \$499,999	1,917,191	27.60%	3,826	9.50%
\$500,000 to \$999,999	1,770,621	25.50%	1,750	4.30%
\$1,000,000 or more	522,363	7.50%	612	1.50%

## Housing Costs and Availability in Merced County

Subject	California		Merced	
	Estimate	Percent	Estimate	Percent
Occupied units paying rent	5,425,521	5,425,521	32,589	32,589
Less than \$200	35,834	0.70%	296	0.90%
\$200 to \$299	112,420	2.10%	721	2.20%
\$300 to \$499	182,608	3.40%	2,599	8.00%
\$500 to \$749	489,577	9.00%	8,463	26.00%
\$750 to \$999	966,690	17.80%	9,080	27.90%
\$1,000 to \$1,499	1,880,663	34.70%	9,294	28.50%
\$1,500 or more	1,757,729	32.40%	2,136	6.60%
Median (dollars)	1,224	(X)	860	(X)

### Gross Rent as a Percentage of Household Income

Occupied units paying rent	5,318,722	5,318,722	32,020	32,020
Less than 15.0 percent	470,425	8.80%	2,808	8.80%
15.0 to 19.9 percent	563,532	10.60%	3,640	11.40%
20.0 to 24.9 percent	636,325	12.00%	3,533	11.00%
25.0 to 29.9 percent	619,792	11.70%	4,237	13.20%
30.0 to 34.9 percent	496,785	9.30%	2,507	7.80%
35.0 percent or more	2,531,863	47.60%	15,295	47.80%

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF> Retrieved 6/18/15

## Children with Disabilities in Merced County

Disability Status	Total	Married Couple Household	Male Household	Female Household
Under 18 years	79,943	50,437	7,609	21,493
With any disability	6.20%	5.30%	4.20%	9.10%

<http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF> Retrieved 6/18/15

## Special Education Enrollment by Disability in Merced County

Disability	Percent
Autism	11.70%
Deaf	0.60%
Deaf-Blindness	0.00%
Emotional Disturbance	2.90%
Hard of Hearing	1.10%
Intellectual Disability	8.30%
Learning Disability	48.10%
Multiple Disability	0.40%
Orthopedic Impairment	2.80%
Other Health Impairment	7.90%
Speech or Language Impairment	15.20%
Traumatic Brain Injury	0.30%
Visual Impairment	0.60%

<http://www.kidsdata.org/topic/96/special-needs-education-enrollment-disability/table#fmt=246&loc=2,127,347,1763,331,348,336,171,321,345,357,332,324,369,358,362,360,337,327,364,356,217,353,328,354,323,352,320,339,334,365,343,330,367,344,355,366,368,265,349,361,4,273,59,370,326,333,322,341,338,350,342,329,325,359,351,363,340,335&tf=79&ch=206,207,208,209,210,212,211,213,214,215,216,217,218> Retrieved 6/18/15

### Domestic Violence Related Calls to Law Enforcement

Law enforcements calls for domestic violence in 2013 for:

- Atwater
- California Highway Patrol – Merced
- California State Police – Merced
- Dos Palos
- Four Rivers DPR
- Gustine
- Livingston
- Los Banos
- Merced
- Merced College
- Merced County Sheriff's Department
- Santa Fe Railroad
- UC Merced
- Union Pacific Railroad

Domestic Violence Related Calls for Assistance in Merced County	
Weapon	Number of Calls
No Weapon Involved	11.70%
Weapon Involved <sup>1</sup>	0.60%
Firearm	0.00%
Knife or Cutting Instrument	2.90%
Other Dangerous Weapon	1.10%
Personal Weapon (hands, feet, etc.)	8.30%
Not Reported	48.10%
<b>Total</b>	<b>0.40%</b>

<https://oag.ca.gov/crime/cjisc/stats/domestic-violence> Retrieved 6/18/15

### Substance Abuse Data - Children

The following information is taken from the California Health Kids Survey, 2009 – 2011.

#### Ever Used Alcohol or Other Drugs

Question: Have you ever drunk beer, wine, or other alcohol? Have you ever sniffed something through your nose to get "high"? Have you ever smoked any marijuana (pot, grass, weed)?

Substance	Grade 5		
	Female	Male	Total
Alcohol, one or two sips	21%	25%	23%
Alcohol, a full glass	2%	4%	3%
Inhalants (to get high)	3%	6%	4%
Marijuana	2%	3%	2%
None of the above	75%	69%	72%
Any of the above	25%	31%	28%

[http://chks.wested.org/resources/Merced\\_County\\_Elem0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_Elem0911_main.pdf?1340215082) Retrieved 6/18/15

Question: In the past month, did you drink any beer, wine, or other alcohol?

Substance	Grade 5		
	Female	Male	Total
No	92%	88%	90%
Yes, I drank one or two sips	7%	9%	8%
Yes, I drank a full glass	1%	3%	2%

[http://chks.wested.org/resources/Merced\\_County\\_Elem0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_Elem0911_main.pdf?1340215082) Retrieved 6/18/15

Question: Do you think drinking alcohol (beer, wine, liquor) is bad for a person's health? Do you think using marijuana (pot, grass, weed) is bad for a person's health?

Grade 5			
Substance	Female	Substance	Female
<b>Alcohol</b>			
No, not bad	2%	5%	4%
Yes, a little bad	21%	27%	24%
Yes, very bad	76%	68%	72%
<b>Marijuana</b>			
No, not bad	3%	5%	4%
Yes, a little bad	4%	7%	5%
Yes, very bad	75%	76%	76%
Don't know what it is	17%	12%	15%

[http://chks.wested.org/resources/Merced\\_County\\_Elem0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_Elem0911_main.pdf?1340215082). Retrieved 6/18/15

### Alcohol and Other Drug Use — Lifetime

Question: During your life, how many times have you used or tried...alcohol (one full glass)... marijuana...inhalants...cocaine...methamphetamine or any amphetamine?

Substance	Grade 7	Grade 9	Grade 11	NT*
<b>Alcohol</b>				
0 times	71	47	32	21
1 time	9	10	8	7
2 to 3 times	8	13	12	9
4 or more times	11	13	48	62
<b>Marijuana</b>				
0 times	88	70	63	36
1 time	4	6	6	6
2 to 3 times	3	5	6	7
4 or more times	5	19	25	51
<b>Inhalants (to get high)</b>				
0 times	87	87	89	80
1 time	5	4	4	4
2 to 3 times	4	4	3	7
4 or more times	4	5	4	10
<b>Cocaine</b>				
0 times	N/A	94	94	79
1 time	N/A	2	2	6

## Alcohol and Other Drug Use — Lifetime

Question: During your life, how many times have you used or tried...alcohol (one full glass)...marijuana...inhalants...cocaine...methamphetamine or any amphetamine?

Substance	Grade 7	Grade 9	Grade 11	NT*
2 to 3 times	N/A	2	1	6
4 or more times	N/A	3	3	9
<b>Methamphetamine or any amphetamine</b>				
0 times	N/A	96	96	89
1 time	N/A	1	1	3
2 to 3 times	N/A	1	1	2
4 or more times	N/A	2	1	6

\*Non-Traditional - Continuation, community day, and other alternative school types.  
[http://chks.wested.org/resources/Merced\\_County\\_SEC0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_SEC0911_main.pdf?1340215082). Retrieved 6/18/15

## Mental Health

### Frequency of Sad or Hopeless Feelings

Question: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more that you stopped doing some usual activities?

Substance	Grade 7	Grade 9	Grade 11	NT*
No	70%	67%	66%	64%
Yes	30%	33%	34%	36%

[http://chks.wested.org/resources/Merced\\_County\\_SEC0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_SEC0911_main.pdf?1340215082). Retrieved 6/18/15

### Seriously Considered Attempting Suicide

Question: During the past 12 months, did you ever seriously consider attempting suicide?

Substance	Grade 7	Grade 9	Grade 11	NT*
No	N/A	81%	83%	74%
Yes	N/A	19%	17%	26%

[http://chks.wested.org/resources/Merced\\_County\\_SEC0911\\_main.pdf?1340215082](http://chks.wested.org/resources/Merced_County_SEC0911_main.pdf?1340215082). Retrieved 6/18/15

## Child Deaths

Child deaths as reported by the Merced County Sheriff's Office. Child death is defined as any death occurring before the 18th birthday.

Child Deaths			
Gender	0 to 12 Months	12 Months to 12 Years	13 to 17 Years
Male	2	2	5
Female	1	2	1
<b>Total</b>	<b>3</b>	<b>4</b>	<b>6</b>

<http://www.co.merced.ca.us/DocumentCenter/View/10627>. Retrieved 6/19/15

## Analysis

The population has remained stable since the last SIP, with a slight decrease in the child population and a small increase in the number of children in school. The drop in the number of children born to teen parents is encouraging, as is the drop in the number of children who leave school prior to graduation. More children are receiving subsidized school lunches equals more than half the number of children in the county, a reflection of the overall poverty level. The number of children receiving age appropriate immunizations is low compared to the number in the county. Two immunization clinics are provided by the Public Health Department so children should have access to immunizations regardless of income or health insurance status.

Housing is less expensive in Merced County than California as a whole. However, housing is identified as a barrier for some families seeking reunification with children in foster care. While it might seem that lower housing costs might be an attraction for staff, experience has shown that people choose to leave Merced, sometimes for the same job in another county to seek a community that offers a better quality of life at a higher cost of living.

The county's overall low performance on the Robert Wood Johnson overall all health assessment is a cause for concern. While not having a direct impact on child abuse or neglect, the low performance indicates families are challenged to provide a safe and healthy environment for children.

There have been no major changes since the last CSA that would indicate a change in delivery or availability of services or the county's performance on the Outcome Data Measures. There is a concern that the current drought in the central valley could have major economic consequences for the County. If loss of agriculture results in even higher rates of unemployment, more families could fall into poverty or possibly leave the county for better opportunity. However, as of the most recent data available, Merced continues to be stable with no major changes in demographics or the factors that impact child maltreatment.

## CHILD WELFARE AND PROBATION POPULATION

Child Welfare Population January 1, 2014 to December 1, 2014.

Allegations by Age			
Age Group	Total Child Population	Children With Allegations	Incidence per 1,000 Children
Under 1	4,248	335	78.9
1 to 2	8,458	630	74.5
3 to 5	12,756	950	74.5
6 to 10	22,295	1,580	70.9
11 to 15	21,901	1,328	60.6
16 to 17	9,003	453	50.3
<b>Total</b>	<b>78,661</b>	<b>5,276</b>	<b>67.1</b>

The incidence per 1,000 children for California is 54.6 for the same time period. Merced has a higher rate of allegations than the state average. According to the 2010 CSA, in 2006 the rate for Merced was 61.6. In 2009 it was 57.7. The 2014 rate is higher than either of the two previous CSA reports. The high rate of allegations in Merced County may be a direct reflection of the challenges of poverty, unemployment, and crime in the county.

Substantiations by Age			
Age Group	Total Child Population	Children With Substantiations	Incidence per 1,000 Children
Under 1	4,248	96	22.6
1 to 2	8,458	81	9.6
3 to 5	12,756	113	8.9
6 to 10	22,295	159	7.1
11 to 15	21,901	124	5.7
16 to 17	9,003	43	4.8
<b>Total</b>	<b>78,661</b>	<b>616</b>	<b>7.8</b>

The incidence per 1,000 children for California is 8.7 for the same time period. Merced has a slightly lower rate of substantiations than the state average. Allegations are more likely to be substantiated in the under 1 age category than any other category. The rate of substantiations reported in the 2010 CSA was 14.8 in 2006 and 10.9 in 2009. The current incidence of 7.8 is lower than the previously reported rates. All referrals investigated by new social workers are looked at by both a mentor and a supervisor prior to a decision to substantiate. This practice may lead to better case decision making with less experienced social workers. Staff have received training on Gomez v. Saenz, which has led to a better understanding of what can be substantiated.

### Allegations by Ethnic Group

Ethnic Group	Total Child Population	Children With Allegations	Incidence per 1,000 Children
Black	2,077	375	180.5
White	15,766	1,094	69.4
Latino	53,267	3,077	57.8
Asian/Pacific Islander	5,514	143	25.9
Native American	204	29	142.2
Multi-Race	1,833	0	0.0
Missing	0	558	0.0
<b>Total</b>	<b>78,661</b>	<b>5,276</b>	<b>67.1</b>

Black and Native American children are over represented in the incidence per 1,000 children compared to other groups. Asian/Pacific Islanders are underrepresented.

### Substantiations by Ethnic Group

Ethnic Group	Total Child Population	Children With Substantiations	Incidence per 1,000 Children
Black	2,077	48	23.1
White	15,766	140	8.9
Latino	53,267	377	7.1
Asian/Pacific Islander	5,514	15	2.7
Native American	204	4	19.6
Multi-Race	1,833	0	0.0
Missing	0	32	0.0
<b>Total</b>	<b>78,661</b>	<b>616</b>	<b>7.8</b>

As with allegations, Black and Native American children are over represented in the incidence per 1,000 children compared to other groups. Asian/Pacific Islanders are underrepresented. While Latino children not over-represented, Merced has a large Hispanic population in the county. Although Latino or Hispanic ethnicity does not mean that a family speaks Spanish only, a lack of Spanish language services was identified in the Peer Review and focus groups.

Number of Children With Allegations by Type 2014 Total*	
Type	Number
At Risk, Siblings Abused	1,182
Caretaker Absence/Incapacity	336
Emotional Abuse	1,020
Exploitation	7
General Neglect	3,976
Physical Abuse	935
Severe Neglect	74
Sexual Abuse	68
<b>Total</b>	<b>7,998</b>

\*Data obtained from Business Objects 6/4/2015

General neglect accounts for over half of the allegations followed by at risk and emotional abuse. In the Peer Review case interviews and focus groups, a theme emerged about the availability of parenting training. Often parents have to wait for weeks to get into classes because the 16-week course is sequential and parents have to wait for a new series to start. The classes are designed for the parents of babies and young children, and there is a need for training on how to parent older children.

Children With Entries Into Foster Care by Age Group			
Age Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Under 1	4,248	73	17.2
1 to 2	8,458	60	7.1
3 to 5	12,756	59	4.6
6 to 10	22,295	98	4.4
11 to 15	21,901	80	3.7
16 to 17	9,003	26	2.9
<b>Total</b>	<b>78,661</b>	<b>396</b>	<b>5.0</b>

Children under 1 are more likely to enter foster care than any other group. Incidence per 1,000 children is higher than the California average of 3.5 per 1,000.

### Children With First Entries Into Foster Care by Age Group

Age Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Under 1	4,248	72	16.9
1 to 2	8,458	59	7.0
3 to 5	12,756	52	4.1
6 to 10	22,295	78	3.5
11 to 15	21,901	63	2.9
16 to 17	9,003	19	2.1
<b>Total</b>	<b>78,661</b>	<b>343</b>	<b>4.4</b>

Children under 1 are more likely to have a first entry into foster care than other age groups.

### Children With Other Entries Into Foster Care by Age Group

Age Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Under 1	4,248	1	0.2
1 to 2	8,458	1	0.1
3 to 5	12,756	7	0.5
6 to 10	22,295	20	0.9
11 to 15	21,901	17	0.8
16 to 17	9,003	7	0.8
<b>Total</b>	<b>78,661</b>	<b>53</b>	<b>0.7</b>

Obviously a child's chances of having a second or subsequent entry into foster care increase with age. Merced County's performance on re-entry after reunification has been historically good, and any changes to practice to shorten the time to reunification will be evaluated in terms of child safety and avoiding reentry.

### Children Entering Foster Care by Ethnic Group

Ethnic Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Black	2,077	40	19.3
White	15,766	87	5.5
Latino	53,267	243	4.6
Asian/Pacific Islander	5,514	13	2.4
Native American	204	4	19.6
Multi-Race	1,833	0	0.0
Missing	0	9	0.0
<b>Total</b>	<b>78,661</b>	<b>396</b>	<b>5.0</b>

Black and Native American are over represented in children entering foster care. Merced County's entry rate of 5 per 1,000 children is higher than the California average of 3.5. Latino children account for over half of the children in foster care which is reflective of the population of the county.

Children With First Entries Into Foster Care by Ethnic Group			
Ethnic Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Black	2,077	38	18.3
White	15,766	74	4.7
Latino	53,267	206	3.9
Asian/Pacific Islander	5,514	12	2.2
Native American	204	4	19.6
Multi-Race	1,833	0	0.0
Missing	0	9	0.0
<b>Total</b>	<b>78,661</b>	<b>343</b>	<b>4.4</b>

Children With Subsequent Entries Into Foster Care by Ethnic Group			
Ethnic Group	Total Child Population	Children With Entries	Incidence per 1,000 Children
Black	2,077	2	1.0
White	15,766	13	0.8
Latino	53,267	37	0.7
Asian/Pacific Islander	5,514	1	0.2
Native American	204	0	0.0
Multi-Race	1,833	0	0.0
Missing	0	0	0.0
<b>Total</b>	<b>78,661</b>	<b>53</b>	<b>0.7</b>

Children In Foster Care by Age Group PIT July 1, 2014			
Age Group	Total Child Population	In Care	Prevalence per 1,000 Children
Under 1	4,248	45	10.6
1 to 2	8,458	78	9.2
3 to 5	12,756	84	6.6
6 to 10	22,295	138	6.2
11 to 15	21,901	147	6.7

**Children In Foster Care by Age Group  
PIT July 1, 2014**

Age Group	Total Child Population	In Care	Prevalence per 1,000 Children
16 to 17	9,003	87	9.7
<b>Total</b>	<b>78,661</b>	<b>579</b>	<b>7.4</b>

Children 2 and under are more likely to be in foster care than other age groups except for 16 to 17 year olds. Merced has noticed a trend for older teens to stay in foster care to take advantage of the AB 12 benefits after they turn 18.

**Children In Foster Care by Ethnic Group  
PIT July1, 2014**

Ethnic Group	Total Child Population	In Care	Incidence per 1,000 Children
Black	2,077	63	30.3
White	15,766	139	8.8
Latino	53,267	355	6.7
Asian/Pacific Islander	5,514	18	3.3
Native American	204	4	19.6
Multi-Race	1,833	0	0.0
Missing	0	0	0.0
<b>Total</b>	<b>78,661</b>	<b>579</b>	<b>7.4</b>

Black and Native American children are over represented in children in foster care.

**Children In Foster Care With Open Cases by Service Component**

Service Component	January 2014	Percent	January 2015	Percent
Investigation	410	31.2%	368	29.6%
Emergency Response	17	1.3%	221	1.7%
Family Maintenance	198	15.1%	221	17.8%
Family Reunification	340	25.9%	302	24.3%
Permanency Planning	289	22.0%	251	20.2%
ST	60	4.6%	79	6.4%
<b>Total</b>	<b>1,314</b>	<b>100%</b>	<b>1,242</b>	<b>100%</b>

The number and percentage of cases by service component is consistent over time.

**Placement Status for Children With Primary or Mixed (Multi) Ethnicity on American Indian**

Placement Status	Gender			Total
	Female n	Male n	Missing N	
Relatives		2		2
Non-Relatives, Indian SCPs				
Non-Relatives, Non-Indian SCP	1	4		5
Non-Relatives, SCP Ethnic Missing	2	1		3
Group Homes	1			1
Other	1			1
Missing	6	7		13

**Placement Status for Children With ICWA Eligibility**

Placement Status	Gender			Total
	Female n	Male n	Missing N	
Relatives		2		2
Non-Relatives, Indian SCPs				
Non-Relatives, Non-Indian SCP	1	1		2
Non-Relatives, SCP Ethnic Missing				
Group Homes		1		1
Other				
Missing	1			1
<b>Total</b>	<b>2</b>	<b>4</b>		<b>6</b>

All tribes that are identified by the family are notified when a child comes into care. Although Merced County does not have any recognized Indian tribes, when children of American Indian descent are detained the county attempts to place them within the family or in an American Indian foster home. However, options are limited. The table below lists the American Indian foster homes in Merced and surrounding counties.

American Indian Homes		
County	County Foster Homes	FFA Homes
Merced	0	2
Stanislaus	1	1
Mariposa	0	0
Madera	0	2
Fresno	0	2

## Summary comments for Child Welfare Services

Merced County has historically experienced higher rates of referrals, substantiations, and children in foster care than the California average and this data trend continues. CWS leadership attributes this situation to endemic poverty, unemployment, crime, drug use, and lack of services and resources in the community. Community participants and peer reviewers noted the lack of pro-social activities for children and youth, the barriers of distance and transportation, and the lack of parent involvement in keeping children and youth safe and motivated toward achievement at home and in the community. On the positive side, CWS performance on the federal quality indicators is consistently at or above federal goal/standard and/or state averages on many indicators. See Section 12, Outcome Measure results for an 18-month look back at the quarterly data reviews.

The high percentage of children in foster care in the county reinforces the need for the focus on strengthening families and reuniting children with their families in a safe and timely manner. CWS's planning efforts in the SIP will focus on reducing the time to family reunification without compromising child safety.

### Probation

Number of children with first entries stratified by age and ethnicity. For probation agencies, this data would reflect the number of children entering the probation system with a suitable placement order.

Number of Children With First Entries by Age – Probation	
Age	Count
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	3
15	2
16	6

Number of Children With First Entries by Age – Probation	
Age	Count
17	1
18	1
19	1
<b>Total</b>	<b>14</b>

First Entries by Ethnicity – Probation	
Ethnicity	Count
American Indian*	0
Black*	3
Chinese*	0
Decline to State*	3
Hispanic	0
Hmong*	0
Laotian*	0
Mexican*	0
Other Asian*	0
White*	8
White – Central American*	0
White – European*	0
<b>Total</b>	<b>14</b>

## Analysis

The information presented is a reflection of entries made into the CWS/Case Management System (CMS). The information presented for ethnicities of all placement youth does not depict a true picture of the youth in placement as Hispanic and Mexican ethnicities are not an approved category to select from. Therefore, youth who identify themselves as Hispanic or Mexican have to select from the approved ethnic group, another ethnicity, or select decline to state, which may skew the numbers for all ethnicities as the selection may not be accurate for the youth.

Number of children with subsequent entries stratified by age and ethnicity.

Subsequent Entries by Age – Probation	
Age	Count
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	1
14	0
15	2
16	4
17	8
18	11
19	2
20	6
21	3
<b>Total</b>	<b>37</b>

Subsequent Entries by Ethnicity – Probation	
Ethnicity	Count
American Indian*	0
Asian Indian*	0
Black*	8
Decline to State*	3
Filipino*	0

Subsequent Entries by Ethnicity – Probation	
Ethnicity	Count
Hispanic	0
Hmong*	0
Japanese*	0
Laotian*	0
Mexican*	0
Samoan*	1
White*	24
White – European*	1

### Analysis

The information presented is a reflection of entries made into the CWS/CMS system. The information presented for ethnicities of all placement youth does not depict a true picture of the youth in placement as Hispanic and Mexican ethnicities are not an approved category to select from. Therefore, youth who identify themselves as Hispanic or Mexican have to select from the approved ethnic group, another ethnicity, or select decline to state, which may skew the numbers for all ethnicities as the selection may not be accurate for the youth.

Children in care with open cases by service component (e.g., Emergency Response, pre-placement Family Maintenance, post-placement Family Maintenance, Family Reunification, Permanency Placement).

In Care by Age – Probation	
Age	Count
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0

In Care by Age – Probation	
Age	Count
13	1
14	2
15	4
16	7
17	8
18	12
19	3
20	6
21	3
<b>Total</b>	<b>46</b>

In Care by Ethnicity – Probation	
Ethnicity	Count
American Indian*	0
Asian Indian*	0
Black*	9
Chinese*	0
Decline to State*	6
Filipino*	0
Hispanic	0
Hmong*	0
Japanese*	0
Laotian*	0
Mexican*	0
Other Asian*	0
Samoan*	1
White*	29
White – Central American*	0
White – European*	1
<b>Total</b>	<b>46</b>

In Care by Service Component – Probation	
Service Component	Count
Emergency Response	0
Family Maintenance	23
Family Reunification	0
Permanent Placement	9
Supportive Transition	14
<b>Total</b>	<b>46</b>

## Analysis

The information presented is a reflection of entries made into the CWS/CMS system for placement and AB 12 youth. In review of the information, the ethnicity portion is incorrect. To give an accurate picture of the ethnicities, data from the Probation Departments Juvenile Justice Coordinating Council (JJCC) system was pulled and it identified 15 Hispanic, 8 White, and 8 African-American youth released to placement in 2014. To capture the AB 12 youth as the JJCC system does not capture that specific data at this time, the Deputy Probation Officer (DPO) assigned to AB 12 youth reviewed the cases for 2014 and identified the following: 7 Hispanic, 3 White, 2 African-American, and 1 American Indian.

## PUBLIC AGENCY CHARACTERISTICS

Merced County has been very stable over the years. Although demographic data shows slight improvement in the economic climate of the county, the basic political structure, configuration of public entities, and the structure and resources of the CWS and Probation are essentially the same as reported in the previous CSA.

## POLITICAL JURISDICTIONS

### Board of Supervisors (BOS)/County Structure

Merced County is governed by a five member BOS. Each member is elected from the district in which he or she resides. Board members serve four-year terms, with elections occurring every two years for alternate districts. A chairman is elected annually to preside over the Board meetings and exercise leadership for the Board. Merced County is a general law county that must operate within the provision of California State Law.

Duties:

- Appoint members to the Board Commission, Committees, and Advisory Boards.
- Appoint department heads, except elected officials and those appointed by the County.

## Executive Officer

- Adopt an annual budget.
- Exercise policy review and oversight of County programs and functions.
- Serve as an appellate body for personnel actions and planning and zoning appeals.

In addition to their fiscal support, the Merced County BOS are staunch advocates for the County's Child Welfare System. Board members sit and advise on various child advocate commissions, including the JJCC and Board members commonly serve as youth mentors and participate in reading programs. They also regularly dedicate "special district funds" to youth sports programs for impoverished communities and support other child-related youth programs such as the Boys and Girls Program.

## Tribes

Merced County has no federally recognized tribes.

## School Districts/Local Education Agencies

Merced County has 21 school districts. In the 2013/2014 school year, 56,451 students were enrolled in the county.

- Atwater Elementary
- Ballico-Cressey Elementary
- Delhi Unified
- Dos Palos – Oro Loma Joint Unified
- El Nido Elementary
- Gustine Unified
- Hilmar Unified
- Le Grand Union Elementary
- Le Grand Union High
- Livingston Union Elementary
- Los Banos Unified
- McSwain Union Elementary
- Merced City Elementary
- Merced County Office of Education
- Merced River Union Elementary
- Merced Union High
- Plainsburg Union Elementary
- Planada Elementary
- Snelling-Merced Falls Union Elementary
- Weaver Union
- Winton Elementary

CWS has developed working relationships with local school districts. HSA collaborated with MCOE to develop the FRC over 15 years ago and contracts portions of the Promoting Safe and Stable Families (PSSF) funding to MCOE for the operation of the FRC. A child welfare social worker regularly attends School Attendance Review Board (SARB) meetings in many different school districts, and provides any necessary follow-up/services to families involved with SARB. This helps to identify children who are at risk and make appropriate services available to families.

Through a contractual arrangement with MCOE, parenting education programs are provided through the FRC. The FRC also houses the FWC. CWS and MCOE collaborated in obtaining a grant from First 5 of Merced County to fund the Early Connections program. Early Connections reached out to families who were referred for child welfare services, but for whom no allegations were substantiated. These families are offered developmental screening and follow-up for any children five and under in the family.

The Probation Department has a positive relationship with the school districts within Merced County. A DPO regularly attends the SARB meetings in many different school districts, and provides follow-up services if applicable to the families involved with SARB.

A Probation Program Manager or designee for the department attends Supportive On-Going Services (SOS) meetings at the FRC with other partner agencies: Valley Crisis Center, First 5, Mental Health, Central Regional Center, Child Welfare, and various school administrators. Referrals are made from the school district and other community providers who may see the family is in need of services. Families who attend the meeting are referred to applicable services that will assist the family and child.

Administrators and Supervising Probation Officers have met in after school forums hosted by different school sites to educate parents on what probation is, the services that are provided by probation, services that are within the community that are available to them and education on the gang issues that are present within the community.

The Probation Department collaborated with MCOE and Mental Health in 2013, to facilitate the Juvenile Daily Reporting Center for at risk youth. The program was considered a one stop shop for at risk youth. Youth attend school full-time; they were educated on drug and alcohol abuse and received mental health counseling in group, individually and family settings. Unfortunately in January 2015, the program ended due to staffing levels of MCOE and Probation.

## **Law Enforcement Agencies**

CWS works closely with the nine different local law enforcement agencies. In addition to responding to many referrals as a team, there is a child welfare social worker assigned full-time to work with the Merced/Multi-Agency Narcotics Task Force as part of the Drug Endangered Children (DEC) team. There is also a social worker stationed with the Merced Police Department's Gang Violence Suppression Unit. This collaboration keeps children safe by immediately removing them to a safe setting when their parents are involved in manufacturing methamphetamine, dealing drugs, or involved in violent criminal activities. A social worker is also stationed at the Merced County Probation Department. The social worker works collaboratively with the Probation Department where a child appears to come within the description of both Section 300 and Section 602 of the Welfare and Institution Code (W&I).

HSA also contracts with the County Sheriff's Department to have a Deputy Sheriff stationed within CWS at the main office in Merced. This offers a very positive working relationship between the Sheriff's office and CWS. The Deputy offers a variety of services including accompanying social workers in the community when there are safety issues.

The Multidisciplinary Interview Center (MDIC) is a collaboration with representatives from CWS, local law enforcement, and the District Attorney's office. Children who experience severe sexual and/or physical abuse are interviewed once by a specially trained social worker in a controlled and videotaped setting. This interview provides the different agencies with the details they need while insuring that children do not have to experience multiple interviews.

The Probation Department also has an established relationship with local law enforcement agencies. The DPOs assist agencies on an as needed basis. If the officers are contacted to assist with a client that is under department supervision, the officers will not hesitate to assist them. During night operations where the officers are checking on youth to ensure they are adhering to the conditions of probation, the respective agency in the residing area is notified and at times will assist. During the Merced and Los Banos Fairs, DPO volunteer to work outside of their scheduled work hours to assist Merced County Sheriff's Department with community safety within the fairgrounds.

In regard to placement youth specifically, they are typically housed out of county and state and that limits the placement officer's ability to establish a rapport with the law enforcement agencies where the youth are residing. Placement officers maintain limited communication with the out of county and state agencies, via telephone and fax, to monitor the youth's performance and adherence to court orders while in placement.

### **Cities**

HSA has no formal contacts or Memoranda of Understanding (MOU) with any of the 17 cities in Merced County. However, in the last few years HSA has looked closely at the needs of the communities, especially the outlying and underserved areas of the county. An HSA office with a CWS unit is located in the city of Los Banos to serve the western portion of the county. In 2015, HSA will be opening an office on the campus of the former Castle Air Force base located in Atwater. It is not know at this time if any CWS services will be located in that space initially or at a future date. HSA has also just begun work in the outlying city of Planada, managing the Community Center. HSA staff are housed in the Planada community and the ultimate goal is to have a one-stop center that offers public assistance, CWS, adult services, and mental health services.

### **Merced County Mental Health**

CWS and Mental Health continue to develop programs to serve the community. Currently, two CWS social workers are co-housed with Mental Health and work with the Youth Specialty Services Program. A social worker and a mental health clinician work closely together to develop joint case plans for those high needs youth that are mostly placed in group homes. The joint planning helps youth step down to a more family like setting as soon as safety allows. Additionally, through the Katie A. settlement agreement, there is one contracted Mental Health therapist, from Aspiranet, that has an office in the Main Street building. This therapist reviews every mental health screening for every child in or entering into foster care. The therapist is able to quickly complete an entry into mental health services for youth.

Mental Health and CWS have also partnered in the Child Abuse Treatment (CHAT) program that is made possible through a grant provided by the California Office of Emergency Services (Cal OES) to provide short-term crisis therapy for children and youth who have been victims of crimes or abuse.

## Summary

HSA/CWS and Probation cooperate with Public Health, Mental Health, MCOE, First 5 of Merced County, and many other public and private entities to sponsor events and activities that promote quality of life for children and families. Examples of these events include the Annual Children's Summit, Parent Institute, Hmong Women's Initiative (HWI), and Fatherhood Conference. There have been no major changes in relationships among the agencies and political jurisdictions since the last CSA. One of the major issues identified in the Peer Review and focus groups was the availability of mental health services for parents, children, and youth. Issues of eligibility, appropriateness of services, language barriers, and location and times of services were identified. Mental health funding and services are not exclusively the domain of Merced County Mental Health. School districts and private providers are involved in mental health services. However, CWS and Probation anticipate involvement of Public and Mental Health agencies in identifying solutions to issues identified in the SIP process.

## COUNTY CHILD WELFARE AND PROBATION INFRASTRUCTURE

The organizations responsible for providing child welfare services within Merced County are HSA and the Department of Probation. HSA is primarily responsible for providing all child welfare services in Merced County. Services include screening reports of suspected child abuse, investigating allegations of abuse, and providing Family Maintenance (FM), Family Reunification (FR), Permanency Planning (PP), ST, and Adoption services. In addition, CWS also provides a number of preventative and parental education programs within the County (Fatherhood, Motherhood, early childhood assessments, Commercially Sexually Exploited Children [CSEC] education).

The Probation Department provides child welfare services for minors who are defined by Section 602 of the California W&IC. The responsibilities of the Probation Department as they relate to child welfare services are as follows: determining if a minor is appropriate for out-of-home placement, screening potential out-of-home placements, preparation and maintenance of Case Plans, supervision of minors in placement, and enforcing court orders for those minors in placement, and their parents.

Those employed by CWS at HSA report to the Deputy Director of CWS, who in turn reports to the Director of HSA. The HSA Director reports to the County Executive Officer, who works at the pleasure of the BOS. The Chief Probation Officer reports to the Courts. Other public agencies that partner with both CWS and Probation families include the Mental Health Department, Public Health Department, Superior Court, County Counsel, Public Defender, District Attorney (Victim Witness and Child Support), local law enforcement agencies, MCOE, and local school districts. Key community organizations include the FRC, and the Valley Crisis Center.

The Superior Court Judge presides over the dependency proceedings for children and youth under the W&IC 300 Sections. A Superior Court Judge presides over the proceeding for children and youth under Section 600 criminal proceedings for juveniles. Child welfare staff maintains a positive working relationship with both the Judges. Quarterly "brown bag" lunch discussions keep communication open between the court, Deputy Public Defenders, and child welfare staff.

HSA and Probation have established a protocol (per W&IC Section 241) for those minors who could fall within the jurisdiction of either agency. HSA maintains a positive working relationship with the Probation Department, and a social worker liaison is out stationed at the Probation Department in order to foster this relationship. As a result, the two agencies are able to communicate and exchange appropriate information on a daily basis. This social worker

interfaces with the Judge and juvenile probation staff to review children/youth that fall under both the 300 and 600 sections of the W&IC. CWS and Probation have a MOU on processes for AB 12 youth.

Child welfare staff work closely with County Counsel, who represents HSA and the children in Juvenile Court Dependency proceedings. County Counsel and child welfare staff have positive working relationships with Deputy Public Defenders and Panel Attorneys who represent parents, caregivers, and children in dependency proceedings. Child welfare staff also work closely with the District Attorney's staff and with the Victim Witness program when children are victims of domestic violence, abuse, or are abducted.

Child welfare staff work with the District Attorney's Child Support staff to locate missing parents, determine paternity, and to obtain/utilize child support payments for children in the system.

Given that the Probation Department generally uses out of county group homes for placement of minors, there is not a great deal of contact with the local agencies in these outside counties. Nevertheless, the Probation Department maintains limited communication with out of county agencies, via telephone and fax, to monitor the minor's performance and adherence to court orders while in placement.

### **County Child Welfare Infrastructure**

- Methods for Assigning Cases/Structure and organization of service components

CWS has three Emergency Response (ER) Intake social workers (screeners) who take referrals over the telephone, in person, and through the mail. They use Structured Decision Making (SDM) tools to assist in determining whether the referral requires an immediate response, a 10-day response, or whether it is appropriate to evaluate it out. Some evaluated out referrals are referred to a home visitor for possible preventative services to the family. Families known to the Agency through the Temporary Assistance for Needy Families (TANF) and CalWORKs programs are identified by the screeners through the C-IV system and services are coordinated through the Linkages program to address issues involving basic needs (shelter, utilities, food, and medical care), substance abuse, and domestic violence. Sixteen ER workers are responsible for investigating allegations of abuse; two of these social workers are co-located with law enforcement.

ER referrals are assigned based on a rotational basis. Half of the ER teams receive all immediate response referrals while the other half receives all other response referrals (3-day, 5-day, and 10-day) and those teams alternate each week. In times of exceptionally high volume, all ER workers will be assigned immediate referrals regardless of rotation. Additionally, during high volume periods, social workers from other areas (FR, FM, Adoptions, Court) have had to temporarily respond to immediate and 10-day referrals. This is difficult in that it sometimes delays services to families in these areas. Unfortunately, due to funding cuts and short staffing, there is not another alternative available.

Seven court workers are responsible for cases involving minors who have been detained. The court workers continue the investigation, and carry the case through the Jurisdiction and Disposition hearings. Court workers collaborate with families to develop case plans outlining reunification. Additionally, one of the Court workers is assigned to work with CSEC cases and continues to monitor these cases throughout the life of the case.

Two supervisors are responsible for the court units; one assigns the incoming cases to the court workers and to other programs within child welfare and one is assigned as the Court Officer to provide an agency presence in court to answer questions regarding agency policy and to appear on behalf of social workers who are not needed due to routine proceedings.

Once a case has been assigned to other programs from the court unit, a specified supervisor is responsible for assigning on-going cases within each program. Cases are assigned on a rotational basis except in instances where other factors require assignment to specialized caseloads. For families living on the west side of the County, cases are assigned to the Los Banos outstation. For FR, FM, and Adoption cases, the cases are assigned on rotation unless the family is Spanish-speaking only. For those cases, they are assigned to a specialized caseload with a bi-lingual social worker. For cases in PP, the cases are assigned on a rotational basis except in cases when the youth have exceptional emotional or behavioral need. Those youth are assigned to specialized caseloads that are monitored jointly by CWS and Mental Health. There is one designated caseload responsible for carrying all Adoption Assistance Program (AAP) cases and Non-Dependent Legal Guardianship cases.

- Structure or Organization of Service Components

In addition to the ER and Court units described above, four social workers, one social services program worker, and an office assistant are currently assigned to the Home Assessment Team (HAT). This group explores relative and non-relative placement possibilities and certifies relative homes for possible placement, including providing exemptions for relatives that may have a criminal or child welfare past. This group ensures that relative placements are explored and documented early in each child welfare case.

The FR/FM team consists of ten social workers and two supervisors. Also assigned to work with this team is a Former Foster Youth Assistance worker who will work as part of the Katie A. team, who serve foster youth and their families with special mental health needs. Open cases include court-ordered FR cases, and voluntary and court-ordered FM cases. One worker is co-located with Public Health to provide both ER and FM services for medically fragile youth and their families. FR Workers provide services to families to overcome barriers to their children returning home. This includes weekly visitation with children and families for children ages 0 to 3 years. FM Workers provide in-home services to help families stay together and overcome difficult barriers to self-sufficiency.

An FR Team with a total of seven social workers, one social services program worker and one supervisor provide services to families to overcome barriers to their children returning home. This includes weekly visitation with children and families for children ages 0 to 3 years. These social workers continue to work with the families through Court and Voluntary FM services. This allows a continuance of the services and relationship already established with the family.

The PP team has six social workers and one supervisor. This team predominately handles cases where family reunification services have been terminated and adoption is not the long-term plan. Two of the six social workers assigned to this team, two are co-located with County Mental Health and provide services to dependent foster youth receiving specialty mental health services through Youth Supportive Services (YSS). The PP team also handles cases in which youth between the ages of 18 and 21, who are meeting participation criteria, have elected to remain in foster care and take advantage of the

services offered through Extended Foster Care. Children in dependency are in a variety of settings which include guardianships, placements with relatives or Non-Relative Extended Family Members (NREFM), foster homes, supervised independent living placements, or group homes.

The ILP team has an ILP social worker who also works as the team mentor/coordinator for ILP services. The ILP Team also consists of one office assistant and five foster youth assistance workers. ILP offers services to youth, ages 15.5 to 21, who are in foster care, or who had been in foster care after their 16th birthday. This population includes dependents of the juvenile court and wards of the delinquency court. The goal of ILP is to enable eligible youth to achieve maximum self-sufficiency and independence prior to leaving the foster care system. This is achieved by independent living skills assessments, education, training, services, and a written Transitional Independent Living Plan (TILP) to increase the likelihood of a successful transition from foster care to independent living and self-sufficiency. Merced County participates in a variety of services including, but not limited to the following: workshops, community resource linkage, incentives, and basic living skills. ILP workshops are held four times a week in Merced and one time a week in Los Banos.

Following the recommendations of the prior Peer Quality Case Review (PQCR), the Adoptions Team was restructured to include three full-time adoption social workers. Cases are transferred to an adoptions worker once a 366.26 Hearing is scheduled. All adoptions workers assist in locating adoptive homes, writing court reports, and provide on-going case management. Home studies are primarily contracted out to outside agencies.

Non-caseload carrying staff include home visitors (one supervisor and four home visitors), two child development specialists, one family violence advocate, one CHAT counselor, one CHAT special project coordinator, four social work aides, one legal clerk supervisor and nine legal clerks, one administrative assistant, four office assistance, and one analyst.

The following organization chart displays the organizational structure of CWS. The deputy has discretion of reorganizing the structure and make adjustments to how resources are deployed as workloads change or other factors influence the most effective way to utilize staff.

**SOCIAL SERVICES BRANCH**

CHILD WELFARE SERVICES  
 ORGANIZATIONAL AND TELEPHONE CHART  
 FAX (209) 354-2518

<b>5016</b>	<b>Laura De Cocker, Deputy Director</b>	<b>Room 131/Ext. 5200</b>
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<b>Kimberly Helms, County Counsel</b>	<b>5210</b>
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<b>5017</b>	<b>Charlene (CJ) Jones, Secretary II</b>	<b>5285</b>
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EMERGENCY RESPONSE, COURT OFFICER & HOME VISITORS		
<b>5005</b>	<b>Jami Johnson, MSW Program Administrator (Room 140)</b>	<b>Ext. 5390</b>

<b>5012</b>	<b>Ralph Zyskowski, Deputy Sheriff</b>	<b>5444</b>
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5300—EMERGENCY RESPONSE		
<b>5300</b>	<b>Maria Gomez, MSW, SSW II (Room 139)</b>	<b>5279</b>
5322+	Rosa Centeno, SW III .....LOA	5196
5335	Esmerelda Dominguez, SW III .....	5124
5326+	Eli Elias, MSW, SW IVB .....Prob.	7386
5361	Jose Regalado, SW III .....	5494
5356	Cathy Clark, SW III .....	5201

5400—EMERGENCY RESPONSE		
<b>5400</b>	<b>Norma Pulido, ASW, MSW, SSW II (Room 70)</b>	<b>5441</b>
5431+	Edith Tristan, SW III .....Liv	3451
5460+	Maria Moreno, SW III .....	5185
5482	Martha Espinoza, SW III .....	5293
5478	Nicole Meraz, SW III .....Castle	381-5665
5466	Mitchell Anhar, MSW, SW IVB.....	5227
5408	Jennifer Peterson, MSW, SW IVB .....	5391
5405	Rochelle Hewitt, SW III .....	5114

7200-EMERGENCY RESPONSE		
<b>7200</b>	<b>Tony Xiong, MSW, SSW II (Room 136)</b>	<b>5520</b>
7288 +	Jocias Zamora, SW III .....	5448
7255	Lindsay Whatcott, ASW, SW IVB .....	5222
7233	Marina Lyon, MS, SW IVA.....	5337
7210	Pa Thor, MSW, SW IVA .....	5512
7206	Berenice Sanchez, MSW, SW IVA .....	5217
7207	Mayra Lomeli, MSW, SW IVA .....	5517

7700—EMERGENCY RESPONSE/HV, CD, FVA		
<b>7700</b>	<b>Heather Rosa, MSW, SSW II (Room 137)</b>	<b>5490</b>
7703	Diane Crain, SW III .....	5645
7738	Meng Song, MSW, SW IVB .....	5487
7745	Steve Stavrianoudakis, SW III .....	5854
770V	G. Athena Waddle, EH/OA .....	5371

7700—HOME VISITORS		
770X	Jacqueline Villicana, HV Sup.....	5174
7705	Mai Ka Yang, HV .....	5729
770M	Patricia Young, HV .....	5296
770T	Rosa Carmona, HV .....	5442

7700—CD SPECIALIST / FV ADVOCATE		
770B	Rosie Martinez .....CD Spec.	5247
770L	Nou Chang .....CD Spec.	5486
77GG	Rosa Maldonado .....FV Advoc	5163
770E	Marisa Longoria .....EH/OA	5186
770F	Noemi Arellano .....EH/OA	5476

WEX/INTERNS	
	Keyana Coleman

OUTSTATION INFORMATION			
OUTSTATION	TELEPHONE	FAX	
All Dads Matter 3376 N. Hwy. 59, B,C,D Merced, CA 95348	385-7521	725-3848	
All Moms Matter (1st 5) 676 Loughborough Dr. Merced, CA 95348	385-3000 Ext. 5002	725-3778	
Castle - Nicole Meraz 2290 Heritage Dr. Atwater, CA 95301	726-6501, Ext. 465 381-5665	722-2455	
Family Service Center 1579 W. Main St. Merced, CA 95340	385-7561	725-3891	
Foster Parent Training 676 Loughborough Dr. Merced, CA 95348	385-3000, Ext. 5020	No Fax	
Livingston Office 1471 B. Street Livingston, CA 95334	394-1680	394-1681	
Main Street Youth Center, 1577 W. Main Merced, CA 95340	385-7590	385-7591	
Mental Health 480 E. 13 Street Merced, CA 95340	381-6830	725-3811	
Probation Dept. Eli 2150 M Street Merced, CA 95340	381-1380	725-3999	
Veteran's Resources 3376 N. Hwy. 59, Ste. D Merced, CA 95348	385-7588	725-3848	
Westside Family Service Center, 635 J. Street Los Banos, CA 93635	710-6250	829-0193	

BACK-UPS	
	H. Sayaovang—W. Owens T. Xiong—J. Perez—S. Pierce— N. Pulido—M. Gomez L. Saunders — J. Kasper C. Richardson — B. Gill J. Sims-Culot—D. Wilson—R. Velazquez W. Owens—P. Cuaresma—H. Rosa

FAMILY REUNIFICATION, FAMILY MAINTENANCE & COURT		
<b>5021</b>	<b>Daphne Short, MSW Program Administrator (Room 140)</b>	<b>Ext. 5595</b>

<b>500U</b>	<b>Suesuky Powers, Student Intern Katie A.</b>	<b>5449</b>
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5100—COURT		
<b>5100</b>	<b>Darah Wilson, MS, MFT/I, SSW II Court Officer (Room 124)</b>	<b>5162</b>
5140	Bonnie Foster, SW I .....	5701
5115	M. Alejandra Guerrero, SW III .....	5717
5137	Terri Hankston, SW III .....	5261
5120	Jacqueline Yanez, MSW, SW IVB .....	5631

5200—COURT		
<b>5200</b>	<b>Julianne Sims-Culot, LCSW SSW II (Room 124)</b>	<b>5305</b>
5272	Amardip Basra, MSW, SW IVB .....	5216
5285+	Daisy Murillo, MSW, SW IVB.....	5394
5227	Jessica Lopez, ASW, SW IVB .....	5397
5221	Lidia Caza-Burdick, LCSW, SW IVB ....	5548
5295	L. Yia Thao, SSPW .....	5431

5500—FAMILY REUNIFICATION		
<b>5500</b>	<b>Socorro Saavedra, LCSW, SSW II (Room 69)</b>	<b>5514</b>
5511+	Bert Navarro, SW III.....	5737
5569	Robert Elias, Jr. MFT/I, SW IVB.....	5353
5576	Veronica Rosales, SW III .....	5498

7300—FAMILY MAINTENANCE		
<b>7300</b>	<b>Phillip Cuaresma, MSW, SSW II (Room 135)</b>	<b>5187</b>
7332	David Mancini, OA III .....	5477
7394	Kevin Lewis, SW III .....	3442
7314+	Elizabeth Sanchez, SW III .....	5623
7329*	Pang Moua, MSW, SW IVB .....PH	1157
7375+	Sandra Benavidez, SW III .....	5842
7347	Robin Feist, SW III .....	5229
7316	Genaye Mower, ASW, SWIVB.....	5399

8700—FAMILY REUNIFICATION		
<b>8700</b>	<b>Wilma Owens, MSW, SSW II (Room 134)</b>	<b>5832</b>
8764	Rebecca Barrera, MSW, SW IVB .....	5122
8742*	Pha Xiong, MSW, SW IVB .....	5607
8702	Tanya Riley, MSW, SW IVA .....	5852
8754	Jill Kojima, MSW, SW IVB .....	5158
8717+	Glorimar De La Rosa, SW III.....	5806
8725	Marissa Meskus, SW I .....	5439
8734	Nai Saechao, MSW, SW IVA .....	5217
8773	Julie Jones, SSPW .....	5330

