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California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

County	Monterey
SIP Period Dates	2014-2019
Outcome Data Period	CWS/CMS 2015 Quarter 1 Extract

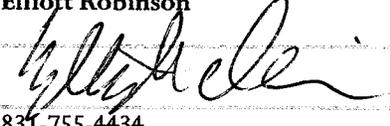
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\*Signatures must be in blue ink

# California - Child and Family Services Review

## **2015 Annual SIP Progress Report**

**September 9, 2014 TO September 9 2019**



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## Monterey County Board of Supervisors

District 1, Fernando Armenta

District 2, John M. Phillips

District 3, Simon Salinas

District 4, Jane Parker

District 5, Dave Potter



## Monterey County Department of Social Services

Elliott Robinson, Director

Robert Taniguchi, Branch Director, Family and Children's Services

### Monterey County Probation Department

Marcia Parsons, Chief Probation Officer

William Sims, Juvenile Division Director

# Introduction

Pursuant to Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001), the Child Welfare Outcomes and Accountability System to improve child welfare outcomes for children and their families in California was established. This system includes continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. It provides a means to objectively measure county performance in administering child welfare services, a protocol for assessing needs and strengths to improve that performance and a mandate to plan for continuous improvement. The California Child and Family Services Review (C-CFSR) includes;

- County Self-Assessment (CSA) which also includes a peer review
- System Improvement Plan (SIP)
- Yearly review and updates

Office of Child Abuse Prevention (OCAP) was integrated into the C-CFSR in 2008-2009 to fulfill some of CAPIT, CBCAP, PSSF requirements for a needs assessment which was previously included in the OCAP 3 year plan.

Monterey County, Department of Social Services (DSS) and Probation have developed this SIP Update on our continued journey to improve outcomes for children and families. Our end goal remains the provision of service and support for our most vulnerable and at-risk youth and their families.

In the following narrative you will see that the State of California has moved forward with the adoption of new outcome measures required by Administration of Children and Families and that locally we will be transitioning to those new measures. Language adjustments along with programmatic growth and the implementation of new mandates add an additional layer of consideration in interpreting these changes. Adjustments and changes will be reflected on the attached SIP Chart.

As this update was developed, managers and staff reflected on the potential changes that make today different from when our initial SIP was developed. Their perception defined an increase in case management related duties, education on new and promising new practices, system education regarding evidence based practices, growth in the number of youth in foster care and more difficulty in finding appropriate placements for children. The added adjustment to serving young adults and specialty populations has also increased the level of work related stress. This reality adds to the difficulty, but stresses the importance of Continuous Quality Improvement.

# SIP Progress Narrative

## STAKEHOLDERS PARTICIPATION

To ensure our process remains informative and collaborative, the collaborative nature of our System of Care(SOC) laid the foundation of core participation. SOC has acted as the collaborative body and oversight for Monterey County's Child Welfare Redesign and has provided feedback and commentary on changing demographics and data. SOC meets on a varied (Monthly as needed or Quarterly) schedule and contributed to the CSA and to the focus of this SIP. For more detail on the CSA and on steps taken to gather information go to: <http://mcdss.co.monterey.ca.us/reports/>

## CHANGE IN STATEWIDE DATA INDICATORS

California will begin the 3<sup>rd</sup> round of the CFSR in 2016. With this come new negotiated measures that look at Safety, Permanency and Well-Being. In the new measures we will no longer have composites. We will look at fewer and more simplified measures focused on entry cohorts. And we will see more opportunity for Continuous Quality Improvement and its innovation.

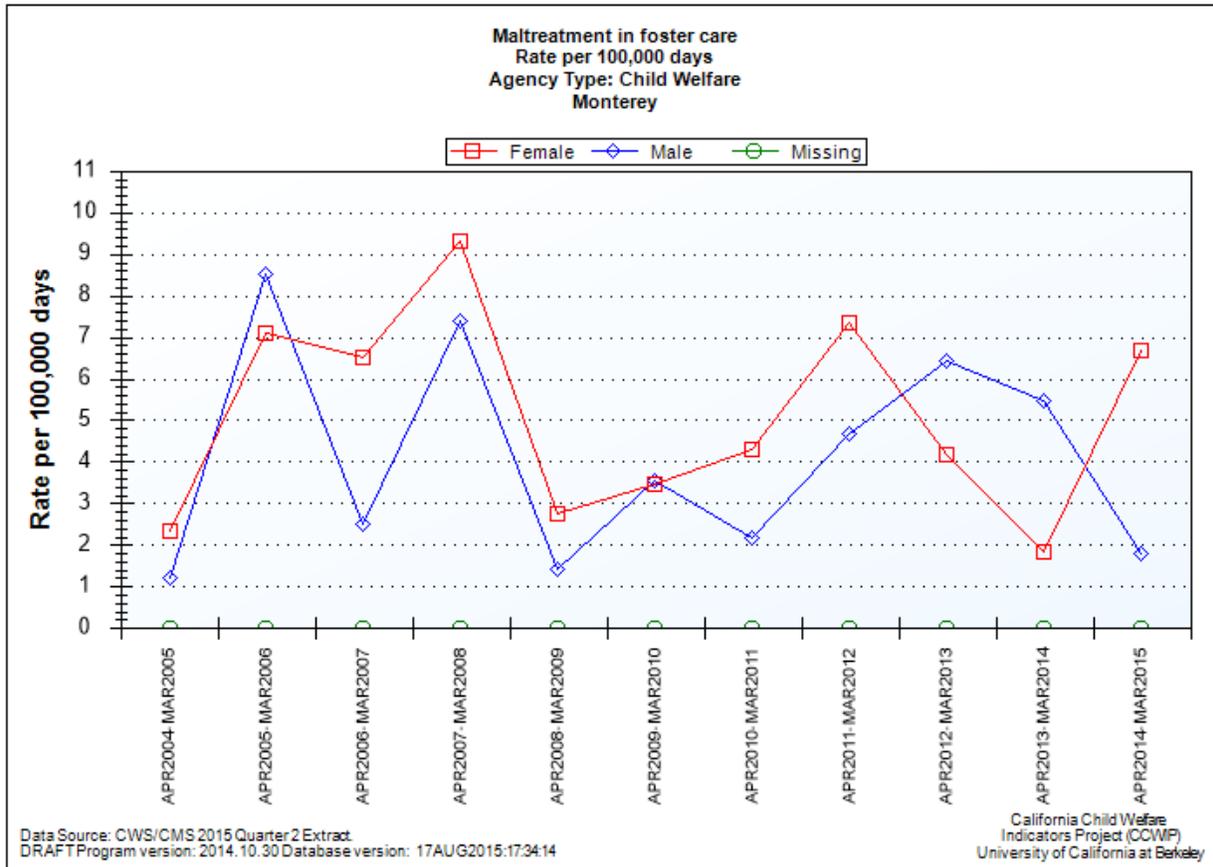
These new performance goals will be compared to National Standards with an end goal of minimizing variation in outcomes across counties. It will also require our participation in the Qualitative onsite case review starting in October 2015. This review will utilize a federally required instrument, rating guidance and certification for all reviewers. Monterey currently has 2 certified reviewers and will add 2 more in the next year.

The following are a list of the new measures:

- ✓ S1: Maltreatment in foster care
- ✓ S2: Recurrence of maltreatment
- ✓ P1: Permanency in 12 months for children entering foster care
- ✓ P2: Permanency in 12 months for children in foster care for 12 to 23 months
- ✓ P3: Permanency in 12 months for children in foster care for 24 months or more
- ✓ P4: Re-entry to foster care
- ✓ P5: Placement stability

In looking at these measures, Monterey County, due to its size has to be careful in using the outcomes. Percentages can influence perception based on the assumption of larger than average total numbers and the actual (n) could take away the impact of the severity of an issue. Keeping this in mind we have chosen to stay focused on the actual numbers when looking at our efforts.

S1 asks. “Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care? (Expressed as a rate per 100,000 days) ”

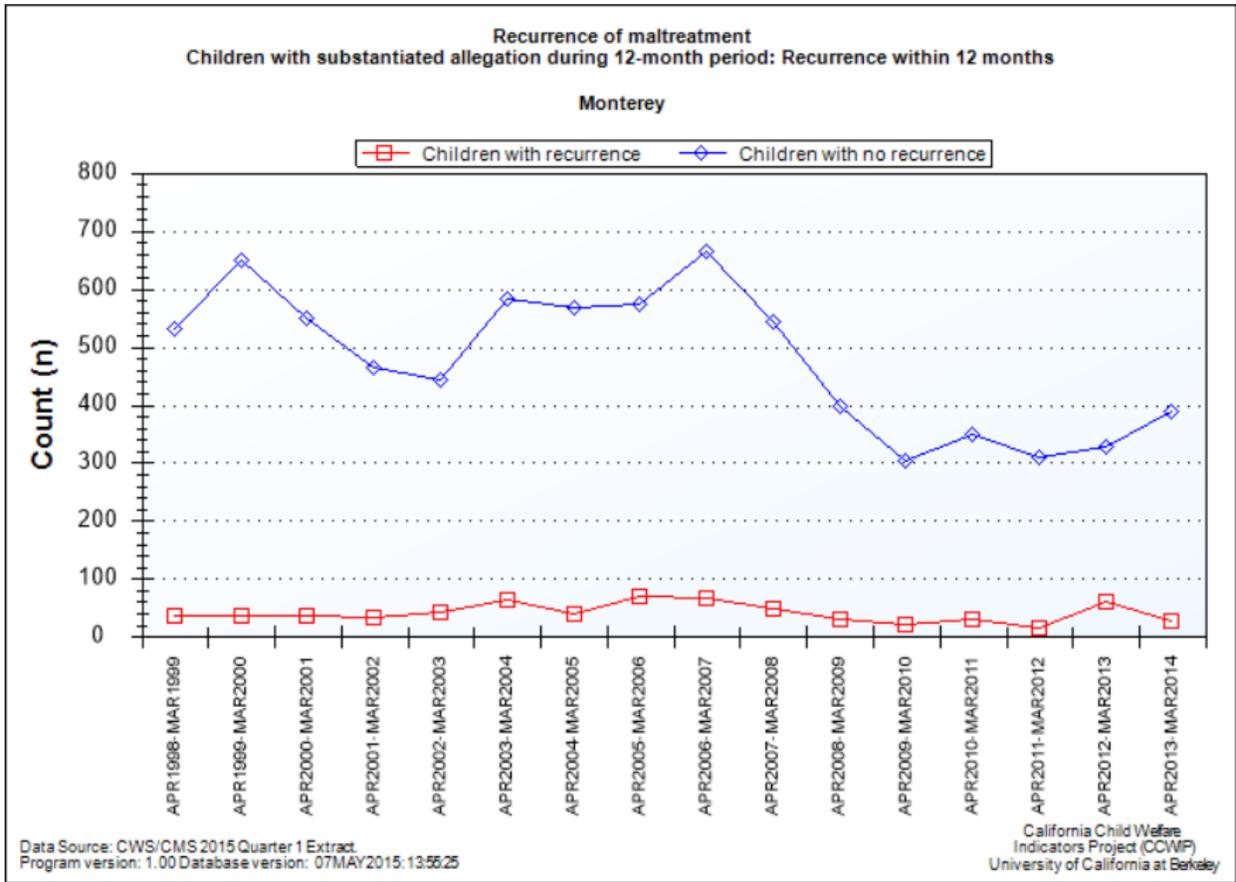


How to save your chart

Data Source: CWS/CMS 2015 Quarter 2 Extract.  
DRAFT Program version: 2014.10.30 Database version: 17AUG2015:17:34:14

