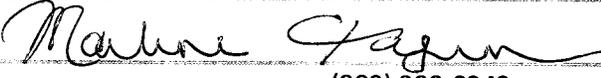


California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	SAN BERNARDINO
SIP Period Dates	AUGUST 19, 2013 – JANUARY 31, 2018
Outcome Data Period	QUARTER 2 2012
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County Chief Probation Officer	
Name	Chief Michelle Scray Brown
Signature*	
Phone Number	(909) 387-5602
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Public Agency Designated to Administer CAPIT and CBCAP	
Name	N/A
Signature*	
Phone Number	
Mailing Address	
Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A
Name	
Signature*	

Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau
 Attention: Bureau Chief
 Children and Family Services Division
 California Department of Social Services
 744 P Street, MS 8-12-91
 Sacramento, CA 95814

*Signatures must be in blue ink

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Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	N/A
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California - Child and Family Services Review

COUNTY OF SAN BERNARDINO **System Improvement Plan** **Annual Progress Report**

February 1, 2015



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Introduction

PURPOSE

The San Bernardino County System Improvement Plan (SIP) Annual Report for February 1, 2015 reviews and evaluates the progress made on the SIP begun on August 19, 2013 to ensure that the SIP addresses the needs of the child welfare population on an ongoing basis. This is the second Annual Report submitted for the SIP, the First Annual Report having been submitted on March 15, 2014. The Annual Report will:

- Recap the activities of the SIP Oversight Committee. The SIP Oversight Committee, with its various subgroups, is the primary means of:
 - Maintaining stakeholder engagement in the continuous quality improvement process,
 - Following through on specific strategies and action items, and
 - Vetting data and new information and incorporating them into policy and practices, or providing suggestions for improvement;
- Review each of the individual strategies, describing the status of the various supporting action steps and noting where items have been completed or adjustments need to be made;
- Provide a written analysis of current Outcome Data Measure performance since the beginning of the five-year SIP period and determine if the SIP continues to accurately reflect current needs in the county;
- Analyze strengths, opportunities, challenges and barriers encountered during the implementation process, particularly as they relate to any of the seven systemic factors;
- Examine emerging strategies, promising practices and conjoint efforts with other initiatives in the County, such as the Business Redesign, Extended Foster Care/After 18 and the implementation of the Kate A. Core Practice Model; and, finally
- Review other areas of need identified by the most recent quarterly report.

Progress Overview

Most of the 18 SIP strategies have made progress since the inception of the SIP.

- The short-term numbers for Reunification within 12 months (entry cohort) most recent performance show some improvement: 29.4% (up from 29.1% Quarter 3 (Q3) 2013) and Q2 2014 performance was 28.2%. The long-term figures show a serious decline from the baseline of 37.2% in Q2 of 2012. Though the five strategies are moving forward, progress on improving outcomes for timely reunification has been difficult. This aligns with State declines, and suggests that unaddressed factors may be involved and new approaches may be worth exploring.
- Exit to Permanency (24 months in care) most recent performance is 28.1% (up from 25.7% Q3 2013). Note the Q2 2014 performance was 27.9%. The six permanency strategies are also moving forward and the outcome measure has been trending positively.
- The three Office of Child Abuse Prevention (OCAP) strategies were entirely implemented on January 1, 2014 as planned and their progress subject of the recent Annual Report submitted on October 31, 2014.
- Of the four Probation strategies, the fourth on family finding has been most successfully implemented.
- The review of the strategies below will identify where action steps have been initiated, implemented or require some adjustment.

STAKEHOLDERS PARTICIPATION

The SIP Oversight Committee is composed of representatives of Children and Family Services (CFS), the Probation Department, Human Services Research, Outcomes and Quality Support (ROQS, formally known as the Legislation, Research and Quality Support Unit – LRU), Human Services Program Development Division (PDD), Department of Behavioral Health (DBH) and the California Department of Social Services (CDSS). Other stakeholders are also invited to attend the Committee’s monthly meetings.

The SIP Oversight Committee brings continuity to the direction and monitoring of all components of the C-CFSR processes and functions. The Committee created two subordinate workgroups to develop, implement and monitor strategies related to Reunification and Permanency. A group under Probation is responsible for monitoring and implementing Probation strategies. These workgroups are the main venue for engaging stakeholders and discussing the implementation of particular strategies. Stakeholder participants to date include the Children’s Network, contracted providers (including community and faith based organizations), Group Home providers, parent partners, line staff and other county departments.

The SIP Oversight Committee has tentatively approved the convening of focus groups to mark the midpoint of the SIP in 2015. The essential idea is to bring together stakeholders, review current progress, assess needs, identify what is going well and redirect efforts accordingly.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

San Bernardino County identified two Child Welfare Outcomes and Accountability measures as the focus of the 2013-18 System Improvement Plan:

- **C1.3 - Reunification Within 12 Months (Entry Cohort)** - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care: and,
- **C3.1 - Exits To Permanency (24 Months in Care)** - This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

The most recent data (Quarter 3 (Q3) 2014) on **Measure C1.3 Reunification** indicates 29.4% of all children exited to reunification within 12 months, rebounding from the all-time low of 28.2% in Q2 2014.

Our baseline measure is 37.3% from quarter 2 (Q2) 2012. The SIP target goal is 40.6%. The National Goal is 48.4%. The chart below compares all Q3 performances back to 2002:

Note – C1.3 methodology was updated Q2 2014 to exclude some cases that were reunifying at the 13th month. Thus, the baseline had to be updated as well as our SIP target goal.

TABLE 1: RESULTS C1.3 SINCE 2002

From:	1/02	4/03	4/04	4/05	4/06	4/07	4/08	4/09	4/10	4/11	4/12	4/13
To:	6/30/02	9/03	9/04	9/05	9/06	9/07	9/08	9/09	9/10	9/11	9/12	9/13
Exit to reun. < 12 mos. (%)	44.3	36.3	30.0	32.6	39.9	37.6	38.3	38.8	32.1	37.4	29.1	29.4
First entries during 6-mo. period (n)	767	811	814	766	697	774	582	636	779	791	868	1,011
Exit to reun. < 12 mos. (n)	340	294	244	250	278	291	223	247	250	296	253	297
National Goal (n)	372	393	394	371	338	375	282	308	378	383	421	490

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 12/26/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

The continuing slide in timely reunification figures has caused concern. The latest figures are some of the lowest on record and represent a substantial and unexpected drop-off from previous periods. A number of factors may have influenced this decline, but it is difficult to tell without further research the factors causing this delay.

The data indicates families reunify by the 18th month. Though San Bernardino County did not find a substantial number reunifying in the 13th and 14th month data indicates families reunified about 50% of the time by the 18th month in our removal cohorts (See Table 3). This naturally implies that there is some delay in the 12th to 18th month.

The Reunification workgroup has reached out to other counties. For example, in August of 2014 communication with San Diego County indicated that they are also having difficulties with this measure and are seeking to further analyze their processes. San Diego also acknowledged that some of the difficulties may be tied to court time-frames and the frequency of continuances.

In October, 2014, the department's executive team approved the case read proposal. One of the targets of the case read process is to identify the causal factors for this delay. A sample of 50 children reunifying will be analyzed: 25 cases where the children reunified within 12 months and 25 cases for the children reunifying from 12 to 18 months. A draft case read tool has been created but is still in the implementation/testing stages. A neutral third party will be reading the cases and writing the report.

Some of the considerations for the case reads are based on indications from aggregate data that show correlation from demographic or other indices to child welfare participation. There are also new initiatives that may be reviewed for their impact. These indicators and initiatives include:

- Race/Ethnicity and age of entry
 - For example, data shows higher African-American in-care rates (per 1,000) compared to all other groups:

TABLE 2: IN-CARE RATES BY RACE (PIT)

Ethnic Group	Point In Time				
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014
Black	17.4	18.1	18.0	19.8	19.2
White	7.1	8.5	8.4	9.4	9.7
Latino	4.2	5.3	5.2	5.9	6.3
Asian/P.I.	0.8	1.1	1.5	1.5	1.7
Nat Amer	12.7	13.8	12.1	12.2	11.0
Multi-Race	0.0	0.0	0.0	0.0	0.0
Total	5.7	6.8	6.7	7.6	7.8

Data Source: CWS/CMS 2014 Quarter 3 Extract.

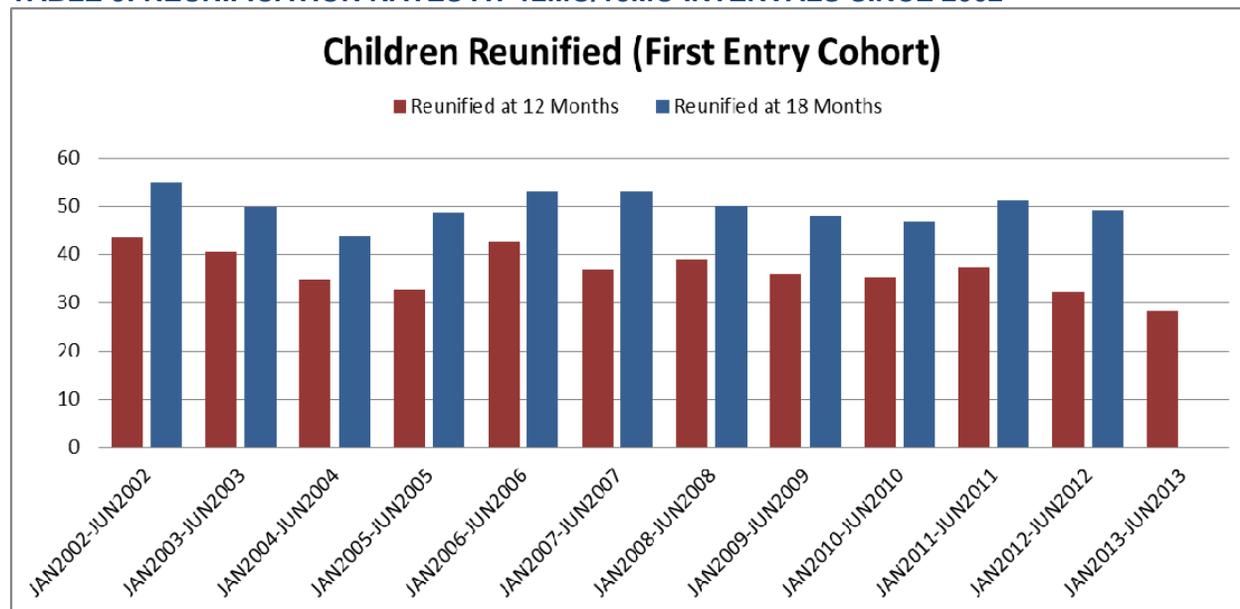
Population Data Source: 2000-2009 - CA Dept. of Finance: 2000-2010 - Estimates of Race/Hispanics Population with Age & Gender Detail. 2010-2014 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity,

- Disparity for African American/Black children compared to White children in 2013 persists over age groups:
 - Age 1 to 2: African American/Black 1.75 times more likely to enter care than white children
 - Age 3 to 5: African American/Black 1.43 times
 - Age 6 to 10: African American/Black 2.03 times
 - Age 11 to 15: African American/Black 2.68 times
 - Age 16 to 17: African American/Black 1.74 times
- Comparing Q2 2012 to Q2 2014 removal cohort demographics it can be seen that CFS removed more infants (less than 1 month olds), 6 to 10 year olds, and 17 to 18 year olds in 2014.
- In addition, CFS removed 21% fewer Native American children (14 in Q2 2012 to 11 in Q2 2014), 2% less Black children, 10% more white children, 17% more Latino children and 26% more Asian/Pacific Islander children. (Note: that is a 71% increase in the number of less than 1 month old children removed from Q2 2012 to Q4 2014);
- The Child Welfare Service history of involvement and the type of allegation and referral;
- Family structure, stability and the extent of family networks/level of isolation;
- The use of SOP techniques and the methods used to evaluate risk and safety;
- Delays in processing of cases through Juvenile Court may have impacted these figures. The courts have implemented a pre-hearing (Receipt of Report – ROR. See section on Promising Practices) at the 11th month to help facilitate the 12 month hearing (366.22f). The new hearing increases reunification at the 12 month hearing;
- Do social work practices need more focus on the importance of early reunification? If there is room for improvement, the development of an Action Plan/timeline to assist clients in focusing on timely reunification (See Reunification Strategy #5) should show positive results.
- Engagement in services may have been delayed. CFS has moved to a new service provider protocol for the Office of Child Abuse Prevention programs (OCAP). Preliminary evidence indicates the new protocol will more quickly engage clients, particularly reunifying parents, in needed services (See the OCAP Strategies);

- Though the economy is improving, the effects of the recovery are uneven and have not affected all groups equally. Homelessness and housing instability, for example, are still major problems and may be causing delays in reunifying families. Homelessness is not considered a reason for removing a child in itself, but an unstable housing situation or inadequate housing can delay reunification;
- Engagement and completion of Substance Abuse services may be affecting reunification timelines;
- The number of first entries increased from 748 in Q2 of 2012 to 1,028 in Q2 of 2014: an increase of about 27.2% and by far the highest noted in over a decade. This has very obvious implications for workload and resource pressures. Table 1 confirms the continuation of this trend with 1,011 entries. The number of actual reunifications increased from 253 to 297.

Once the case reads are completed, a focus group will be held to gather information directly from SWs who tend to reunify their cases timely regarding their case practices and case management. Contact with other counties that are progressing on this measure has been initiated to review alternative approaches to policy, practice and systems that enhance timely reunification.

TABLE 3: REUNIFICATION RATES AT 12MO/18MO INTERVALS SINCE 2002



Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Outside of case specific information, the process of evaluating out cases will be reviewed. San Bernardino County has consistently evaluated out (EVO) cases at a lower rate than most California counties. San Bernardino, for example, EVO'd cases at 28.1% in FY 2012-13 (SafeMeasures) while the rest of the state was at 33.9% (38.7% if one removes Los Angeles County). San Bernardino's EVO rate dropped to 23.4% in FY 2013-14 and was 16.5% for the first 3 months of FY 2014-15. With more cases coming in, the denominator for the reunification measure is likely to continue to increase, causing the measure to drop.

TDMs, use of Parent Partners, and the use of other SIP Reunification strategies will be discussed in the review of the Reunification Strategies.

Measure C3.1 Permanency shows improvement as 28.1% of the foster children exited to permanency of all children in care for 24 months or more from Q3 2014.

The National Goal is 29.1%.

The baseline measure from Q2 2012 is 23.9%. The targeted SIP Goal is 26.2%.

TABLE 4: Q3 ANNUAL RESULTS C3.1 SINCE 2002

From:	7/02	10/03	10/04	10/05	10/06	10/07	10/08	10/09	10/10	10/11	10/12	10/13
To:	6/30/03	9/04	9/05	9/06	9/07	9/08	9/09	9/10	9/11	9/12	9/13	9/14
Exit to perm. end of yr., < 18 yrs. (%)	24.1	26.0	23.8	20.4	22.5	28.9	25.6	27.7	26.5	24.5	25.7	28.1
In care on 1st day of yr. for 24+ mos. (n)	2,204	1,942	1,820	1,741	1,799	1,694	1,369	1,197	951	842	911	953
Exit to perm. end of yr., < 18 yrs. (n)	532	504	434	355	405	489	350	331	252	206	234	268
National Goal (n)	642	566	530	507	524	493	399	349	277	246	266	278

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 12/26/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

At this point San Bernardino County has surpassed the 5-year goal of 26.2%. The key now will be to maintain progress and continue the implementation of some of the long-term strategies listed in the next section.

San Bernardino’s commitment to Permanency can also be seen in the revised CFSR measures. The recently approved new CFSR measures promulgated by the Administration for Children and Families (ACF) include a previously excluded cohort – those in care from 12-23 months. A preliminary application of this measure to available county and state data indicates that San Bernardino (at 45.5%) exceeds the results for the State as a whole (39.8%).

For Probation, reunification is the only way to exit to permanency as there have been literally no exits to adoption or guardianship in a decade under this measure. Comparing Fiscal Year 2012-2013 to the one ending on Fiscal Year June 2014 there was an improvement from 21.4% reunified to 36.8%. The overall numbers are, however, very low and do not accurately reflect that most wards return to their families.

STATUS OF STRATEGIES

To achieve the Reunification and Permanency Outcomes and Accountability goals, the SIP includes 18 specific strategies:

- Five reunification strategies
- Six permanency strategies
- Four probation strategies
- Three OCAP program strategies

REUNIFICATION STRATEGIES

REUNIFICATION STRATEGY 1: INCREASE TEAM DECISIONMAKING MEETINGS (TDMs) TO ENHANCE EARLY ENGAGEMENT OF PARENTS.

The use of Team Decisionmaking Meetings (TDMs) early in the child welfare process has demonstrably reduced times to reunification. It was also observed that the number of TDMs has increased from the previous year. The following table describes the current trends in TDM utilization by TDM type for San Bernardino County:

TABLE 5: TDMs BY TYPE SINCE 2010

	2010	2011	2012	2013	Jan 1 to Oct 31, 2014
Imminent Risk	457	403	486	611	527
Emergency Placement	399	222	152	126	144
Placement Preservation	348	336	274	292	234
Exit from Placement	98	76	87	63	63
Missing	0	0	1	0	0
Total	1302	1037	1000	1092	968

Data Source: TDM ETO database

There was an increase in TDMs for 2013 and from January 1 to October 31, 2013 there were 948 total TDMs held and for the same period in 2014 there were 968 total TDMs held, a 2.1% increase. There was, however a drop-off in TDMs in the last months of 2014. Calendar year 2013 and 2014 both had 1092 TDMs.

