

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Ventura
SIP Period Dates	November 30, 2012 – November 30, 2017
Outcome Data Period	Year 3: Q2 2015 Data Extract, CWS Outcomes System Summary dated 10.27.15

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BOS Approval Date	Approval & Signature Not Required – No Significant Changes
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California - Child and Family Services Review

Annual SIP Progress Report

YEAR 3: Q2 2015 DATA

BASELINE DATA Q1 2012



COUNTY OF VENTURA



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I. Introduction

The purpose of the Year 3 SIP Progress Report is to update the California Department of Social Services (CDSS) about Ventura County's progress toward improving outcomes on child welfare and probation SIP measures, update action steps for Children & Family Service's (CFS's) seven (7) SIP strategies and Probation Department's seven (7) SIP strategies, as well as provide information about Ventura County's continued efforts to increase stakeholder engagement and collaboration to ensure concerted efforts are utilized to improve outcomes for children and families served by the various agency partners. This progress report further contains an analysis of strengths and barriers impacting strategy implementation, highlights promising practices within Ventura County and elsewhere, provides an overview of federally mandated child welfare and probation initiatives, and outlines additional outcome measures where Ventura County is performing below state and national standards.

The 2012-2017 Ventura County System Improvement Plan (SIP) was submitted to and approved by the California Department of Social Services (CDSS) and Office of Child Abuse Prevention (OCAP) effective December 4, 2012. The CSA/SIP process and resulting documents reflect feedback from a number of individuals from public and private agencies, Ventura County's designated child abuse prevention council,¹ the Citizen Review Panel, Children's System of Care (CSOC) oversight committee, and community participants from CAPIT/CBCAP/PSSF funded programs. Community feedback and proposed strategies were collected through numerous hours of collaborative discussion among internal and external stakeholders in an effort to accurately evaluate Ventura County's child welfare and juvenile probation systems and adjust the action plan implemented in 2012 as needed.

¹ The Partnership for Safe Families & Communities is the child abuse, family and community violence prevention council for Ventura County. It is a 501(c)(3) nonprofit with a 14-member board focused on strengthening families through early care and education utilizing the Five Protective Factors as a framework (<http://www.partnershipforsafefamilies.org/>).

II. SIP Progress Narrative

A. STAKEHOLDER PARTICIPATION

Children & Family Services and Juvenile Probation continued to work both individually and in partnership to engage community stakeholders in the evaluation process of system improvement strategies and data analysis throughout the reporting period as part of Ventura County's continuous quality improvement process. Both agencies met at least quarterly (often monthly and sometimes weekly) with partner agencies and community leaders including representatives from the Child Death Review Team (CDRT), Multidisciplinary Interview Center Team (MDIC/MDT), Interagency Case Management Committee (ICMC), Interagency Placement Expansion and Review Committee (IPERC), Children's Services Oversight Committee (CSOC)/Citizens Review Panel (CRP), Pathways to Well-Being (Katie A.) Interagency Steering Committee, and The Partnership for Safe Families & Communities, the child abuse, family and community violence prevention council for Ventura County.

In addition to sharing AB 636 outcomes data with community stakeholders, Children & Family Services has conducted extensive outreach in its efforts to develop an agency scorecard that reflects the vision and values tied to its mission of protecting children by strengthening families. Children & Family Services worked closely with Casey Family Programs consultants to identify and refine the following value statements that serve as an evaluative framework for guiding agency efforts:

- **SAFE AT HOME:** We believe families can keep their children safe with support.
And if they can't...
- **CAREGIVING:** We believe children should be cared for in a familiar, nurturing, and safe environment.
And while they are in care...
- **CHILD'S EXPERIENCE:** We believe every child is entitled to thrive through stability (health, education, and placement), family connections, quality treatment, and a voice in planning.

- PARENTAL SUPPORT FOR REUNIFICATION: We believe, through partnership and support, parents can grow and change in order to safely parent their children.

And if the children cannot return home...

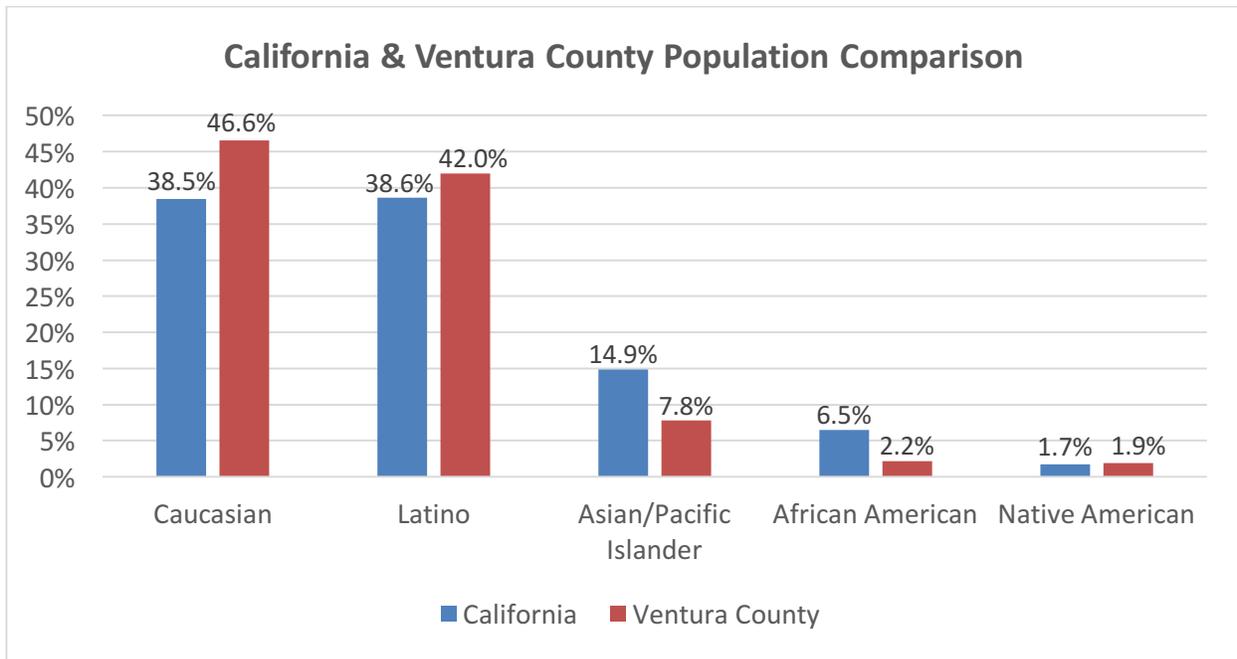
- PERMANENCY: We believe all children deserve a sense of belonging, and permanent and unconditional commitment in a lifelong family.

Each of these five values is tied to outcome measures identified through a series of planning sessions and outreach to internal and external stakeholders. The resulting scorecard, or “data dashboard,” will be shared with Ventura County stakeholders on a quarterly basis moving forward. This transparency and accountability reflects the county’s commitment toward the development of a culture of continuous learning, growth, and system improvement.

B. VENTURA COUNTY DEMOGRAPHICS & DISPROPORTIONALITY

Ventura County has an estimated population of 846,178 people. The 2.8% growth experienced from 2010-2014 is below the state average of 4.2% for that same time period. Children 0-5 years old account for 6.5% of Ventura County’s population, which is in alignment with the state’s proportion of children in this age group (6.4%). Caucasians (46.6%) and Latinos (42%) represent the largest racial/ethnic groups in the county, slightly higher than the state’s proportions (Caucasians 38.5%, Latinos 38.6%). The Native American population in Ventura County (1.9%) is approximately equal to the proportion for the state (1.7%), but the African American population (2.2%) is lower than the state’s proportion for this population (6.5%) and the Asian/Pacific Islander population (7.8%) is significantly lower than is represented across California (14.9%).²

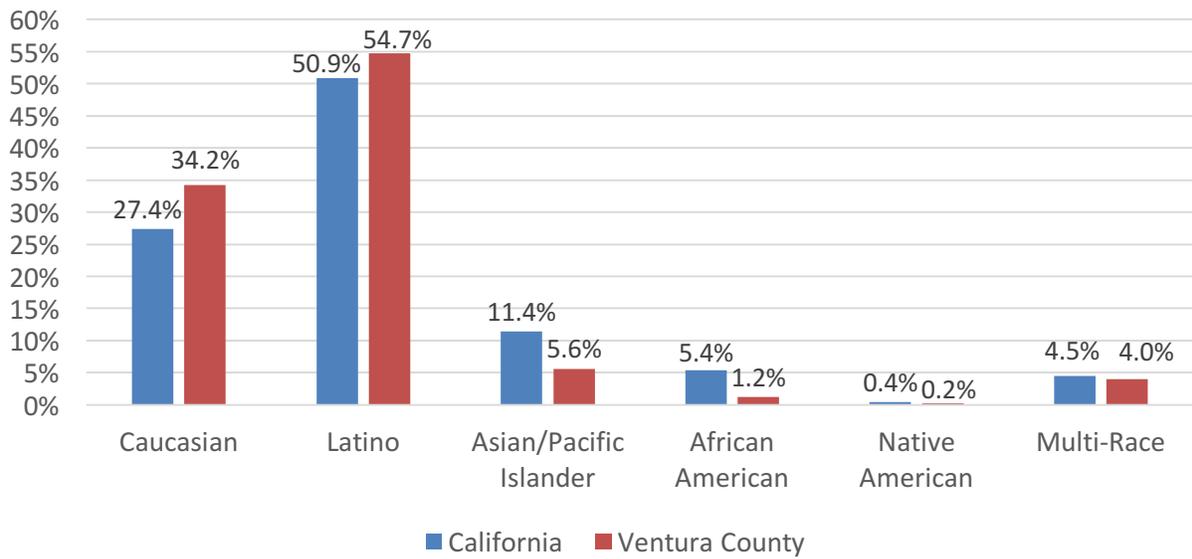
² Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits. Last Revised: Wednesday, 02-Dec-2015 09:52:37 EST



Ventura County's population of children and youth subject to a potential dependency, non-minor dependency, or delinquency case is estimated at 237,831, or 28% of the overall population. The proportion for this same age group across the state is almost identical (27.7%).³ The population breakdown by racial/ethnic group is displayed below. Latino children/youth outpace the county and state averages for the overall Latino population and Caucasian children/youth are a smaller proportion of the overall Caucasian population in the county and state.