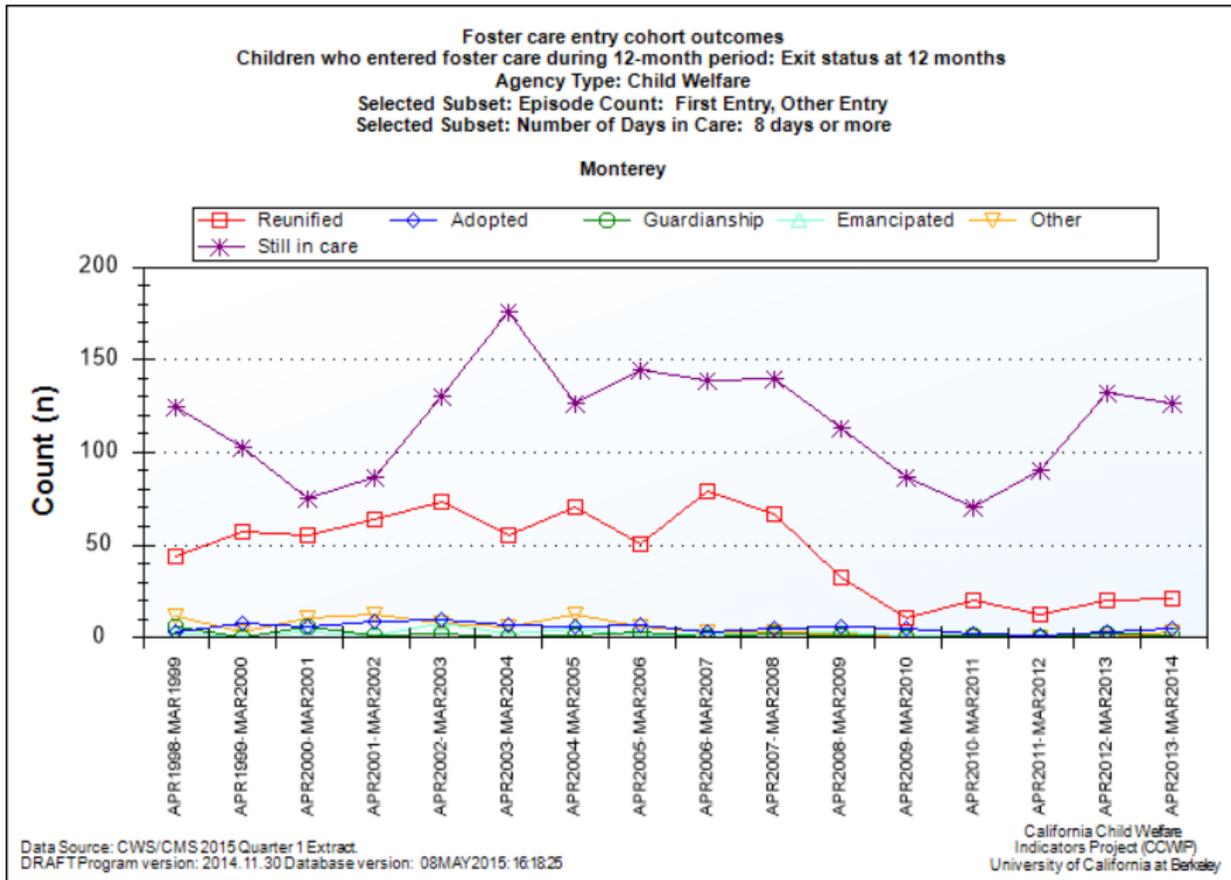
When looking at the number of instances, Monterey County has a low rate of 4.32 per 100,000 days and is well under the National Standard of 8.5.

S2 asks, “Of all children who were victims of a substantiated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?”



Under the new measure, which extends the time frame for recurrence from 6 months to 12 months, Monterey County has a low level of recurrence 7% is reflective of 29 out of 414 children (April 13 to March 14). This is well under the National Standard of 9.1%

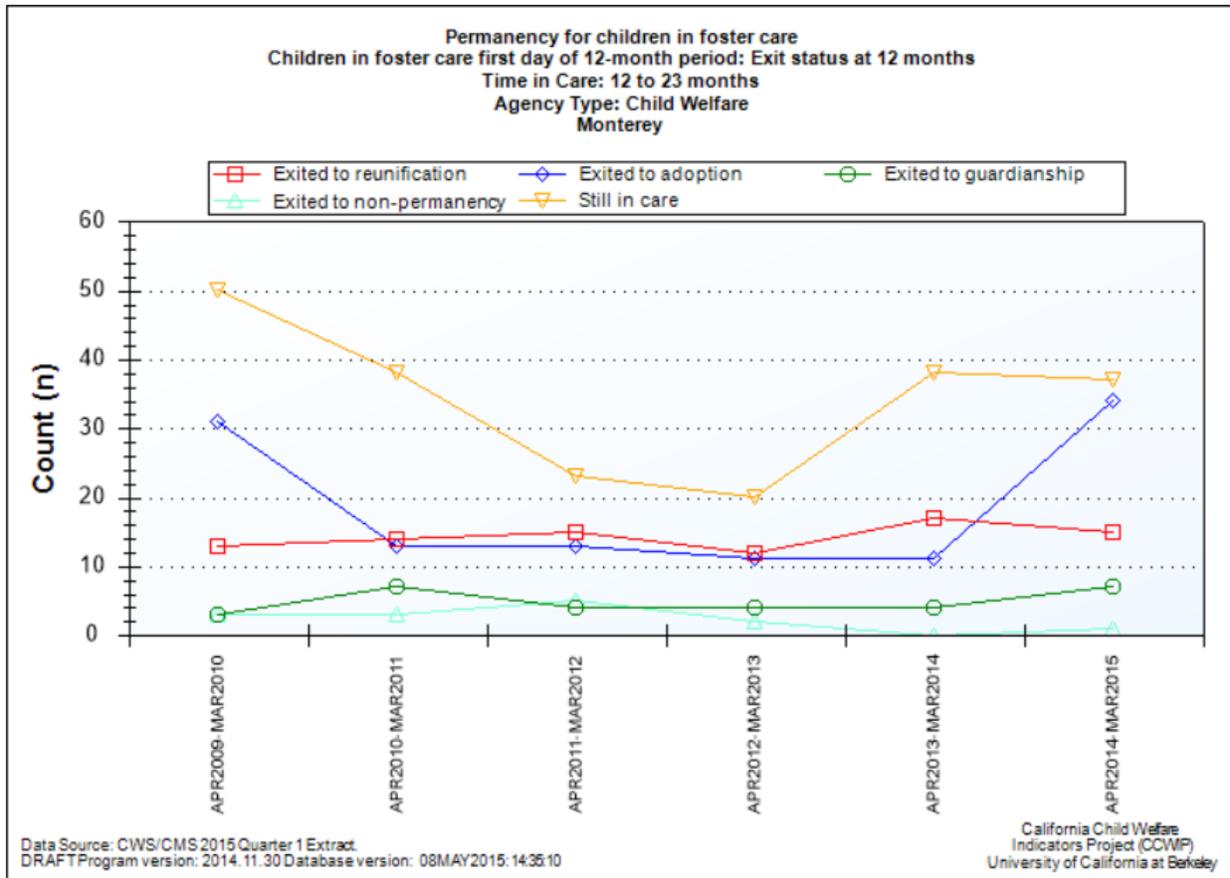
**P1 asks, “Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?”**



In looking at this measure, the definition of permanency is expanded to include a broader definition of exits rather than focusing on reunification alone. This measure has the ability to look at additional time frames and will be the focus of future research. Initially, we have seen reunification rates higher at 18 months than 12 months, continuous increase in adoption through 24 months and we have to wait to see the impact of legislation allowing extended stays in foster care for young adults. The National Standard here is 40.5% and as of Quarter 1 2015 Monterey County was at 16.8%.

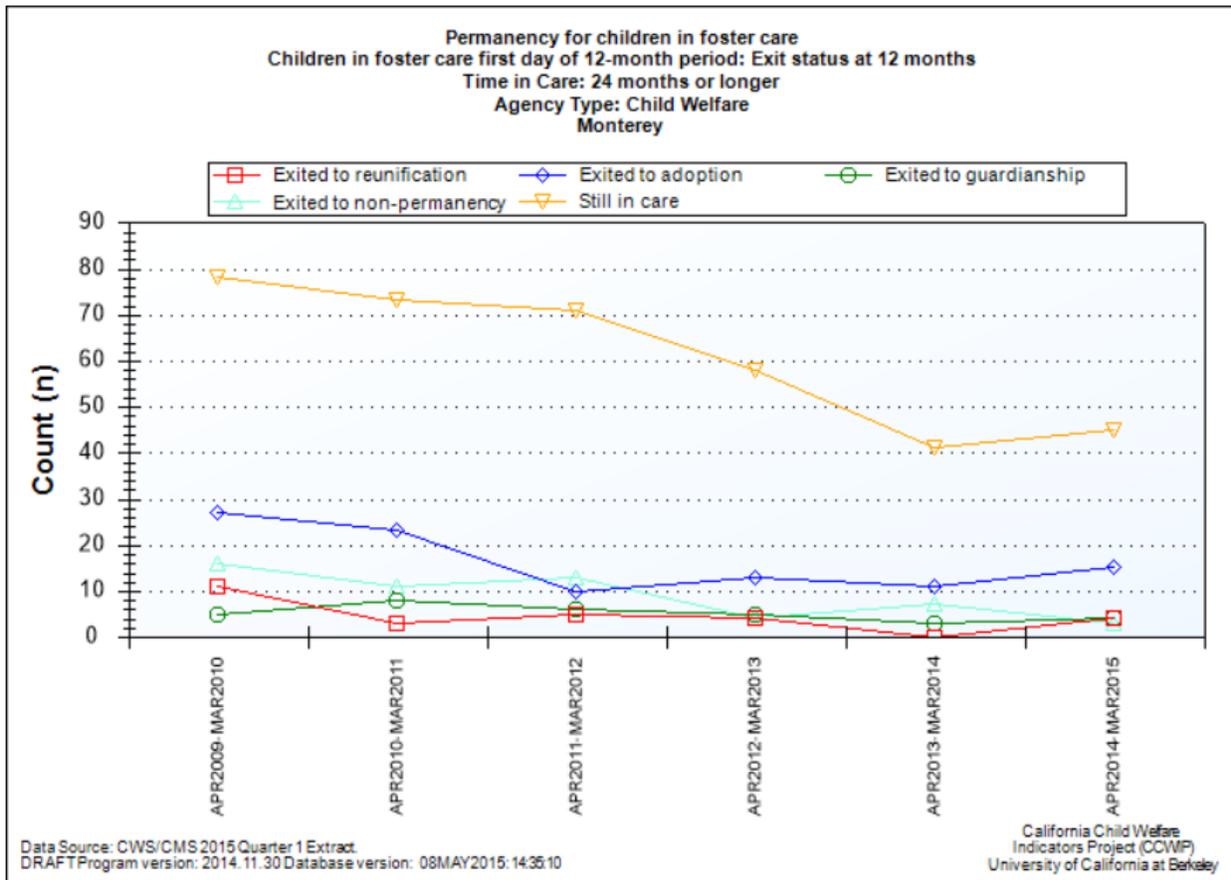
This measure remains controversial at best. Its direct correlation to the length and type of service remains an area of needed exploration. Perception has identified the complexity of cases and of alcohol and drug issues as one factor. In addition the same perception has indicated that the complexity of case work necessary to successfully reunify pushes out the time needed. Other comments have centered on availability of services, court time frames, and sufficient staffing.