TABLE 6: TDM TYPE 2013/2014

	CY 2013	CY 2014	% Change
Imminent Risk	611	609	-0.33%
Emergency Placement	126	156	23.81%
Placement Preservation	292	263	-9.93%
Exit from Placement	63	64	1.59%
Missing	0	0	0.0%
Total	1092	1092	0.0%

Data Source: TDM ETO database

The primary obstacle to expanding the use of TDMs had been the limited number of trained TDM facilitators. Training was completed for 5 facilitators at the end of January, 2014. The

increases in TDMs likely reflect the availability of trained facilitators. Though it had been observed that expanding TDMs creates a workload issue for CFS supervisors it does not appear this has adversely impacted use of TDMs.

Even with competing training priorities (SOP, CFTs etc.), TDM refresher training will occur in calendar year 2015. As previously reported, flyers have been released to SWs articulating the effectiveness of TDMs in achieving positive outcomes and case plan goals. Analysis by ROQS indicates from 2008 to 2013 those receiving intake TDMs were 1.57 times more likely to reunify timely than those not receiving intake TDMs.

TABLE 7: INTAKE TDM RESULTS

	# entered between 2008-2013	# reunified within 12 months	Percent Reunified within 12 months
With Intake TDM within 30 days of removal	2297	800	34.8%
Without Intake TDM (30-days)	5352	1356	25.3%

Data Source: TDM ETO database

Management is committed to holding supervisory staff accountable for the performance of their units in conducting TDMs. This is the current practice in the regions where TDMs are held most frequently.

As part of improving the ability to identify crucial decision points in a case, TDM facilitators attend Risk Assessment Meetings (RAMs) as needed.

Engagement of community partners at TDMs is ongoing; regions continue to work on building partnerships. It has been suggested that resources and partners to support housing be brought into TDMs. Often when children are removed, various other benefits are lost to the parent and they experience housing instability. Providing community and other contacts may help stabilize the housing situation of reunifying parents.

The information systems supporting TDMs are relatively well established. Ongoing reports are regularly generated and staffed in TDM Countywide and Family-to-Family Steering meetings. ROQS provides regular data for the SIP Oversight and workgroups on TDMs.

REUNIFICATION STRATEGY 2: INCREASE AND ENHANCE THE ROLE OF PARENT PARTNERS IN EARLY ENGAGEMENT.

The use of Parent Partners was identified in the County Self-Reassessment as a promising practice. For cases where the parent partner was assigned in 2013 and their case opened in 2013, 57.4% of the children were reunified (334 children reunified out of 582 children) within 12 to 23 months after being removed.

Expansion of the program requires additional Parent Partners be hired and trained. Currently there are 7 Parent Partners (one on maternity leave), with 4 additional Parent Partners to be hired in 2015. Because it had been noted that there was a need to have more male parent partners there are currently 2 male Parent Partners.

Parent Partners are engaged in a number of activities that help them in building connections with social workers and gaining information to better guide reunifying parents. Parent Partners participate in the initial training (O & I) of social workers, go to unit meetings and participate in TDMs. Parent Partners assisted in the development of the training curriculum for incoming Parent Partners.

The Parent Partner database has been completed by ROQS and data is currently being entered. It has the capability to account for how many parents have been given the opportunity to receive the service, whether at court or through a referral from their social worker (including those who have rejected the offer). The database also tracks how many of each service type was provided by a specific Parent Partner or how many have been provided in total over a given time period.

Parent Partners (PP) began facilitating court orientations in July, 2013. Every parent that attends their detention hearing attends a Court orientation presented by a PP. They are offered the PP services at that time, but may still request one later or an SW may refer them. There are 257 open cases between all the active 6 PPs, 82 closed cases and 116 parents who have declined PP services. Since July, 2013 PPs have provided services to a total of 339 parents.

REUNIFICATION STRATEGY 3: SAFETY ORGANIZED PRACTICE (SOP)

The first phase of SOP training is completed and the next began in November, 2014 and is scheduled to be completed in February, 2015. The training for trainers for new supervisors has been completed. SOP techniques are being utilized in Risk Assessment Meetings, TDMs and in Child and Family Team Meetings. SOP training consists of 12 modules and a 3-day orientation. TDM Facilitators report positive results from use of SOP language in TDMs. Some workers have reported out at TDMs and at court the positive results of using some of the SOP techniques with children. Workers are incorporating SOP into practice. Regions will be encouraged to use SOP to individualize case plans. Particularly of interest was transposing portions of the Harm and Danger statements, and Safety goals into individualized case plans, using behaviorally specific objectives (See Reunification strategy #5). The number of Coaches has been increased to 7 and they are available in every region to assist with the application of SOP techniques.

Acknowledging the difficulty in capturing the application of SOP techniques, it will take some surveying to determine the level of program penetration and application. Application of SOP techniques will be an element in the proposed case reads mentioned above. The elements of SOP have been incorporated into the fundamental structure of Child and Family Team (CFT) Meetings under the auspices of the Katie A. Core Practice Model (CPM). Draft policy, training tools and materials are being used to pilot the expansion of CFTs into standard practice. PERC began training in September of 2014 and will continue through June of 2015 in all county regions.

REUNIFICATION STRATEGY 4: INCREASE TRAINING AND SUPPORT TO PARENTS, RELATIVES AND CAREGIVERS.

Visitation Service Centers (VSC) have been in place and operable since June of 2013. Between June 1, 2013 and November 5, 2014 975 VSC referrals were made for 1,610 children to the 5 VSCs and 14,686 supervised visits have been conducted. Over 80% of the referrals included some element of FR in their Service Component designation. Referral and utilization patterns indicate that after an initial surge in 2013, referrals in 2014 have more or less leveled off:

TABLE 8: NUMBER OF CHILD-REFERRALS GENERATED FOR VSCs BY MONTH, 2014

VSC	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Christ. Couns.	10	5	12	14	4	17	12	9
Family Services	4	4	4	2	2	4	7	9
Lutheran	5	0	0	0	1	0	4	4
Making a Diff.	37	20	14	22	28	9	26	14
Walden	30	17	20	32	21	20	40	32
Total	86	46	50	70	56	50	89	68

TABLE 9: VSC VISITS BY REGIONAL OFFICE

CFS Office	#	%
Barstow/Needles CFS	448	3%
Central	3,161	22%
Fontana	788	5%
Gifford	4,037	27%
Placement Resources	313	2%
Rancho Cucamonga CFS	1,998	14%
Victorville CFS	2,893	20%
Yucca Valley	1,001	7%
CAAHL/ICT/Juv Court/Probation	47	0%
Total	14,686	100%

Visitation can either be supervised or unsupervised. In addition, there are four (4) types of supervised visitation: monitored observational, interactive, intensive therapeutic and security. During interactive visits, a visitation monitor directly engages visit participants in interactive learning directed toward improving parenting behaviors, improving relationships skills, and integrating into the visit the parent's knowledge gained through parenting classes, therapy, and other case-plan related activities. Virtually all visits have been interactive or observational, with the majority of visits being interactive:

TABLE 10: VSC VISITS BY TYPE AND PROVIDER

Visitation & Support Center	Visit Type			Total by VSC	% by VSC
	Interactive	Observational	Unknown		
Christian Counseling Services	1,001	561	3	1,565	11%
Family Services Association	813	118	4	935	6%
Lutheran Social Services	478	0	0	478	3%
Making a Difference Association	2,243	2,194	2	4,439	31%
Walden	3,241	3,786	106	7,133	49%
Total by Visit Type	7,776	6,659	115	14,550	100%
% by Visit Type	53%	46%	1%	100%	

Above tables from VSC report, 2014 ROQS

The VSCs are, generally, providing service in a timely manner. On average there were 21 days between date of referral and date of first supervised visit. Since the VSCs have been operational for less than two years, only preliminary impacts on outcomes are measurable. To date 1,520 children have been seen at VSCs. Of these, 289 (19.0%) children reunified after at least 1 visit to a VSC.

The 19% figure appears low because it includes all those who have used VSCs since their inception. Looking at those that attended for the first time in 2013, 236 of 859 (27.5%) reunified by November of 2014. Furthermore, 18 (2.1%) were adopted, 29 (3.4%) entered guardianship, 3 were no longer in the system for other reasons and 573 (66.7%) were still in care.

Enhancements to service, such as the institution of bridging meetings with foster parents, have not yet been addressed as there are some on-going process issues. Mentoring of reunifying parents is included in the contract and may include collaboration with caregivers. It was thought that this aspect of service would start this year, but that is still uncertain. This may be addressed as part of contract renewals.

Regarding Support Groups at least 40 agencies/vendors indicated they were able to provide support groups through the CAPTS program. Support Groups are being underutilized. The Reunification Workgroup will be reviewing why these services are underutilized and suggest means to provide better access.

Regarding increasing support and outreach to kin caregivers and optimizing training resources, the Placement Resources Division (PRD) has engaged the Community Colleges (CC) and will circulate available trainings at the Kinship Centers. The following tables show the number of unduplicated participants in the Foster and Kinship Care Education program at some of the local colleges:

TABLE 11: FKCE PARTICIPANTS, CHAFFEY COLLEGE 2011-13

Category	Unduplicated Count 2011/12	Unduplicated Count 2012/13
1 Foster / Adoptive Parent	288	260
2 Prospective Foster / Adoptive Parent	27	22
3 Relative / Kinship Care Provider	82	67
4 Foster / Adoptive Parent And Kinship Care Provider	0	0
5 Non-Relative Extended Family Member	7	5
6 County Social Services Staff	1	1
7 County Probation Staff	0	0
8 Group Home Staff	62	63
9 Other Professional (Works W/ Youth)	12	11
10 Other	27	24
11 Unknown	10	6
Total Served:	516	459

Barstow College had similar participation in the last academic year:

TABLE 12: FKCE PARTICIPANTS, BARSTOW COLLEGE 2012-13

Category	Unduplicated Count
1 Foster / Adoptive Parent	319
2 Prospective Foster / Adoptive Parent	26
3 Relative / Kinship Care Provider	68
4 Foster / Adoptive Parent and Kinship Care Provider	0
5 Non-Relative Extended Family Member	5
6 County Social Services Staff	2
7 County Probation Staff	0
8 Group Home Staff	19
9 Other Professional (Works w/ Youth)	18
10 Other	19
11 Unknown	8
Total Served:	484

Above tables from FKCE, 2014

Local Community Colleges provide information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents.

The Placement Resource Division is mindful of the requirements forthcoming because of the Resource Family Approval (RFA) program, authorized through Senate Bill 1013. The statute requires CDSS to implement a unified, family friendly and child-centered resource family approval process to replace the existing multiple processes for licensing foster family homes, approving relatives/NREFMs, approving guardianships and approving adoptive families. To that end a revised Relative/NREFM handbook for caregivers will be available in February 2015, along with a “What you need to know” pamphlet. After an early implementation program is completed, CDSS anticipates statewide implementation of the RFA Program to begin as early as July of 2017.

The main venue for having caregivers serve as mentors was meant to be the VSCs but there have been some issues with expanding their role. There have been additional issues with identifying which foster parents and caregivers would be most open to acting as a mentor, and identifying which reunifying parents would be most receptive to that kind of support. It has also been acknowledged that a certain amount of mentoring does occur on an informal basis, though it is difficult to gauge its frequency and affect.

Reunifying parents are routinely engaged in orientation at detention hearings. Additional engagement with social workers, reunifying parents and caregivers will likely be expanded through Child and Family Team meetings.

Regarding increasing the awareness of PRIDE training and exercises, the Supervising Social Service Practitioner in charge of PRIDE will be visiting the regional offices in the first quarter of 2015 and presenting information to social workers on this topic. Ostensibly, these meetings were initially related to promulgating information on SOP, but will also convey information on PRIDE, serving two purposes with one encounter.

Engaging reunifying parents in services as early as possible is standard practice. The implementation of the other action steps have been reviewed but not yet implemented.

REUNIFICATION STRATEGY 5: EMPHASIZE REUNIFICATION PLANNING TO FACILITATE EARLY TRANSITION OF CHILDREN TO PARENTS’ HOME.

SOP coaches are available in all offices and can assist in simplifying and individualizing case plans. The next round of SOP training is also meant to reinforce these improvements in reunification planning.

The case plan checklist has been developed so that it is individualized and focused on case plan goals. Originally conceived as a timeline informing the reunifying parents of upcoming court dates, the idea now is that it be an ‘Action Plan’ to help reunifying parents more clearly understand what action items and services identified in their case plan need to be completed and by when.

Furthermore, the intent is not simply to ‘check-off’ that a particular service has been completed, but that the tool integrates SOP techniques into practice by incorporating use of Harm and Danger statements and scaling questions. The Action Plan reinforces the value of service objectives and uses the tool as a springboard for discussion regarding the real changes reunifying parents have assimilated into their lives. The Western Region has been piloting the use of the Action Plan since September 2014 and will continue into 2015.

This tool is meant to be one of many instruments and practices that ensure parents understand court timelines and processes related to reunification. Court orientation, Parent Partners and use of SOP in other contexts are also contributing to assisting parents in understanding timeframes and the specific behaviors which need to change to facilitate reunification.

Discussions continue with the Court and Attorneys regarding timely reunification at Court Coordination and Bench Bar meetings.

- Judges and Attorneys received some training/briefing on SOP and the SIP.
- As mentioned previously, a Review of Report Hearing is now being scheduled prior to the 12-month hearing and should help facilitate timelier reunification.
- Discussions are taking place regarding returning home at the 6-month hearing, returning home by packet and allowing a hearing between the 6th and 12th month. This may require making adjustments in the court report template.

PERMANENCY STRATEGIES

PERMANENCY STRATEGY 1: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, TAY, ILP/PFA, WRAPAROUND AND CASA

AND

PERMANENCY STRATEGY 2: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR PARENTS AND CAREGIVERS OF CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, WRAPAROUND, CFS PARENT PARTNERS, KINSHIP CENTERS, VISITATION CENTERS AND PRESCHOOL SERVICES

The purpose of these strategies is to provide mentoring services to youths, parents and caregivers by building on current efforts and bridging between caregivers and reunifying parents. Both strategies will be addressed together.

Programs providing mentoring services include Interagency Youth Resiliency Team (IYRT), Transitional Aged Youth (TAY), Independent Living Program/Peer Family Assistants (ILP/PFA), Wraparound and Court Appointed Special Advocates (CASA). In order to increase and maintain awareness of mentoring programs, CFS explored use of social media to increase referrals and utilization of programs to improve engagement and participation. In August 2014, the CFS Facebook Page was launched. Information about mentoring programs will be included on both the CFS Facebook page and the ILP Facebook page. Social media is used to increase awareness of mentoring programs as well as to maintain awareness to promote participation in these programs.

The Children's Network (CN), through the Mentoring Task Force, has an extensive list of available mentoring services throughout the County and provided their listings for access by social workers. A portion of that list, the means to access it and contact information for the CN Mentoring program coordinator were provided in a flyer to social workers in January, 2014. The flyer released on mentoring services allows access to mentoring services, including for foster parents/caregivers.

On April 7, 2014, the Research, Outcomes, and Quality Support (ROQS) unit reached out to 418 individuals asking them to complete the Mentoring Task Force Survey. The targeted survey respondents included County workers, community partners, and service providers. Of the 418, 175 completed the survey, a 42 percent response rate up from the previous year's response rate of 34 percent.

The survey showed that a large majority of the respondents (89.7%) attended task force meetings, outreach and training events supported by the Mentoring Task Force. The survey also provided an opportunity for the respondents to offer feedback on training needs and topics for future workshops and conferences. It was reported that 56 youths were matched to mentors because of the resources made available by the Task Force.

Community-based resource fairs, regional staff fairs, “brown bag” training and vendor fairs are also activities that facilitate the increase of referrals to mentoring programs and their utilization to improve engagement and participation. Additionally, New Initiative Supervisors promote mentoring services.

Special Project Codes utilized for Wraparound, CASA (Educational Advocate and Regular CASA) and annual reports for Wraparound are the established tracking methods and database utilized to determine outcomes. Through collaboration with the Department of Behavioral Health (DBH), data is shared with CFS via monthly reports.

It was also noted that the new Service Coordinators are providing effective assistance in helping CFS clients navigate the service referral process. This in turn has helped reunifying parents and other clients improve engagement and participation with contracted service providers (See the summary of the OCAP strategies.).

As part of implementing strategies under the Permanency workgroup, CFS is tracking stakeholder engagement efforts, particularly for mentoring services. The 4 regional offices operate independently in engaging the community and are consistently attending and hosting a variety of events in their service areas.

- The three offices in the North Desert Region hosted ‘Gathering Together’ events and “Annual Community Partner Picnics.” As many as 80 vendors attended the events which provided networking opportunities for regional staff.
- The Western Region hosted a Community Partner Appreciation Event, a Community Partner Picnic and a Resource Fair where as many as 71 vendors participated.
- The Central Region had meetings related to Family-to-Family and Bridging the Gap with community partners about every month and also were represented in 50 resource fairs hosted by other agencies.
- The Eastern Region hosted 5 community events with a total of 191 vendors participating and 171 staff attending.

Vendor Information Fairs, organized by the Program Development Division, were held in all CFS regions in October and November of 2014.

TABLE 13: CONTRACTED VENDOR FAIRS, 2014

Vendor Information Fair- CFS Office Location	Vendors Attending	CFS Staff Attending
Barstow	13	14
Victorville	21	36
San Bernardino B E Street	19	15
Rancho Cucamonga	31	31
Fontana	23	19
San Bernardino Gifford	25	56
Yucca Valley	10	21

Program Development Division, 2014

Interagency Youth Resiliency Teams (IYRT) is a program funded by DBH that provides mentoring opportunities for foster youth and wards. Funding of the program had been a concern, but it appears the program will be funded through FY 2014/15.