# SOCIAL SERVICES BRANCH

CHILD WELFARE SERVICES  
ORGANIZATIONAL AND TELEPHONE CHART  
FAX (209) 354-2518

5016	Laura De Cocker, Deputy Director	Room 131/Ext. 5200
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5017	Charlene (CJ) Jones, Secretary II	5285
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Kimberly Helms, County Counsel	5210
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ADOPTIONS, CHAT, HAT, LEGAL CLERKS & WFSC		
5019	Kimiko Vang, MSW, LCSW Program Administrator (Room 142)	Ext. 5460 6252

CHAT		
Patricia Orozco, LMFT, Counselor .....5097/6273		
Gabriel Orozco, EH/CHAT .....MSYC.....5011+		

5700—ADOPTIONS		
5700	Raquel Velazquez, MSW, SSW II (Room 69) FAX (209) 354-2521	5978
5744	Robin Silveira, MSW, SW IVB .....	5234
5793	Rebecca Hyde, SW III .....	5633
5792	Griselda Marquez, MSW, SW IVB...	5251
5748	Elaina Najera, MSW, SW IVB.....	5733

7500—WESTSIDE FAMILY SERVICES CENTER		
7500	Stephen Pierce, MS, JD, MFT, SSW II 635 J Street, Los Banos (209) 710-6250 FAX (209) 829-0193	6272
5009	Irene Michaud, AT .....	6251
7588+	Blanquita Esquivel, SWA .....LOA	6261
7580+	Moy Meraz, SW III .....	6259
7528	Susan Vang, MSW, SW IVB .....	6258
7551	Leydy Cervantes, MSW, SW IVB....	6263
7524	Elizabeth Fonseca, SW III .....	6227
7530	John Bloom, MS, BS, SW IVB .....	6253
7583	Valeria Nunez, SW I .....	6223
7536	Anabel Vega, MSW, SW IVA .....	6253
750Q	Lorraine Castillo .....	6262
750N	Yvonne Lee.....	6269
750W	Paola Torres-Ortiz .....	6267

8100—HOME ASSESSMENT TEAM		
8100	Hoyu Sayaovang, MSW, SSW II (Room 129)	5160
8146	Jan Martin, SW II.....	5516
8191	Mai Yang, SW II.....	5665
8171+	Elia Corchado, MS, SW III .....	5735
8158	Don Taylor, SW III .....	5447
8163	Kimberlee Jones, OA II .....Placement	5039

8500 LEGAL CLERKS		
8500	LAURA SAUNDERS, SUPERVISOR	5895
8512	R. Irene Lopez, LC II .....	5619
8568	Jeanne James, LC II .....	5303
8570	Mary Blauert, LC II .....	5816
8579	Tillie Fennessey, LC II .....	5694
8584	Rebecca Walker, LC II .....	5502
8589	Carolyn St. Clair, LC II .....	5824
8590	Kathy Souza, LC II .....	5164
8565	Amanda Hage, LC II .....	5108
8539+	Josie Ratley, OA III .....	5815

8400—SOCIAL WORKER AIDES		
8400	Janet Kasper, SSA II, Main Bldg. 1577 West Main St. (209) 385-7590 FAX (209) 385-7591	5387
8404	Angelique Soto, SWA .....	5248
8419	G. "Jerry" Reyes, SWA .....	5157
8457	Evangelina Lopez, SWA.....	5443
8453	Bryan Hartley, SWA .....	5519

8300 Magaly Guillen, MSW, Program Administrator Training Supervisor (Staff Development)		
8300	Magaly Guillen, MSW, Program Administrator Training Supervisor (Staff Development)	5620
8318	Francisco Guzman, SW III .....	XXXX
8341	Martin Azevedo, SW III .....	XXXX

KEY	
•	Bilingual Southeast Asian
+	Bilingual Spanish
BV	Buena Vista
CHAT	Child Abuse Treatment Program
CD	Child Development Specialist
EH	Extra Help
FSC	Family Services Center
FVA	Family Violence Advocate
HV	Home Visitor
HWI	Hmong Women's Initiative
LOA	Leave of Absence
LPA	Licensing Placement Analyst
OA	Office Assistant
PHN	Public Health Nurse
SAA	Software Applications Assistant
SPC	Special Projects Coordinator
SSA	Staff Services Analyst
SSPW	Social Services Program Worker
SSW	Supervising Social Worker
SW	Social Worker
SWA	Social Worker Aide
YC	Youth Center

MERCED CONTRACT AUXILIARY PERSONNEL/LIAISONS		
Ellisa Naumann, PHN		5195
Adria Sargent, LCSW,	LOA	5052
Danielle Mumford, MFT/I MHC	Katie A.	5052/ 5565
Palee Moua,* EH/SPC.....	HWI	5583
Patricia Orozco, LMFT, CHAT	MSYC/WFSC	5097/ 6273

FSC, ILP, LICENSING, & PERMANENCY PLANNING		
5003	Baljit Gill, MSW Program Administrator (FSC-Room 8)	Ext. 5232

LICENSING PLACEMENT ANALYST		
5006	Lee Xiong, MA, SW III, LPA .....	5284

CONTINUOUS QUALITY IMPROVEMENT		
5022	Juan Perez, MSW, SSW II .....	5071

5800—PERMANENCY PLANNING		
5800	Cheweeta Richardson, MSW, SSW II 1577 West Main Street (209) 385-7590 FAX (209) 385-7591	5075
5897	Renee Jones, SW III .....	5076
5849+	Nora Kising, MSW, SW IVB .....MH	3622
5850	Tamra Partin, MSW, SW IVB .....MH	3259
5852	Janet Murillo, MSW, SW IVB .....	5070
5874	Portia Bryant, SW II .....	5436
5867	Holly Karim, SW III .....	5074
5813	Hector Cabrera, MSW, SW IVA .....	5047
5859	Maggie Wise, SWA .....	5068

8200—INDEPENDENT LIVING PROGRAM		
8200	Baljit Gill, MSW, PA 1577 West Main Street (209) 385-7590 FAX (209) 385-7591	5232
8281	Katherine Baker, ASW, SW IVB...JLP Mentor	5446
820C	Dolores Taylor .....	EH/SI 5077
820P	Lucia Gutierrez .....	EH/SI 5081
820Y	Lue Saechao .....	EH/SI 5079
820K	Nicholas Castillo .....	EH/SI 5073
82RR	Courtney Baldwin, .....	EH/SPC 5249

8600—FAMILY SERVICES CENTER (FSC)		
5003	Baljit Gill, MSW, PA 1579 West Main Street (209) 385-7561 FAX (209) 725-3891	5232
8623	Karen Stum, MSW, SW IVB .....	FSC 5060
8601	Vedora Satterwhite, SW III, EH.....	FSC 5064
8698	Cristina Reyes, OA II .....	FSC 5061

6400—LINKAGES-ESB		
	Wendy Campbell, Supervisor	5660
640L	Tong Xiong, E & T II .....	5606

1700—LINKAGES-FSB		
	Susan Flores, Supervisor	5976
1706/ 170A	Jennifer Fillebrown, FSR II.....	5488

- Average Caseload Size by Service Component

The CWS worker caseload for each program is presented below. These are average caseloads for each team. Staff assigned to specialized programs such as Public Health or YSS may have smaller caseloads. The relatively low caseloads are a contributing factor in the timely response for investigations in ER, as well as the short length of stay in foster care, low re-entry rate into care, and the efficiency in adoptions. Despite the fact that average caseload size is close to or below state funding standard, caseload size was frequently cited in the Peer Review and focus groups as a barrier to effective casework. Social workers, foster parents, CASAs, and service providers all mentioned over worked social workers who rushed to get their jobs done. The comments from Peer Reviewers and focus groups sometimes conflated caseload size with job demands. However, both social workers and others named time consuming activities that could be changed or delegated to others. Peer Reviewers mentioned that requirements for supervisory or management approval for decisions is time consuming and delays the ability of the social worker to respond quickly. Responsibility for administrative tasks such as issuing bus passes and collecting medical information were other examples of work that takes up the social workers time away from the families and children.

Program	State Funding Standard	Merced County Caseload (13 month average, 11/13 – 11/14)	Merced County Average Number of Referrals/Cases (13 month average, 11/13 – 11/14)
CWS – ER	15.8	16.62	332
CWS – FM	35	19.92	200
CWS – FR	27	25.46	300
CWS – PP including Adoptions	54	27.54	319

### Impact of Staff Turnover on Operations, Practice, Service Delivery, and Outcome Data Measures

- Staff Turnover and Vacancy Rates

The table below displays the CWS staff turnover in calendar year 2014. Data provided by HSA Human Resources (HR).

Position	Number Who Left Position	Total Number of Positions	Turnover Rate
Deputy	0	1	0%
Program Administrators	1	4	25%
Supervisors SSWII	2	13	23%
SW I	0	3	0%
SW II	0	3	0%
SW III	7	29	25%
SW IV	7	35	20%
Legal Clerks	0	8	0%
All other	3	22	14%
<b>Total Turnover</b>	<b>20</b>	<b>119</b>	<b>17%</b>

The table below shows the reasons for turnover.

Retirements	2
Dismissals	0
Lateral or Promotional Moves	10
Voluntary Resignations	8
Supervisor to Worker Ratios	1:6

Lateral or promotional moves account for half of the turnover.

In their focus group, social workers cited better salary levels in neighboring counties as a reason for experienced social workers to leave the agency. It is not known how many, if any of the eight voluntary resignations were people who left to accept a social worker position in another county.

Salaries for Social Worker IVs in Merced and neighboring counties are:

- Merced County \$4,213 to \$5,654
- Mariposa County \$4,142 to \$5,035
- Fresno County \$3,967 to \$5,076
- Madera County \$4,103 to \$4,987
- Monterey County \$4,335 to \$5,921
- El Dorado County \$4,399 to \$5,347
- San Benito County \$4,468 to \$5,704

While it is possible that a Social Worker IV from Merced could negotiate a slightly higher salary in Monterey or San Benito, salary would not appear to be a major reason for turnover in Merced.

### **Impact of Staff Turnover and Changes in Staffing Structure on County Operations, Practice, Service Delivery, and the Outcome Data Measures**

Heavy staff turnover has many negative effects on the remaining staff in CWS and the families they serve. When a case carrying social worker leaves CWS, it takes an average of six months to fill that position with a new worker. It is often a fully trained, experienced worker that leaves CWS to be replaced by a newly initiated social worker that has little to no field experience.

The recruiting process is very arduous. Positions must be approved by HSA HR, HSA Fiscal Branch, HSA Director, Merit Systems, Merced County Human Resources and Merced County's CEO. Gaining permission to fill the position, advertising, interviews, references checks and offers to potential candidates often take 12 weeks or more to complete. Once a new social worker is hired; they must complete a week long Agency orientation and a seven week CWS classroom induction training designed specifically for social workers. After completion of classroom training, field training in ER typically lasts four to six weeks. Only then can a social worker begin taking cases. Initially for the first 30 to 60 days only a partial caseload is assigned, while field experience is gained. In addition to the HSA training, social workers must also complete the California Social Worker Academy series training within their first year of employment.

Merced has experienced a heavier than usual turnover rate in the last 12 months. During difficult economic times the surrounding counties were not hiring social workers. Surrounding counties were experiencing pay deductions and layoffs, while Merced continued to hire and train new social workers. Now that the economy is improving, surrounding counties are once again hiring new social workers. Merced social workers, who are commuting long distances to work in Merced, are finding employment closer to their home communities. Additionally, newly graduated social workers having completed their two-year payback requirement for the IVE program, are moving toward less stressful social work in mental health or hospital settings.

This constant and high turnover rate of social workers has resulted in the remaining staff being overworked with high caseloads and stressful conditions. Families, who are beginning to develop relationships with one social worker, have their case reassigned to a new social worker.

When one social worker leaves, there is often a delay in the assignment of a new social worker as whole caseloads have to be redistributed to remaining workers. The new social worker may have different expectations of the family, want to change the case plan and will need time to develop a rapport with the family. Additionally, the new social worker assigned the case has a lack of information about the family. They often have to read through old court reports and months of case notes trying to get familiar with the family and their current status and case plans. As caseloads increase, details begin to be missed, thus putting children at greater risk of being injured in foster care or in FM situations. As workloads and stress for social workers increases, it results in burnout and sometimes negative attitudes and a feeling of being in a constant state of high anxiety. Social workers often feel overwhelmed and need extra support from his or her first line supervisor.

Since many of the Outcome Data Measures are based on timeliness of certain actions, social worker turnover can impact the outcomes by causing social workers to miss key deadlines. For example, the focus for this planning cycle of the CSA/SIP is timeliness of reunification. Changing social workers in the middle of a reunification plan can cause delays, changes, or interruptions in services that could delay the reunification for reasons other than the family's readiness to reunite.

In focus group meetings and the Peer Review, the negative impact on a family of having multiple changes of social workers was mentioned. While other factors such as reassignment or caseload adjustments can also result in a change of worker for a family, turnover is responsible for much of the change, and turnover is largely beyond the agency's control.

### **Impact of Staffing Characteristics on Data Entry into CWS/CMS**

High caseloads for social workers and a constant influx of new, untrained social workers also impacts CWS/CMS data entry. Social workers often miss deadlines for completing case notes, health and education documentation, Katie A. screening and referral documentation, and completing court reports. Other data entry areas that are not mandatory, or are less of a priority, are also affected. This means that client notebook updates, associated services, and Adoption and Foster Care Analysis and Reporting System (AFCARS) data fields are also not completed timely. As an emphasis on keeping children safe while in substitute care and in family maintenance situations takes priority over paperwork, lack of accurate and timely data entry can impact outcome data submissions.

## **Bargaining Unit Issues**

Merced County is currently conducting contract negotiations with union representatives for American Federation of State, County and Municipal Employees (AFSCME) who represent CWS social workers. The main topic this year relates to salary and benefit issues which could impact recruitment and retention.

CWS is not recognized by the County or AFSCME as a 24-hour emergency Agency and the MOU with the Union reflects this. While CWS is required to serve families after 5 p.m. and on weekends, alternative shifts for social workers are not clearly defined in the MOU. Any alternative shifts, for example noon to 9 p.m. or Tuesday through Saturday workweeks, are issues that require negotiation with the Union and a written modification to the existing MOU.

## **How Staff is Recruited and Selected**

One of the greatest challenges is to find qualified social workers. The position of Social Worker III is required to have 30 college units of classes in a related field as well as two years of case management comparable to a Social Worker II at Merced County. A Social Worker IV is required to have a Master's Degree in Social Work. Some candidates interview well, but do not have the writing skills needed for Court reports and case plans. Because Merced County has a poorly educated workforce, it has been especially challenging to find qualified staff. However in 2014 with the high unemployment rate in California and poor economic conditions; more qualified social workers were applying for positions and were willing to relocate to Merced County from other areas. Additionally, Merced County has adopted a "grow your own" philosophy and promotes workers from within the Agency who have a desire to return to school to obtain their degrees. The long-term benefit is an educated workforce that has already been trained and has experience within the Agency.

Merced is within commuting distance of two universities with schools of social work, California State University, Stanislaus and California State University, Fresno. Some social workers who do not hold MSWs when they are hired into the position attend one of these schools using the IVE education funds. The county allows qualified staff persons to serve as field placement supervisors for Agency employees who are IVE students. This support for education has proven to be valuable for the individuals and for the program as the people who take advantage of this opportunity tend to be long-term residents of the County who make a career of child welfare work. The agency's human resource records capture education level at the point of hire or promotion (in the case of an individual who is moving from a position that does not require a degree to one that does), however, the human resource record would only be updated if an employee voluntarily reports earning a credential or degree. CWS also supports MSWs earning an LCSW credential by providing access to the required supervision and practice hours.

CWS recruitment and hiring is managed by HSA's HR office. All hiring and recruitment is governed by Merced County Resolution 2013-92 BGT which specifies the procedures for all county hiring. HSA positions are managed through the California Merit System Services and job applicants apply on-line through the Merit System website. Frequently when positions are posted an e-mail is sent to neighboring counties announcing the open positions as a recruitment tool. When the list of eligible candidates has been established candidates are invited to a panel interview. The interview panel may consist of supervisors, and/or program administrators. The deputy also sits on interview panels at her discretion. All HSA management staff receive training in appropriate interviewing techniques, civil rights policy, and the Agency policy and procedure around selection and hiring.

While the process for recruitment and hiring works well, the Agency is not always in control of the timing of hiring. A county-wide hiring freeze can prevent the agency from filling vacant positions, even when positions are allocated and funds are available. In some situations the agency director can request an exemption, but if no exemption is possible, vacancies accumulate and the workload on the remaining staff increases. At the end of a hiring freeze a large number of new hires to assimilate into the Agency culture can stress the resources for training and mentoring.

## Demographic Information

### Types of Degrees and Certificates, Average Years of Experience, Race/Ethnicity, Salaries, and Position Types

Demographic Table 1A displays the position type/salary, average years experience in Merced County and ethnicity for case carrying staff by function. Average years of experience by function range six to eleven years. White, Black, Hispanic, and Asian ethnicities are represented. In general, Merced has an experienced and diverse workforce in child welfare services. Diversity in the staff is important because Merced County is a diverse community, and language and cultural sensitivity were mentioned in the Peer Review as important factors for both social workers and probation officers. Average tenure by function ranges from five years to 11 years and the majority of social workers are either SW IIIs or IVs, indicating that as a group the social worker staff is experienced.

Position Type/ Function Salary Range (monthly)	SW I \$3,051 - \$3,711	SW II \$3,366 - \$4,092	EH SW III \$3,801 - \$4,625	SW III \$3,801 - \$4,625	SW IV \$4,214 - \$5,654	Legal Clerk II \$3,021 - \$3,675	Average Years CWS Experience at Merced County	Ethnicity
ER	0.5			13	13		7	9-White 2-Black 9-Hispanic 3-Asian/Islander 4-Undeclared
Court	1			2	5		5	2-White 0-Black 4-Hispanic 0-Asian/Islander 2-Undeclared
FM	0.25			4.5	2.5		11	2-White 1-Black 3-Hispanic 1-Asian/Islander 0-Undeclared
FR	1.25			3.5	6.5		6	2-White 1-Black 5-Hispanic 2-Asian/Islander 1-Undeclared
PP		1		1	3		7	2-White 0-Black 0-Hispanic 0-Asian/Islander 3-Undeclared

Position Type/ Function Salary Range (monthly)	SW I \$3,051 - \$3,711	SW II \$3,366 - \$4,092	EH SW III \$3,801 - \$4,625	SW III \$3,801 - \$4,625	SW IV \$4,214 - \$5,654	Legal Clerk II \$3,021 - \$3,675	Average Years CWS Experience at Merced County	Ethnicity
Adoptions				1	3		6	2-White 0-Black 0-Hispanic 0-Asian/Islander 2-Undeclared
ILP				1	1		8	1-White 0-Black 0-Hispanic 0-Asian/Islander 1-Undeclared
Special Services		2	1	3	1	8	11	7-White 1-Black 3-Hispanic 2-Asian/Islander 2-Undeclared

Demographic Table 1B displays the position type and educational level for case carrying staff by function. Data in this table are drawn from HR records and educational information is only captured at initial hire date. MSWs acquired after the social worker is hired may not be recorded in HR records unless the social worker reports the information to HR. herefore, the MSW count in this table may be under reported. MSWs are represented in every function.

Position Type/Function Salary Range (monthly)	SW I \$3,051 - \$3,711	SW II \$3,366 - \$4,092	EH SW III \$3,801 - \$4,625	SW III \$3,801 - \$4,625	SW IV \$4,214 - \$5,654	Legal Clerk II \$3,021 - \$3,675	BA	IV-E BSW	MSW	IV-E MSW	Other Degrees
ER	0.5			13	13		20		13		9
Court	1			2	5		7		5		3
FM	0.25			4.5	2.5		7		2		2
FR	1.25			3.5	6.5		12		7	1	7
PP		1		1	3		5		4		2
Adoptions				1	3		3		3		1

Position Type/Function Salary Range (monthly)	SW I \$3,051 - \$3,711	SW II \$3,366 - \$4,092	EH SW III \$3,801 - \$4,625	SW III \$3,801 - \$4,625	SW IV \$4,214 - \$5,654	Legal Clerk II \$3,021 - \$3,675	BA	IV-E BSW	MSW	IV-E MSW	Other Degrees
ILP				1	1		2		1		
Special Services		2	1	3	1	8	6		1		12

Demographic Table 2A displays the position type, average years experience in Merced County and ethnicity for CWS management staff. Management staff is experienced and ethnically diverse.

Position Type/Function Salary Range (monthly)	SSW II \$5,228 - \$6,360	Program Admin. \$6,360 - \$7,734	Deputy Director \$8,320 - \$10,119	SSA II \$4,579 - \$5,573	Admin. Sup. \$3,515 - \$4,276	County Counsel \$157,560 - \$191,900	Average Years CWS Experience at Merced County	Ethnicity
ER	0.5			13	13		7	9-White 2-Black 9-Hispanic 3-Asian/Islander 4-Undeclared
Court	1			2	5		5	2-White 0-Black 4-Hispanic 0-Asian/Islander 2-Undeclared
FM	0.25			4.5	2.5		11	2-White 1-Black 3-Hispanic 1-Asian/Islander 0-Undeclared
FR	1.25			3.5	6.5		6	2-White 1-Black 5-Hispanic 2-Asian/Islander 1-Undeclared
PP		1		1	3		7	2-White 0-Black 0-Hispanic 0-Asian/Islander 3-Undeclared
Adoptions				1	3		6	2-White 0-Black 0-Hispanic 0-Asian/Islander 2-Undeclared

Position Type/ Function Salary Range (monthly)	SSW II \$5,228 - \$6,360	Program Admin. \$6,360 - \$7,734	Deputy Director \$8,320 - \$10,119	SSA II \$4,579 - \$5,573	Admin. Sup. \$3,515 - \$4,276	County Counsel \$157,560 - \$191,900	Average Years CWS Experience at Merced County	Ethnicity
ILP				1	1		8	1-White 0-Black 0-Hispanic 0-Asian/Islander 1-Undeclared
Special Services		2	1	3	1	8	11	7-White 1-Black 3-Hispanic 2-Asian/Islander 2-Undeclared

Demographic Table 2B displays the position type and educational level for management staff by function. Data in this table are drawn from HR records and educational information is only captured at initial hire date. MSWs acquired after the social worker is hired may not be recorded in HR records unless the social worker reports the information to HR. Therefore, the MSW count in this table may be under reported. MSWs are represented in every function.

Position Type/Function Salary Range (monthly)	SSW II \$5,228 - \$6,360	Program Admin. \$6,360 - \$7,734	Deputy Director \$8,320 - \$10,119	SSA II \$4,579 - \$5,573	Admin. Sup. \$3,515 - \$4,276	County Counsel \$157,560 - \$191,900	BA	IV-E BSW	MSW	IV-E MSW	Other Degrees
Emergency Response (ER)	4.25	0.5					5		4	1	
Court	2.25	0.5					2		2		1
Family Maintenance (FM)	1.25	0.5					1		1		1
Family Reunification (FR)	2.25	0.5					2		2		1
Permanency Planning (PP)	0.5	0.5					1		1		1
Adoptions	1	0.5					2		2		1
Independent Living Program (ILP)	0.5	0.5					1		1		

Position Type/Function Salary Range (monthly)	SSW II \$5,228 - \$6,360	Program Admin. \$6,360 - \$7,734	Deputy Director \$8,320 - \$10,119	SSA II \$4,579 - \$5,573	Admin. Sup. \$3,515 - \$4,276	County Counsel \$157,560 - \$191,900	BA	IV-E BSW	MSW	IV-E MSW	Other Degrees
Special Services	1	1.5		1	1		3		3		2
All Functions			1			1	2		1		1

### Private Contractors

CWS contracts with Aspiranet to provide home visiting for families referred by CWS and numerous other community partners. These services are available to families throughout the County. The home visitors are located at the Westside Family Service Center (WFSC) in Los Banos and at the main Agency in Merced. Private contractors are also used for parenting classes, foster parent training, mental health outpatient counseling, substance abuse treatment, psychiatric evaluations, sexual abuse medical services, anger management classes, interpreting, reading skills training, orthodontia, general counseling, and tutorial services.

### Analysis of Child Welfare Workforce

The CWS workforce in Merced is well educated, diverse, and experienced. As a small city/big town in a primarily agricultural community, Merced has some difficulty attracting and retaining qualified staff, but a philosophy of supporting educational attainment and encouraging career growth and development has led to a core group of committed employees with longevity in CWS and in the larger HSA. As a unit within a larger county agency, HSA, CWS benefits from the logistical and organizational support systems of larger agency such as Information Technology, HR, Fiscal, and Operations. At times being a subdivision of a political entity can impose barriers such as an extended time frame for recruiting and hiring new staff, but on the whole CWS benefits from being embedded within HSA. The deputy has flexibility to organize the allocated resources according to the needs of the program. Factors beyond management’s control such as salary, benefits, and work hours do not appear to have a major negative impact on the program operations.

### Structure and Organization of Service Components – Probation

#### Methods for Assigning Cases

The Placement Unit is structured to work with youth that are at risk of being removed from the home and for those that have been removed. Prior to the youth being assigned to the Placement Unit, their initial probation officer will complete an “Evaluation of Imminent Risk and Reasonable Candidacy” to determine if a youth could be at risk of removal from the home absent services. If the youth is identified as a reasonable candidate, the officer will identify services the family and youth will need for family maintenance. In most cases, the probation officer will refer the families to DoWith or WeCan programs facilitated by Aspiranet, Juvenile Behavioral Health Court, or Juvenile Drug Court. Once the youth and the family is assessed and approved to receive services, the case is then transferred to the Placement Unit. Within the Placement Unit, there is a dedicated officer who works with these specialized programs and will be assigned the case. For those who fail to participate in services or are identified as being at risk and/or their family and/or community, they will be presented to the courts for out-of-home

placement by their assigned probation officer. Once the court approves the youth's case for out-of-home placement, the supervisor for the Placement Unit will assign the case to one of the three probation officers dedicated to out-of-home placements. Following out of home placement there is an officer dedicated to the AB 12 youth, also known as the extended foster care youth. The officer is assigned cases once the youth are 18 years old and have completed their rehabilitative goals in their assigned group home. If the child is under the age of 18 and has completed their rehabilitative goals, they will either return to child welfare if they were identified as a dependent prior to becoming a ward or they will be terminated from probation if there is nothing else pending in regards to restitution. If there is restitution pending, the youth would be transferred to a field supervision officer to be supervised until they paid their restitution. In rare instances, youth who commit a new criminal offense or is unable to successful complete their rehabilitative goals will be transferred to a field supervision officer as well.

### **Organization of Service Components**

The Juvenile Services Division of the Merced County Probation Department consist of 21 DPOs, one Probation Assistant, four Supervising Probation Officers, and one Program Manager. The Program Manager reports to the Assistant Chief DPO and the Chief DPO.

Within the Juvenile Services structure, is the Placement Unit which consists of one Supervising Probation Officer, three DPOs assigned to placement, one DPO assigned to special services, one DPO assigned to AB 12, extended foster youth, and one Probation Assistant.

### **Average Caseload**

The average staffing caseloads for DPOs in field supervision is approximately 35; in placement, approximately 23; in AB 12, extended foster care 13; and in special services, 22.

### **Impact of Staff Turnover**

The Probation Department went through a transition phase during 2014. At the beginning of 2014, there was a vacant position in the Placement Unit. This caused a hardship for the one DPO who was assigned to the placement cases and the Supervisor as they had to assist with a portion of the roles and responsibilities of the vacant position. In May 2014, the vacant position was filled and the officer was trained in regards to placement supervision. The influx in responsibilities for the Placement Supervisor did not reduce until the officer was fully trained which took effect in July 2014. At that point, the cases were separated by one DPO being dedicated to in-state cases and the other dedicated to out-of-state placements. This assisted in enhancing the delivery of services to the clients. In regards to Data Measures, those did not appear to be an issue for 2014, as that was identified as an important function to have completed timely. For 2015, the department created an additional placement officer to the unit due to the increase of youth being in out-of-home placement.

### **Bargaining Unit Issues**

Department employees represented by certain unions are currently at an impasse with the County of Merced regarding contract renewals. The impasse has not impacted delivery of services to the community.

## Recruitment and Selection

Recruitment for department positions is listed within the Merced County Official Website. The public can access the link and search positions that are currently open for recruitment. For positions that are identified as being Peace Officer Positions or Management Positions, those are listed within the county website and the Chief Probation Officers of California's website. For inter-department notifications, the department sends out an e-mail to all employees of the department advising them of the open recruitment for the specific position and the deadline for applications to be submitted.

The staff selection process is separated between sworn and non-sworn classifications within the department. If a person is applying for a sworn position, they will have to pass a state test for the specific classification, a physical agility for the specific classification, interview with a panel, a background investigation, psychological evaluation, and a medical evaluation prior to being eligible to be selected. For non-sworn positions, an interview with a panel and background investigation are required before being eligible to be selected.

## Degrees/Certificates Held by Probation Placement Officers

- Bachelor's Degree
- Probation Officer Core (certification)
- Placement Officer Core (certification)
- Tactical Communication (certification)
- PC 832 Laws and Arrest (certification)
- PC 832 Fire-Arms (certification)
- Taser (certification)
- OC (certification)
- Baton (certification)

## Demographic Information on Current Staff

- AB 12 Probation Officer – Bachelor's Degree in Liberal Studies  
Experience – 7 years, Salary (monthly) – \$5,357.73
- Placement Officer – Bachelor's Degree in Criminology with an Option in Corrections  
Experience – 9 years, Salary (monthly) – \$5,357.73
- Placement Officer – Bachelor's Degree in Communications and Psychology Minor  
Experience – 5 years, Salary (monthly) – \$3,993.60
- Placement Officer – Bachelor's Degree in General Education and Criminal Justice  
Experience – 1 year, Salary (monthly) – \$3,801.02
- Special Services – Bachelor's Degree in General Education and Criminal Justice  
Experience – 12 years, Salary (monthly) – \$5,357.73
- Placement Supervisor – Bachelor's Degree in Juvenile and Adult Corrections and Services  
Experience – 16 years, Salary (monthly) – \$6,328.40

- Probation Program Manager – Bachelor’s Degree in Criminology with an Option in Victimology and a Master’s Degree in Criminal Justice Administration  
Experience – 18 years, Salary (monthly) – \$6,900.80

## FINANCIAL/MATERIAL RESOURCES

The primary funding source for CWS is the 2011 Realignment Allocation. The realignment allocation was effective in July 1, 2011, which realigns the funding for Adoptions Services, Foster Care, CWS, Adult Protective Services and Child Abuse Prevention, Intervention, and Treatment programs. Some of the special services provided with the allocation are Supportive Therapeutic Options Program (STOP) for services to either prevent children from being removed from their homes, or to facilitate reunification when removal has already occurred. Specialized Care Incentives and Assistance Program (SCIAP) primarily to pay for specific medical expenses, including mental health services not covered by Medi-Cal. Also, Outcome Improvement Project (OIP) for differential response and system improvements.

Since July 2007, Merced County has implemented SB 163 Wraparound through a contract with Aspiranet. Aspiranet provides individualized, family-driven, strength-based, and culturally responsive planning processes and services that facilitate up to 24 children/youth in high level out-of-home placements in Rate Classifications Levels 10-14 or at imminent risk of such placements to safely return home, safely remain at home with their families, or move into placements that are less restrictive within our local community. The program, Do Whatever it Takes at Home or DoWith, is aptly named as services to families are individualized for each family.

Merced County has another contract with Aspiranet to provide Transitional Housing Program-Plus (THP-Plus) services to support youth aging out of foster care. THP-Plus helps these youth with housing, transportation assistance, educational guidance, employment counseling, and other supportive services.

Home visitors’ services, funded by Child Abuse Prevention Intervention and Treatment (CAPIT) and PSSF are provided as preventative outreach to families who are involved with the Child Welfare System, and have children who are potentially at risk of abuse or neglect. The goal of these services is to educate and support parents to foster a safe and healthy home environment for their children. Home visitors make visits to client’s residences to work with families to identify needs and available resources, assess home safety and cleanliness, build good communication and relationship skills within the family, provide parenting skills training, and offer other support to promote child safety and family well-being. One of the target areas for the home visitors in Merced area is dependency drug court. These home visitors work closely with families whose children have been removed from the home so that the reunification can occur as quickly as possible thus providing for safety, permanence, and well-being.

PSSF funds are also utilized for Merced County Adoptions Team activities. The funds are utilized to locate homes for children awaiting adoption and to work with concurrent homes that currently have foster children in their home that could become available for adoption. A PQCR was conducted in March 2010, which focused on adoptions outcome. A plan was implemented which dramatically improved performance on the adoption measures so that Merced is consistently above the national goal/standard and the California average. In 2014 CWS received an Adoption Excellence Award from the federal Children’s Bureau, the only public agency in the country to receive the award.

Community-Based Child Abuse Prevention (CBCAP) funds are used to support the HSA. ADM Program, which has the purpose of offering support, encouragement, education, and awareness of the importance of healthy father involvement in the lives of their children and families. The ADM Resource Center provides individual counseling, support, and printed fatherhood materials to help empower fathers to assume their parental responsibilities. ADM also presents throughout Merced County “Boot Camp for New Dads” (BCND) one-day, three-hour workshops to educate first time fathers on their role in the care and nurturing of their new babies. ADM engages in community outreach to educate the public about our Fatherhood Program, such as by sponsoring the annual “Celebration of Fatherhood” event in collaboration with Merced City Parks and Community Services, with attendance in excess of 1,200.

The Child Abuse and Family Violence Prevention Council (CAFVPC) of Merced County is funded by County Children’s Trust Fund (CCTF). The CAFVPC of Merced County, under the MCOE-FRC, independent of the County of Merced, is authorized by the Merced County BOS. The CWS agency sends a representative to the monthly meetings. The CAFVPC supports CWS efforts to provide education and information to the public and organizations through community meetings, e-mail marketing, online presence, and community events. Moreover MCOE-FRC maintains and updates a web-based resource of programs and services known as Network of Care for public to access.

Merced County receives grant funds from First 5 Merced County to provide expanded parenting education services throughout the county for children 0 to 5, which includes nurturing, positive discipline, parent-child interaction therapy, BCND, and Boot Camp for New Moms.

Merced County receives a grant from California Office of Emergency Services for CHAT. HSA contracts with Merced County Mental Health to provide a therapist to work with children that are in need of a variety of counseling due to abuse or neglect.

The funding for all of Probation Department’s out-of-home placements are processed through HSA.

In terms of material resources, CWS has access to three in-house locations for activities for families, youth, and children. The Family Visitation Center is located in the city of Merced near the center of town. It is equipped with separate entrances for staff and visitors, a receptionist monitored waiting room, visitation rooms with cameras that allow social workers to monitor visits without actually being in the room, an infant room with a crib, a children’s play area, a dining/meeting room and a staff kitchen. A toy closet is equipped with a variety of toys for all ages, and the rooms are furnished with couches and chairs. There is ample parking but no outdoors play space. The Visitation Center is used as the primary location for family visits. Feedback in the Peer Review and the focus groups indicated that while the Visitation Center is a good location, visits in a more natural setting such as a park or an ice cream shop would be a good option for some families. CASAs and foster parents thought that birth parents need practice in applying their parenting skills in environments that they will encounter when the children are returned home.

CWS has a youth center also located in the city of Merced downtown area. The youth center has a large gathering space, a kitchen, and offices for staff. It is used for group meetings with older youth and a once-a-month “Friday Night Fun” event sponsored by volunteers for younger youth.

The Foster Parent Orientation Center is located in the city of Merced in the First 5 Building. It is an inter-active setting that uses video, audio, static visual displays, games, and experiences to introduce potential foster parents to the realities of foster parenting. The Foster Parent

Orientation Center won a award for excellence from the California State Association of Counties.

Neither the youth center nor the Foster Parent Orientation Center was mentioned in the Peer Review or focus groups.

## **CHILD WELFARE/PROBATION OPERATED SERVICES**

### **Juvenile Hall**

The Iris Garrett Juvenile Justice Complex is a 120 bed facility designed to detain youth who are awaiting court, awaiting placement or committed to a Bear Creek Academy Program. Youth who are awaiting placement receive appropriate services while detained. The youth are assessed upon their entrance into the facility to ensure they are housed in an appropriate housing through the Classification Assessment form. They receive appropriate medical care through the Probation Departments contracted provider California Forensic Medical Group (CFMG). The youth receives a health assessment, physical and a Tuberculosis (TB) assessment. If CFMG identifies that the youth is in need of medical services, the services will be provided to the youth. The youth will receive appropriate educational services through the MCOE, Court School. The youth's school records and previous assessments are reviewed to identify the educational needs of the youth. The school will identify if the youth has an active IEP and will adhere to the identified plan if one has been established. If the youth is due for an updated IEP while detained, Court School will follow the necessary steps to update the IEP. The youth receives appropriate mental health services through Merced County Department of Mental Health. The youth will be assessed and seen on an as needed basis. The youth receives educational information on alcohol and substance abuse and use through Recovery Assistance for Teens (RAFT). The youth receives Sexual Health and Adolescent Risk Prevention education through Planned Parenthood. The youth receives additional educational services through the Human Resource Agency, Peaceful Warrior and Symple Equazion. The Peaceful Warrior teaches curriculum from an evidence based program called "Thinking for a Change" a cognitive skill development program. The Symple Equazion teaches a gender specific program for female youth called "Girls Circle" a program designed within evidence-based approaches of Motivational Interviewing and Strength-Based practices and principles. The youth receive religious services through Merced County Jail Ministry.

### **County Operated Shelter**

Merced County HSA does not operate any shelters. However, HSA's Family Visitation Center is considered a 23-hour facility with twelve rooms for visiting. The center has two roll away beds and one crib that can be used after hours by youth while the detaining social worker locates a placement home. Staff are assigned to the center nine hours a day. Merced County has no receiving home beds, so most initial placements are through Foster Family Agencies (FFA). In the previous SIP, Merced focused on raising the rate of initial and point-in-time (PIT) placements with relatives. While some success was achieved with the PIT measure, very little change occurred with the initial placement measure. This lack of success was due, in part, to the county's lack of a facility for a short-term initial stay while the social worker finds a relative placement.

## County Licensing

HSA recruits, trains, and licenses foster homes and foster-adoptive homes. There is one full-time Licensing Program Analyst (LPA), but no separate foster care licensing unit. As of May 2015, Merced County had 47 HSA licensed foster homes in the county, with four applications pending. Because there are so few county foster homes, social workers often place children with a local FFA home. Merced County HSA has a Memorandum of Understanding with the CDSS to license Merced County Foster Family Homes. The FRC in conjunction with CWS conducts on-going training classes for foster parents. Classes cover rules and regulations and mandated reporting laws, CPR, First Aid, family engagement, and many others. Foster parents are initially required to complete Foster Pride training prior to placement of youth in their homes. After licensure, it is mandatory that foster homes complete eight hours of training annually to maintain their licenses.

Merced County added a simulation component to the state mandated orientation. The addition is interactive and facilitated by either the LPA or an analyst who is herself a former foster parent and relative placement. Participants are walked through the Child Welfare process, shown pictures of abused and neglected children, asked probing questions, shown a video, and have an open dialog with facilitators about foster parent expectations and supports. The entire process was designed to allow potential foster parents the opportunity to self-assess their lives and whether becoming a foster parent would be a good choice for that person/couple/family. At the break, those that believe foster parenting is a good choice, are invited to stay for the second half of the orientation which includes the details about licensing requirements.

## County Adoptions

Merced County HSA is licensed to provide adoption services. In 2011, Merced County Social Services identified improvements in its adoption practices as a priority for the SIP. Merced County was not meeting the national goals for either the median time to adoption or the percentage of adoptions within 24 months of the last removal. The national goal for median time to adoption is 27.3 months; Merced's median for 2010 was 31 months, a number leaving much room for improvement. Merced's percent of adoptions within 24 months was 26.5 in 2010, far below the national standard of 36.6 percent.

The initial steps to reinventing adoptions were taken from ideas generated by the CSA and PQCR. Strategies included:

- Physically relocating the Adoptions Team to co-locate with the rest of the child welfare staff.
- Reducing the number of social workers in the Adoption Team, but reorganizing workload flow and completion to reduce caseload time needed to complete an adoption. Long-term consequences was a reduced caseload size for each social worker.
- Assigning an adoptions worker to the case when family reunification services are terminated.
- Reframing the culture within the Adoptions Team to engage families and remove barriers to adoption.
- Addressing permanency and concurrent planning in every case review and every court report.

- Communicating to community partners the agency’s vision of supporting families through the adoption process.
- Referring foster homes for adoption study as soon as they are licensed.
- Ensuring that every child under five is in a concurrent home by disposition hearing
- Quarterly review of data in coordination with California’s Outcomes and Accountability branch of the CDSS.

The table below demonstrates Merced’s improvement in outcome measures of adoption as a result of the strategies identified through the system improvement process.

Measure	2010	July Report 2014	National Standard
Median time to adoption (lower is better)	31.0	18.0	27.3
Percent of adoptions within 24 months (higher is better)	26.5	65.1	36.6
<b>Total number of adoptions</b>	<b>49</b>	<b>61 (12 months ending 3/31/14)</b>	

At the time that Merced targeted adoptions for improvement, only 49 adoptions were completed in 2010. Obviously many children were waiting in foster care for adoption. The numbers increased dramatically until the “back-log” was worked and the volume returned to a lower number. The chart below shows the numbers of adoptions each year. It is important to note that the larger numbers of adoptions in 2011 and 2012 are not reflective of a radical change in the number of children in foster care. The increased numbers are a direct result of the efforts of the Adoptions Team to streamline the process, focus on permanency, and remove artificial barriers to completing adoption for families who were waiting.

Year	Number of Adoptions
2010	49
2011	129
2012	75
2013	58

With the data continuing to show improvement in 2014, Social Services management believes that the changes to Merced County’s adoption practice and expectations are fully integrated into the organizational culture.

In February 2014, Social Services management met with the Adoptions Team. Everyone who worked in the team, past and present, was invited. The group celebrated with a luncheon and shared ideas for further improvement. The group generated a list of over 25 suggestions for further improvement, demonstrating that continuous quality improvement has become a way of life.

## OTHER COUNTY PROGRAMS

### CalWORKs

The Probation Department does not have an established collaboration between the Juvenile Placement Unit and CalWORKs.

CWS and CalWORKs have written policies and procedures for coordinating case planning involving CalWORKs and CWS as a part of the Linkages program and agency-wide philosophy. Linked services facilitate communication and coordination of services across agency departments. Linkages case reviews are held once per week, and referrals and service needs are identified and coordinated.

There are monthly meetings by case carrying CalWORKs and CWS staff with their managers to review progress and status of the Linkages families. There are monthly meetings of the CWS Supervisors and Program Administrators and the CalWORKs Supervisors and Program Administrators to review the status of the program and initiate needed changes. Executive Staff also meet periodically to review the progress of the Linkages Program, and to provide program oversight.

An Employment and Training worker and a Family Service Representative are assigned to the Linkages program and co-housed with CWS staff.

### Public Health

The Probation Department has an established collaboration between Public Health and the Juvenile Placement Unit. The Public Health Nurse (PHN) is provided medical records information from the Placement Unit in regards to youth who are in placement. The PHN reviews the medical information and enters the data into the CWS/CMS. The PHN is not co-located at Probation.

CWS enjoys a partnership with the Public Health Department. A social worker is stationed at Public Health and a PHN is stationed at CWS to provide medical information and resources to CWS staff.

### Alcohol and Drug Treatment

- Probation

The Juvenile Drug Court is a collaboration among Probation, Merced County Department of Mental Health, Alcohol and Drug Services, and the Courts. The program is a comprehensive drug and alcohol treatment program for youth who are wards of the court and for their parents and/or legal guardians. The goal of the program is to provide the resources and tools for making successful choices free of the influence of drugs and alcohol use. Without these services, youth would not learn how to break the cycle of addiction through appropriate services and may continue to use and place themselves in harm's way.

The Juvenile Behavioral Health Court is a collaboration between, Probation, Merced County Department of Mental Health, and the Courts. The program works with youth who have been diagnosed primarily with an Axis I mental illness and who are wards of the court. The goal of the program is to provide the resources, tools, and care to keep youth in school, out of trouble, and in their home. Without these services, youth would struggle to

function in society based on their Axis I mental illness. This would be a disservice to the youth, their family and to the community.

- Child Welfare Services

Dependency Drug Court is a collaboration among Mental Health, Alcohol and Other Drug services, the Courts, and HSA provides intense services for drug offenders with children in the CWS system. Parents are required to attend the year long program and complete several phases of sobriety and recovery. In addition to a drug and alcohol counselor, a home visitor is also assigned to work with the family. Participants appear in Dependency Court weekly to review progress in the program.

The availability and effectiveness of treatment for alcohol and drug abuse and addiction was cited as an important issue in the Peer Review and focus groups. Lack of choice in services for adults and youth was cited as a barrier to reunification and to keeping probation youth at home. Some focus group members expressed an opinion that some drug treatment programs had a negative effect on youth.

## **Mental Health**

- Probation

The DPO assigned to the Juvenile Drug Court and Juvenile Behavioral Health Court is co-located at the Merced County Department of Mental Health.

- Child Welfare Services

CWS enjoys a partnership with County Department of Mental Health with several different programs in child welfare.

Merced County Mental Health Department provides a clinician that is funded through a grant provided by the Cal OES to provide short-term intensive therapy services for the CHAT Program. The CHAT clinician provides a variety of counseling services to Merced County youth.

In addition, two Permanency Planning Social Workers are co-located at the County Mental Health Department to work on the joint YSS caseload which provides a child welfare social worker and mental clinician to each youth with intensive mental health needs who are placed in group home care.

Mental health services for adults, children, and youth were cited as a need in the Peer Review and in the focus groups. Both social workers and probation officers stated that families have difficulty finding appropriate and accessible mental health services. Foster parents mentioned mental health issues as a barrier to family reunification. A choice in providers for anger management services, especially services tailored to youth, was expressed.

## **Other**

None

# STATE AND FEDERALLY MANDATED CHILD WELFARE/PROBATION INITIATIVES

## Probation

- AB 12

The California Fostering Connections to Success Act (AB 12) is an initiative that necessitated change in the Placement Unit. An excerpt from CDSS summarizes the bill's intent, "The California Fostering Connections to Success Act was signed into law September 30, 2010 through Assembly Bill (AB) 12. This legislation recognized the importance of family and permanency for youth by extending payment benefits and transitional support services for AAP, Kinship Guardianship Payment Assistance (Kin-Gap) Program and Foster Care." (CDSS, 2011, page 1)

AB 12 strengthened the transition components for youth who were 18 years of age, who had completed placement and were going to be living independently. For Probation, a dedicated DPO position was created to work specifically with youth who fall under the scope of AB 12. The DPO collaborates with the Merced County HSA ILP, and Transitional Housing Program Plus (THP-Plus) through their contracted provider, Aspiranet. The DPO also works with Sierra Quest for transitional housing as well and other providers for services that the youth has been identified as being in need of.

Prior to a youth exiting placement, the youth's assigned placement officer will work with the youth on their TILP and agreement. The youth will complete the State of California standardized TILP and Agreement form and enter information into the CWS/CMS. The youth will identify goals they plan to work on for the next six months. The youth will select activities from a list of courses provided by the ILP that intend to assist them with achieving their goals. The youth will identify responsible parties that will assist them with achieving their goals and identify expected completion dates. The DPO will place a copy of the TILP in the youth's case file. The placement officer will complete a 90-day Transition Plan with the youth and a Transitional Independent Living Case Plan created by the Administrative Office of the Courts. The placement officer will also identify if the youth will be placed in a THP-Plus Foster Care Placement or a Supervised Independent Living Program (SILP). The THP-Plus placements are through Aspiranet and Sierra Quest. The placement officer will work with the provider and housing arrangements for the youth will be made prior to their exit from placement. The youth will be assigned a case worker from the provider who will work with the youth as a life coach. For youth who go through a SILP, there are three housing options: University/College approved housing, Shared Roommate Setting/Single Resident Occupancy, Apartment, Room and Board or Room Rental and on or near a reservation, approved by the tribal placement agency.

Once the youth has transitioned to live independently their case will be transferred to the AB 12 DPO who will work with the youth in regards to their TILP, 90-day Transition Plan and non-minor Case Plan. The DPO will coach the youth on what they need to do to achieve their goals. The officer will work closely with the youth and the providers to ensure the youth is receiving the appropriate services to where they will be able to successfully live independently once they reach the age of 21.

- Title IV-E Foster Care Candidacy Policy and Procedure

On May 20, 2014, the State of California, Health and Human Services Agency, Department of Social Services, sent out an All County Letter No. 14-36. The letter pertained to CDSS Title IV-E Foster Care Candidacy Policy and Procedures that were to be followed. The letter provided a review for Probation on the practices that were to be implemented to receive reimbursement from the state for services for youth identified as “pre-placement candidates” and “placement.”

This impacted Probation as youth who were wards of the court now had to be assessed using the Evaluation of Imminent Risk and Reasonable Candidacy form. The form is a tool that would assist probation officers in accurately identifying youth in imminent risk of being removed from their home absent services. Once youth were identified as being “pre-placement candidates,” probation officers were required to complete an approved case plan from CDSS that contained the following information:

- “Description of circumstances including but not limited to behavioral issues that place the child or youth at Imminent Risk of removal from the home absent indicated services. This cannot be solely a list of problems, but must include why these issues will result in out-of-home placement if services are not provided. This will include behavioral issues and obstacles related to the parents or guardian.
- Types of services needed for the child or youth to remain safely in his/her home. This must include any services aimed at the parents or guardians.
- Statement that absent the effectiveness of services, foster care is the planned arrangement for the child or youth and identify the type of planned placement setting.” (CDSS, 2011, page 5)

In addition, the case plan would not be identified as complete until the supervisor of the probation officer approved it via signature.