**P2 asks, “ Of all children in foster care on the first day of the 12-month period, who had been in foster care (in that episode) for 12-23 months, what percent discharged to permanency within 12 months of the first day?**



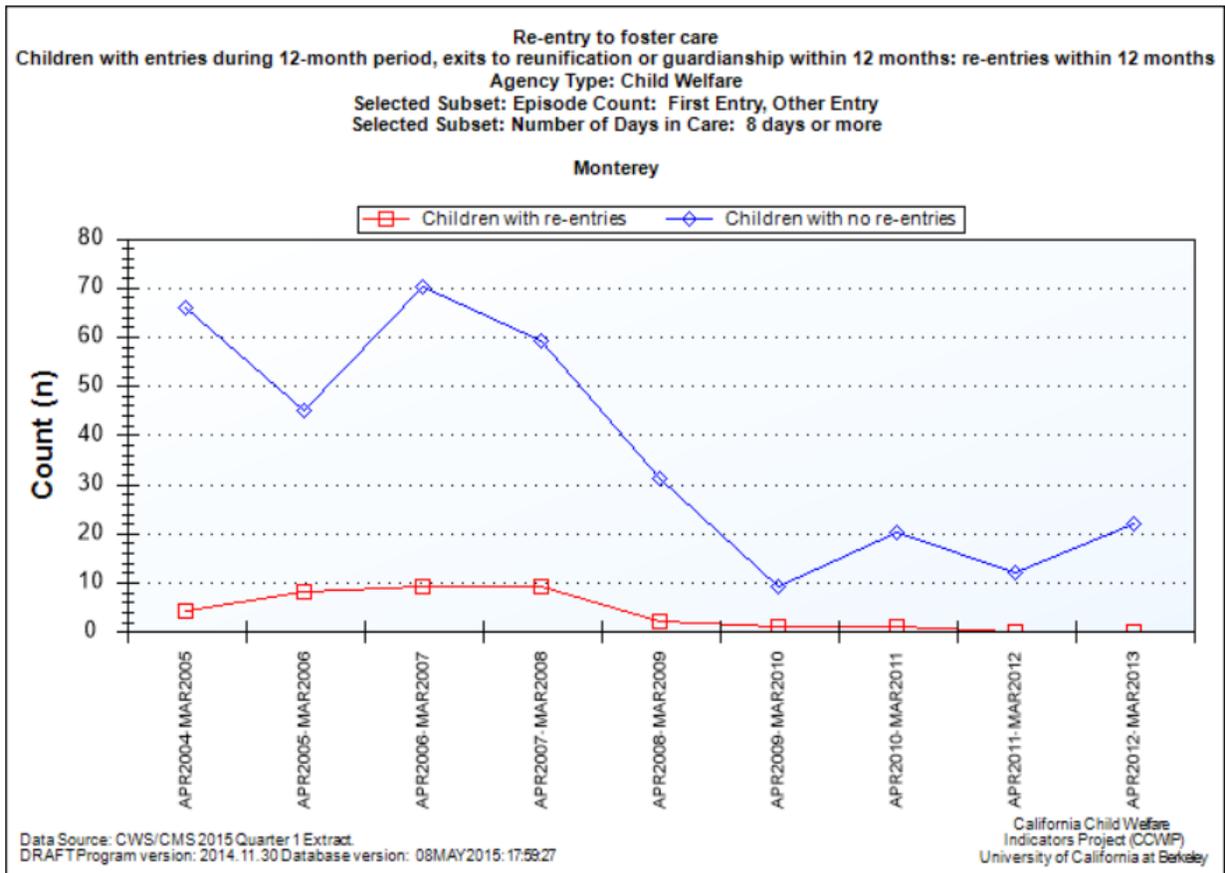
This is a new measure and looks at the intermediate time frame for youth in foster care. Working on identifying related factors or correlations to significant case events will need to be explored. The National Standard here is 43.6% and as of Quarter 1 2015 Monterey County was at 59.6%...

**P3 asks, "Of all children in foster care on the first day of the 12-month period, who had been in foster care (in that episode) for 24 or more months, what percent discharged to permanency within 12 months of the first day?"**



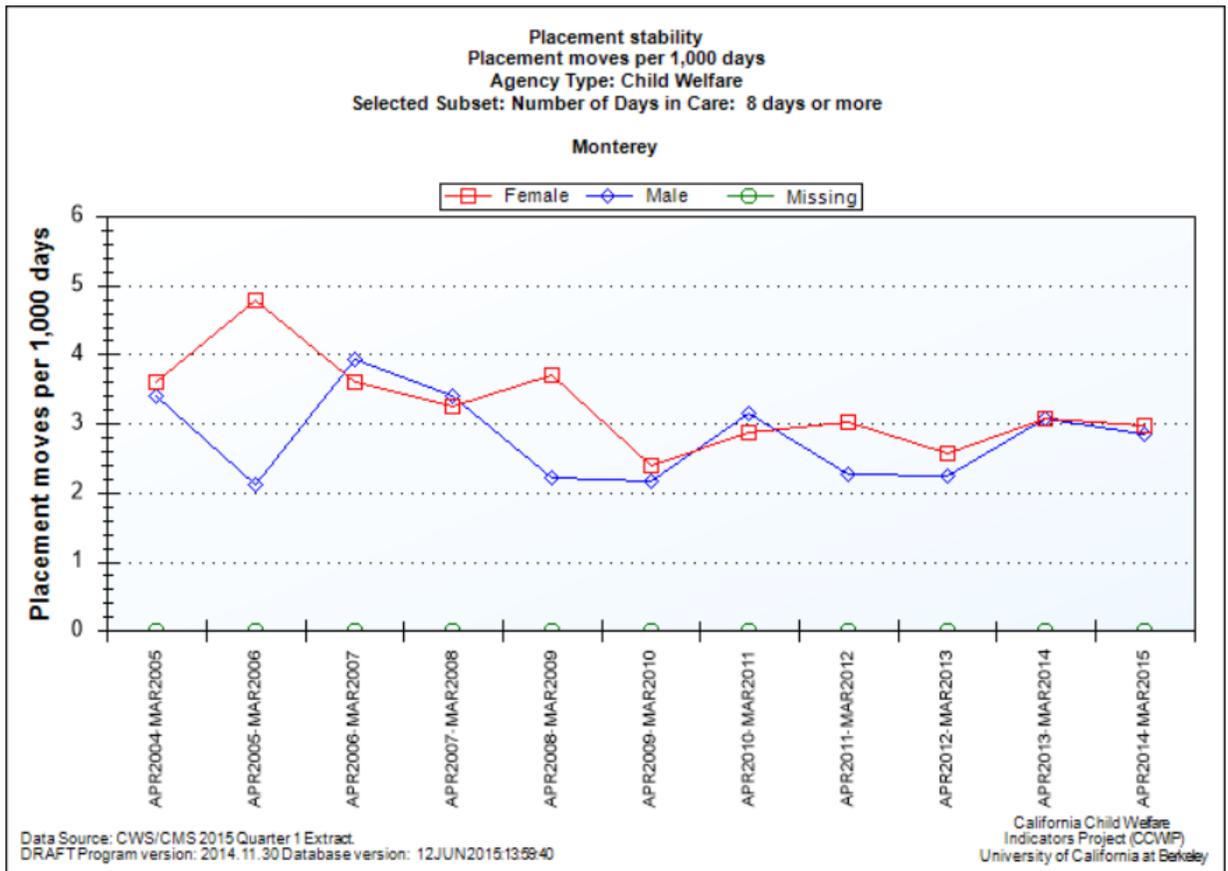
This measure is continued from CFSR2. The National Standard here is 30.3% and as of Quarter 1 2015 Monterey County was at 32.4%.

**P4 asks, “Of all children who enter foster care in a 12- month period and are discharged within 12 months to reunification or guardianship, what percent re-entered foster care within 12 months of their date of discharge?”**



This measure now includes exits to reunification and guardianship. Monterey County has historically performed well under this measure. There is a perceived relationship with the time spent to obtain reunification and or permanence. However, the changing face of influencing factors makes this area a very rich and complicated research focus. The National Standard here is 8.3% and as of Quarter 1 2015 Monterey County had no youth in the metric.

**P5 asks, “Of all children who enter foster care in a 12- month period, what is the rate of placement moves per day of foster care? (Expressed as a rate of moves per 1,000 days)”**



In looking at placement stability, the new construction of this formula allows for the number of moves divided by placement days. This movement will allow for the actual number of moves vs. the prior, 2 or more. The resulting impact of this measure has to be reviewed in the context of CWS/CMS documentation. Data Entry into the state mandated system requires an additional level of quality assurance to ensure accurate and complete documentation of placements, their time frames and the use of non-foster care placements. Impacts of RFA/CCR and the forthcoming processes may impact this definition of stability. The National Standard here is 4.12 moves per 1,000 days in care and as of Quarter 1 2015 Monterey County was 2.89.

### 5F CHILDREN AUTHORIZED FOR PSYCHOTROPIC MEDICATIONS

California Department of Social Services, Child Welfare Data Analysis Bureau  
California Child Welfare Indicators Project (CCWIP)  
University of California at Berkeley

#### Children Authorized for Psychotropic Medications Number of Children in Care Authorized for Psychotropic Medications Agency Type: Child Welfare

Number	Monterey	49	65	69	64	45	43	62	50	47	43	52	47
Percentage	Monterey	11.3	12.7	13	13	8.8	8.8	15.5	16.2	17.3	15.3	16.2	13

The use of psychotropic and anti-psychotic medication remains a controversial topic. Professionals validate appropriate uses and advocated move for stricter control or non-use. In our current populations, medications are a child specific focus. As can be seen above the number of actual youth on medications has had minor changes in the number ranging historically from 43-69. But when looking at

percentages, the range is 8.8% to 17.3%. Monterey County is committed to the needs of each child and in partnership with Behavioral Health and community partners will work to assure the appropriate use of medications.

**Probation:**

**S1 Maltreatment in Foster Care**

There were no incidents of maltreatment in foster care. Probation has not seen any change in performance from CFSR Round 2 measure S2.1 - No Maltreatment in Foster Care to the new CFSR round 3 measure.

**S2 Recurrence of Maltreatment**

N/A

**P1 Permanency in 12 Months for Children Entering Foster Care**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance <sup>1</sup>	National or Compliance Standard
07/01/13	06/30/14	6	32	18.8%	>40.5%

As of October 2015, Monterey County Probation is not meeting the national standard for this measure. This is due to youth having multiple placements due to absconding or due to discharge for negative behavior. Therefore, the time frame for said youth is extending past the 12 month period to adequately participate in and successfully complete the placement program. Probation has not seen any change in performance from the CFSR Round 2 measures to the new CFSR Round 3 measure.

**P2 Permanency in 12 Months for Children in Foster Care 12-23 Months**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance <sup>1</sup>	National or Compliance Standard
07/01/14	06/30/15	6	11	54.5%	>43.6%

Monterey County Probation is currently performing above the national standard for this measure. This can be attributed to continued family reunification and permanency efforts as the youth stabilizes in their placement and successfully graduates from the program. Probation has not seen any change in performance from the CFSR Round 2 measures to the new CFSR Round 3 measure. Adoption and legal guardianship are not common forms of permanency as most youth reunify within 12-24 months.

**P3 Permanency in 12 Months for Children in Foster Care 24 Months or More**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance <sup>1</sup>	National or Compliance
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					<b>Standard</b>
07/01/14	06/30/15	5	10	50.0%	>30.3%

Monterey County Probation is currently performing above the national standard for this measure. This can be attributed to Probation’s sex offender population who average between 24 and 36 months to participate in and successfully complete their placement program prior to reunifying at home. Probation has not seen any change in performance from the CFSR Round 2 measures to the new CFSR Round 3 measure. Adoption and legal guardianship are not common forms of permanency as most youth reunify within 12-24 months.

**P4 Re-Entry to Foster Care**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance <sup>1</sup>	National or Compliance Standard
07/01/12	06/30/13	2	4	50.0%	<8.3%

Monterey County Probation is not meeting the national standard for this measure. Probation has not seen any change in performance from the CFSR Round 2 measure to the new CFSR Round 3 measure. Probation is currently reviewing the data to determine the reasons as to not meeting this measure.

**P5 Placement Stability**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance <sup>1</sup>	National or Compliance Standard
07/01/14	06/30/15	7	7,381	0.945%	<4.12

Monterey County Probation is currently performing above the national standard for this measure. Probation has not seen any change in performance from the CFSR Round 2 measures to the new CFSR Round 3 measure. This can be attributed to the Probation Foster Care Placement Unit making appropriate decisions to locate and continue to place youth in the most appropriate placement programs based on their specific treatment needs.

**CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS**

As referenced in our SIP, Child Welfare focus targeted the following CFSR2 objectives;

***S1.1 No Recurrence of Mal Treatment:*** *This is seen as a core foundation performance area that requires ongoing monitoring and focus. Despite our consistent performance in this measure, it is one that is seen as critical to day to day operations.*

**C1.3 Reunification within 12 months (Entry Cohort):** This Measure has continually been a challenge to one, find value when weighed against re-entry and two, to find ways to expedite the treatment of families for their maximum success. However, we are willing to continually look at varied aspects of our system to improve the measure within the balance of its relation to re-entry.