IYRT captures enrollment through the provider agencies and billing through DBH. The following tables show the number of mentees engaged by each provider that identified as having some involvement with CFS or Probation (or both).

TABLE 14: IYRT PARTICIPATION FY 12/13

Agency Name	Area of the County Served	Child Welfare Youth Served
EMQ Families First	East Valley	62
Reach Out	West Valley/Eastern Desert	50
Valley Star Children and Family Services	East Valley	62
Annual Program Total		174 (of 180)

TABLE 15: IYRT PARTICIPATION FY 13/14

Agency Name	Area of the County Served	Child Welfare Youth Served
EMQ Families First	East Valley	57
Reach Out	West Valley/Eastern Desert	82
Valley Star Children and Family Services	East Valley	55
Annual Program Total		194 (of 240)

IYRT tables from DBH, 2014

Though primarily a mentoring program, in the two fiscal years beginning in 2012/13, IYRT contractors provided over 16,000 hours of service, approximately 98% of which was direct Mental Health Services.

IYRT will be concluded at end of the 2014/15 fiscal year. DBH, in consultation with CFS, will facilitate transition of youth to similar mentoring programs. DBH will further work with Children’s Network and their Mentoring Resource Coordinator to facilitate appropriate transitions to community mentoring programs. DBH will also work with current IYRT providers to assess if youth can be moved into available programs in their parent company.

Regarding Wraparound services, a bottleneck had developed at the end of 2013 because of a more stringent application of diagnosis standards designating medical necessity. The following table notes how Wraparound enrollment dropped off and later rebounded:

TABLE 16: WRAPAROUND ENROLLMENT BY MONTH

Wrap Admit Month	Total FY11-12	FY12-13	FY13-14	FY14-15
July	48	44	55	38
August	41	30	19	33
September	53	37	36	41
October	44	41	31	17
November	37	29	13	37
December	27	26	16	13 (through 12/15)
January	34	39	27	n/a
February	35	31	48	n/a
March	44	49	29	n/a
April	38	58	48	n/a
May	50	29	31	n/a
June	50	46	32	n/a

Wraparound Tracking Log, 2014

The point in time counts verify the drop-off at the end of 2013. The total number of clients engaged, after dropping to a low of 256 in February 2014 are now over 300 again.

TABLE 17: WRAP POINT-IN-TIME COUNTS

Mo-Yr	CFS	Probation	Total
Nov-12	281	68	349
Dec-12	277	66	343
Jan-13	263	65	328
Feb-13	246	63	309
Mar-13	253	62	315
Apr-13	265	54	319
May-13	268	59	327
Jun-13	262	59	321
Jul-13	254	54	308
Aug-13	266	59	325
Sep-13	252	49	301
Oct-13	265	53	318
Nov-13	253	49	302
Dec-13	236	48	284
Jan-14	229	48	277
Feb-14	219	37	256
Mar-14	230	45	275
Apr-14	234	46	280
May-14	254	45	299
Jun-14	268	45	313
Jul-14	262	37	299
Aug-14	265	34	299
Sep-14	258	33	291
Oct-14	264	33	297
Nov-14	265	31	296
Dec-14	280	26	306

Wraparound Tracking Log, 2014

Mentoring services are offered through Wraparound as part of the package of services available to families. Currently, there is no discrete accounting that tracks utilization of that particular program aspect; however, of the 81 Wraparound facilitators who participated in the Wraparound Fidelity Index interview for FY 13-14, 58 (71%) identified a family support partner or advocate being part of the Wraparound team.

As mentioned previously, Visitation Centers have been operable since June of 2013. There were 155 PP cases (10% of all referrals) referred to VSCs. VSCs are still a growing service with the potential for acting as a facilitator for bridging between parents and caregivers.

Connecting parents and caregivers to resources in order to enhance their ability to care for children is an essential element in a number of strategies that have already been reviewed:

- TDMs (Reunification Strategy #1) are the primary venue that connects reunifying parents with other caregivers. This provides an opportunity to build a mentoring relationship. To date, however, this is not a formalized process but has been reported back as being accomplished informally.
- Parent Partners (Reunification Strategy #2) are referenced in the action steps for this strategy because parents that interact with them can benefit from their experience. Parent Partners also may assist in resolving issues that may arise between the parent and current caregiver.
- CFS Peer and Family Assistants (PFAs) are former foster youth that work with CFS social workers to encourage youth who may not wish to participate in various CFS activities, such as transitional conferences. PFAs provide peer counseling and service to help other youth in the foster care system. PFAs understand their concerns firsthand, provide linkages to services and help recruit foster youth into the Independent Living Program.
- The Service Coordinators assist CFS clients in engaging in the services identified on their case plans provided by CAPTS contractors (See OCAP Strategies).
- SOP includes in its approach the building of support networks. Both identifying those connected to the family that have effectively engaged with them positively and accessing new resources, persons and entities that might assist in the achievement of family goals are encouraged in this practice.
- As mentioned in Reunification strategy #4, Placement Resources Division (PRD) has engaged the Community Colleges and will circulate available trainings at the Kinship Centers. Barstow CC, San Bernardino Valley CC and Citrus CC provided information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents. It is believed that these efforts will positively impact both measures. The Kinship Coordinator provides to all kinship centers monthly schedules for all community colleges and the classes they hold. PRD is also developing a 'Resource Liaison' that will serve as a nexus for distributing this and other similar information to clients and social workers.

PERMANENCY STRATEGY 3: INCREASE AND ENHANCE TRANSITION FROM GROUP HOME TO LESS RESTRICTIVE SETTING

The following table shows the distribution of placement types since 2010.

TABLE 18: PLACEMENT TYPES SINCE 2010

San Bernardino Placement Types										
Placement Type	Point in Time									
	1-Jul-10		1-Jul-11		1-Jul-12		1-Jul-13		1-Jul-14	
Pre-Adopt	50	1.4%	16	0.4%	33	0.8%	37	0.8%	53	1.1%
Kin	954	26.9%	1,328	32.0%	1,367	33.3%	1,639	34.9%	1,739	35.6%
Foster	268	7.6%	284	6.8%	284	6.9%	330	7.0%	329	6.7%
FFA	1,067	30.1%	1,326	32.0%	1,265	30.8%	1,425	30.3%	1,395	28.6%
Court Specified Home	11	0.3%	5	0.1%	9	0.2%	14	0.3%	13	0.3%
Group	192	5.4%	228	5.5%	231	5.6%	275	5.9%	328	6.7%
Shelter	0	0.0%	1	0.0%	1	0.0%	0	0.0%	0	0.0%
Non-FC	33	0.9%	25	0.6%	34	0.8%	24	0.5%	27	0.6%
Transitional Housing	12	0.3%	2	0.0%	2	0.0%	0	0.0%	18	0.4%
Guardian - Dependent	129	3.6%	90	2.2%	65	1.6%	78	1.7%	103	2.1%
Guardian - Other	736	20.8%	724	17.5%	733	17.9%	710	15.1%	676	13.8%
Runaway	51	1.4%	77	1.9%	42	1.0%	62	1.3%	54	1.1%
Trial Home Visit	5	0.1%	1	0.0%	4	0.1%	11	0.2%	17	0.3%
SILP	0		0	0.0%	13	0.3%	59	1.3%	96	2.0%
Other (?)	37	0.0%	39	0.9%	21	0.5%	35	0.7%	33	0.7%
Total	3,545	100%	4,146	100%	4,104	100%	4,699	100%	4,881	100%

Data Source: CWS/CMS 2014 Quarter 2 Extract. Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). CCWIP reports. Retrieved 11/14/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Group Home placements have been increasing both in number and as a percentage of total placements since 2010 for San Bernardino County. While total number of placements showed a substantial increase over that time period of 37.7%, Group Home placements increased by 70.8%. In comparison, total placements increased for the State as a whole (9.1%), GH placements increased across the State only 1.3%.

San Bernardino County believe this is tied to reaching a population that has more mental/behavioral health needs, and that CHRIS figures are counted in the GH totals.

There are 323 children in an open Group Home placement as of Nov 17, 2014. Approximately 36.5% of the children in Group Homes are of Hispanic/Latino origin and 34.4% of the children are white non-Hispanic.

TABLE 19: GH PLACEMENTS BY RACE/ETHNICITY, 2014 (PIT)

Child's Race	# of Non-Hispanic Children	# Hispanic Origin Children	Total Group Home Children
Alaskan Native*	0	1	1
American Indian*	0	1	1
Black*	89	9	98
Declines to State*	2	48	50
Filipino*	0	1	1
Hawaiian*	2	0	2
Hispanic	0	5	5
Unable to Determine*	1	2	3
White - Armenian*	1	0	1
White - European*	0	2	2
White*	110	49	159
Total	205	118	323

CWS/CMS extract, 2014

The majority of children in a Group Home are male (63.5%, 205) and the median age is 15 with a range of 6 to 20. There are 118 female children currently in a Group Home (36.5%) and the median age is 15 with a range of 8 to 18.

The most recent available data does support the picture of an intransigent congregate care population, particularly those who have been in care two years or longer. The following data is for all youth that had a Group Home placement under CFS in 2010 and a subsequent placement. Of the 426 youth in GH placement in 2010, these are the first placements outside the original Group Home for number of Youth with at least one placement change between placements in 2010 and 11/30/2014:

TABLE 20: GH YOUTH PLACEMENT CHANGES, 2010-2014 (through November)

Group Home	178	63.8%
FFA	55	19.7%
Relative/NREFM	27	9.7%
FFH	15	5.4%
Small Family	2	0.7%
Guardian Home	1	0.4%
Court Specified	1	0.4%
Total	279	100.0%

CWS/CMS extract, 2014

Where discernible, the subsequent Group Home placement was:

TABLE 21: GH TO GH PLACEMENT CHANGE RCL

Lower RCL	35	28.2%
Same RCL	43	34.7%
Higher RCL	46	37.1%
Total	122	100.0%

CWS/CMS extract, 2014

Of the remaining 101 (279 minus 178) that went to a **non-Group Home** placement

- 72 (71.3%) had a subsequent placement change after that non Group Home placement
- 50 (49.5% of the 101) had a change to another Group Home at some point
- 27 (26.7%) had the placement end within 30 days (8 were identified as behavioral issues or higher level of care required; 10 were AWOL).

To summarize and emphasize some notable points:

- Nearly half of those that step down to a less restrictive setting end up going back to a GH at some point
- Over a quarter (26.7%) of those that step down to a non-Group Home setting end up changing placements within 30 days.
- Most placement changes out of a GH are to another GH (63.8%).
- If a youth changes placement to another Group Home, it is more likely they will step up than step down (37.1% compared to 28.2%).
- Over a third in GH don't change at all (147 of 426)

The figures are more encouraging when one looks at all the subsequent placements for the 426 in the cohort (which totals to 487 placement changes):

TABLE 22: GH SUBSEQUENT PLACEMENT CHANGES

Group Home	231	47.4%
FFA	105	21.6%
Relative/NREFM	65	13.3%
FFH	42	8.6%
SILP	15	3.1%
Court Specified	11	2.3%
Guardian Home	8	1.6%
Small Family	6	1.2%
County Shelter	3	0.6%
Tribe Specified	1	0.2%
Total	487	100.0%

CWS/CMS extract, 2014

This shows that though there is movement from GH to GH, when one looks at all the subsequent placements over time, you get comparatively more placements in less restrictive settings.

The County of San Bernardino, through this strategy, recognizes the important goal of reducing the number of children in Group Home care. With the release of All-County Letters (ACL) 13-86 and 13-87 implementing particular provisions of the 2011 realignment and AB 74, the County established project plans to implement both initiatives. These initiatives particularly identify those youths in GHs that are under 12 years old and/or that have been in for a year or longer and, therefore, impact the target population of this strategy. The identified youths are to have their placements reassessed on a regular, on-going basis.

Efforts to reduce GH placements will hinge on developing and implementing placement models that assist in the transition from GH to family settings. Efforts to increase social worker awareness and understanding of step down service to facilitate this transition have had positive impact. Development and expansion of the former Residentially Based Services (RBS) program, now Children's Residential Intensive Services (ChRIS) has led to greater utilization.

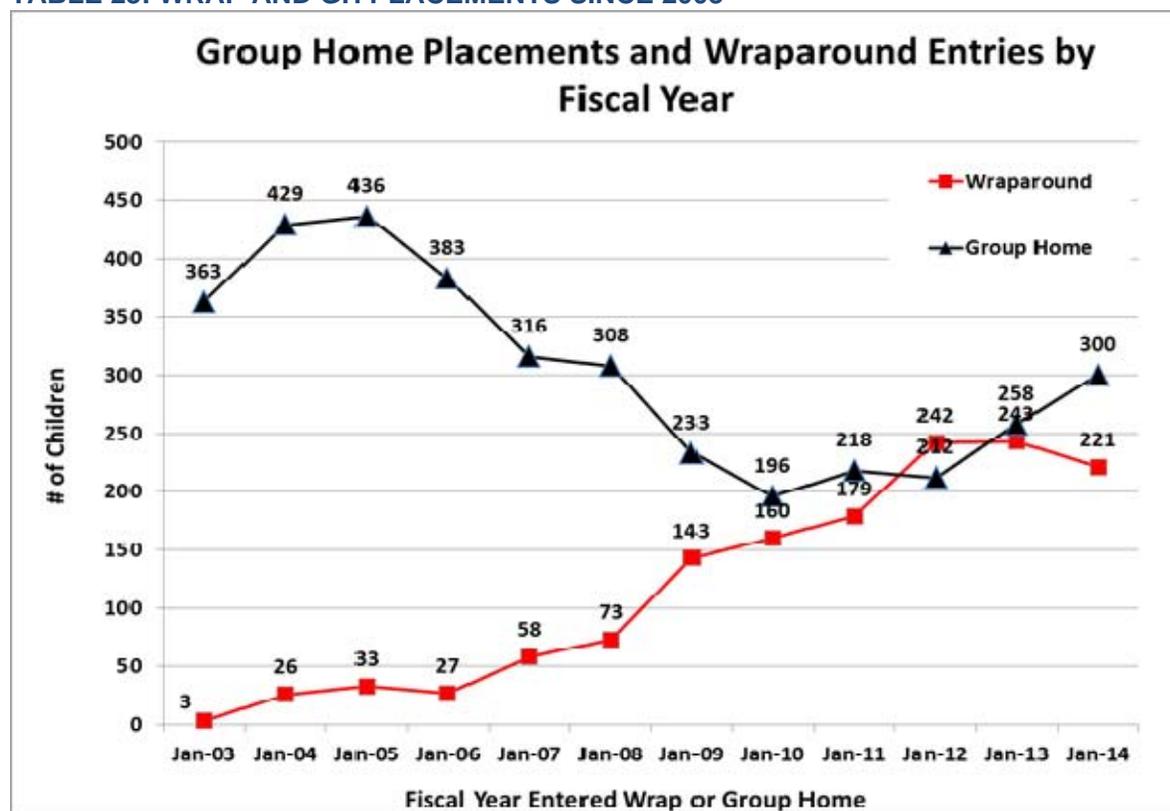
Currently, ChRIS engages 22 youths. In FY13-14 there were 60 children served in the ChRIS Program (26 at RCL 14 and 34 at RCL 12). For comparison, in FY12-13 there were 19 children served in RBS, all at the RCL 14 level of care.

Another program with a similar target population is Intensive Treatment Foster Care (ITFC) which has expanded to now engage 25 youths (with 2 pending). A point in time count last year showed only 5 youths enrolled. ITFC serves to divert potential Group Home placement.

Wraparound referrals were subject to some changes because the standard for 'medically necessary' mental health condition was under review (See Permanency Strategy #1). There was a drop in the number of Wraparound referrals in the last half of 2013, and they have since rebounded, but not quite to previous levels.

The following table is from the San Bernardino County's Wraparound Program FY 2013-2014 Annual Report prepared by Human Services, Research, Outcomes and Quality Support Unit, and displays a point-in-time comparison of children in Group Homes and Wraparound placements. Group home placements began to decrease as Wraparound expanded (FY05-06) and enrollments in Wraparound increased. While the relationship between Wraparound enrollments and Group Home placements is correlational, it is reasonable to suggest that Wraparound has played a role in the decrease of Group Home placements.

TABLE 23: WRAP AND GH PLACEMENTS SINCE 2003



Research, Outcomes and Quality Support Unit Wraparound Report, 2012-2013

The available information indicates that engaging in Wraparound prior to transitioning out of a Group Home positively impacts certain well-being results and decreases some negative outcomes:

TABLE 24: GH TRANSITIONS WITH WRAP LESS THAN 30 DAYS BEFORE EXIT

Under 30 Days		
Graduation	28	36.36%
Negative Outcomes (AWOL, Incarceration, Hospitalization)	5	6.49%
Back to a Group Home	2	2.60%
Other Dismissal Reasons	42	54.55%
Total	77	100.00%

TABLE 25: GH TRANSITIONS WITH WRAP 30 TO 45 DAYS BEFORE EXIT

Between 30 and 45 Days		
Graduation	3	42.86%
Negative Outcomes (AWOL, Incarceration, Hospitalization)	0	0.00%
Back to a Group Home	1	14.29%
Other Dismissal Reasons	3	42.86%
Total	7	100.00%

TABLE 26: GH TRANSITIONS WITH WRAP MORE THAN 45 DAYS BEFORE EXIT

More than 45 Days		
Graduation	10	47.62%
Negative Outcomes (AWOL, Incarceration, Hospitalization)	1	4.76%
Back to a Group Home	0	0.00%
Other Dismissal Reasons	10	47.62%
Total	21	100.00%

Wraparound Tracking Log, cross referenced to CWS/CMS, 10/27/2014

Compared to the larger group of those attempting to transition from congregate care, the figures for those engaging in Wraparound services prior to transitioning appear to show solidly that it substantially improves the results for that group - particularly the adverse results (AWOL, incarceration, returning to GH) go down significantly. Of the 105 that received Wrap services at some point and transitioned out of GH placement, only 9 went back to a GH or had a negative outcome. The evidence does not specifically support the 30-45 day timeframe noted in the Actions Step B, but then the number is comparatively small (7).