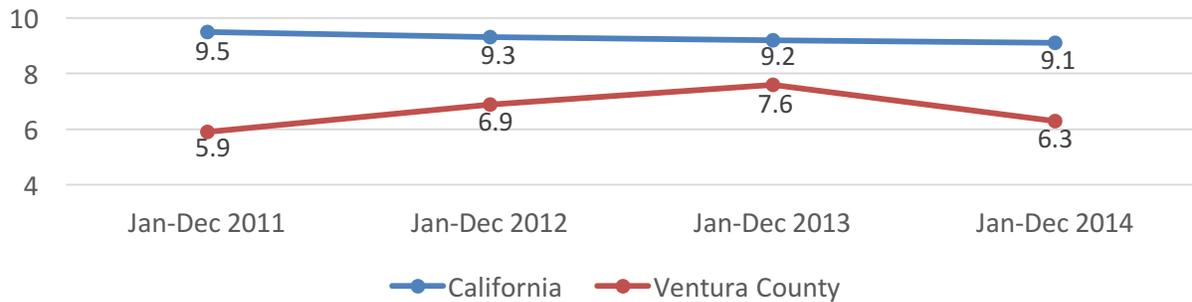
³ Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B., Benton, C., Hoerl, C., & Romero, R. (2015). CCWIP reports. Retrieved 12/31/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare; Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits. Last Revised: Tuesday, 01-Dec-2015 16:11:41 EST

California & Ventura County 0-20 Population Comparison



Ventura County has a lower rate of substantiated maltreatment than the state average for all years since the beginning of the SIP cycle among children 0-17 years of age. Rates of substantiated maltreatment are highest among African Americans (12.9 per 1,000) and Latinos (8 per 1,000) compared to the overall county average (6.3 per 1,000). For California, rates are highest among African Americans (24.4 per 1,000) and Native Americans (23.8 per 1,000).⁴

Rate of Substantiated Maltreatment (per 1,000 children)

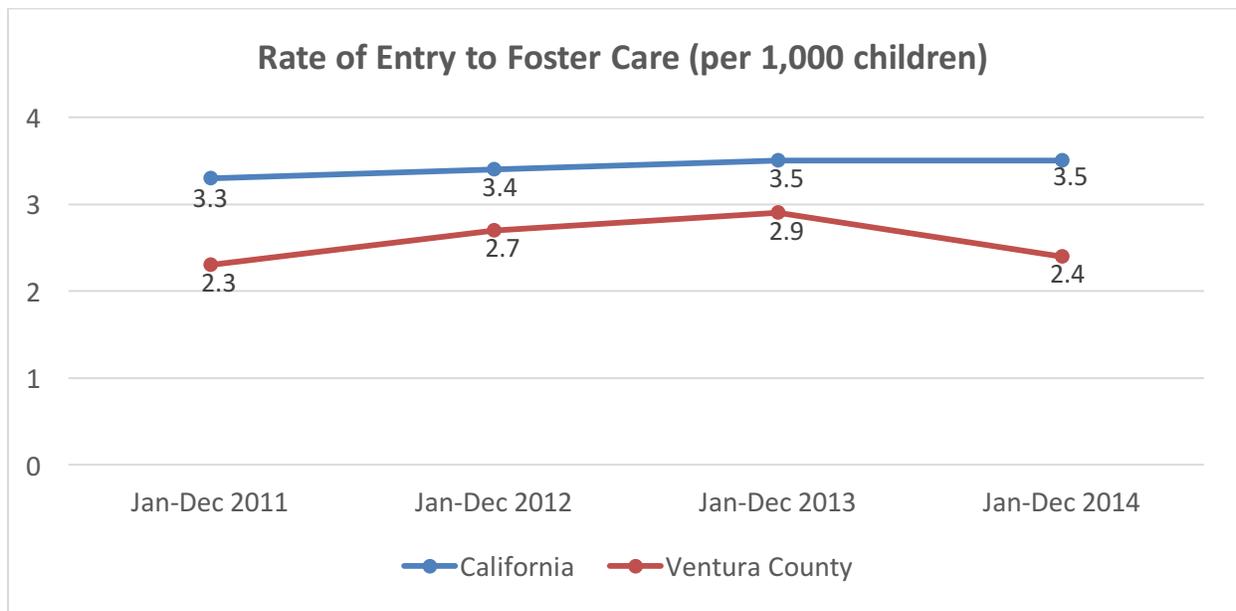


⁴ Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B, Benton, C., Hoerl, C., & Romero, R. (2015). CCWIP reports. Retrieved 12/31/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Ventura

Ethnic Group	Interval			
	JAN2011-DEC2011	JAN2012-DEC2012	JAN2013-DEC2013	JAN2014-DEC2014
	Per 1,000	Per 1,000	Per 1,000	Per 1,000
Black	14.3	14.1	18.4	12.9
White	5	5.2	4.7	3.9
Latino	6.8	8	9.9	8
Asian/P.I.	1.8	1.9	1.2	2.4
Nat Amer	6.5	0	0	0
Multi-Race	0	0	0	0
Missing	.	.	.	.
Total	5.9	6.9	7.6	6.3

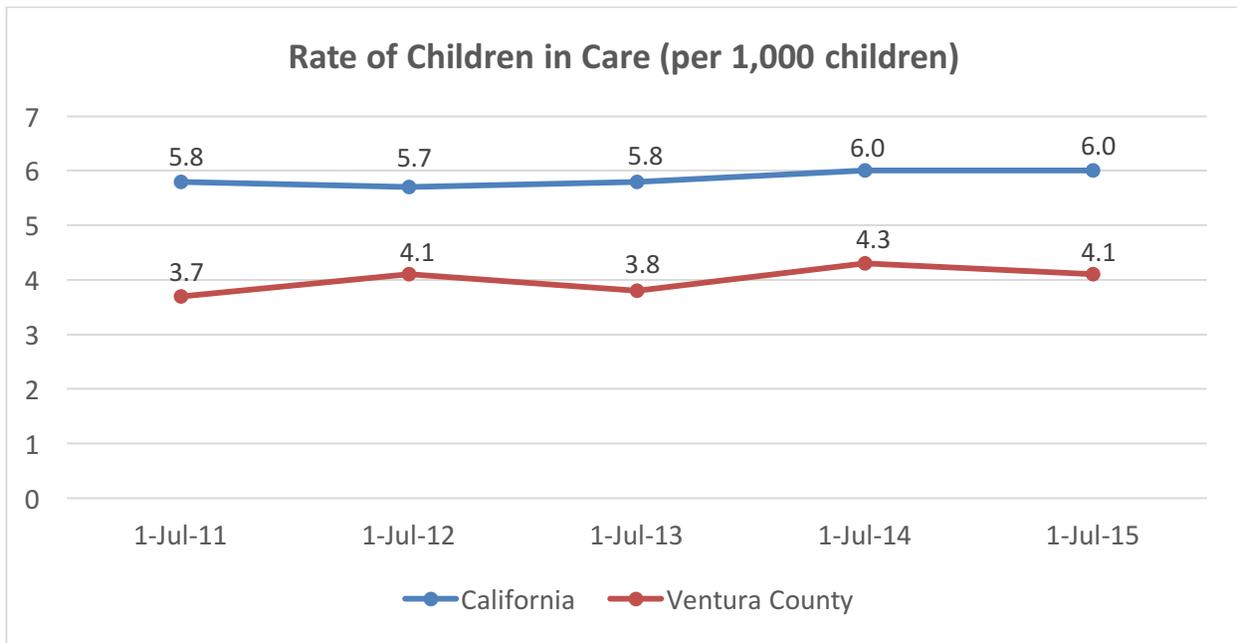
Ventura County has also historically had a lower rate of child welfare entry than California among children 0-17 years of age. Again, rates are highest among African Americans (4.6 per 1,000) and Latinos (3.0 per 1,000) compared to the overall county average (2.4 per 1,000). For California, rates are highest among African Americans (11.8 per 1,000) and Native Americans (11.6 per 1,000).



Ventura

Ethnic Group	Interval			
	JAN2011-DEC2011	JAN2012-DEC2012	JAN2013-DEC2013	JAN2014-DEC2014
	Per 1,000	Per 1,000	Per 1,000	Per 1,000
Black	6.8	7.5	8.6	4.6
White	2	2.2	2.2	1.9
Latino	2.8	3.3	3.7	3
Asian/P.I.	0.4	0.6	0.4	1
Nat Amer	4.3	0	0	0
Multi-Race	0	0	0	0
Missing	.	.	.	.
Total	2.3	2.7	2.9	2.4

Ventura County has a lower rate of children in care 0-17 years old (4.1 per 1,000) than California (6.0 per 1,000). African Americans (12.4 per 1,000) and Latinos (5.1 per 1,000) have the highest in care rates in Ventura County. In California, the highest in care rates are among African Americans (24.1 per 1,000) and Native Americans (23.0 per 1,000).



Ventura

Ethnic Group	Point In Time				
	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15
	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000
Black	15.1	18.5	16	16.3	12.4
White	3.4	3.5	3	3.4	3
Latino	4.2	4.8	4.6	5.3	5.1
Asian/P.I.	0.7	0.8	1	0.9	1.1
Nat Amer	8.6	2.2	2.3	0	0
Multi-Race	0	0	0	0	0
Missing	.	.	.	.	.
Total	3.7	4.1	3.8	4.3	4.1

Although African Americans have the highest in care rate for Ventura County, they represent 29 (3.5%) of the 817 children 0-17 years old in care on July 1, 2015. Latinos are the largest racial/ethnic group in care, numbering 572 children 0-17 on July 1, 2015. Latinos accounted for 70% of children 0-17 in care on that date. On July 1, 2012, Latinos accounted for 533 of the 837 children 0-17 in care, or 63.7% of the child population in care in Ventura County. In California, Latinos accounted for 48.9% (25,282/51,732) of children 0-17 in care on July 1, 2012. By July 1, 2015, the proportion of Latinos in care in California rose to 51.5% (28,052/54,480). Latinos represent 51.4% of the 0-17 population in California and 55.8% of the 0-17 population in Ventura County.⁵

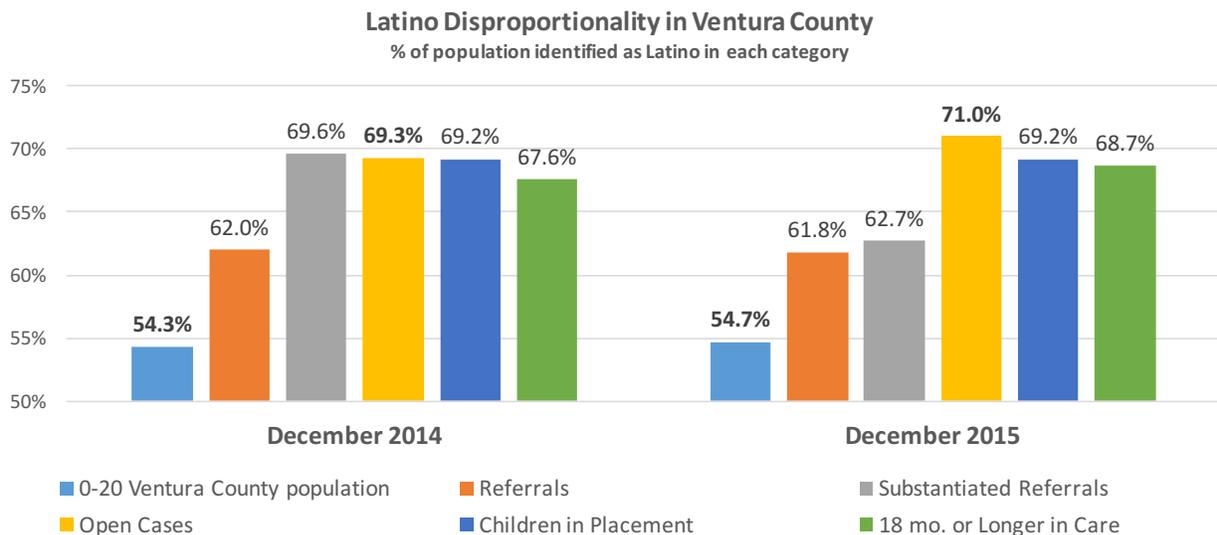
While California data combined for all counties does not reflect a disproportionality issue among Latino children in care, Ventura County's disproportionality issue among Latinos has continued to grow during the current SIP cycle. Children 0-5 years old, particularly children 0-2 years old, are disproportionately represented in care as well. Disproportionality among very young children is an issue for both California and Ventura County. The rates for children in care by age group (below) demonstrate a pattern of increase among children 1-2 years old throughout the SIP cycle. For infants under 1, the rate of children in care (9.2 per 1,000) was

⁵ Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B, Benton, C., Hoerl, C., & Romero, R. (2015). CCWIP reports. Retrieved 12/31/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

more than double the overall county rate (4.3 per 1,000) on July 1, 2014, and decreased to just below double on July 1, 2015. Both Latinos and children 0-5 years old have been identified as sub-populations of focus for SIP strategies and data analytics.