**C2.5 Adoption Within 12 months (legally Free):** This measure was substituted for Median time which was the focus of our peer review due to the pending changes published in the Federal Register. This measure performs fairly well, but will keep the focus on entry cohort not the exit cohort.

**C4.3 Placement Stability (At Least 24 Months in care):** This measure has also been one needed time and attention. Although our stability for 12 months and 2 years is consistently appropriate, after 2 years our ability to maintain the home comes into question. Focus on this area has been under constant change since the implementation of AB12 and looking at this measures relationship to other factors may be critical.

**UPDATE TO POINT IN TIME PERFORMANCE:**

CFSR2	2014*	**2015	
<b>S1.1</b>			
National Standard	94.6		
CSA Baseline	87.8		
PIT	95.9	91.7	-
<b>C1.3</b>			
National Standard	48.4		
CSA Baseline	15.8		
PIT	6.3	16.2	-
<b>C2.5</b>			
National Standard	53.7		
CSA Baseline	82.8		
PIT	86.1	82.4	+
<b>C4.3</b>			
National Standard	41.8		
CSA Baseline	27.3		
PIT	34.3	47.3	+
*Data Source: CWS/CMS 2014 Quarter 1 Extract			
**Data Source: CWS/CMS 2015 Quarter 1 Extract			

In looking at the CFSR-2 point in time performance, Monterey County is within the tolerance identified in the attached SIP Chart. That being said, the need for continued data integration and continuous quality improvement grows with every step of change and system adjustment.

In defining populations or “Cohorts” (entry and exit) it is clear that mapping those populations with social determinants will be necessary in order to understand the fluctuations within high risk populations. Working under the concept of Stewards of Change’s Interoperability the connection to data that would allow us to explore resource availability, access to education and opportunity, access to health care, social supports, housing and other social and/or cultural information would prove invaluable.

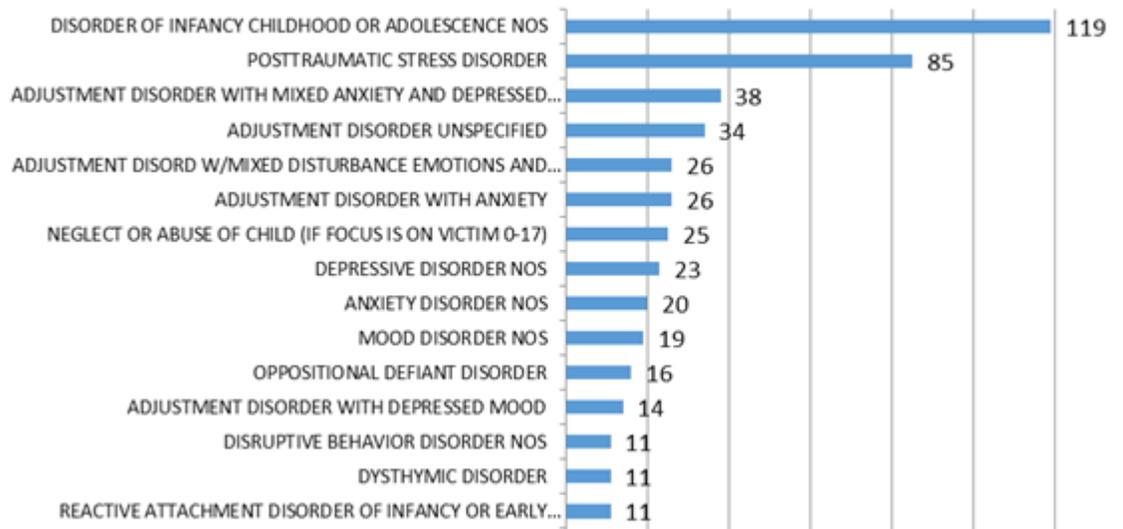
In looking at our Behavioral health data, we can see the following total number of services for youth in foster care on July 1, 2014 and the cost:

Total number of services	40548
Total Cost	\$7,613,905

The questions that remain can be vast, starting with how does the provision of behavioral health services impact outcomes, or describe stability? This information would be important in defining improvement. Initial data review indicates that only a small portion of youth drive the largest bulk of service consumption. This data reflects services across the continuum of behavioral health services, from in house supports to external contractors. How services stay coordinated; how different assessments direct the services received; are all the services necessary; do we need a service that’s missing; are all valid questions that remain on the table.

The following chart breaks down that same population by their most current Diagnosis. With over 50% of the diagnosis represented as Disorder of Infancy (NOS), PTSD, and Adjustment Disorders. The relevance of effective trauma informed assessment becomes more critical in day to day child welfare. The impact of primary or secondary trauma may have specific correlations to the experience and cost of service. Thus having a direct impact on state tracked Child Welfare Outcomes.

## 2014-15 Diagnosis Matched FC Youth (N=535)



\*Internal Data Matching DSS Avatar Extract 7-1-2014 to 6-30-2015

\*\*57 cases have been censored due to the small number represented in their respective Dx.

As referenced in our SIP Chart, our focus will transition to the following CFSR3 Objectives;

**S2 Recurrence of Mal Treatment:** *Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report.*

**P1 Permanency in 12 months for Children Entering Foster Care:** *Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care.*

**P5 Placement Stability:** *Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period.*

CFSR3	2014*	2015*	
S2			
National Standard	9.1		
PIT	15.2	7	+
P1			
National Standard	40.5		
PIT	15.9	16.8	-

P5			
National Standard	4.12		
PIT	3.07	2.89	+
*Data Source: CWS/CMS 2014 Quarter 1 Extract			
**Data Source: CWS/CMS 2015 Quarter 1 Extract			

## STATUS OF STRATEGIES

Before discussing specific strategies, it is important to look at some of the changes since the last SIP. Staffing instability has led to changes in leadership across departments as well as leaves of absence and coverage concerns internal to child welfare. Internally child welfare has consolidated Emergency Response Service, rotated supervision, and adjusted to new practice requirements. Ongoing dialogues are taking place to find common ground on the definition of workload. The application of the 2030 Workload study no longer accounts for the practice changes, however funding methodology requires that we look at caseloads, and the question remains .....What is reasonable?

Externally we have adjusted to new leadership at Probation, Behavioral Health and with key community stakeholders.

Compile these changes with changes in technology, the need for mobility, increased accountability and paradigm shifts in core practice and you have a perfect confluence of instability.

With this environment the ability to assess and monitor change has become challenging. It is too soon to indicate whether or not we believe from a qualitative standard or a quantitative one if these strategies actually impact any outcome. Dependent on the future availability of resources for evaluation, we may be challenge to present more than a speculation at best. We are becoming more reliant on qualitative feedback and group discussion as efforts to integrated data become stalled and absorbed into large governmental conversations. However, the feedback received was used in reporting on the following strategies.

### **Strategy 1: Cal WORKS Family Stabilization: Increase access to services for prevention by building on relationships with services offered through employment services (ER)**

Integration of coordinated services within Social Services remains a focus, however the multiple definitions and population identification creates a process barrier and thus lower than expected caseloads. Time frames to achieve success have been extended to allow further exploration into solutions for a complexity that was underestimated. Time frames will be extended to meet this strategy.

### **Strategy 2: ER Performance Improvement Project**

It is with little fanfare but great appreciation that we acknowledge that dedicated staff at our Child Advocacy Center for achieving their accreditation in June of 2015. This validates the work and support they have provided for our at risk youth.

As with any performance improvement, many tasks will continue, but the installation of Solidus Software for call tracking, continued work on evaluation of workload and assignment standards continue to move forward. Transparency for the work and the existing backlog has left many feeling stressed, however plans are in place to reduce and eliminate the backlog. Thus the strategy is ongoing.

### **Strategy 3: Training: Provide staff and community education (ER)**

Efforts continue with the dissemination of information and training. Efforts for improved community level training are continuing with feedback improving the mandated reporter series and improving the feedback letters sent by the department. Ongoing coordination with the Bay Area Academy to update us on the pending changes with Structured Decision Making and the implementation of Safety Organized Practice gets complicated when also introducing call management software and a new change management process. These efforts will continue.

### **Strategy 4: Continuous Quality Improvement (CQI)-(ER)**

CQI is an area of consistent change and new developments, some adjustment is being made to look closer at the individual worker capacity, their skills and ability as well as time availability. These qualitative factors should add additional layers to existing data reports as well as review of regulatory requirements as the many process changes are implemented. This strategy will continue.

### **Strategy 5: Cal WORKS Integration**

Training related to continued Cal Works service access as well as alternative funding streams for Relative Providers (ARC) has been completed. But integrating through DSS systems will take longer than expected. Some of the concern relates to the low numbers of eligible families and the ongoing turn over of staff. The time line will be revised to complete this strategy.

### **Strategy 6: Increase collaboration with Behavioral Health and Door to Hope**

Key partner relationships are critical to child welfare improved outcomes. With some key relationships open and ongoing collaboration is necessary to continue to meet the demands of the children and families coming into child welfare. We have seen success in the implementation of therapeutic visitation and on larger strategic planning sessions, but work remains to deal with youth waiting for service and service expansion. The passing of AB403 will require we go back to more planning focused dialogue to see full success in this strategy.

Our existing collaborations has grown to involve a robust public-private partnership among child welfare, behavioral health, and community-based organizations, and is characterized by a number of innovative family-centered practices that include pre-natal supports, prevention and early intervention, parent training and remediation for children exposed to trauma.

### **Strategy 7: Ongoing Case Management Training**

As staff is brought up to speed with Safety Organized Practice, staging the modules for staff is an ongoing process. Staff have been trained in Solution focused inquiry, which is aimed at helping families visualize the changes they want and builds on what they are already doing that works. Additional modules are scheduled in the coming year. With this taking an enormous effort, our focus on Concurrent Planning has been put on hold until appropriate resources are available.

As Katie A. implementation continues, the integration of Family Team Meetings has taken hold, however under pending system changes these meetings will evolve and require additional training which is being developed.

#### **Strategy 8: Ongoing Continuous Quality Improvement (CQI)**

CQI with staff carrying cases has been focused on process and integration of data and data reports within regular supervisor duties. This effort is ongoing and one of many changes they are currently integrating.

#### **Strategy 9: Home study redesign to increase timely completion**

Internal Adoption staff has been integrating with community providers to improve intakes and expedite home studies. Partner agencies have been meeting with staff and training is ongoing. Individual training plans are still being planned, but existing workloads has lead to this being placed on hold.

#### **Strategy 10: Increase use of collaborative meetings and concurrent planning teams**

As part of our existing case plan reviews, a protocol is in place to ensure tracking and discussion of concurrent planning needs and objectives.

Efforts at keeping permanence in the forefront of discussions are in place, but there are efforts at the supervisor level to look at re-development of the meeting structure.

#### **Strategy 11: Training and CQI**

Again efforts at concurrent planning are on hold. However integration and development conversations have moved forward with Hartnell Community College and Bay Area Academy.

#### **Strategy 12: Establish meeting hub and supports for Foster Parent recruitment and retention**

Efforts at retention and recruitment will be evolving with the adoption of RFA and CCR. A meeting structure is in place and efforts for outreach are continuing. However, Monterey County has moved forward to be part of Cohort 2 and will work to implement the RFA by March of 2016. Pending this implementation other efforts will be on hold until our process is complete.

Efforts to maintain communication through our Recruitment and Retention Committee will continue as well as our annual caregivers retreat.

#### **Strategy 13: Develop policies and procedures to improve utilization, recruitment and retention of relative/near-kin caregivers**

Again, entry into the RFA implementation places some of this focus on hold or integrates this strategy with our efforts in planning for RFA. Efforts with a local program, Family Ties, is allowing for shared

training and work toward and around recruitment and retention of relative caregivers. Further the development of a psycho-educational group for biological children with relative caregivers, but there has been little interest in attendance to date.

#### **Strategy 14: Increased Training**

Our Annual Caregiver Retreat continues to convene stakeholders and provides feed back that is utilized in making small changes. We have seen increased attendance at TEAM by FFA's and continue to support local providers in serving our youth. Staff awareness will be a focus of the new RFA implementation and training needs will be assessed as development moves forward.