Over the past year, CFS and the Department of Behavioral Health have worked to revise the screening and assessment protocols under the auspices of implementing the Katie A. Core Practice Model (CPM). A referral process is in place for mental health screenings for children that enter foster care via the Healthy Homes program and Screening Assessment Referral Treatment (SART) program. Policy and procedure have also been instituted for re-screenings at the time of case plan update. Child and Family Team (CFT) meeting pilots are underway in two

regions. Trainings for SWs to provide CFTs for all Katie A. class members will be completed in June of 2015. Team Decision Making (TDM) and Transitional Conference (TC) meetings are ongoing in CFS regions.

TDMs have been used when placement changes in GHs are under review. Revisiting last year's analysis San Bernardino County, again, did not discover any correlation between use of TDMs and the rate of stepped-down placements, though the numbers in 2013 and 2014 are an improvement over the prior 3 years.

TABLE 27: GH, TDMs and RECOMMENDATIONS

	TDM Year				
	2010	2011	2012	2013	2014
Children in a Group Home at the time of the TDM	50	52	61	57	49
Children recommended to remain/or go to another Group Home placement at the TDM	42	37	46	38	33
% GH Children Recommended at TDM to go to another/remain in a Group Home	84.0%	71.2%	75.4%	66.7%	67.4%

CWS/CMS extract, October, 2014

On the contrary, it appears that TDMs, by and large, affirm the need to maintain some level of GH placement. These figures may reflect that the use of TDMs was primarily to stabilize the current placement.

It was suggested in last year's annual report that SWs need to be more mindful of the timing of placement changes by, for example, accounting for a break in school as opposed to changing placement while school is in session. It was reported that this is a typical concern discussed in placement change TDMs and is generally addressed in that venue.

It was also suggested that SWs engage the foster parents or new caregivers prior to changing placement by having step-down visits prior to the actual placement change. The Resource Liaison position is being established, in part, to assist in addressing these transitional issues.

PERMANENCY STRATEGY 4: IMPROVE ACCURACY OF CWS/CMS DATA ENTRY REGARDING NRLG (AKA, SERVICES ONLY GUARDIANSHIPS OR SOGS)

The inclusion of Probate Guardians (called SOGs) in the Permanency figures had been weighing down outcome data. An effective protocol was developed and a 'data clean-up' completed in August of 2013. Since that time the Permanency figures have trended positively.

PERMANENCY STRATEGY 5: TO BETTER MATCH CHILDREN/YOUTH TO FOSTER HOMES WHICH INCREASES THE LIKELIHOOD OF PERMANENCY.

This strategy involves long-term project management in the redeployment of foster care recruiting resources. In August of 2014, CFS Placement Resources Division completed a project plan outline, in accordance with the action items under this strategy, to institute more effective means of matching children to foster homes. Some of the developments under this project include:

- CFS' "Taking Care of Business Day (TCBD)" process was modified sequentially to more efficiently process paperwork and identify applicants that may have difficulty with

background checks, leading to a moderate increase in number of completed applications received at the event. The licensing staff assignment timelines were similarly streamlined to expedite processing. Resource parent applicants are receiving more timely home evaluations resulting in increased numbers of licenses issued and placement-ready foster and adoptive homes.

- CFS has determined that the largest need for substitute caregivers is in the City of San Bernardino. To meet the goal of this strategy, licensing staff reviewed recruitment/licensing and support practices in other counties. Finalization of the project plan and recruitment strategy will be complete by May 2015 with implementation anticipated in June 2015.
- A home study pre-licensing tool (form CFS 104A) is now part of the application process. This identifies applicants that may need additional review and/or further evaluation of appropriateness to continue the application process (i.e. recommendations to withdraw the application and/or participate in counseling/therapy prior to licensure). Although this is a fairly new process, results are showing that 10% of applicants withdraw their applications in order to address the issues. This allows both licensing and home study staff to focus efforts on other potential resource parents.
- The CFS Facebook page promotes “Be a Hero” under the “Heart Gallery” in efforts to recruit adoptive parents. It also posts FAQs regarding becoming a foster or adoptive parent, schedules of upcoming TCBD dates and locations, and various media coverage on CFS efforts to find homes for waiting children.
- Adoptions and Licensing staff attended a variety of events and meetings in order to obtain information regarding the recruitment practices in nearby and similar counties:
 - Adoptions/Licensing CWSM & licensing staff gathered information from San Mateo regarding their licensing and support practices. Licensing staff visited Riverside, San Diego, Orange and Los Angeles counties to gather information on their licensing/orientation process.
 - Licensing and PRIDE/Home study staff gathered recruitment information from Southern Counties at the Southern County Adoption Management (SCAM) Meeting.
 - PRIDE training/Home study staff attended an FKCE meeting on San Diego Trauma Informed Practice Strategies (TIPS) training development and process.
 - Adoptions/Licensing CWSM gathered information from SCAM group on their pre-licensing training status & plans.
- Reviewed licensing and home study approval process to assess bottlenecks.
- CFS and the Community College FKCE group are collaborating to provide relevant ongoing trainings to all resource parents.

A review of the current deployment of FFH and FFA resources in San Bernardino County revealed a surprising number of placements from other counties. For 7/2014, there were 391 children placed in FFH homes in San Bernardino county and of those 308 were San Bernardino county supervised children (78.8%) while 69 were supervised by LA county (17.6%), 9 supervised by Riverside county (2.3%) and 1 by Ventura (0.3%) for a total of 21.2%.

There were 1,938 total children placed in FFAs in San Bernardino County by any California county and of those 1,136 were San Bernardino County children (58.6%). There were 802 children placed from other counties:

Los Angeles: 616 children – 76.8% of the 802 children placed from other counties
 Riverside: 163 children – 20.3%

Orange: 21 children – 2.6%
 San Joaquin: 1 child – 0.1%
 Imperial: 1 child – 0.1%

PERMANENCY STRATEGY 6: CONTINUALLY AND SYSTEMATICALLY REASSESS PARENTS, RELATIVES AND SUPPORTS FOR RETURN AND/OR PLACEMENT OF CHILDREN IN CARE LONGER THAN 24 MONTHS.

Collaterals have increased in CWS/CMS. Below is a table with data for youth under the Permanency Readiness Efforts Special Project Code (SPC) who had been in care for over 2 years. There was an increase from FY 12-13 to FY 13-14 (3%) in collateral contacts. FY 14-15 is only half over, so it is lower than the other two fiscal years.

TABLE 28: PERMANENCY READINESS EFFORTS, 2012-2014

FY	Youth in Care for 2 Years or More under SPC Permanency Readiness Efforts	Number of Collaterals	Average Per Youth
FY 12-13	36	177	4.92
FY 13-14	36	182	5.06
FY 14-15*	34	145	4.26

CWS/CMS extract, December 15, 2014

This strategy combines a few identified practices with elements of other strategies into a sustained practice of continual reassessment and search and engagement. For example, Case Assessment Forums (CAFs) are the primary vehicle used in reassessing Group Home placements for those in placement over a year and those under 12. The means to systematically capture the actual number of CAFs or similar meetings (Risk Assessment Meetings - RAMs and Daily Assessment Review Evaluations - DAREs) is being upgraded, primarily with SPCs and tracking meetings at regional offices. RAM meetings for example are being tracked through an SPC in CWS/CMS.

TABLE 29: RAMS BY REGIONAL OFFICE, 2012-2014

Office/Region	2012	2013	2014 YTD	Total
Barstow/Needles	0	6	18	24
Central	18	13	6	37
CAAHL	3	0	0	3
Fontana	6	4	5	15
Gifford	20	56	27	103
PRD	0	0	5	5
Rancho	4	1	1	6
Victorville	88	53	65	206
Yucca Valley	1	3	1	5
Total	140	136	128	404

CWS/CMS extract, December 2014

CFS is currently in the process of developing methods to more efficiently capture DARE/CAF utilization figures, and also to improve on CAT utilization and entries. The Business Redesign includes a group that is also reviewing and refining RAM/DARE/CAF processes and documentation.

Family Search and Engagement (FSE) is an integral part of County Family to Family practices. SWs are mindful of the need to include tracking through collaterals and to case mine in search of appropriate placements. Case mining can be time consuming. This hiring of SW II's in the

near future should help with case mining efforts. SW II's, for example, under the Adoptions program had been previously tasked with case mining for family members and are expected to continue in that capacity. Nevertheless, a standard method to capture when FSE is performed on a case in order to track the results needs to be developed.

Training for Safety Organized Practice (SOP) and Child and Family Team (CFT) meetings (re Katie A.) began in August 2013. These activities are ongoing.

ChRIS, CASA, Wraparound and IYRT have been discussed in previous sections. In this context, the intent is to optimize the assessment provisions of these programs and, again, it begins with understanding current utilization. SOP is also discussed in more detail in another section and is expected to impact the quality and number of reassessments. TDMs, TCs and other contacts are also to provide opportunities to inform reassessment efforts.

PROBATION STRATEGIES

PROBATION STRATEGY 1: PROVIDE PARENTS AND THE YOUTH, AT THE ONSET, WITH TRAINING AND RESOURCES

The purpose of this strategy is to provide parents and youth at their earliest entry into the system with referrals to parenting and mentoring programs. Use of intervention programs can help reduce involvement with the criminal justice system and thereby avoid out of home placement.

The first step in this strategy was to refer parents of youth on formal probation and first time offenders to Parent Project or other parenting programs. In 2013, from January to December 174 referrals to parenting programs were submitted. During the same period of time in 2014, total referrals were 214. The total number of referrals submitted by probation officers was 388. These programs provide parents with tools to help manage non-compliant behavior.

The second phase of this strategy was to increase referrals for the number of youth on Informal Probation to the Interagency Youth Resiliency Team (IYRT) Mentoring Program or other mentoring programs. While youth were referred to IYRT, the number of clients who received services was less than anticipated, although those who did participate in the program benefitted. The latest quarterly report shows 21 clients being served where the referral was tied to Juvenile Hall. One such program the Probation Department currently utilizes is the Court Appointed Special Advocates (CASA) program. A potential drawback is CASA has an extensive waiting list and probation clients are more prone to be successful with swift intervention. Thus exploration of other programs is necessary. During the coming year, a search for additional mentoring programs will be implemented.

Juvenile Officers have been trained on using the automated system to document referrals as part of their case management responsibilities. Supervisors are encouraged to use staff meetings as an opportunity for ongoing education and training about the importance of submitting and documenting referrals in the department's automated system. During the past year, there has not been consistency in documenting referrals in the designated area of the automated case management system. Officers are accustomed to providing the information in a narrative format. With continued encouragement and increased familiarity with the referral component in the automated case management system, this should decrease over time. To aid officers in documenting information correctly, the department will develop a process to remind staff to make the referral.

TABLE 30: PROBATION REFERRALS TO PARENTING CLASSES

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AVG
2013	19	14	13	17	30	9	11	16	12	9	14	10	14
2014	15	11	14	11	18	8	32	35	8	27	26	9	18

PROBATION STRATEGY 2: INCREASE USE OF THE WRAPAROUND PROGRAM

The purpose of this strategy is to increase the use of the Wraparound program through the use of probation officers who would screen/expedite the review and referral process for getting probation youth into the program. Wraparound assists families in working together in the home on problems that may affect the youth's successful completion of probation, thereby reducing the number of youth placed. Two types of probation youth are the current focus for Wraparound referrals: those who have not reached a level of criminal behavior or family dysfunction requiring

out of home placement, and those who have returned from out of home placement and are at risk of returning due to family instability.

The development and implementation of guidelines for screening referrals has been completed. Referrals are completed by trained supervision and placement probation officers as well as court ordered referrals. The referrals are then screened and reviewed by a Wraparound officer and Children and Family Services. Probation youth are actively being screened and accepted into the program following this process. It is anticipated that the number of youth accepted in the Wraparound program will increase as additional staff are trained to make these referrals.

An attempt was made to train all Wraparound probation officers to screen referrals; however, this was unsuccessful due to caseload, staff and protocol changes that took place over the past year. This resulted in supervision and placement officers making their own referrals. Officers were trained to complete the referrals and a tracking tool was put in place allowing officers to review the progress of the referral or the screening decision. Continued focus on the benefits of having youth and their family involved in the Wraparound program is anticipated to increase enthusiasm of probation officers to make the referrals to the program.

As of October 2014, Wraparound referrals from the officers are tracked in the department's offender management system. This tool will track the referral process including the source of the referral such as court or probation officer and allow for a quicker response and/or acceptance into the program. Outcome measurements are being developed to track a youth's successful completion in the Wraparound program to determine if they receive a subsequent placement order or remain with family. A review of this tracking tool will take place early next year.

Wraparound average monthly youth numbers have decreased over the past four years, and in this reporting period there was a decline in the monthly average from 38 to 34. In 2014, the average number of referrals remains at 36 but is expected to increase over the next twelve months using the proposals mentioned above.

TABLE 31: PROBATION YOUTH IN WRAPAROUND

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AVG
2013	41	39	38	41	43	34	37	38	39	36	35	35	38
2014	36	38	34	37	36	32	37	36	34	31	23	na	34

Caseload Explorer extract, December 2014

PROBATION STRATEGY 3: INCREASE FAMILY PARTICIPATION AT MDT'S FOR ALL MINOR'S IN CUSTODY OVER 60 DAYS

The purpose of this strategy is to ensure that minors facing out of home placement and remaining in custody over sixty days receive support from family and other support systems while awaiting placement through the use of a Multi-Disciplinary Team (MDT) to focus on behavior in juvenile hall, as well as the long term goal of reunification with family.

Overall, the number of youth placed in an out of home placement has decreased in the last fiscal year. Also, within the last year, the Placement Unit successfully placed youth soon after the youth was ordered placed, long before the sixty day requirement for implementation of the MDT. Therefore, there has not been any youth participating in MDT's while in custody at juvenile hall because they are already receiving services at the placement. Visitation and reunification therapy services commence soon after the youth is placed and, with the support from family and

services provided at the placement, the youth completes the placement program in six to nine months and reunifies with the family.

Youth who are detained less than sixty days are receiving opportunities to participate in regular religious worship services and mental health services when deemed necessary. In addition, educational and medical services are provided to the youth. The detained youth has the opportunity to receive visitation with family and extended family members to provide on-going support while awaiting placement. "Pending Placement" reports are reviewed on a monthly basis to ensure youth who fit this requirement will be involved in the MDT process when applicable.

During this reporting period, there have been no youth who have benefited from this strategy, as none have met the requirements. Therefore, creating a new strategy would be beneficial. As discussed earlier in the annual report, the SIP Oversight Committee will be looking at reconvening focus groups for a midpoint review of the SIP and the development of a different strategy will be explored to assist with youth reunifying with their family upon successful completion of the placement

PROBATION STRATEGY 4: UTILIZE FAMILY FINDING TO LOCATE EXTENDED FAMILY MEMBERS FOR POTENTIAL PLACEMENT

The purpose of this strategy is to reduce the number of out of home placements by implementing a comprehensive family finding program.

The first step in utilizing the family finding program was to implement training for all juvenile probation officers in the department. Family finding training using UC Davis trainers was completed for all juvenile probation officers within the department. Future trainings will be scheduled to assist probation officers with a more detailed approach to locating relatives and family members.

Secondly, a protocol has been developed whereby probation officers will begin the process of family finding at the youth's first encounter with the criminal justice system. This process will continue if/when the youth progresses through the system.

Probation will be adding a family findings section to all of our juvenile dispositional reports. Additionally, a family findings specialist (probation officer) who is assigned solely to locate family or relatives has been proposed. At this time, the proposals are being review by administration. A notable addition is that a new family findings work group was developed so that Probation can maintain subject matter experts throughout the Department.

Finally, Probation has implemented a tracking component/outcome measure with the anticipated successful result of placing youth with extended family members rather than out of home placements. This tracking component is due to be implemented in early January 2015.

OCAP STRATEGIES

OCAP STRATEGY 1: EXPAND THE NUMBER AND VARIETY OF SERVICE PROVIDERS FUNDED BY OCAP PROGRAMS.

OCAP STRATEGY 2: USE IN-HOUSE SERVICE COORDINATORS TO ENSURE ENGAGEMENT IS PROMPT AND TRACK REFERRALS AND ATTENDANCE.

OCAP STRATEGY 3: REVISE THE QUALITY ASSURANCE AND CASE REVIEW PROTOCOLS TO APPLY REVIEW STANDARDS TO THE NEW PROCESS AND UPGRADE THE EFFORTS TO OUTCOMES DATABASE.

The Annual Report for the Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) was submitted to the Office of Child Abuse Prevention (OCAP) on October 31, 2014 and detailed utilization and outcome information for these programs.

San Bernardino County instituted a new policy beginning January 1, 2014. The new protocol uses in-house service coordinators to facilitate engagement into services for CFS clients. There were at that time 42 providers under contract with this new protocol. It was determined shortly thereafter that the fiscal structure of the contracts was an impediment to continued service provision and that additional contractors would be needed. A new Request for Qualifications was released and currently there are 62 contractors in the provider network.