Ventura

Age Group	Point In Time				
	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15
	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000
Under 1	5.9	6.9	6.9	9.2	7.3
'1-2	5.6	5.6	5.7	6.5	7
'3-5	3.8	4.3	4.3	4.6	4
'6-10	3.2	3.4	3	3.5	3.3
'11-15	3	3.5	3	3.2	3.2
16-17	4	4.1	4	4.5	4
Total	3.7	4.1	3.8	4.3	4.1



Ventura County CFS has highlighted the issue of disproportionality among Latinos at the Citizen Review Panel and other stakeholder forums and plans are underway to increase cultural sensitivity training. Additional prevention efforts are being explored in Oxnard (the area with the highest concentration of Latino children) including adding more school-based social workers and working with mandated reporters in that area. CFS is also exploring the use of cultural brokers from specific geographic areas with high Latino concentrations. Other jurisdictions have

experienced success using cultural brokers in TDMs to improve family engagement and increase the number of resource families in areas with high detention rates.

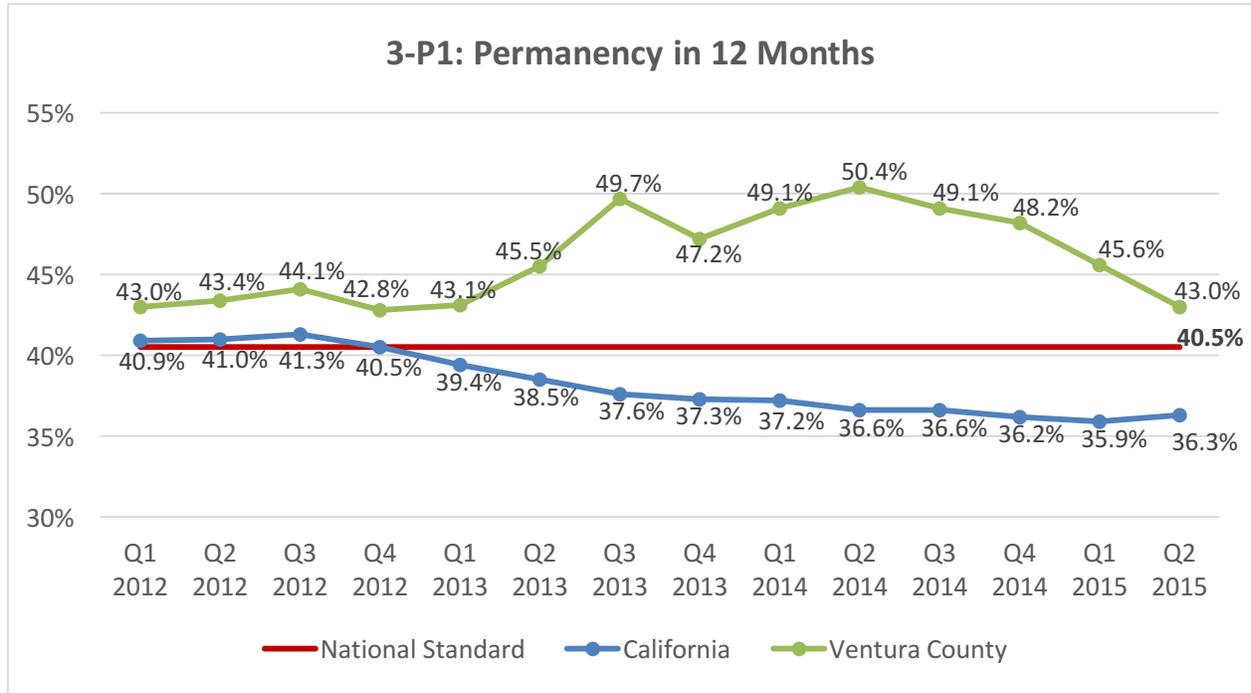
C. CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

The 2012-2017 System Improvement Plan focuses on two child welfare outcome measures (permanency and placement stability) and one systemic factor, as well as two juvenile probation placement stability outcome measures that are now one, all-encompassing measure with the onset of the CFSR 3 measures. The data analysis for each of these measures is detailed below.

C.1 CHILD WELFARE PRIORITY OUTCOME MEASURE 3-P1: PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE

<p>National Standard: 40.5%</p> <p>CSA Baseline Performance: Q1 2012: 43.0% (106.2% performance relative to National Standard)</p> <p>Performance for children 0-5: 45.4%; Performance for Latino/a children: 42.9%</p> <p>Target Improvement Goal: <u>Performance exceeds the National Standard at baseline and Q2 2015 both overall and for the sub-populations of focus.</u></p> <p>Current Performance: Q2 2015: 43.0% (106.2% performance relative to the National Standard)</p> <p>Performance for children 0-5: 44.9%; Performance for Latino/a children: 44.4%</p>
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DATA ANALYSIS FOR MEASURE 3-P1: PERMANENCY IN 12 MONTHS

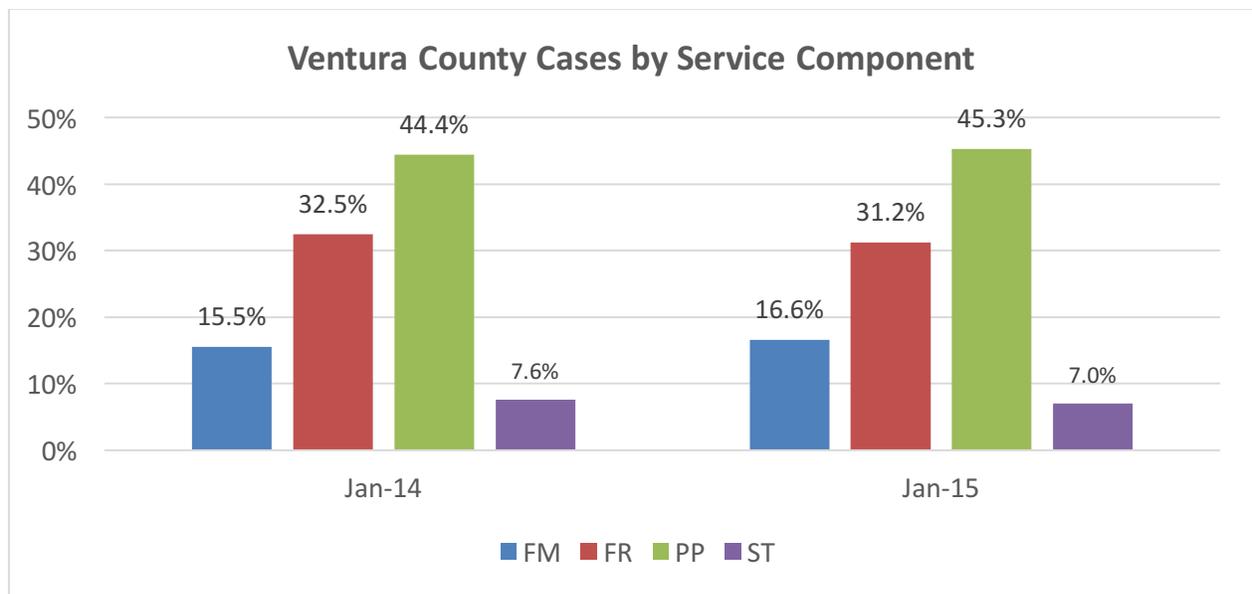


Beginning in August 2015, data available through the California Child Welfare Indicators Project reflected the new CFSR 3 measures. Accordingly, Ventura County began tracking data for Measure 3-P1 in lieu of the previously selected Measure C1.3 Reunification within 12 Months (Entry Cohort). Despite this change, Ventura County remains committed to reunifying children with their families whenever possible, providing parental support for reunification and promoting relative guardianships when reunification is not possible. Trend data for the SIP cycle start date through Q2 2015 indicates that Ventura County outperformed California and the National Standard on Measure 3-P1 during all quarterly data periods. The county’s highest performance was in Q2 2014 (50.4% of children entering foster care achieving permanency within 12 months). Reunification remains the largest proportion of the permanency measure. Performance among children 0-5 and Latino/a children exceeds Ventura County average performance for both baseline and Q2 2015. Children 0-5 had a baseline performance of 45.4% and remained stable at 44.9% in Q2 2015. Latino/a children improved 3.5% from their baseline performance of 42.9% to 44.4% in Q2 2015.⁶ However, Ventura County has been on a

⁶ Latino/a children/youth and children 0-5 were identified as sub-populations of focus for the SIP cycle due to their disproportionality among children in care relative to their overall population within Ventura County. In November 2015 (SafeMeasures extract date 12/22/2015), there were 914 children/youth 0-20 years old in care under the

downward performance trend for this measure when considering the entire client population, with no change in performance overall comparing Q1 2012 to Q2 2015.

Reasons for the downward trend are unclear. Currently, 56.7% of the 1,211 cases open during November 2015 have been open 12 months or longer, compared to 57.8% of the 1,224 cases open at the start of the reporting period in November 2014. Caseload size has remained stable during this period with roughly 1,200 active cases open in any given month in 2015.⁷ Management has also been tracking case breakdowns by service component to ensure that efforts to keep children safe at home with support are making a difference, consistent with the implementation of Safety Organized Practice and Family Preservation.