#### **Strategy 15: Continuous Quality Improvement/Integration of Federal Case Review**

Evolution of an integrated CQI program has been met with the impacts associated with change management. The Implementation of the federal onsite case review process has struggled with certification, process guidelines, allocations and timing. At this time the first quarter review list has been distributed, while there are still ongoing changes in the draft guidelines. Currently Monterey County has 2 certified reviewers, however in order to meet requirements only 1 can review while the second is allocated to QA of the reviews. This poses some concern as new positions are pending information on the increased fiscal allocations as well as the ability to get them certified.

During this roll out Monterey County has struggled to integrate the existing efforts for CQI as well as look at integration of the CQI needed for new policy implementation. As an example SOP (Safety Organized Practice) requires an evaluation that is similar to the interviews and paper review of the federal review.

We are thus faced with streamlining our existing work flow to allow for some flexibility and accommodation. This is needed to reduce duplication and added pressures to system partners and families. Thus our focus has to be simplified and focused on growth, do to the implementation of the Federal Review.

### **JUVENILE PROBATION**

**Strategy 1: Establish and streamline current procedures for nonminor dependent youth electing to participate in extended foster care with Probation.** - Beginning May 2012, the Probation Department assigned deputy probation officers in the Placement Unit to case manage the new AB 12 non-minor dependent population.

Since the passage of AB12 for extended foster care, Probation has identified the following action steps to focus on: extended foster care training; quality visits and documentation training; court templates and streamlining processes.

Both training action steps as reflected in the SIP Chart have been completed and this will remain on-going with updated completion dates noted. The two remaining action steps for this are still in progress. Probation has developed Extended Foster Care practices and Court templates for use. Probation is currently in the process of memorializing the Court templates and transforming practice into policy.

The data for extended foster care is being tracked both manually and in Probation's case management system (Homeland Justice Systems Inc. – SMART Probation). A Probation Services Manager and an Analyst are monitoring current processes and legislative mandates.

**Strategy 2: Increase the number of minors discharged to permanent homes that have been in care 24 months or longer.**

Baseline Performance on C3.1 Exits to permanency (24 months in care) measures the percentage of children discharged to permanent homes by the last day of the year and prior to turning 18. Our baseline performance from July 1, 2012 through June 30, 2013, reflects that probation discharged 1 out of 6 youth (16.7%) to a permanent home by the last day of the year prior to turning 18.

Current Performance: The most recent data shows Probation discharged 5 out of 10 youth (50%) to a permanent home by the last day of the year prior to turning 18. During the current review period (July 1, 2014 through June 30, 2015), probation performed above the national standard of 29.1%.

Currently, probation is reviewing how the new federal 3-P3 (Permanency in 12 months for children in foster care 24 months or more) methodology will affect the performance outcomes compared to the baseline measures from the previous measures as specified by C3.1.

As reflected in the SIP chart, probation will continue to evaluate the effectiveness of family engagement protocols, opportunities for training and document challenges in meeting this measure. Stability in staffing has also contributed to improvement in this measure.

Probation will evaluate and compare best practices established to meet the national standard for the newly implemented 3-P3 measure and make adjustments as needed. Currently, Probation is exceeding the national standard, and will keep monitoring for consistent performance above the national standard.

**OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION**

Currently Monterey County is faced with a pace of change that has not been seen in Child Welfare's history. This change encompasses our partners in foster care and the community as a whole. As exciting as it is to work on system reform, retention of resource families and permanency; it has a separate face of being its own barrier. As a barrier these topics can stir very in depth conversations as to impacts, supports lack of resources and other concerns based on the staff's level of investment. It will be important to identify areas of common goals, overlaps and opportunity for education in order to be sustainable yet supportive to our staff.

This pace of change is not specific to child welfare. Our key partners are faced with expanding social service supports, adjusting to Alcohol and Drug Waiver, meeting the increasing demand for Behavioral Health Services and managing the soaring cost of health care.

Also it must be noted that the ability to recruit and retain staff remains a constant priority for child welfare. As a Central Coast county with an infrastructure that deters many from moving to our community, we are struck with looking at messages that can assist potential staff in coping with expensive housing, severe disparity between the haves and have nots, and the constant influence of an economy based in hospitality and agriculture.

For Probation, as extended foster care continues to become more popular, it is a challenge to work toward reunification goals prior to reaching the age of 18 when youth and other entities are interested in participating in extended foster care. Additionally, the cross-over youth (youth who are under Section 602 W&I jurisdiction who were prior dependents pursuant to Section 300 W&I) population does not necessarily have family to reunify with making it more difficult for probation to meet this measure.

Some specific concerns are:

1. Young adults using fake addresses to receive benefits (participant pretends to reside with a relative in an approved supervised independent living placement; however, actually residing with biological parent)
2. Participant enrolling in college to meet eligibility criteria but never attends
3. Additional requirements of placement unit
4. Participants not meeting eligibility criteria due to abusing drugs and/or alcohol
5. Significant increase in travel requirements for visits of both in and out of state for supervised independent living placement

### **PROMISING PRACTICES/ OTHER SUCCESSES**

It seems that on any given day, staff is involved with implementation or fine tuning of many different focal areas that impact practice. Safety Organized Practice seeks to form a constructive, purposeful focus among all the stakeholders involved with children and families by generating a clear, shared understanding of the problems facing that family and a straightforward vision of what future safety for the children needs to look like. SOP's use of methods, including appreciative inquiry, cultural humility, solution-focused therapy, and motivational interviewing, when integrated with the reliability and validity of the Structured Decision-Making tools, create a powerful and deepened approach to daily child welfare.

In addition finding alignment with the meetings that effect families continues to be a work in progress. During the last SIP, Family Team Meetings continue to be integrated, as well as the continued use of TDM's. A new addition is the use of My Life Conferences with youth in and exiting foster care to help with transition and provide support through peer supported interactions that move them toward self sufficiency.

Epicenter, a new start up supporting our transition aged youth, continues to show promise and is establishing themselves as an ongoing and future partner in the development of our local service array.

Ongoing discussions on data, data usage and now state wide data use agreements, keep the conversation of implementing metrics to evaluate, track and or forecast various parts of child welfare performance on the table, despite minor setbacks our commitment to these efforts remain in the forefront.

**Probation:**

- The approach in how Probation staff interact with participants in not only supporting their transitional independent living case plan goals but also providing them with real life guidance and support.
- There has been a low staff turnover rate in the Monterey County placement unit, which has led to a robust understanding of foster care processes as they interact with the juvenile justice system. Additionally, Probation has noted better outcomes for placement stability and health, safety and well-being outcomes when there is not a constant change with staffing levels within the placement unit. Currently, two placement officers have been in their assignment for more than three years with two officers having almost six years of experience in the placement unit. Further, the Probation Services Manager assigned to the placement unit has seven and one half years managing the placement unit.
- The presiding juvenile superior court Judge has consistently made arrangements to travel with the Placement Unit Probation Services Manager to visit numerous out of home placement programs utilized by Monterey County Probation. This has not only provided the Court with a better understanding of the placement process but also provides the Judge with first-hand knowledge of the services provided by the various placement programs.

**OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS**

As referenced above, Monterey County continues to observe the correlations between the time to achieve reunification and or adoption and re-entry into foster care. Performance around CFSR2 outcome’s C1.2, C2.2 and re-entry as referenced in C1.4, continue to raise questions that lead to qualitative evaluation questions that support the concept(s) of “time and investment”. The difficulty this poses is that there are too many factors that influence this relationship to isolate time alone as the factor that contributes to our ongoing success with re-entry.

Probation is currently reviewing the newly implemented federal measures to ascertain measures probation is failing to meet the national standard. Please see the above mentioned documentation.

# State and Federally Mandated Child Welfare/Probation Initiatives

Initiatives have always been part of the landscape of child welfare, and historically the county controlled the choice to participate or to apply. However, today we are faced with many more initiatives that are required, while maintain those that have historically benefited our population. Below is a small representation of those that are newly upon us and have substantial probability of impacting children and their families, for that reason we are moving forward with integration and starting discussions on how to manage and evaluate them all.

## KATIE A/CORE PRACTICE MODEL

The settlement agreement sought to accomplish systemic change for mental health services to children and youth within the class by promoting, adopting, and endorsing three new service array approaches for existing Medicaid covered services. The California Department of Social Services and Department of Health Care Services worked together with the federal court appointed Special Master, the plaintiffs' counsel, and other stakeholders to develop and implement a plan to accomplish the terms of the settlement agreement.

The Core Practice Model represents what we know about best practice and ways of working across systems and in partnership with children and families involved with both child welfare and mental health systems.

Monterey has worked in partnership with our Behavioral Health and has identified our subclass and we are in process of rolling out services to the larger class. Below is a summary of identified members as of July 1, 2015 and the services received over the year.

KA Count	Sum of Services	
Clients	ICC	IHBS
481	8402	1872

## CHILD WELFARE CORE PRACTICE MODEL

This model is intended as a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The goal is to create a practice model that guides practice, service delivery and decision-making, and builds on the great work already taking place in child welfare.

## CSESC

Monterey has been facilitating and initiated the regional MOU. The Commercial Sexual Exploitation of Children (CSEC) initiative, as outlined in ACL No. 14-62, aims to inform and train county child welfare workers and out-of-home caregivers regarding the amended Welfare and Institutions Code (WIC) section 300.

The amended code clarified that commercially sexually exploited children fall within the purview of California's Child Welfare system. To raise awareness and improve identification among the Child Welfare community on the issue of commercially sexually exploited children.

## CCR

The California Department of Social Services (CDSS) in partnership with the County Welfare Directors Association of California (CWDA) launched the Continuum of Care Reform (CCR) effort. Authorized through Senate Bill (SB) 1013 (Statutes of 2012), the CCR will develop recommended revisions to the state's current rate setting system, services and programs serving children and families in the continuum of Aid to Families with Dependent Children – Foster Care (AFDC-FC) eligible placement settings.

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

## RFA

Resource Family Approval (RFA) is a new caregiver approval process that a foster parent, relative, non-relative extended family member, or adoptive family completes to be considered for potential placement of a child, youth, or young adult (non-minor dependents from 18-21 years old). RFA combines elements of the current licensing, relative approval, adoption, and guardianship processes.

## Federal Case Review

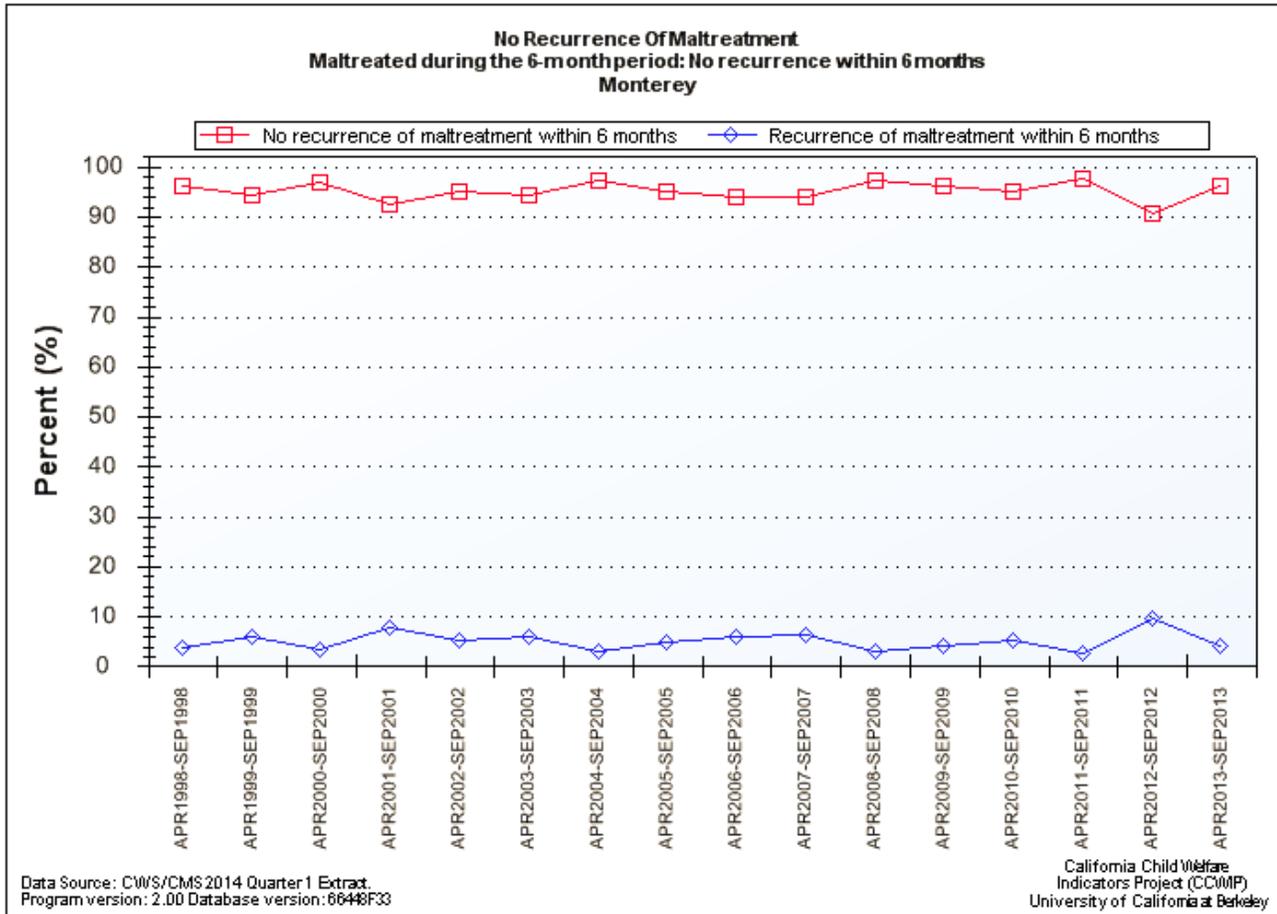
Beginning in August 2015, California counties will be completing qualitative case reviews for child welfare services. These reviews are modeled after the Federal Child and Family Services Reviews (CFSRs) conducted by the Administration for Children and Families (ACF), Children's Bureau. These case reviews, coupled with the quantitative data already available, will be part of a larger continuous quality improvement (CQI) effort in the state.