The revisions to the program are expected to positively impact the Reunification and Permanency measures, as well as enhancing systemic improvements such as improved information management systems, collaboration and an expanded service array. Since the new protocol is only just about a year old, immediate impact on these measures is not expected until January 2016. Preliminary reviews have indicated that engagement in services appears to be happening in a timelier and more consistent manner. At the beginning of January 2014, an average of 25% of referrals for therapeutic services to CFS Clients resulted in actual services being received. At the beginning of November 2014, an average of 56% of referrals for therapeutic services to CFS Clients resulted in actual services being received.

The number of clients served in the last fiscal year under these programs has declined.

TABLE 32: OCAP PROGRAM UTILIZATION, 2012-2014

	2012/13	2013/14
CAPIT	3357	2619
Family Preservation	891	1236
Family Support	1456	557
Time Limited Reunification	1763	1658
Adoption Promotion and Support	460	640
Totals	7927	6710

OCAP Annual Report, 2014

This decline likely reflects the decrease in number of non-CFS clients served, problems in the serving of clients by the Regional Lead Agency at the close of their contract (the contract was in effect through all of 2013), possible over counts the previous year, and the usual problems that are to be expected when transitioning to a new protocol. It is expected these figures will rebound substantially for the next reporting period.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

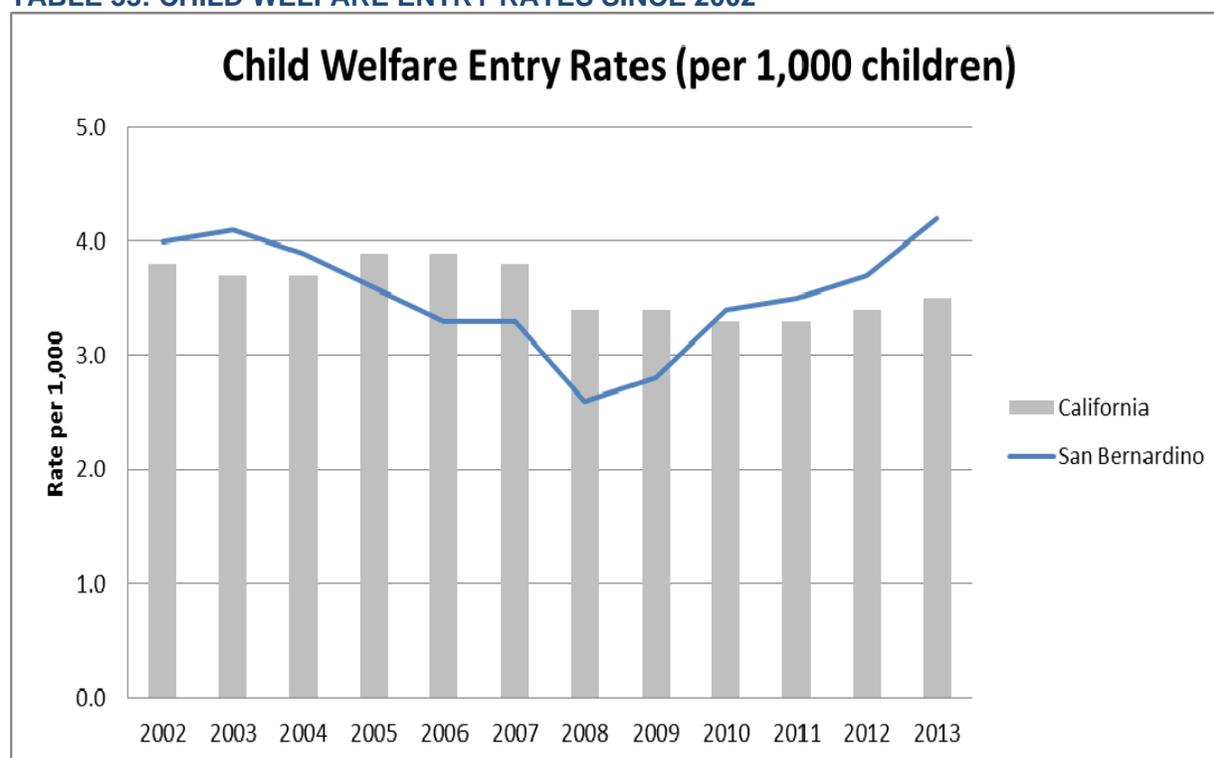
To facilitate engagement, understanding and acceptance of the SIP goals and strategies, CFS and Probation have posted a summary of the SIP for public consumption. <http://hs.sbcounty.gov/cfs/Documents/System%20Improvement%20Plan.pdf>. The summary was developed with the assistance of the Program Development Division (PDD).

The document serves as an on-line primer and brochure for the SIP, explaining how the SIP acts as a roadmap to guide improved service. This document has been used to explain the purpose and focus of the SIP to supervisors and line staff with some success. For many SIP strategies, the key to success is buy-in and adherence to policy by line staff. The SIP Oversight Committee developed posters for regional offices in June of 2014.

As shown below when discussing Extended Foster Care, like many counties, the number of young adults that have chosen to stay in care was underestimated. This goes along with the larger trends in foster care entry rates. Compared to the State, in the last 4 years San Bernardino has had a higher rate of foster care entry.

- From 2005 to 2009, San Bernardino County has had a lower foster care entry rate than California.
- San Bernardino foster care entry rate for 2013 was 4.2 per 1,000 children compared to California's foster care entry rate of 3.5 per 1,000 children.

TABLE 33: CHILD WELFARE ENTRY RATES SINCE 2002

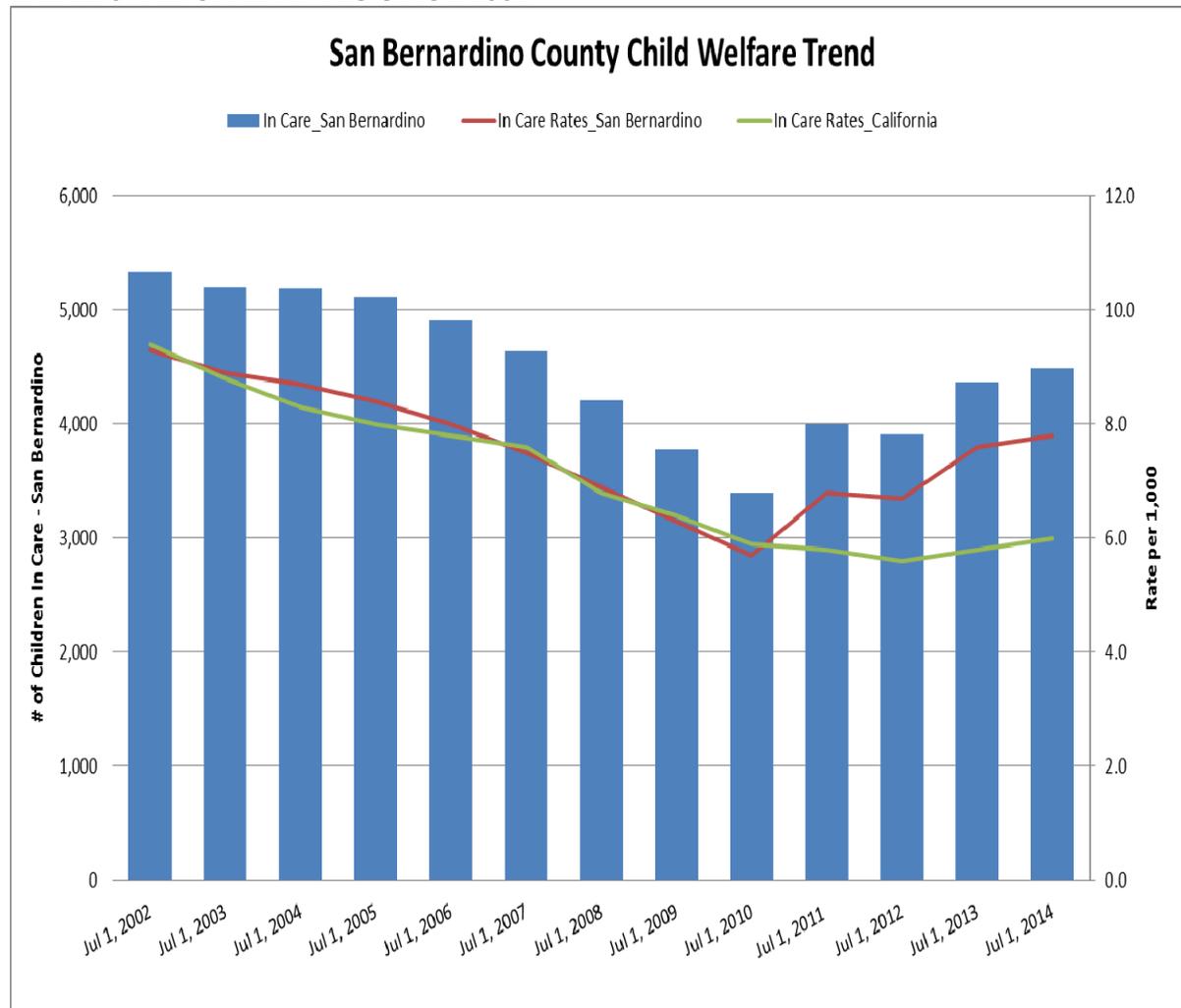


Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

California has had declining in-care rates since 2000. San Bernardino County's in-care rates had been similar to the state's rates until July 1, 2011.

San Bernardino County's in care rate, for children age 0 to 17, had an increase from 7.6 per 1,000 children in July 1, 2013 to 7.8 per 1,000 children in July 1, 2014. The total number of children in care on July 1, 2013 was 4,366 children and in July 1, 2014 it was 4,484 children: about 118 more children/2.7% increase in the total children in care.

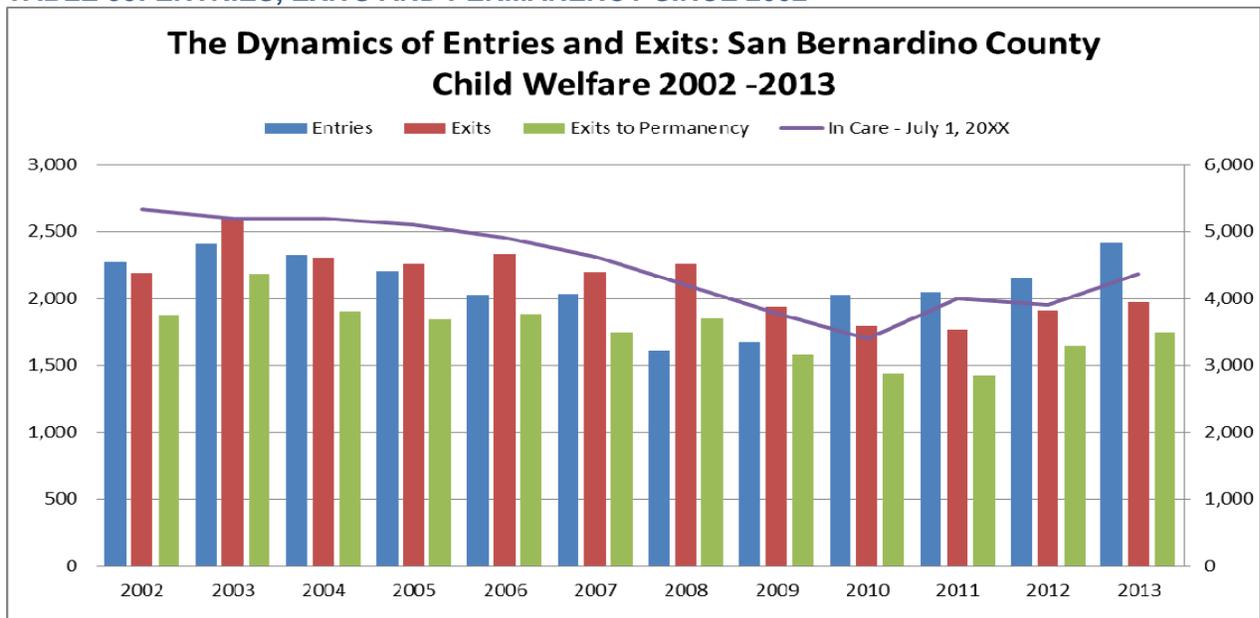
TABLE 34: IN-CARE RATES SINCE 2002



Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Since 2010, San Bernardino County has had more children entering care than exiting care. The number of children in foster care (point in time) had been declining since 2011, but has now started to increase. Certainly part of that reduced number of exiting youths has been influenced by the number of transitional age youth remaining in Extended Foster Care. From 2012 to 2013 there has been 12.0% increase in the number of foster care entries (children age 0 to 17), a 3.1% increase in exits from foster care, a 6.4% increase in the number of exits to permanency and 11.9% increase in the caseload.

TABLE 35: ENTRIES, EXITS AND PERMANENCY SINCE 2002



Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Expanded overall caseloads can serve as a barrier to implementing any particular strategy. Other demographic trends may have an impact on practice and strategy implementation. Recent data show an upsurge in the number of African-American youths entering care in San Bernardino County. There is also a trend of having younger children enter into care. Though the incidence rate/1000 is lower for African-Americans compared to the State (11.1 v. 9.6), the rate is still the highest for any group in the County. For individuals coming into care:

- 80% of the children are coming into care because of neglect allegations (2011, 2012).
- In 2013, Black and Native American children entered care at higher rates.
- Infants and younger children had higher rates of removal in 2013.

TABLE 36: ENTRIES BY RACE/ETHNICITY, 2013

Ethnic Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	48,773	467	9.6
White	128,019	688	5.4
Latino	352,195	1,205	3.4
Asian/P.I.	27,531	23	0.8
Native American	1,635	8	4.9
Multi-Race	18,705	0	0
Missing	0	25	0
Total	576,858	2,416	4.2

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

TABLE 37: ENTRIES BY AGE, 2013

Age Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Age Under 1	31,760	485	15.3
Age 1 to 2	62,229	372	6
Age 3 to 5	92,770	419	4.5
Age 6 to 10	157,339	559	3.6
Age 11 to 15	161,279	448	2.8
Age 16 to 17	71,482	133	1.9
Total	576,858	2,416	4.2

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., Pixton, E., Lou, C., & Peng, C. (2014). *CCWIP reports*. Retrieved 10/23/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

African American and Native American children continued to enter foster care at higher rates than any other ethnic group. African American infants are 1.35 times more likely to enter care than white infants. The disparity diminishes when African American infants exit care; they are 0.08 less likely to exit care than white infants. African American infants are 1.33 times more likely to be in foster care compared to white infants. The age ranges of African American/Black children with the highest disparity compare to whites was for children age 6 to 10 (2.03 times more likely to enter care than white children) and children age 11 to 15 (2.68 times more likely to enter care than white children).

For July 1, 2014, the largest segment of African Americans in care is children between the ages of 6 to 10 and 11 to 15.

Of the African American children age 6 to 10: 42.7% of the children had been in care for 24 months or longer, 29.8% had been in care from 12 to 23 months and 27.5% had been in care for less than 12 months. For the African American children age 11 to 15: 53.5% of the children had been in care for 24 months or longer, 23.9% had been in care from 12 to 23 months and 22.6% had been in care for less than 12 months.

For African American children age 6 to 10: the predominant placement types were kin (32.5%), then FFA (24.7%) and Guardian-other (23.8%). For African American children age 11 to 15 the predominant placement types were Guardian-other (36.2%), Kin (22.2%) and Group Homes (17.3%). Note Guardian–other may be probate guardians.

For African American Children age 11 to 15:

- 84.1% of the Guardian-others were in care for 24 months or longer
- 38.1% of the Group Home children were in care 24 months or longer

Inherent in the implementation of the four probation strategies are obstacles which arise as a result of the perceptions held by clients about law enforcement personnel and those held by probation officers about the populations served. The challenges probation faces result from the client’s lack of trust and the officer’s reluctance to believe client behavior can be impacted in ways other than using incarceration as a sanction. The results of these challenges are outlined in each of our strategies.

PROMISING PRACTICES/ OTHER SUCCESSES

Some promising practices for CFS already included and previously described in the SIP are:

- TDMs
- Parent Partners
- SOP
- Service Coordinators for CAPTS

There are other promising practices that have been instituted by CFS and Probation recently to varying degrees, including:

- The Jurisdictional/Dispositional (J/D) Writer approach is a particular type of blended unit where typical intake and carrier responsibilities are divided differently for the purpose of improving services. J/D Writers have been in place since 2011. CFS will be piloting a new approach in the coming year: the **J/D Writer unit**. The purpose of the J/D Writer Unit is to improve the quality of services to families, including referral investigations, communication, in depth J/D reports and transitions between CFS staff:
 - J/D Writers are better able to focus on the evaluation of the family prior to the J/D hearing which includes enhanced:
 - Researching and evaluating of family situation, history, dynamics and risk factors.
 - Evaluation of services provided by themselves and Carrier Social Worker (SW), who has secondary assignment.
 - Intake Social Service Practitioners (SSPs) will have more time to focus on investigating referrals
 - Narrowing the Intake SSPs scope of work may result in enhanced assessment of the risk to and safety of the child.
 - More timely completion of the referral investigation.
 - Intake SSPs who are responding to and investigating referrals can put their focus on preventive services.
 - Preventive services may reduce the likelihood of having to remove the child(ren) from the home;
 - J/D Writers will have more time to write J/D reports resulting in:
 - Enhanced assessment of risk and safety related to the type of case plan and child's placement needs, and
 - Completing of the J/D report in a more thorough and timely manner.
- The **Automated Specialist (AS)** position will serve a key role in providing:
 - Technical expertise for product evaluation and development,
 - Job specific training, implementation and problem solving skills related to business applications, the use of CWS/CMS, Safe Measures and the CAT.
 - This position was designed to help end-users be more effective in the use of departmental applications and business related tools.
- Improved coordination of investigations involving children in out of home care (OOHA's) is critical in determining risk to the children when the assessments occur by multiple social workers and licensing staff. In an effort to enhance coordination of these types of referrals a **Risk Assessment Meeting (RAM) is held for all OOHA referrals** which bring all pertinent staff together to discuss the allegations and risk factors for all children in the home. This

leads to consistent dispositions and joint response in regards to the risk and safety issues in the home.