A SafeMeasures comparison of the breakdown of cases by service component indicates a 7.1% increase in Family Maintenance cases during the period under review (15.5% in

supervision of Children & Family Services. Latino/as accounted for 631 (69%) of these children/youth. While this was a slight decrease from 69.7% of the children in foster care during the same period in 2014, Latino/a children/youth account for only 55.7% of the child population 0-20 years old in Ventura County in 2015 (compared to 50.9% for California), relatively unchanged from 54.3% the year prior. Similarly, children 0-5 represent 26.6% of the child population for Ventura County in 2015, but they comprise 37.6% of the children in placement in November 2015, a slight decrease from 40% the year prior (Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B., Benton, C., Hoerl, C., & Romero, R. (2015). CCWIP reports. Retrieved 12/23/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare; SafeMeasures extract date 12/22/2015).

⁷ SafeMeasures extract date 12/22/2015.

November 2014 compared to 16.6% in November 2015).⁸ Case closure reasons reflect an increase in reunifications in 2013 and 2014, decreasing in 2015. In addition, families stabilized as a reason for case closure decreased by 17% between 2012 and 2015. In contrast, court-ordered terminations increased 73% during this same period.⁹

Ventura

Case Closure Reason	Interval			
	JUL2011-JUN2012	JUL2012-JUN2013	JUL2013-JUN2014	JUL2014-JUN2015
	%	%	%	%
Family Stabilized	51	41.7	41.1	42.2
Court Ordered Termination	4.1	5.7	3.4	7.1
Reunification	11	13.6	12.9	11.2
Adoption	16	22.5	24.2	19
Guardianship	8.6	11.2	13.4	12.6
Age/Emancipation	6.9	2.1	1.7	1.2
Other	2.4	3.1	3.2	6.7
Missing	.	.	.	.
Total	100	100	100	100

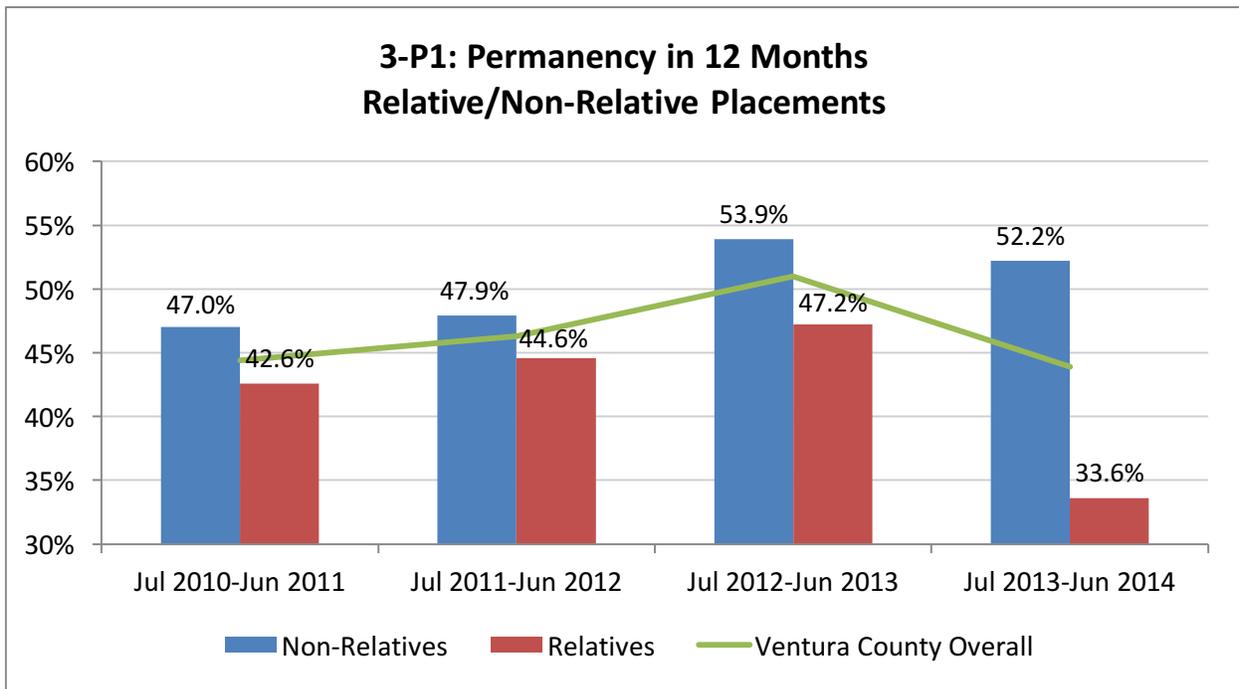
Keeping Kin Connected

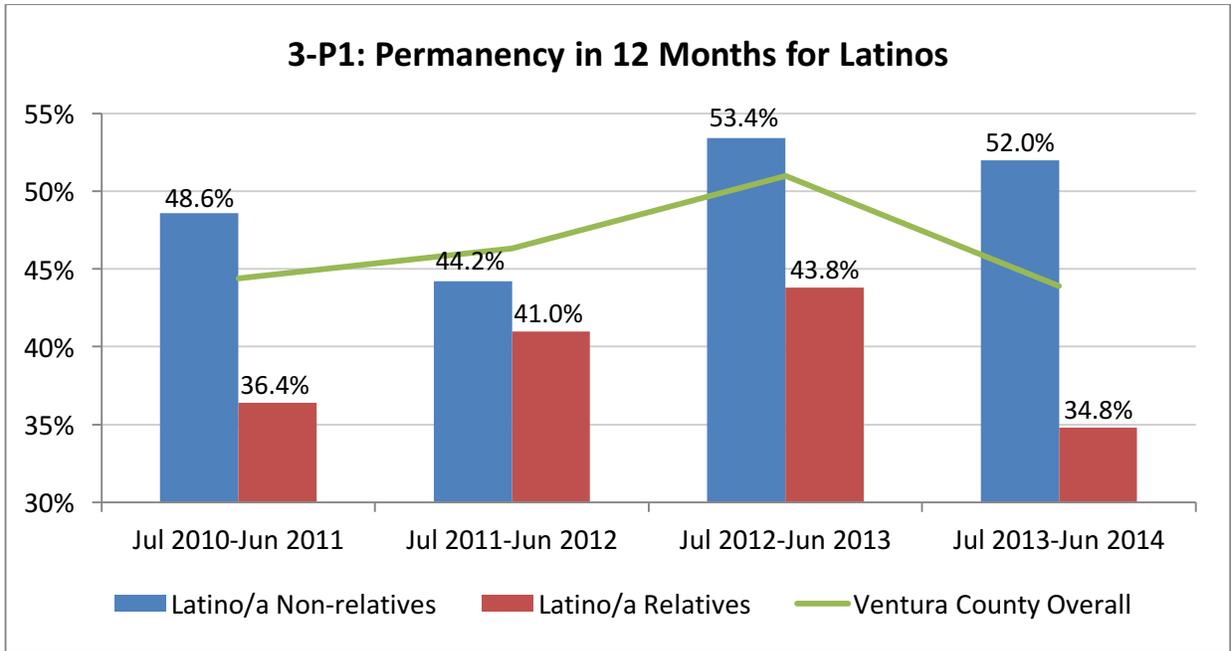
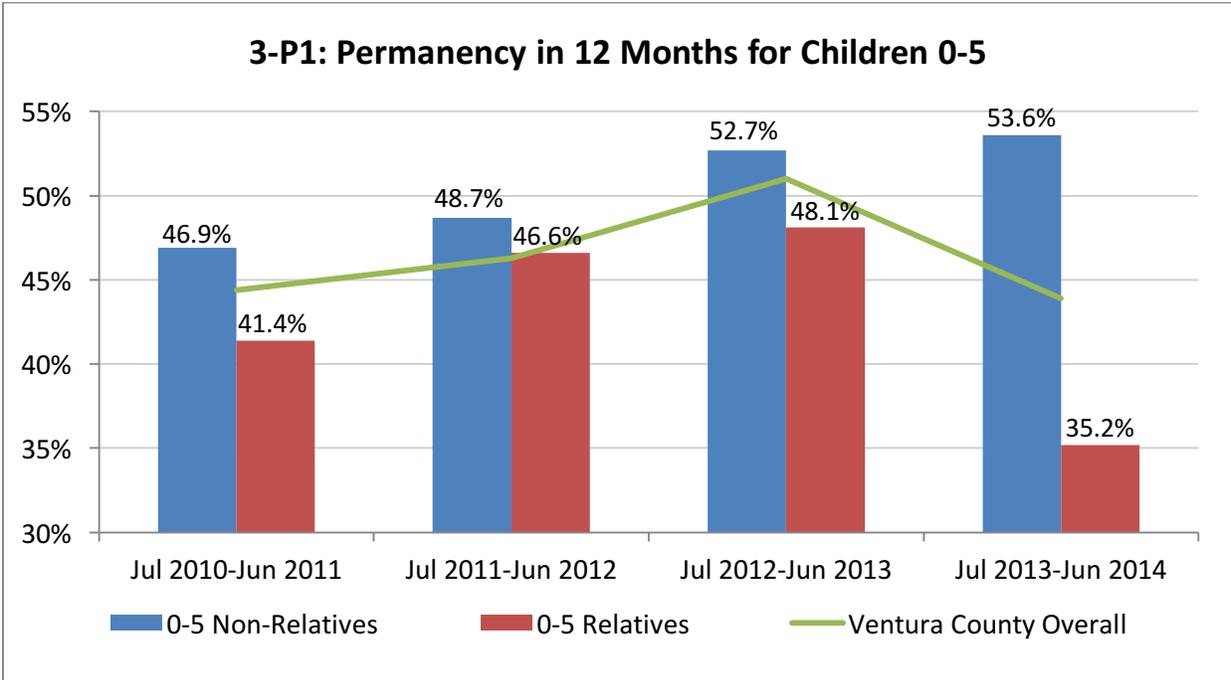
Ventura County is committed to preserving connections between children and their relatives. As outlined in the previously discussed vision and values, Ventura County believes that children should be cared for in a familiar, nurturing and safe environment that preserves family connections whenever possible. This goal is necessarily balanced with the desire to promote safe and timely permanency. In a review of the placement data, the county observed that children in kinship care appear to take longer to reach permanency than children in non-relative foster care settings. The disparities in outcomes were consistent among children 0-5 years old and Latinos. Some of the field observations offered to explain this issue include:

⁸ SafeMeasures extract date 12/22/2015.
⁹ Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Rezvani, G., Wagstaff, K., Sandoval, A., Yee, H., Xiong, B, Benton, C., Hoerl, C., & Romero, R. (2015). CCWIP reports. Retrieved 12/23/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare.

- Parents may be more comfortable having children remain with relative and for longer periods of times, than their children remaining with non-relative care, reducing the urgency to engage in timely reunification services.
- Kinship Care providers tend to be more accommodating of parent/child visitations, allowing the parents more contact than traditional agency supervised visitation, which may lead to less of a sense of urgency about reunification/permanency.
- Spanish speaking parents may have to wait longer for service providers due to limited bilingual services. This is a particular concern for the growing Mixteco population.