To ensure probation officers and supervisors were comfortable with the new practice that was to be implemented, a contracted provider for probation, Justice Benefits Incorporated, has trained all juvenile DPOs, supervising juvenile probations officers, and the probation program manager who oversees the juvenile services division to ensure that all are clear on the requirements and individual role in the process.

- References

- CDSS. (2011). California Fostering Connections to Success Act (AB 12) Extending Foster Care Benefits
- Fact Sheet.1-2. Retrieved from [www.cdss.ca.gov](http://www.cdss.ca.gov)
- CDSS. (2014). CDSS, Title IV-E Foster Care Candidacy Policy and Procedure. 1-10. Retrieved from [www.cdss.ca.gov](http://www.cdss.ca.gov)

## Child Welfare Services

- Katie A.

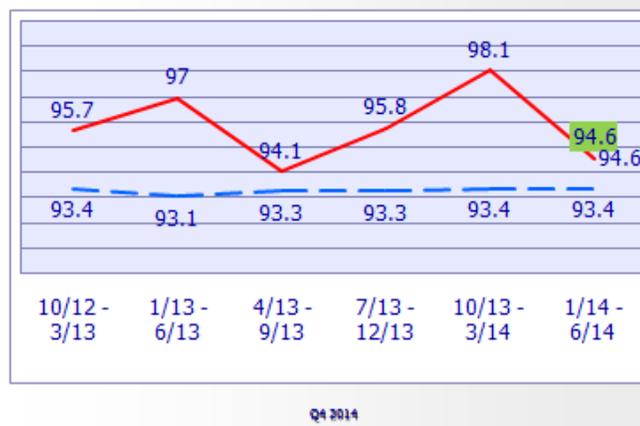
Merced County began implementing best practices recommended by the Katie A. lawsuit settlement in September 2013. Following the guidelines of the Core Practice Model, social workers screen all youth in an open child welfare case for the necessity of mental health services. County Mental Health, and a contracted provider, review all screenings and complete Mental Health assessments and service referrals for all youth who meet screening criteria for needing an assessment. If a determination of sub-class eligibility is made, youth are assigned an Intensive Care Coordinator to ensure their mental health needs are met.

- Merced County does not participate in Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP), the California Partners for Permanency (CAPP) Grant, or the Continuum of Care reform. As of July, 2015, Merced County has 104 youth between the ages of 18 to 20 participating in AB 12. Of those, 39 are in an FFA home, one is in a county foster home, 13 are in a group home, two are in a guardian home and 49 are in a SILP. Thirty-nine youth turned 18 in 2015. All of the 18 youth who turned 18 years old in the first six months of 2015 have remained in an AB 12 setting.
- Youth are informed monthly during placement visits with their social workers about the benefits of extended foster care from age 16. In addition, the ILP program also educates the youth on the benefits of extended foster care. Youth are utilizing the extended foster care benefits because there are other placement options besides being placed in a foster home. Non-minor dependents like the THP+FC and SILP placement options as they are living on their own in their community of choice.
- How the County is Contributing to the Successful Achievement of California's Goals for Outcomes

State Improvement Goal: The percentage of repeat maltreatment of children will decrease from 10.7% in 2000 to 8.9% by no later than March 31, 2005, after the Program Improvement Plan (PIP) is approved.

As of the Quarterly Data Report released April 1, 2015, Q4 2014, Merced County's achievement on S1.1 is 94.6, meeting the federal standard/goal. Merced's performance on this measure has been consistently better than the California average. The table below illustrates Merced's performance over the last six quarters (18 months). Merced has identified improving (shortening) the time to reunification as a goal for this SIP cycle, but leadership is clear that improving performance on time to reunification will not be at the cost of compromising performance on S1.1.

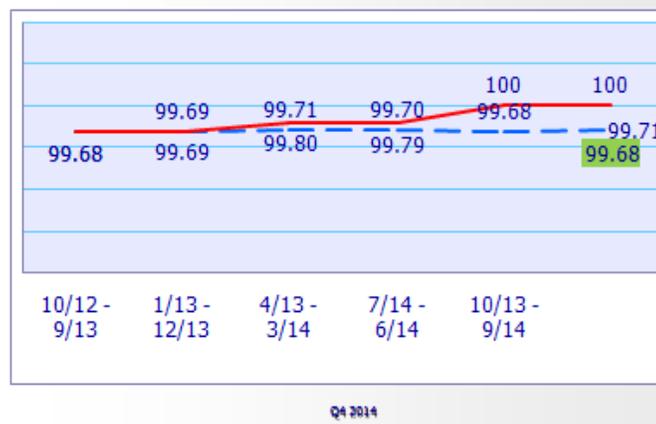
## S1.1 No Recurrence of Maltreatment



State Improvement Goal: The percentage of maltreatment of children in foster care will decrease from 0.67% in 2000 to 0.53% no later than March 31, 2005.

Merced's performance on measure S2.1 is consistently above the state average and meeting the state goal. The chart below shows the county's performance over the last 18 months.

## S2.1 No Maltreatment in Foster Care



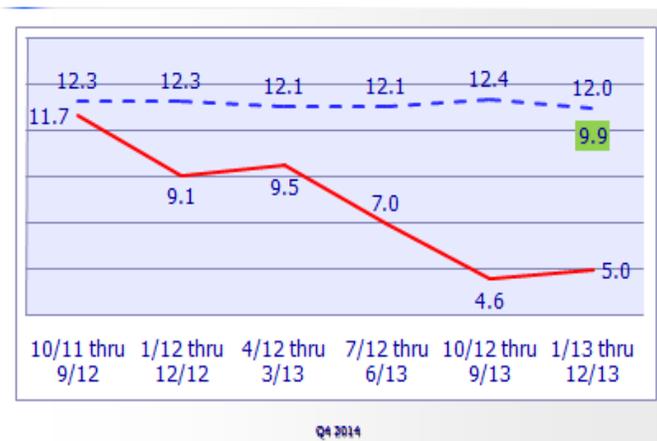
State Improvement Goal: We will decrease our rate of recurrence of abuse or neglect in cases where children are not removed from the home from our baseline of 23.0% in calendar year 2002 by two percentage points by March 31, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: The rate of children re-entering foster care will decrease from 10.7% in fiscal year 2000 to 9.4% June 30, 2005.

Merced is consistently below the state average on measure C1.4, re-entry into foster care. As with measure S1.1, CWS leadership is clear that any practice changes to reduce time to reunification will not compromise child safety or risk re-entry. The chart below shows performance on measure C1.4.

## C1.4 Re-entry following reunification (Exit cohort)



**State Improvement Goal:** The percentage of children who have two or fewer foster care placements in the first year of their latest removal will increase by 3.8 percentage points based on calendar year 2000 AFCARS data to 81.6% by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, Merced has consistently met this goal.

**State Improvement Goal:** We will increase our rate of timely establishment of appropriate permanency goals from our baseline of 79.7% in calendar 2002 by three percentage points by June 30, 2005.

Merced's focus on adoptions in the previous SIP and time to reunification in the current CSA address the timely establishment of appropriate permanency goals.

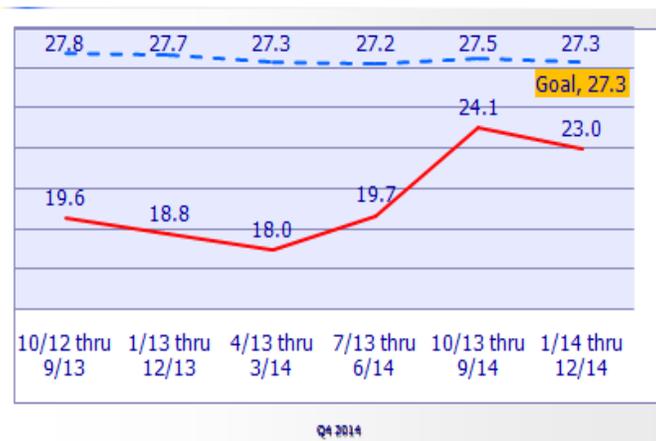
**State Improvement Goal:** California's goal will be to improve performance (the percent of children who were reunified in less than 12 months from the latest removal) from 53.2% in fiscal year 2000 to 57.2% by June 30, 2005, which is a four-percentage point improvement.

This improvement goal is the issue identified for examination in the Peer Review and will be addressed in the SIP.

**State Improvement Goal:** California's goal will be to improve on the length of time to achieve adoption of children to 20.9%, which is an increase of 2.9 percentage points from the FFY 2000 benchmark.

Improving the length of time to adoption was the issue identified in the last SIP. Merced's performance is consistently below (better than) the national standard/goal and the California average.

## C2.2 Median Time to Adoption (Exit Cohort) in months



State Improvement Goal: We will reduce the proportion of children with a goal of long-term foster care at two years after entry from our baseline of 39.9% in calendar year 2002 by three percentage points by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: We will increase from the baseline survey by three percentage points the percentage of children whose primary connections – including extended family, friends, community, and racial heritage – are preserved by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, Merced has a contract with CASA for family finding. The focus for family finding has been to establish life-long connections for older youth for whom foster care is the permanency plan.

State Improvement Goal: We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers whose needs were assessed and who received services to meet those needs by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, Peer Reviewers and focus group members emphasized the importance of individualized, custom reunification plans grounded in an assessment of family needs which includes the family in the assessment and planning process.

State Improvement Goal: We will increase from the baseline survey by three percentage points the percentage of children, parents, and caregivers involved in case planning by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, Peer Reviewers and focus group members emphasized the importance of involving children, parents, and caregivers in case planning to facilitate timely reunification.

State Improvement Goal: (1) We will increase from the baseline survey the compliance by workers with planned parent visit schedules from the baseline by three percentage points by June 30, 2005. (2) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to safely parent the child in home was promoted/assisted by the social work visits by June 30, 2005. (3) We will increase from the baseline survey by three percentage points the percentage of parents whose ability to meet their case plan goals was promoted/assisted by the social work visits by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, Peer Reviewers and focus group members emphasized the importance of social worker contact with the family to facilitate reunification.

State Improvement Goal: We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for educational needs by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: We will increase from the baseline survey by three percentage points the percentage of all children in the home, or in out-of-home placement, who were assessed and received services for mental health services by June 30, 2005.

Merced's focus for this CSA does not address this issue. However, lack of appropriate, accessible mental health services was identified by Peer Reviewers and focus group members as a barrier to reunification.

State Improvement Goal: We will increase implementation of the Family-to-Family initiative. By June 30, 2005, Family-to-Family will be available in counties whose CWS caseload combined represents 60 percent of CWS caseload statewide. Family-to-Family will be implemented countywide in these counties. Please note, it is the State's intent to eventually implement Family-to-Family statewide.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: We will decrease the proportion of children in care for at least 17 of the last 22 months without a Termination of Parental Rights (TPR) – who are not in a relative, guardian, or pre-adoptive placement, not a runaway or on a trial home visit – from our baseline of 89.5% in 2002 by two percentage points by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: California will develop and fully implement its new outcomes based quality assurance system (the C-CFSR system) in January 2004 and complete a review of at least 15 counties by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: We will develop a common core curriculum for all new child welfare workers and supervisors that is delivered by all training entities statewide.

Merced's focus for this CSA does not address this issue. Merced uses the core training provided by the Central California Social Welfare, Evaluation, Research, and Training Center.

State Improvement Goal: We will establish and implement statewide minimum requirements for the ongoing training of existing staff by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: A standard core curriculum will be developed and used to train caregivers in all counties by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: Of counties where service gaps are identified in the C-CFSR process, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

Merced participates in the Quarterly Reviews and the CSA, SIP and SIP updates process.

State Improvement Goal: Of counties where improvement is needed, as identified in the C-CFSR process, for (1) service array for youth and Native American and African American children, and (2) case plans are generic and lack an individualized approach, 20% of the counties will have addressed at least one identified service gap by June 30, 2005.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: The State will ensure all State/County licensing and approving staff are trained on and apply the same licensing/approval standards to all foster family homes.

Merced's focus for this CSA does not address this issue.

State Improvement Goal: Each county will implement a state-approved recruitment plan that reflects the racial and ethnic diversity of children in care by June 30, 2005.

Merced's focus for this CSA does not address this issue.

All quarterly data report information for this section is drawn from:

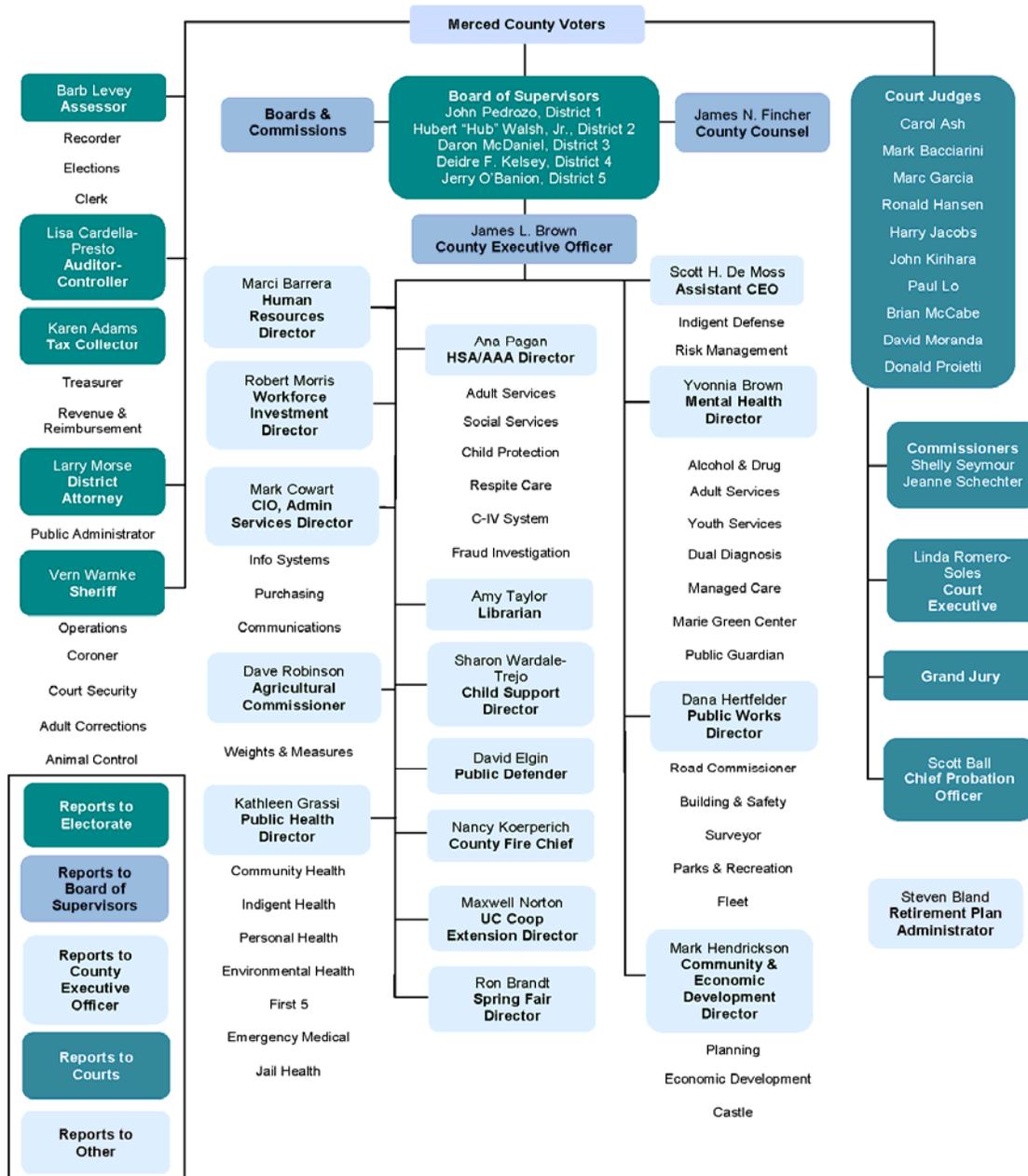
Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). CCWIP reports. Retrieved 4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

# BOARD OF SUPERVISORS DESIGNATED COMMISSION, BOARD OF BODIES

The chart below, provided by the Merced County website, shows the elected BOS and the relationship of the county administrative structure and the agencies, including Probation and Human Services.

Retrieved from <http://www.co.merced.ca.us/DocumentCenter/Home/View/1377>, June 7, 2015.

## COUNTY ORGANIZATIONAL CHART



## THE BOS-DESIGNATED PUBLIC AGENCY

Merced County HSA has been designated as the public agency to administer CAPIT/CBCAP/PSSF funds. Currently, HSA has a contract with Aspiranet for home visitor services using funds from CAPIT, Kids Plate, and DoWith Savings. The contractor was selected in accordance with County Request for Proposal (RFP) protocols and a new RFP is issued every three years. The contractor provides home visitor services throughout Merced County for high risk families. A “high risk” family is defined as one where the children are at risk of child abuse, neglect, or there is a family history of child abuse or neglect.

As the contracted agency, Aspiranet is responsible for hiring, training, and monitoring the home visitors. When a family is referred to the home visitor program, home visitor works with the family to develop a comprehensive case plan that can assist the family in maintaining their children in the home safely. Often preventative measures can be put in place and a plan developed based on the needs of the family. For example, if the family were having a new baby, the home visitor would encourage the father to participate in the ADM, BCND program. The home visitors can also offer other services in-home, such as one-to-one parenting education, budgeting, and other helpful services.

The home visitors are co-located with the CWS social workers at HSA’s Merced and Los Banos locations. This encourages communication between home visitors and social workers and allows the family to be served holistically. The Supervising Home Visitor from the contracted Agency is also co-located at the Merced location and oversees the home visitors’ day-to-day operations. CWS oversees the Home Visitor Program closely. A Supervising Social Worker II is the liaison for the program and meets weekly with the contracted staff. During this weekly meeting current cases are discussed as well as programmatic or systematic issues that arise. This allows the group to deal with barriers very quickly. In addition, a monthly report is provided to HSA by the contractor. The report provides the following information: a list of the families served, the type of services provided, family demographics, and time spent with the family. This report is also reviewed monthly in one of the weekly meetings between the Supervising Social Worker II and the Home Visitor Supervisor.

In order to track client satisfaction, the home visitors issue postage paid client satisfaction surveys to families at case closure. The surveys request feedback on the quality of services received, and ways to make improvements in service delivery. The surveys are sent to the contracts analyst at HSA.

As with all contracted programs, Merced County fiscal and program staff conduct on-site, periodic contract reviews of contractor performance. These reviews are used to evaluate compliance with the contract terms on all contracted services and review service delivery, fiscal integrity and Americans with Disability Act (ADA) compliance. Staff also reviews the information from the client satisfaction surveys. After the site review/visit is completed and information regarding services compiled and a written report is generated. If issues of non-compliance are found, a CAP is developed between HSA and the contractor. The CAP will have attainable, timely and measurable goals that will be monitored by HSA. Should the contractor refuse or fail to comply with the terms of the contract and/or CAP, the contract will be terminated.

Merced County HSA funds the ADM program with the use of CBCAP funds. The purpose of this program is to offer support, encouragement, education and awareness of the importance of healthy father involvement in the lives of children. ADM staff, who are themselves fathers, help new and struggling fathers learn to maintain healthy relationships with their children and often improves the relationship with the children’s mother. The program offers two weekly men’s support groups in Merced and Los Banos. These groups help men address substance abuse,

domestic violence, and self-sufficiency issues. ADM staff also assists fathers in navigating the different systems (CWS, Probation, Mental Health, the Courts) involved in their lives and have had much success in helping fathers learn and maintain self-sufficiency. There is a drop-in center that offers parenting classes, one-to-one peer counseling, job coaching, and community outreach. BCND are facilitated by ADM staff members and fathers who have previously graduated ADM programs.

HSA oversees the ADM program and a database is maintained by the ADM staff to gather demographic and program data on the services provided to clients. ADM staff is responsible for entering the client information into the database. Reports on client statistics and program activities can be generated as needed. HSA staff who are assigned to administer the ADM program complete a time study to track their program hours. The Auditor's staff must give final approval for the tracking of staff time.

## **CHILD ABUSE PREVENTION COUNCIL (CAPC)**

Merced County HSA has a contract with MCOE to oversee the FRC. The director of FRC facilitates the Merced County CAPC, aka FWC. FWC is one of many functions of the FRC. Other functions include training, education, and support groups. The BOS designation for HSA to oversee the CAPC (FWC) occurred on June 28, 2005, in BOS resolution 2005-125. HSA collaborated with MCO to develop the FRC 15 years ago. FRC is partly funded with diversified funding stream from HSA, Probation, and Mental Health. FRC coordinates child abuse and neglect prevention activities and trainings in the county as well as the FWC.

FRC facilitated the formation of community resource councils in several area communities and conducts a countywide, interagency community meeting once a month; maintains a clearinghouse of county programs and services for families; and coordinates local and regional training to agencies (both public and private) on child abuse and neglect prevention.

FRC also provides parenting education classes for HSA and Probation clients and potential foster and adoptive parents. Parenting classes use evidence-based curriculum (Nurturing Parenting, Positive Discipline, and Foster/Adopt PRIDE). Parenting programs are available in English and Spanish. Foster PRIDE is a nine-week course designed to meet pre-service training requirements for anyone planning to become a foster parent or adopt. These classes are required in order to ensure a better understanding of the rules, regulations, and expectations of both the state and the county.

## **COUNTY CHILDREN'S TRUST FUND COMMISSION, BOARD OR COUNCIL**

The CAFVPC of Merced County is funded by CCTF. The CAFVPC of Merced County, under the MCOE-FRC, is authorized by the Merced County BOS to oversee and facilitate the CAFVPC. (Note: MCOE is not an agency of the County of Merced. MCOE is an independent agency governed by an elected Board of Trustees.) The CWS agency sends a representative to the monthly meetings. The CAFVPC supports CWS efforts to provide education and information to the public and organizations through community meetings, e-mail marketing, online presence, and community events. Notes are taken at each of the CAFVPC meetings and published to the members through e-mail distribution.

CBCAP funding is not used to fund the CAFVPC. CBCAP funding is used to fund Fatherhood outreach programs.

## PSSF COLLABORATIVE

Merced County HSA utilizes PSSF dollars to fund FM, FR, and Adoption services to families in need. Case management and referral services are offered to families by social workers, home visitors, and para-professionals. The goal is to reunify children with their families quickly or maintain children in the home by offering individualized home-based services. Adoptions workers assist both biological and adoptive families in meeting the child's needs. The family preservation portion of the PSSF allocation is used to provide case management and home visiting service to CWS Dependency Drug Court clients. These services are similar to home visiting services described above and provided by a para-professional. These families are seen weekly and in-home services are offered to help support the parent's drug prevention relapse program and the children's safety and security. These services often continue after the CWS case is closed.

## SYSTEMIC FACTORS

### MANAGEMENT INFORMATION SYSTEMS

#### Child Welfare Services

CWS uses the CWS/CMS to record, retrieve, and present information electronically and in child welfare documents.

The referral management section is used to record referrals and allegations, document cross reports, contacts, assessments, and the results of investigations.

The client management section is used to document client information, collateral contacts, family finding efforts, education, education providers, health, family information, Medi-Cal applications, FC2 eligibility application, SAWS 1 applications, and client assessments.

The service management section is used to document contacts and services provided to the family.

The placement management section is used to document the placement incident, the placement home, the substitute care provider, and any relative or other extended family member placements.

The court management section is used to document petitions, court reports, and the results of various hearings, but not calendaring, which is done by legal clerks.

The case management section is used to prepare the case plan and case plan updates.

Merced County uses SafeMeasures® to extract and report data from CWS/CMS. SafeMeasures® was developed by the Children's Research Center (CRC) and allows simple access to reports from SDM® and CWS/CMS. SafeMeasures® provides a menu of reports for case management and tracking. Individual workers can track their caseloads to determine upcoming visits or Court reports. Supervisors and managers can review caseloads, compliance, and performance indicators.

Merced County also uses Business Objects to extract specific data from CWS/CMS to determine compliance. Business Objects is the latest reporting tool for County Access to Data (CAD) in use by the CWS/CMS project and its associated users.

#### Other CWS Databases:

- Licensed Foster Homes Database

CWS maintains a database that contains foster home applicants and licensee's information, including pending applications. This database provides more information than the CWS/CMS licensing module and is more flexible in terms of extracting data. The LPA maintains this database and keeps it current. A report of all Merced County foster parents and openings in their homes is update monthly and available to all CWS staff on the Agency's Intranet. The LPA also uses the list to keep track of when annual visits are due, to separate out foster homes vs. concurrent homes, and for mailings to foster parents.

- Database for Court Hearings

The legal clerks track all court case dates in an Access database, and print court hearing reminders for the social workers. The reminders include an area to be updated by the social worker that includes the names and addresses of the parents, the names of the attorneys, the name and address of the caretakers, and the names and addresses of other parties to be notified of the hearing (e.g., the minor, CASA representative, siblings age 10 and over, etc.). This database is also helpful to track the number of trailed hearings and the reasons hearings are trailed.

- Database for Relative and NREFM Assessments

The HAT tracks the status of all home assessments in progress. Home assessment status is accessible to all social workers through a file on the Intranet. Although this database was originally designed to track the number of home assessments assigned to the team, it also serves as a mechanism to update social workers on the status of the home assessments on cases.

- Database for ILP

The Independent Living team tracks the addresses, telephone numbers, class attendance, incentives, and other services we provide to our ILP eligible youth and the eligible youth that have exited the system, but are still under the age of 21. This database is used to create attendance reports to disperse to social workers and probation officers of the youth. The database is also used to track and create reports for the state. This database is accessible to ILP Staff only.

- C-IV

Merced County uses C-IV. It provides information on all agency clients including address, family composition, current and past services, etc. All social workers are trained in the use of C-IV which gives social workers instant access to eligibility information. C-IV is also used by Linkages staff to identify joint clients; the intake social workers glean the initial information (e.g., "link") from C-IV.

- Accurint

Merced County uses Accurint to search for parents whose whereabouts are unknown. Accurint sometimes provides information on other adult relatives for potential relative placements and AKA's.

- Learning Management System (LMS)

LMS is a data system which allows HSA managers to access training opportunities and track training their staff has attended. This provides managers with a unique opportunity to aid in social workers professional development and to be able to identify training for employees who may need to gain skills. LMS also tracks social workers hours toward training to meet the state requirements. LMS offers on-line courses and follow-up "transfer of learning" quizzes to assist workers in utilizing information learned at the training in practices.

- KRONOS

A Human Resources Management data system that allows managers to accurately identify leave balances for staff including vacation, sick leave, management time, and Family Medical Leave Act (FMLA).

- Katie A.

The Katie A. database is an Access database used to track the completion of Mental Health screenings and screening outcomes on Child Welfare youth involved in open Child Welfare cases. Data entry is completed by a single staff to minimize data entry errors. The database allows more robust tracking of screening, assessment and delivery of mental health services than the CWS/CMS system. The database also allows for ad hoc reports to be requested easily regarding Katie A. outcome data.

- Barriers in Maintaining the System

CMS is fully utilized for all five areas of the application which include Case Management, Client Management, Placement Management, Court Management and Services Management. However, ease of use is a barrier due to the lack of a web-based platform. While Merced County continues to try to develop mobile computing solutions to facilitate immediate data entry, these solutions are not widespread. The CWS/CMS application cannot be modified easily which forces the creation of external database systems to track newly mandated information. Having to utilize more than one database requires the maintenance of duplicate log in information and, at times, requires duplicative data entry. Additionally, optimistic concurrency remains a problem which results in data loss by workers.

Access based databases such as those utilized for Katie A., ILP, Licensed Foster Homes, the Legal Clerks and the HAT team require a large amount of staff analyst time to maintain and make changes. Therefore, there is sometimes a delay in the time between the request for database changes and the availability of those changes to the end user. The revocation of child welfare staff's access to the MEDS database has limited the ability to locate absent parents and possible relatives. Information must now be gathered through other paid, web-based databases such as Accurint. Only a limited amount of staff are allowed access to Accurint. When staff members who do have Accurint access are unavailable, social workers are not able to receive

requested information timely which can cause a delay in the identification of relatives or in locating parents.

#### How Information is Utilized

Quarterly data reports from California Child Welfare Indicators Project (CCWIP) are converted to charts that provide a visual representation of Merced's performance on the indicators for the current and previous five quarters (18 months). These charts are reviewed by the deputy and program administrators in the quarterly review meetings with representatives of CDSS Outcomes and Accountability. If additional detailed information is needed, SafeMeasures® is used to drill-down on the outcome measures. Quarterly data reports were used to identify the issue for the Peer Review.

The information gathered in CWS/CMS through data extraction tools such as SafeMeasures® and Business Objects is utilized to make decisions regarding allocation of staff, caseload assignments, and to also evaluate outcome measures performance. The information is used to provide aggregate reports to Program Administrators, Deputy Directors, the Agency Director and Community Partners to evaluate trends in Child Welfare that are specific to Merced County. That data is then used to inform the formation of community partnerships to combine resources to provide service delivery to targeted populations and in specific geographic locations.

Access based databases are used to track information that has been mandated by the state but is unable to be tracked in the CWS/CMS application. Reports are generated from those databases to satisfy state reporting requirements.

#### Assess Whether Systems are Underutilized

While the CWS/CMS data management system is fully utilized in all areas of the application, data entry delays sometimes occur due to the lack of availability of the system for all staff in a mobile environment. Merced County has utilized Citrix tokens to provide emergency on-call staff with access to CWS/CMS after hours and off-site. Merced County is also in the middle of piloting the use of iPads to access CWS/CMS through a Virtual Private Network (VPN) connection. Mobile solutions allow social workers to provide more timely data entry. For example, rather than social workers having to write case notes and then transcribe them once they return to the office, social workers can enter their notes directly into the system. This increases the thoroughness of the documentation and provides real-time accessibility of information in the case.

Merced County is exploring web-based database solutions for all Access databases to make access easier for staff. Currently, database users must have the Microsoft Access program at their work stations and must have been granted access rights to the database on an individual basis. Utilizing a web-based database would allow the authentication of staff access through a log in and password process. This would give staff more timely access to the databases they need to use and would allow access from any workstation or mobile device.

Access to SafeMeasures® no longer requires authentication of the internet protocol (ip) address from accepted County ip addresses. This allows supervisors, program administrators, and the deputy to obtain information from SafeMeasures® from any meeting in any location through their iPads. Further training will be done for those staff who underutilize SafeMeasures® for evaluating outcome data and ensuring quality control.

## Probation Data Systems

Probation uses a web-based case management system to record referrals, retrieve information, and document contacts. Assessments.com, a contracted web-based service, is used to complete a risk assessment as related to juvenile offenders and to document and prepare the case plan. The clerical staff uses word processing software to transcribe reports. All referrals that come to the Probation Department are inputted into the DOJ Juvenile Court and Probation Statistical System (JCPSS). The Title IV-E State approved case plan is used to gather information on the clients, family information, collateral contacts, health, and education. Probation forwards the detention order, copies of the minor's and mother's social security card and the minor's medical card, birth certificate, SOC 158, SAWS 1 application, and FC 2 eligibility application to HSA. Probation is able to access CWS/CMS, which supports the ability to efficiently carry out its duties to youth in out-of-home placements.

CWS employs one social worker who is out stationed at the Department of Probation. This social worker's workstation is equipped with CWS/CMS which allows social services staff and probation staff to collaborate on cases in common and dual jurisdiction cases.

## CASE REVIEW SYSTEM

### Probation

Merced County Probation juvenile court cases are heard in a courtroom located near juvenile hall. A Superior Court Judge presides over these matters. The Deputy District Attorney works with the Probation Department in court related cases to identify legal issues and prosecute delinquency cases. The focus of the Probation Court Officer is to provide for the best interests of the community and the youth. The Probation Court Officer, Deputy District Attorney, and Defense Attorney receive feedback from the court regarding issues of concern and relay them back for appropriate action.

The Court hears arraignments on Monday on the 8:15 a.m. calendar; placement reviews at 10 a.m. on Monday; Juvenile Drug Court and Juvenile Behavioral Health Court on Monday afternoons; jurisdictional hearings, and any remaining morning cases at the 1:30 p.m. calendar. The Court hears Detentions and Returns on Bench Warrants throughout the business week as needed on the 8:15 a.m. calendar. Tuesdays through Fridays the Court also hears pretrial conferences, dispositional hearings, Department of Juvenile Justice (DJJ) Re-Entry Reviews, ex parte issues, wardship termination requests, 777 WIC petitions, and miscellaneous matters on the 8:15 a.m. and 10 a.m. calendars. Any remaining morning cases and jurisdictional hearing are heard on the 1:30 p.m. calendar. In addition, the Judge meets with probation staff quarterly or as needed to discuss mutual concerns. At that time issues are addressed and solutions agreed upon.

The legal clerk prepares the daily court calendars, sends out court notification letters to clients, parents, and attorneys, files documents for court, and types court reports.

### Administrative Office of the Court

In April 2015, the Administrative Office of the Courts (AOC) made a site visit to review the juvenile court files in Merced County. The overall conclusion: "Like their HSA counterparts, Merced County's Probation Department is doing well with title IV-E compliance. The department's work with the non-minor dependent population and their commitment to finding appropriate placements for all probation youth is impressive." (AOC, 2015, page 5)

## Recommendations

- “Ensure that detention hearings for children moved from out-of-home placement to juvenile hall are held within 48 hours.” (AOC, 2015, page 4) Note: Division 31 allows juvenile hall to be utilized as an emergency shelter. AOC does not. Probations practice was to return the youth to custody from a failed placement and work on placing the youth in another placement rather than failing the youth on a 777 (a) petition and prolonging their detention in the juvenile hall. AOC commended the department’s efforts, but stated that we could no longer do that. The department will adhere to the AOC recommendation and will file 777 (a) petitions for future failures.
- “Ensure that when the court authorizes the issuance of the arrest warrant the findings and orders contain the ‘continuance in the home is contrary to the child’s welfare’ language” (AOC, 2015, page 4). Note: The department has added the language to the forms used for arrest warrants.
- “Ensure the Probation Department is making efforts to find family members and the court has the needed information to make the required findings.” (AOC, 2015, page 4). Note: The department does make every effort to find family members to the fifth degree, but it was not always documented in the reports. AOC recommended the courts be aware of the attempts to locate family. Their recommendation will be adhered to.
- “When filling out Judicial Council forms or other findings and orders documents, ensure the correct boxes are marked and that they are filled out completely.” (AOC, 2015, page 4) Note: The AOC representative reviewed the reports that were not filled out appropriately with the placement unit. The placement unit officers will ensure the forms are filled out appropriately and boxes are marked.
- “At the post permanency state, ensure that the D6 ‘likely date by which department will finalize permanent plan’ is a realistic date by which the court could expect the goal to be achieved given the circumstances of the child.” (AOC, 2015, page 4) Note: The AOC representative explained they found the expected date on the post permanency form being the same as the youths six month review date. Therefore, it did not give a true picture of when the youth would most likely complete their permanent plan. Therefore, the placement officers will identify appropriate dates that will reflect the youth’s expected date of completion from placement versus their next six month review for future reports.

Administrative Office of the Courts. Social Security Act, Title IV-E, Delinquency Proceedings: General Information, Specific Findings and Orders.1-5. Memorandum.

### Child Welfare Services

Merced County dependency (Child Welfare) cases are heard in Superior Court by one Superior Court Judge. Dependency cases are heard daily at 8:30 a.m. Adoptions hearings are completed on Friday mornings and contested matters are heard on Tuesday. Each case appears before the court a minimum of every six months until the case reaches PP status. After termination of FR services are ordered a 366.26 Selection and Implementation of PP hearing is scheduled to determine the most appropriate permanency plan for youth. For PP cases, the case is reviewed every six months, once in juvenile court and once at an Administrative Review. Administrative Reviews are held the 1st and 3rd Thursdays of each month. AB 12 cases are heard at least once every six months.

For families participating in Dependency Drug Court, cases are heard in the juvenile court as often as weekly, depending upon the progress of the family. These hearings are informal and there are no attorneys present. The family, a social worker, a mental health drug and alcohol counselor, and the judge meet to review the family's progress.

One Deputy County Counsel represents CWS in dependency court cases. The Deputy County Counsel's main office is at the CWS office and this attorney works directly with the social workers through all phases of the case.

The HSA's supervising legal clerk communicates directly by e-mail with the court regarding calendar issues. The daily court calendar is prepared by the HSA legal clerks and transmitted daily to Superior Court, Attorneys for all parties, and child welfare staff. The legal clerks track all court case dates in an Access database. The legal clerks print reminders for the social workers. The reminders include an area to be updated by the social worker that includes names and addresses of the parents, the names of the attorneys, the name and address of the caretakers, and the names and addresses of other parties to be notified of the hearing (e.g., the minor, representative, tribe, siblings age 10 and over, etc.). The reminder must be returned six weeks before the court hearing to allow for timely reunification of the hearing. The dates for the Notice of Hearing to be served are included on the reminder printed from the Access database. The court hearing reminder also includes a court report due date. A rough draft of the court report is due to the legal clerks 30 days prior to the hearing and allows the rough draft to be reviewed by the supervisor and the attorney. It also allows for adequate time to make any necessary changes. The court report is turned into the legal clerks for finalization. The legal clerks make any minor changes, put the report in final format and reproduce sufficient copies for the involved parties and the attorneys. The legal clerks mail all court reports that go to an out-of-county address. Merced County involved parties receive their court reports through the social worker. If parents are incarcerated, a Prisoner Production Order is completed at least one month prior to the court date for all Jurisdictional/Dispositional and 366.26 Selection and Implementation of Permanent Plan hearings.

In an effort to continue a positive relationship with the Court and address any system issues that arise, brown bag lunches with the Dependency Court Judge and CWS staff are scheduled quarterly. The Judge, Public Defenders, CWS Managers, and Supervisors attend these lunches and discuss upcoming systems or procedural changes. Specific cases are never discussed. Topics that have been resolved include a procedure to notify attorneys and clients in advance and to prepare application and orders for ex parte issues; difficulties with regard to prisoner production by the local sheriff's department; and placing adoptions on the Friday calendar.

### **Termination of Parental Rights**

When children cannot be returned to birth parents, the case is transferred to an adoptions social worker and a permanency planning hearing is calendared. A full assessment of the child and circumstances is presented to the Court. The compelling reasons for not pursuing adoption or TPR must be addressed in the report and at the hearing. In cases in which TPR is not in the best interest of the child the reason is documented in the juvenile court record.

### **Continuances**

Continuances are discouraged and are only granted in cases of demonstrated need. The court will grant a continuance if the continuance will further the interest of the minor and there is a good cause. Approximately 37 percent of the court hearings are continued because of a request from either a social worker, public defender, or the Court's own motion. Because of high caseloads, social workers are not always able to gather all the needed information timely and

prepare the very extensive court reports required by the Dependency Court. Additionally, contested matters are always set on Tuesday to allow enough time for all required testimony.

## **Facilities Available for Parents and Children**

### **Probation**

The juvenile court facility has only one Judge and the scheduled calendar can run into hours of overtime. The Juvenile Justice Correctional Complex facility has improved the working conditions of Court staff and conditions for parents and minors who are waiting to appear in Court. However, there is only one interview/conference room for all of the defense attorneys to use to meet with parents and out of custody minors. Witnesses and victims often sit in the same waiting area with minors being prosecuted and the families of those minors.

### **CWS**

The Dependency Court has only one Judge and the calendar typically takes two to three hours per day. The calendar is shorter on Friday, which is typically reserved for adoptions and detentions. Tuesday's calendar is typically longer and can go the entire day if multiple contested hearings are scheduled. Children and youth are able to attend Court and are allowed to wait in the jury room chambers. The Judge often speaks to children in youth in the jury room to make it more comfortable for them to testify. The Judge also meets the youth outside of the normal calendar on Mondays when necessary. During testimony the Judge allows the social worker or another support person to remain with the youth. Parents and others waiting for hearings wait in the waiting area immediately outside the Court room.

### **Use of Alternative Dispute Resolution**

Because Merced is a small county, no provision for alternative dispute resolution is in place. In the court structure, alternative dispute resolution process, mediation is done in larger counties, because they do not have the time to do that in court. Sometimes the social services agency will come up with a way to resolve disputes. The social worker attempts to resolve issues prior to and after detention when they can. Some cases are resolved with voluntary services when possible, but there is no formalized process.

### **Administrative Office of the Court**

In June 2015, the AOC made a site visit to complete a courtesy review of the juvenile court files in Merced County. The overall report was very favorable with only a few recommended changes in language.

## **The County's Policies and Practices that Support Case Planning**

### **CWS**

Case planning is family oriented and individualized case plan activities are more centered on the needs of the family. For example, if a family needs assistance in providing boundaries for their teenaged youth, they are referred to different activities than a single father with a newborn. This change is also attributed to changes in programs, services, and activities within the community. Social workers meet individually with parents and older youth to allow them to discuss what needs and strengths are present in the family.

At Intake and then annually, all youth in an open CWS case, regardless of court dependency status, are screened for the potential need for mental health services. Youth receive an initial screening within the first 30 days of case opening and annually thereafter unless they are determined to be sub-class members under the settlement terms of the Katie A. lawsuit. Two mental health clinicians are co-located at Child Welfare part-time. They review all screening tools regardless of indicated risk level and consult with social workers regarding mental health assessments. Two Child Welfare staff are co-located at Mental Health full-time and supervise cases in which youth are receiving specialty mental health services. If youth are determined to need mental health services above and beyond an out-patient level then the assessing clinician and referring social worker present the youth at the Community Placement Council (CPC) for determination of appropriate services. The CPC is made up of County agencies and community providers who work together to determine the most appropriate mental health services. Cases are presented after the family has been consulted regarding their needs.

Social workers use the SDM tool to identify and assess risk and safety for families at each decision point, as well as to assist with case planning. The family is engaged to determine the needs to be addressed and behavioral, time-limited and specific goals are included as part of the family's case plan. This case plan is reviewed and updated at each six month court hearing or administrative review for court involved cases and every six month for voluntary cases. Once a case plan is ordered or signed, social workers follow-up with the services recipients within 30 days to ensure appropriate referrals have been made and assess participants' participation in services. If any barriers to participation are found, social workers work with families to remove those barriers.

In addition, there are written policies and procedures for coordinating case planning involving CalWORKs and CWS as a part of the Linkages program and agency-wide philosophy. Linked services facilitate communication and coordination of services across agency departments.

Linkages Staff participate in Case Conferencing Groups with social workers, supervisors and program administrators at every decision point in the case. Referrals and services are identified at these meetings. Executive Staff also meet periodically to review the progress of the Linkages Program, and to provide program oversight.

Additionally, CWS and Probation in Merced have a strong relationship of mutual respect and open communication. While Merced does not participate in a "dual jurisdictional" process, youth do move between the two systems when necessary. The 241.1 process is written in an MOU between the agencies with the support of both the dependency and juvenile courts. Youth who are reentering through the AB 12 system are also supported by both agencies and the best interest of the youth is always foremost.

### **How the County informs parents or guardians of rights and responsibilities regarding case planning**

Parents and guardians are informed of rights and responsibilities regarding case planning throughout the life of the case. Mental Health issues, health issues, and resources available for intensive support services to birth parents and care givers are identified and offered to the parents. For youth receiving specialty mental health services upon determination that they are a sub-class member according to the guidelines set forth in the Katie A. lawsuit, the families are engaged to participate in services planning through Child and Family Team meetings.

Merced County developed a Visitation Center in order to support progressive visitation to benefit families and facilitate faster and safer reunification. Every child aged 0 to 5 years visits with their families weekly. Older children visit at least once per month and more often, if possible. The

Family Visitation Center allows for families to visit while social workers observe from viewing stations. Each visitation room is equipped with cameras and microphones so social workers can see and hear the visit without having to be in the same room as the family. This gives the family the experience of a more natural visit. Additionally, staff who supervise visitation regularly, are being trained in the Family Time model and can offer coaching to the parents at the visits. The Visitation Center was a topic of discussion in the Peer Review and focus groups with some parents, youth, and foster parents expressing interest in having visits in a more natural setting such as parks or restaurants.

Merced previously participated in a Family Group Decision making model for family engagement. This service was contracted out to a non-profit agency who coordinated and facilitated the meetings. Funding cuts and staffing shortages caused the program to stop. CWS social workers received additionally training on family engagement practices during induction training and are encouraged to allow family supports (relatives, NREFMs) to participate in supporting the family whenever possible.

### **General Case Planning and Review**

Social workers use the automated case plan function in CWS/CMS. Case planning policies or procedures ensure all fields in the case plan are completed and updated in a timely manner. Case plans are attached to Court Reports for children who are Court Dependents, which requires that Case Plans be updated and progress of the parents/caretakers be reported on a regular, timely basis. Case planning is family oriented and case plan activities are more centered on the needs of the family. For example, if a family needs assistance in providing boundaries for their teenaged youth, they are referred to different activities than a single father with a newborn. This change is also attributed to changes in programs, services, and activities within the community. HSA has also increased activities related to older youth and youth emancipating from care. This provides additional resources for youth to choose from.

Social workers use the SDM tool to identify and assess risk and safety for families at each decision point, as well as to assist with case planning. The family is engaged to determine the needs to be addressed and behavioral, time-limited and specific goals are included as part of the family's case plan. This case plan is reviewed and updated at each six month court hearing or administrative review for court involved cases and every six month for voluntary cases. Once a case plan is ordered or signed, social workers follow-up with the services recipients within 30 days to ensure appropriate referrals have been made and assess participants' participation in services. If any barriers to participation are found, social workers work with families to remove those barriers.

Case plans are reviewed with the family and social worker every 30 days during the monthly home visits. If there are barriers to participating in services, these can be identified quickly and services put into place to allow clients to be successful. Home visitors, community partners, wrap services staff, drug and alcohol counselors, and mental health clinicians are also available for consultations during the case plan meetings. In addition to engaging each parent separately to monitor and assist with access to services and progress, the social worker also meets with each child on the case plan each month to discuss progress on the case plan.

Social workers see children and youth in their placement at least once per month and during this visit also engage the substitute care provider to offer support and receive information on the physical and mental health of the children and the education progress. Social workers discuss problems and success within the home and are also available for consultation at other times during the month. As 46% of foster placements are in FFA, there are additional support staff available to the youth.

In addition, there are written policies and procedures for coordinating case planning involving CalWORKs and CWS as a part of the Linkages program and agency-wide philosophy. Linked services facilitate communication and coordination of services across agency departments.

### **Existing Barriers and Challenges**

Constant staff turnover and the lack of qualified social workers in a rural county make the constant engagement with families difficult. Seasoned social workers with excellent family engagement skills and training leave, only to be replaced by newly graduated social workers or social workers at the Bachelor's degree level. This constant change makes it difficult for families to develop relationships with social workers and trust them enough to discuss difficult issues openly.

A frequently repeated theme in the Peer Review and focus groups was the need for more family engagement in case planning. Parents, foster parents, youth and CASAs all expressed a concern that they have information and ideas that could be of value in developing a service plan but not everyone felt they were invited to participate in the plan development. While not universally true in every case, focus group members cited situations in which the plans were "cookie cutter" and did not address a family's specific needs.

## **FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

### **Efforts to ensure diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the county:**

Merced County's recruitment activities for foster and adoptive parents include a wide variety of community outreach activities. HSA staff attend health and wellness events, HSA sponsored events (Motherhood and Fatherhood), CASA events and many other community events. HSA staff provide information on the need for foster parents and how individuals can apply to become foster and adoptive parents. These types of events are attended by families reflecting the diversity of Merced County.

Prior to new parents beginning the application process, they must attend an interactive orientation. The three-hour interactive presentation is hosted by a former Foster Parent, former Foster Youth and the LPA who is also a CWS social worker. Participants are walked through the Child Welfare process and shown pictures of abused children. Potential foster parents are asked probing questions, watch a video, and have an open dialog with facilitators about foster parent expectations and supports. This process is thought to give a more robust, realistic picture of what has happened to children who are now in foster care and what challenges foster parents face. At the break, those that believe foster parenting is a good choice, are invited to stay for the second half of the orientation which includes the details about licensing requirements.

## **How the county ensures compliance with requirements for a criminal record clearance:**

Once a potential foster parent completes the initial orientation, they complete an application which is reviewed by the Licensing Analyst. A complete background investigation begins with a fingerprint Livescan of all individuals 18 years old or older currently living in the home. Clearances must be obtained from both the DOJ and the Federal Bureau of Investigation (FBI). The agency also checks a potential foster, adoptive or relative caregivers history in CWS/CMS, LAARS, LIC, and Megan Law list.

If the applicant has past criminal or CWS history, the prospective foster parent is required to complete an exemption packet. They must submit three letters of recommendation and are asked to explain past behavior and provide evidence that the circumstances surrounding the criminal or child abuse activity has changed. Police reports, Court documents and CWS reports are gathered for close investigation. Once all these items are collected the completed exemption packet is reviewed by: the LPA, LPA supervisor, Program Administrator, CWS Director. In addition to this thorough background review an inspection of the house and grounds is completed in accordance with State Licensing regulations. If safety issues exist, these must be corrected prior to a license being issued.

Also prior to a licensed foster home being approved for placement, individuals named on the license must complete the 27-hour FosterPRIDE/AdoptPRIDE, become certified in CPR and first aid and have a medical physical including a TB test.

Once a home has been issued a license and approved for placement, the LPA forwards the family's information to the CWS placement specialist. If the family is a concurrent home, then the LPA forwards the family's information to the Adoptions Team. The Adoptions social worker completes a thorough home study using the Stabilization, Assessment, and Family Evaluation (SAFE) materials. This home study takes several months and multiple visits by an Adoptions social worker.