- The **Resource Liaison** established under the Placement Resource Division will:
 - Facilitate connections for caregivers and staff;
 - Find needed services and to bridge connections between caregivers, staff and community partners. Services will include hard goods, treatment and support services, and training opportunities.
 - Bridge connections, including distributing newsletters, conducting surveys to assess current needs, connecting with all partners at key meetings, linking all partners whenever possible, collaborating with recruitment efforts, and coordinating pertinent trainings for all partners.
 - The expected outcome will be better informed caregivers, county staff, and community partners; which will lead to better care of children in out of home care.

- The **AAP program** was updated to:
 - Re-distribute clerical assignments of payment requests to be more equitable;
 - Eliminate some “change-of-hand” practices that delayed processing payments;
 - Fine tune a purposeful tracking tool for workflow monitoring; and to ensure CMS entries are completed.
 - The result has been a clean-up of a large back-log, better communication between staff, and easier monitoring of workflow.

- The Licensing and the Adoption PRIDE/Home Study units have worked hand-in-hand to license, train and assess our foster family home caregivers for years. The **LAPH group** was created in order to strengthen communications and shared missions of the two groups.
 - Although San Bernardino County is not one of the pilot Resource Family Approval (RFA) counties, this group has taken the step to form as a team and refine recruitment, training and assessment processes of our caregivers.
 - Forming this team improves understanding of how separate processes affect one another and communication between members when challenges arise.
 - It is expected that as San Bernardino County prepares for RFA, the LAPH team members will know how to bring on the Relative Assessment group and understand how to incorporate the joint missions of all three units in order to create a pool of resource parents in a unified manner.

- Children and Family Services (CFS) formed a strategic workgroup focused on engaging fathers involved in the San Bernardino County child welfare system. One of the strategies borne was the **Annual Fatherhood Breakfast**.
 - The event engages father’s and serves as a one-stop shop for resources, services and camaraderie offered to promote the value of the role men play in their children’s lives and in the greater social context of building safe and stable families.
 - Male role models (Social Workers, Resource Parents/Foster Parents, male caregivers (relative and non-related) and Parent Partners) are present and provide opportunities for partnership with our fathers.
 - There is also an aligned partnership with Preschool Services Department in identifying children at the most crucial developmental stages and supporting the fathers’ involvement with their children.
 - The Annual Fatherhood Breakfast is a recent 2014 Achievement Award Winner from the National Association of Counties.

- **Centralized Absent Parent Searches.** Correct and timely notice to parents of dependency hearings is required under WIC Section 290. To expedite this process, Court Officers now initiate the search request immediately for any parents not present at the initial detention hearing so that J/D notice is completed. Upon complete search, notice to parents/guardians is done by certified mail. As a result of the change in these two practices, nearly all of J/D noticing is completed within statutory time frames allowing for the case to proceed.
- The **Juvenile Court Behavioral Health Services (JCBHS) Committee** works to provide additional oversight for the monitoring of psychotropic medications requested for dependency children.
 - JCBHS is a collaboration with DBH, Public Health and CFS.
 - CFS has recently streamlined the process by adding a clerk and specialized psychotropic meds desk at Juvenile Court to:
 - Address noticing of the parties and
 - Have a centralized person for inquiries.
 - The result has been expedited service to the children with requests usually processed within 2 weeks.
- **Girl's Court** coordinates with Court Appointed Special Advocates (CASA) to:
 - Identify teen girls to attend a once per month meeting to work on issues of self-esteem in order to reduce the likelihood of these girls being subjected to sexual exploitation.
 - Attend court with a judge identified to work with their specialized issues. This is not a typical hearing and the courtroom is closed to others so their situations are kept confidential.
- The **Southern California Inter-County Transfer Protocol** was put into place in August, 2014 as a pilot program between the counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino and San Diego to improve the service to families and the efficiency of the transfer process between counties.
 - The cases are transferred based on three tenets:
 - The child or parent/legal guardian resides in the receiving county,
 - The transfer is in the child's best interest and
 - The level of services needed by the family can be provided by the receiving county.
 - The pilot allows electronic transfer of cases between the participating counties which expedites the process.
 - Applying a new transfer motion with verification of address requires more information to be shared at the time of transfer and results in fewer cases being transferred erroneously.
 - The judges of the involved counties will meet in January to discuss the protocol and make any adjustments needed.
- CFS and the Juvenile Court established the **Receipt of Report (ROR) hearing** for submittal of the .21F report 2 weeks prior to the scheduled .21F hearing date. If the parties agree, findings and orders are made at the ROR hearing. This assists the Court in meeting legal mandates and CFS in achieving timely reunification. This new hearing was placed on calendar beginning 10-6-14 for all existing .21F hearings.

- The **Independent Living Program (ILP) Introductory Picnic** is an event that is held for Pre-ILP eligible youth (ages 14-15), as well as ILP eligible youth who have never participated in ILP activities. The Introductory Picnic (is):
 - Educates youth about ILP and the benefits of participating in ILP activities.
 - Held in August and promotes Life Skills Classes and other services.
 - A partnership between CFS, Probation ILP, Aftercare Providers, CFS Education Liaisons and other agencies.
 - Provides a fun-filled day, consisting of games, prizes and food and an opportunity for youth to have their questions answered regarding the programs and services.
 - Provides youth with an opportunity to meet and form connections with the Children and Family Services ILP Peer and Family Assistants (PFA). The PFAs are former foster youth who help support and mentor ILP participants.
- San Bernardino County has established an Administrative Joint Management Steering Committee (AJMSC) with the Department of Behavioral Health that is guiding implementation of the directives under Katie A. and the Core Practice Model. The establishment of a joint management structure is one of the goals of Katie A. and is meant to ensure that gains made in providing Mental Health Services are sustained in the long-term.
- CFS and Probation collaborate with each other and with other agencies in order to achieve mutual goals. San Bernardino County has a long history of collaborative activities. Collaboration can take many forms:
 - Community and interagency partnerships at the highest administrative levels,
 - Formal interagency programs,
 - Contractual relationships,
 - Networks of community agencies,
 - Interagency task forces and committees targeted at specific issues, and
 - Informal partnerships, often at the level of service.

CFS and Probation partner with all manner of entities concerned about children's issues, from large governmental entities to small community and faith based organizations. CFS and the Probation Department are well aware that collaboration is essential to success.

- Collaborations with outside service providers and working in concert with community stakeholders has improved the way in which Probation can offer services to the juvenile population. Additionally, specialized programs in both adult and juvenile divisions have allowed the department to facilitate a broader impact in the way clients are supervised in the community. Listed below are some of the key programs that are either in use or are under consideration for implementation.
 - **Gender Response Adolescent Caseload Enrichment (GRACE)** is a program that provides supervision services to female youth utilizing an evidence-based curriculum and which focuses on overcoming their history of abuse, trauma, substance abuse and runaway behavior.
 - **INTEGRATING NEW FAMILY OPPORTUNITIES (INFO)** is a collaboration with the Department of Behavioral Health using Functional Family Therapy to target family dynamics and provide an outcome-driven prevention and intervention program for youth involved in the criminal justice system. The program serves approximately 100 youth and families each year.
 - **YOUTH ACCOUNTABILITY BOARD (YAB)** is a collaborative program between the Probation Department and community partners who work together with families

to divert first time and low risk juvenile offenders from further intervention by the criminal justice system.

- **AB 12 services** are available to those minors who are in transition and need a place to live while they develop a plan of action to assist them in making a successful transition into adulthood. The AB12 program was developed in 2011 and continues to provide services and assistance in a youth's journey towards independence. Probation officers support youth with a wide variety of life skills including finding a residence, enrolling in college, and job searches.
- **Probation's Day Reporting Centers (DRC's)** offers youth an opportunity to take advantage of a wide variety of programs including anger management, drug and alcohol counseling, domestic violence program, cognitive life skills, victim awareness, petty theft, teen parenting, gang programs, graffiti programs and truancy classes. Parents and guardians can also attend The Parent Project program. The DRC's are located in the west valley, central and high desert regions of the county.
- **The Independent Living Program (ILP)** assists minors with life skills development when they have completed their term in placement. Minors are exposed to a vast array of information and programs affording the opportunity to design a plan that will allow each client to make positive strides in their life. For example, the Probation ILP team conducts workshops on self-esteem development for boys and girls, attends a yearly live theater event to introduce youth to the Arts, conducts a yearly health fair to educate youth about topics relevant to their well-being, hosts two education and employment workshops, conducts several credit workshops and offers a yearly parenting and pregnancy conference. Event and workshop information are posted on the Probation Department webpage.
- Collaborative efforts between city and county schools and probation have expanded. This includes use of the **Restorative Justice Model** in the schools and exploration of a Youth Court in the school system. Monthly meetings with the schools, school police/resource officers, and probation help facilitate seamless communication.
- **The San Bernardino County Coalition Against Sexual Exploitation (CASE)** program, a specialized caseload, deals with the sexual exploitation of youthful offenders. A probation officer is dedicated to serving this population. Additionally, the Probation Department participates in a yearly CASE walk which is a collaborative effort of various community and county agencies to promote public education of this growing epidemic.
- Mental Health Court and Drug Court support juvenile rehabilitative measures and assist families in their ability to better manage difficult behaviors.
- **Group Home Meetings** are a collaboration of county agencies and Group Homes from neighboring counties that provide an educational and informative networking forum. The Group Home meeting gives various updates and trends regarding community care licensing, new assembly bills, and academic support. The meeting promotes the well-being of foster care youth.
- **Girl's Court** is a new collaboration between the court, district attorney's office, the youths' attorneys and the Probation Department with a focus on providing services and accountability for young females currently on probation. The program is in the implementation stage at this time.

For the most part, these are ongoing programs that have been in use for a number of years and continue to provide effective services to probation youth.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

The following Outcome Measures were not trending positively or fell below a standard threshold in the last reporting cycle. Given some of the changes in these figures, the County intends to continue to monitor all these measures to discern if these trends are aberrant or require some direct action to remedy. At the time of the County Self-Assessment, all of these measures had been trending in the right direction, or had been above the baseline standard.

- **S1.1 No Recurrence of Maltreatment.** This measure computes the percentage of children who were victims of a substantiated child maltreatment allegation and had did not have another substantiated allegation within a specified 6 month time period. The baseline data (Q2 2012) indicates 93% of the children had no maltreatment and the most recent time period (Q3 2014) performance was 92.6%, a less than 1% decline from the baseline. When comparing our performance from the previous annual update, Q3 2013: 92.3% to our current performance San Bernardino County had a small increase. Our 5-year percent change (Q3 2009) is a positive 1.7%. While this measure is below the national standard, there is progress on improving this measure. An analysis of the data shows there has been an overall increasing trend of no recurrence of maltreatment.
- **C1.1 Reunification within 12 Months (exit cohort).** This measure computes the percentage of children who exited to reunification during the designated time period and have been in care for 12 months or less. Baseline data (Q2 2012) for reunification (exit cohort): 58.1% and the most recent performance (Q3 2014): 53.5%, a -8.6% percentage change from the baseline. C1.3 Reunification within 12 Months (entry cohort) is one of our SIP goals, and presumably, if there is improvement on that measure improvement will occur on this measure. It is not necessary at this time to add this measure to the SIP.
- **C1.2 Median Time to Reunification (exit cohort).** This measure computes the median length of stay (in months) for children discharged to adoption. For Q2 2012, the baseline performance was 10.7 months compared to the current performance (Q3 2014) of 11.0 months, a 2.8% increase. The national standard is 5.4 months. San Bernardino County recognizes the difficulty in reunifying children within 12 months. It is not necessary to add this measure to the SIP, as there has been a trend of improving performance on this measure. Again, this measure should improve with focus on the SIP goal of Reunification within 12 Months (entry cohort).
- **C1.4 Re-Entries Following Reunification.** This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge. Baseline data (Q2 2012) for reentry to foster care within 12 months following reunification (exit cohort) was 10.3% as compared to 10.8% from Q3 2013 (Cohort of 10/1/11 to 9/30/2012) and 11.9% from Q3 2014 (Cohort 7/1/2012 to 6/30/2013). African-Americans/Blacks and Latinos were 12.2% and 11.7% respectively (Q2 2014). The County is still below the comparative State rate of 12.1% for Q2 2014.
- **C2.2 Median Time To Adoption.** This measure computes the median length of stay (in months) for children discharged to adoption. Only placement episodes ending in adoption are included. For the six month baseline Q2 2012, the median was 26.9 months compared to the current performance (Q3 2014) of 28.2 months. While this measure is moving in the wrong direction the difference is very slight. It is not necessary at this time to add this measure to the SIP goals.

- **C2.4 Legally Free within 6 Months (17 months in care).** This measure computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption at the beginning of the report period and of those children what percentage became legally free during the time period. The baseline data indicated that 10.3% of the children became legally free in Q2 2012. In Q3 2014, the current performance was 8.9% a 15.7% decrease. The national goal is 10.9%. The state of California is not in the habit of making children legal orphans (e.g. terminating parental rights) until an adoptive family has been found. Due to the implementation of Extended Foster Care in Jan 2011, there have been delays in the number of older children being referred to adoptions. It is not necessary to add this measure to our SIP goals at this time.
- **C2.5 Adoption within 12 Months (legally free).** This measure computes the percentage of children discharged from foster care to adoption within 12 months of becoming legally free. The county has declined on this measure for Q3 2014: 48.7% from baseline, Q2 2012: 49.5%, and is still below the national goal of 53.7%. Acceptable progress has been made on this measure and it is unnecessary to include this measure on the county's SIP.
- **C3.3 In Care 3 Years or Longer (Emancipated/Age 18).** This measure computes of the youth in care for three years or longer, what percentage of the children emancipated or turned 18 while in care. In 2012, Quarter 3, 52.0% of the youth emancipated or turned 18 were in foster care for 3 years or longer compared to the most recent performance of 44.8%. The current quarter's performance is lower than the baseline, which indicates improvement in this measure; however, it is still higher than the national standard of 37.5%. The implementation of Extended Foster Care has impacted this measure because youth are electing to remain in foster care after their 18th birthday. Due to the county's continual improvement on this measure it will not be included in our System Improvement Plan.
- **C4.3 Placement Stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 24 months or more. The baseline data for this measure indicated that 36.2% of all children in care 24 months or more had only 1 or 2 foster care placements as compared to Q3 in 2014 when 40.7% of children had only 1 or 2 foster care placements. While this figure is below the national standard of 41.8% it is a significant improvement from the baseline.
- **2B Timely Response To Investigations (IR and 10 Day).** This measure computes the percentage of referrals in which face-to-face contact with a child occurs, or is attempted, within the regulatory timeframes. For the 10 day, San Bernardino County fell below the state standard of 90% to 85.6%. Factors that may have hindered timely response to referrals include the growth in the entry rate noted previously.
- **4A Sibling Placements (All/Some or All).** This measure is a point in time measure of all children with siblings in placement on the first day of the quarter and what percentage of the children are placed with all or at least one sibling. The baseline measures were 58.6% for all siblings and 78.0% for some or all siblings being placed together. The current Q3 2014 performance is 56.6% of children are placed with all siblings in care and 77.5% of children are placed with some or all siblings in care. These figures represent slight increases from Q2 2014. While there has been a decline in this measure, it is not significant enough to warrant adding these measures to the current SIP measures.
- **4B Least Restrictive Placement (Entries First Placement: Group/Shelter).** The baseline performance was 3.1% of children whose first placement was a Group Home/shelter compared to the current performance of 5.3%. Some of the placements in Group Homes

could be due to the ChRIS program (Children’s Residential Intensive Services) that provides high level of mental health services for children placed in RCL 12 to 14 Group Homes. The county follows best practices and tries to place the children at the lowest level of care when possible.

- **Least Restrictive Placement (PIT: Group/Shelter).** There has been slight increase from the baseline of 5.7% of children in group/shelter care on July 1, 2012 to the current performance of 6.4% of children in group/shelter care on October 1, 2014. Again, the county follows best practices and tries to place the children at the lowest level of care when possible.

Source for all data above: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved 10/15/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Regarding the three Adoption measures, the County over the long haul has been trending reasonably well with regards Adoptions. In the SIP, for example, 4 of the 5 Adoption measures were not just trending positively, but strongly so. Though the median time performance has dropped, the County is still above the national goal (28.0 months v. 27.3 months). It can also be said of the Placement Stability measures that San Bernardino County is still above the national standards for 2 of three measures and overall has been on an increase improvement trend.

WELL-BEING MEASURES

Rate of Timely Health Exams: The baseline performance was 93.0% of the children in care had timely health exams compared to the current performance of 81.4%. This is a large decrease but one quarter does not indicate a trend. Children Age 0 to 2 had the lowest rate of timely health exams:

TABLE 38: TIMELY HEALTH EXAMS, Q2 2014

	Received a timely medical exam	Did not receive a timely medical exam	Total Children in Care* – April 1, 2014 to June 30, 2014	%
Under 1	157	96	253	37.9%
1 to 2	460	171	631	27.1%
3 to 5	587	119	706	16.9%
6 to 10	737	142	879	16.2%
11 to 15	608	119	727	16.4%
16-17	314	46	360	12.8%
18-20	275	22	297	7.4%
Total	3,138	715	3853	18.6%

*31 days in care, age 0 to 20

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved 10/15/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

When the placement types are examined for “under 1” and “1 to 2” year olds, Kin placements then FFAs had the highest rate of children without timely health exams for children age 1 to 2.