5 – YEAR SIP CHART  
2015 UPDATE

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**Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment (Transition to CFSR 3 S2 Recurrence of Maltreatment)**

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



Citation: The suggested way to cite the above data is as follows: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuocaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP Reports. Retrieved 7/2/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cswr.berkeley.edu/ucb\_childwelfare>

**CFSR-2**

**National Standard: 94.6**

**CSA Baseline Performance: 87.8\***

**Current PIT Performance: 95.9\*\***

**Target Improvement Goal: Consistent performance above the National Standard (+/-5%)**

**CFSR-3**

**(New is 9.1%)**

**(New Baseline 5.3%)\***

**(New is 7%)\*\***

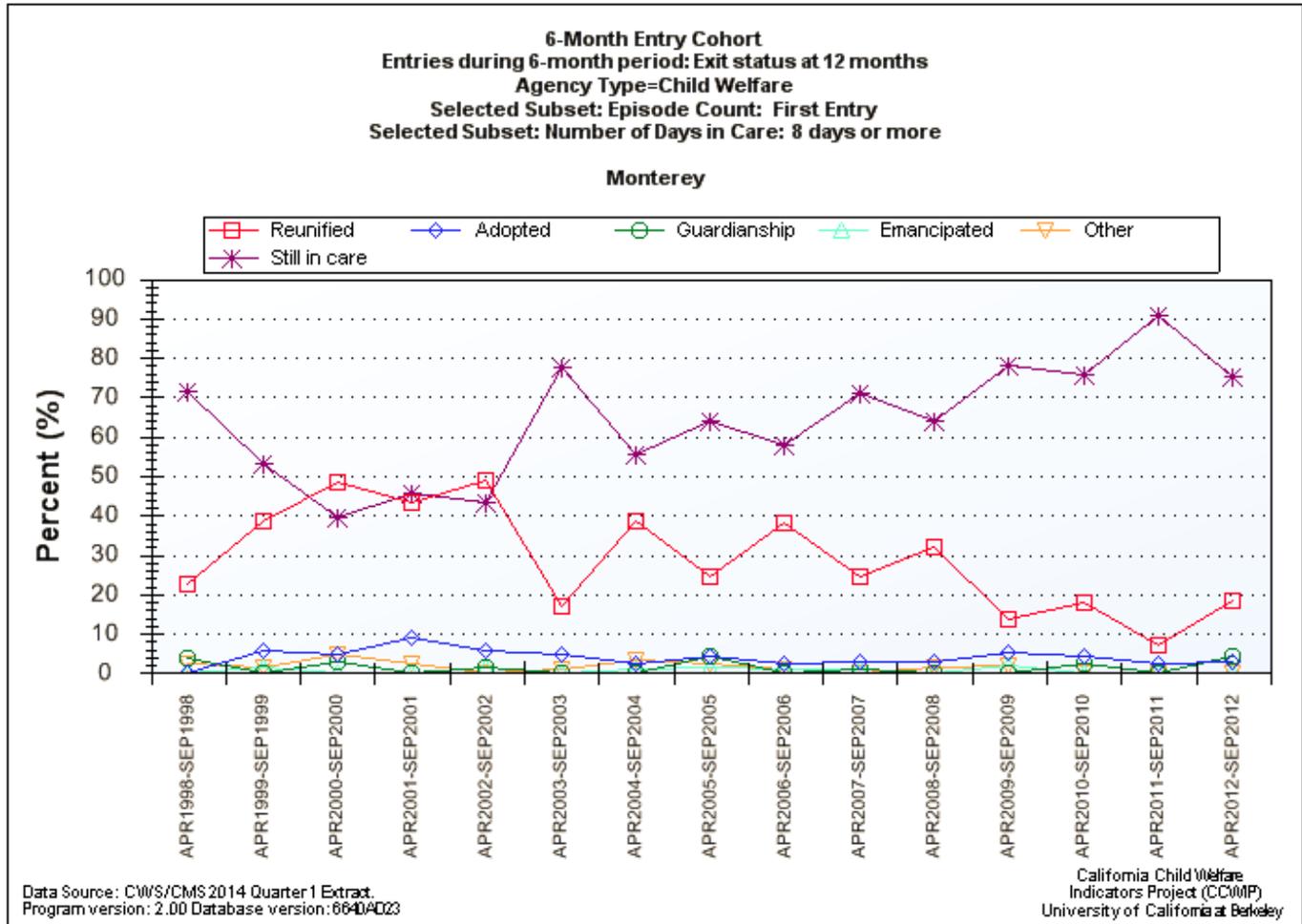
**(Remains the Same)\*\***

**\*Data Source: CWS/CMS 2013 Quarter 2 Extract (Baseline Time Period 41)**

**\*\*Data Source CWS/CMS 2015 Quarter 1 Extract (Baseline Time Period 48)**

**Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (Entry Cohort)**  
**(Transition to CFSR 3 P1 Permanency in 12 Months for Children Entering Foster Care)**

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



Citation:  
 The suggested way to cite the above data is as follows:  
 Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved 7/2/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/uoc\\_childwelfare](http://cssr.berkeley.edu/uoc_childwelfare)>

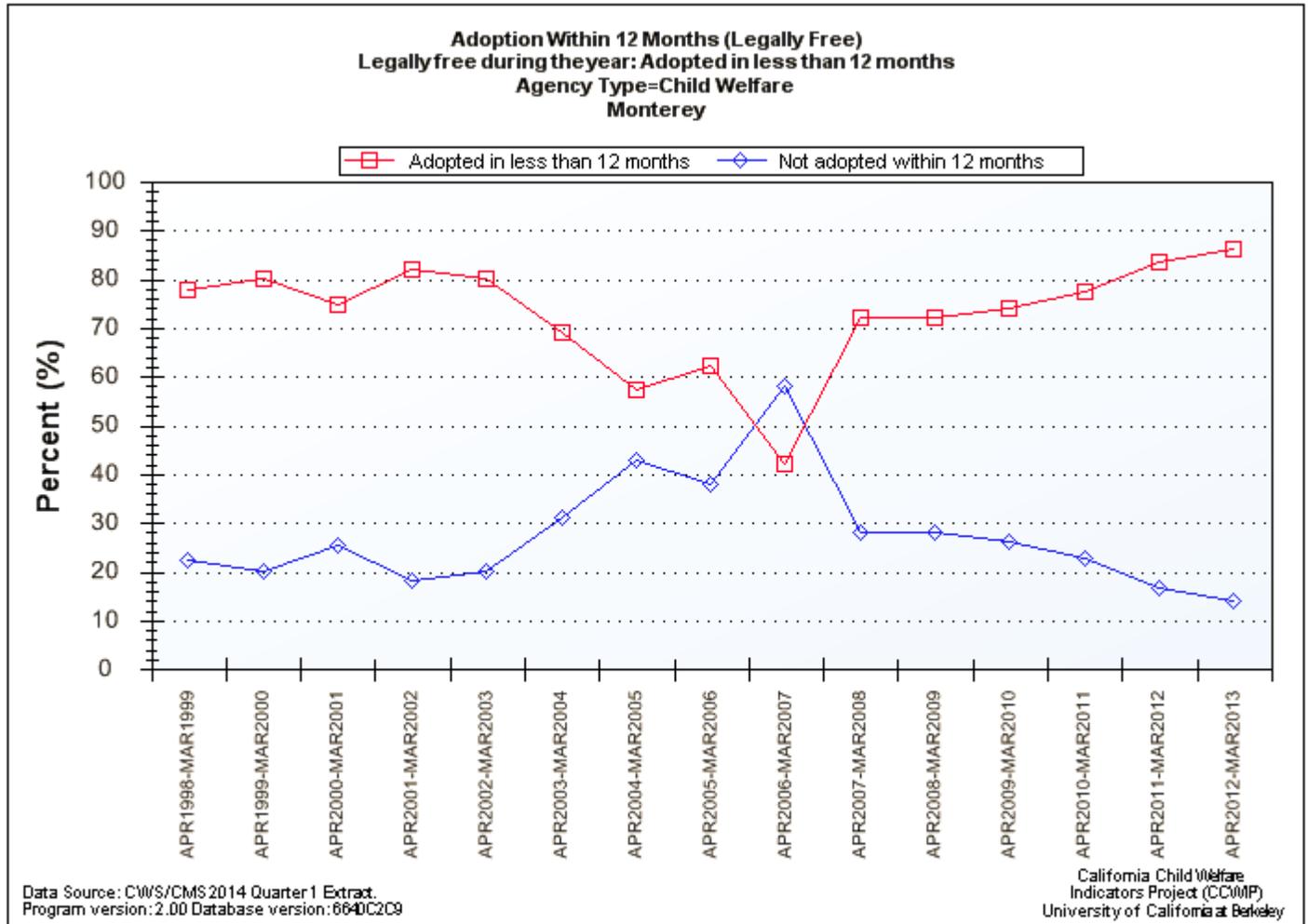
**CFSR-2** **CFSR-3**  
**National Standard: 48.4** **(New is 40.5%)**  
**CSA Baseline Performance: 15.8\*** **(New Baseline 15.5%) \***  
**Current PIT Performance: 6.3\*\*** **(New Is 16.8%) \*\***  
**Target Improvement Goal: 10% ongoing improvement per calendar year**  
**(New is 10% Improvement per PIT report maintained for the Calendar Year)**

\*Data Source: CWS/CMS 2013 Quarter 2 Extract (Baseline Time Period 41)

\*\*Data Source CWS/CMS 2015 Quarter 1 Extract (Baseline Time Period 48)

**Priority Outcome Measure or Systemic Factor: C2.5 Adoption Within 12 months (legally Free) (Transition to CFSR 3 P1 Permanency in 12 Months for Children Entering Foster Care)**

The following chart shows the trending data by similar time periods over multiple years, and is provide to allow the reader to see performance change patterns as to establish context to the measure.