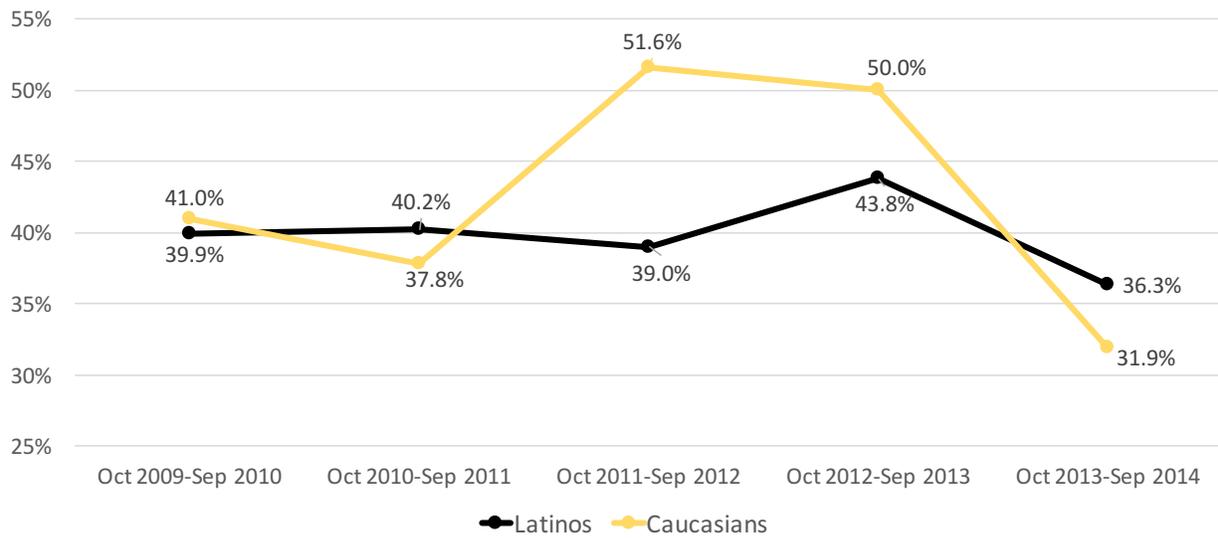
The median length of stay in relative care is 420 days (14 months) compared to other foster home (not congregate care) settings which have a median length of stay of 297 days (10 months). Additional research is planned in the coming year to gain a better understanding about the underlying reasons for the disparate outcomes and to develop strategies for improvement.





Reunification within 12 months remains the primary permanency goal whenever possible. During most of the SIP cycle Latinos were reunified with their families at much lower rates than Caucasians. Reasons for this disparity are being explored through more in-depth data analysis. However, supervisors in the field have indicated that language is often a barrier to timely service delivery when an interpreter is needed. In addition, larger sibling sets can complicate progressive visitation efforts aimed at reducing the time to reunification.

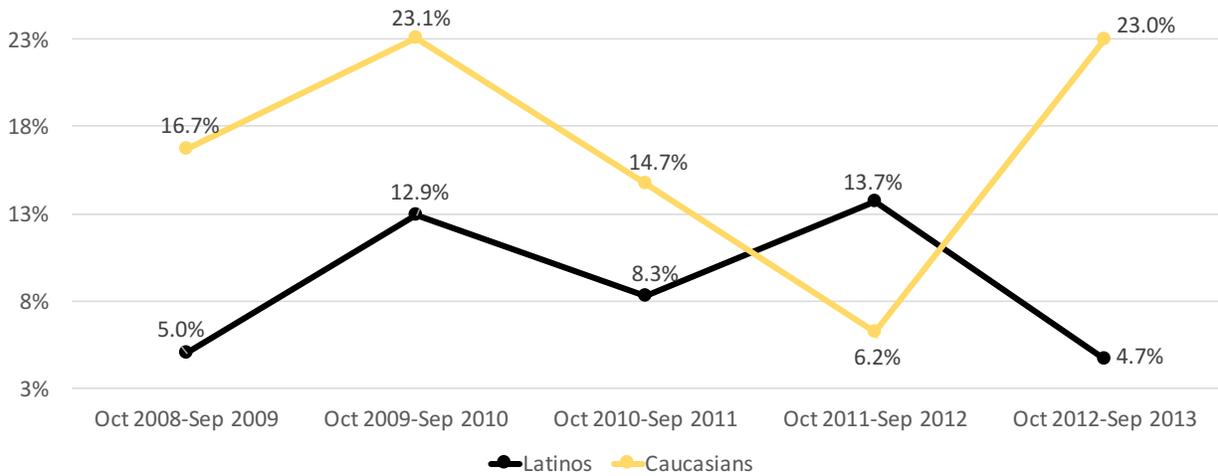
Reunification Within 12 Months Among Latinos and Caucasians in Ventura County



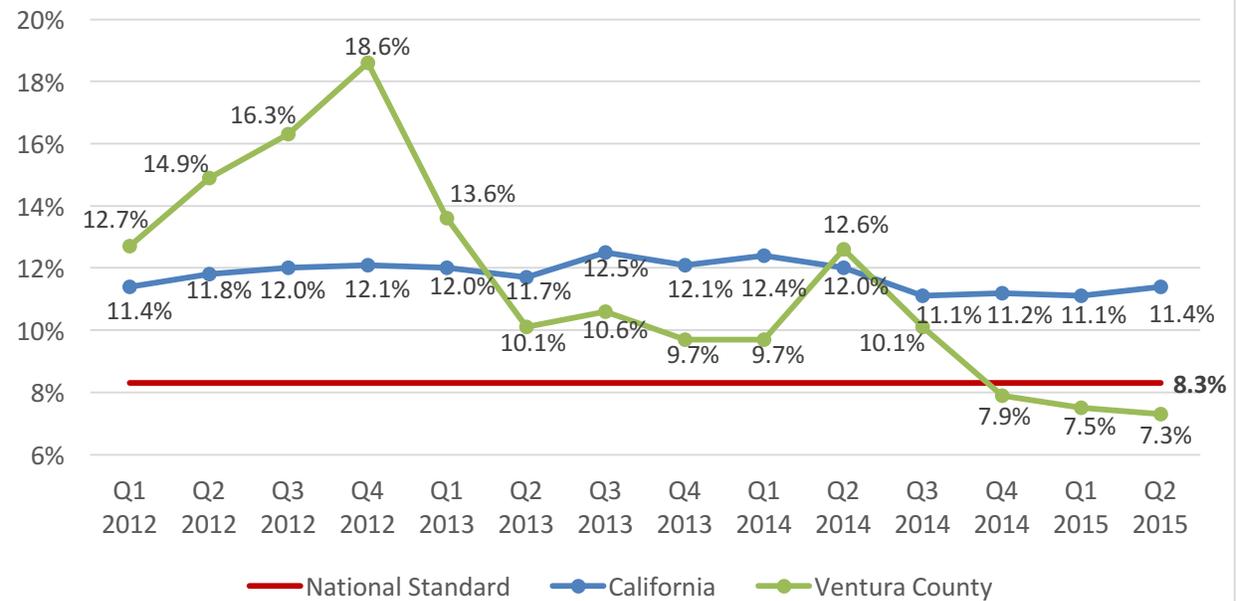
Focus on Re-Entries to Foster Care

Although Measure 3-P4 (Re-entries to foster care within 12 months) is not one of the identified SIP measures for Ventura County, it is important to recognize the delicate balance between reunification and re-entry, so the data is regularly tracked and discussed as one of a series of monthly measures. While Ventura County performed below both state performance and the National Standard at the onset of the SIP cycle in 2012 (reaching a high of 18.6% in Q4 2012), performance during the three most recent quarters (Q4 2014 through Q2 2015) demonstrates a marked improvement and continuing downward trend with performance that exceeds the California average and the National Standard. Reasons for this improvement may include the use of Wraparound services as well as the reintroduction of Team Decision Making meetings (TDMs) and increased use of other Family Team Meeting models beginning in Q4 2014. For the past several years Latinos have experienced lower re-entry rates than the overall Ventura County average. With the exception of one data period at the onset of the current SIP cycle, Latinos significantly outperformed Caucasians on the re-entry measure. Supervisors in the field have indicated that the availability of bilingual staff and cultural sensitivity training have contributed to strong engagement between social workers and Latino families and that this may impact re-entry outcomes.

Re-Entry Among Latinos and Caucasians in Ventura County



3-P4: Re-entry to Foster Care in 12 Months



CHILD WELFARE PRIORITY OUTCOME MEASURE 3-P5: PLACEMENT STABILITY

National Standard: 4.12 placement moves per 1,000 days

CSA Baseline Performance: Q1 2012: 5.09 placement moves per 1,000 days (80.9% performance relative to National Standard)

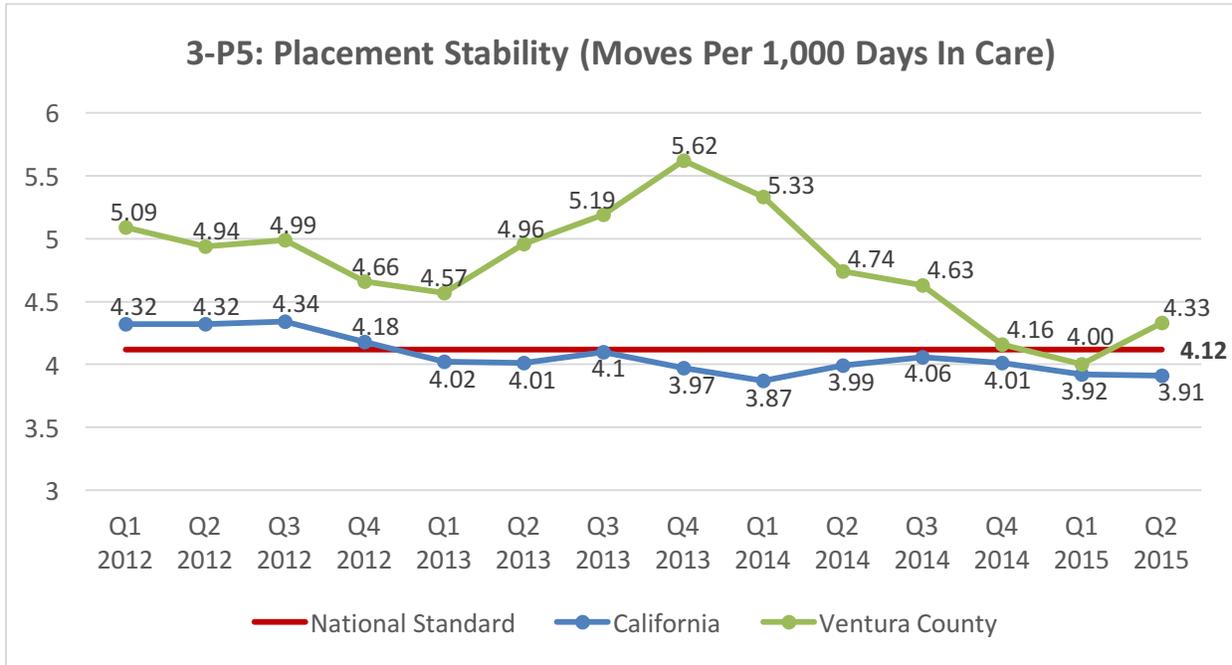
Performance for children 0-5: 5.56 placement moves; Performance for Latino/a children: 5.36 placement moves