TABLE 39: TIMELY HEALTH EXAMS, Q2 2014 BY PLACEMENT TYPE

	Infants Received a timely medical exam	Infants Did not receive a timely medical exam	Total	% of Infants	1 to 2 Received a timely medical exam	1 to 2 Did not receive a timely medical exam	Total	% of 1 to 2 Year Olds
Pre-Adopt	0	1	1	100.0%	10	1	11	9.1%
Kin	59	39	98	39.8%	229	94	323	29.1%
Foster	35	16	51	31.4%	55	18	73	24.7%
FFA	63	40	103	38.8%	165	57	222	25.7%
Total	157	96	253	37.9%	460	171	631	27.1%

Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2014). CCWIP reports. Retrieved 10/15/2014, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Rate of Timely Dental Exams: The baseline performance was 78.2% of the children in care had a timely dental exams compared to the current performance of 59.8%. While this is large decrease, the difficulties in finding Medi-CAL dental providers has been well documented in our SIP and prior reports.

OTHER OUTCOME DATA MEASURES – 2 year comparison from baseline (Q2 2012) to current (Q3 2014)

All child welfare and probation rates are for children age 0 to 17 and exclude extended foster care young adults (age 18 to 20).

Referral Rates participation have been on an increasing trend since our baseline time period of Q2 2012. In 2011, the referral rate was 61.7 per 1,000. The most current performance, 2012, is 62.01 per 1,000 children. Like last year, our current performance is slightly higher than our baseline performance.

Entry rates participation has increased from baseline, 3.5 per 1,000 children to current performance of 4.2 per 1,000 children entering foster care. This is almost a 20% increase in the rate of children entering care. There has been a steady trend of more children entering foster care since 2008, the start of the recent recession.

In-Care Rate participation. The foster care participation rate has increased by 15.7% from a baseline of 6.7 per 1,000 to the current performance of 7.8 per 1,000 children in foster care. There are many reasons why the in-care rates are increasing. It is not recommended to include this measure at this time as San Bernardino County is addressing this issue with the other two performance measures: C1.3 Reunification within 12 months (entry cohort) and C3.1 Permanency at 24 months. If the county improves on the two measures above then the in-care rates should decrease.

Probation Outcomes

- **Participation Rates: Entry Rates.** The participation rate went from a baseline of 0.23 per 1,000 to the most recent performance of 0.20 per 1000 (Q2 2014). There has been no appreciable increase in the number of youths entering probation (168 children in Q2 2012 and 131 children in Q3 2014).
- **C1.1 Reunification Within 12 Months (Exit Cohort).** Overall, the probation department is performing consistently below the national standard of 75.0%. During the baseline time

period (Q2 2012), the performance increased to 58.1 but dropped to 57.1 for our last update in 2013 and our most recent quarter (Q3 2014). All of probation youths are age 11 and older. Historically, it is difficult to reunify older children.

- **C1.2 Median Time to Reunification (Exit Cohort).** The county's performance is similar to C1.1. In Q3 2014 it took probation youths 10.2 months to reunify which is an increase from the baseline of 9.3 months. The national standard is 5.4 months. Historically, probation median time to reunification has ranged from 7.7 to 10.7 months.
- **C4.1 Placement Stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for 8 days or more, but less than 12 months. The baseline data for this measure indicated that 98.5% of all children in care between 8 days and 12 months had only 1 or 2 foster care placements as compared to Q3 in 2014 when 92.7% of children had only 1 or 2 foster care placements. This figure is below previous figures, but still above the national standard of 86.0%.
- **C4.2 Placement stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 12 months, but less than 24 months. Baseline data indicates that 75.2% of all children in care from 12-24 months had only one to two placements as compared with Q3 of 2014 in which 59.4% of children in care had only 1 or 2 placements. This was a large decrease from the baseline. San Bernardino County will continue to monitor this measure to see if the decline is a trend. According to SafeMeasure reports from January 2014 to November 2014, compliance with this measure cannot be met because placement episodes remain open while on AWOL status and/or detention in juvenile hall.
- **C4.3 Placement stability.** This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 24 months. Baseline data indicate that 58.2% of all children in care from 24 months or longer had only one to two placements as compared with Q3 of 2014 in which 40.0% of children in care had only 1 or 2 placements. The current performance is lower and just recently fell below the national standard of 41.8%. Typically this figure has been higher and had been included in the 2008-2012 SIP, but had been removed because the county made substantial progress. We will continue to monitor this measure for on-going trends

TABLE 40: PROBATION PLACEMENT TERMINATION

	Jun 14		Jul 14		Aug 14		Sep 14		Oct 14		Nov 14	
Unsuitable Placement	2	3.4%	1	1.8%	1	2.2%	1	2.1%	2	3.8%	2	6.1%
Episode Ended, No New Placement	9	15.5%	6	10.7%	4	8.7%	1	2.1%	7	13.5%	3	9.1%
Runaway/Abducted	11	19%	12	21.4%	5	10.9%	16	34%	7	13.5%	4	12.1%
Misc./Administrative	8	13.8%	7	12.5%	10	21.7%	7	14.9%	11	21.2%	9	27.3%
Other – Not Reported	28	48.3%	30	53.6%	26	56.5%	22	46.8%	25	48.1%	15	45.5%
Total	58		56		46		47		52		33	

Caseload Explorer Extract December 2014
 Unsuitable Placement= Placement House change;
 Misc./Adm.= Out of placement
 Other= From Juvenile Hall to Placement facility

State and Federally Mandated Child Welfare/Probation Initiatives

Since the release of the Katie A. Core Practice Model (CPM) and other related guidance from the Department of Health Care Services, CFS has been engaged with the Department of Behavioral Health in crafting policy for further provision of intensive health care services to qualifying children in foster care. CFS, DBH and Probation have approved an MOU establishing a formal Administrative Joint Management Steering Committee (AJMSC) to oversee the implementation and operations of the CPM. The AJMSC developed a project plan and instituted a number of work groups to implement the CPM.

The Chairs/Implementation group helps coordinate efforts between the committees and reviews larger implementation issues. The committee is composed of the chairs of all the other committees. The project plan was developed under the auspices of this group.

The Healthy Homes (HH) and Screening, Assessment, Referral and Treatment (SART) program collaborative existed prior to the Issuance of the CPM and served as the venue to develop and review issues related to screening CFS youths. Optimizing this collaborative forum the group:

- Built on and incorporated established practices and programs into the new screening process;
- Revised the Universal Referral Form and developed new forms for the rescreening process. The rescreening forms provide guidance for the Social Worker in determining the appropriate level of referral (Tier I, Tier II and Tier III) based on established criteria. This is meant to assist in the initial referral for assessment and care;
- Utilized changes in CMS to capture screening and rescreening efforts;
- Developed a procedure to capture the backlog of cases receiving subclass services;
- Reached out to providers of Tier I and Tier II mental health services to ensure that children in need of mental health care receive it at the appropriate level.
- According to recent figures, the number of screenings and assessments for mental health services increased from 894 in 2013 to 3,792 in 2014.

The data and information group developed the means and process to exchange information in accordance with HIPAA and privacy standards. This group was also primarily responsible for the completion of the required semi-Annual Reports for the CPM.

The training group developed the training protocol for expansion of CFTs to non-subclass members. The Performance, Education and Resource Centers (PERC) staff and PDD have taken the lead in developing training materials, brochures for social work staff and a CFT toolkit. The curriculum incorporates and complements SOP training materials and techniques.

The Child and Family Team (CFT) pilot for non-subclass members is currently underway. The Western region, consisting of the Fontana and Rancho Cucamonga offices, began training and participating in July, 2014. Touch-Base Meetings have been regularly scheduled to review the progress on implementation, lessons learned and to discuss what is working well, generate and report recommendations to the Executive Team, and to strategize about action steps to further the regional implementation of CFTs.

The New Initiative staff, consisting of trained Team Decision Making (TDM) facilitators, participated in the initial training, and have been a considerable support to the process, by

assisting the Social Workers in facilitating and scribing during the meetings. The Touch-Base Meetings have proved important to celebrating the staff and their successes with their clients.

Some of the positive results from the pilot include: Parents and youth report feeling “special” and validated in the meetings, and thus are more engaged. Social Workers report getting more information and developing a more trustful relationship with their families. This process assists the clients in identifying and building their support network, which will benefit the family now and following CFS involvement. The pre-planning process involves ensuring that the parents understand the purpose of the CFT, and that this team will continue in support of the child and family. Also, the Social Worker will assist the family in identifying their support people to invite to the meeting.

The CFTs which have been held with youth in permanent placements and with Nonminor Dependents have been particularly successful. In one of these, for example, the Social Worker was able to work with a young adult to develop their support system, including reestablishing connections with the young adult’s mother and with a former foster parent. In another CFT, the youth participated in his placement with the Group Home staff and therapist present, and a booklet was organized to assist the youth in preparing for a lower level of care. The youth responded very favorably to this process.

The Social Workers report that the process around initiating, scheduling and facilitating CFTs is a time intensive process. It is important in most cases to have at least two facilitators, so that one can scribe and the other fully facilitate. Nevertheless the results thus far have been positive. The Social Workers are finding ways to create CFTs that meet the child and family’s needs, and move the case forward. The Western region has also had success with ensuring that the Supervisors of the trained staff are involved and part of the planning process to move the pilot implementation forward. This is important as the Supervisors serve in a critical support role for their staff. It is anticipated that CFTs will facilitate movement on court cases so that reunification may occur in a timelier manner. The trainings are expected to conclude in June, 2015.

Regarding **Extended Foster Care/After 18**, (EFC) policy and procedure has been developed for all placements, most recently THP+Foster Care. The most recent figures show that for CY2013-2014 84.0% are staying at least 30 days past their 18th birthday. For Non-Related Legal Guardians (NRLGs), retention is at 88.2%, for a total of 84.6% for all transitioning youth that remain in Extended Foster Care (193 of 228 eligible).

The primary purpose of EFC is to prepare former foster youth for life beyond dependency. The following table shows the most recent participation activities being accessed (point in time count November, 2014):

TABLE 41: NMD PARTICIPATION ACTIVITIES, NOVEMBER 2014

NMD Activity	Number
College/Vocational Education	165
Completing HS or Equivalent	143
Employed, Minimum 80 hrs/mo	59
Medical Disability	3
Removing Barriers	159

CWS/CMS extract, 2014

Regarding the placement types being used in San Bernardino County, the County took a deliberate policy of being more cautious in the assignment of Supervised Independent Living Placements. In accord with the directives from the State, SILPs are meant to be the last transitional step to independent living, not the primary or first step (in most cases).

Consequently, there is a notable difference in the percent of SILPs in San Bernardino County compared to the statewide figures, as seen in the following table:

TABLE 42: NMD PLACEMENT TYPES, NOVEMBER 2014

Placement Type	California (%)	San Bernardino (%)
FFA	26.4%	29.2%
FFH	2.4%	4.3%
Group Home	4.0%	4.3%
Guardian Home	2.3%	3.3%
Relative/NREFM Home	8.3%	23.3%
SILP	54.3%	34.2%
Other	2.3%	1.3%

CWS/CMS extract, 2014 "Other" includes THP+-FC, Court specified homes and small family homes.

The **Business Redesign** project has been subdivided into a number of workgroups.

Communication Organization-Wide (COW) Committee. The purpose of the committee is to clarify and codify the communication processes for the department. The workgroup:

- Implemented a CFS Business Redesign Communication Plan,
- Recommended to SRD concerning the CFS-Wide Disaster Preparedness Plan,
- Implemented a CFS social media strategy including use of Social Media Administrators,
- Provided policy and recommendations concerning the CFS-Wide Communication Plan.

Risk Assessment Practice/Warrant Process Training: The group reviews the use of Comprehensive Assessment Tools (CAT) and Risk Assessment Meetings (RAMs) by CFS regions and coordinates training with County Counsel. The group implemented and continues to evaluate training concerning warrant processes and revised Policy and CFS 65 form concerning RAM/DARE/OOHA. The group continues to work on implementation and training plans.

Unit Configuration: This group reviews the division and flow of labor between and among units in order to promote effectiveness and efficiency. A proposal was presented and approved to implement Unblended (Sibling) Units throughout the regions starting in Fontana. Other goals for this group include researching ICWA unit configuration in other counties, F2F unit configuration in SB and other counties and consideration for specialized Katie A. membership units.

Visitation: This workgroup implemented policy, procedures and a training plan for Visitation Centers; contracted with five (5) Visitation Centers throughout San Bernardino County; and, continues to monitor providers to streamline/enhance services to children and families.

Effective Use of Technology Tools: The group identified the most used forms throughout CFS and formatted them to auto populate in CWS/CMS. The EUOTT is looking into innovative ways mobile technology can help lead CFS into the new digital world. Using a smartphone in conjunction with a laptop or tablet, workers will have the ability to take their workstation into the field. CFS is in the process of identifying devices that can improve organizational efficiency, data collection and accountability. By the end of January, 2015, the initiative will have a recommendation to identify and enhance mobile technology throughout CFS.

Similarly, Probation began utilizing the **Case Management System (CWS)** in 2011. The implementation of the system was included in the prior Systems Improvement Plan with successful results at the conclusion of the tracking period. More recently, it was determined that one specialist would become the probation expert with the ability to train other staff and make all necessary entries. This process has worked well and probation has reached a plus 90% accuracy rate in data entry requirements.

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: C1.3 - Reunification Within 12 Months (Entry Cohort) - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.

National Standard: 48.4%

Baseline Performance (Q2 2012): 37.3% (down from baseline of 41.6%)

Current Performance (Q3 2014): 29.4%

Target Improvement Goal: .25% First year; .5% the following 2 years; then 1% the final 2 years for a total of 3.25% over 5 years.

Priority Outcome Measure or Systemic Factor: C 3.1 - Exits To Permanency (24 Months in Care) - This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

National Standard: 29.1%

Baseline Performance (Q2 2012): 22.9% (down from baseline of 24%)

Current Performance (Q3 2014): 28.1%

Target Improvement Goal: .25% First year; .5% the following 2 years; then 1% the final year for 3.25% over 5 years.

Priority Outcome Measure or Systemic Factor:

National Standard:

Current Performance:

Target Improvement Goal:

Priority Outcome Measure or Systemic Factor:

National Standard:

Current Performance:

Target Improvement Goal:

OCAP Strategy 1: Expand the number and variety of Service Providers funded by OCAP programs.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • Enhance Permanency efforts by supporting Adoptive Families with streamlined access to therapeutic services • Develop the Array of Services by <ul style="list-style-type: none"> ○ Expanding services in remote and hard to serve areas ○ Expanding the availability of culturally competent services ○ Optimizing Collaboration w/ contracted partners • Improve management information system for tracking program utilization and results • Improve Quality Assurance and Case Review process for former TTS and OCAP program service providers
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Extend current contracts to end of calendar year	April 23, 2013 to Board of Supervisors	Human Services contracts
B. Develop transition plan for clients currently under service	August 2013 - November 2013	Children and Family Services (CFS) - Fiscal/Admin.
C. Draft and release Request for Qualification (RFQ) for Child Abuse Prevention and Treatment Services (CAPTS)	August 2013 - September 2013	Human Services contracts
D. Develop policy and procedure for program processes including more referrals for adoptive families.	August 2013 - October 2013 December 2013	Program Development Division (PDD)
E. Accept and approve RFQ applications	November 2013 - December 2013 February 2014; October 2014	Human Services contracts
F. Assign clients to services	January 1, 2014 - January 2018	CFS - Administration

OCAP Strategy 2: Use in-house Service Coordinators to ensure engagement is prompt and track referrals and attendance.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services • Develop the Array of Services by <ul style="list-style-type: none"> ○ Expanding services in remote and hard to serve areas ○ Expanding the availability of culturally competent services ○ Optimizing Collaboration w/ contracted partners • Improve management information system for tracking program utilization and results
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Extend current contracts to end of calendar year	April 23, 2013 to Board of Supervisors	Human Services contracts
B. Develop transition plan for clients currently under service	August 2013 - November 2013	CFS Fiscal/Admin.
C. Hire/train In-house staff for program support. Staff adoption workers regarding availability of services.	August 2013 - October 2013 November 2013	CFS Fiscal/Admin.
D. Develop Policy and Procedure for program processes	August 2013 - October 2013 December 2013	PDD
E. Assign clients to services	January 1, 2014 - January 2018	CFS – Fiscal/Admin.
F. Begin use of improved/upgraded Efforts to Outcomes (ETO) database	January 1, 2014 - January 2018	Human Services Research, Outcomes and Quality Support (ROQS)

<p>OCAP Strategy 3: Revise the Quality Assurance and Case Review protocols to apply review standards to the new process and upgrade the Efforts to Outcomes database.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services • Develop the Array of Services by <ul style="list-style-type: none"> ○ Expanding services in remote and hard to serve areas ○ Expanding the availability of culturally competent services ○ Optimizing Collaboration w/ contracted partners • Improve management information system for tracking program utilization and results • Improve Quality Assurance and Case Review process for TTS and OCAP program service providers
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Contact ETO and review upgrade needs. Explore options and review potential costs.</p>	<p>July 2013 - August 2013</p>	<p>CFS – Fiscal; ROQS</p>
<p>B. Develop transition plan for clients currently under service</p>	<p>August 2013 - November 2013</p>	<p>CFS - Fiscal</p>
<p>C. Draft and Release RFQ for CAPTS which includes new QA and ETO protocols</p>	<p>August 2013 - September 2013</p>	<p>Human Services contracts</p>
<p>D. Purchase upgrades or revise current database for new requirements.</p>	<p>September 2013 - November 2013</p>	<p>CFS – Admin.; ROQS</p>
<p>E. Develop a training plan for staff assigned to ETO input</p>	<p>September 2013 - November 2013</p>	<p>CFS – Fiscal/Admin.</p>