After a Foster/Adoptive home is licensed and approved for placement the Agency also orders "wrap backs" which are notices from DOJ and FBI if someone in the home has subsequent criminal or CWS activity. When these notices are received, the LPA and a CWS social worker respond to the home to ensure the safety of all the children in the home.

## **The process by which the county recruits, trains, and supports resource families:**

Recruitment was explained above. In addition to pre-placement training Merced County foster parents are required to attend eight hours of annual training. Examples of training provided are: Impact of Early Childhood Neglect and Abuse, Shaken Baby, Household Items for Play/Traditions, Family Strengthening and Values, and Strengthening Families.

In addition to a half-time LPA, Merced County also has a para-professional placement specialist who works with County Foster Families, FFA and Group Homes to develop supportive relationships with substitute care providers. The placement specialist becomes familiar with the families available for placement and works closely with social workers to match children and youth with the appropriate families. The placement specialist is also another resource for foster families to contact if they need additional support.

### **Efforts that the county has made to address the needs of special populations for which placement resources are limited:**

In order to increase the number of licensed homes that accept older children, Merced County began combining foster parent annual training classes with Independent Living classes for youth. The objective was to have the foster parents meet and spend time with youth hoping it would encourage foster parents to increase the age range on their licenses. After these joint trainings, several of the foster parents contacted the LPA asking how to change their licenses. All families stated that the time spent with the youth during training contributed to them asking for the change in their licenses. They could envision the youth as being a part of their families.

### **Support services and resources available to caregivers in the county:**

Merced County is currently undertaking a redesign of the orientation and licensing process to ensure that it addresses the future blending of relatives and non-related extended family members with prospective foster and adoptive parents. CWS is completely reviewing the process with which they certify and train relatives and what additional supports can be offered to all substitute and adoptive caretakers. Staff from HSA has begun attending conferences and trainings for the Resource Family Approval (RFA) model and the new Foster Pride Model. In addition, all master's degreed social workers will be trained in the SAFE certification home study process in the next 12 months in preparation for Merced's transition to the RFA model in 2017.

This year Merced is also piloting a parenting education and support class for substitute care providers, who are foster parents, NFREMs and relatives. Currently, Merced County offers parenting education classes to anyone in the community. Typically, foster parents, NFREMs and relatives do not attend these classes. Substitute care providers may have different needs than biological parents and/or may feel uncomfortable attending education or support groups with parents who are trying to reunify with their children. In an effort to offer more support to our substitute care providers, Merced County will offer classes specifically for foster parents, relatives/NFREMs who are caring for foster youth.

### **County's methods used to evaluate the effectiveness of the process:**

While Merced continues to recruit new foster parents, the average number of homes does not change from one year to the next. There have been many adoptions over the past few years which decrease the capacity of existing County foster homes. Many new parents come to the county for the purpose of adoption. As these adoptions occur, those families leave the foster care system. However, the continual addition of new foster homes helps Merced maintain the same number of foster homes from year to year. This reflects a positive recruitment program.

### **How the county collaborates with local tribes for the placement of children in tribally approved homes:**

Merced County does not have any local tribes.

### **How the county implements procedures for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

Often children are placed with relatives or non-relative extended family members outside of their county of jurisdiction. At times, some children are placed outside of their home state. When children are placed outside of California, Merced County utilizes the Interstate Compact for the Placement of Children (ICPC) process to facilitate permanent placements and adoption. Merced County relies on the receiving state to complete the home study and do courtesy

supervision of the children until either the child is adopted and dependency is terminated or until another permanent plan takes effect. When children are placed out-of-state, generally Merced County still finalizes the adoption in the Court of Jurisdiction. When children are placed out of county, Merced County will finalize the adoption in the Court of Jurisdiction. Our Court and Judge allow flexibility in the finalization of adoptions, and have allowed adoptions to take place via SKYPE for the adoptive family and child, but with an attorney present in the Courtroom.

## **County Adoptions**

Merced County HSA is licensed to provide adoption services. Home studies are either completed by CWS Adoptions staff or contracted out to adoption agencies using Private Adoption Agency Reimbursement Program (PAARP) funds. In the last five years Merced County has made extreme efforts to improve its adoption's process and improve outcomes for children and families. In the analysis section of this report it is clear that these efforts have resulted in a significant increase in the number of adoptions and the timeliness of adoption in Merced.

Merced County received the 2014 Adoption Excellence Award in recognition of its extraordinary contributions to providing adoption and other permanency outcomes for children in foster care. The U.S. Department of Health and Human Services established the Adoption Excellence Awards Program in 1997 to recognize outstanding accomplishments in achieving permanency for America's children waiting in foster care. Merced County was the only public agency to receive the award in 2014.

## **STAFF, CAREGIVER, AND SERVICE PROVIDER TRAINING**

HSA has a Staff Development team that is responsible for the coordination and provision of all trainings in the Agency. All new employees are required to attend a week-long New Employee Orientation (NEO). In addition to NEO, CWS social workers also attend a Child Welfare Induction training program. This Induction Training includes "Framework," the first module of the mandated Academy Core training, which then allows social workers to join the Core trainings at any point thereafter. The Induction Training covers fundamental information for social workers related to social work practice in child welfare, safety and risk assessments, interviewing and case plan development, documentation, and protocols and policies knowledge. County Counsel offers training on Court etiquette and testifying. The Induction training also covers in details signs of all types of abuse and neglect, as well as emotional trauma associated with a child's removal from home. The curriculum also addresses cultural competency and needs of underserved populations. One such training offered is the Southeast Asian Families training, which covers cultural and historical background of Southeast Asians in Merced County. Any staff can attend any of the trainings offered in Induction as refresher trainings.

The Induction Training is a comprehensive program that includes in-the-field training with the Staff Development trainer, and a CWS mentor. Once new social workers are assigned to their respective team, they continue their training and developmental plan with their supervisor. The supervisor evaluates any training gap, and is able to coach the new staff. The supervisor also ensures the new staff attends the Academy Core trainings. Once Common Core 3.0 is implemented, Induction will also incorporate the different blocks and modules into the training curriculum.

All CWS social workers, supervisors, and managers are required to complete the Core training modules provided by the Central Valley Training Academy within the first year of employment. This training is tracked in an automated LMS, and monitored by Staff Development. Staff's training needs are regularly assessed and discussed during monthly Performance Monthly

Evaluations (PMC). A developmental plan, including training needs, is documented on staff's evaluation and the supervisor's role is to support staff's professional developmental plan.

In order to provide on-going training to staff, HSA consistently evaluates and identifies any training gaps that are then addressed through training from several different entities. HSA meets with review the Academy on an annual basis to identify any training needs. The Academy then coordinates delivery of additional specialized trainings based on this evaluation. Some of these trainings have included advanced SDM trainings, and Gomez vs. Saenz training. UC Davis also provides specialized trainings to staff, including Supervisory Effectiveness training, and Leadership training. Staff Development also offers specialized trainings to staff such as Safety training, Field Guide training, and CSEC training. Staff Development also offers CPR and First Aid annual training, which are required for all social workers. Annual training is also provided to all staff on the topics of civil rights and sexual harassment.

CWS staff have the opportunity to take part in the Clinical Internship program. While in this program, they are able to attend trainings specific to therapeutic work, such as Infant Mental Health training, and Parent-Child Interactive Therapy (PCIT). In addition, staff attend a variety of conferences, such as the County Welfare Directors Association (CWDA), National Association of Social Workers (NASW), and other topical regional and statewide conferences. County policy requires that whenever staff attend a special conference, they are required to present the information they have learned to the rest of the workers at a general staff meeting.

Service providers who are outstationed at HSA, such as home visitors, child development specialists, and family violence advocate, are offered the opportunity to attend any of the Agency trainings. Service providers and subcontractors are invited to attend the weeklong HSA NEO. NEO gives an overview of programs and services offered in each branch of HSA. They are also invited to attend Induction training. In addition, home visitors attend the Academy core trainings, as well as any specialized trainings such as CSEC. NEO is offered, at least, on a quarterly basis. Induction Training is offered on an average of three times per year. Core Training is offered on an on-going basis, and service providers can join at any time. Each service provider and subcontractor is assigned a liaison at HSA. The liaison is a social worker supervisor, and is responsible for providing technical assistance to the service providers.

The Foster Home Licensing Program provides monthly training opportunities to all county licensed foster parents and also invites any care providers in the community to attend the free trainings. Monthly flyers are mailed to homes with a foster youth in placement. Trainings are provided by community partners and include trainings on such topics as childhood development, raising teenagers and health related education and training provided by a PHN. Foster parents have also received specialized training in providing independent living skills to foster youth.

## **Probation**

Probation has a designated Staff Analyst identified as the Training Manager for the department. The Training Manager is well informed of the trainings available in the state of California. If there are trainings that are found to be beneficial to the skill development of the officers, the Training Manager will present the training to administration and a decision will be made at that time if the training will be reserved for officers to attend.

Probation has identified Perishable Skills that officers are required to complete, annually and bi-annually. Those trainings are: Weaponless Defense/OC Update, Unarmed Survival Techniques, Expandable Baton Update, CPR/First Aid/AED, Taser Update and Firearms and Qualifications.

Probation Officers who are newly hired, within the first year of employment, shall attend Probation Officer Core, PC 832 Laws of Arrest, PC 832 Firearms, 40-Hour Firearm Academy, Expandable Baton, Taser, Weaponless Defense, Unarmed Survival techniques, OC, CPR/First Aid, Motivational Interviewing or Verbal Judo, and training specific to their assignment.

The Placement Officers are required to successfully complete Probation Placement Core, and CWS/CMS entries, within a year of being assigned to the position. The training is provided by UC Davis.

Probation Officers receive enhanced trainings that are identified within the year that pertain to their specific assignment. In regards to the placement unit, two placement officers attended the 2015 Foster Youth Summit. The placement officers were educated on Foster Youths educational rights and tips on how to assist Foster Youth to enroll in college. The placement supervisor and AB 12 probation officer went to training specific for AB 12 youth to explain the rights and services that were available to foster youth who were transitioning to independent living.

## AGENCY COLLABORATION

### Child Welfare Services

HSA has a long-standing and extensive array of collaborative **relationships** it has initiated or participates in because so many children and youth are served by multiple systems including CWS, Mental Health, Probation, and special education. Collaboration improves program coordination, reduces duplicative services, and frees up scarce resources to reduce gaps in service.

- Family Resource Council (FRC)

HSA collaborated with the MCOE to develop the FRC 15 years ago and continues to collaborate and fund FRC. FRC is partly funded with diversified funding streams from HSA, Probation, and Mental Health. FRC coordinates child abuse and neglect prevention activities and trainings in the county.

FRC facilitated the formation of community resource councils in several area communities and conducts a countywide, interagency community meeting once a month; maintains a clearinghouse of county programs and services for families; and coordinates local and regional training to agencies (both public and private) on child abuse and neglect prevention. FRC was also primarily responsible for coordinating the Children's Summit from 2004 to 2008 and are still a collaborative partner for the Children's Summit.

The FRC activities most directly related to CWS include overseeing the Merced County CAPC (aka FWC), facilitating SOS and Redirect, maintaining and providing technical support for Network of Care (online resources database); parenting education classes for HSA clients, staff, and potential foster and adoptive parents. Parent classes are taught from evidence-based curriculum including Nurturing Parenting, Positive Discipline, and Foster/Adopt PRIDE. The Nurturing Parenting program is available for parents in English and Spanish. It is a comprehensive parent education program incorporating strategies to enhance parent-child relations. Foster PRIDE is a nine-week course designed to meet pre-service training requirements for anyone planning to adopt or to become a foster parent. These classes are required in order to ensure a better understanding of the rules, regulations, and expectations of both the state and the county.

- Katie A. Collaborative

HSA and County Mental Health meet bi-weekly with a contracted service provider that provides Katie A assessment and treatment services in addition to County Mental Health. County Mental Health staff and contracted agency staff are co-located with HSA part-time in order to consult with social workers and complete data entry into the CWS/CMS system. Implementation issues and on-going activities are discussed and a team approach is taken to staff training and community outreach.

- Linkages

HSA works closely with CalWORKs eligibility staff to identify families involved with both systems and coordinate case planning efforts. The Linkages goal is to decrease child maltreatment and improve outcomes for youth and their families through increased collaboration between CalWORKs and CWS. Linkages staff attend all Case Conferencing Group meetings (CCG) to review family's progress, identify service needs, and identify and eliminate barriers to services.

- Supportive On-going Services (SOS)

SOS is a multi-disciplinary team comprised of representatives from public agencies and community-based organizations, including the FRC, CWS, Public Health, Mental Health, Probation, the schools, a foster/adoptive parent representative, and the CVRC. Referrals to this committee can come from any entity, and its purpose is to identify needs and link families to services when problems are first identified, to prevent more serious problems (e.g., child abuse) from developing.

- Redirect

Redirect is an early intervention program for youth and families that is a collaboration between CWS, the FRC, law enforcement, Public Health, Probation, schools, and Mental Health/Drug and Alcohol. Redirect is an educational program for parents and children who are at risk or in trouble, which provides information on parents' and children's rights, how the different systems work (e.g., criminal justice, CWS), and resources available to assist families. Referrals can be made by anyone. In addition to running a program in Merced, Redirect has now been expanded to include the west side of the county.

- Family Violence Counsel and Protocol

HSA is the lead in a collaboration between law enforcement, the Courts, the District Attorney, County Probation, State Parole, and Animal Control to improve cross-reporting for cases of child maltreatment, domestic violence, adult and elder abuse, and animal abuse. This effective collaboration has resulted in a unique countywide Family Violence Protocol.

Within the HSA, successful working relationships have been established with many other county and community partnerships.

- Community Violence Intervention and Prevention (ComVIP)

HSA has a Program Administrator attend the monthly ComVIP task force meeting. ComVIP consists of local agencies, individuals, faith-based organizations, and community-based organizations to work collaboratively to reduce violence in the community.

- Valley Crisis Center

HSA has collaborated with Valley Crisis Center to provide an on-site Family Violence Advocate to provide consultation to social workers regarding issues of domestic violence. The advocate responds jointly with social workers to meet with families to offer them services once the perpetrator is removed from the situation. The advocate also provides education and information about available services to social workers.

- Court Appointed Special Advocates (CASA)

CWS has partnered with the Courts and State CASA to reinstate the CASA program in Merced. CASA has been accepting cases since 2010. In addition to representing youth, HSA has contracted with CASA to do family finding on cases in which youth are lacking lifelong connections.

- Drug Endangered Children (DEC)

Child Welfare is a member of the DEC Program, which provides intensive, collaborative services to children exposed to drugs. There is a formal written resolution and protocol for the DEC program, which engages the District Attorney, the Merced/Mariposa Narcotic Task Force, CWS, Public Health, and Mercy Medical Center Merced in intensive, collaborative services to children exposed to drugs. An ER social worker is assigned full-time to assist the narcotics task force as part of this team, and accompanies law enforcement on all planned drug laboratory and drug-involved arrests. The DEC worker is responsible for entering the drug-related referrals and ensuring the safety of the minors present during the drug busts (including ensuring that law enforcement follows drug decontamination protocol for minors released to the agency's custody for placement). The DEC worker is responsible for ensuring that the child completes health screening protocols related to drug labs.

- All Dads Matter (ADM)

HSA has partnered with the ADM Program to increase father's involvement with their children. ADM offers a BCND, Men's/Father's support group, and a Leadership for Life program. The ADM program provides learning opportunities and mentorship to fathers to enable them to be more involved with and better advocates for their children.

- All Moms Matter (AMM)

HSA has partnered with the AMM Program to increase mother's involvement with their children. AMM offers a Boot Camp for New Moms and a Mother's support group. The AMM program provides learning opportunities and mentorship to mothers to enable them to be more involved with and better advocates for their children.

- Multi-Disciplinary Interview Center (MDIC)

In collaboration with law enforcement (including Victim/Witness), and the District Attorney's office an MDIC center was developed; which involves all local law enforcement jurisdictions, to conduct forensic interviews with victims of sexual and/or physical abuse. While the MDIC house has been closed, the MDIC team remains fully functional. Specially trained social workers perform MDIC interviews now located at the District Attorney's office.

- CWS/School Districts

HSA has close working relationships with local school districts. A CWS social worker is assigned to attend SARB meetings for six local school sites.

- Dependency Drug Court

Mental Health, Alcohol and Other Drug services, the Courts, and HSA collaborate to provide a Dependency Drug Court that includes intense services for drug offenders with children in the CWS system. Parents are required to attend the year long program and complete several phases of sobriety and recovery. In addition to a drug and alcohol counselor, a home visitor is also assigned to work with the family. Participants appear in Dependency Court weekly to review progress in the program.

- Public Health

HSA has established an MOU with Public Health to provide coordinated services to those youth involved in the child welfare system. One PHN is co-located with Child Welfare on a full-time basis. The PHN provides services to children ages 0 – 21 years old as well as any probation youth in out-of-home placement. Her duties include consultation with social workers regarding medical questions, coordination of medical records, making referrals for needed services, updating information for the health and education passport in CWS/CMS, reviewing psychotropic medication orders and contacting youth and families to inquire about medication compliance and ascertain if there are any side effects, coordinating with the social worker to create health care case plan objectives for outstanding medical issues, and attending any meetings as requested for information and consultation purposes. Additionally, one full-time social worker has been co-located at the Department of Public Health to provide consultation services to PHNs, make home visits to medically fragile children monitored by Public Health in which there is a suspicion of child abuse and/or neglect, respond to and investigate incoming referrals for medically fragile children, and carry voluntary family maintenance cases for families with medical issues that require on-going care from a physician.

- Probation

HSA has a social worker stationed at the Juvenile Probation Department. The social worker works in conjunction with Probation to investigate Child Welfare referrals where the family has had probation involvement and completes all 241.1 protocol assessments for youth who are not already in a Child Welfare case.

- Gang Task Force

HSA and Merced Police department partnered and have added an ER social worker to the Task Force. The social worker works collaboratively with law enforcement to provide immediate support and safety to children who are exposed to violent or dangerous situations.

- Merced County Officer of Education (MCOE)

An MOU with MCOE was established to provide foster youth services. HSA works together with the Foster Youth Services liaison to ensure the educational, transitional and personal success of Merced County foster youth. The liaison attends the weekly Community Placement Council and provides education related training when needed.

- Housing Authority

The Family Unification Program provides vouchers for families of children in the CWS system who are in need of housing assistance. Additionally, the Housing Authority has provided Section VIII vouchers to emancipating foster youth who meet criteria established by HSA.

- First 5

Provides funding for early childhood development programs and space for HSA's AMM Program and Foster Parent Orientation. The collaboration with First 5 also includes contracting for a Child Developmental specialist who assesses all youth aged 0 to 5 with a Child Welfare case opening or a substantiated referral.

- Caring Kids

Wraparound cost savings are utilized to contract with Caring Kids to provide a Child Developmental specialist who assesses all youth aged 0 to 5 with a Child Welfare case opening or a substantiated referral.

- Workforce Investment (WI) and Welfare Investment Board (WIB)

The HSA and the Merced County (WI) have had interdepartmental agreements with each other prior to the implementation of CalWORKs. WI provides employment services to CalWORKs Employment and Training participants in the program activities of Job Club/Job Search and Assessment. The WIB also provides Work Experience (WEX) workers to assist with office functions within CWS.

- Children's System of Care

HSA partners with County Mental Health to provide coordinated mental health services to youth in open Child Welfare Cases. The two agencies partner closely together to identify youth in need of specialty mental health services and ensure their mental health needs are appropriately addressed. Mental Health staff are co-located part-time with Child Welfare and two social workers are assigned to specialty YSS caseloads and are co-located full-time at Mental Health. Monthly meetings between Child Welfare and Mental Health staff occur to review youth receiving mental health services.

- Regional Centers

The Regional Centers are members of interagency councils, in particular SOS and Community Placement Council. CWS refers children to the Regional Centers as appropriate and collaborates on assessments of children as well as placements if a specialized placement is needed. However, due to a lack of resources, Regional Center staff are not always able to send representatives to meetings and assist with placements.

- UC Merced

HSA collaborates with UC Merced to provide services to current and former foster youth attending school and participating in the Guardian Scholars program. HSA offers ILP services and support. Additionally, HSA has partnered with UC Merced to offer an annual retreat for youth between 11 and 15 years of age focusing on increasing high school completion and enrollment in college.

- Child Support Services

Provides referrals to the ADM Program and partners with CWS in outreach and referral to programs.

In addition to these contracts and MOU, the department contracts for a variety of additional services and sends out RFP to community-based and private agencies. Once a response is submitted, shared responsibilities are addressed and formalized by contract.

Contracts are evaluated and reviewed monthly and modified if necessary by the contracts team and the providers.

Fortunately Merced County is surrounded by public and private agencies that are willing to work collaboratively with CWS to provide purposeful services that support positive outcomes for children and families.

## Probation

- The Drug Store

The Probation department has collaborated with Atwater Elementary School District, Atwater Police Department, Merced Sheriff's Department, Juvenile Court Judge, Public Defender, District Attorney, Atwater Medical Group, Worden's Funeral Home, Cal Fire, and the National Guard to present a drug prevention program called the Drug Store. In 2014 there were 517 sixth graders from Atwater Elementary School District who participated in the event. The students were educated on the dangers of substance use and abuse.

- Youth Accountability Board

Is a diversion program for Probation that works with youth who have committed a low-level offense and it is their first time. The mission of the program is to establish a process designed to hold youthful first-time offenders accountable for their illegal actions. With the goal to have a balanced approach to promote the youth to develop into contributing members of the community, to furnish a variety of programs that will teach youth that they will be held accountable for their actions by providing some type of community service, and to prevent and decrease delinquent behavior by making youth responsible for their actions. At this time there are currently 11 panels that meet on a regular scheduled day in the following communities: Merced, Atwater, Livingston, Winton, Dos Palos, and Los Banos. The panels are composed of volunteers from the community. Each panel has four to five members that hear the case and create the contract for the minor to complete. The panels also have a social investigator (community volunteer) that provides background information on the minor not contained in the arrest report. The panel advisor (DPO) oversees the panel meetings and is there to answer questions and to make sure the contract created by the panel members is reasonable and appropriate.

- Youth Court

Is a diversion program that was established in 2013 and is led by UC students who are a part of the Youth Court Club at UC Merced. The Probation Department and the Courts work closely with the students as they facilitate a mock court process where they represent the Youths advocate, prosecutor, court reporter, and jury. The hearings are presided over by a Superior Court Judge, Honorable Brian McCabe and Honorable John

Kirihara. The cases selected are low-level misdemeanors. Prior to the court process the Youth Advocate meets with the youth and discusses their charges and gathers background information for the hearing. The youth has to admit to the charges as the Youth Court only decides on disposition. At the hearing the Youth Advocate and the prosecutor ask questions about the youth and the offense. Once all the information is presented the jury deliberates and creates a contract that serves as a disposition. The Youth Advocate follows up with the youth to make sure the contract is completed.

- Victim Offender Reconciliation Program (VORP) of the Central Valley

The Probation Department collaborates with the VORP through a grant awarded by the California Endowment. The program is Restorative Justice Model, where the victim and offender attend a mediation session with the Director of the program to address the needs that are not met by the traditional justice system. For the victim, they will be able to ask questions, express feelings, and opinions and help create a written agreement which can help to make things right. The offender will have the opportunity to take responsibility for their actions, apologize to the victim directly, and help create a written agreement which can help make things right. For the community, VORP will help the victims gain full restoration and aid in the positive reintegration of offender, to feel more involved, safe and secure.

- Town Hall Meetings

Administrators for the department attend Town Hall Meetings with other County Agencies to present information to families on the services that are available for youth and adults of Merced County. The Administrators answer questions that the public may have in regards to services and the availability of them in their residing area.

- Silent Witness Project

The Probation Department collaborated with HSA and other County Agencies for the Silent Witness Project for Merced County. The Probation Departments role was the painting of the silhouettes that were being used in the community to resemble the victims of domestic violence. Youth from the Bear Creek Academy Programs painted the silhouettes for the event.

- Community Violence Intervention and Prevention (ComVIP)

The Probation Department and HSA collaborate with other local agencies, individuals, faith-based organizations, and community-based organizations to collaborate and work toward a reduction in violence in the community.

- Blue Ribbon Commission

The Probation Department and HSA collaborate with attorneys, county counsel, MCOE, Merced County Department of Mental Health, Alcohol and Drug Services, the courts and other community agencies in the Blue Ribbon Commission. The purpose of the commission is to work on current issues that have an impact on foster youth in the community. Last year the commission had a workshop with educators of Merced County to educate them on the educational rights that foster youth have. The commission is led by the Honorable Judge McCabe.

- Juvenile Drug Court

The Juvenile Drug Court in collaboration between, Probation, Merced County Department of Mental Health, Alcohol and Drug Services, and the Courts. The program is a comprehensive drug and alcohol treatment program for youth who are wards of the court and for their parents and/or legal guardians. The goal of the program is to provide the resources and tools for making successful choices free of the influence of drugs and alcohol use. Without these services, youth would not learn how to break the cycle of addiction through appropriate services and may continue to use and place themselves in harm's way.

- Juvenile Behavioral Health Court

The Juvenile Behavioral Health Court is collaboration between, Probation, Merced County Department of Mental Health, and the Courts. The program works with youth who have been diagnosed primarily with an Axis I mental illness and who are wards of the court. The goal of the program is to provide the resources, tools, and care to keep youth in school, out of trouble, and in their home. Without these services, youth would struggle to function in society based on their Axis I mental illness. This would be a disservice to the youth, their family, and to the community.

- Supportive On-Going Services (SOS)

A Probation Program Manager or designee for the department and a HSA social worker attends SOS meetings at the FRC with other partner agencies: Valley Crisis Center, First 5, Mental Health, CVRC, Child Welfare and various school administrators. The purpose of the meetings is to help parents with identifying resources that may be in need for them and their child. Referrals are made from the school district and other community providers who may see that the family is in need of services. Families who attend the meeting are referred to applicable services that will assist the family and child.

- Juvenile Daily Reporting Center

The Probation Department collaborated with MCOE and Mental Health in 2013 to facilitate the Juvenile Daily Reporting Center for at risk youth. The program was considered a one stop shop for at risk youth. Youth attend school full-time; they were educated on drug and alcohol abuse and received mental health counseling in group, individually and in their family settings. Unfortunately in January 2015, the program ended due to staffing levels of MCOE and Probation.

## SERVICE ARRAY

### Child Welfare Services

The service array includes services to children, families of origin, foster parents, and caretakers in all areas of the county, although specialized services are more likely to be available in the City of Merced.

- Cal-Learn

Staff work with young teen parents to assist them with finishing school while providing quality care for their child(ren). This program is operated by HSA Employment and Training.

- Boot Camp for New Dads (BCND) (offered in Spanish and English)

This program offers expectant fathers access to information about the care of his child through interaction with other fathers. “Rookie” dads are invited to the BCND where “veteran” dads help coach the rookies with understanding the care of infants. Veteran dads bring their babies to allow the rookies the opportunity to hold, feed, diaper, and soothe an infant. Operated by HSA Employment and Training and open to anyone in the community.

- All Dads Matter (ADM) Resource Center

This program is supported with funds from CBCAP. The Resource Center is staffed with English and Spanish speaking fathers. Nurturing Parenting and the Spanish version, Crianza con Carino are 15-week classes offered to families in Merced and Los Banos. Nurturing Parenting is an innovative approach designed to empower parents and parent educators in creating customized, competency based parenting programs to meet the specific needs of families.

- Linkages

Linkages is the collaborative service delivery system between CWS and CalWORKs, that helps the family meet its basic needs for food and shelter. Linkages provides case coordination between CWS and CalWORKs, primarily with FM cases. Staff from Employment and Training and Family Services are co-located with CWS staff, and consult regularly regarding clients. They also make home calls.

- Differential Response

A strategy for improving responsiveness to all children and further coordinating services between CWS, CalWORKs, and community partners. Differential response is fully implemented, employing a more comprehensive assessment of family needs. Staff from Linkages play an integral role in differential response, which uses a number of different resources including home visitors and mental health staff under contract with HSA. The intent is that whenever there is a report to CWS, the family will be assessed and services offered through HSA or a community-based organization.

- Home Visiting

Provide services to children and families throughout Merced County. Home visitors work with families that are at risk of child abuse and neglect. They advocate for the families when necessary and refer the families to needed resources. Services to these families are guided by the case plan developed with the family and the home visitor. When the family has achieved all the goals on the case plan, the case is closed. CWS tracks closed cases to determine if substantiated maltreatment of children has occurred in the family after closure of the home visiting case.

- Supportive On-going Services (SOS)

A multi-disciplinary team comprised of representatives from public agencies and community-based organizations, including the FRC, CWS, Public Health, Mental Health, Probation, the schools, and the CVRC. Referrals to this committee can come from any entity, and its purpose is to develop service plans when problems are first identified, to prevent more serious problems (e.g., child abuse) from developing.

- Katie A. v. Bonta

Merced County began implementing best practices recommended by the Katie A. lawsuit settlement in September 2013. Following the guidelines of the Core Practice Model, social workers screen all youth in an open child welfare case for the necessity of mental health services. County Mental Health, and a contracted provider, review all screenings and complete Mental Health assessments and service referrals for all youth who meet screening criteria for needing an assessment. If a determination of sub-class eligibility is made, youth are assigned an Intensive Care Coordinator to ensure their mental health needs are met.

- Therapeutic Behavior Services (TBS)

TBS are available for children and youth up to age 21 who are full-scope Medi-Cal beneficiaries. TBS is a one-on-one contact between mental health providers and a beneficiary for a brief period of time to maintain the youth's living situation and prevent psychiatric hospitalization by resolving problem behaviors and achieving short-term goals.

- Do Whatever It Takes at Home (DoWith)

A wraparound services project under SB 163 which provides intensive in-home services to children and families at risk of out-of-home placement in group homes. Once eligibility is determined and DoWith services are approved, the family is assigned to a facilitator who arranges for appropriate client assessments and creates the client's Child and Family Team. The facilitator works with the client's family to arrange a Child and Family Team meeting to develop the Individualized Family Plan. Each Child and Family Team is unique and includes the client, family members, and others invited by the family to participate. The team may also include referring staff from the county and staff from collaborating public agencies, service providers, a peer parent, and others necessary to the plan of care development process.

The family drives the development process with the other team members providing assistance to the family in assessing their strengths and in creating a gateway to an array of community and natural supports and services that build upon the family's strengths. Families are given the training and tools they need to take ownership of their plans of care, as well as given the opportunity to provide direct feedback on their satisfaction with DoWith wraparound. The Individualized Family Plans assist families in successfully transitioning to natural community supports.

- Child Abuse Treatment (CHAT)

Mental Health has also contracted with HSA to provide clinicians for children between the ages of 0 to 17 years of age who have experienced abuse and/or neglect or are witnesses of domestic violence. Clinicians are not allowed to work with alleged perpetrators in the CHAT program.

- Alcohol and Drug Counselor

A counselor is stationed at CWS and provides assessments and recommendations for services for clients who suffer from substance abuse problems. This counselor is also part of the Linkages team and works to provide expertise and guidance in the referral of families facing substance abuse issues.

- Placement Council

A collaborative of mid- and upper-managers in the Probation Department and HSA who meet once a week with Mental Health Specialists, Education Specialists, Substance Abuse Specialist, and specialized community-based organizations to assess possible placement of minors, to ensure they are appropriately placed, and to prevent placement, whenever possible.

- Transitional Housing Program-Plus (THP-Plus)

A transitional housing opportunity for former foster and probation youth, ages 18 to 24, who have emancipated from the child welfare system. The goal of this program is to provide a supportive living environment while helping youth achieve self-sufficiency and learn life skills. This program brings needed support service through collaborations with private businesses, community resources, and agencies to link youth to services. THP-Plus currently services a maximum of nine youth. THP-Plus is administered by Aspiranet. The maximum time a youth can participate is a 24-month cumulative period.

- Parent Child Interaction Therapy (PCIT)

An intensive therapeutic treatment program that is designed to help parents (caregivers) and children. The PCIT program works with families to improve the quality of the parent-child relationship and to teach the parents the skills necessary to manage their child's severe behavioral problems. PCIT is appropriate for children between the ages of 2 and 7 who exhibit the following behaviors: difficulty in school, preschool, and/or daycare, aggression towards others, refusing to follow directions, frequent temper tantrums, swearing, and defiance.

- Women's Support Group

The Women's group is an on-going open support group for women who are involved with Child Protective Services (CPS). The group covers self-directive topics which include a multitude of areas that are all impactful on the women in the group (self-esteem, advocating for self and children appropriately within the system, taking personal responsibility for CPS involvement, fears surrounding children being in the system and/or transitioning home, parenting sober, being independent of others/relying on self, setting up appropriate support networks). The women are able to share their successes and areas of weakness in a safe environment, while learning new skills in how to address issues impacting them and the reunification with their children. The typical time for attendance was approximately 20 hours of attendance.

- Support Groups for Families with Special Needs Children

Support groups are available through the Challenged Family Resource Center, funded by a contract with the FRC.

- Independent Living Program (ILP)

ILP offers services to youth, ages 15.5 to 21, who are in foster care, or who had been in foster care after their 16th birthday. This population includes dependents from CWS and wards from Probation. The goal of ILP is to enable eligible youth to achieve maximum self-sufficiency and independence prior to leaving the foster care system. This is achieved by independent living skills assessments, education, training, services, and a written TILP to increase the likelihood of a successful transition from foster care to independent and

self-sufficiency. Merced County participates in a variety of services including, but not limited to the following: workshops, community resource linkage, incentives, and basic living skills. ILP workshops are held four times a week in Merced and once a week in Los Banos.

- Friday Night Fun (FNF)

A youth-adult partnership which provides social and supportive services for Merced County foster youth 13 to 15.5 years old. All leadership roles and responsibility are shared between foster youth and foster youth alumni between the ages of 15.5 and 25 and their adult partners. All adult partners are non-paid volunteers. FNF is designed to:

- Provide youth with positive adult role models.
- Provide youth with opportunities to develop effective communication skills.
- Provide youth with information that will increase their understanding about resources and services available to foster youth.
- Provide youth with fun activities that bring them joy and laughter.
- Prepare younger foster youth to transition into ILP activities.

- Westside Family Service Center (WFSC)

WFSC is located in Los Banos and serves the Westside of the county. It is an outstation of Merced County HSA and is a model for family resource centers to be developed in other areas of the county when resources are identified. A wide variety of services are provided at the WFSC. Services are free to the public and referrals for services can come from a variety of sources. The following is a list of services provided.

- Parent Education
- Nurturing Parenting English Classes are Tuesday from 10 a.m. to 12 p.m. These are ongoing classes of 15-week sessions.
- Play and Grow is designed to help parents learn how to enhance children's development through age-appropriate play activities in an environment, which creates positive parent-child interaction. This class can be started at any time if there is room. Class size is limited to five children and parents.
- Men's Parenting Group focuses on men's parenting issues, domestic violence, and anger management. This class meets on Wednesday 5 to 7 p.m. This is an open ended group.
- Teen Lifestyle and Support Group meetings are on Wednesdays from 1 to 3 p.m. for 12 weeks. The classes are casual and relaxed, and we have fun as we learn.

- Hmong Women's Initiative (HWI)

The HWI is a linguistically and culturally sensitive program, providing Hmong women with the knowledge and skills necessary for the safety, self-sufficiency, and well-being of themselves, their children, and their family. The HWI offers monthly workshops focusing on health, education, and social and emotional well-being topics. Other events include a

Hmong Women's Leadership Retreat, and a Speakers Series with prominent Hmong women. HWI's most significant event was the Hmong Women's Conference held in September 2014, which drew about 400 participants, and featured a nationally acclaimed keynote speaker and 12 different workshops.

- Counseling Services

The CHAT program provides family-focused crisis intervention services to child abuse victims 0 to 18 and their non-offending family members. Counseling is also available to deal with the areas of family counseling, stress management, anger management, grief counseling, domestic violence, sexual abuse, crisis intervention, and much more. These services are available for youth and families with no other access to mental health services.

- Home Visiting Program

Provides support to families with children 0 to 18. Build on family strengths, focus on child development, and coordinate services provided to families utilizing community resources, information and referral. Advocate on behalf of families.

- Livingston Outstation

Livingston is a small town in the northern part of the County. The HSA has a full-service out-station in Livingston, complete with Eligibility Services, Employment Services, CWS, and Mental Health services.

- Health

CWS enjoys a partnership with the Public Health Department. A social worker is stationed at Public Health for the First Steps Program (see above) and a PHN is stationed at CWS to provide medical information and resources to CWS staff.

Golden Valley Health Centers partners with CWS to conduct medical and other service outreach to the children and families in Merced.

- The California Endowment, Building Healthy Communities

Merced County HSA was granted funds to implement Leadership for Life, a program that offers men training and support for understanding how to navigate public and private systems and advocate for their families. Experienced facilitators are contracted to provide an array of one-stop-shop services: life skills, cognitive therapy, education and career assessments, referrals to homeless assistance, Section 8 housing assistance, general relief/food stamps, parenting skills, and assistance with obtaining driver licenses.

- Engagement, Planning and Innovation for the Community (Epic Center)

Houses the United Way, the Alliance for Community Research and Development, and Checkmark Data. These three entities fund approximately 20 programs and are committed to the development of the community of Merced.

- Early Connections

Funded by a grant from First 5, Early Connections is jointly operated by CWS with MCOE. Child development specialists reach out to families who are referred to CWS but for whom

no allegation of abuse or neglect was substantiated. Age-appropriate developmental assessments, referrals, and follow up are offered to these families. This program uses an evidence-based assessment tool.

- All Moms Matter (AMM)

Patterned after ADM, AMM is operated by HSA and includes Boot Camp for New Moms, support groups, and one-on-one guidance for new moms.

In addition to the specific programs listed above, The FRC and ADM jointly sponsor a pre-Father's Day event called Celebration of Fatherhood. The celebration is held the weekend before Father's Day in a public park in the city of Merced. It is free and open to the public. Games and activities for children and families, entertainment such as culturally relevant music and dance, face painting, art projects, and food and drink are provided. Service providers set up booths and provide information. Attendance is estimated at over 1,000.

- Family Finding

Through contract with CASA, family finding is conducted for youth in foster care or probation placement who do not have permanent, long-term family connections. These services are primarily focused on older youth in PP who need life-long family connections as they approach independent living outside of foster care.

Programs that have been discontinued:

- Helping Other People Ease Sorrows (HOPES), a support group for victims of sexual abuse and their families.
- Student Study Team in Hilmar.

## Probation Services

- Bear Creek Academy

The Bear Creek Academy is a commitment program within the Iris Garrett Juvenile Justice Correctional Complex. The commitment program focus is to assist youth in changing the way they think and approach real life situations. With the goal to help the youth re-enter the community with new tools to assist them to make good decisions and to live successfully within their environment. To achieve the intent of the program Probation has collaborated with HSA, Sakred Rok, and Symple Equazion. HSA employees created and facilitate the Peaceful Warrior Project and Dare to Dream Book Club. Sakred Rok is a non-profit, the Director and World Renown Rock Climber Ron Kauk works with the youth by being a guide on trips to Yosemite National Park for day trips and for camping trips. Ron Kauk and MCOE teacher Scott McKee lead the creation of a newspaper for the youth to develop and write, called I'M Possible. Symple Equazion works with the female youth in the program teaching them strength-based practices. Each component will assist the youth in cognitive development.

- Iris Garrett Juvenile Justice Correctional Complex

A facility where juveniles who have been arrested for a crime and are awaiting court action are detained until the charges have been dismissed or found true. If the charges are found true, the court may order the youth to participate in the Bear Creek Academy

Program, spend a specified amount of time in custody at the juvenile facility or released to Home Commitment. If the youth is sentenced to complete the Bear Creek Academy Program or detained for a specific amount of time or awaiting placement, while in the facility, the youth will attend MCOE, Court School, receive medical care from California Forensic Medical Group, Behavioral Health services from Merced County Department of Mental Health on a as needed basis, Drug and Alcohol Education through Recovery Assistance for Teens, Planned Parenthood education, The Compadres Network/El Joven Noble curriculum facilitated by Fresno Barrios Unidos (detention setting only) and religious services through Merced County Jail Ministry. Visiting hours for youth are on the weekends in two-hour increments.

- **Parents Supporting Parents (PSP)**

A program designed to give support to parents of youth who are in out-of-home placement through the Merced County Probation Department. The goal of this group is to help parents develop and strengthen their parental skills in order to facilitate the development of their own parental support system. Ultimately, these parents will be able to effectively communicate their expectations as a parent, set clear limitations on their child's behavior, and manage family conflicts without the intervention of probation.

Peer reviewers and focus group member comments on available services.

Even though many services are available, the need for more variety and choice in services was cited by peer reviewers and focus group participants. Specific needs named are drug and alcohol abuse and addictions counseling. The county has no in-patient treatment program for men. Treatment for people with medical marijuana prescriptions is difficult to find. Treatment programs for youth may be problematical because they bring youth into contact with other youth who are using alcohol and drugs. Parenting training can be difficult for parents to work into their schedules. Because the training is a 16-week sequence, parents may have to wait several weeks for a new class to begin. Focus group members would like to see more and different types of anger management counseling. Focus group members felt that the current program is a "one-size-fits-all" and different approaches are needed depending on the needs of the individual client.

## **QUALITY ASSURANCE SYSTEM**

### **Child Welfare Services**

CWS utilizes the CFSR outcome measures, the Berkeley CWS/CMS data and Safe Measures® monitoring to assist with quality assurance. Oversight of the quality of decisions made by CWS staff is a primary role of the front-line supervisors and the CCG prior to making major decisions on behalf of children and families.

Detention, court, and FR social workers present their recommendations to the CCG which consists of a minimum of two supervisors, a Program Administrator, the case managing social worker and county council, if available.

Social workers and probation officers are required to present their case to the Placement Council prior to children being placed in a group home or higher level of care. The Placement Council reviews for the most appropriate placement to meet the child's needs. Placement Council includes the case carrying social worker or probation officer, program managers and supervisors from county mental health, local schools, probation, regional developmental center,

and public health. Staff from the wraparound programs, DoWith and WeCan, are also included and provide input and case review to the Placement Council.

Monitoring foster care payments and eligibility compliance is accomplished through communication via the SOC 158A form. This form, signed by the social worker, certifies the Adoptions and Safe Families Act (ASFA) requirements have been met and acts as an invoice to determine eligibility for placement funding and medical benefits.

Quality of programs is assured through assessment of client needs and satisfaction, process and performance measures, such as family participation in activities and training, usage of resources, and client feedback.

Katie A. screening and assessment services are monitored through bi-monthly team meetings with HSA, Mental Health and the Contracted Agency Provider. Additionally, weekly meetings with the Contracted Services Provider are held at HSA to monitor the quality and appropriateness of delivered services, family's progress in services, and to identify and resolve systems issues.

- CWS Placement Policies

Because of budget cuts, the functions of the Quality Assurance/Quality Control (QA/QC) unit, which was previously part of the Administrative Services Branch, have been returned to the CWS Branch. QA is the responsibility of the supervisors and Program Administrators within the CWS division. The expectation is that the worker, the supervisor, and the Program Administrator review all casework. Quality of programs and placement is also assured through assessment of client needs and satisfaction in addition to other performance measures such as family participation in activities and training. The County's placement policies require social workers to place children in the least restrictive setting possible. There is a team dedicated to completing home assessment for relative and non-related extended family members to increase the ability to place youth in relative placement as a first placement option. Social workers are required to visit the youth in placement at least once per month to assess the on-going appropriateness of the placement and if additional supportive services are needed. Placement changes are monitored through review of SafeMeasures® and a monthly report obtained from Business Objects which identifies children with two or more placements. Information is shared with the Program Administrators and Supervisors so children at risk of a placement disruption can be identified and supportive services can be offered to maintain placement.

In addition, every child welfare social worker has access to Safe Measures® in order to assess case compliance for their own caseload. Supervisors are responsible for case review. Supervisors review and approve all SDM tools. The QA case reading tool for each of the programs has a detailed checklist of all case requirements. It is designed to be used as a training tool; results are kept and reviewed with the worker during monthly and annual evaluations.

Supervisors from each of the teams (Court, FM, FR, Adoptions, PP, and ILP) use the case reading tool to review 100 percent of closed and transferred cases. ER supervisors read 100 percent of referrals at closure. Supervisors from each of the Teams reviews and signs 100 percent of court reports and case plans. Program Administrators undertake random spot checks of cases, and bring identified issues to the attention of the supervisor.

- ICWA and Multiethnic Placement Act (MEPA).

The detaining social worker does an inquiry anytime children are removed from the home. The Court completes an inquiry of ICWA for each parent at the detention hearing. If ICWA is identified, the social worker gathers information about possible membership and family members. A legal clerk completes the necessary forms and notices for ICWA noticing to Tribes and the Bureau of Indian Affairs (BIA). All notices and membership replies are recorded in CWS/CMS and provided to the Court.

In addition, each court report includes a section specifically for ICWA notification, results, and pending actions. County Counsel reviews all court reports and sends them back if there is insufficient evidence with regard to ICWA compliance. Merced County has received accolades from the AOC for its handling of ICWA.

- The agency's process for ensuring a comprehensive and coordinated screening, assessment and treatment plan to identify children's mental screening, assessment and treatment plan to identify children's mental health and trauma needs, including psychiatric evaluation, as necessary, to identify needs for psychotropic medication.

All youth with a child welfare case opening are screened within the first 30 days of case opening using the Mental Health Screening Tool. The screening is reviewed by mental health staff and, when indicated, a subsequent mental health assessment is conducted. Social workers and mental health clinicians co-located at Child Welfare document the screening and assessment results into CWS/CMS from which monthly reports are run utilizing Business Objects to ensure all youth have been screened. A determination of Katie A. sub-class eligibility is made and youth are referred to the appropriate mental health services identified by the mental health assessment. This sub-class eligibility is documented in CWS/CMS and reviewed monthly as well. All sub-class youth requiring in-home behavioral services are presented at the CPC and reviewed every six months. When necessary, youth are referred for psychiatric medication assessments either through County Mental Health or a community psychiatrist who accepts Medi-Cal.

When youth have been determined to need psychotropic medication a JV-220 is prepared and presented to the court for approval. A PHN reviews each order and enters the JV-220 information into CWS/CMS. The legal clerks notify social workers through court reminders when updated JV-220 request are due. SafeMeasures® reports are used to monitor psychotropic medication use and identify those youth for whom an updated order has not been obtained. The PHN makes contact with the youth and family within the first 30 days of beginning a new medication, and periodically thereafter, to inquire about the effectiveness of the medication and any observed side effects. The PHN also reviews SafeMeasures® for data entry compliance regarding medication orders and to ensure that when a medication is discontinued that information is indicated in CWS/CMS.

- The effectiveness of the county's policies for monitoring how a child's physical health and educational needs have been adequately identified and addressed.

SafeMeasures® is used to ensure that children's health and educational information is up-to-date. A Social Services Program Worker (SSPW) gathers all medical and educational information at the time of a youth's entry into care. In addition, the MCOE has an identified Foster Youth Liaison that provides assistance with obtaining appropriate educational services for youth in foster care. The SSPW will also obtain updated medical information from service providers and social workers throughout the life of a child's case. The SSPW is responsible for entering the educational information into CWS/CMS and a

PHN reviews the PM 160 reports obtained from the health care providers, follows up with the social workers regarding any outstanding medical issues, and enters the information into CWS/CMS.

- The system used to ensure children with special needs and their families receive effective services.

Merced County has an MOU with the MCOE that allows social workers to seek the assistance of the Foster Youth Liaison to ensure the developmental needs of the youth are met in a school setting. The local regional developmental center participates as a member of the CPC and provides consultation regarding developmental issues when requested. A community based provider, Challenged Family Resources, is engaged when youth and their families need mentorship and advocacy in addressing the special needs of youth. These needs are discussed by supervisors with social workers during their monthly supervision and at every decision point in the case during CCG.

- The county's policies and procedures for documenting and monitoring compliance with child and family involvement in the case planning process, including:

- Concurrent planning in every case receiving reunification services.

Upon entry into care the placing social worker attempts to locate a concurrent placement as a first choice in case reunification efforts are not successful. Family members are assessed for placement and concurrent planning is discussed with the placement resource. The long-term alternative plan for care of the children is discussed in monthly supervision between social workers and the supervisor and at every decision point in the case during the CCG. The concurrent plan is documented on the CCG review form and at each court review in the court report and the case plan.

- Meeting TPR timelines and documentation of compelling reasons as to why timelines were not met (may not be applicable to probation).

Discussion of TPR occurs for every family receiving reunification services when case plan progress is discussed and is documented in CWS/CMS. For youth who need an adoption assessment, an adoption social worker is assigned to begin working with the youth to locate a concurrent placement. Supervisors go into the field with their staff to assess their social work practice and offer feedback on assessment and family engagement skills. When termination of parental rights is necessary but does not happen within the required timeframe that information is discussed in monthly supervision with the social worker and documented in the CWS/CMS case notes.

- Development of a TILP for each child age 16 or over.

All youth in foster care are referred to the ILP at the age of 15.5. At that time, they are assigned to a Foster Youth Assistance Worker who contacts the youth and their caregivers to explain the ILP program and create the TILP with the youth. This plan is shared with the social worker who monitors the progress of the plan at each monthly visit and documents that progress in their monthly placement contact notes. Those placement contact notes are reviewed by the supervisor and discussed during monthly PMCs with the social worker.

- How the county addresses the needs of infants, toddlers, children and youth (e.g., priorities for safety assessments, service delivery for reunification, and standards regarding the foster parent-to child ratio).