Citation:  
The suggested way to cite the above data is as follows:  
Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuocaro-Alamin, S., Putnam-Hornstein, E., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved 7/2/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cswr.berkeley.edu/uob\_childwelfare>

**CFSR-2**

**National Standard: 53.7\***

**CSA Baseline Performance: 82.8\***

**Current PIT Performance: 86.1\***

**Target Improvement Goal: Consistent performance above CSA Baseline (+/-5%)**

**CFSR-3**

**(New is 40.5%) \*\***

**(New Baseline 15.5%) \*\***

**(New Is 16.8%) \*\***

**(New is 10% Improvement per PIT report maintained for the Calendar Year)**

\*Data Source: CWS/CMS 2014 Quarter 1 Extract (Baseline Time Period 41)

\*\*Data Source CWS/CMS 2015 Quarter 1 Extract (Baseline Time Period 41)



Strategy 1: CalWORKS Family Stabilization: Increase access to services for prevention by building on relationships with services offered through employment services (ER).	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <del>S1.1 No Recurrence of Mal Treatment</del> <b>CFSR 3 S2 Recurrence of Maltreatment</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. <del>Development of a referral system for determination of appropriate prevention path (VFM, WTW, DR-P2S/P2E).</del>	June 2014	December 2014 <b>COMPLETED</b>	ER Program Manager: Other line staff to be identified
B. Development of policies and procedures for implementation.	June 2014	<del>December 2014</del> <b>December 2016</b>	ER Program Manager: ER Supervisors
C. Installation of a cross-discipline team including FCS, WTW, CB and CBH.	June 2014	<del>September 2014</del> <b>September 2016</b>	ER Program Manager: BH Manager: WTW Manager
D. Develop appropriate tracking systems and CQI for improvement and assessment for training.	September 2014	<del>February 2015</del> <b>On Hold</b>	ER Program Manager: CQI Supervisor

Strategy 2: ER Performance Improvement Project:	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <del>S1.1 No Recurrence of Mal Treatment</del> <b>CFSR 3 S2 Recurrence of Maltreatment</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		

	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p><del>A. Improve communication and tracking:</del></p> <ol style="list-style-type: none"> <li><del>1. Installation of Call Tracking Software</del></li> <li><del>2. Equitable referral distribution/assignment</del></li> <li><del>3. Develop standards for intakes use of Call Tracking software and incorporate into job descriptions.</del></li> </ol>	August 2014	August 2015 <b>Completed</b>	ER Program Manager: Intake Supervisor: Support Staff as Needed
<p><b>B. Improve timeliness through formation of a review group to look at:</b></p> <ol style="list-style-type: none"> <li>1. IER 2 Hour Response – examine and improve unit communication.</li> <li>2. Referral Closure – examine office procedures to obtain standards that ensure closure and approval within regulations.</li> <li>3. Supervisor approval – develop standards that support timely supervisor closure.</li> <li>4. DOJ-CACI Screening – increase screening to reduce need for CACI hearings and improved communication with law</li> </ol>	December 2014	Ongoing	ER Program Manager: Intake Supervisor: ER Supervisors

<p>enforcement.</p> <p>5. Transition Improvement – timely paper work completion(VFM and Court)</p> <p>6. Logistics: Research office locations and staff placement.</p>			
<p><b>C.</b> Update ER manuals and Program Directives to ensure consistent SW standards and expectations.</p>	December 2014	Ongoing	ER Program Manager: Management Analyst
<p><b>D.</b> Review and improve Clerical support for processing of paper work and translation.</p>	December 2014	Ongoing	ER Program Manager
<p><b>E.</b> <del>Apply for NCA accreditation for the Child Advocacy Center.</del></p>	October 2014	October 2015 <b>Completed</b>	ER Program Manager: CAC Staff

<p><b>Strategy 3: Training: Provide staff and community education.(ER)</b></p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p><del>S1.1 No Recurrence of Mal Treatment</del></p> <p><b>CFSR 3 S2 Recurrence of Maltreatment</b></p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>

<p><b>A.</b> Community Education: Distribute to Mandated Reporters a list of “Helpful Tips”.</p>	<p>September 2014</p>	<p>Ongoing</p>	<p>Training Supervisor: Intake Staff</p>
<p><b>B.</b> Internal Training:</p> <ol style="list-style-type: none"> <li>1. <del>Provide ongoing training on SDM</del></li> <li>2. Provide ongoing training on Interviewing.</li> <li>3. Provide training on use of new call management software.</li> <li>4. Provided education on Prevention Resources (Family Stabilization, Pathways, VFM, and DV).</li> <li>5. Provide training on all ER Manual Updates.</li> <li>6. Provide Training on Safety Organized Practice</li> </ol>	<p>September 2014</p>	<p>Ongoing</p> <ol style="list-style-type: none"> <li>1. Completed</li> </ol>	<p>ER Program Manager: Training Supervisor</p>

<b>Strategy 4: Continuous Quality Improvement(CQI)-(ER)</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <b>S1.1 No Recurrence of Mal Treatment</b> <b>CFSR 3 S2 Recurrence of Maltreatment</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Improve Contact Timeliness through integration of monthly SIP reports.	December 2014`	Ongoing-Monthly	ER Supervisors
B. Develop feedback on Probationary Staff by having CQI Supervisor implement a systematic way to monitor work quality.	January 2015	Ongoing	ER Program Manager: CQI Supervisor
C. Monitor line Supervision in the use of SIP reports in addressing quantitative and qualitative issues.	January 2015	Ongoing-Monthly	ER Program Manager: ER Supervisors
<del>D. Integrate data reports into review of equitable referral assignment.</del> Integrate Data Reports to look at individual worker capacity, skills, ability and availability.	July 2015	Ongoing	ER Program Manager
<del>E. Develop standards for Family Stabilization to assess effectiveness.</del>	<del>September 2014</del>	<del>February 2015</del>	<del>Cross-Discipline Staff</del>

<b>Strategy 5: Cal WORKS Integration</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. <del>Train and implement Extension of CalWORKS Services:</del> (WELFARE & INSTITUTIONS CODE SECTION 11203 AND AB 429, CHAPTER 111, STATUTES OF 2001).	October 2014	<del>October 2015</del> <b>Completed</b>	Ongoing Program Manager: Training Supervisor
B. Develop cross training to integrate Family Stabilization and use of increased resources.	January 2015	<del>December 2015</del> <b>December 2016</b>	Ongoing Program Manager: Training Supervisor
C. Explore development of additional "Linkage" like supports.	September 2014	Ongoing	Ongoing Program Manager

<b>Strategy 6: Increase collaboration with Behavioral Health and Door to Hope</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Collaborate with Behavioral Health to develop polices to eliminate waiting lists.	September 2014	Ongoing	Ongoing Program Manager: Management Staff
B. Explore service expansion:  1. Assess feasibility to expand mentor services for additional populations.  2. Assess ability to expand Supervised Visitation supports.  3. <del>Implement regular use of Therapeutic Visitation.</del>	January 2015	Annually  <b>3. Completed</b>	Ongoing Program Manager: Management Staff
<del>c. Strategic Planning Door to Hope</del>	August 2015	August 2015  <b>Completed</b>	Program Manager; Analyst

<b>Strategy 7: Ongoing Case Management Training</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Semi-annual training on specialized visitation for SSA's and community partners.	September, 2014	Ongoing <b>Quarterly Meetings</b>	Ongoing Program Manager: FR Supervisor
B. Staff Training:  1. Increase Concurrent Planning training. <del>2. Implement Solution Focused training.</del> 3. Impalement Solution Focused Coaching training for supervisors. 4. Integrate Katie A. implementation into FTM and other case management training.	January 2015	Ongoing <b>On Hold</b> <b>Completed</b>  <b>June 2016</b>  <b>In Development</b>	Ongoing Program Manager: Training Supervisor: BAA

<b>Strategy 8: Ongoing Continuous Quality Improvement (CQI).</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Distribute and use SIP reports to ensure contact and quality of contact.	September 2014	Ongoing-Monthly	Ongoing Program Manager: Management Staff
B. Increase Supervisor responsibility for CQI.  1. Supervisors to conduct 2 case reviews prior to all SW evaluations. 2. Supervisors to follow up on reports from CQI Supervisor and report findings to the PM. 3. Supervisors to include CQI Supervisor information on probationary staff at 4-8 month evaluation.	January 2015	Ongoing <b>Review Monthly</b>	Ongoing Program Manager: Management Staff: Supervisors

<b>Strategy 9: Home study redesign to increase timely completion.</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Have the RSU conduct all intakes and monitor for timeliness.	September 2014	Ongoing <b>Tracking in Place</b>	RSU Supervisor
B. Develop, train and monitor agreements with Kinship Center for Home Studies.  1. Implement individual training plans 2. <del>Develop supervisor supports to track and monitor.</del> 3. Conduct bi-monthly team meetings to monitor status. 4. Access and integrate Kinship Center's Permanency Support staff.	September 2014	Ongoing  <b>On Hold</b>  <b>Completed</b>  <b>Completing</b>  <b>Completed</b>	Ongoing Program Manager: Management Staff: Training Supervisor: Line Supervision

<b>Strategy 10: Increase use of collaborative meetings and concurrent planning teams.</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A. Develop and implement protocols for concurrent planning teams.</b> 1. Placement supervisors to track children not in concurrent homes and work to develop concurrent planning teams. 2. Monthly team meetings for children identified. 3. Assure all cases have a collaborative plan review. 4. Assess CP-RAP (Concurrent planning-review, assess and plan) early in dependency.	June 2015	Ongoing <b>In place and reviewing Monthly</b>	Ongoing Program Manager: Placement Supervisors
<b>B. Meeting usage</b> 1. Enact Joint unit meetings to develop relationships and fine tune protocols. 2. Implement Program Manager staffing's prior to decisions on long term foster care designations. 3. Increase Permanency Conferences	June 2015	Ongoing <b>In place and reviewing Monthly</b>  <b>#3 waiting to be evaluated</b>	Ongoing Program Manager: Placement Supervisors

prior to review hearings.			
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<b>Strategy 11: Training and CQI</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C2.5 Adoption Within 12 months (legally Free) <b>P1 Permanency in 12 Months for Children Entering Foster Care</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Collaborate with Bay Area Academy to develop increased Concurrent planning training for staff.	April 2015	June 2015 <b>On Hold</b>	Director: Program Managers: Training Supervisor
B. <del>Integrate concurrent planning principals into caregiver training provided by Hartnell College.</del>	September 2014	Ongoing <b>Completed</b>	Program Managers: Management Staff: Hartnell Staff
C. Develop Training for Foster Parent Mentors in order to support concurrent caregivers.	September 2014	Ongoing <b>On Hold</b>	Program Managers: Hartnell Staff
D. <del>Evaluate and use Kinship Center's Path to Permanency services as appropriate.</del>	July 2015	June 2016 <b>Completed</b>	Program Managers

E. Implement regular review of Monthly SIP reporting to ensure work efficiency and quality.	September 2014	Ongoing -Monthly	Ongoing Program Manager: Adoption Supervisor
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<b>Strategy 12: Establish meeting hub and supports for Foster Parent recruitment and retention. For Reform, Implementation of CCR and RFA.</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) <b>P5</b> <b>Placement Stability</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Restructure Family to Family to use joint meeting ( <b>RRC-Retention and Recruitment Committee</b> ) as a primary point of contact.	September 2014	September 2016	Program Managers: Management Analyst: Assigned Staff
B. Increase recruitment efforts and supports: <del>1. Focus on Churches and Community Organizations.</del> <del>2. Develop strategies to support caregivers and allow feedback.</del> <del>3. Recruit attendance for joint meeting.</del> <b>1. Implement Relative Family Approval through participation in the second cohort.</b>	September 2014	Ongoing Completed	Retention and Recruitment Steering Committee: Caregivers  <b>All Staff</b>
C. Maintain and evaluate use of Family to Family Liaisons to support caregivers' post-TDM.	Annually	Annually <b>On Hold</b>	Management Analyst: Program Manager:

D. Maintain and evaluate use of Family to Family Liaisons in marketing and recruiting foster parents.	Annually	Annually <b>On Hold</b>	Management Analyst: Program Manager
E. Evaluate and assess for implementation: 1. Evaluate expansion of mentors for FFA Caregivers 2. Evaluate Parent Education Group (PEG) for caregivers. 3. Evaluate use of neighborhood support groups. 4. Expanded recruitment for relative and Foster Parent Mentors.	September 2014	Annually <b>On Hold</b>	Program Managers: Management Analyst: Assigned Staff