Target Improvement Goal: Meet National Standard

Current Performance: Q2 2015: 4.33 placement moves per 1,000 days (95.1% performance relative to National Standard)

Performance for children 0-5: 4.49 placement moves; Performance for Latino/a children: 4.17 placement moves

DATA ANALYSIS FOR MEASURE 3-P5: PLACEMENT STABILITY

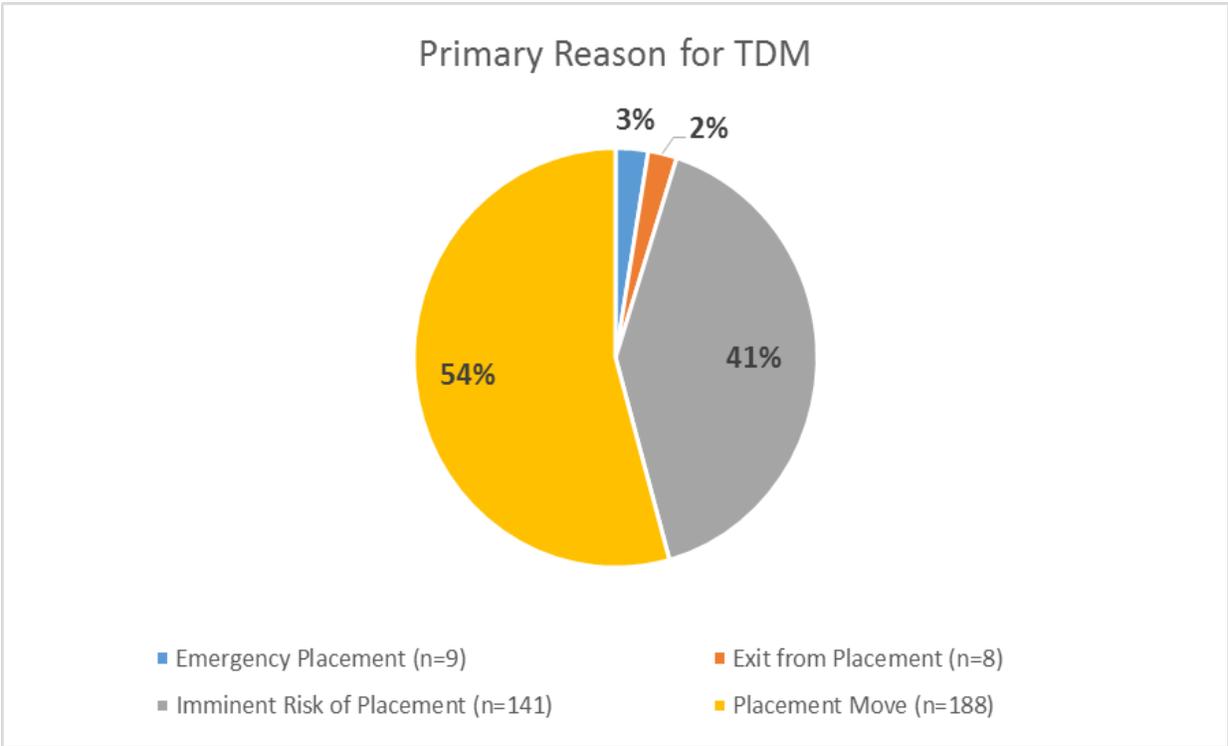


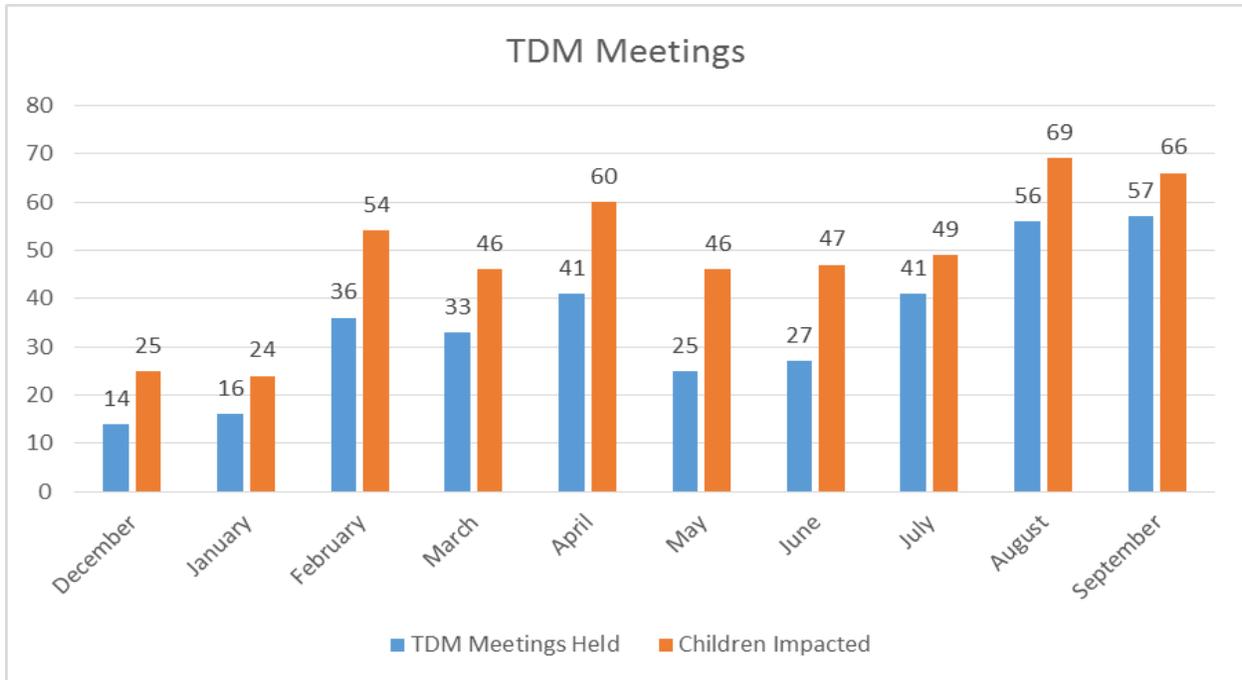
Ventura County’s performance under the new CFSR 3 placement stability measure demonstrates significant improvement since the onset of the SIP cycle as measured by Q1 2012 data. Placement stability (measured by the number of placement moves per 1,000 days in care) improved by 15% from beginning of the SIP cycle to Q2 2015. While there was a slight decrease in performance between Q1 2015 and Q2 2015, Ventura County’s performance has improved by 23% from the high of 5.62 in Q4 2013 and has remained below 4.5 for the past three quarters. Latino/a children in particular have shown a marked improvement in placement stability during the SIP cycle. In Q1 2012, performance on this measure was 5.36 placement moves per 1,000 days for Latino/a children compared to 4.17 placement moves per 1,000 days in Q2 2015—a 22% improvement. Similarly, children 0-5 experienced a 19% improvement in placement stability during this same period; however, their placement moves (4.49 per 1,000 days) remain higher than the county’s average (4.33 placement moves per 1,000 days). Placement changes due to placement with a relative have increased from 14.7% of placement change reasons in November 2014 to 19.2% of placement change reasons in November 2015, an increase of nearly 31% in one year.¹⁰ This highlights the county’s focus on ensuring that

¹⁰ SafeMeasures extract date 12/22/2015.

children are cared for in a familiar, nurturing, and safe environment that maintains family connections.

The reintroduction of TDMs as a strategy in Q4 2014 is also demonstrating promising results. A recent review of the TDM meeting data for the period December 2014 through September 2015 indicates that 85% (174/204 children) of the children receiving Imminent Risk TDMs during this period were able to remain safely in the care of their parents/caregivers rather than being removed and placed in foster care. Overall there were 486 children impacted by 346 TDM meetings during the first ten months of implementation. Placement moves was the primary reason for 54% (n=188) of the TDMs and imminent risk of placement accounted for 41% (n=141) of the TDMs. Among children receiving Placement Move TDMs, 86.5% (n=224/259) either maintained their current placement (n=146) or were moved to a less restrictive placement (n=78).





CHILD WELFARE SYSTEMIC FACTOR: IDENTIFY, UTILIZE AND CREATE TECHNOLOGY OPTIONS THAT SUPPORT STAFF AND BUSINESS PROCESSES TO MANAGE INCREASED CASELOAD AND WORKLOAD GROWTH

California Average:

CDSS Measure 2B: Compliance Standard=90%

Q1 2012 Immediate Response: 98%; 10-day: 93.9%

Q2 2015 Immediate Response: 96.6%; 10-day: 92.1%

CDSS Measure 2D:

Q1 2012 Immediate Response: 89.7%; 10-day: 64.0%

Q2 2015 Immediate Response: 89.2%; 10-day: 67.0%

CSA Baseline Performance: As identified in the 2012 County Self-Assessment (CSA), Ventura County has experienced caseload growth that has adversely impacted the county's ability to sustain progress and achieve goals for outcome performance. Incorporating technology solutions into current business processes will maximize staff time, reduce data entry, and support quality case management.

CDSS Measure 2B (Ventura County)

Q1 2012 Immediate Response: 98.1%; 10-day: 94.1%

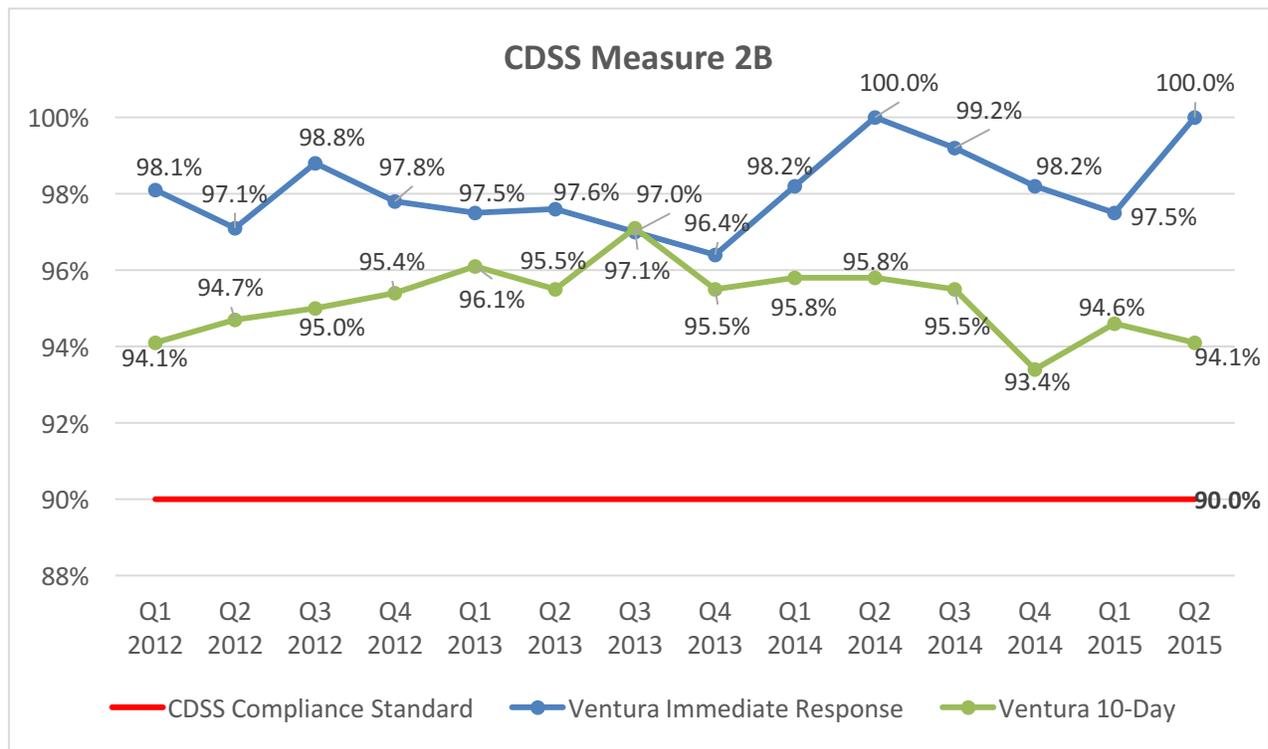
Q2 2015 Immediate Response: 100%; 10-day: 94.1%