All youth aged 0 to 5 receive a developmental screening by a developmental specialist who is a contracted provider co-located with Child Welfare. When services are indicated the youth are referred for early intervention services through County Mental Health or a community provider. The completion of the developmental screening is documented in CWS/CMS and reports are reviewed to assess the extent to which youth who should have received a developmental assessment had an assessment completed. The delivery of reunification services and parent's progress toward reunification is addressed in monthly supervision, at every decision point on the case during CCG and is reviewed by the court at each hearing. The appropriateness of the child's placement is also addressed and the family composition is documented in each monthly placement contact note, the court report, and the case plan. Placement is addressed at each decision point on the case to ensure children are placed in a safe home environment, the maximum number of children per placement is not exceeded, and the child's concurrent planning needs are met.

- The process the county uses to capture participation and evaluation data for programs supported with CAPIT/CBCAP/PSSF funds. When the service provider collects this information, describe how the service provider reports this information to the county.

CAPIT funds pay for Home Visiting Services, which is a contract service. Selected service providers are required to submit written reports in accordance with the terms of their specific contract to fiscal and program staff. These reports show demographic data and specific case data and are reviewed monthly. Surveys are also sent to families and these are collected by the contracts monitoring unit.

Some services, such as ADM, which is overseen by HSA, utilize a database to gather demographic and program data as well as track service delivery to clients. Staff analysts are able to generate reports on client statistics and program activities as needed. PSSF Data is collected through CWS/CMS and through an alternative database for the home visitors who deliver services to clients. The Drug Court FR and FM client data is captured through yet a separate database. Reports can be generated from the databases to report monthly and year-end data.

- How the county monitors the provisions and quality of services funded by CAPIT/CBCAP/PSSF.

Merced County fiscal and program staff conduct on-site, periodic contract reviews of contractor performance. These reviews are used to evaluate compliance with the contract terms on all contracted services and review services delivery, fiscal integrity and ADA compliance. Staff also reviews the information from any client satisfaction surveys gathered by the service providers. After the site review/visit is completed information regarding services is compiled and a written report is generated to be reviewed by Program Administrators, Deputy Directors, county fiscal, and contract staff. Additionally, there is a CWS program liaison for any contracted services and they meet with contracted employees weekly for the exchange of specific case data and results of services to clients. CWS supervisors review each case for quality; this includes the PSSF work done by internal home visitors.

- The corrective action process the county utilizes to ensure that service providers or subcontractors are held accountable, including service providers receiving CAPIT/CBCAP/PSSF funds.

If issues of non-compliance are found during the on-site visit/review or if the reported data is not being submitted or gathered in accordance with the contract, a CAP is developed between HSA and the contractor. The CAP will have attainable, timely and measurable goals that will be monitored by HSA. Should the contractor refuse or fail to comply with the terms of the contract and/or CAP the contract will be terminated and CWS staff would perform duties until a new contractor could be located and a new contract awarded.

- The county's process for ensuring that service providers are expending CAPIT/CBCAP/PSSF funds on allowable services and populations.

Merced County HSA monitors the contract budget through review of the monthly contractor invoices, which must be accompanied with supporting documentation for all expenditures. The contractor must obtain HSA's approval for all transfers of funds between contract budget line items.

- The county's process to ensure service providers are properly tracking participation rates for separate funding sources.

Monthly contractor invoices are reviewed, along with the supporting documentation for all expenditures is reviewed by program staff analysts and fiscal analysts to ensure proper tracking of participation rates by funding source. When issues are identified the service provider is notified. If the service provider fails to correct the identified issue then a CAP is developed. Service provider's refusal or failure to satisfy the terms of the CAP can lead to termination of the contract.

## Probation

Describe and analyze the following:

- The QA system that child welfare and probation placement agencies utilize to evaluate adequacy and quality of the systems throughout the continuum of care.

Probation evaluates the adequacy and quality of the systems throughout the continuum of care by conducting monthly face-to-face visits with the youth and the Group Home placement employee's. The placement officer reviews the services that are being provided to the youth and ensures their needs are being met during their time within the Group Home. The placement officer reviews the youth's medical information, school transcriptions and progress reports generated by the Group Home. In addition to talking to the youth to obtain their perspective on how things are going and following up with employee's from the Group Home with follow-up questions to ensure the youths needs are being met while they are placed there.

- The child welfare and probation placement policies for evaluating achievement of the performance measures identified in the county quarterly data reports.

Probation evaluates the achievements noted within the performance measures to ensure that the department is meeting the compliance measures required.

- The effectiveness of county policies for monitoring compliance with the ICWA and MEPA.

We currently do not have any qualifiers on record.

- The agency's process for ensuring a comprehensive and coordinated screening, assessment and treatment plan to identify children's mental screening, assessment and treatment plan to identify children's mental health and trauma needs, including psychiatric evaluation, as necessary, to identify needs for psychotropic medication.

Probation utilizes a web-based case plan from Assessments.com that identifies the specific criteria's to ensure the youth's needs will be assessed and referred to services as applicable. If a youth is identified as requiring a psychiatric evaluation, one will be conducted prior to the youth being placed in a Group Home. Following an evaluation, if the Psychiatrist identifies that the youth is to be on psychotropic medications, a JV-220 will be submitted to the courts with the listed medications the youth is recommended to take. Once the evaluation and JV-220 are signed by the courts, the placement unit will work with identifying an appropriate Group Home that can work with the needs of the youth. The placement officer, will evaluate the Group Homes compliance of the JV-220 and disbursement of psychotropic medication during monthly face-to-face visits with the youth.

- How the agency monitors the appropriate administration (including initiation and cessation of) prescription medications, including psychotropic medications for children in foster care.

Youth who are receiving psychotropic medications will have a JV-220 on file that identifies the specific medications that have been approved by the courts to be dispensed to the youth.

The Group Home placement will also have a copy of the JV-220 on file in the youth's medical file. The placement officer, during their monthly visits will review the youth's medical file to ensure the medications being disbursed to the youth are the same as what has been authorized within the JV-220. If the youth refuses to take their medication, there is a standard practice established with the Group Home, where they shall submit an Incident Report to the placement officer immediately following a refusal.

- The effectiveness of the county's policies for monitoring how a child's physical health and educational needs have been adequately identified and addressed.

The placement officer reviews the youth's IEP to ensure it is up to date at the Group Home. The placement officer also reviews the youth's transcripts, interviews the youth on how they are doing, and follows up with questions to the employees at the Group Home. If the placement officer wants to see how the youth is doing outside of their monthly visits they can request a school transcript at any time and it will be provided to them.

- The system used to ensure children with special needs and their families receive effective services.

When a youth is placed into placement a packet is submitted prior to their approval outlining the youth's needs. The placement unit takes information and locates a Group Home that can work with the special needs of the youth. In the interim if the placement officer believes that services would be beneficial to the parent/guardian reunification with their child, they will instruct them to attend specific classes to assist them. During the placement of the youth, the placement officer will make entries into two systems, the

JJCC System, the department web-based system and CWS/CMS system. The placement officer will note the youth's progress in the Group Home that they were placed in and the parent/guardian level of participation with the youth, noting if they were visiting the youth monthly and if they were following through with participating in classes that they were instructed to attend.

For youth who are not reunifying with the parent/guardian, the placement officer works with the youth on their TILP and connects them with a Temporary Housing Program.

- The county's policies and procedures for documenting and monitoring compliance with child and family involvement in the case planning process, including:
  - Concurrent planning in every case receiving reunification services.
  - Meeting TPR timelines and documentation of compelling reasons as to why timelines were not met (may not be applicable to probation).

N/A

- Development of a TILP for each child age 16 or over.

The development of a TILP for placement youth is completed with youth that are 15.5 years of age or older. A copy of the TILP is forwarded to the Outcome Improvement Projects (OIP).

- How the county addresses the needs of infants, toddlers, children and youth (e.g., priorities for safety assessments, service delivery for reunification, and standards regarding the foster parent-to child ratio).

N/A

- The process the county uses to capture participation and evaluation data for programs supported with CAPIT/CBCAP/PSSF funds. When the service provider collects this information, describe how the service provider reports this information to the county.

N/A

- How the county monitors the provisions and quality of services funded by CAPIT/CBCAP/PSSF.

N/A

- The corrective action process the county utilizes to ensure that service providers or subcontractors are held accountable, including service providers receiving CAPIT/CBCAP/PSSF funds.

N/A

- The county's process to ensure service providers are properly tracking participation rates for separate funding sources.

N/A

Analysis: The Placement Team strives to do what is in the best interest of the child, family, and the department. Although the Probation Department does not have a formal practice to measure the effectiveness of our practices, the Summary of Findings from the focus groups that took place in March and April of 2015, and our rankings in CWS/CMS for Measure 2F – Timely Monthly Caseworker Out-of-Home Visits, clearly indicate that we are meeting the needs of the child, family, and agency. The Probation Department rated number 1 out of 58 counties for Timely Monthly Caseworker Out-of-Home Visits. In the Summary of Findings from the focus groups, it was found that DPOs engage the youth in identifying their own needs, that there is frequent contact with DPOs, they help families problem solve, resulting in parents becoming more engaged, the DPOs focus on the success of the youth and getting them off of probation, the DPOs are able to establish healthy boundaries without being overtly hostile and are able to assess problems through understanding of culture resulting in engaging uncooperative and hostile parents. Each area clearly indicates that the DPOs are doing what is in the best interest of the child, family, and the department.

## CRITICAL INCIDENT REVIEW PROCESS

### Child Welfare Services

If a CWS referral is received regarding a fatality/near fatality, the referral is assigned to an ER worker for investigation. The incident is cross reported to Law Enforcement, if necessary. Once the investigation is complete, it is reviewed with an ER Supervisor and Program Administrator. If it is determined that the fatality/near fatality is due to child abuse or neglect, the Program Administrator completes a SOC 826 and faxes it to the Children's Services Operations Bureau. The information is then documented in CWS/CMS in a contact note and on the child's demographic page.

Merced County does not currently have a Child Death Review Team. CWS has been working with the Merced County Coroner (Sheriff's Department) to develop and reconvene the Child Death Review Team. CWS and the Coroner have visited Sacramento County to observe how the Child Death Review team is operated, the members and the coordination process. Sacramento has a fulltime coordinator who arranges the meetings, takes notes, and follows up. Merced is a smaller county and there are not many child deaths in the county, nor is there funding for a fulltime coordinator. Currently discussions include having a quarterly meeting. CWS will continue to work with the Sheriff's Department and other county partners to develop the Child Death Review Team. The goal is to have the first meeting in January 2016.

Additionally, while there is not a formal Review Team, when there is a child death in the county the Coroner's office does consult with CWS concerning previous history and involvement with the family. The Coroner also assists in the coordination with CWS and Law Enforcement Agencies, if necessary.

CWS typically provides referrals to counseling services when families face the tragedy of losing a child.

### Probation

Child deaths are reported to the appropriate law enforcement agency. Probation does not conduct any further investigation. Probation does not have a Child Death Review Team. We rely

on the local law enforcement agency where the death occurs to complete the appropriate investigations into the child's death.

## NATIONAL RESOURCE CENTER (NRC) TRAINING AND TECHNICAL ASSISTANCE

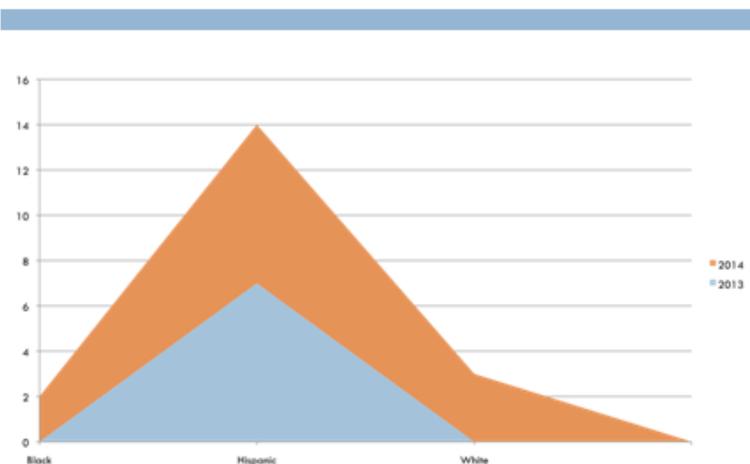
The Merced County HSA is not currently engaged in training and technical assistance efforts with the National Resource Centers, Western Pacific Implementation Center, or the Quality Improvement Center. HSA does not plan on requesting training or technical assistance from these agencies in the future.

## PEER REVIEW RESULTS

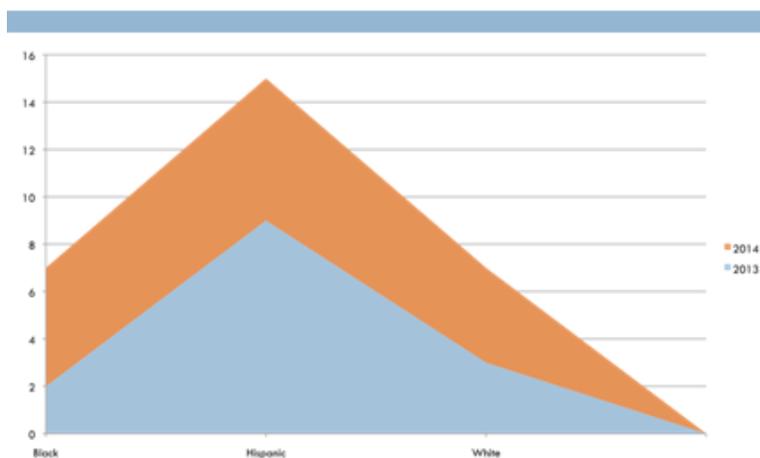
### FOCUS AREA

Probation chose the rising number of youth in placement. This topic was chosen because of the dramatic rise in the number of youth in placement without a parallel rise in the number of youth entering probation. The two charts below compare the number of in youth in placement between 2013 and 2014.

### Female Youth In Placement 2013-2014



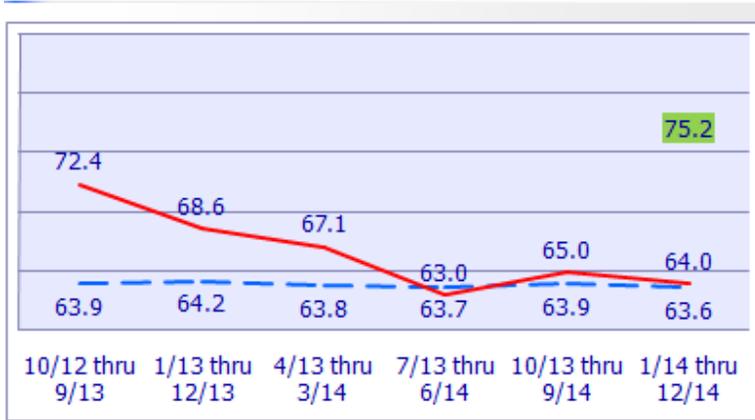
## Male Youth In Placement 2013-2014



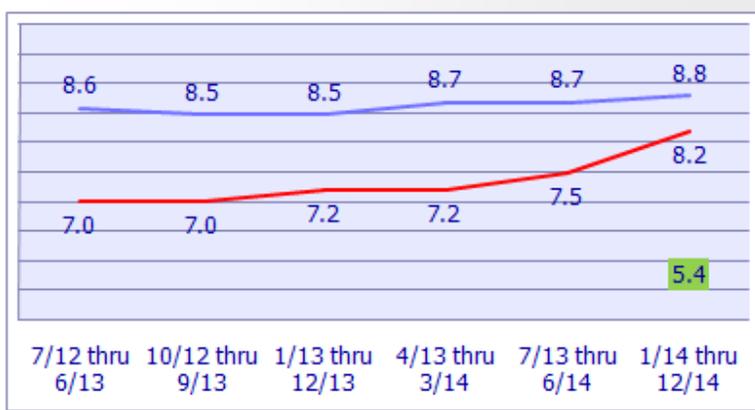
Probation selected the rise in the number of youth in placement as the issue to examine in the peer review in order to gather information regarding the potential causes of the increase, generate ideas about strategies to avoid placement, and potentially learn from the experience of other counties. Important to the decision to identify this issue was the value that youth are better served by remaining in their home communities when possible.

CWS identified the length of time to reunification for those children who are reunited with their family, as measured by Child Welfare Indicator C1.1: Reunification within Twelve Months, Exit Cohort. This issue was identified for examination in the Peer Review because the county performance is below the national standard/goal for all three of the measures related to reunification and has been experiencing a decline in performance over the last 18 months. The charts below illustrate the county's performance in all three measures. The county chose to focus on Measure C1.1 because it will reflect any impact of changed practice more quickly than C1.3 and any impact on C1.1 will be reflected in C1.2. However, all three taken together provide the clearest picture of performance on the identified issue. In the charts below the red solid line is Merced County and the dotted blue line is the California average. The green highlighted number is the national standard or goal.

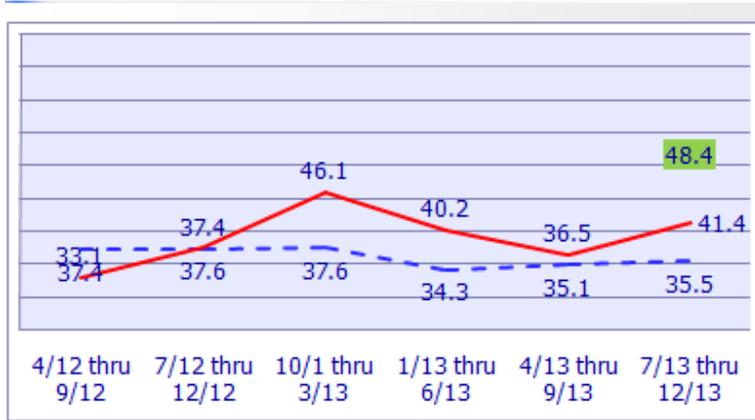
## C1.1 Reunification within 12 months – exit cohort



## C1.2 Median Time to Reunification Exit Cohort



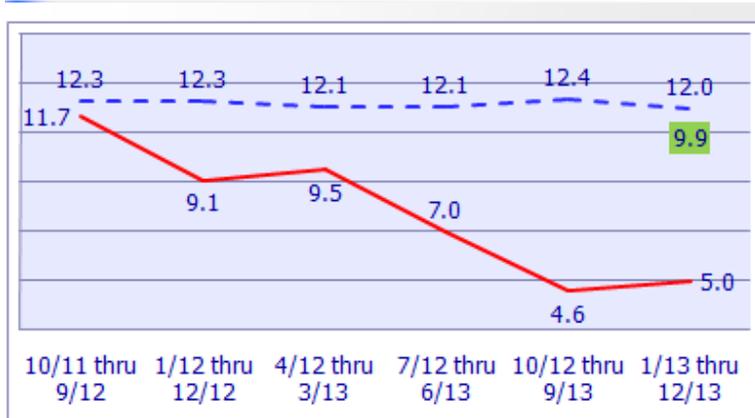
## C1.3 Reunification within 12 months (Entry cohort)



Needell, B., 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 4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Although performance on all three measures of length of time to reunification has been below the national standard or goal, Merced County's performance on the fourth measure in this series C1.4: Reentry After Reunification, consistently exceeds both the national standard or goal and the California average.

## C1.4 Re-entry following reunification (Exit cohort)



Needell, B., 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 4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Taken as a whole, these measures are showing that while the county may be slow in reunifying children and families, the children are remaining safe in their homes once reunited and are not experiencing the trauma of a subsequent separation from their family. CWS leadership is clear that it will not implement changes in practice strictly in order to reduce the time to reunification if

there is a possibility that those changes could lead to a repeat of abuse or neglect and subsequent detention of reunite children.

## METHOD

Merced County launched the Peer Review process on December 2, 2014, with a meeting of key staff from Child Welfare Services, Juvenile Probation, and Outcomes and Accountability, California Department of Social Services. Outcomes and Accountability was represented by Korena Hazen, Consultant, and Mary DeSouza, OCAP consultant for Merced County. Program Manager Heidi Szakala represented Probation. Attending for Child Welfare Services were Deputy Director Laura De Cocker, Program Administrators Baljit Gill, Jamie Johnson, Kamiko Vang, and Daphne Short, Analyst Janet Kasper, and Special Projects Coordinator Jane Norwood. Mayko Vang represented the Central California Social Welfare, Evaluation, Research and Training Center. CWS Supervisors were invited and several took advantage of the opportunity to learn about the C-CSFR requirements and process.

The meeting covered the C-CFSR process, including team and roles, stakeholders, requirements for the County Self Assessment, the timeline, technical assistance, manuals, tools, templates, and next steps with timelines.

A Peer Review Team, Co-Chaired by Baljit Gill (CWS) and Heidi Szakala (Probation) was appointed to develop and implement the Peer Review. The Team met weekly and developed a planning and tracking tool to guide the work and maintain timeliness on tasks. The Team was responsible for planning all the logistical arrangements for the Peer Review and associated events. The committee determined the number of cases to be reviewed, the number of reviewers required, the case summary tool, the interview questions and the agenda for the Peer Review week. The committee also determined the groups to participate in focus groups, the time, date and location of focus groups, and the assigned facilitator. Team members served as facilitators for some focus groups. The team also planned and implemented the initial CSW/Probation staff orientation, the training for social workers and probation officers who were designated to be interviewed.

The Co-Chairs were responsible for keeping the CWS Deputy and Chief Probation Officer apprised of the team's decision and progress.

Team members were:

Co-Chairs – Baljit Gill (CWS) and Heidi Szakala (Juvenile Probation).

- Child Welfare Services
  - Janet Kasper, Analyst
  - Jane Norwood, Special Projects Coordinator
  - Cheweeta Richardson, Supervising Social Worker
  - Tanya Riley, Social Worker
  - Heather Rosa, Supervising Social Worker
  - Julianne Sims-Culot, Supervising Social Worker
  - Hoyu Sayaovang, Supervising Social Worker
- Probation
  - Kalisa Rochester, Supervising Probation Officer

- Central Training Academy
  - Mayko Vang , Coordinator
  - Margie Albers, Facilitator
- California Department of Social Services, Outcomes and Accountability
  - David Brownstein, Consultant
  - Barbara Ricciuti-Colombo, Consultant (note: Mr. Brownstein was Merced County's assigned consultant through March, 2015. Ms. Ricciuti-Colombo was the assigned consultant in April, 2015 and attended the Peer Review.)

In consultation with Deputy Director De Cocker and Chief Ball, each agency identified the issue it wished to examine in the Peer Review and address in the System Improvement Plan.

The high level of performance on measure C1.4 introduced an element of difficulty into the identification of counties to participate in the Peer Review. The Peer Review committee identified all counties that out-performed Merced on C1.1, C1.2, and C1.3. Only five counties exceeded Merced's performance on C1.4, and three of the five had very small numbers in the denominator. The committee agreed that it would be necessary to reach out to counties that did not do as well as Merced on C1.4 in order to have a sufficient number and variety of peer reviewers.

An overview of the Peer Review, CSA, and SIP process was held on March 18, 2015 for all CWS and Probation staff. The overview included welcomes from CWS Deputy Director De Cocker and Probation Chief Ball. Two sessions were held, one in the morning and one in the afternoon, to allow the staff more than one opportunity to attend. The agenda included an overview of the CSA and SIP process, an introduction of the identified focus areas, a review of relevant literature, and a description of the expectations for the social workers and probation officers who would be selected for interviews. The overview was conducted by consultant Margie Albers, and the Peer Review planning team was present to answer questions. Attendance was good with a majority of the social workers and probation officers attending.

In preparation for the Peer Review interviews, the Peer Review Planning team pulled a list of all cases in C1.1. from the most recent quarter. Those cases were then divided into those who were within the twelve month goal and those who were not. Outliers (reunited extremely slowly or extremely quickly) were eliminated from consideration on the grounds that outliers were not representative. One case was selected from each month ranging from reunification in 7 seven months to reunification in 21 months. Cases were chosen to ensure that each case had a different worker to maximize the number of workers interviewed. Cases were also selected to represent diversity in demographic information and type of allegation. The committee selected a group of cases that represented the diversity of the caseload and included cases that reunited above and below the twelve month target date. A total of 15 cases were identified for interviews, with additional cases in reserve in the event that an interviewee was not available at the designated interview time.

Probation followed a similar process to identify cases for the interview and selected six cases plus back-ups.

Once cases were identified, the social workers and probation officers assigned to those cases received training on the interview process. Probation met one-on-one with the probation officers. CWS held a meeting with all the social workers and went over the process and the expectations

for participation. Social workers were given the case synopsis to complete and a copy of the interview questions with instructions to be prepared to answer the questions but not write out the answers in advance of the interview.

The Peer Review took place April 14 – 17.

Merced CWS and Probation are grateful to the following individuals who served as peer reviewers and to the leadership of their respective counties who permitted them to participate in our Peer Review.

- Christopher Carpenter - Ventura County CWS
- Joanna Hoppock - Fresno County Probation
- Miriam Sallam - Tulare County CWS
- Mayra Perez Lopez - Sonoma County CWS
- Herbert Bumgart - Imperial County Probation
- Jennifer Demascio - Tulare County CWS
- Barbara Fisher - Yolo County CWS
- Laura Flores Rios - Madera County CWS
- Robert Tachibana - Monterey County Probation

The Peer Review Team expresses gratitude to the following Probation Officers and Social Workers who participated as interviewees:

#### Social Workers

- Susan Lee
- Glorimar De La Rosa
- Sandra Benavidez
- Robert Elias
- Pha Xiong
- Elizabeth Fonseca
- Rebecca Barrera
- Robin Feist
- Jill Kojima
- Bert Navarro
- Tamra Partin
- Genaye Mowrer
- Sara Rodriguez
- Tanya Riley

#### Probation Officers

- Rochelle Jew
- Christine Griffin
- Barbara Glaze
- Christina Zwart

The Peer Review opened with an overview of the process, information about the county for the benefit of the peer reviewers, and training on the interview tools. Topics covered in the first morning included:

- Peer Review Process
- Standardized interview tool

- Confidentiality of interviewees
- Debrief process

One interview was conducted on the first day, and the experience of the first interview was debriefed at the end of the day. Day two, three and four were devoted to interviews with a debrief at the end of each day.

The results of the peer review were gathered, summarized, and presented to CWS and Probation executives on the morning of the last day. After the executive briefing, a second briefing was held to which all CWS and Juvenile Probation Staff were invited. Attendance was strong and staff members were interested in the results. Results were presented by the Peer Reviewers with prior help from facilitator Margie Albers in preparing their presentations.

## SUMMARY OF FINDINGS

### Probation

- Promising Practices

Promising practices for probation fell into two categories, case planning/engagement and services. Case/planning and engagement both depend on the probation officer's ability to relate to and engage the youth and the family. A recurring theme was the importance of frequent contact with the family, building of trust among the probation officer, the youth, and the family, and the establishment of a mutual goal of getting successfully off probation.

Services depend on two factors, the probation officer's knowledge and willingness to connect the youth and family to services and the availability of services in the community. In the services category, not only the services are important but their accessibility considering cost, location, timing, and suitability for the family's needs.

#### Case Planning/Engagement

- Asking youth and family to identify their own needs
- Frequent contact with PO
- Helping family problem solve, resulting in parents becoming more engaged
- Focusing on success at getting off of probation to keep youth engaged
- Setting limits without being overtly hostile
- Assessing problems through understanding of culture resulting in engaging uncooperative and hostile parent
- Getting parents involved

#### Services

- Concrete Services, such as food, clothing, help with utility bill
- Parent partners
- Early services

- Behavioral Health Court and Drug Court when done early (family involvement)
- Family focused work
- Wrap services, such as WeCan
- Barriers and Challenges

Barriers and challenges cluster around two themes. One theme is the complex and layered family dynamics. While the youth is the focus of the probation officers concern, the family and community situation of the youth can be challenging to the youth's success. Poverty was frequently mentioned in relation to family difficulties, as was a history of child abuse or neglect, mental illness, drug and alcohol abuse, unemployment, and family violence. Prior child welfare involvement with a family can be a barrier to accepting services in two ways. In some families with previous child welfare involvement the parents received services but the child did not. When the youth reaches adolescence and commits a criminal act, he or she may be dealing with untreated trauma issues. In another scenario the family may refuse services on the grounds that they "already did all that with Child Welfare." Some non-English speaking families do not understand the basics of what is happening with the youth.

The second theme, services, speaks to the lack of specific services in the county, the quality of some existing services, and the accessibility of services, including location, cost, transportation, timing, and language.

#### Case Management/Engagement

- Youth have behavioral issues that have not been addressed
- Youth have previous history of abuse and neglect
- Parents do not know how to parent older child. May have attended parenting class for young children but are not prepared for adolescent behavior issues.
- Long history of educational problems unaddressed
- Families have unaddressed problems beyond the issues of the probation youth

#### Services

- Offered too late, lack of early services
- Not enough, specifically in anger management, alcohol and drugs, mental health, and parent training in how to manage teen behavior
- No gang prevention program
- Lack of bilingual services
- Location of services (mostly in Merced)
- Inconsistency in offering services or engaging families in services – dependent on officer
- Service providers have too much turnover

## Drug Court and Behavioral Court

- Process to get youth in is a barrier – probation officer must present case at committee (Placement Council)
- Unclear why youth gets accepted or denied
- Too many requirements for parents
- Too few get the service
- Location hard to get to, no bus
- Drug program is not effective; boundary issues with staff

## Systemic or Community

- Inconsistent response to violations or when referrals are made, no structure or way to track – officer driven
- No afterschool programs for youth
- Continuation school – quick to expel, not invested
- Systems not teaming – school, probation

Better teaming when officers at Valley High School

- Training – probation officers are unaware of what programs are available, how they work, what they do and how to refer
- Recommendations for Improvement for Probation:
  - Training for probation officers on available services and how to access them for families, especially the wrap services
  - All Probation Officers should receive training on placement core
  - Placement is needed earlier for some youth – waiting too long to place
  - Start services right away and provide services while in the juvenile hall
  - Better collaboration between child welfare and probation
  - Free parent education directed at parenting teens
  - Train and develop in-house providers to help increase services and resources for agency
  - Implement protocols for handing off cases

## Child Welfare Services

- Promising Practices

Results for Child Welfare clustered around two themes, community services and agency practices. The issues with community services are very much the same as the issues identified by Probation. Services are present in the county but may be difficult to access due to location, timing, transportation and, possibly, costs. More and better mental health services are especially needed, particularly in the areas of the county outside the City of Merced.

Agency practices are sometimes viewed as both a promising practice and a barrier. The CCG was cited as an example. While the CCG was described as a positive and confidence-building experience by social workers (“a we thing, not a me thing”), it was also seen as more supervision than necessary in some situations. Another example is the agency practice of having all parent/child visits supervised by the social worker. On the one hand, the practice results in weekly contact between social worker and family and better understanding on the part of the social worker of the family dynamics. On the other hand, it limits the number of parent/child visits to the number that the social worker can schedule. The use of the Visitation Center has many advantages as a location for parent/child visits, including the cameras in the visitation rooms and the hospitable environment, but it can be difficult to schedule a visit, especially after school. Using the Visitation Center offers a secure and controlled environment, but it does not give the families an opportunity to interact in a natural context. Both social workers and visiting Peer Reviewers offered a variety of ideas to change some agency practices to eliminate the barriers without losing the positives.

### Social Worker Contact

- Social workers have frequent contact with family
- Social workers monitor parent/child visits, resulting in weekly contact with parents and children
- Social workers go out to foster homes often when needed
- Social workers connect foster parent/ birth parent and have frequent contact with both
- In successful cases the family had support from the placement, whether relatives or foster parents
- Social worker links together all parties, parents, foster parents, and relatives

### Case Plans and Court

- Individualized case plans developed with family, asking family what they need
- Case plans focus on behavioral change rather than compliance with completing service
- Social workers tailor service to parent, get feedback on services from parent, and change services to meet parents’ needs.
- Stagger services so not overwhelming

- File JV 180 at 4 months rather than wait for review hearing
- Judge is frank with parents about time lines and also encouraging and tells parent to “partner” with CPS worker

#### Services

- Families are engaged in services right way
- Early referrals engage family when they are in crisis
- Services providers check in with family often and had good relationship before closing case
- Family counseling
- Incarcerated parents are sent anger management and parenting material while in prison
- WRAP

#### Placement and Visitation

- Family Finding works early in case and used to build support and connections
- CASA helps engage family members and gives transportation
- Maintaining connections
- Relatives monitoring visits
- Progressive visits with slow transition
- Visits are more frequent in timely reunification cases
- 30 day trial visits – planned transitions
- Keeping same social worker from FR-FM
- Warm Handoff

- Barriers and Challenges

#### General

- Poverty/lack of housing/lack of emergency shelter/homelessness
- Downward spiral - Ineligibility for benefits when children are removed (CalFresh, cash assistance, emergency housing)
- Lack of no-cost inpatient drug treatment
- Lack of transportation
- Lack of quality mental health services
  - Parents are told they are not eligible
  - Services provided by interns
  - Disagreements between therapist and psychologist

- Assessments are only offered in Merced
- Most services only offered in Merced
- o Not many choices in services
- o Services offered at the same times creating conflicts
- o Lack of bi-lingual services
- o Services are hard to access
  - Parent education classes are sequential, parents have to wait for a new class to start which can be weeks
  - Long waiting lists for anger management and other services
- o Not enough different approaches in services
  - Only one anger management provider
- o Need more and different types of alcohol and drug services

#### Maintaining Connections

- o Need more visitation
- o Restrictions on where visits occur limits ability to have visits in community
- o Visitation Center is good, but artificial setting does not allow for application of parenting skills in natural setting
- o Supervisor approval required for visit changes
- o Agency does not encourage relatives monitoring visits
- o Hard to schedule visits at times due to lack of space at Visitation Center, especially after school
- o Social worker time limits the number of visits
- o Foster parents express concern about level of supervision during visits

#### Engagement

- o Case loads are too high, social workers cannot see parents as often as needed.
- o Decisions need supervisor approval – takes time. Examples are change in visits or minor change in the rules in foster home.
- o Social workers spend too much time on routine tasks that could be done by an aide. Examples are getting a bus pass, notices, referrals, finding services.
- o Too much turnover in social workers results in families having multiple workers.

## Case Planning

- Focus on service completion rather than behavior
  - Focus on risk rather than safety to return child
  - Access to services due to funding (if not covered by MediCal)
  - Liability focused decision making
  - Providers and foster parents feel left out of decision making. Example: when social worker says “I have to ask my supervisor,” foster parent suspects that is a cover up for another motive. Experience lack of social worker’s ability to make a decision as a lack of transparency/involvement
  - CCG – Social workers feel supported but sometimes micro-managed.
- Recommendations for Improvement

## Visitation

- Parent mentoring in visits (people to model parenting)
- In home parenting training
- Foster parents could do some coaching
- Use family members found in relative finding
- Give social workers more freedom to make decisions without supervisor approval for the small stuff.
- Provide more variety in parent education to include parenting of different ages, not just very young children.

## Work Load

- Fewer cases, help with routine tasks
- Streamline policies and paperwork (some forms could be used for several things)
- PHN can gather all information for the Child Health and Disability Prevention Program (CHDP)
- More warm handoffs – they work!
- Fewer changes of social workers/supervisors

## Training

- Offer burnout training later in career; offered in core training, but needs to come when workers start to experience burnout
- Offer training in the field

- Make training mandatory, social workers are too busy and do not attend training unless it is mandated.

## PEER PROMISING PRACTICES

Promising Practices Identified from Peer Counties in the Peer Sharing Process.

### Probation

- Fresno
  - County encourages a variety of community activities for youth.
  - County utilizes local FFA homes for placement.
- Imperial County
  - Probation has a meeting about providers once a month to discuss challenges and things that are going well.
  - Placement supervisor reviews case prior to any placement.
  - Agency has in-house providers for parenting and alcohol and drug services; Officers who provide the services have a reduced caseload as an incentive.
  - Referring Officer must provide all important documents on checklist before case is handed off to placement officer; Placement Supervisor also ensures that there are no open referrals before accepting case.
- Monterey
  - Uses collaborative groups in working toward better foster care outcomes. In the past there were not as many collaborative groups, whereas, presently there are several committees including an Independent Living Program and Permanency for Youth Advisory Board; Young Adult Resource Collaborative Board; Foster Care Policy Work Group; and Foster Care Youth Services Board. Other probation officers also sit on committees that include a group addressing Transitional Aged Youth (TAY); Juvenile Sex Offenders; System of Care Governance Council; and Incarceration to Success Board.
  - Probation supervisor attends the same board meetings when issues arise that requires his approval in making decisions requiring his level of administrative approval. He regularly attends the meetings with the State at UC Davis and sits on the Monterey County Wraparound Leadership Board.
  - Committees have invited a youth group from the bay area called VOICES who helped the youth in the community to create their own version of a youth program. Although it consists of former foster care clients, the emphasis is on all youth which means non-foster care youth are invited to participate as well. The group, called Epicenter, is charged with providing Independent Living classes for the county.
  - Monterey County does not have gang programs. There are community based programs that address gang issues such as Second Chance and Victory Outreach but

they are not typically with a probation order. Instead, Probation uses a cultural based program called La CulturaCura that helps youth to resolve any personal issues they encounter.

## Child Welfare Services

- Tulare County
  - Utilizes Team Decision Making (TDM) for all placement changes.
  - Visits can occur outside of work hours to accommodate working parents.
  - Agency has an MOU with FFAs to help supervise some visits that take place at parks
  - County social worker fills out a visitation form and discusses with the person visitation rules. There is also another form for the person conducting the visit to fill out with their observation of the visit; this form is then scanned into CWS/CMS as documentation.
  - Relatives utilized to supervise visits and they are trained about visitation rules.
  - Case worker aides available to help input notes with iPads.
  - Visitation staff gets training on how to coach parents during visitations.
  - FFA social workers have access to CWS/CMS and can also input information into cases.
  - Social workers are still required to make monthly visits.
  - Agency has a brochure containing all community resources available to give to clients.

Recommendations: Utilize other partners and resources such as FFA social workers and relatives to supervise some visits in addition to social worker visits to allow social workers more time to conduct well-being social work with other families on caseload. Have clear consistent visitation rules.

- Sonoma County
  - Utilize TDMs for placement changes and prior to all removals.
  - Agency has a TDM unit with a designated TDM facilitator with support staff who coordinates and schedules meetings.
  - Agency has an in-house process called TEAM consisting of social worker, parents, and providers who come together at the same table to discuss and develop case plan for the family; social worker of case coordinates and facilitates this process.

Recommendations: Come up with a decision making process that includes all parties at the table.

- Yolo County
  - Agency has a referral form on NCR paper – this allows social worker to lists all services and activities and locations for client, social worker keeps a copy in the file and gives another copy to client.
  - Agency also has a homework sheet on NCR paper that lists what the social worker will do and what the client will do; each party gets a copy.
  - Agency contracts with outside alcohol and drug providers and SW meets every other week with providers to discuss case progress.
  - CWS utilize Safety Organized Practice (SOP) model throughout life of case; SOP language infused throughout all programs in CWS.
  - Agency also utilize family meetings to discuss placement changes.

Recommendations: SOP has been very helpful throughout all programs; offer SOP trainings; more trainings about all community resources available in the county.

- Madera County
  - Agency has an informal TDM process for all placement changes.
  - Visits are also flexible and are usually held in a natural setting like ice cream shop.
  - Agency counts parent's side jobs (such as selling tamales on the streets) as income for housing purposes.
  - Agency will also allow a child to be returned home to parent even if parent is only renting a room with relatives.
  - County social worker supervises visits for two to three weeks and then encourages foster parents and birth parents to build relationships so foster parents can assist birth parents during visits.
  - County has an in-patient program that allows children to accommodate parents.

Recommendations: Allow more liberal visitation settings for less at-risk cases; have a team decision meeting process in place for all involved.

## PEER REVIEW RESULTS – FOCUS GROUPS

While the Peer Review by its nature is limited in the number of cases, social workers, probation officers, and peer reviewers involved, the county has much more flexibility in reaching out to stakeholders through the focus group process. Merced County chose to hold 17 focus groups. Whenever possible the focus groups were held in conjunction with a routine meeting time of the group. Only in cases where there was no routine meeting of the group was a special meeting called. Using this technique made it convenient for people to attend, and consequently participation in the focus groups was robust in terms of numbers. The table below shows the date and time of each focus group and the number in attendance.

**Merced County Peer Review  
Focus Groups Schedule**

<b>Focus Group</b>	<b>Date, Time, and Location</b>	<b>Number of Participants</b>
CASA	Monday, 3/16/15 1:30 to 3 p.m. 2824 Park Avenue, Merced, CA	9
Foster Parents and Relative Care Providers	Monday, 3/16/15 7 to 9 p.m. 1579 West Main Street, Merced, CA	9
Probation Supervisors	Monday, 3/30/15 2 to 3:30 p.m. 2150 M Street, 2nd Floor, Merced, CA	4
Probation Youth	Monday, 3/30/15 4 to 5:30 p.m. 3191 M Street, Merced, CA	6
ILP Youth (16 to 17 year olds)	Monday, 3/30/15 6 to 7:30 p.m. Youth Center, Main Street, Merced CA	15
Placement Council	Tuesday, 3/31/15 8:30 to 10 a.m. 2150 M Street. Merced, CA	4
CWS Supervisors	Tuesday, 3/31/15 1 to 2:30 p.m. 3378 Buena Vista Drive, Room 1, Merced, CA	6
AMM	Tuesday, 3/31/15 5:30 to 7 p.m. 676 Loughborough, Merced, CA	4
Drug/Behavioral Services Court	Monday, 4/6/15 2 to 3:30 p.m. 2840 West Sandy Mush Road, Merced, CA	14
Parents Supporting Parents	Monday, 4/6/15 5:30 to 7 p.m. 3191 M Street, Merced, CA	10
Community Providers	Wednesday, 4/15/15 9:30 to 11 a.m. Holiday Inn, 151 South Parsons Avenue, Merced, CA	6
Probation Officers	Wednesday, 4/15/15 1:15 to 2:45 p.m. Holiday Inn, 151 South Parsons Avenue, Merced, CA	6
FFA Foster Parents	Wednesday, 4/15/15 6 to 7:30 p.m. 1579 West Main Street, Merced, CA	13

**Merced County Peer Review  
Focus Groups Schedule**

Focus Group	Date, Time, and Location	Number of Participants
CWS Social Workers	Thursday, 4/16/15 9:30 to 11 a.m. Holiday Inn, 151 South Parsons Avenue, Merced, CA	9
ADM	Friday, 4/16/15	12
SOS	Wednesday, 4/8/15	7
Drug Court Parents	Friday, 6/26/15	6

- Child Welfare Services – Summary of Focus Group Comments
  - Court Appointed Special Advocates (CASA)

Factors that help the family reunify with their children are the social worker’s ability to connect all parties (CASA, child, biological parents, foster parents, and providers) in a clear and mutually understood plan for reunification. The social worker’s ability to be warm and personal while being frank with the family about the reason for the family’s involvement in the system and why they are receiving FR services and having one social worker throughout the process is important. Natural support systems such as family members that can provide concrete services and mentoring to parents are helpful. Service providers (such as FFA social workers) who are consistently supportive to the family contribute to reunification.

What does not work for reunification are out of town or out of state placements, lack of a transitional plan, lack of services after reunification, unstable living arrangements, lack of trial visits, and reunification when the parents have not made behavioral changes. Other factors that negatively impact reunification are children with multiple emotional problems and/or multiple school placements.

Recommendations for better support for families include having one social worker stay with the family, advocating for placement and school stability, creating support groups for birth parents, bringing all parties involved in the case together for TDM, and assigning a CASA to every case. Providing mental health services at school was also recommended.

CASA would like to have more training and a better understanding of the FR process and timelines. CASA proposes better connections to birth parents and foster parents and joint meetings with social worker to understand case details (e.g., upcoming court hearings, status of hearings, etc.) and be involved in the decision making process. When asked about their involvement in visits, CASA workers said the most impactful visits occur in settings where the parents can practice setting rules for children and engaging in normal family activities in a natural environment such as the home, a park, or a restaurant.

In terms of the relationship between the CASA worker and the social worker, CASA has been invited to decision making meetings about reunification, however, CASA workers are concerned that disagreeing with the social worker could damage their

working relationship. CASA proposes meetings to better understand each other's roles and more transparency about what is happening in the case.

CASA workers see their role as being encouraging to parents, maintaining a relationship with child and family after reunification, facilitating and supporting visits, and maintaining a relationship with birth parents, children, and youth. CASA workers see their role as a support for the birth family before and after reunification.

- Foster Parents and Relative Care Providers

Foster parent and relative care providers expressed the opinion that an important factor in reunifying children with their parents is the parents' willingness to participate in services, access to a support system, and willingness to make life changes necessary to make children their priority. Inability to achieve and maintain sobriety was cited as a major factor in some families. Relative placement was seen as a barrier to reunification.

When asked what factors support reunification, factors cited included the foster parents ability to be available as a support system for parents, the FFA social worker's availability, FM services offered to families post FR and a natural support system (e.g., family member) that could hold parents accountable. The county social worker's availability, engagement, and planning were also named as a support factor. When asked what factors work against reunification, factors cited included lack of transitional plans, children who were returned before the parents had resolved the issues, families without extended family support, and parents who were ambivalent about reunification. Other barriers to reunification named were too many changes in social workers and disorganized social workers. Lack of communication between all parties (social worker, CASA, parents, foster parents) delayed reunification and can result in the children manipulating the adults (e.g., turning to CASA worker whenever child does not get what he/she wants from foster parent or vice versa).

Suggestions for improving support for families included having a consistent, engaged social worker with knowledge of family's FR needs and who includes all parties involved in family's case in planning. Focus group members recommended more intense pre and post FR services for parents, monitoring for behavioral changes rather than just service completion, better pre-placement assessment of parents' readiness for children to be returned, and more advocacy for services for the parents. Focus group members also want social workers to hold parents more accountable for services (e.g., positive drug tests) and make more frequent random home visits with parents prior to reunification.

When asked about parent/child visits, focus group members stated that visits can lack purpose. Parents need to be coached and prepared to have meaningful visits with children with activities. Some visits need more careful monitoring, especially when parents may need assistance such as a young parent learning how to feed and change infant. Foster parents felt they could assist parents during visits if they were involved in the planning for visits. They also felt care givers and parents should have a conversation about the rules of the visits to be consistent so the child does not experience too much difference in what they can do in the foster home and what they can do in the visit. An example was how much sweets are allowed. Care providers do not feel included in decision making but would like to be. They feel they have information that would be helpful in the decision making process but are not offered the opportunity to share. They feel they could help facilitate reunification by working

with the birth family, the parents, the social worker, and the service providers. They want to maintain a positive relationship with birth parents by offering advice, exchanging numbers, sending pictures of children, and communicating through texts. They would like to mentor and coach birth parents.

When asked about training or support from CWS, care providers suggested a support group for foster parents and birth parents, having family nights as in the past, offering parent training offered through Merced College, and training with social workers and foster parents together.

- Independent Living Program (ILP) Youth (16 to 17 year olds)

ILP youth stated that CWS helped them and their families by advocating for them, providing services, allowing the youth and parents to see each other, and providing parents with services. Youth felt the social worker is someone they can talk to and who assists in obtaining both social services and concrete services such as clothing. When asked what helps families reunify, youth responded that receiving honest information about reunification and having a voice at the table are helpful. Youth would like more family finding efforts. One youth stated he was easily able to find family members on Facebook. Youth want consistent and frequent visits with siblings. One youth stated he has not seen siblings in three years.

When asked what CWS could do to better support youth and families, youth responded that the social worker should be honest with youth and help youth understand progress on the case, including information about the well-being of siblings and parents. Youth said that they will find out eventually, and they would prefer to hear it from the social worker first.

Youth feel that lack of trust can be an issue. They feel they are expected to trust the social worker and the foster parents, but the social worker and foster parents do not trust them. They would like the social worker to talk to them often to find out how they are doing in foster home, and it is especially important that they are believed if they report abuse in a foster home. Keeping the same social worker over time would help facilitate mutual trust.

When asked what does not work for youth and families, youth responded that having a social worker who does not visit or answer calls, who is not aware of placement changes, and who does not listen or care is not workable for youth. Too many changes in social worker is a negative. Receiving constantly changing information about placement without any explanation is a negative. Feeling they have no voice does not work for youth. Youth also noted that foster parents may dislike the youth's parents because they have heard bad things about them.

Youth had many opinions about visits. They would prefer natural settings where they can interact with their parents in ways that would be normal for the family such as watching TV or working on the computer. Youth don't want to be stuck in the "white box," referring to the visitation center. If there are a lot of small children in the family, youth would like to have a separate visit time with parents so they can talk without the distraction of little children. When there are many siblings, youth would like to have longer visits to allow time to interact with siblings. Youth feel that families should be allowed to set their own rules for visits that reflect their normal home culture. One youth gave the example of a visit that was interrupted because someone said the word "hell" and using that word was not considered swearing in the family. Youth do not like

having visits monitored and would like to move to unmonitored visits sooner. Youth felt visits during holidays with family should be a right for foster children. However, youth who do not want to reunify should not be forced to visit.

Youth feel very isolated from the decision making process and they would like to be given more information and included in decision making. They want to know reasons for actions such as being moved to a different foster home. They want to know if their parents are doing what they need to do for the family to reunite. Some youth said they received information from service providers about the case plan.

In regard to services, youth said that services for youth in placement are great, but services for parents are a problem. Youth feel that parents are asked to “jump through hoops.” One youth acknowledged that his parent received services for drug addiction, even if it was not successful.