<b>Strategy 13: Develop policies and procedures to improve utilization, recruitment and retention of relative/near-kin caregivers.</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) <b>P5</b> <b>Placement Stability</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Revise the relative assessment process to be more inclusive of relatives <b>within the scope of RFA.</b>	September 2014	<del>September 2016</del> <b>March 2016</b>	Program Managers: Supervisors

B. Increase comprehensive relative searches in court intake and FR by using Accurant Advanced searches and by expanding role of TDM/FTM facilitators. .	January 2015	Ongoing <b>Contract Provider</b>	Program Managers, Management Analyst
C. Ensure that all relative caregivers attend ROOTs by improving the timely communication and participant tracking with Hartnell-FKCE.	Annually	Annually <b>On Hold for CCR and RFA</b>	Program Managers: Assigned Staff: Hartnell Staff
D. Develop in collaboration with Hartnell, a psycho-educational group for biological children of relative caregivers, concurrent with ROOTs.	September 2014	September 2015 <b>Completed</b>	Program Managers: Assigned Staff: Hartnell Staff

<b>Strategy 14: Increased Training</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) <b>P5 Placement Stability</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
A. Invite all interested parties to the annual Caregiver Retention Planning Meeting and share updated information from prior year.	Annually	Annually- <b>April</b>	Program Managers: Assigned Staff: Hartnell Staff
<del>B. Explore providing access to TEAM training to FFA caregivers, to ensure consistent provision of information.</del>	January 2015	January 2016 <b>Completed</b>	Program Managers: Assigned Staff
C. Increase staff awareness of revised relative assessment processes and of implementation of new supports and changes.	Ongoing	Ongoing <b>On Hold Pending RFA</b>	Program Managers: Assigned Staff: Hartnell Staff

<b>Strategy 15: Continuous Quality Improvement/Integration of Federal Case Review</b>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C4.3 Placement Stability (At Least 24 Months in care) <b>P5 Placement Stability</b> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<del>A. Develop assessments for the effectiveness of revised relative placement procedures in increasing the number and quality of placements.</del> <b>Evaluate Information from the Federal Case review to inform the agency on the quality of placements, meetings, supports and services.</b>	January 2016	Ongoing	Management Staff:
<del>B. Revise current CQI tools to include questions that provide information on caregiver support and improvement.</del>	June 2015	September 2015	CQI Supervisor
<del>C. Conduct ongoing assessment to further assess supports for foster and relative caregivers.</del>	Annually	Annually	Assigned Staff
<del>D. Explore the development of data tracking (ETO) for setting up outcomes for the work of Family to Family Liaisons.</del>	January 2016	December 2015	Management Staff

<del>E. Continue review of effectiveness of collaborative meetings.</del>	<del>Annually</del>	<del>Annually</del>	<del>Management Staff: Assigned staff</del>
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5 – YEAR SIP CHART (PROBATION)

**Systemic Factor:** Extended Foster Care Policies and Procedures

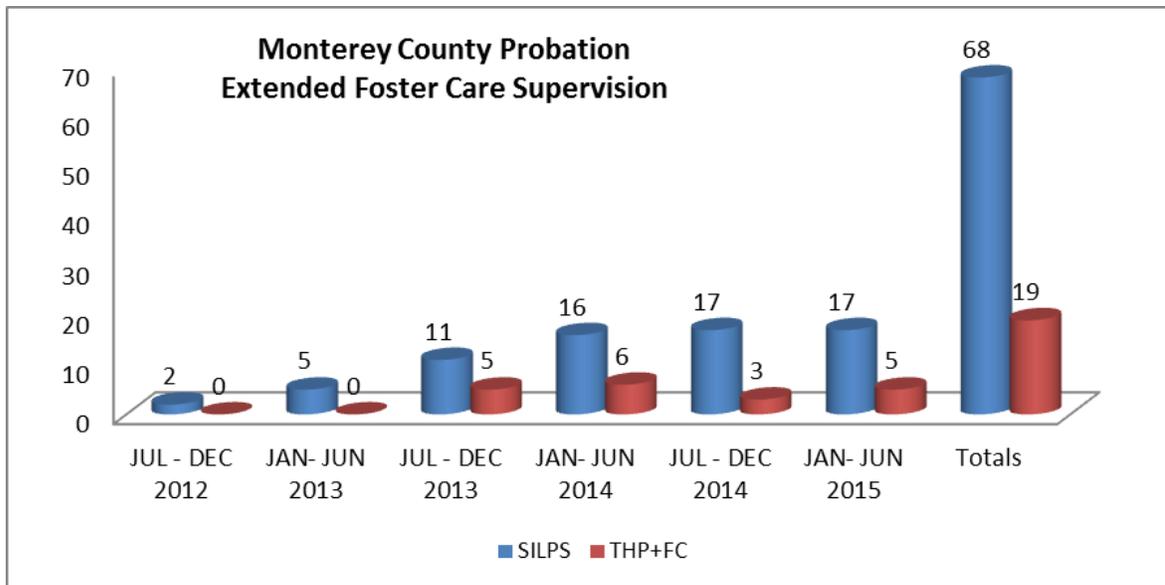
**National Standard:** N/A

**CSA Baseline Performance:** No Extended Foster Care policies and procedures developed and no court templates developed at the time of the CSA

**Current Performance:** Probation has developed Extended Foster Care practices and Court templates for use. Probation is currently in the process of memorializing the Court templates and transforming practice into policy.

**Target Improvement Goal:**

Beginning May 2012, the Probation Department assigned deputy probation officers in the Placement Unit to case manage the new AB 12 nonminor dependent population. This assignment created new opportunities to educate youth who had voluntarily agreed to participate in extended foster care as nonminor dependent about housing options, educational goals, basic needs, and assist them in becoming self-sufficient young adults. In our county, Supervised Independent Living Placement (SILP) has been the most prevalent placement since extended foster care was implemented.



From 2012-2015, Probation has supervised a total of 87 young adults who have/are participating in the extended foster care program. For this SIP update, the data reflected above reflects the total number of young adults served per six month period as opposed to just reflecting new participants in the program.

By September 2019, the Probation Department’s goal is to have memorialized templates and processes for the Extended Foster Care population.

**Priority CFSR Round 2 Outcome Measure:**

**Permanency Measure C3.1 Long Term Care Outcome: Exits to Permanency (24 Months in Care)**

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

**National Standard:** 29.1 %

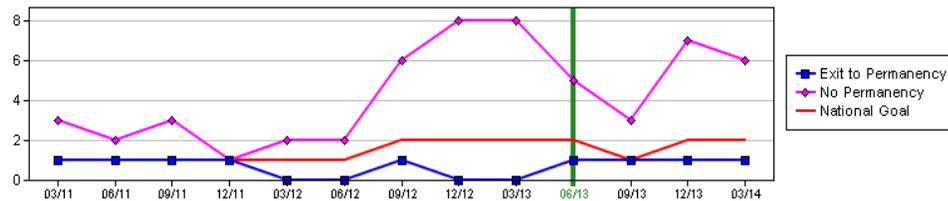
**CSA Baseline Performance:**

From July 1, 2012 to June 30, 2013, one minor in foster care for 24 months or longer on the first day of the year was discharged to a permanent home by the end of the year prior to turning 18.

Current performance is below the Federal Standard goal of 29.1 %, and above the Statewide performance of 13.6%.

SafeMeasures® data:

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Percentage
07/01/2012	06/30/2013	1	5	16.7%



Exits to Permanency

	Count	Percentage
Exit to Permanency	1	16.7%
No Permanency	5	83.3%
<b>National Goal</b>	<b>2</b>	<b>29.1%</b>
<b>Total</b>	<b>6</b>	<b>100.0%</b>



Because Probation has relatively small numbers of minors in foster care, one or two long term foster care cases significantly affects the rate for this measure. Also, in this time period all of the minors staying in foster care had previously been removed from the home by Child Welfare Services at the time they entered the delinquency system, also referred to as cross-over youth. Therefore, they had already been in foster care for a period of time prior to Probation’s efforts commenced.

**Current Performance** – As of October 2015, the data being reflected from the CWS/CMS 2015 quarter 2 extract data source reflected that Probation improved in this measure as the data reflects 50% of children in care on the first day of the year (24 months or longer) exited to reunification by the end of the year and before age 18. Probation is currently performing at 50% which is above the national standard of 29.1% for this measure.

The most recent data shows Probation discharged 5 out of 10 youth (50%) to a permanent home by the last day of the year prior to turning 18. During the current review period (July 1, 2014 through June 30, 2015), probation performed above the national standard of 29.1%.

Currently, probation is reviewing how the new federal 3-P3 (Permanency in 12 months for children in foster care 24 months or more) methodology will affect the performance outcomes compared to the baseline measures from the previous measures as specified by C3.1.

**Target Improvement Goal:**

Increase awareness and implementation of best practice in achieving permanency.

**Priority CFSR 3 Outcome Measure:** P3 – Permanency in 12 months (24+ months in care)

**National Standard:** >30.3%

**CSA Baseline Performance:** Time period 7/1/2012-6/30/2013 - 20% (Data release October 2013, Q2 2013 data extract)

**Current Performance:** 7/1/2014-6/30/2015 - 50% (Data release October 2015, Q2 2015 data extract)

**Target Improvement Goal:** Maintain performance above the national standard of 30.3%

<b>Strategy 1:</b> Establish and streamline current procedures for nonminor dependent youth electing to participate in extended foster care with Probation.	<input type="checkbox"/> CAPIT	Applicable Systemic Factor(s): <b>Extended Foster Case / AB 12</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Provide ongoing/refresher training to Placement Probation Officers to understand how to execute the technical requirements of extended foster care, and meet the needs of emerging adults.	09/2015	<del>On going</del> 12/2016	Probation Services Manager Management Analyst Deputy Probation Officer III Training Probation Services Manager Deputy Probation Officers
<b>B.</b> Train Placement Probation Officers on quality visits to meet and comply with mandates associated with the visitation and documentation of monthly caseworker visits with youth.	09/2014	12/2016	Probation Services Manager Management Analyst Deputy Probation Officer III Training Probation Services Manager

<p><b>C.</b> Create new court templates, and a system that streamline our current process for court reports.</p> <ul style="list-style-type: none"> <li>• Special Immigrant Juvenile Status</li> <li>• Written Information</li> <li>• Required documents</li> <li>• Rights and responsibilities for EFC</li> <li>• Transitional Independent Living Case Plan</li> <li>• Transitional Independent Living Plan</li> </ul>	03/2015	03/2016	Probation Services Manager Management Analyst Deputy Probation Officer III
<p><b>D.</b> Identify and develop flow charts for different scenarios to help streamline the process of different scenarios for youth who elect to exit foster care, re-enter foster care, jurisdictional transfers, requirements based on scenario, etc.</p>	09/2014	09/2016	Probation Services Manager Management Analyst Deputy Probation Officer III
<p><b>Strategy 2:</b> Increase the number of minors discharged to permanent homes that have been in care 24 months or longer.</p>	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s):  <del><b>CFSR Measure C3.1: Exits to Permanency (-24 Months in Care)</b></del> <b>CFSR Measure 3-P3: Permanency in 12 months for children in foster care 24 months or more</b>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p><b>A.</b> Evaluate the effectiveness of family engagement protocols providing revisions as needed. Identify past family finding efforts made by Child Welfare if applicable.</p>	01/2015	12/2016	<p><b>A.</b> Probation Services Manager Management Analyst Deputy Probation Officer III Deputy Probation Officer</p>
<p><b>B.</b> Evaluate current trainings that are conducted on Permanency and plan for additional training as necessary</p>	06/2015	<p><del>On-going</del> 12/2017</p>	<p><b>B.</b> Probation Services Manager Management Analyst Deputy Probation Officer III</p>
<p><b>C.</b> Identify and document challenges to meeting the federal standard for measure <del>C3.1</del> 3-P3 due to the implementation of extended foster care. This is noted as the most appropriate permanent plan for this population, especially for cross-over youth, may be for participation in extended foster care and by doing so, that youth reflects negatively for this measure.</p>	01/2015	<p><del>On-going</del> 12/2017</p>	<p><b>C.</b> Probation Services Manager Management Analyst Deputy Probation Officer III</p>