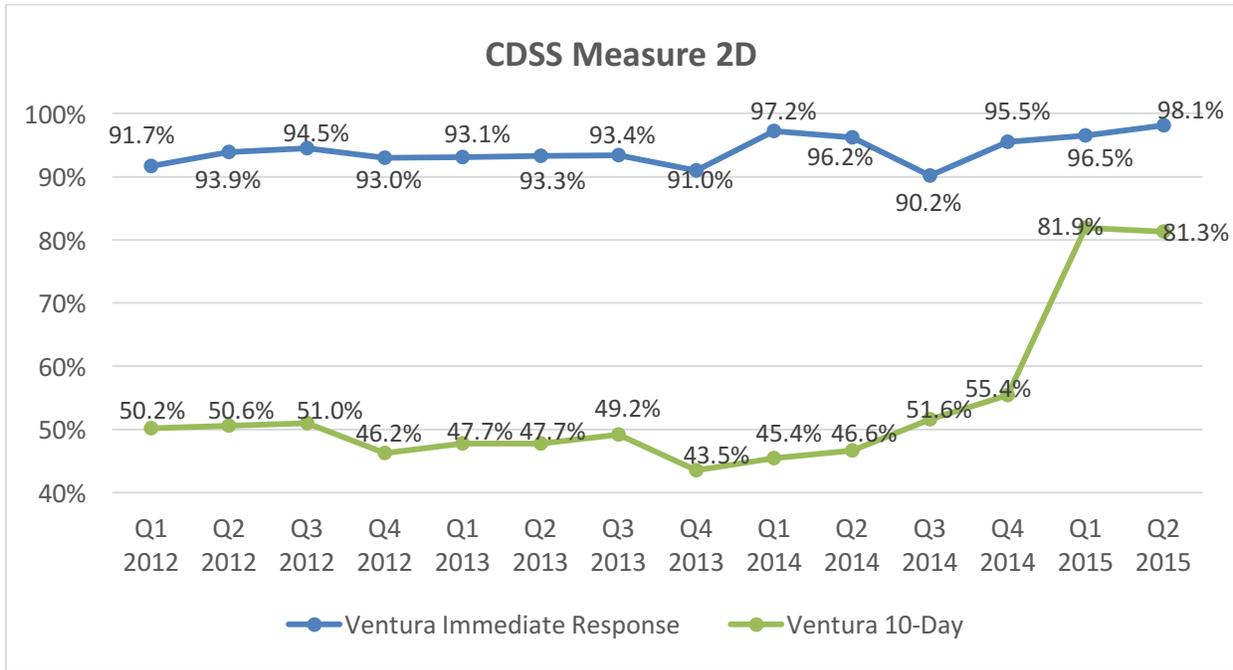
CDSS Measure 2D (Ventura County)

Q1 2012 Immediate Response: 91.7%; 10-day: 50.2%

Q2 2015 Immediate Response: 98.1%; 10-day: 81.3%

Target Improvement Goal: The County of Ventura will improve data entry timeliness for Immediate Response and 10-day referral investigation compliance performance measures (2B-1 & 2B-2 as well as 2D-1 & 2D-2).





DATA ANALYSIS

While there continues to be room for improvement with regard to timely and accurate data entry, Ventura County’s performance on both CDSS Measures 2B and 2D exceeds both the CDSS compliance standard and the state’s performance. This is a reflection of the ongoing monitoring of progress on these measures, along with efforts to keep caseloads manageable through continued recruitment of master’s level social workers and flexibility in staff work schedules. A recent review of SafeMeasures time to investigation data for calendar year 2015 indicates that nearly 98% of referrals received are investigated and reach disposition within 30 days of opening.

The Emergency Response program implemented 4-10 work schedules which allows social workers more time to enter data prior to the completion of a work shift. In addition, office-based case aide positions provide CWS/CMS research support to investigative social workers. The Court Unit program further fosters efforts to engage families in the ongoing case planning process and begin service utilization earlier and in a more streamlined manner. Each of these programs is improved by the use of mobile technology in the form of iPads that allow social workers to connect to CWS/CMS, SafeMeasures, and SDM tools remotely. Electronic signature software is also utilized to expedite the service delivery referral process. Children & Family Services works closely with the HSA Business Technology Division to continuously

identify and explore implementation of software applications that support expedited and enhanced delivery of social worker services to allow increased opportunities to focus on the goals of the Core Practice Model, including increased engagement of families in the case planning process.

PROBATION OUTCOME MEASURE 3-P5: PLACEMENT STABILITY

Probation focused on placement stability for the 2012-2017 SIP cycle because the decreasing performance trend for youth in care 12 months or longer reflected the need to focus on current practices for serving youth who have been in care for extended periods.

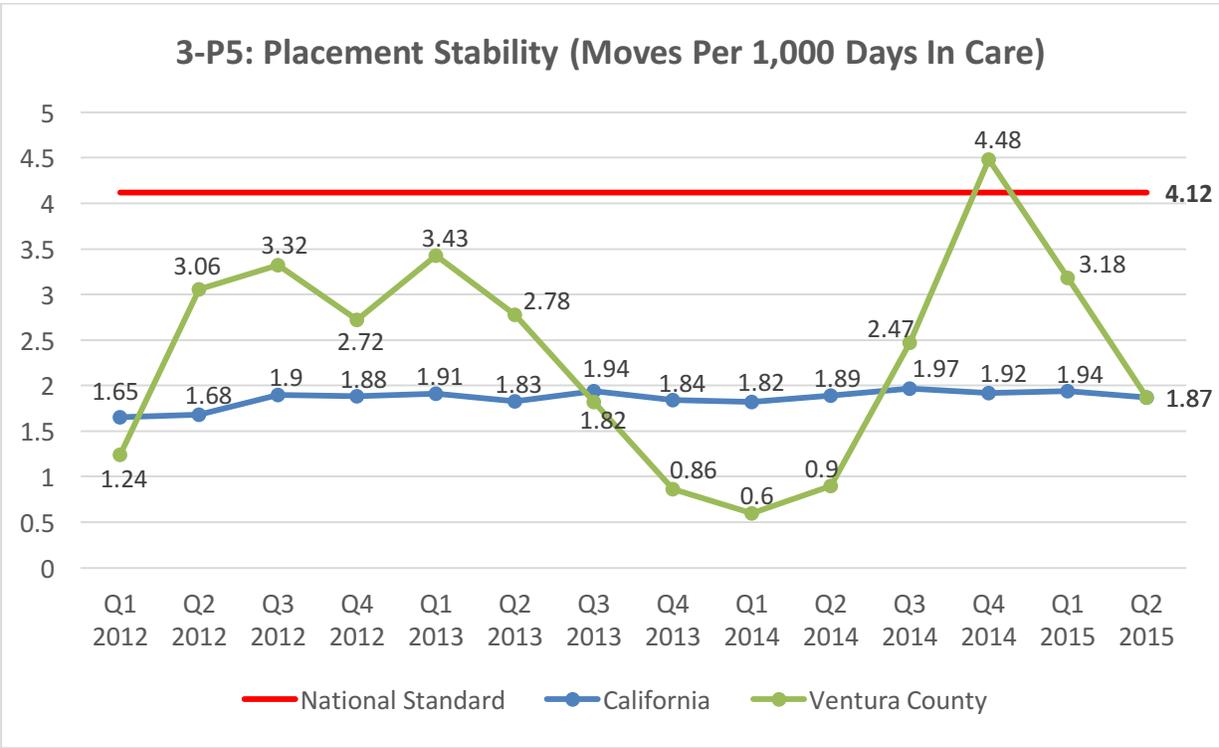
Recent outcome measures reflected in Q2 for 2015 (rate of placement moves for 8 days or more in care), indicate an improvement in placement stability for VCPA foster youth (1.87). We are now equal to the statewide performance (1.86), and had fewer placement moves than the National Standard (4.12). It is further noted that the placement moves that occurred for VCPA youth affected only the 16-17 year olds, which is significant in that it suggests the placements for the younger youth have been well-matched.

Historically, VCPA foster youth were placed in group homes as an alternative sanction when other community and institutional programs failed to adjust delinquent behavior. Consequently, the numbers of probationers in group homes in county, out-of-county and out-of-state increased dramatically. VCPA sought to decrease these numbers by narrowing their focus towards probationers who were solely abused, abandoned, or neglected. This created an all-time low of 9 probation-supervised youth in group homes in January 2012. In addition to decreasing the numbers, probationers were no longer being placed out-of-state, and more were being placed locally in Ventura County instead of out-of-county.

In the last two years, the placement unit has experienced an increase in probationers ordered into suitable placement. Many of the youth have severe substance abuse and mental health issues. Some have experienced trauma and have been sexually exploited. These serious issues have presented great challenges to the placement unit and its officers. Not only are the officers faced with the recently changed mandate of seeing the youth face-to-face monthly at a 95% rate (as opposed to the previous 92.3% rate), they must now deal with the increase in service needs for their clients. Additionally, the Extended Foster Care youth on the officers'

caseloads have their own needs to meet eligibility requirements and the added work of preparing Transition Jurisdiction reports for those who move to dependency court. Despite these recent changes and challenges, the VCPA placement unit has managed to provide overall stability to their clients as reflected in the recent performance measure (3-P5). It is also notable that Q2 2015 reflected no reports of maltreatment of VCPA foster youth in placement (3-S1) and VCPA had no youth re-enter foster care within 12 months, as compared to the National rate of 8.3% (3-P4).