When asked what CWS can do to improve how families, youth, and foster parents work together, youth cited more open and honest communication with the social worker, more information for the youth on what is happening in the case and what is planned, and including youth in the planning. Youth also named training for foster parents on how to work with children and youth in care. Youth would like to see their parents have more time to complete services so the family can reunify.

- CWS Supervisors

When asked what they think helps a family reunify with their children quickly, CWS supervisors cited the ability of the social worker to engage the family and focus on “I want to help you” rather than “do this – it is your problem.” In order to do this work well, social workers need to have time to partner with families and develop case plans that are meaningful to the family. Social workers who are honest, direct, and transparent with parents are successful at motivating families.

In terms of services that help families reunify, supervisors named one-on-one parenting from Caring Kids, therapeutic visitation, men’s group, and groups for parents. Supervisors believe that getting services to families quickly when they are in crisis is important, as is starting services for incarcerated parents before they are released. Coordination between and among service providers is important. Families must be able to be involved in their children’s lives by keeping appointments and visits.

When asked what does not work for families, Supervisors cited high turnover in social workers and staff of service providers, high caseloads, long waits for services, and services offered only during business hours when working parents cannot access them. Noticeably lacking are mental health services for families. The 15 minute telephone assessment does not work, and families that need mental health services cannot get them. Housing is a major problem for families. When the children are removed families lose their housing and cannot get it back if income (Cash Assistance or CalFresh) is also lost.

Asked about what services are needed in the county, supervisors listed mental health, drug treatment, more efficient drug testing, parent partners, mentors for parents, housing, and agency support for ideas that come from the families. Supervisors also said that parents need support from natural support systems such as families, community, or church, especially parents who were foster children themselves and may have no one to support them. Social workers need to continue assessments

throughout the life of the case, change the case plan as needed when new issues come up, and keep the focus on the main core issues.

Supervisors have many ideas for improvement in the way visits are handled. In general, visits need to be increased which could be accomplished by a number of techniques, including using relatives to monitor visits with the social worker dropping in if needed, letting social workers make decisions about the frequency and length of visits without having to ask for the supervisor's approval, and letting the social workers be creative with visitation. Supervisors propose allowing visits in natural settings like parks and including parents in IEP meetings or doctor visits. Supervisors also acknowledge that families need concrete things to do during visits that reflect what families would normally do at home.

Supervisors encourage family engagement in developing the case plan by using family meetings, letting the parents make the plan when they are engaged and offering them choices if they are not. They also encourage a focus on behavioral change rather than service compliance. Supervisors acknowledge that social workers need more autonomy in working with families. Too much supervisory approval is required, which is time consuming and interferes with engagement. When parents have ideas but the social worker needs to get approval first, the family's belief in the social worker is undermined.

Supervisors see the role of the social worker as a bridge builder between foster and birth parents. Some foster parents are afraid of birth parents, which is a problem, but when foster parents and birth parents work together it supports reunification. Foster parents can be coaches for birth parents during visits.

When asked what training and support would be helpful, Supervisors said lower caseloads, decreased worker turnover, help for tedious, time consuming tasks like bus passes, and less paper work. Social workers have to choose what they are going to fail on since they cannot do it all well. They feel like they are going to fail most of the time. There is too much focus on statistics rather than practice. Social workers do not get reinforced for what they do well or their family focused practice. The agency has an attitude towards overworked workers. If the court report is late, they are referred to in the agency as "repeat offenders." That attitude is not helpful in solving the problem. Turnover results in more turnover. Workers leave because their workload is too much.

- All Moms Matter (AMM)

When asked what CWS services have helped them and their family, moms in the group listed AMM, Rapid Rehousing, ADM, Valley Crisis Center, and faith-based services that help with getting sober.

When asked about what does not work for families, they listed parenting classes that are geared toward babies when they have children who are teens, lack of communication between Probation and CWS, and a lack of transition between foster care and reunification. Moms would like to see more overnight visits before the children are returned.

Asked about what facilitates reunification, moms cited social workers who include and involved birth parents without judging. Moms appreciate social workers who ask what the mom wants for her children and celebrate mom's successes. Moms want a social worker who works with them as a team, listens, encourages, and is honest and direct.

Moms want a plan that does not demand more than they can do, especially when they are working. Housing and transportation are necessary for reunification.

Moms experienced practices that were not helpful in reunification, specifically, a service plan that included too many complex services that were not helpful. Other practices that are not helpful include not asking the children what they want and not having information about how the children are doing in foster care. One mom said that the court report made her feel like a “monster person.”

Moms feel that an hour is not enough time for visits, especially if transportation is late and the family doesn’t get the whole hour. Moms would like to have a place to eat during the visit and would like to have visits in a more family-friendly environment like a park. Monitoring is too rigid. One mom was told to stop looking at her cell phone when she was just checking the time. Kids are aware of the cameras and know they are watched. Moms would like for parents to be able to talk to their older children about their case. Moms would like more frequent visits.

In regard to the decision making, moms report their level of involvement depends on the social worker. Some felt they were included in decision making and some were not. Moms who had more than one social worker felt some were encouraging, supporting, and inclusive, and some were not. Moms who are involved in both CWS and Probation found no consistency between agencies and complicated and sometimes conflicting rules. Moms advise CWS to make reunification a team effort and having an attitude of wanting to work with birth parents.

- Foster Family Agency (FFA) Foster Parents

Factors that foster parents believe help family reunification focused on the biological parents participation in the case plan. Foster parents feel reunification is more likely when the parents go to their classes and comply with the case plan, call frequently to learn how their child is doing, and support what is happening in the foster home. Foster parents believe the relationship between the parents and the social worker is important and works better when the social worker is honest with the biological parents and foster parents. Foster parent also believe their relationship with the biological parent is important, and families reunify sooner when the relationship is good. Early available counseling services facilitate reunification. Foster parents expect the social worker to facilitate the development of a relationship between the parents and foster parents. Foster parents want to be open to communication with the biological parents, but they also want to protect their privacy by keeping their address confidential.

When asked what does not work for children and families, foster parents cited lack of decision making ability on the part of the social workers. Foster parents say social workers cannot make even simple decisions and every question goes “up the chain.” The approval/permission process takes too long and feels like the foster parents are not trusted. A parent who has had children from other counties said that the approval/permission process is not an issue with social workers in other counties.

Foster parents think social workers change frequently and children do not develop a relationship with the social worker because they have so many assigned to them over time. As an example, one child had five or six social workers in a year. Foster parents also feel social workers have more work than they can do.

Foster parents think some social workers give the child too much power and children learn that they can “blow out” of placement and be moved to a new foster home. Moving children too often is viewed as a hindrance to reunification.

Foster parents have opinions about the role of the child’s attorney. Many children never have contact with their attorney and do not know who the attorney is. Some social workers have told children they are not allowed to call their attorney. Foster parents think that hearing from the lawyer helps the kids to know that someone is there who is stable. The lawyer does not change. It is a person on their side. The social worker can be viewed as someone who took them away, but the attorney is on their side.

Foster parents have many ideas about CWS could be more supportive of reunification of families. More social workers, lower caseloads, more visits to the foster home, and individual planning for each case top the list. Foster parents propose more team work between the social worker and the WRAP program.

When asked what changes would improve their ability to help families reunify, foster parents feel left out of decision making but blamed if the plan does not work. They propose more collaboration with Aspiranet. Foster parents would like more time for transition for the child to go home, not just a day’s notice. They want transparency about the plans for the family and information about the case goals and plans. Lack of information and inclusion causes foster parents to feel that they are not respected. Lack of respect includes social workers calling and saying they will be by in 15 minutes as if they foster parent had no other demands on their time. One foster parent was told by a social worker that he does not make appointments “because he wants to catch me doing something that I should not be doing.” Foster parents are not asked for their opinions, and feel they have important information to share. For example, foster parents go to court, but they are not asked to speak. They feel their concerns are not heard and they are treated like “baby sitters and transportation providers.” They are afraid to express an opinion that differs from the social worker for fear they will be put on a “list” and not have children placed with them in the future.

Based on their experience foster parents say social workers do not back up the rules of the foster home. As an example, one foster parent said that her biological children are required to work for their allowance, but she cannot require the foster child to do the same.

Foster parents state they could do a better job if they knew details about the child such as major issues and mental health history. Foster parents believe the social workers are worried about liability and it impacts their decisions. They feel like they do not have rights.

Foster parents do not think the current parenting classes are effective and parents need more one-on-one or coaching and mentoring to prepare for their children to return home. When parents have weak parenting skills they let the children do what they want because they are so afraid of the child being taken away again.

When asked about the quality of visits with biological families, foster parents expressed concerns about the level of supervision, especially of very young children. They spoke of experiences with babies returned in dirty diapers put on backwards, overfed babies who threw up, and older children who overfed. Foster parents felt that the observation from the camera was not sufficient, and that some parents need

hands-on help with young babies. They also expressed concerns about older children reporting inappropriate conversations with family members.

Foster parents recommend visits in a more natural, family friendly setting like the park. They prefer the social worker supervise the visit, but they would like to see more consistency in how the social workers monitor.

This need has been expressed in other focus groups as well. CWS will address this in the SIP, but there are many factors to consider before we decide on specific strategies. For example, safety, staff availability, bad weather, and school schedules limit available time for visits. Social workers will need training to provide consistency. CWS will need to consider options such as contacting out, dedicating social workers to visitation center who can also work with the family in the field.

In regard to their role in reunification, foster parents see themselves as supporting parents and children after reunification. They take calls from both parents and children who ask for advice. They are open to working hands-on with parents and helping with parenting skills after reunification if they can be supported by the social worker and seen as a member of the team.

When asked about training and support, foster parents named training on understanding the child welfare process better. They need more transparency about what is happening in a case and the direction of the case as well as history of child and allegations. They would like to see the return of an education program run by Diana King at Merced College. Foster parents need more support and trust from social workers and administrators. They would like to have focus groups which includes the decision makers since the social workers cannot make decisions. They would like to do something so that social workers and administrators can know their frustrations.

Since some foster parents work for more than one county, they were asked about how Merced differs from other counties. They responded that there is fear at all levels. Foster parents are afraid for a child to get a bruise or a scratch, even though bruises and scratches are normal for an active child. Foster parents are aware of a do not place list, but they do not know what causes a home to be put on the list. Foster parents feel that Merced moves children for “little things, and some children will make up allegations just to be moved. Foster parents want the social workers, the FFA and the foster parents to share information and work together as a team for the benefit of the child.

- Social Workers

When asked what works to help families reunify, social workers responded that engaging parents at time of crisis and beginning a conversation right away about services is effective. It is important that the ER worker explain the court process and timelines to the family and the foster parents. They also believe that ER and FR workers need to give a consistent message and avoid confusing the family. Consistent messaging is facilitated by warm hand-offs, and co-location facilitates warm hand-offs. Social workers liked the “pod” concept because workers who saw family from the beginning also saw the progress in family over time. Family’s perception of ER worker at the beginning impacts family’s ability to reunify. If family see that ER worker is positive and engaging from the beginning, the rest of the ongoing process is easier and better. ER workers used to go to detention and Jurisdiction hearings, now ER workers do not go to court with family.

Social workers believe the judge's involvement sends a positive message to parents. They also see that relationships with providers are important to the social worker's ability to connect families to services as soon as possible.

When asked about what is not working for families, social workers cited the lack of a robust system of services and supports. Specifically named issues are:

- Transportation
- Nurturing Parenting classes are not offered frequently enough to allow parents to participate. Parents only allowed to miss two days of the 16 weeks of classes in order to receive certificate of completion, and that requirement is unrealistic.
- Services not available for undocumented families and families with no medical
- Services may not be available in the parent's language
- Lack of housing
- No good drug treatment for men
- No in-patient drug program
- Lack of alcohol and drug, behavioral health, and mental health services for teens
- DoWith/WeCan – these programs have the right theory but do not have the right people going into homes (facilitators, support counselor, clinicians)
- Anger management services not working
- Mental health services – can take two months for an assessment.

Internal issues named include high turnover in social workers, especially Social Worker IVs who can make more money in other counties, and disorganized files missing important documents.

Two programs, ADM and AMM are viewed as positive. Social workers believe that in-house programs work better for families because the social worker can work closely with the providers and make changes to meet the family's needs which they cannot do with outside contracted providers.

When asked what helps with reunification, social workers named having the ER worker maintain connection with family by keeping engaged with parents until Court worker is assigned. Social workers would like more time to support families during transitional period from one program to another (ER-Court-FR). Social workers feel that the ER workers have too much paper work to do and do not have time to meet the needs of the children and families.

Social workers have many comments about visitation. It is difficult for ER workers to schedule visits after school due to lack of visitation rooms, and visits cannot always be scheduled between 8 a.m. and 5 p.m. Canceled visits are not being handled properly to allow rooms for other visits. Visitation rooms with cameras are limited. It would be helpful to have a social worker who schedules and monitors visits or a support person to help supervise visits allowing worker to do other things. The agency should allow

more flexibility with location of visits, allowing low risk families to visit at other settings like a park. Social workers appreciate the cameras so that the social worker does not have to be in the room and the parents can engage more with the children. Social workers would like to see improvement needed to the visitation center including a green play area at the visitation center and someone available to model parenting during visits. They would like to have two people available for after hours visits for safety reasons.

Social workers include parents in case planning by asking parents what services they need, asking for as much information as possible for the court report, and including parents in decision making. However, they see a need for a process to include partners, providers, and parents in decision making meetings.

Social workers see themselves as having a lot of influence on the input to the court and believe they are given a lot of respect and regard for the recommendations they make.

Social workers see both advantages and disadvantages to having parents and foster parents meet. Some parents and foster parents struggle for power. Foster parents who are concurrent homes are hoping to adopt and do not want to meet the parents. Some foster parents are fearful of the parents. On the other hand, some parents and foster parents work well together. Social workers need to be conscious of the relationship between parents and foster parents and keep it on the right track. Social workers would like to have a process to identify foster parents who are willing to be mentors and coaches.

When asked what training and supports would be helpful to them, social workers named training for foster families desiring to be mentors for other foster parents or birth parents. For themselves, they would like to meet in small groups to share experiences and discuss what works and what does not work. They would also like to work on a process to cut back paperwork and allow more quality time with families.

ADM (Note: After a group discussion, participants in ADM completed the focus group questions individually in writing. Handwriting the responses likely caused the answers to be more cryptic than they would have been in conversation.)

The dads were unanimous in their praise for the ADM program. As a group they took personal responsibility for their actions. They saw their responsibility as attending all their classes, keeping clean and sober, and complying with their service plan. They expressed gratitude that their children are safe and well cared for whether in foster care or in their own family. Responses were divided on communication with the social worker. Some men described good communication and others said the relationship was not good or they had trouble reaching the social worker. One person saw the social worker as too dictatorial (“the judge”). One person acknowledged that it was his own bad attitude that slowed down the reunification process, and if he had to do it over again he would cooperate from the beginning. Dads did not feel included in the decision making around their child welfare case.

In terms of how services could be improved to facilitate reunification, the dads asked for more and longer visits, family outings with other families, and different settings for visits.

When asked about what worked well for reunifications or visits, the dads consistently mentioned their own responsibility. For example, in response to the question about what made visits go well, one dad said it was his advanced preparation with toys and games for the visit.

It should be noted that not all the men in the ADM group had experience with child welfare, and one of those who did have experience was in another county at the time.

Legibility of the written responses was a problem. Although the responses were short and the sample small, the responses about personal responsibility, compliance with the service plan, lack of involvement in developing the plan, and appreciation for the ADM program were very consistent.

#### o Common Themes

Common themes emerged across focus groups. Each focus group has a unique perspective, but responses are similar to many of the questions raised in the discussions.

#### Practices that Support Reunification

- An individualized plan for the family developed with input from the parents.
- A realistic plan that does not overburden the parents with too much to do at once.
- Communication among the parents, the foster parents, the CASA worker, service providers and the social worker.
- Frequent visits, including overnight visits when the family is ready.
- Honest and frank discussion with the parents about time frames and consequences.
- Parents who participate actively in the requirements of the plan.
- Natural support systems such as extended family or community support.
- Effective services, especially for substance abuse and addiction and mental health issues.
- Employment, housing, and stable living situation.
- A consistent social worker (as opposed to having multiple workers over time)
- A social worker who engages the family in working towards reunification and who connects all the people including the parents, foster parents, CASA workers, and service providers.

#### Services that Support Reunification

- Early services initiated when the family is in crisis.
- HSA programs ADM, AMM, and Rapid Rehousing.
- Valley Crisis Center for domestic violence.
- Some faith-based programs for alcohol and drug abuse and addiction.

## Service Gaps

- Mental health services, especially outside the city of Merced.
- Anger management, specifically more than one treatment option.
- Parenting training for parents of preteen and teen youth.
- Medical services mental health services for people that are not Medi-Cal eligible.
- Emergency shelter or housing.
- Parenting training that does not require a long wait time for a new class to start.
- Services that recognize the parents' culture and language.

## Social Work Practice that Supports Reunification

- Bringing all parties together to work toward a mutual plan.
- Engaging the parents and provide consistent encouragement and support while still being frank and realistic.
- Establishing trust with the parents, foster parents, service providers and children/youth.
- Clearly explaining the requirements and steps of the reunification process.
- Providing appropriate referrals and services.
- Engaging the parents in developing and executing the plan.
- Distinguishing between behavioral change and plan compliance.

## Barriers to Effective Social Work

- Lack of autonomy to make independent decisions.
- Not enough time to spend with families, foster parent, children/youth due to large caseloads and too much paperwork.
- Turnover resulting in multiple social workers assigned to a case sequentially.
- Not enough time to go to training unless it is mandated.
- Burnout.

## Changes or Improvements to Visits

- More visits outside the visitation center in natural settings.
- Visits in which parents and children engage in routine family activities and rituals rather.
- Settings and activities which allow the parents to practice parenting skills.
- Mentors such as foster parents or CASAs who coaching parents.
- Mutually understood rules that create a consistent environment for children and youth.

- Longer visits for large families.
- Visits for older youth with parents without the distraction of young children.
- Monitoring appropriate to the ability of the parent (some people think monitoring with cameras is too lax, others think it is overly invasive).
- In-home and overnight visits.
- Monitoring of visits by foster parents, CASAs, or relatives to facilitate increased frequency of visits.

#### Communication and Respect

- Transparency and mutual understanding about plans and progress among the social worker, parents, foster parents, service providers, and older youth.
  - Explanation and notice when children are moved from one foster home to another.
  - Communication and mutual respect between parents and foster parents.
  - Sharing of information with social workers from foster parents and CASAs.
  - Sharing of information regarding the progress toward reunification with older youth.
- Probation – Summary of Focus Group Comments
    - Probation Supervisors

The increase in the numbers of youth entering placement is the focus of the 2015 Peer Review. Probation supervisors attribute the increase in numbers to better assessment on the part of officers, smaller case loads resulting in more time spent with challenging cases. Supervisors say they are seeing more youth with child welfare backgrounds and parents are discouraged and do not want the youth in their home. Parents express fear and know what to say to keep the youth from returning home.

When asked what probation officers can do to avoid placement, supervisors cited engagement with the parents and the youth and offering preventive services such as WRAP, DoWith, and WeCan earlier in the case. Supervisors say officers who are patient with parents and can engage them in accepting services can avoid placement of the youth. They also believe officers can focus on families in which the youth is at risk of placement and give those families more time and attention. Supervisors want officers to be diligent in family finding and locate relatives with whom the youth can live instead of sending to placement. Consultation with the supervisor when a youth is at risk of placement is also recommended.

Supervisors believe officers are aware of the available services but may not see the services as effective. Some services can only be offered when the alternative is placement, consequently services are not offered early enough. Some officers may not make referrals because of the quantity of paper work or because they believe their request will be turned down at Placement Council so they see going to Placement Council as futile.

When asked to identify gaps in services, supervisors said they would like to have a “lite” WRAP program that could be offered earlier in the case. They identified lack of mental health services, anger management geared to youth, and lack of services that engage the parents such as Drug Court. They also named transportation as a barrier to families accessing services. Supervisors see a need for free activities for youth such as sports teams and for more services that focus on the whole family, not just the youth.

When asked to name the strengths and weaknesses of existing programs, supervisors said the Drug and Behavioral Health Court works because program is a team approach and offers fun incentives such as movie tickets and dinner, transportation is available and the therapists are good. Talking to the judge is effective. The CUBE, located at Mental Health, allows youth to develop life skills and great Mental Health counseling is available. Anger Management counseling is commonly requested by youth as a resource for support counseling.

Programs that are less effective are the WeCan program which has newer clinicians who are quick to give up and close the case when youth do not engage. The clinicians appear to lack motivation to engage with difficult youth and the clinician turnover rate is high. DoWith support counselors and facilitators are young and may not necessarily have the skills to deal with situations that erupts during child and family team meetings. They really care about youth but do not have skills yet to work with them. The RAFT Substance Abuse program is not working and turns down many youth. Supervisors said that conflicting assessments of youth are given by different providers, and some providers “pass the buck.”

Factors that work against keeping a youth at home include lack of parenting skills to deal with youth with delinquent behaviors, parents lack of ability to set limits, and enforce rules. Language barriers and poverty are a factor. Other factors are parents who do not know the signs that their child is doing something wrong or what types of behavior tell them their child is getting into trouble or gang involved. Parents are embarrassed they do not know and then do not ask questions.

Supervisors believe the officer’s investment with youth and family makes a real difference, as does the family’s willingness to engage with the officer. Officers who are personable, patient, open and humble help engage youth. In the past, Officers placed at school allowed youth access to drop in to see the officer in a non-adversarial location. Placement in school facilitated officers helping in crisis at school and doing school activities with youth such as football games.

When asked what could be done to encourage parental involvement, supervisors said they would like to see Accountability Board in county again where parents are ordered to participate in services.

- Drug/Behavioral Services Court

Parents of youth involved in Drug/Behavioral Court services were asked what behaviors the youth displayed before being placed on probation. They responded that the youth was disruptive both at home and school, acted like the class clown, was easily side tracked, found ways to leave home, had “attitude” at home and school, experimented with drugs/marijuana, hung out with wrong crowd, was disrespectful to parents and teachers, skipped school, and got in fights at school.

When asked if they were referred to SARB or SOS, parents responded that youth were referred to SARB but lacked transportation. Another youth did not want to go to SARB so the youth was sent directly to Valley Community School. Some parents found meetings too threatening. They were told the youth could be removed from the home or the parent could be put on probation. Parents felt they needed help and it was not offered.

Parents were asked if their youth received special educational services. They responded that the youth was given an IEP, but it was not helpful or the youth was resistant to being in Special Ed since he was pulled out of class for services and that embarrassed the youth.

Parents and youth offered ideas for avoiding placing youth on probation. Their ideas included

- More counseling to help parents understand how to deal with difficult youth.
- Parents paid more attention to children and being available to talk with youth when they have problems.
- Family dinners at the same table once in awhile.
- Consequences for youth breaking the law like not coming home, running away from home, using marijuana.
- Experienced teachers to deal with challenging youth and youth with learning disability.
- Better communication between teachers and students.
- Smaller school classroom sizes or have two teachers per class.
- Offering interesting subjects for students like leadership classes.
- Establishing a dress code so gang related youths are not easily identified.
- School counselor readily available with small number of students to work.
- Manageable service requirements for youth on probation to allow youth time to participate in extra-curricular activities.

Parents stated that prior to being placed in Drug Court/Behavioral Health Court, no concrete services were offered by Juvenile Probation.

When asked if Drug Court, Behavioral Health Court and/or other programs are helpful, they responded that Drug Court is helpful in keeping youth off drugs, but the requirements can prevent youth from participating in other healthy activities. Drug court requires parents to call police if youth is not home for curfew, but police will not do anything when called. Parents need more help in enforcing the rules. Some parents felt that youth are informed about random drug tests ahead of time.

Behavior Health Court is helpful and has good counselors.

Movies provided by Parent Partners are not helpful, neither are counseling sessions from Aspiranet. Counselors are young and do not have any experience working or dealing with challenging teenagers on probation. The parents feel they are not learning anything that is helping them parent. RAFT does not work, youth steps out of meetings and immediately smokes marijuana again.

Valley Community School is not helpful and the school work is not challenging.

Teachers get easily frustrated with difficult youth and do not have any patience or skills. Youth feel teachers do not care. Teachers are quick to send students out of class and notify Probation Officers about bad behaviors. Teachers do not work with parents and are not supportive of parents. The school quick to suspend and expel and does not work with parents. No other discipline is used other than suspension which youth sees as reward for breaking rules in school.

Parents were divided on the question of whether the probation officer was helpful. Some parents saw their youth stay drug free and others did not.

When asked what changes would be helpful, parents responded that probation officers can follow through and hold youth accountable for suspensions and dirty drug tests. The police departments could educate after hour dispatcher about Drug/Behavior Health Courts so there is at least one officer who is available after hours to respond to juveniles on probation. Parents recommend more probation officers so they can spend more time with youth and families, more random drug testing without informing youth ahead of time, and better ankle monitoring system/better technology to alert parents about youth's whereabouts since parents are paying for the system.

Parents say they cannot keep up with all the program requirements and are having to take time off of work or quit jobs to attend services through Drug Court, RAFT, Aspiranet, and other services and monitor youth. Parents feel they are being punished more than youth on probation as parents are the ones who bear the financial burden of the services and technology required of their youth on probation and who are taking time off from their jobs to complete requirements.

- Parents Supporting Parents

Parents were asked what difficulties their youth had in school, at home, or in the community prior to involvement with probation. Responses included falling behind in school, hanging out with the wrong crowd, stealing, anger, drug addiction, defiance of authority, assaulting parent, and acting out after returning from foster care.

Asked if the school was involved in providing services to address the youth's issues, parents responded that youth had an IEP, saw a counselor, or had a probation officer in the school. Some youth were helped and some were not.

Parents were asked if their youth participated in Behavioral Health Court, Drug Court, WeCan or DoWith prior to being placed in a group home, and, if so, what were the strengths of the program. They responded that Drug Court was helpful for parent, but not helpful for youth. DoWith was helpful because a parent partner provided guidance and support for parent. Drug and Behavioral Court programs were not helpful because youth would complete the program but continue with same behaviors. Parents felt that the judge and probation officers were too lenient when youth continued to use drugs. Parents felt that DoWith and WeCan worked for youth initially, but youth got tired of being told what to do. Parents would like to see services offered immediately instead

of only the ankle bracelet for child who doesn't want to stay home. Parents also felt that youth not appropriately assessed for mental health services.

When asked for suggestions to improve services for youth, parents recommended:

- Take youth's charges more seriously and act quicker instead of waiting for charges to accumulate.
- Stay connected with youth.
- Listen more to parents and take parents more seriously.
- Provide appropriate parenting classes to parents to help deal with difficult teenagers.
- Hold youth more accountable for dirty drug tests or failure to use ankle bracelet.
- Provide youth quicker assessments for appropriate meds if necessary.

Parents sought help for their youth prior to involvement with Probation from faith-based organizations, school, and Mental Health, but none of these sources provided effective services. Parents expressed feeling they've lost authority of disciplining their own children to the government and they are not empowered to discipline youth in the home resulting in youth's behavior problems.

o Probation Officers

Probation officers were asked about their understanding of what DoWith, WeCan, Drug Court, and Behavioral Health Court. Probation officers have a general understanding of DoWith and WeCan, but are not clear on the exact differences. They are not sure what the requirements are for participation in the programs. Probation officer believe that DoWith accepts only "perfect" cases and the probation youth have too many and complicated challenges. Transportation is a barrier for some families to participate in DoWith.

Drug Court is not widely utilized. There are only four probation youth in Drug Court. Possibly Drug Court could be moved into Merced court rather than Juvenile Hall because Juvenile Hall is far away and transportation is not available. Probation officers are not sure of the criteria for drug court. Drug court should also be offered in Los Banos for youth who live there. Behavioral Health Court has the same barriers to participation.

The RAFT program has heavy paper work requirements. Because of Health Insurance Portability and Accountability Act (HIPPA), officers cannot get information, cannot confirm if the youth is participating until the officer receives a letter saying the youth has been dropped. Parents must provide transportation and that is a barrier.

When asked what they have found that works for youth, officers cited Placement Council and Behavioral Health Court.

When asked what barriers are in place, officers cited.

- Parents that fail to follow through with referrals.

- Learning for Life is too expensive for parent.
- Redirect: kids don't take it seriously because they are there with their "homies."
- Anger management services are not effective for our population (gang members, drug addicts).
- Families without private insurance have to go to Mental Health and often cannot get services from mental health.
- Westside (Los Banos) has a mental health building, but to get assessed they have to go to Merced.
- Process for making referral for mental health is complicated.
- Youth must have an open mental health case for WeCan.

Probation Officers were asked if they see any improvements in youth's behavior or family dynamics in cases that have participated in Behavioral Health Court, Drug Court, WeCan or DoWith? Officers responded they see about a 25 percent success rate, but on the whole they believe that the many of the youth are too sophisticated, too involved with drugs and gangs, and/or have mental health issues that are beyond the capacity of these programs. Some youth live in families that are part of a gang. Officers feel that some youth could have been helped with earlier intervention, but by the time they are on probation it is too late and the youth should be in DJJ.

Probation officers were asked if they had referred clients to placement, and, if so, did they go to Placement Council. They responded that Placement Council works and the officer receives good suggestions. However, sometimes Placement Council is just a formality to get placement. Officers have sent youths back through treatment programs even when they do not expect it to be effective but as a necessary step to placement. Officers can raise the youth to a higher risk level and that qualifies them for a high-risk caseload where they can get more attention.

Juvenile Hall is not considered effective. Officers describe it as being like "Disneyland" for youth because their friends are there, they are not learning anything in school, they are not receiving any services, staff do not enforce the rules, and there are no consequences. Officers feel that time in the hall is wasted and youth should be receiving services for anger management, mental health, and education. In their view, no one at the Juvenile Hall is trained to deal with severe mental health issues and a mental health in-patient facility is needed for juveniles.

Officers feel that group homes are more effective because the youth attend school. Some out-of-state placements are effective in dealing with gang involved youth.

When asked what youth who go to placement have in common, officers responded:

- Dysfunctional parents who have given up, do not want to participate, have no skills for parenting a teen
- Parents who fear deportation
- Parents who are gang involved

- Youth who are gang members
- Parents who do not speak English
- Poverty
- CPS history

When asked what is needed and what would work for youth, officers responded

- Having supervision officers in the schools. It was a good early intervention.
- Sports, all of the out-of-state programs have sports and it teaches discipline
- Pro-social activities to keep youth busy
- A mentor program to guide youth like Big Brother or Big Sister
- A gang prevention program
- Mental health services
- Earlier services before behavior becomes so extreme
- Money management classes
- Parenting classes for families with teens
- Therapeutic programs such as working with dogs

Officers were asked what factors lead to placement, and they responded that lack of services in the schools, issues that are unaddressed for too long, lack of treatment in Juvenile Hall, and CPS cases in which the child's behavioral issues are not addressed are all contributing factors. Another factor is the increase in criminal cases. Youth who are on mental health medication, are taken off medication for drug testing and get into serious trouble while off the medication. Some youth are being placed in order to make them eligible for AB 12.

Probation officers think a majority of youth on their caseload should be in placement. They see that out-of-state placements are effective for gang involved youth and youth in placement are more likely to get a high school diploma or GED and those who are not. Officers think some youth would have had better outcomes if they had been in placement earlier.

- o Probation Youth

Youth were asked what difficulties they experienced before becoming involved with the juvenile justice system. A youth responded that he had a parent on drugs, he was voluntarily placed with a relative, and then began using drugs. Another had a parent who passed away. The youth lived with older siblings, started hanging out with the wrong crowd and smoking marijuana and fighting. One youth did not get along with a parent. Youth had negative comments about Valley Community Day School, citing incompetent teachers, bad role modeling (teachers that gossip with students, smoke), unclear rules, teachers who verbally put down youth, and an unchallenging curriculum. Youth reported academic problems in school. One reported having an IEP but services were not helpful.

Some youth reported early involvement with CWS. One youth was taken away at a young age for neglect and returned six months later with an open CWS case. The social worker followed up with monthly visits but never interviewed youth alone to find out about home situation where physical abuse and neglect was still ongoing. One

youth reported a social worker came to home for general neglect allegations but services were not offered. Another had siblings removed and returned.

Once placed on probation, youth found some services helpful, specifically, DoWith because the counselor included youth in the process by asking youth what he/she wanted to do or gain from program. It helped youth adjust back to real life situations, and counseling sessions provided coping skills and anger management. A youth named Promesa FFA, specifically a foster parent who treated youth like a “normal child” or one of their own children. Therapy sessions and support counselors were helpful. Youth found both DoWith and WeCan good, but thought there were too many visits. Youth liked that these programs took youth out to do fun things.

Youth had both positive and negative views of programs. Drug Court did not help youth stay clean. It is helpful for youth who want to help themselves but don’t know how, not helpful for youth who didn’t want help. WeCan was too intensive with the weekly visits taking place at school, home, and office. Visits became irritating. DoWith was pointless at the beginning, but program is great now as the counseling sessions helped youth learn how to calm down. Also, DoWith spent too much time on the youth’s past when the youth wants to forget the past and move forward. In both programs youth are concerned that what they shared in visits was used against them.

When asked to rate the helpfulness of the probation officer on a scale, youth were primarily positive, although they said it depends on the individual officer. Youth rated the officer as helpful when the officer placed the youth in the right placement, had a good relationship with the youth, helped the youth do fun things, keeps the youth informed, listened, helped youth handle problems, talked about “light stuff,” followed through, took youth out to eat, taught coping skills, and was honest. Youth appreciated an officer who provided support and was an advocate.

When asked what could improve a probation officer’s ability to be helpful, youth named, better follow through, showing that he/she cares about youth, understanding where youth is coming from, not treating youth like he/she doesn’t know anything, not judging youth before meeting youth, not judging youth based on their parents past, and allowing youth a voice.

When asked what could have helped them avoid placement, some youth said that nothing would have helped and placement was the right move for them. Also named was wraparound service with counseling to deal with anger. Youth said that probation officers did not see their problems as a family problem, just a youth problem.

Youth felt too many medications were prescribed for youth. Youth felt they didn’t need many of the prescribed medications as they made them tired and just temporarily masked the problems. The person prescribing the medications did not care about the side effects and that made youth angry and irritated.

Youth said there was nothing else to do in Merced but get into trouble. Some youth said they needed to move away from Merced to make changes and glad they were moved out of Merced. Many felt that it was too hard to make changes if they stayed in Merced.

- Community Providers

When asked about service gaps in the community, community providers focused on the work of the probation officers. Community providers feel officers are too quick to punish and do not advocate for youth. Providers would like to partner and collaborate on major decisions. Providers think that working together would be more effective if officers had a better understanding of the available programs. They see a need for assessment of youth, understanding of why youth act out and break rules. Providers believe officers wait too late to offer services and do not follow up when parents do not follow through with services.

Providers acknowledge that families in rural areas of the county do not have access to services and the rural communities crime ridden and do not have any pro-social activities for children and youth.

Providers see that parents frequently give up, do not follow-up with services, and are more likely to participate in services if the officer engages with them rather than just making a referral.

In regard to prevention services, providers saw great value in having probation officers in the schools. The probation officer served as a connection point with providers that was lost when the officers left the schools. Providers want to see earlier intervention and notice from the school before a youth is suspended, as well as after school programs at Valley and positive programs that reward youth.

When asked about barriers to service, providers cited language (Spanish and Hmong), cultural norms (Hmong culture it is shaming to receive services), and financial barriers. When asked if their agency has seen an increase in demand for services and what might be causing an increase, providers named Katie A. They are seeing more suicidal and psychotic youth and more youth who have been involved in violent crimes, as well as more youth who have moved beyond marijuana too cough syrup, meth, cocaine, and spice. They are also seeing an increase in probation cases.

When asked to identify issues with the Probation program, providers named inconsistency among probation officers with different outcomes for the same offence depending on the officer. Providers feel that at times the officer has already decided on placement when the referral is made for services. In the opinion of providers, officers do not allow enough time for services to be effective before moving to placement.

Providers identified factors and practices that support healthy change in families including officers who engage with the family and youth, trust between family and officer, and support for the family early in the case. They recommend having someone in the schools to connect with families, provide tutoring, and provide parenting classes. They recommend education for parents on mental health and substance abuse issues, and intervention with services before youth are suspended from school.

- Placement Council (applies to both CWA and Probation)

Social worker and probation officers present cases to Placement Council, WeCan, DoWith services, or for out-of-home placement. When asked about what services are effective for families and youth, Placement Council members named ADM, AMM, Nurse Family Partnership and wrap programs. Gaps in services include lack of

services after WeCan or DoWith. Placement Council also sees a lack of early intervention with services. Lack of services in the rural areas is also a gap. Other gaps include lack of transportation, lack of daycare, language, and lack of culturally sensitive services,

When asked if they have seen an increase in referrals and what accounts for the increase, providers replied they attribute the increase in referrals to an increase in gang involvement, sexual abuse, parents who do not know how to control youth, unaddressed mental health, and education issues, and cases where children should have had child welfare services.

When asked what factors and practices support healthy change in a child and family so that the child does not have to go to out of home placement, placement council members named people who really care, have kindness, are non-judgmental, and people who ask families what they need. Members support programs that involve the family in planning. Providers feel that consequences (programs with “teeth”) help families change.

- Supportive On-Going Services (SOS) (applies to both CWS and Probation)

SOS group is made up of organizations and individuals that provide social and educational services. When asked to name obstacles to family reunification, group members named:

- Social workers attitudes
- Barriers to mental health services
- Parents that don't care and refuse services
- Poverty
- Housing
- Location of services
- Substance abuse
- Parents told they don't qualify for services when they do
- Service providers that are being rude, judgmental
- When children are removed, aid is terminated and families are unable to provide a home and/or food, etc.
- Clients don't realize they can ask to speak with a supervisor if they feel the social worker is not meeting them where they are
- General frustrations by all: multiple CPS reports; wondering why it doesn't meet the requirements for children to be move
- ER telephones – telling people the referral is not reportable and refusing to take reports at all

- Lack of communication from HSA. Maybe some training for those that make referrals so that they better understand the process.
- Academic neglect – sending to District Attorney but nothing being done by either agency; offense is needed against parents for this
- Perception is the county takes kids so they get money for them
- Social workers attack other service providers instead of trying to communicate.

When asked what CWS could do better to support families in the child welfare system, they listed:

- Social workers can empathize and build rapport
- Find out what the family may need and help them get resources
- Social workers should work together with families to lower defenses
- Social worker needs to tell the parents the positive as well as the negative
- Consistency

Service gaps and barriers:

- Transportation
- Lack of Mental Health services
- No child care.
- Need flexible scheduling Cost of services for families that have to pay
- Counseling for adults (hard to get unless they meet major Mental Health criteria
- Cost of medical care and medication
- Cultural barriers
- Location of services
- Need good quality group home in Merced County
- Need education for educators on working with foster youth

How do children and families in isolated geographical areas of the county access services?

- Probation and Mental Health sometimes issue bus passes
- Mental Health has satellite offices in some places
- Assessments over the phone
- Mail out information

What preventative services are most effective for families in Merced County?

- Education and support
- Head Start
- Parenting classes
- Behavior and early intervention services in the home.
- Screenings early on in school (Preschool on).
- Public Health – work with young mothers.
- Family counseling especially for families with large groups of children.
- Support prior to children being removed.
- More support once children are reunified with their parents.

SOS group members expressed a concern that burnout impacts social workers and renders them ineffective in their jobs. They suggested training and job rotation as methods to address burnout. They also expressed concern about the social workers' safety, pointing out that probation officers carry guns and mace and social workers and probation officers are often working in the same communities and with the same families. They did not express support for social workers being accompanied by law enforcement on the grounds that some client families do not respect law enforcement.

- Common Themes

Common themes emerged across focus groups. Each focus group has a unique perspective, but responses are similar to many of the questions raised in the discussions.

Practices that support keeping the youth in the community:

- An individualized plan for the family developed with input from the parents.
- Early intervention with services
- Probation officer with a positive approach who engages parents and encourages youth
- In-school probation officer
- Communication among probation officer, school, and service providers

Service Gaps

- Mental health services, especially outside the city of Merced
- Anger management, specifically more than one treatment option
- Parenting training for parents of preteen and teen youth
- Services that recognize the parents' culture and language

Probation officer practice that supports avoiding placement

- Engagement with the family
- Frequent contact with the youth and positive reinforcement
- Following up on referrals to ensure that family participates
- Engaging the parents in developing and executing the plan

Barriers to keeping youth in community

- Lack of understanding of eligibility requirements for various programs
- Inconsistent practice among probation officers
- Lack of services in rural community
- Lack of culturally appropriate services and/or language barriers
- Parents who have given up
- Parents who do not cooperate due to their immigration status

- Parents who are drug/alcohol involved, gang members, or have mental health issues
- o Merced County Family Wellness Council/Child Abuse Prevention Council (FWC/CAPC)

Merced County Family FWC)met May 28, 2015. Peer Review Team Co-Chairs Heidi Szakala (Probation) and Baljit Gill (Child Welfare Services) presented an overview of the CSA/SIP process, the Peer Review and Focus Group process. They shared an overview of the focus areas for each agency and the findings from the Peer Review. A decision was made not to share recommendations from other counties to avoid influencing the recommendations from the FWC.

Comments from the group:

### Challenges

- Funding is a challenge. Funding can be found for ages 0 to 5, but funding for programming for the middle group is hard.
- Outlying areas are a challenge. FRC goes door-to-door in Dos Palos to enroll people into parenting classes but it is a struggle. Very few people show up to classes/community events.
- Transportation is a challenge. Transportation provider should be involved in planning.
- Non-profits are shaky in Merced County.
- How do we bring others to the table? It all impacts all of us.
- Home visiting (for parent education) is effective for the population over five as well as younger. Requires time but results in less recidivism in the end.
- Multi-generational approach, social connections, and social support are effective.
- Few Spanish-speaking clinicians within service providers.
- Missing connections with the schools.
- No gang prevention programs.
- Sports are too expensive for some families.
- No parenting education for parents of teens.
- No sex offender programs for parents or teens.
- Lack of fatherhood programs for teens.
- No anger management for teens and parents.
- Lack of school social workers on site.

## Resources

- CASA as education advocates.
- PEI through Sierra Vista in the schools. Eight weeks of social skills training (group setting, no less than three), one time per school.
- BEST has some of the mental health funds to provide support to kids with 504 plans and IEPs. Some of the mental health money went directly to the schools (instead of through mental health). MCOE's special education department.
- Merced County has a good infrastructure built for the 0 to 5 age population.
- CWS and Probation are the backbone or driving force behind social services.
- ILP for 16 to 21 year olds, classes and workshops that help build healthy social connections and teach independent living skills.
- Mental Health has the CUBE.
- After-school programs: YEP, Boys and Girls Club, ASSETS.
- Planned Parenthood has specific parenting on relationships, teen pregnancy prevention, relationship dynamics between parents, peers and significant others.
- Building Healthy Communities/California Endowment for funding.
- UC Merced working to connect groups to the community.
- Parent Institute present to the parents to let them know what is out there.
- FRC has calendar – central location to post services.
- Sierra Vista can provide classes on bullying.
- Baby Blues Support Groups by Sierra Vista.

## Ideas for future exploration

- Connect senior citizens to foster youth without family.
- Connect previous foster youth to current foster youth.
- Partner with Police Department to develop gang prevention program (L.A. County has a model. Some work is being done by individuals.).
- Develop scholarships for sports.
- CWS/Probation contact each school site and determine the contact person for programs
- Fresno has programs for 10- to 12-year-old boys about how to engage in positive relationships/mentoring with males.

- Engage more people in FWC meetings to pursue these ideas
  - In the future, aid will be connected to school attendance for older kids. Parents are telling kids that school isn't important. The 16- to 17-year-old population now will have some incentive to go to school.
- o Drug Court Parents

When asked what ways CWS helped their child and their family, parents responded:

- "Helping us get our s\*\*t together."
- "They listen to us."
- "They understand."
- "They don't judge."
- "When my child needs something, my social worker is always there."
- "They motivate us."

When asked about practices that need improvements, they cited reports are not in on time for Court and cancelled visits. Parents were dissatisfied if the children were not returned on the date specified in the case plan or if requirements were added to the original plan. They talked at length about consistency between social workers and with individual social workers. A major concern was inconsistency in messages from various social workers or changing messages from one social worker. A need for consistency was expressed.

In response to the question, "What do you think helps families to reunify with their children?" mothers said:

- "Staying clean and working a program."
- "Having a sponsor."
- "Consistency for parents and social workers."
- "The social workers want you to reunify with your kids."
- "She (social worker) didn't give up on me."
- "Making good choices."
- "Parenting classes."
- "Healthy relationships with my children and social worker."

When asked what additional assistance would help support their family, they responded:

- "Money! We don't have income without our kids."
- "Group for parents to interact with our children hands on, with the parents, kids, and counselors."
- "PCIT"
- "Better foster homes... Do more research on foster homes."
- "Too much movement of my kids in foster care."

Some complained that the children came to visits dirty, with bruises and scratches, too thin, etc. A concern was expressed that social workers sided with or believed relatives and foster parents over the parent. One felt her children were developmentally behind

while in foster care and the children's needs were not met by the foster family and the social worker.

Visitation was a topic of concern. Parents suggested that longer visits be offered as a reward for accomplishment of major milestones in the plan. They requested longer visits and visits outside of the visitation center, at the park for example. Some people complained that other parents get out of control in the visitation center and it scares the children or triggers the children. They suggested that the officer be at the visitation center for situations when parents were out of control. Parents want to know what the social worker is looking for in the visits. One parent asked "Can I spank my child?"

Parents had several comments about the visitation center. They asked for disinfectant spray or Clorox wipes, bug spray, better toys and games, and crafts to work on and take home.

There were mixed feelings in the groups regarding parental involvement in the case plan. Some people felt included in the process, others felt they were only "a little" involved in decisions, and some felt they were required to take classes they did not need. Some people felt they were not treated fairly if the children were not returned by the date targeted in the case plan.

Responses to the question "What role does the social worker play in the reunification process?" included:

- "We have a close bond."
- "She communicates."
- "My social worker calls me and asks how I feel. She wanted my feedback."
- "It would be good if they (social worker) understand addiction more."
- "Understanding."
- "I can talk to her and not be afraid of her."
- "I can tell them (social worker) whatever." Calls and asks worker for parenting tips and concerns.
- "Lots of contact. Daily calls and weekly visits to my home." Good thing
- "There are still times when I don't want to tell my social worker that my kids are acting up."
- "My court social worker wasn't understanding, she was harsh."
- "At the beginning, "She didn't like me, she didn't smile at me."
- At the beginning, "You could see that she wanted to help us."

When asked, "What suggestions do you have in regards to how families and youth in child welfare might work with the foster parent/care provider?" parents responded:

- "Foster parent could keep in touch."
- "If there is an issue with our kids, (foster parent should) call us."
- "Not allowed to call." A lot of confusion around telephone calls.
- "My kids' foster mom was good, but she didn't call me."
- "If 10 and over, kids have to call."
- "I got to call whenever I wanted."
- "The foster parents didn't keep in contact. My kids were skinny and they acted scared of the foster parents."

When asked, "What advice do you have for the department? Any training needs?" parents responded:

- "More help finding a place, like Rapid Rehousing."
- "Court social workers to have more understanding and it takes time to be ok."
- "Social workers aren't addicts, and don't understand what we are going through."
- "Social workers can be judgmental. They can smile every now and then."

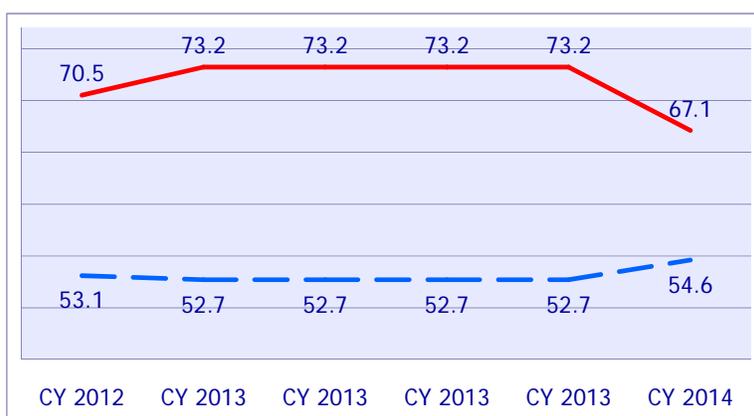
# OUTCOME DATA MEASURES

Sources for data in this section are CCWIP<sup>1</sup> and SafeMeasures<sup>2</sup>. In the charts, the solid red line represents Merced County, the dashed blue line represents California, and the highlighted number is the federal standard or goal. This data is taken from the CWS Outcomes System Summary, April 2015, Q4 2014. Comparison data was taken from 2010 CSA.

## PR REFERRAL RATE

The number and rate per 1,000 of children with an allegation of abuse or neglect in a given 12-month time frame.