F. Hire/train In-house staff for program support, specifically on ETO input.	August 2013 - October 2013 November 2013	CFS – Fiscal/Admin.; ROQS
G. Develop Policy and Procedure for program processes	August 2013 - October 2013 December 2013	PDD
H. Assign clients to services/enter into the new system	January 1, 2014 - January 2018	CFS – Admin.; ROQS
I. Begin use of improved/upgraded ETO database	January 1, 2014 - January 2018	ROQS
J. Conduct first round of program monitoring (Quality Assurance, Desk Audits, and OSVs)	April 2014 – June 2014 November 2014	Human Services contracts and PDD Contracts Support
K. Complete Annual Report (PSSF/CAPIT)	October 2013/14/15/16/17	PDD Contracts Support

Reunification Strategy 1: Increase Team Decisionmaking Meetings (TDMs) to enhance early engagement of parents.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • Staff, caregiver and service provider training • Agency collaboration
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps	Timeframe:	Person Responsible:
A. Provide Team Decisionmaking Meetings (TDMs) for every case in which a child is at risk of removal or has been removed within one week of detention; and at every major decision point in the case.	August 2013 – August 2014 January 2018	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee
B. Ensure Parent Partners, Community Partners and Service Providers are invited to attend TDMs.	August 2013 – August 2014	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee
C. Provide TDM refresher trainings for all staff to build value for this practice.	January 2014 - December 2014 2015	UC Davis, Performance, Education and Resource Centers (PERC), Regional Managers
D. Ensure that training for TDM Facilitators and Back-Up Facilitators is available a minimum of twice per year.	August 2013 – January 2018	PERC, Regional Managers, New Initiative Supervisors
E. Track and monitor outcomes with <i>ad hoc</i> , quarterly and annual reports, and make recommendations for programmatic changes.	August 2013 - January 2018	TDM Countywide Strategy Committee, ROQS

Reunification Strategy 2: Increase and enhance the role of Parent Partners in early engagement.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • Staff, caregiver and service provider training • Service array
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase the number of parent partners; develop policy to define and enhance their role in early engagement.	August 2013 – August 2014	CFS - SRD, CFS Executive Team, PDD
B. Invite parent partners to participate in Team Decisionmaking Meetings (TDMs), when planning for safety and exit from placement; or upon request when parent partner issues match the parent's.	August 2013 – December 2014	CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee
C. Implement training for parent partners, including through the Regional Training Academy	September 2013 – January 2018	CFS - SRD, Public Child Welfare Academy (PCWTA)
D. Develop a database to track parent partner's activities with specific clients. Implement and utilize this database.	February 2013 – June 2013 July 2013 – January 2018	CFS - SRD, ROQS

<p>E. Increase Parent Partners' availability at Court to assist parents. Parent partners will facilitate the Court Orientation, and remain available to meet with parents during the morning Court sessions.</p>	<p>August 2013 – January 2018</p>	<p>CFS - SRD</p>
<p>F. Increase Social Worker awareness of Parent Partners accessibility and their role in assisting in early reunification countywide, through unit meetings, flyers, Orientation and Induction training, and other outreach.</p>	<p>January 2014 – December 2014 ((Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)</p>	<p>CFS - SRD, PDD, PERC</p>

Reunification Strategy 3: Safety Organized Practice (SOP)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to reunification (C1.3) • Staff, caregiver and service provider training
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Conduct Training for Trainers, to prepare CFS Supervisors to train and mentor staff on Safety Organized Practice.	Current - June 2013 - December 2014	CFS - SRD, Regional Managers and Supervisors, PERC, and PCWTA
B. Complete first phase of Safety Organized Practice training for 50% of Supervisors and line staff. Training includes 12 modules.	Current - December 2013	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA
C. Continue with second phase of Safety Organized Practice training to achieve full implementation.	November 2013 - December 2014 - January 2018	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA
D. Utilize Safety Organized Practice to enhance risk assessment in Risk Assessment Meetings (RAMs) and Team Decisionmaking Meetings (TDMs)	August 2013 - January 2018	CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee
E: Implement Safety Organized Practice (SOP) in all regions throughout the life of the case. Social Workers will incorporate SOP in their practice and interactions with families	January 2015 – January 2018	Regional Managers, Supervisors, Social Workers

Reunification Strategy 4: Increase training and support to parents, relatives and caregivers.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to reunification (C1.3) • Foster and adoptive parent licensing, recruitment and retention • Staff, caregiver and service provider training • Agency collaboration • Service array
	<input type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Initiate and establish Visitation and Family Support Centers. Train Social Worker staff and begin referral process.	May 2013 – December 2013	Improving Quality System-wide Advisory Board (IQSAB), CFS Executive Team, PDD, Regional Managers, HS Contracts
B. Explore expanded role of Visitation and Family Support Centers in parent support and training, mentoring and training of the resource parents, kin caregivers and training of community partners.	January 2014 – December-2014–2015	IQSAB, CFS Executive Team, PDD, Regional Managers
C. Implement and promote accessibility of parent support groups, through CAPTS service providers, and other contracted providers.	January 2014 – January 2018	PDD, Regional Managers, Supervisors and Social Workers, Service Providers
D. Increase support and outreach to kin caregivers and optimize training resources. Provide training and information regarding classes available through PRIDE, Community Colleges and Kinship Centers.	September 2013 – January 2018	CFS - Placement Resource Division (PRD), Kinship Centers, Community Colleges

E. Develop training for caregivers to mentor birth parents	December 2013 – January 2018	Placement Resource Division
F. Continue to provide orientation to parents at the detention hearing.	April 2013 – January 2018	CFS - SRD
G. Implement bridging meetings between social workers, parents and caregivers.	January 2014 – January 2018	Regional Supervisors, Social Workers, CFS - SRD, F2F Steering Committee
H. Train and inform social work staff on the PRIDE training and exercises provided to caregivers to enhance support to children, parents and caregivers.	January 2014 - December 2014 2015	CFS - PRD, Regional Managers, Supervisors and Social Workers
I. Explore providing training to relative caregivers, comparable to PRIDE	January 2014 – December 2014 2015	CFS - PRD, Regional Managers, Supervisors and Social Workers

Reunification Strategy 5: Emphasize reunification planning to facilitate early transition of children to parents' home.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): • Improve timeliness to Reunification (C1.3)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Re-train staff to simplify and individualize case planning, through county wide trainings and case conferencing and SOP.	January 2014 – December 2016	CFS - SRD, Regional Supervisors and Managers, PERC
B. Develop and implement individual reunification timeline tool, to ensure parents have more specific information on their case plan timeframes.	July 2013 - December 2013 March December 2015	PDD, Regional Managers and Supervisors, Social Workers
C. Initiate and continue discussion with Court and Attorneys to address issues related to early reunification, during monthly Court Coordination and Bench Bar meetings.	August 2013 – January 2018	CFS - SRD, Regional Managers, Deputy Directors, Social Workers and Supervisors, CFS Court Staff
D. Utilize Safety Organized Practice in assessment and case planning.	January 2014 – January 2018	Regional Social Workers and Supervisors
E. Continue building community connections to support parents post reunification in their communities.	June 2013 – January 2018	CFS - PRD, New Initiative Units, Regional Social Workers

F. Ensure parents understand court timelines and processes related to reunification. Utilize Court Orientation, Court Video, Parent Partners, Reunification Timeline Tool and Case Plan.	June 2013 – January 2018	Regional Social Workers, Supervisors, Court Staff and Parent Partners
G. Track and monitor parents' reunification efforts through ad hoc, quarterly and annual reports.	June 2013 – January 2018	ROQS, Timely Reunification Workgroup

Permanency Strategy 1: Expand and optimize mentoring programs for children/youth in care over 24 months. Programs: IYRT, TAY, ILP/PFA, Wraparound and CASA	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Service Array/Collaboration • Management Information Systems
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase awareness of programs; by revising and circulating flyers, Brown Bag Training, having Community based resource fairs, Regional staff fairs, and Vendor fairs; Use of ILP Facebook page and exploring further use of social media; thereby, increasing referrals and utilization of programs to improve engagement and participation.	August 2013 - August 2014 (Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community Providers
B. Increase full time TDM facilitator staff, increase TDM usage for all cases at all decision points of the case. Increase attendance at community events to recruit community partners. Team with service providers to include in TDMs, TCs, Community events, presentations and work groups	August 2013 - August 2015	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community, ILP, Wraparound, CASA
C. Utilize established tracking methods and database to determine outcomes (ILP, Wraparound, CASA).	August 2013 - January 2018	ROQS
D. Develop and improve data component and tracking method (TAY, IYRT).	August 2013 - February 2014	CFS - PRD, ROQS, Department of Behavioral Health (DBH)

Permanency Strategy 2: Expand and optimize mentoring programs for parents and caregivers of children/youth in care over 24 months. Programs: IYRT, Wraparound, CFS Parent Partners, Kinship Centers, Visitation Centers and Preschool Services	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Management Information Systems • Service Array/Collaboration
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase awareness of mentoring programs with DYK flyers, training, presentations, provide training hours, resource fairs, ILP Facebook page, foster parent association meetings, Parent Partners, reach out and engage other community based centers such as Family Resource Centers; thereby, increasing referrals and utilization of service capacity and improve engagement and participation.	August 2013 – August 2014 ((Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)	PDD, CFS - PRD, Regional CFS staff, Family Resource Centers, Service Providers
B. Utilize established tracking methods and data bases to determine outcomes (Wraparound, PP, Kinship, and Visitation Centers).	August 2014 – August 2015	PRD, ROQS
C. Develop an improve data component and tracking method for all programs other than Wrap (IYRT, Preschool Services, Family Resource Centers).	August 2013 - January 2018	PRD, ROQS

Permanency Strategy 3: Increase and enhance transition from group home to less restrictive setting	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Foster Parent Training • Social Worker Training • Collaboration
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase awareness to social workers and understanding of step down services by increasing training strategies to facilitate transition. Develop and expand CHRIS program (from RBS) and revised ITFC contracts. Begin referring to CHRIS and ITFC and increase referrals to wraparound and IYRT.	July 1, 2013 – July 2015	Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)
B. Involve wraparound 30/45 days prior to placement move in or out of group home. Use upcoming provider and staff training refresher courses to institute this practice. Regional offices currently have a wrap services representative at their offices to give 1:1 support to workers. Provide DYK flyers, if appropriate. Utilize Care Coordination Team (CCT) to have providers in regional offices.	July 1, 2013 – July 2015 Inform staff and past providers by 2013 Increase compliance by December 2015	Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)
C. Utilize integrated practice approach when engaging and referring children for mental health services. Increase Healthy Homes referrals and improve collaboration to increase Healthy Home referrals and follow through with recommendations; revitalize collaboration process with DBH.	August 2013 – February 2018	CFS Regional Staff, DBH

D. Conduct a TDM at every decision point.	August 2013 – August 2015 January 2018	CFS Regional Staff, Community, Service Providers
E. Utilize established tracking methods and database to determine outcomes (Healthy Homes, Wraparound, TDM).	August 2013 – January 2018	ROQS, CFS
F. Develop and improve data component and tracking method for CHRIS and ITFC.	July 1, 2013 – July 2015	ROQS, CFS, DBH

Permanency Strategy 4: Improve accuracy of CWS/CMS data entry regarding NRLG (aka, Services Only Guardianships or SOGs)	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Management Information Systems • Social Worker training
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Provide list of children/youth in NRLG with incorrect legal authority(WIC 300)	June 2013 - December 2013 (Completed)	CFS Supervising Office Specialists (SOS), ROQS
B. Research and correct legal authority and/or placement status	June 2013 - December 2013 (Completed)	CFS Regional SWs and Clerical staff

Permanency Strategy 5: To better match children/youth to foster homes which increases the likelihood of permanency.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Foster Parent Recruitment and training
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop project plan and timelines for transition from broad to targeted, child-centered recruitment strategy.	September 2013 - January August 2014	CFS – PRD, PDD
B. Explore caretaker evaluation process and assess recruitment needs.	September 2013 - January 2014	CFS - PRD, ROQS
C. Research foster homes and training/recruitment in other counties	January 2014 - May 2014	CFS - PRD, PDD
D. Finalize project plan to target specific populations and recruit resource parents, including phase in and program targets	January 2014 - June August 2014	CFS - PRD
E. Implement the targeted strategy and increase foster care capacity	June 2015 - January 2018	CFS - PRD

Permanency Strategy 6: Continually and systematically reassess parents, relatives and supports for return and/or placement of children in care longer than 24 months.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Social Worker training
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Increase utilization of Children’s Case Assessment Forums (CCAF) by establishing countywide guidelines as to frequency and content of meeting.	August 2013 – March 2014 July 2015	CFS management
B. Increase the use of family search and engagement. Provide UC Davis training, implement ChRIS, increase referrals to CASA, wraparound, IYRT and ChRIS.	June 2013 – January 2018	CFS management
C. In the initial stages of a case, identify relative and non-relative supports to the child/youth by document in a designated area of CMS family information and continue to add new information as it becomes known throughout the duration of the case through training, case conferences, DYK and supervisory coaching.	August 2013 – August 2014 (Policy in place within timeframe; monitoring of practice is on-going)	Intake and Carrier SW’s and Sups
D. Explore use of mid-assessment meeting that gather parties and reviews status and progress of parents, specifically engaging court personnel.	November 2013 - December 2013 May 2014	CFS management/SIP Oversight

<p>E. Train, implement and utilize Safety Organized Practice.</p>	<p>April 2013 - December 2014 January 2018</p>	<p>PCWTA, CFS Trainers and SW's</p>
<p>F. Increase attendance/involvement of child and family support through initial and ongoing face to face contacts, family meetings, TDMs and TCs.</p>	<p>Begin: August 2013 – August 2014 (and on-going)</p>	<p>CFS SW's and Sups, Community</p>

Probation Strategy 1: Provide parents and the youth, at the onset, with training and resources	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • C3.1 – Exits to Permanency (24 months in care) • Reduce percentage of juvenile probationers sent to out of home placement.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Refer parents of youth on formal probation and 1 st time offenders, at the earliest entry into the juvenile justice system, to Parent Project	August 2013 - June 2014	Probation Investigations/CST
B. Refer an increased number of youth on formal probation, to IYRT mentoring or similar programs	August 2013 - June 2014	Probation Investigations/CST
C. Develop and improve data component and tracking method or utilize established tracking methods and database to determine outcomes and generate reports as needed.	August 2013 – February 2014	Probation/ROQS

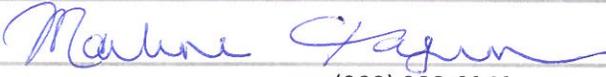
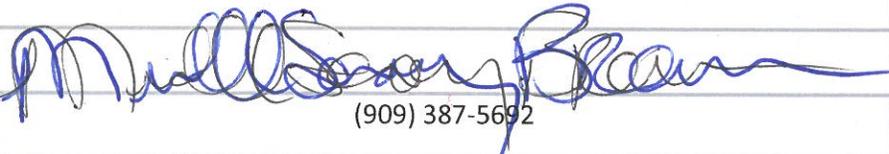
Probation Strategy 2: Increase use of the Wraparound program	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • C3.1 – Exits to Permanency (24 months in care) • Reduce percentage of juvenile probationers sent to out of home placement
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Assign and train a Wraparound screener	October 2013 - January 2014	Probation – Wraparound screener
B. Develop procedures and guidelines for Wraparound screening	September 2013 - January 2014	Probation – Wraparound screener
C. Screen existing medium supervision wardship cases for the Wraparound program	January 2014 - January 2015	Probation
D. Utilize established tracking methods and database to determine outcomes; Provide reports as needed	February 2014 – January 2018	Probation/ROQS

Probation Strategy 3: Increase family participation at MDT's for all minors in custody over 60 days	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Improve timeliness to Reunification (C1.3) • C3.1 – Exits to Permanency (24 months in care) • Increase percentage of minors returning to the home from which they were removed by improving family therapy and parent/child relationships
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Assign therapist to conduct family therapy/reunification for all youth detained longer than 60 days awaiting placement and deemed difficult to place.	January 2014 - June 2015	DBH and Probation
B. Allow clergy, extended family members and other family support systems to attend therapy/reunification/MDT's	September 2013 - June 2015	DBH and Probation
C. Develop and improve data component and tracking method	January 2014 – January 2018	Probation/ROQS

Probation Strategy 4: Utilize family findings to locate extended family members for potential placement	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • C3.1 – Exits to Permanency (24 months in care) • Decrease the number of youth sent to out of home placement; increase use of placement with extended family members
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Train all juvenile services Probation Officers in family findings	January 2014 - July 2014	Probation
B. Conduct family findings on youth entering the juvenile justice system and at risk for out of home placement or removal from parents home	July 2014 - June 2015	Probation
C. Develop guidelines and protocol for family findings	September 2013 - January 2014	Probation
D. Develop and improve data component and tracking method	January 2014 – January 2018	Probation/ROQS

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	SAN BERNARDINO
SIP Period Dates	AUGUST 19, 2013 – JANUARY 31, 2018
Outcome Data Period	QUARTER 2 2012
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Signature*	
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County Chief Probation Officer	
Name	Chief Michelle Scray Brown
Signature*	
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Public Agency Designated to Administer CAPIT and CBCAP	
Name	N/A
Signature*	
Phone Number	
Mailing Address	
Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A
Name	
Signature*	
Mail the original Signature Sheet to:	Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814
*Signatures must be in blue ink	

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