### PR: Referral Rates



### Analysis

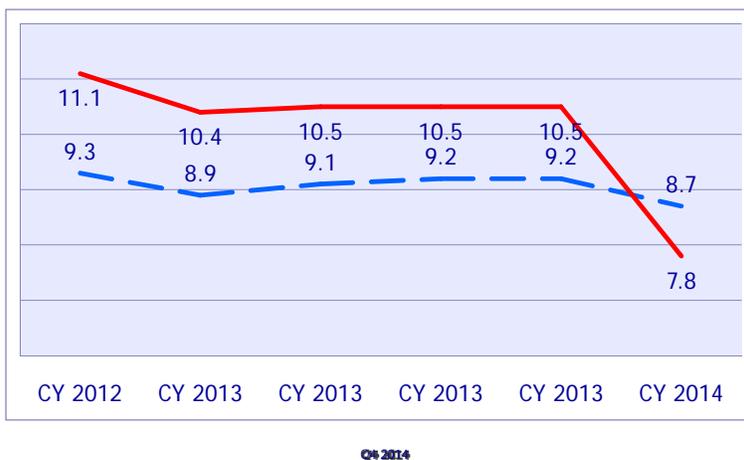
Merced County's referral rates are consistently above the state average. Children younger than one account for 28.7% of allegations, and 76.0% of allegations on children under one are substantiated. African-American children are disproportionately represented, with 12.8% of the allegations although African-Americans make up only 4.2% of the population. Referral rates are substantially up since 2010, likely reflecting the fallout from AB 109 which flooded the county with people formerly incarcerated. In addition, CWS has conducted community outreach and education about child abuse and neglect resulting in an increase in referrals. The recent downturn may have been influenced by the decision to not to include differential response referrals in CWS/CMS, if assigned to an Aspiranet home visitor. Only the DRs assigned to a social worker are entered in CWS/CMS.

2010 CSA data: 57.7

## PR SUBSTANTIATION RATE

The number and rate per 1,000 of children with a substantiated allegation of abuse or neglect in a given 12-month time frame.

### PR: Substantiation Rates



#### Analysis

Merced County's substantiation rate declined in 2014 compared to 2013 and 2012. Although Asia and African-American children have the highest rate of substantiations, the actual numbers are small (Asian = 13, African American = 40). Children under one are most likely to be substantiated. Merced County has actively worked on prevention programs over the last several years. Prevention programs are open to the entire community and include ADM, AMM, parenting education, home visitors, pre-detection or post FR wraparound services for younger children, and early childhood development specialists. Although we have no empirical evidence at this time to connect the decline in referral rates and substantiation rates to prevention, both of these measures have shown a decline as the prevention programs have matured and became known in the community. Additionally, referrals investigated by new social workers are looked at by both a mentor and a supervisor prior to a decision to substantiate. This practice may lead to better case decision making with less experienced social workers. Social workers have received training on Gomez v. Saenz, which has led to a better understanding of what can be substantiated.

2010 CSA data: 10.9

## PR ENTRY RATE

The number and rate per 1,000 of children entering foster care in a given 12-month time frame.

### PR Entry Rates



#### Analysis

The decline in entries into foster care is attributable to the decline in allegations and substantiations. Pre-detention, preventative services in Merced have allowed more children to remain safely in their own homes.

Aspiranet contracted home visitors are pre-detention prevention services offered to families. The home visitors are able to assist families to prevent further contact with the child welfare system. As the number of referrals to the home visitors increase, the number of referrals into the CWS system has decreased. Home visitors are able to work with families to stabilize and support them to self-sufficiency. From January 2014, until July 2015, the home visitors have served 415 families with Home Visiting services, and have responded to 530 Differential Response referrals.

ADM and AMM are additional examples of community services that work with families to prevent the removal of children. They offer support, transportation, education, and specialty parenting demonstrations.

Wraparound-Empowerment-Compassion and Needs (WeCan) and Therapeutic Behavioral Services (TBS) are working with families to try and keep children in their homes. These services are provided through Mental Health and can be provided to families that have not yet entered the CWS system. A total of 195 youth were served through WeCan services and an additional 22 youth received TBS services.

In addition, Merced County reinvested some of the SB 163 wraparound savings dollars and contracted with Aspiranet for supplemental services. These services can be offered to families who are not yet in the CWS system, are working with CWS voluntarily and/or have young children that would not qualify for typical wrap services. During 2014, nine youth have been

served through supplemental wraparound services who would not have otherwise qualified for services.

Since the Outcome Data Measures only change once a year, the decline in entry rates can be compared to the drop in referral rates from 73.2 to 67.1 between calendar year 2013 and calendar year 2014. Substantiation rates dropped from 10.5 in calendar year 2013 to 7.8 in 2014. Lower allegation rates and lower substantiation rates lead to lower entry rates.

2010 CSA data: 5.1

## PR IN-CARE RATE

The number of children in foster care in a given 12-month time frame.

### PR In-Care Rates



### Analysis

Because the number of children in care is only reported once a year in the C-CSFR data, this chart does not reflect any data change. However, the actual number of children in care is reflected in the chart below which is based on the denominator of the (PIT) placement measures. The number of children in foster care as of January 2015, reflects the downturn in referrals and substantiation rates. As with the allegation and substantiation rates, Asian and African-American children are disproportionately represented in foster care. Children under age one are also overrepresented.

2010 CSA data: 8.0

# Children in Foster Care



## S1.1 NO RECURRENCE OF MALTREATMENT

The percentage of children who were victims of substantiated maltreatment with a specific six-month period for whom there was not an additional substantiated maltreatment allegation during the subsequent six month period.

## S1.1 No Recurrence of Maltreatment



### Analysis

Merced has consistently exceeded the federal standard/goal for all but one quarter out of the last six. In the most recent data report the county performance is exactly equal to the federal requirement. The type of recurrence is most likely to be general neglect, followed by physical abuse. The decrease is likely a reflection of fewer substantiated referrals overall and the preventative services that families can access.

Preventative services include an Early Childhood Developmental Specialist that visits each child under the age of five with a substantiated allegation. The Specialist does a developmental assessment using the Ages and Stages model. They are able to work with the family to provide referrals and get children into services early. Additionally, home visitors can work with families that do not have an open child welfare case to provide one to one parenting and remove barriers that prevent them from accessing services like drug and alcohol recovery services.

In 2014, Merced County CWS received a grant from First 5 to fund an additional Early Childhood Developmental Specialist who visits all children under the age of five that have an unfounded or inconclusive allegation of abuse. This service is strictly voluntary. However, many families are eager to see that their young children are developmentally on track and allow the specialist from MCOE to visit and assess their children. It may be that this is less threatening than a CWS worker coming to the home.

Aspiranet contracted home visitors are pre-detention prevention services offered to families. The home visitors are able to assist families to prevent further contact with the child welfare system. As the number of referrals to the home visitors increase, the number of referrals into the CWS system has decreased. Home visitors are able to work with families to stabilize and support them to self-sufficiency. From January 2014, until July 2015, the home visitors have served 415 families with home visiting services, and have responded to 530 Differential Response referrals. Home visitors often continue to serve families after CWS has closed a case, this may contribute to the low re-entry rates.

ADM and AMM are additional examples of community services that work with families to prevent the removal of children. They offer support, transportation, education, and specialty parenting demonstrations.

Parenting education and training are also available for families.

A safety plan is put into place when there is a substantiated allegation, the family is referred to services and the case is closed as situation stabilized, and additional factor to avoid a second substantiation.

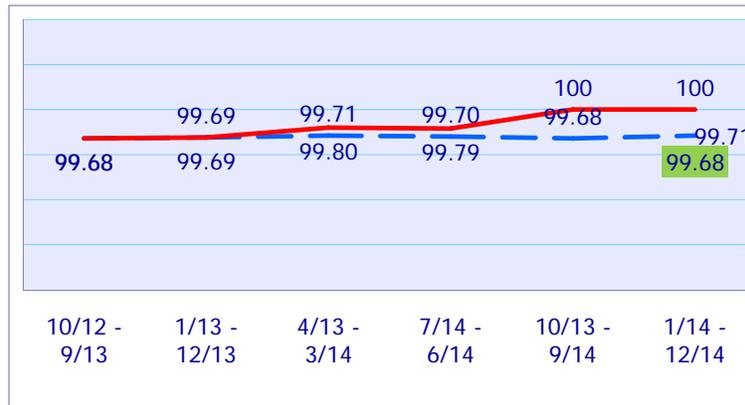
Lack of recurrence also impacts measure C1.4, reentry following reunification in which Merced performs better than the national standard. In planning strategies to address the issue of the time to reunification, we are aware of the importance of maintaining the level of performance on measures C1.4 and S1.1. The importance of avoiding additional trauma for children and families is an important value to keep in mind during the SIP planning process.

2010 CSA data: 96.4

## S2.1 NO MALTREATMENT IN FOSTER CARE

The percentage of children who were not victims of substantiated maltreatment by a foster parent or facility staff in out-of-home care.

### S2.1 No Maltreatment in Foster Care



Q4 2014

#### Analysis

Merced has met or exceeded the federal standard for this measure consistently for the last six reporting periods, including reaching 100 percent for the most recent two periods. Since the last SIP, CWS has partnered with FFA, MCOE to provide additional training to all foster homes and relative homes in Merced County free of cost. Any foster home where there are concerns, either with licensing regulations or care of a child, is put on the “do not place” list until the investigation by Community Care Licensing (CCL) or ER is completed and the issues are resolved. Social workers are encouraged to be more vigilant in observing beyond just the condition of the home when they are making placement visits. Any issues are quickly addressed. This practice definitely contributes to this outcome measure.

2010 CSA data: 100

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

The percentage of children discharged to reunification within 12 months of removal. The denominator is the total number of children who exited foster care to reunification during the specified year. The numerator is the number of exiting children who reunified within 12 months.

### C1.1 Reunification within 12 months – exit cohort



#### Analysis

Merced's performance on this measure has been declining over the last 18 months. In the October 2012 to September 2013 time frame, Merced's performance was approaching the federal standard/goal but falling short. Since that time the performance has consistently moved in the wrong direction. This declining performance resulted in the choice of this measure as the focus for the Peer Review.

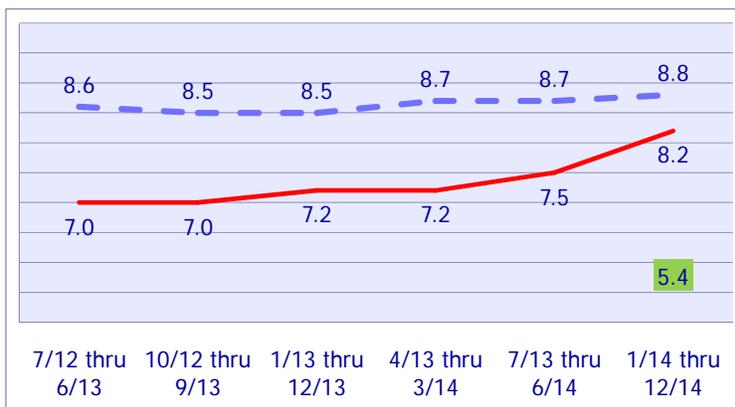
Performance on the next two measures, Median Time to Reunification and Reunification within 12 months (Entry Cohort) are further evidence that this area of practice requires attention. Feedback from the peer reviewers indicates that Merced's decision making process in regard to returning children may be too focused on liability and risk avoidance instead of child safety. The summary of findings from the peer review contains recommendations and suggestions for improving performance on this measure.

2010 CSA data: 66.8

## C1.2 MEDIAN TIME OF REUNIFICATION (EXIT COHORT)

The median length of stay (in months) for children in care more than eight days who were discharged to reunification during that specified year.

### C1.2 Median Time to Reunification Exit Cohort



Q4 2014

#### Analysis

Merced's performance is consistently better than the California average, however, it is not meeting the federal standard/goal and is trending in the wrong direction. Peer reviewers recommended more parent/child visits which the literature indicates is related to successful reunification. This has proven to be difficult for Merced County for a number of reasons.

During the school year, typical hours for visitation are between 2 p.m. and 5 p.m. when the visitation center is open. Visitation on weekends is not currently done in Merced County. There are efforts underway to extend the hours of the visitation center to 7 p.m. Monday through Friday and to open on Saturday from 8 a.m. to 5 p.m. However, Union negotiations, lack of staff, and safety issues are barriers to this occurring. Recently, there have been homeless individuals sleeping and defecating in front of the entrances to the visitation center. Steps are being taken to remove the safety hazard, such as flood lights at all the entrances and the police are checking on the property more often.

Foster parents have asked for visitation in more family friendly places, such as parks, however there are safety concerns when having visits in a public area. Also, when the weather is bad, this is not possible. Additionally, it is often difficult to hear and supervise closely if the visit is held in a large public area, such as a park. These barriers will have to be examined closely prior to changing our visitation policy.

Additionally, training could be offered to substitute care providers (especially relatives) to offer additional visitation to families who are closer to reunification or not a risk to the immediate safety of the children. For example, many of our clients are unable to stop using drugs or provide a home for their children, but with supervision of a relative maybe able to visit for short periods of time (while they are clean and sober) without threatening the safety of the child.

Merced will also explore working with families and using a model that improves the relationship between a parent and child and teaches a parent how to demonstrate love and affection. This would go beyond the general parenting education that parents now receive.

Peer reviewers also recommended that Merced offer parenting classes specifically for families with children over the age of ten. This will be explored as currently this is not available in the county. This issue will be addressed in our SIP.

Current practice is that children five and under have a weekly visit. Older children have either biweekly or monthly visits. All visits are supervised by a social worker.

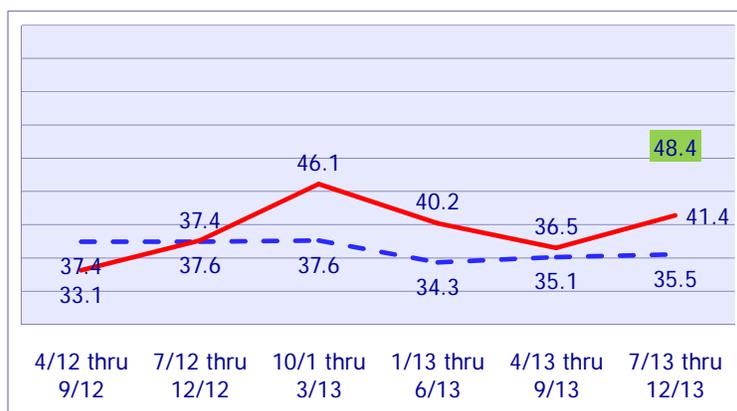
In addition to more visitations, social worker attitudes on risk and safety will need to be explored and better use of the SDM risk reassessment needs to be reviewed. It may be that social workers are too worried about liability and this may make them hesitant to reunify families too quickly. This was an area identified in the peer review – social workers do not feel like they can make decisions without Supervisor or Program Administrator consultation.

2010 CSA data: 8.4

### C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

The percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. The entry cohort is comprised of children entering foster care for the first time during a six-month period.

## C1.3 Reunification within 12 months (Entry cohort)



Q4 2014

#### Analysis

Merced's performance on this measure is erratic, and while Merced has exceeded the performance of California average for the last year, it has not reached the federal standard/goal. This measure will be impacted by the focus on reunification in the SIP.

2010 CSA data: 55.7

## C1.4 REENTRY FOLLOWING REUNIFICATION

The percentage of children reentering foster care within 12 months out of those discharged to reunification during a specified year.

### C1.4 Re-entry following reunification (Exit cohort)



Q4 2014

#### Analysis

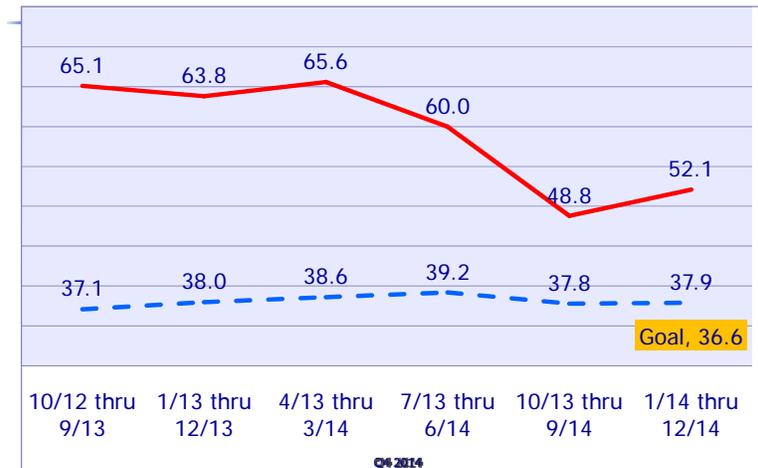
Merced's performance on this measure has been trending in the desired direction for the last six quarters. It surpassed the federal standard/goal in 2012 and has been steadily improving. In discussion with stakeholders, peer reviewers and internally among CWS staff, the importance of maintaining this level of performance on this measure has been emphasized. This measure is the check and balance to the timeliness measures. Careful thought and planning will have to be given to any strategies aimed at decreasing the time to reunification to ensure that an increase in reentry is not an unintended consequence of improved timeliness. Merced's performance on this measure created a challenge for finding reviewers for the Peer Review. Although many counties do better on the timeliness measures, few counties do as well on the re-entry measure which limited the number of counties from which to draw reviewers.

2010 CSA data: 12.3

## C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT)

The percentage of children discharged to adoption within 24 months of removal. The denominator is the total number of children who exited foster care to adoption during the specified year. The numerator is the number of exiting children who adopted within 24 months.

### C2.1 Adoption within 24 months (Exit Cohort) in Percent



### Analysis

The adoption measures were the focus of the 2011 SIP. Successful implementation of the SIP interventions resulted in performance which is consistently above the state average and the federal goal/standard. Stakeholders in focus groups praised Merced's adoption practice, and the success of this program is a source of pride to the staff. In 2014, Merced won the Adoption Excellence Award from the Children's Bureau, the only public agency awarded in that year.

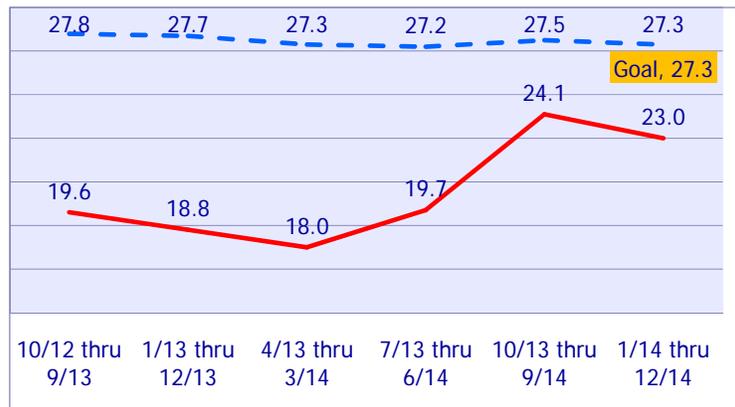
In 2013 and 2014 the Court reduced the number of adoptions per month which caused some adoptions to go past the 24-month mark. Hearings that are continued past the 18-month mark, while still in FR, also contributed to the upturn in the most recent quarter. CWS leadership will carefully monitor this measure and work with the Court to maintain the high standards of performance.

2010 CSA data: 28.1

## C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT)

The median length of stay (in months) for children discharged to adoption during a specified year.

### C2.2 Median Time to Adoption (Exit Cohort) in months



Q4 2014

#### Analysis

This measure has been better than the California average or the federal goal/standard for over six consecutive quarters. The length of time has increased somewhat, possibly due to a reduction in the number of staff in the Adoption Team. The county will monitor this measure and the other adoption measures to ensure that the progress made as a result of the last SIP is not lost as the attention shifts to other issues.

2010 CSA data: 34.0

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

The percentage of children in foster care for 17 continuous months or longer on the first day of the year, who were then adopted by the last day of the year.

### C2.3 Adoption within 12 months in percent



#### Analysis

This measure has shown steady improvement and surpassed the federal standard/goal for the first time in the most recent report. CWS selected timeliness of adoptions as the focus for the previous SIP. The positive progress on these goals is attributable to the implementation of plans developed for the SIP. Primary among the interventions was the redistribution of work in the Adoptions Team. Management focus and attention on the importance of timely adoptions has been consistent, and the policy change to move the assignment of an adoption worker to an earlier stage of the case contributes to the reduced time to adoption. Additionally, CWS changed the way in which they were engaging adoptive families. Previously all responsibility was put on the family to move through the adoptions process and complete all paperwork. A cultural change to engage families and work with them to remove barriers to the adoptions process was adopted amongst the manager, supervisor, and social workers. This change in practice appears to have improved the timelines for adoption for families.

Building awareness among the FFAs of the importance of concurrent placements has also been important. We closely monitor the progress of the home studies to be sure they are completed in a timely manner and do not delay adoption. Finally, the commitment of the Adoption Team has played a key role in the successful achievement of the goals for these two measures. The team has shown a keen interest in how it is performing on the measures and has pride in the outcomes. While the team's major concern has been and remains the children and the family, they understand and appreciate the importance of monitoring their data and promptly documenting case actions in CWS/CMS.

The number of adoptions in the county showed a considerable increase after implementation of the SIP strategies. In the third year of the SIP, the total number of adoptions decreased to 43. The total number of adoptions in the most recent year rose to 82.

For calendar year 2010, the year before the most recent SIP, the performance on measure C2.3 was 15.9.

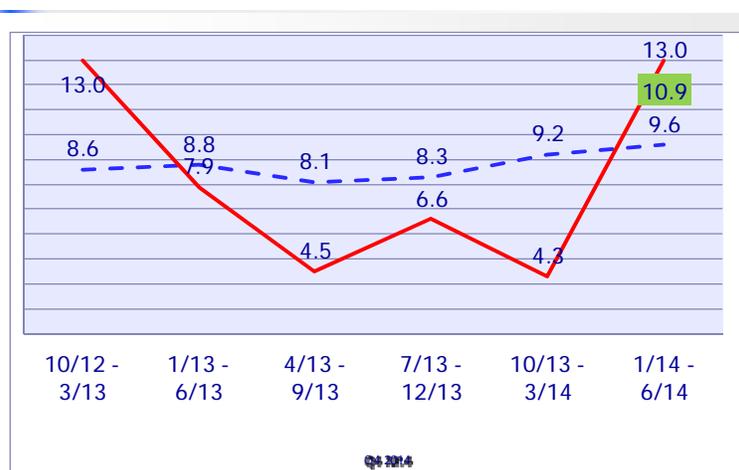
White children are more likely to be adopted than African-American, Hispanic, or Asian children.

2010 CSA data: 20.4

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

The percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first of the period, who then became legally free for adoption within the next six months.

### C2.4 Legally free within 6 Months (percent)



### Analysis

Performance on this measure has been erratic, but is currently above the federal standard/goal. Merced will monitor this measure but no action is planned at this time because it does not appear to be impacting performance on other adoption measures. Of the children who are not legally free, 68 out of 80 are ages 11 to 17. One reason for this may be that youth are staying in foster care longer due to AB 12 and the extension of foster care until age 21. Many youth are in stable placements before age 16, however, attorneys and care providers know that if youth emancipate from foster care, then they are eligible for further benefits until they are 21. This is a barrier to establishing guardianships and adoptions. Additionally, while many relatives are willing to provide a long stable home for youth, they are not willing to adopt as there are family barriers to doing so (parents feelings, other relatives, culture, hope that parents will change).

It is the policy of the county that parental rights are not terminated until and unless a plan for adoption is in place and an adoptive family has been identified. The number of cases that meet this criteria can vary from one time period to the next. The numbers in the calculation for this measure are relatively small in this county. The denominator typically hovers around 100 and the numerator typically varies from a low of around 2 or 3 to a high of around 10. With small numbers in the percentage calculation the rate of change or fluctuation can appear erratic, but

we do not believe that the data reflects inconsistency in practice or presents an issue that needs to be addressed.

2010 CSA data: 2.5

## C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

The percentage of children discharged from foster care to a finalized adoption within 12 months out of those who became legally free during a specified year.

### C2.5 Adoption within 12 Months Legally Free (percent)



### Analysis

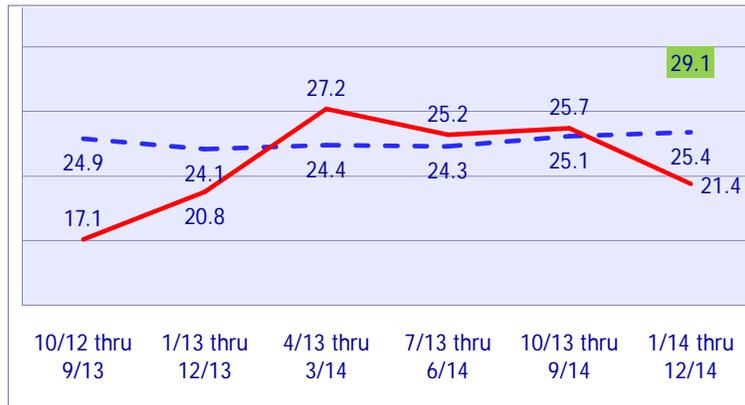
Merced exceeds the California average and the federal standard/goal. This measure also reflects the efforts to improve adoption practice as a result of the 2011 SIP.

2010 CSA data: 32.3

### C3.1 EXIT TO PERMANENCY (24 MONTHS IN CARE)

The percentage of children, in care for 24 months or longer on the first day of the year, who were discharged to a permanent home by the last day of the year, and prior to turning 18.

## C3.1 Exits to Permanency (24 months in care)



Q4 2014

#### Analysis

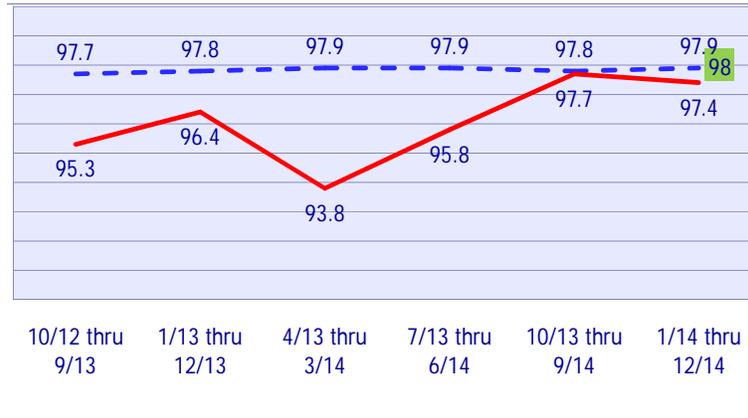
This measure has not seen any improvement in the last year and is not meeting the federal standard/goal. This measure, which includes exits to reunification may be improved by efforts to improve the county performance on reunification timeliness. However, we expect to see fewer and fewer older youth exiting foster care as a result of AB 12. Many youth are electing to stay in foster care and become eligible for the benefits of AB 12. As an example, in one case the guardianship was strategically delayed until after the youth's sixteenth birthday in order to make him eligible for AB 12. Some relatives are choosing to remain as foster parents rather than accept guardianship for the same reason, even when the eligibility rules have been explained.

2010 CSA data: 26.5

## C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

The percentage of legally free children exiting during the year who were discharged to a permanent home prior to turning 18.

### C3.2 Exits to Permanency (Legally free at exit)



Q4 2014

#### Analysis

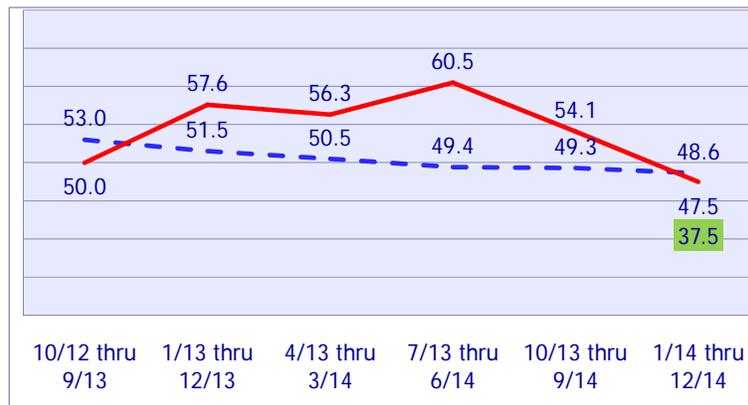
Although Merced is underperforming the federal standard/goal, performance is trending in the desired direction and has never been more than five percentage points below the goal.

2010 CSA data: 93.4

### C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18)

The percentage of children who were in foster care for three years or longer who were then either discharged to emancipation or turned 18 while still in care.

### C3.3 In Care 3 years or longer, emancipated /age 18



Q4 2014

#### Analysis

Merced's performance on this measure is improving but is still above the federal standard/goal. In the most recent report, all children in this measure turned 18. CWS expects to see more youth remaining in foster care until age 21. As of January 1, 2015, Merced had 643 children in foster care, of whom 83 are ages 18 to 20.

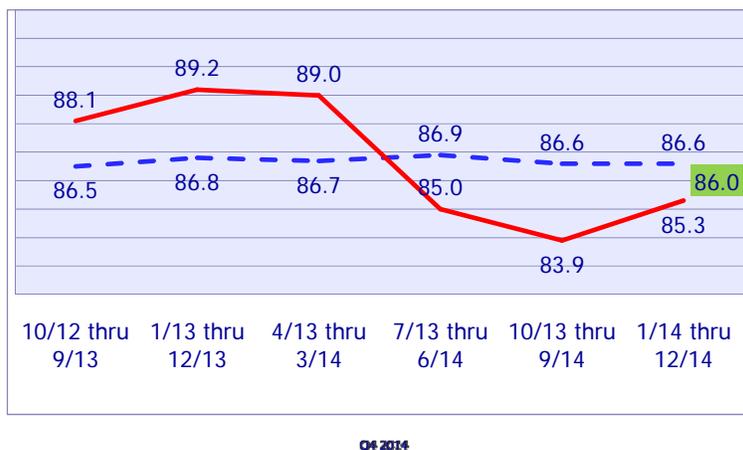
Youth are choosing to remain in foster care longer because of the benefits of extended foster care. In addition, youth who are in stable placements that could result in guardianship or adoption are not being pursued because the care providers do not want the youth to miss out on the benefits of extended foster care. Some are choosing to provide permanency once the youth turns 16 years old.

2010 CSA data: 61.1

## C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

The percentage of children in a specified year with two or fewer placements who have been in care for eight days or more but less than 12 months. Time in care is based on the latest date of removal from the home.

### C4.1 Placement Stability (8 days to 12 months in care)



#### Analysis

Merced's performance on this measure has vacillated above and below the federal standard/goal and is currently less than 1 percent below goal. Merced's practice is to place children in a concurrent home or with relatives whenever possible. If no concurrent or relative placement is an option at the initial placement and one is found subsequently, the child may be moved, resulting in lower outcomes in placement stability.

First time placements with relatives is 14.4%, but PIT placement with relatives is 28.6%, accounting for at least one move. Of the 270 children who were in a non-relative first placement, the first move was to a relative placement for 20 (7.41%). 12.28% of children in care had more than one move in 2014. Concurrent placement is not recorded as a data element, so the number or percentage of placements to a concurrent placement is not known.

CWS Supervisors have observed the following conditions that interrupt a placement:

- Foster parents may lack the training and skills to manage challenging children.
- Insufficient knowledge of the children's needs at first placement leads to a poor match with certain foster families.
- Relatives/NREFMS and county homes do not receive the same level of support as FFA certified foster homes.
- Maltreatment allegations against foster families that cannot be investigated quickly lead to placement changes to safeguard children until the investigation is completed. Children may or may not be returned to original placement.

- Relatives/NREFMS not abiding by placement agreement and rules.
- Youth chronically running away.
- Youth with severe emotional and behavioral problems leading to placement disruptions.
- Discord among the foster family.

Age is clearly an influencing factor in this measure. The percentage of children with two or fewer settings by age group is:

- Under 1 = 92.6
- 1 to 2 = 81.5
- 3 to 5 = 85.7
- 6 to 10 = 86.7
- 11 to 15 = 79.3
- 16 to 17 = 76.5

Ethnicity does not appear to be a factor. The percentage of children with two or fewer settings by ethnicity is:

- Black = 88.1
- White = 84.9
- Latino = 86.3
- A/PI = 41.7
- Native American = 100
- Missing = 100

Gender does not appear to be a factor. The percentage of children with two or fewer settings by gender is:

- Female = 83.7
- Male = 86.8

Children in the Group setting have the largest number percentage of moves. The percentage of children with two or fewer settings by placement setting is:

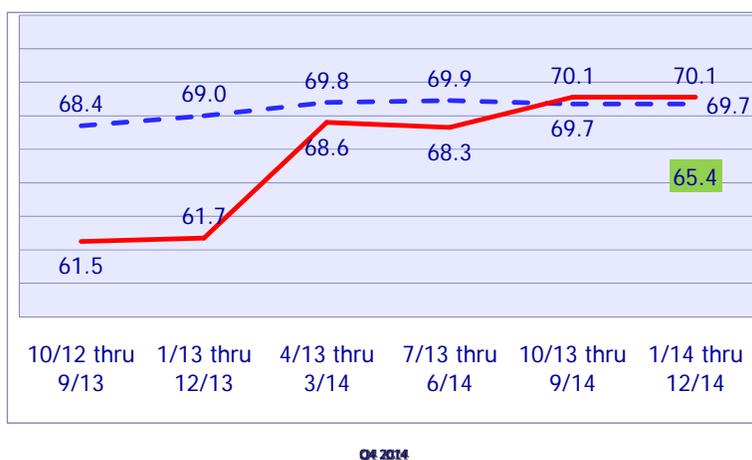
- Pre-Adopt = 90.9
- Kin = 84.7
- Foster = 87.2
- FFA = 85.0
- Group = 81.8

2010 CSA data: 85.

## C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE)

The percentage of children in a specified year with two or fewer placements who have been in care 12 months or more but less than 24 months. Time in care is based on the latest date of removal from the home.

### C4.2 Placement Stability (12 to 24 months in care)



#### Analysis

This measure steadily shows improvement and exceeded the federal standard/goal in the most recent report. Strong efforts are made to maintain a child's placement, including wrap services and home visiting services to substitute care providers.

Additionally, with the addition of Katie A. procedures, foster children are gaining access to mental health services more quickly once the need is identified. Also, as mentioned previously, AB 12 youth are often in long-term placements that are stable, but relatives/foster parents are unwilling to take guardianship or adopt because of the AB 12 benefits available to foster youth.

Of the 78 total youth served through DoWith wraparound services, 25, or 32% of the youth, were in a Foster Family Home or Foster Family Agency Foster Home placement. An additional 109 Child Welfare involved youth were served through WeCan services, the majority of whom were in the home with their biological families.

Age is clearly an influencing factor in this measure. The percentage of children with two or fewer settings by age group is:

- Under 1 = 86.7
- 1 to 2 = 82.6
- 3 to 5 = 78.3
- 6 to 10 = 60.8
- 11 to 15 = 60.4
- 16 to 17 = 53.8

Latino children have the highest percentage of moves. The percentage of children with two or fewer settings by ethnicity is:

- Black = 80
- White = 73.8
- Latino = 65.7
- Asian/Pacific Islander = 100
- Native American = 100

Gender does not appear to be a factor. The percentage of children with two or fewer settings by gender is:

- Female = 71.5
- Male = 68.4

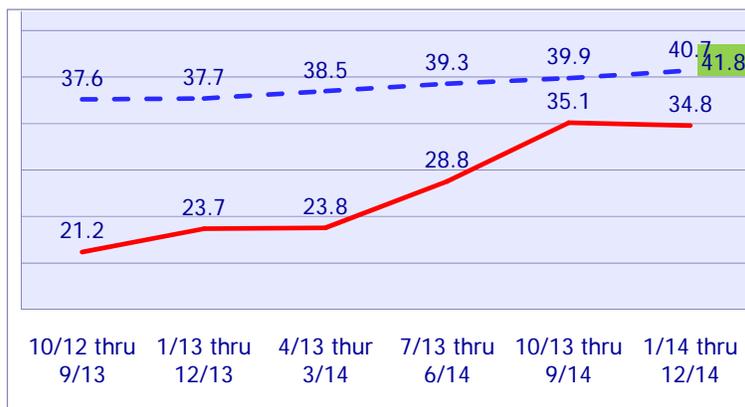
Group settings have the largest percentage of children with more than two placements. The percentage of children with two or fewer settings by placement setting is:

- Pre-Adopt = 93.5
- KinGap = 71.3
- Foster = 53.8
- FFA = 64.8
- Group = 44.4
- Guardian = 100
- Other = 0

## C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

The percentage of children in a specified year with two or fewer placements who have been in care 24 months or longer. Time in care is based on the latest date of removal from the home.

### C4.3 Placement Stability (At least 24 months in care)



Q4 2014

#### Analysis

This measure shows steady improvement although it is still below the state average and federal standard/goal. This could be a result of the children in foster care the longest, tend to be older and have more special needs.

Age is clearly an influencing factor in this measure. The percentage of children with two or fewer settings by age group is:

- 1 to 2 = 66.7
- 3 to 5 = 50
- 6 to 10 = 50
- 11 to 15 = 27.9
- 16 to 17 = 20.5

The percentage of children with two or fewer settings by ethnicity is:

- Black = 18.2
- White = 23.1
- Latino = 41.3
- Asian/Pacific Islander = 66.7
- Native American = 0

The percentage of children with two or fewer settings by gender is:

- Female = 29.8
- Male = 40.5

The percentage of children with two or fewer settings by placement setting is:

- Pre-Adopt = 65.8
- KinGap = 35.5
- Foster = 0
- FFA = 23.8
- Group = 0
- Guardian = 60
- Other = 0

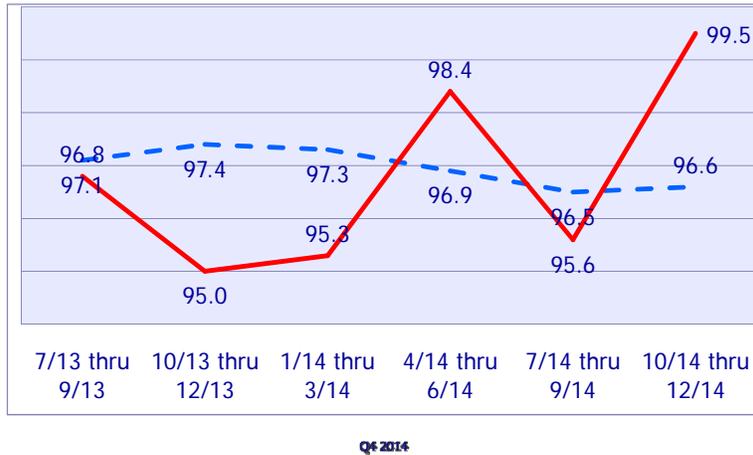
Typically, of the children in placement, 22% have a psychotropic diagnosis and are receiving psychotropic medication monitoring. Twenty-one percent are receiving special education services. Of the youth receiving medication, 68% were in placement for two years or longer. 63% are children with an ethnicity other than white. Of the youth receiving special education services, 57% have been in placement for more than two years. 94% are aged 12 and older. Additionally, 81% of the youth who had three or more placement changes in 24 months were aged 12 and older. These factors influence a youth's ability to achieve stability in foster care.

2010 CSA data: 30.6

## 2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE (IMMEDIATE)

The percentage of immediate response allegations where a timely response occurs.

### 2B Timely Response (Immediate)



#### Analysis

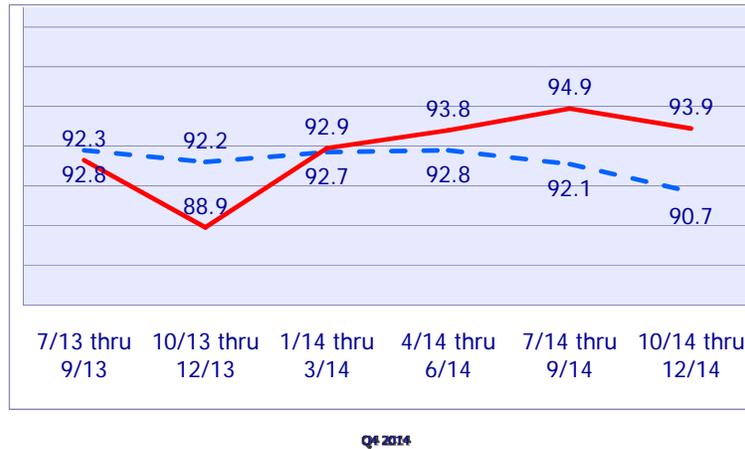
Performance on this measure has varied above and below the California average but never more than three points below. In the most recent report, one response was outside the required time frame. The spikes and dips in this measure are likely due to data entry issues rather than actual changes. Turnover in the ER social workers results in possible data entry errors, and management is closely monitoring for consistency.

2010 CSA data: 93.8

## 2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE (10-DAY)

The percentage of 10-day response allegations where a timely response occurs.

### 2B Timely Response (10 Day)



#### Analysis

Merced's performance has exceeded the state average for the past year and has dropped below 90% only once in the past six quarters. Turnover in the ER social worker results in possible data entry errors, and management is closely monitoring for consistency.

2010 CSA data 89.7

## 2F TIMELY MONTHLY VISITS (OUT-OF-HOME)

This measure considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, of the children in care who were required to have an in person contact, example, who were in an open placement episode for the full calendar month; the number and percent of children who had at least one in-person contact during the month.

### 2F Timely Monthly Visits (out of home)



### Analysis

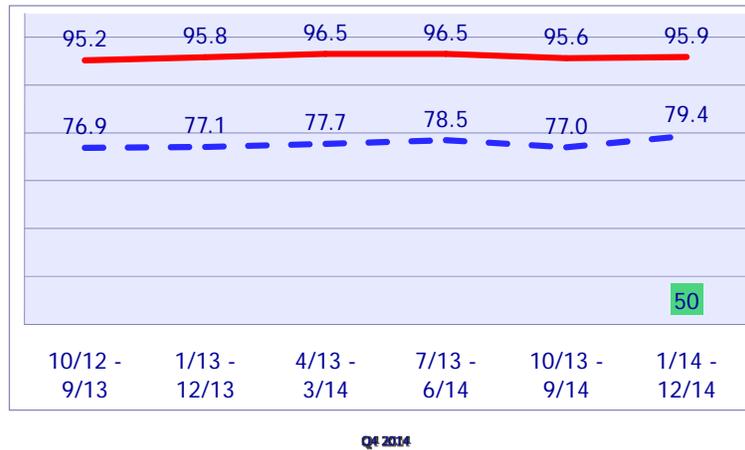
During the Peer Review the visiting peer reviewers commented that visits have a very high priority in Merced. This measure bears out that observation. Peer reviewers were very impressed that social workers monitor the visits on their caseloads, but also acknowledged that this practice means the frequency of visits for families is limited. The challenge will be to increase the number of family visits without decreasing the amount of contact between family and social worker. This will be especially important as the federal requirement will move from 90% to 95% in September.

2010 CSA data: Month 1, 91.6; Month 2, 92.8; Month 3, 93.5

## 2F TIMELY MONTHLY CASEWORKER VISITS IN RESIDENCE (OUT-OF-HOME)

This measure considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, of the number and percent of children who had at least one in-person contact during the month, the number and percent of children where at least one of that month's in-person contacts was in the placement facility.

### 2F Timely Monthly Caseworker Visits in Residence (out of home)



#### Analysis

Merced exceeds the federal standard and California average on this measure. Attention to visits was commented on by Peer Reviewers.

2010 CSA data: not measured

## 4A SIBLINGS PLACED TOGETHER IN FOSTER CARE (ALL)

The percentage of children in care at a PIT with at least one sibling where all the children in a given sibling group were placed together.

### 4A Siblings All



#### Analysis

Merced consistently exceeds the state average for this measure.

When siblings are detained, CWS priority is to place children together and exhaust every resource to keep them together. CWS has a good relationship with our local FFA's who work with us in an effort to keep siblings together. We strive toward emergency relative placement to keep children together. During CCG, the cohort inquires about placement and efforts to keep children together. During performance manage conferences (PMC), random cases are selected for quality review which includes inquiring about placement.

A change in procedures for county foster homes has led to an increased capacity to accept siblings. During the foster parent orientation process, the foster care specialist asks the prospective foster parents to leave lines 4 (capacity) and 13 (age of youth) blank until the pre-licensing visit. Delaying the decision on capacity and age until the home visit makes it more personal and tailored to fit the family. Most families increase capacity by at least one bed and many increased ages to include teen, allowing for easier placement of sibling groups in County homes.

Despite our efforts, some siblings cannot be placed together. Barriers are difficulties in placing large sibling groups in the same foster home because of limits on the number of children, gender, or age. Language barriers can be an issue. One or more siblings may have special needs and require specialized care in foster home that may not accommodate for other siblings. Large sibling sets (six or more) are difficult to place together. Because of the limited number of foster homes, it is sometimes necessary to make a choice between placing siblings together or placing them separately but near their schools or other connections. Most county foster homes are interested in adoption and are willing to take a child that matches their desired adoption

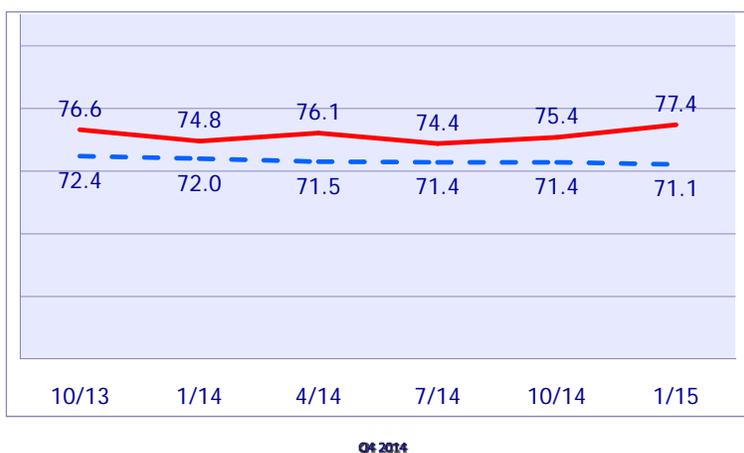
profile but not siblings. NREFM homes will take the siblings that are related to the family but may be unwilling to take unrelated half siblings.

2010 CSA data: 54.5

## 4A SIBLINGS PLACED TOGETHER IN FOSTER CARE (SOME)

The percentage of children in care at a PIT with at least one sibling where all the children in a given sibling group were placed together.

### 4A Siblings Some



#### Analysis

Merced consistently exceeds the state average for this measure. The same dynamics apply to this measure that apply to the previous measure.

2010 CSA data: 76.9

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT—RELATIVE)

The percentage of children entering foster care for the first time over a 12-month period who were placed with a relative at first entry.

### 4B First Placement Relative



#### Analysis

Even though relative placements were an identified issue in the last SIP, Merced has only slightly improved in first placement with relatives. Attempts have been made to improve our performance in this areas, for example, all newly hired social workers are trained in emergency relatives/NREFM placement during Induction Training. This allows social workers to complete the emergency relatives/NREFM placements themselves when they are detaining, thereby speeding up the process for a child to be placed with a relative.

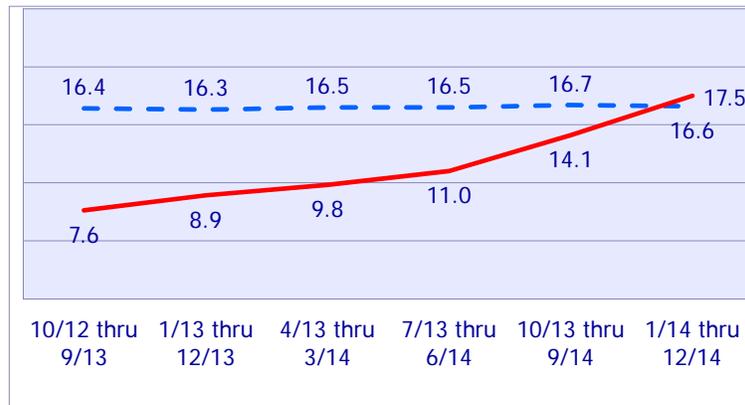
Merced also has a dedicated family finding worker and a contract with CASA for family finding, these efforts have not resulted in finding family members within the time frame required for the initial placement, however, may have improved the PIT placement measure. Environmental factors including poverty, drug use, and a high number of undocumented residents in the community continue to be a factor in the difficulty of finding relatives for the first placement. As Merced moves towards a resource family model, it is hoped that the process to place with relatives initially, does not slow even further. This area will have to be closely monitored and will continue to be an area of focus in the SIP.

2010 CSA data: 7.3

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT—FOSTER HOME)

The percentage of children entering foster care for the first time over a 12-month period who were placed with a foster home at first entry.

### 4B First Placement Foster Home



Q4 2014

#### Analysis

Merced has been actively working to increase the number of county foster homes and increase the number of first placements in foster homes instead of using FFA homes. Outreach to families willing to accept youth over 12 has resulted in more foster home placements for youth. Many of Merced’s county foster parents are interested in adoption. Turnover of foster parents is high because many foster parents leave foster care once the adoption(s) has occurred. However, on-going recruitment and training keep the number of county foster homes consistently around 50. A position of Placement Specialist was established in 2013 to assist social workers in making the best placement. This support may be helping the social workers use county foster homes. The increase in first placements reflects these efforts.

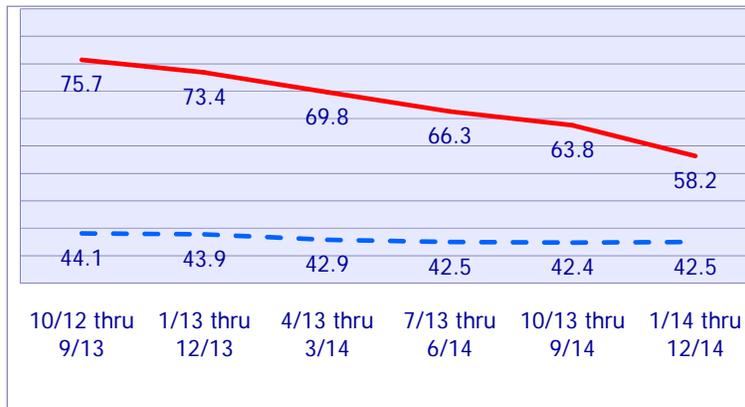
The Placement Specialist also acts as a liaison to the county foster homes. She is familiar with each home, and keeps a family profile in a binder at her desk that all social workers can access. In addition, Licensing refers newly licensed county foster homes to the Adoptions Team when the foster parents are interested in being a concurrent home. The Adoption supervisor then refers the foster parents to one of our partnering FFA’s to start the adoption home study process. Once the home study is completed, this information is included in the binder. Social workers who are looking for a concurrent home are able to identify the best matched home for the child.

2010 CSA data: 11.7

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT—FAMILY FOSTER AGENCY)

The percentage of children entering foster care for the first time over a 12-month period who were placed with a foster home at first entry.

### 4B First Placement FFA



Q4 2014

#### Analysis

The decline in first placements in FFA homes is attributable to the increase in first placements in county foster homes.

2010 CSA data: 76.8

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT—GROUP HOME/SHELTER)

The percentage of children entering foster care for the first time over a 12-month period who were placed with a group home/shelter at first entry.

### 4B First Placement Group



#### Analysis

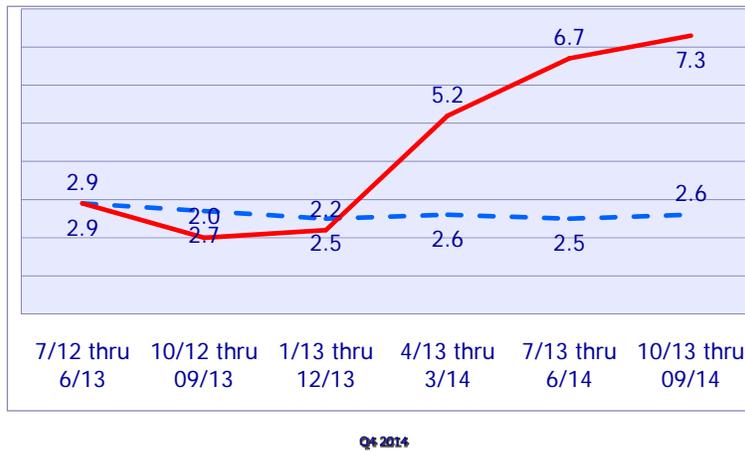
Merced has historically low rates of utilization of group homes and shelters. There are no group homes or shelters in the county. Strong wraparound services are believed to be the reason for the low group home placement numbers. Wrap services are available from HSA (DoWith) and Mental Health (WeCan and TBS).

2010 CSA data: 1.3

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT—OTHER)

The percentage of children entering foster care for the first time over a 12-month period who were placed with a group home/shelter at first entry.

### 4B First Placement Other



#### Analysis

All of the first placement other cases in 2014 were guardianship.

2010 CSA data: 2.9

## 4B LEAST RESTRICTIVE PLACEMENT (POINT-IN-TIME–RELATIVE)

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a relative.

### 4.B Point in Time Placement Relative



#### Analysis

The January 2015, report is the highest mark for this measure since CWS identified relative placement in the 2011 SIP. Involving family finding at the dispositional hearing may be contributing to the increase in this measure. While CWS continues to work toward the goal of increasing placements with relatives, community factors of poverty, unemployment, high crime rate and a large population of undocumented residents create barriers to relative placements. Additionally, the requirement to complete home assessments on any relatives that come forward, even those not appropriate for placement has inundated the home assessment team with referrals and home assessments.

2010 CSA data: 23.0

## 4B LEAST RESTRICTIVE PLACEMENT (POINT-IN-TIME–FOSTER HOME)

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a relative.

### 4.B Point in Time Placement Foster Home



#### Analysis

This measure is impacted by the same factors that influence the initial placement rate.

2010 CSA data: 49.7

## 4B LEAST RESTRICTIVE PLACEMENT (POINT-IN-TIME-FOSTER FAMILY AGENCY)

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a foster family agency.

### 4.B Point in Time Placement FFA



#### Analysis

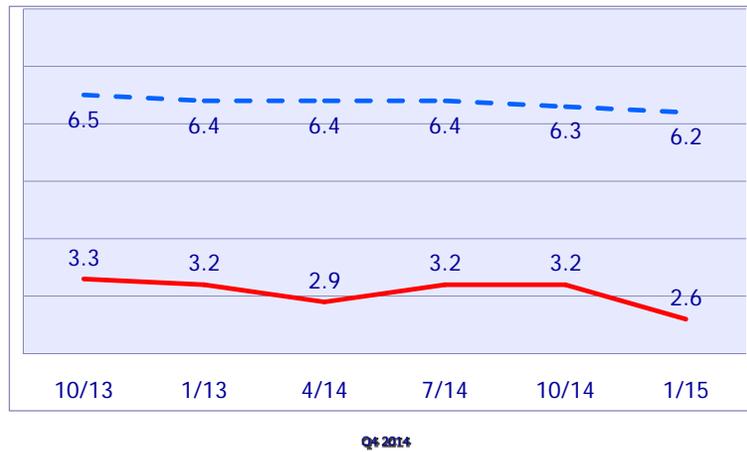
This measure is impacted by the same factors that influence the initial placement rate.

2010 CSA data: 49.7

## 4B LEAST RESTRICTIVE PLACEMENT (POINT-IN-TIME-GROUP HOME/SHELTER)

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a group home/shelter.

### 4.B Point in Time Placement Group Shelter



#### Analysis

This measure is impacted by the same factors that influence the initial placement rate.

2010 CSA data: 3.8

## 4B LEAST RESTRICTIVE PLACEMENT (POINT-IN-TIME-OTHER)

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a court ordered, guardian or SILP.

### 4B Point in Time Placement Other



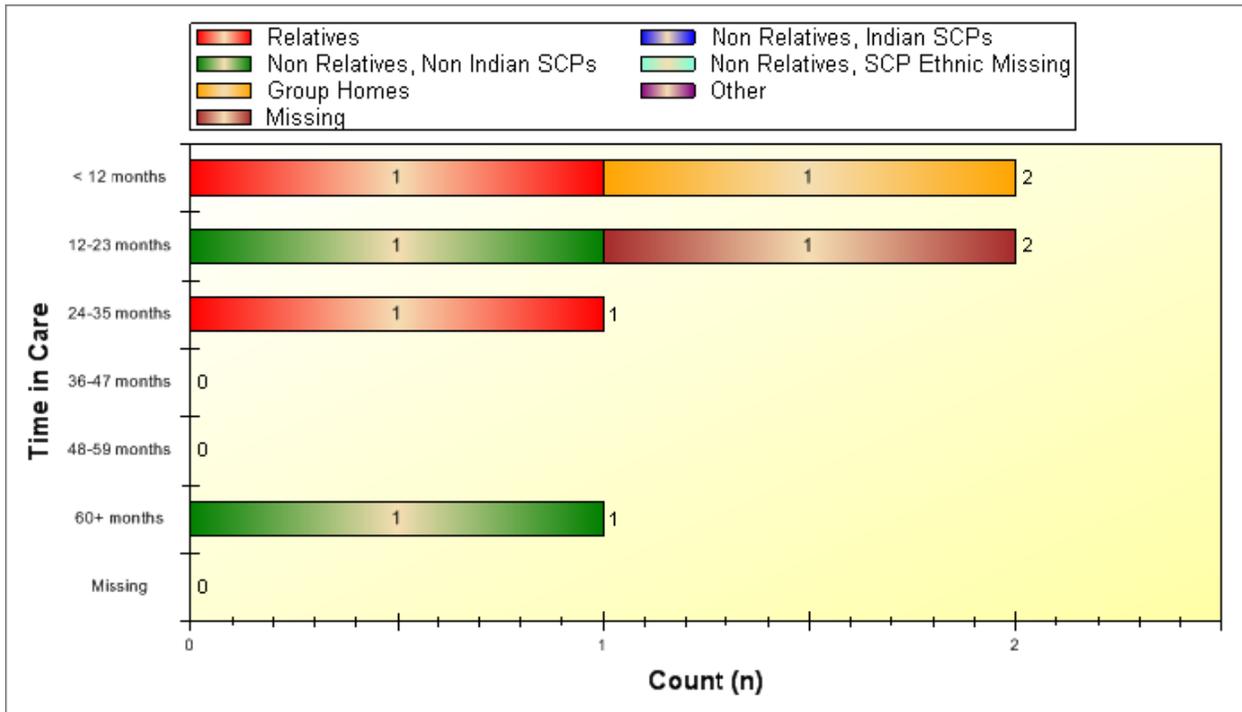
#### Analysis

This measure is impacted by the same factors that influence the initial placement rate.

2010 CSA data: 17.9

## 4E ICWA AND MULTI-ETHNIC PLACEMENT STATUS

The percentage of children who are ICWA Eligible in out-of-home placement by their placement status at a given PIT.



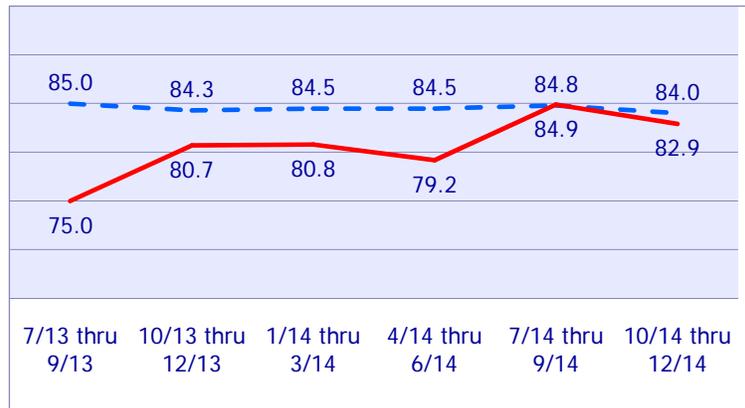
### Analysis

Merced has no tribes in the county.

## 5B (1) RATE OF TIMELY HEALTH EXAMS

The percentage of children in out-of-home care who have received timely health exams.

### 5B (1) Timely Rate of Health Exams



Q4 2014

#### Analysis

This area has slowly increased, it is believed this is just a data entry problem and that youth are receiving timely CHDP exams. Gathering data from the doctor's office and entering it into the CWS/CMS system is a timely process that is being pushed toward the PHN and a clerical assistant. Peer reviewers commented that gathering the information was very time consuming. If a clerical and PHN can gather the information, this relieves some of that duty from the social worker.

Merced was assigned one PHN to enter all data from the CHDP and dental records. In the last year, Public Health also devoted a clerical staff to assist in entering the data into CWS/CMS. This has slightly improved our performance. CWS also assigned one SSPW to assist in gathering this data from substitute care providers. Substitute care providers often forget to get the documentation from the doctor, thus delaying the process. This increase in people to gather and enter data related to CHDP appears to be working to bring up the numbers. This area will continue to be monitored to ensure that it is only a data entry problem.

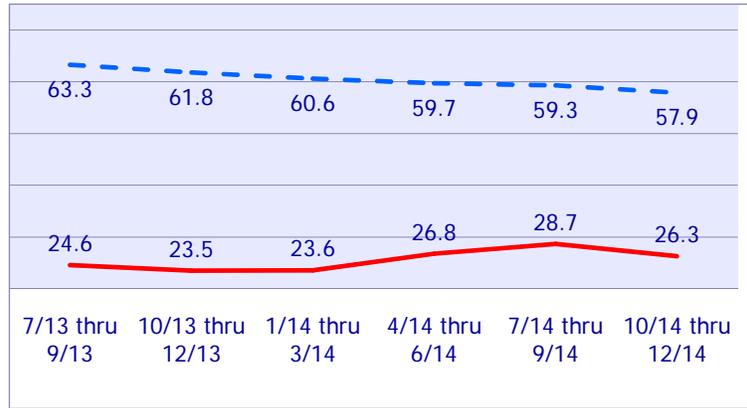
Social workers still discuss the CHDP during monthly visits and ensure that youth are receiving appropriate medical care. However, they do not have the time to also enter this information into the system and gather routine medical documentation from medical providers. When there is a serious medical issue, social workers do get information from the medical providers and they do enter it into CWS/CMS.

2010 CSA data: not reported

## 5B (2) RATE OF TIMELY DENTAL EXAMS

The percentage of children in out-of-home care who have received timely dental exams.

### 5B (2) Timely Rate of Dental Exams



Q4 2014

#### Analysis

This measure is impacted by the same factors as Timely Rate of Medical Exams.

2010 CSA data: (not reported)

## 5F PSYCHOTROPIC MEDICATIONS

The percentage of children in out-of-home care who have been authorized for psychotropic medications.

### 5F Authorized for Psychotropic Medication



Q4 2014

#### Analysis

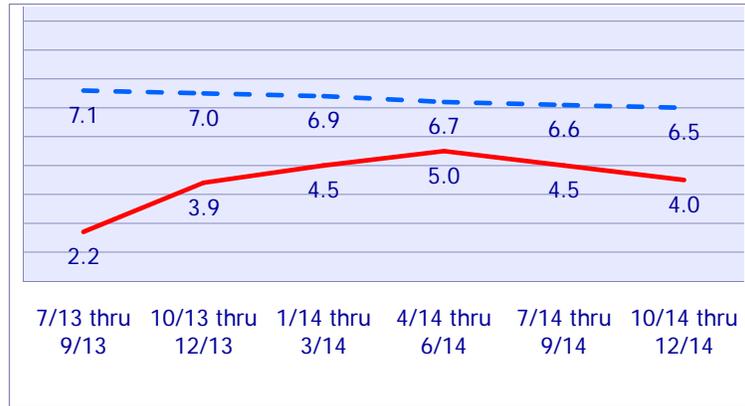
New legislation will require that a PHN must review the JV-220. CWS wants the PHN to follow up with the youth after use of psychotropic medication has begun to determine compliance, side effects, and efficacy.

2010 CSA data: (not reported)

## 6B INDIVIDUALIZED EDUCATION PLAN

The percentage of children in out-of-home care who have an IEP.

### 6B Individualized Education Plan



Q4 2014

#### Analysis

Starting in 2013 and SSPW was assigned to enter data on IEP.

2010 CSA data: (not reported)

## 8A COMPLETED HIGH SCHOOL EQUIVALENCY

The percentage of children who have aged out of foster care who have completed high school equivalency.

### 8A Completed High School or Equivalency



#### Analysis

Completing high school is a priority for Merced County. As an incentive, youth who graduate are rewarded with a lap top computer every year. ILP staff track seniors to see if they will attain a high school diploma.

2010 CSA data: (not reported)

## 8A OBTAINED EMPLOYMENT

The percentage of children who have aged out of foster care who have obtained employment.

### 8A Obtained employment



#### Analysis

Employment opportunities for youth in Merced County are scarce and the data reflects that. In an effort to increase the employment data for youth exiting care the ILP program has partnered with local job training programs to give youth the hands on experience they need to obtain jobs.

2010 CSA data: (not reported)

## 8A HOUSING ARRANGEMENTS

The percentage of children who have aged out of foster care who have housing arrangements.

### 8A Have Housing Arrangements



Q4 2014

### ANALYSIS

Affordable housing in Merced County is an issue and efforts are being made to help exiting youth with this. The department has a great collaborative relationship with the THP-Plus provider and work together to secure Section 8 vouchers for youth.

In 2014, 26 youth aged out of foster care. Of those, 12 made arrangements to live rent free, five share rent with someone, three live in THP+, one in supportive housing, one institutionalized or incarcerated, one in the military, Job Corps, or similar, one in subsidized housing and two received Section 8 vouchers.

2010 CSA data: (not reported)

## 8A RECEIVED ILP SERVICES

The percentage of children who have aged out of foster care who have received ILP services.

### 8A Received ILP Services



#### Analysis

Merced County has a robust ILP program that services youth in Merced and in Los Banos every week. Former foster youth are employed as ILP staff and make active efforts to engage youth in the program.

2010 CSA data: (not reported)

## 8A PERMANENCY CONNECTION WITH AN ADULT

The percentage of children who have aged out of foster care who have a permanency connection with an adult.

### 8A Permanency Connection with an Adult



#### Analysis

Merced County has a contract with CASA for family finding for our older youth and any youth who are potentially going to exit care with no life-long connection are referred to the program. Establishing a life-long connection is a process that begins when the youth turns 16.

2010 CSA data: (not reported)

Needell, B., 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 4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

## PROBATION

Sources for data in this section are CCWIP and SafeMeasures®. This data is taken from the CWS Outcomes System Summary April 2015, Q4 2014. Comparison data taken from Outcomes Systems Data Summary, Q4 2009. Because of the small numbers involved in the calculation of the percentage outcomes, the percent data can be misleading. To understand what the quarterly data reports are telling, it is helpful to look at the actual numbers in the numerator and the denominator.

## PR REFERRAL RATE

The number and rate per 1,000 of children with an allegation of abuse or neglect in a given 12-month time frame.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

Referral rate is not applicable to probation youth.

## PR SUBSTANTIATION RATE

The number and rate per 1,000 of children with a substantiated allegation of abuse or neglect in a given 12-month time frame.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

Substantiation rate is not applicable to probation youth.

## PR ENTRY RATE

The number and rate per 1,000 of children entering foster care in a given 12-month time frame.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.2

### Analysis

In 2009 three youth entered care. In 2014, 14 youth entered care. The increase in the number of youth entering care is the focus of the 2015 Peer Review.

## PR IN-CARE RATE

The number of children in foster care in a given 12-month time frame.

Time Frame	Q4 2009	Time Frame	Q4 2014
07/01/09	0.2	07/01/14	0.3

### Analysis

In 2009 there were 13 youth in care at the PIT measurement. In 2014, there were 22 youth in care. The increase in the number of youth in care is the focus of the 2015 Peer Review.

## S2.1 NO MALTREATMENT IN FOSTER CARE

The percentage of children who were not victims of substantiated maltreatment by a foster parent or facility staff in out-of-home care.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	100.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were 25 youth in care and in 2014 there were 46 youth in care who were identified not to be victims of substantiated maltreatment by a foster parent or facility staff in out-of-home care.

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

The percentage of children discharged to reunification within 12 months of removal. The denominator is the total number of children who exited foster care to reunification during the specified year. The numerator is the number of exiting children who reunified within 12 months.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	55.6	01/01/14 – 12/31/14	0.0

### Analysis

In 2009 there were five youth who were discharged to reunification within 12 months of removal. In 2014 there were none who were discharged to reunification.

## C1.2 MEDIAN TIME TO REUNIFICATION (EXIT COHORT)

The median length of stay (in months) for children in care more than eight days who were discharged to reunification during that specified year.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	11.2	01/01/14 – 12/31/14	0.0

### Analysis

In 2009 the baseline numerator was identified as not being applicable. But, it provided a baseline performance of 11.2. In 2014 the baseline numerator was captured and there were no youth identified for this measure.

### C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

The percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. The entry cohort is comprised of children entering foster care for the first time during a six-month period.

Time Frame	Q4 2009	Time Frame	Q4 2014
07/01/08 – 12/31/08	0.0	07/01/13 – 12/31/13	0.0

#### Analysis

In 2009 reunification within 12 months was not measured. Therefore, we are unable to compare the growth or lack of growth in the 4.75 year comparison. In 2014, the UC Berkeley reports identify that six youth reunified home within the 12-month period. The contributing factors that may have caused other youth not to return within that time frame are: sex offender programs are typically 18-month programs, other group homes programs range from six to 18 months based on the youth's rehabilitative goals. Other factors that can cause a delay in reunification are youth running away from the group homes, parents failing to engage in services, and the inability of the youth to reunify due to not having a family member to return to without placing the youth's safety at risk.

Timeliness of the court and staff turnover are not concerns impacting this measure.

### C1.4 REENTRY FOLLOWING REUNIFICATION

The percentage of children reentering foster care within 12 months out of those discharged to reunification during a specified year.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/08 – 12/31/08	0.0	01/01/13 – 12/31/13	25.0

#### Analysis

In 2009 there were no youth identified as reentering foster care within 12 months out of eight discharged to reunification during a specified year. In 2014, a youth successfully completed her rehabilitative goals and was returned to her mother. During the reunification process the family was referred to wrap services "WeCan" and the mother refused to engage in services. Following the refusal to engage in services it was found that the mother and sister of the youth were physically assaulting her. For the youth's welfare she was removed from the home and placed into foster care.

### C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT)

The percentage of children discharged to adoption within 24 months of removal. The denominator is the total number of children who exited foster care to adoption during the specified year. The numerator is the number of exiting children who adopted within 24 months.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

The following measurement is not applicable to probation youth. Probation does not discharge youth into adoptions.

### C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT)

The median length of stay (in months) for children discharged to adoption during a specified year.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

The following measurement is not applicable to probation youth. Probation does not discharge youth into adoptions.

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

The percentage of children in foster care for 17 continuous months or longer on the first day of the year, who were then adopted by the last day of the year.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	00.0	01/01/14 – 12/31/14	0.0

## Analysis

The following measurement is not applicable to probation youth. Probation does not discharge youth into adoptions.

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

The percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first of the period, who then became legally free for adoption within the next six months.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

The following measurement is not applicable to probation youth. Probation does not discharge youth into adoptions.

## C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

The percentage of children discharged from foster care to a finalized adoption within 12 months out of those who became legally free during a specified year.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/08 – 12/31/08	0.0	01/01/13 – 12/31/13	0.0

### Analysis

The following measurement is not applicable to probation youth. Probation does not discharge youth into adoptions.

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

The percentage of children, in care for 24 months or longer on the first day of the year, who were discharged to a permanent home by the last day of the year, and prior to turning 18.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	00.0	01/01/14 – 12/31/14	0.0

### Analysis

In 2009, there were three youth in care 24 months or longer, none discharged to permanency. In 2014, there were six youth in care 24 months or longer, none discharged to permanency.

Youth who are in placement have different types of reviews that pertain to permanency. When the youth reaches six months there is a Pre-Permanency Review, where the assigned DPO evaluates the return of the youth to the legal guardian or family member. At 12 months the youth receives a Permanency Review, where the assigned DPO will determine if the youth will reunify with the legal guardian, family member, or not. If the youth is unable to reunify, the DPO will have them stepped down to a less restrictive environment, either in a lower level Group Home or Foster Home setting. Typical situations in which you are identified as not suitable to return to the legal guardian or family are:

- youth who have committed a sex offense and the victim is still in the home
- cases where there is either no guardian or family member with whom to reunify the youth
- the family environment places the youth's safety at risk

For the youth who are unable to reunify, there is an 18-month review called Post-Permanency, the DPO evaluates the youth's progress and will work at placing them in a less restrictive environment, either in a lower level Group Home setting or Foster Home.

### C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

The percentage of legally free children exiting during the year who were discharged to a permanent home prior to turning 18.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

#### Analysis

In 2009 and 2014 there were no youth identified in the numerator of this measure. In 2009 and again in 2014 there was one youth in the denominator.

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

The percentage of children who were in foster care for three years or longer who were then either discharged to emancipation or turned 18 while still in care.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	100.0	01/01/14 – 12/31/14	25.0

#### Analysis

In 2009 and 2014, there were two youth identified each year as being in care for three years or longer who turned 18 while still in care. In 2014, the denominator for this measure was eight. (See comments for C3.1.)

### C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

The percentage of children in a specified year with two or fewer placements who have been in care for eight days or more but less than 12 months. Time in care is based on the latest date of removal from the home.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	91.7	01/01/14 – 12/31/14	93.3

#### Analysis

The placement unit has strived to place youth in group homes that best fit their needs and rehabilitative goals. The placement unit's efforts are clearly evident here. For youth who were in placement for a specified year with two or few placements (who were in care for eight days or more but less than 12 months) in 2009 was 91.7% and in 2014 the percentage increased to 93.3%. In both years they surpassed the National average of 86%.

## C4.2 PLACEMENT STABILITY (12 TO 24 MONTHS)

The percentage of children in a specified year with two or fewer placements who have been in care 12 months or more but less than 24 months. Time in care is based on the latest date of removal from the home.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	75.0	01/01/14 – 12/31/14	66.7

### Analysis

As noted in section C 4.1 the placement unit has strived to place youth in group homes that best fit their needs and rehabilitative goals. The outcome for youth who were in placement for a specified year with two or fewer placements who have been in care 12 months or more but less than 24 months, in 2009 was 75% and in 2014 66.7%. In both years they surpassed the National average of 66%.

## C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

The percentage of children in a specified year with two or fewer placements who have been in care 24 months or longer. Time in care is based on the latest date of removal from the home.

2010 CSA data: 71

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	18.2	01/01/14 – 12/31/14	9.1

### Analysis

The youth who are identified as being in care for 24 months within a specified year with two or fewer placements are ones who are stepped down from a group home setting to a less restrictive setting in a Foster Home. In 2009, probation had two youth who were identified and in 2014 one youth.

## 2F TIMELY MONTHLY CASEWORKER VISITS

This measure considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, of the children in care who were required to have an in person contact (e.g., who were in an open placement episode for the full calendar month); the number and percent of children who had at least one in-person contact during the month.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	97.8

### Analysis

In 2009, the measurement was identified as not being applicable. In 2014, the measure was identified as being applicable and 225 visits out of 230 were captured as being on time. The five cases that were not captured on time were due to delay of entries.

## 2F TIMELY MONTHLY CASEWORKER VISITS IN RESIDENCE

This measure considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, of the number and percent of children who had at least one in-person contact during the month, the number and percent of children where at least one of that month's in-person contacts was in the placement facility.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	93.3

### Analysis

In 2009 the measurement was identified as not being applicable. In 2014 the measure was identified as being applicable and 210 visits out of 225 were identified as being timely. The 15 visits that were not captured as timely were due to delay of entries.

## 4A SIBLINGS ALL

The percentage of children in care at a PIT with at least one sibling where all the children in a given sibling group were placed together.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

The following measurement is not applicable to probation youth.

## 4A SIBLING SOME

The percentage of children in care at a PIT with at least one sibling where one or more of the children in a given sibling group were placed together.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

The following measurement is not applicable to probation youth.

## FIRST ENTRY RELATIVE

The percentage of children entering foster care for the first time over a 12-month period who were placed with a relative at first entry.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

### Analysis

The following measurement is not applicable to probation youth.

## FIRST ENTRY FOSTER HOME

The percentage of children entering foster care for the first time over a 12-month period who were placed with a foster home at first entry.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

### Analysis

In 2009 and 2014 there were no youth identified for this measure.

## FIRST ENTRY FFA

The percentage of children entering foster care for the first time over a 12-month period who were placed with a FFA at first entry.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	132.3

### Analysis

In 2009 there were no youth identified for this measure. In 2014 there was two youth identified as entering foster care for the first time over a 12-month period who were placed with a FFA at first entry.

## FIRST ENTRY GROUP/SHELTER

The percentage of children entering foster care for the first time over a 12-month period who were placed with a group home/shelter at first entry.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	100.0	01/01/14 – 12/31/14	86.7

## Analysis

In 2009 there was two youth identified as entering foster care for the first time over a 12-month period who were placed with a group home/shelter at first entry. In 2014 there were 13 youth identified. The number of youth in placement is the focus of the Peer Review. Special emphasis was given in the peer review findings to developing strategies to keep youth in the local community and avoid placement.

## FIRST ENTRY OTHER

The percentage of children entering foster care for the first time over a 12-month period who were placed with a court ordered, guardian or SILP at first entry.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

In 2009 and 2014 there were no youth identified for this measure.

## POINT-IN-TIME RELATIVE

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a relative.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

In 2009 and 2014 there were no youth identified for this measure.

## POINT-IN-TIME FOSTER HOME

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a foster home.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	0.0

## Analysis

In 2009 and 2014 there were no youth identified for this measure.

## POINT-IN-TIME FFA

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a foster family agency.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	18.8	01/01/14 – 12/31/14	7.7

### Analysis

In 2009 there were three out of 16 youth who were identified as being in out of home placement on the first day of a given quarter who were placed with a FFA. In 2014 there were three out of 39 youth who were identified. The increase in the number of youth in care is the focus of the 2015 Peer Review.

## POINT-IN-TIME GROUP/SHELTER

The percentage of children in out-of-home placement on the first day of a given quarter who were placed with a group home/shelter.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	50.0	01/01/14 – 12/31/14	61.5

### Analysis

In 2009 there were eight out of 16 youth who were in out-of-home placement on the first day of a given quarter that were placed with a group home/shelter. In 2014 there were 24 out of 39 youth identified.

## POINT-IN-TIME OTHER

The percentage of children in out of home placement on the first day of a given quarter who were placed with a court ordered, guardian or SILP.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	31.3	01/01/14 – 12/31/14	30.8

### Analysis

In 2009 there were five out of 16 youth identified in out-of-home placement on the first day of a given quarter who were placed with a court ordered, guardian or SILP. In 2014 there were 12 out of 39 identified.

## ICWA ELIGIBLE STATUS

The percentage of children who are ICWA Eligible in out-of-home placement by their placement status at a given PIT.

### Analysis

Probation youth who were in placement during the time frames measured were not identified as being ICWA eligible. (no data)

## 5B-1 RATE OF TIMELY HEALTH EXAMS

The percentage of children in out-of-home care who have received timely health exams.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

This measurement is not applicable to probation youth.

## 5B-2 RATE OF TIMELY DENTAL EXAMS

The percentage of children in out-of-home care who have received timely dental exams.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

This measurement is not applicable to probation youth.

## 5F AUTHORIZED FOR PSYCHOTROPIC MEDICATIONS

The percentage of children in out-of-home care who have been authorized for psychotropic medications.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

This measurement is not applicable to probation youth.

## 6B INDIVIDUALIZED EDUCATION PLANS

The percentage of children in out-of-home care who have an IEP.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	N/A	01/01/14 – 12/31/14	N/A

### Analysis

This measurement is not applicable to probation youth.

## 8A COMPLETED HIGH SCHOOL EQUIVALENCY

The percentage of children who have aged out of foster care who have completed high school equivalency.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were no youth identified as aged out of foster care with a completed high school equivalency. In 2014 there was one youth identified.

## 8A OBTAINED EMPLOYMENT

The percentage of children who have aged out of foster care who have obtained employment.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were no youth identified as aged out of foster care who have obtained employment. In 2014 there was one youth identified.

## 8A HAVE HOUSING ARRANGEMENTS

The percentage of children who have aged out of foster care who have housing arrangements.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were no youth identified as aging out of foster care with housing arrangements in place. In 2014 there was one youth identified.

## 8A RECEIVED ILP SERVICES

The percentage of children who have aged out of foster care who have received ILP services.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were no youth identified as aging out of foster care who had received ILP services. In 2014 there was one youth identified.

## 8A PERMANENCY CONNECTION WITH AN ADULT

The percentage of children who have aged out of foster care who have a permanency connection with an adult.

Time Frame	Q4 2009	Time Frame	Q4 2014
01/01/09 – 12/31/09	0.0	01/01/14 – 12/31/14	100.0

### Analysis

In 2009 there were no youth identified as aging out of foster care who had a permanent connection with an adult. In 2014 there was one youth identified.

Needell, B., 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 4/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

## SUMMARY OF FINDINGS

The CSA is one of three major components required by the C-CFSR. The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (AB 636). In 2015, as required by AB 636, Merced County CWS and Merced County Juvenile Probation analyzed, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes, as well as key systemic factors. This CSA will form the basis of the five-year SIP for Merced County. The county conducted a very thorough and robust CSA process, including extensive stakeholder feedback. The County conducted 17 focus groups and met with the FWC aka CAPC to review findings and seek input and ideas. Nine out-of-county peers participated in the formal Peer Review by interviewing fourteen social workers and four probation officers. With the perspective of families, youth, foster parents, relative care givers, service providers, social workers, and probation officers available to compare, many similarities emerged in terms of the opportunities and challenges facing CWS and Juvenile Probation.

## Populations at Greatest Risk of Maltreatment

Children most likely to be referred to CWS for an allegation of maltreatment are children ten and under. Within that group, children under one year are the most likely to be referred. The incidence per 1,000 children under one is 78.9 in Merced County compared to 67.1 for all children in Merced and 54.6 for all children in California. The incidence of substantiation of allegations is higher for children under one than for other age groups. The incidence per 1,000 for children under one is 22.6, compared to 7.8 for all age groups in Merced.

Black and Native American children are over represented in the incidence per 1,000 children compared to other groups in both allegations and substantiations. For black children the incidence per 1,000 children for allegations is 180.5 and the incidence of substantiations is 23.1. For Native American children the incidence per 1,000 children for allegations is 142.2 and the incidence of substantiations is 19.6. The incidence for all children is 67.1 for allegations and 7.8 for substantiations.

The age group most likely to enter foster care is under one. The ethnic groups most likely to enter foster care are black and Native American. Children in Merced County are most likely to be referred for general neglect.

## County Strengths

### Probation

In the peer review, promising practices were identified for probation including:

- Case Plan specific to the needs identified by the youth and their family.
- Frequent contact with probation officer.
- Helping family problem solve, resulting in parents becoming more engaged.
- Focusing on success at getting off of probation to keep youth engaged.
- Setting limits without being overtly hostile.
- Assessing problems through understanding of culture resulting in engaging uncooperative and hostile parent.
- Getting parents involved.
- Parents Supporting Parents facilitated by Placement Officers, support group.
- Probation Officers educating families on available resources in the community that are free.
- Placement Officers participation in family counseling facilitated by the placement (group home).
- Placement Officers attending up to date training in regards to services for foster youth.
- Placement Officers being present for case reviews for the youth that they are working with.

Promising practices in services were also identified, including:

- Concrete services, such as food, clothing, help with utility bill
- Parent partners
- Early services
- Behavioral Health Court and Drug Court
- Family focused work
- Wrap services

Organizational Strengths of Juvenile Probation include an appropriately educated and prepared workforce and strong working relationships with CWS and law enforcement agencies.

### **Child Welfare Services**

The Peer Review designated promising practices for CWS, including:

- Individualized case plans developed with family, asking family what they need
- Case plans focus on behavioral change rather than compliance with completing service
- Social workers tailor service to parent, get feedback on services from parent, and change services to meet parents' needs.
- Social workers stagger services so it is not overwhelming for the family.
- File JV-180 at four months, returning the child, rather than wait for review hearing.
- Judge is frank with parents about time lines and also encouraging and tells parent to “partner” with CPS worker

### **Promising Practices – Services**

- Families are engaged in services right way
- Early referrals engage family when they are in crisis
- Services providers check in with family often and had good relationship before closing case
- Family counseling
- Incarcerated parents are sent anger management and parenting material while in prison
- WRAP

### **Promising Practices – Placement and Visitation**

- Family Finding works early in case and used to build support and connections
- CASA helps engage family members and gives transportation
- Maintaining connections for siblings
- Relatives monitoring visits
- Progressive visits with slow transition home
- Visits are more frequent in timely reunification cases
- 30 day trial visits – planned transitions

- Keeping same social worker from FR-FM
- Warm Handoff
- Social workers see foster children in placement at least once per month.
- Strong wraparound services keep children/youth in their homes.
- Low percentage of youth are placed in group homes.

Organizational strengths of CWS include a well educated and prepared workforce, spaces especially designed for family visitation and foster family recruitment, active participation in community coordination groups and strong working relationship with Juvenile Probation, Mental Health, and law enforcement.

### Areas Needing Improvement

Peer reviewers and focus group members identified two categories of areas needing improvement.

The first category is the type, quality, and variety of services available to families involved with either CWS or Probation. This category is discussed in the section below, **Service Array Gaps and Needs**.

The second category is agency policy or practice that have unintended consequences for achieving the desired outcomes for families.

For Probation, agency practices that have unintended consequences include:

- Some wraparound services are not available except to avoid the imminent removal of the youth to placement. If services were available sooner in the case, placement might be avoided.
- In some situations, services are provided without any actual hope that placement can be avoided in order to make the youth eligible for placement. "Going through the motions."
- When a youth is moved to placement the case is transferred to another unit, and any relationship that has been built between the probation officer and the youth is severed.
- Probation officers may fail to refer a youth for services rather than take the case to Placement Council which can be viewed as time consuming and potentially a futile exercise.
- Independent decision-making for probation officers is a positive but can also lead to inconsistent treatment of youth.

For CWS, agency practices that have unintended consequences include:

- Policy of having social workers monitor all family visits limits the number of visits.
- Using the Visitation Center for family visits restricts the family interaction to an artificial setting and does not present opportunities for parents to practice parenting skills in a natural setting.
- Case group conferencing insures consistency and appropriate oversight of practice, but lack of decision making authority in the field restricts the relationship between social workers, biological family, and foster families. The same is true for requirements that social workers consult with their supervisor before making certain decisions.

- Caseload size may be reasonable, but the amount of paper work required of the social worker can reduce the amount of time available to spend with families.

### **Service Array Gaps and Needs**

Focus group and Peer Review participants identified the gaps in services available in the county. Frequently the gap occurs not because the service does not exist in the county but because of issues with timing, transportation, language barriers, or cost.

#### **Gap: Parenting Training and Education alternatives and scheduling**

Parenting training education is provided by the FRC under contract with HSA. Classes are offered at multiple locations in the county in both English and Spanish. The classes are focused primarily on parenting toddlers and pre-schoolers. A need was identified for classes on parenting pre-teens and teens. The existing program is a 16-week, sequential class. Parents must enter the program during the first three weeks and cannot miss more than three classes. If parents miss the start of a class and have to wait for a new class to begin, completing the requirement for their plan can be considerably delayed. A need exists for non-sequential, enter any time classes. Suggestions from focus groups proposed in-home mentoring as an option for classroom based parenting education.

#### **Gap: Mental Health Services**

Mental Health Services were cited more than any other resource as a need. Services are needed for adults and youth in a variety of settings with multiple approaches to treatment to meet individual needs.

#### **Gap: Anger Management Services**

Several focus groups cited anger management services as a need. Currently only one provider is available in the county, and only one form of treatment is offered, regardless of the age or situation of the client. Choices in providers and treatment modalities are needed.

#### **Gap: Pro-social Activities for Children and Youth**

Probation officers, though not the only ones to cite this need, were especially aware of the lack of engaging and positive activities for youth. Youth living outside the major population areas are isolated and have little outside of school to occupy their time in a positive way. While sports programs are available in some areas of the county, some have a cost that prohibits participation from children in families living in poverty. Some activities are available, but they are not universally available in the county.

#### **Gap: Gang Prevention Programs**

The county has no gang prevention programs.

#### **Gap: Alcohol and Drug Treatment Programs**

Although the county has both public and private alcohol and drug treatment programs, focus group participants cited a need for more programs using a variety of treatment techniques. As an example, in one of the cases read for the Peer Review, reunification of a mother and her children was delayed because she could not find a treatment program that would accept her because she is prescribed medical marijuana. Some focus group participants expressed

skepticism about the treatment modalities and effectiveness of the counselors in some existing programs.

### **Summary of Outcome Data Measures**

Merced County CWS exceeded the national standard/goal for ten of the Outcome Data Measures.

- S1.1 No Recurrence of Maltreatment
- S2.1 No Maltreatment in Foster Care
- C1.4 Re-entry Following Reunification
- C2.1 Adoption within 24 Months
- C2.2 Median Time to Adoption
- C2.3 Adoption within 12 Months
- C2.4 Legally free within 6 Months
- C4.2 Placement Stability (12 to 24 months)
- 2F Timely Monthly Visits
- 2F Timely Monthly Visits in Residence

Merced County CWS fell below the national standard/goal on seven Outcome Data Measures

- C1.1 Reunification within 12 Months (Exit Cohort)
- C1.2 Median Time to Reunification (Exit Cohort)
- C1.3 Reunification within 12 Months (Entry Cohort)
- C3.1 Exits to Permanency (24 Months in Care)
- C3.2 Exits to Permanency (Legally Free at Exit)
- C3.3 In Care 3 Years or Longer (Emancipated/18)
- C4.1 Placement Stability (8 days to 12 Months in Care)

CWS identified the length of time to reunification for those children who are reunited with their family, as measured by Child Welfare Indicator C1.1: Reunification within 12 Months, Exit Cohort. This issue was identified for examination in the Peer Review because the county performance is below the national standard/goal for all three of the measures related to reunification and has been experiencing a decline in performance over the last 18 months. The county chose to focus on Measure C1.1 because it will reflect any impact of changed practice more quickly than C1.3 and any impact on C1.1 will be reflected in C1.2. However, all three taken together provide the clearest picture of performance on the identified issue.

Using the Quarterly Data Measure for analysis of Probation's performance presents some unique challenges for Merced County. The numbers included in the measures are small, and percentages are not very helpful in making comparisons since the change of just one person can make a large difference in the percentage outcomes. For that reason, Probation prefers to look at the absolute numbers.

In 2009 there were 13 youth in care at the PIT measurement. In 2014, there were 22 youth in care. The increase in the number of youth in care is the focus of the 2015 Peer Review.

### **Effect of Systemic Factors on Outcome Data Measures**

Probation Services finds the CWS/CMS system of only minimal usefulness. The issue of small numbers cited above is a factor. In addition, probation officers use only a small segment of the system, and they do not use it frequently enough to be proficient in its use. Also, the limitations on choices for ethnic identify result in outputs that do not accurately reflect the Hispanic

population. Additional training on use of the CWS/CMS system for Probation staff will be considered in the SIP phase of planning. Given the lack of usefulness of the data, it is difficult to determine the impact of other systematic factors.

CWS finds turnover and staffing is a systematic factor that has an impact on Outcome Data Measures. Merced does well on the Outcome Data Measures that involve safety, but the Measures that address timeliness are more challenging. Changing the social worker assigned to the case, regardless of the reason, uses valuable time for the social worker and the family. The social worker must spend time reviewing reports, becoming familiar with the case, establishing rapport with the family. The family must adjust to a new social worker and establish a new relationship. For all family members, but especially the children, losing a social worker may be another experience of loss and grief if a bond had formed.

Some of the Agency's internal policies, procedures and practices may constitute a systemic factor that has an impact on practice. In focus groups and the Peer Review, agency practices around latitude of the social worker to make decisions, paperwork and reporting requirements, and visitation protocols were cited as having unintended consequences that can impact practice and therefore outcomes on the data measures.

### **Relevant Data Trends**

Demographic information indicates Merced County is stable in population size, cultural diversity, income, and employment. Merced is culturally as well as ethnically diverse, but it ranks among California's lowest in several key socioeconomic indicators. Taken as a whole, they describe a county with low income, high unemployment, an under educated population, lack of affordable housing, high incidence of drug and alcohol abuse, high crime rates and families under extreme stress. However, these characteristics are not recent, and CWS and Probation have accommodated to working in this dynamic. Examination of the population involved with CWS shows no major change since the previous CSA. Referral rates to CWS continue to be higher than the state average. Only in the last quarter has the rate of substantiations gone down, but that change is attributable to a change in reporting data into CWS/CMS, rather than an actual change in the population.

The systemic factor of availability of services in the County is identified as a barrier to effective work with families, especially in the areas of parenting education, mental health treatment, substance abuse treatment, and pro-social activities for children.

### **Progress, Challenges, and Overall Lessons Learned from Previous SIP**

Probation focused on life-long connections for youth. The department was able to identify that there were 51 probation placement cases for 2014 and all had an identified lifelong connection; therefore, 100% had lifelong connections.

As a result of recommendations from the PQCR, the Probation Department has continued to utilize the process of notifying potential relatives of minors suitable for and/or ordered into out-of-home placement. In addition, DPO are now encouraged to ask about potential family members and/or caring adults in these minors' lives at every level of contact (Intake to supervision). As anticipated, this increased family engagement has helped identify and increase the number of potential lifelong connections for minors in out-of-home placement.

The Probation Department collaborates with Merced County's CASA for children to find a lifelong connection for 602 WI Wards who were prior 300 WI Dependent. This collaboration for 2014 resulted in two searches and one successful connection. A minor was able to establish a

relationship with a biological aunt, cousins, and grandparents that he had lost contact with when he was adopted. The minor has attended family reunions with them and continues to remain in contact with them.

Due to time constraints in Juvenile Delinquency Court, the Family Finding process has proven to be most effective in finding relatives/lifelong connections for each minor exiting foster care. The Probation Department continues to identify lifelong connections for each probation placement case and minors who are at risk of out-of-home placement in the wraparound programs.

CWS selected timeliness of adoptions as the focus for the previous SIP. The positive progress on these goals is attributable to the implementation of plans developed for the SIP. Primary among the interventions was the redistribution of work in the Adoptions Team. Management focus and attention on the importance of timely adoptions has been consistent, and the policy change to move the assignment of an adoption worker to an earlier stage of the case contributes to the reduced time to adoption. Additionally, CWS changed the way in which they were engaging adoptive families. Previously all responsibility was put on the family to move through the adoptions process and complete all paperwork. A cultural change to engage families and work with them to remove barriers to the adoptions process was adopted amongst the manager, supervisor, and social workers. This change in practice improved the timelines for adoption for families.

Building awareness among the FFAs of the importance of concurrent placements has also been important. Finally, the commitment of the Adoption Team has played a key role in the successful achievement of the goals for these two measures. The team has shown a keen interest in how it is performing on the measures and has pride in the outcomes. While the team's major concern has been and remains the children and the family, they understand and appreciate the importance of monitoring their data and promptly documenting case actions in CWS/CMS.

The number of adoptions in the county showed a considerable increase after implementation of the SIP strategies. In the third year of the SIP, the total number of adoptions decreased to 43. The total number of adoptions in the most recent year rose to 82.

SafeMeasures	October 1, 2009 to September 30, 2010	October 1, 2010 to September 30, 2011	October 1, 2011 to September 30, 2012	October 1, 2012 to September 30, 2013	October 1, 2013 to September 30, 2014
Total Adoptions	43	118	102	43	82

<sup>2</sup>Children's Research Center SafeMeasures® Data. Merced County, Full List, 10/01/13 to 9/30/14. Retrieved December 2, 2014, from Children's Research Center website. URL: <https://www.safemeasures.org/ca/safemeasures.aspx>. (Note: data varies slightly between Berkeley data and SafeMeasures for the same time period.)

Merced County received the 2014 Adoption Excellence Award in recognition of its extraordinary contributions to providing adoption and other permanency outcomes for children in foster care. The U.S. Department of Health and Human Services established the Adoption Excellence Awards Program in 1997 to recognize outstanding accomplishments in achieving permanency for America's children waiting in foster care. Merced County was the only public agency to receive the award in 2014.

The second focus for Merced County was placement with relatives. This measure reflects the percent of children placed in each type of foster care setting. It is measured at two points, entry and PIT. Merced County has historically had lower rates of family/relative placements at both measures than the average for the state of California. There is no national standard or goal for this measure. While there may be many environmental issues such as high rates of poverty,

high rates of illegal drug use, and a large percentage of undocumented residents, Merced County desires to maintain the connections with their families for children and increase the percentage of initial and PIT placements with relatives. The following table describes the placement data at the time of the SIP and the most recent quarter.

Initial Placement	SIP	July 1, 2013 to June 30, 2014
Relative	7.4%	13.9%
Foster Home	10.0%	11.0%
FFA	77.2%	66.3%
Group/Shelter	1.3%	2.1%
Other	4.1%	6.7%

1Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). Child Welfare Services Reports for California. Retrieved November 15, 2014, from University of California at Berkeley Center for Social Services Research website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Although the County did not reach the goals set in the SIP, substantial progress was made and the measures are monitored at each quarterly data review. The percentage of initial relative placements has almost doubled since the previous SIP. This area will continue to be a focus for attention during the five-year cycle.

### Next Steps and Initial Strategies in the C-CFSR Cycle

Probation and CWS will continue to work together with stakeholders to develop the SIP. The level of activity around the Peer Review engaged the active interest of social workers, Probation Officers and the community partners and a desire to participate in the process of developing strategies to address the identified issues.

In terms of timely reunification for families in the child welfare system, Merced leadership strategies will focus on eliminating the unnecessary systemic barriers that delay the completion of plans. The Agency continues to believe that the reunification of families depends on behavioral change on the part of the parents, not completing the steps of the plan. However, parent feedback indicates that this distinction needs to be more clearly communicated to the parents. Leadership will cautiously take steps to improve the timeliness of reunification, while closely monitoring the reentry rates.

For Probation's issue of the rising number of youth in placement, strategies will focus on how to determine when placement is the best alternative for the youth and whether youth are going to placement because of a lack of services in the community.

Strategies to Consider for Possible Inclusion in the SIP - CWS Information gathered in the CSA suggests a variety of improvement strategies to consider for possible inclusion in the 2016 SIP. These may include, but are not limited to, the following:

### Child Welfare Services

- Create additional time for social workers to spend with families by transferring routine or administrative duties to other staff.

- Evaluate the level of decision-making authority allocated to social workers with a goal of enhancing the social workers' professionalism and ability to make timely decisions. Develop processes for more overtly engaging parents in the case planning process.
- Develop alternatives for visitation that will allow more frequent visitation, alternative locations, and a variety of persons eligible to monitor.
- Work with the community to provide more convenient formats for parenting education.
- Develop parenting education for parents with pre-teens and teens.
- Increase quality, variety, and types of treatment available for mental health, substance abuse, and anger management. Especially for youth placed out of Merced County.
- Provide burn-out prevention/intervention training for social workers in a just-in-time mode.
- Examine causes other than turnover for moving social workers to/from cases and reduce the frequency of social worker changes for families.
- Engage Mental Health in developing mental health and alcohol and drug services that meet client's identified needs.

### **Probation**

- Develop a specific protocol for determining when placement is the best alternative for a youth.
- Provide training for Probation Officers on how to support families in accessing community services.
- Identify best practices and train Probation Officers on how to engage families that have given up on youth.
- Coordinate with CWS regarding trauma informed practice when a Probation youth is identified as a former child welfare client.
- Work with public and community providers to increase quality, variety, and types of treatment available for mental health, substance abuse, and anger management.
- Identify and eliminate structural barriers to offering services earlier in the case process.