DATA ANALYSIS



The SIP target for Measure 3-P5 is to increase the percent of children with two or fewer placements in foster care for at least 12 months, but less than 24 months, and to increase the percent of children with two or fewer placements in foster care for 24 months or longer.

Recent Performance: The overall rate of placement moves for Ventura County Probation Agency (VCPA) foster youth is 1.87 per 1000 days compared to the National Standard rate of 4.12, and the California rate of 1.86. The overall baseline performance for VCPA in 2012 was 1.24. Until recently (Q2 2015) placement stability rates were previously measured

separately (8 days to 12 months; 12 months to 23 months; and 24 months or more). The focus for VCPA in 2012 was placement stability affecting those in care for 12 months to 23 months, and 24 months or more. The placement stability rate now measures all youth in care for 8 days or more in care. The moves for VCPA foster youth only affected those ages 16-17 (4). There were no placement moves for those ages 11-15, which is ideal for stability in this age group. This is notable as the denominators for VCPA youth are small, which could cause a greater fluctuation in the data. Better matches for placement and increased relative placements may have contributed to the highly satisfactory rate of stability reflected in this performance measure.

III. Status of Child Welfare Strategies

Strategy 1: Increase placement options for foster children (increase the number of foster family and relative homes).

Analysis

The FY 14-15 newly licensed and certified foster homes rose to 97 from 93 the year prior. Significant growth is expected for FY 15-16, due to increased outreach and education efforts as well as the branding of “Foster VC Kids” as a process through which a paradigm shift has been implemented with the goal of developing strong partnerships between resource families and biological families to model and coach protective behaviors that lead to stability and reduced re-entry for foster children. An estimated 126 newly licensed and certified foster homes are expected to be in place by June 30, 2016. One notable change during the past year was the elimination of congregate care placements for children 0-5 years old. Additional foster families were identified to provide care in a family home setting for these very young children on an emergency basis.

A. Complete Recruitment Work Plan Activities

Action Steps Achieved:

A1 Streamline the licensing process by reducing hours for licensure (Year 1).

Update: Ventura County is now a Quality Parenting Initiative (QPI) county. As such, it was determined that pre-service training hours for licensure should increase from 21 to 24 rather than decrease as initially planned. The additional hours have allowed the county to provide higher quality, trauma-informed pre-service training. This fits with the trends among other QPI counties. To streamline the licensing process, Recruitment, Development and Support (RDS) Community Service Coordinators (CSCs) now provide one-on-one application support (English and Spanish) to assist with completion of the licensing application and expedite processing.

A2 Conduct targeted training and recruitment for each placement to support QPI efforts (Year 1).

Update: In 2014, RDS launched a monthly Spanish Caregiver Networking group to expand annual training and support opportunities to Spanish speaking caregivers and engage caregivers in Spanish recruitment activities. In early 2015, the Foster VC Kids Homes with Heart Campaign was launched to target higher quality caregivers willing to support CFS reunification efforts. This includes the creation of additional recruitment videos and media messages (radio and print media). Also in 2015, CFS modified the Peer Partner Educator contract with Kids and Families Together to increase and track Quality Parenting training and support provided to new caregivers within their first two years. CFS has identified gaps in quality training and recruitment activities provided by the County's Foster and Kinship Care Education (FKCE) program to prospective and current foster and relative caregivers. CFS is working with the Ventura County Community College District (VCCCD) to make improvements in service provisions for caregivers. In July, 2015, the county launched the new 21st Century Foster Parenting Pre-Service Training to train and recruit a higher level of trauma-informed caregivers. In October 2015, in accordance with Continuum of Care Reform efforts, CFS began targeted recruitment and expanded numbers of Emergency Shelter Foster Homes to provide home-based emergency shelter care in lieu of emergency group home care for children 0-5 years of age.

A4 Develop online Informational Session video (Year 1).

Update: An online Informational Session video was completed and launched in 2013-2014. CFS will soon launch a new, shorter English and Spanish online information video that

reflects our commitment to QPI priorities and trauma informed care and streamline the application process.

A5 Analyze recruitment efforts by monitoring net gain in licensed foster homes (Year 3).

In late 2015, Ventura County launched the RDS Efforts to Outcomes (ETO) database (administered by UC Berkeley) to track all inquiries and progress from initial prospective foster parent contact through licensure. The RDS unit will provide a quarterly recruitment report utilizing ETO data, in addition to its current report which includes CFS and Foster Family Agency newly licensed home updates. CFS further tracks all traffic to the Foster VC Kids website and social media sites.

Action Steps in Progress:

A3 Implement best match guidelines (Year 3).

In 2014, RDS implemented the Casey Family Applicant Inventory (CFAI) caregiver survey to identify family interests, strengths, and gaps to support “best match” placements. Survey results are shared with the Placement unit to support best match placement decisions. CFS tracks sibling placements, school moves and caregiver distance to their city of origin. Keeping siblings together, in their school and community of origin, are priorities in our placement unit and identified goals reflected in the previously discussed values statements.

The Foster Home Licensing Program, RDS and Placement Units meet monthly to discuss the strengths, challenges and placement options for the foster family homes. This meeting fosters communication, collaboration and teamwork within the three units to ensure the best matches possible are made for the foster children within the county’s care. Additionally, the Casa Pacifica Coordinated Assessment and Response Team (CART) contract now includes the Inter-Agency Placement Collaborative as a mutual responsibility between CFS and Casa Pacifica Shelter Facility. The Placement Unit and CART Coordinator/Clinician collaborate in identifying the children who have been placed at Casa Pacifica for an extended period of time and who have not had a placement match into a foster home. Placement staffings are conducted for these children (with confidentiality maintained) at a quarterly meeting attended by local foster family agencies with the goal of securing a placement match. A monthly email with the placement matching information for the foster child is shared with Foster Family Agencies (FFAs) in between the quarterly meetings to facilitate timely placement matching.

A6 Identify promising practices and further areas for development (Year 4).

The Inter-Agency Placement Collaborative brings together Ventura County foster family agencies, Casa Pacifica Shelter and CFS in a unique way to assist in securing the best placements for difficult to place foster children (as described above).

A7 Monitor, evaluate, and modify recruitment activities. Continue to analyze gain in licensed foster homes (Year 5).

B. Develop Relative Approval Placement Efforts

Action Steps Achieved:

B1 Formalize the structure for Relative Approval training and identify additional training topics as needed (Year 2).

Update: Additional social workers have been assigned to the Relative Approval and Licensing Units and cross-training of the staff in both programs has continued. The increase in the social worker staff is also in anticipation of Ventura County launching Resource Family Approval as a round II cohort in March 2016. The majority of the supervisorial and social work staff are Basic Academy trained and/or Advanced Academy trained. Additionally, the Licensing Supervisor has developed and implemented mini training modules for the cross-trained staff to ensure they receive the basic training prior to academy completion.

B2 Align staffing with Relative Approval workload (Year 2).

Update: In June 2014, a second supervisor was assigned to Licensing and Relative Approval allowing the unit to be separated by program, thus allowing each individual supervisor the opportunity for closer oversight, supervision, workload monitoring and training of staff. Both units appear to be adequately staffed at present to address the workload. The department is now in the process of projecting the staffing needs for implementation of Resource Family Approval which will require an increase in staffing in various classifications such as social workers, supervisors, and clerical support.

B3 Cross-train the Relative Approval and Licensing staff (Year 2).

Update: Ventura County is a phase 2 pilot county for the Resource Family Approval (RFA) initiative. Cross-training and site visits to phase 1 counties continue to be ongoing

activities for CFS and Probation staff as Ventura County plans a March 1, 2016 launch of the RFA program.

B4 Maintain the Kinship Support Services Program (KSSP) (Year 1).

Update: Contracts are continuing to be maintained as they have been in prior years.

Action Steps in Progress:

B5 Monitor, evaluate, and modify relative approval activities (Years 3-5).

The implementation of Resource Family Approval will require CFS to begin approving relatives and non-relatives, which includes an adoption home study, utilizing one unified process; therefore, CFS will be maintaining existing relative and foster homes in 2016 with the plan of converting those home to RFA homes in the future (2017). As a result, relative approval activities will transition to Resource Family Approval activities.

C. Support and Training for Foster Parents and Relative Caregivers Using Strength-Based Protective Factors Approach

Action Steps Achieved:

C1 Combine Prevention & Early Intervention (PEI) programs with KSSP, explore strength-based training (Year 1).

C2 Explore alternative funding for childcare and emergency housing programs for relatives, using Approved Relative Caregiver Funding Option (Year 2/3).

Update: The Approved Relative Caregiver (ARC) program was implemented April 1, 2015. The program allows caregivers the ability to receive the Foster Care Basic rate through the CalWORKs program.

C3 Work with VCBH (Ventura County Behavioral Health) to prioritize access for caregivers for Triple P Positive Parenting Program (Year 4).

Despite best efforts, VCBH was unable to prioritize access for caregivers to obtain the Triple P training. This action step was closed as unsuccessful in December 2015.

C4 Provide specialized training to peer educators and trainers to provide enhanced support to caregivers. Implement new referral process from peer educators to CFS (Year 2/3).

Specialized training in QPI (Quality Parenting Initiative) and trauma-informed practice has been offered on an ongoing basis. A referral process and tracking mechanism were implemented in Year 2 and preliminary data analysis will begin in Year 4.

C5 Revise current pre-service training to include trauma-informed practice, school of origin and reunification/visitation with biological parents (Year 2/3).

In July, 2015, the county launched the new 21st Century Foster Parenting Pre-Service Training to train and recruit a higher level of trauma-informed caregivers.

Action Steps in Progress:

C6 Monitor, evaluate, and modify training activities (Year 5).

D. Support and Training for Specialized Populations of Foster Parents

Action Steps Achieved:

D1 Develop Intensive Treatment Foster Care (ITFC) and integrate into the recruitment continuum (Year 1).

Update: ITFC continues to be available and offered for children/youth as a placement option prior to placing a child/youth into a group home. ITFC is also offered as a step-down placement from a group home placement. ITFC placement staffings occur twice monthly and the ITFC process and outcomes are reviewed and monitored quarterly.

Action Steps in Progress:

D2 Monitor, evaluate, and modify training activities (Year 4/5).

E. Structured Decision Making (SDM) Tools

Action Steps Achieved:

E1 Explore the integration of SDM into the Team Decision Making (TDM) process (Year 2/3).

Update: The TDM facilitators incorporate discussion of the Safety and/or Risk Factors/Assessments into the TDM meetings. The TDM supervisor has provided individual training to the TDM facilitators, including incorporation of Safety Organized Practice (SOP) language into the TDM meeting discussions. TDM facilitators have also participated in trauma-informed practice training and the TDM facilitator training offered through the UC Davis Extension program through the Center for Human Services.

Action Steps in Progress:

E2 Monitor, evaluate, and modify training activities (Year 4/5).

Method of evaluation and/or Monitoring

Currently data is collected in the Foster Parent Recruitment and Retention (FPRR) database developed by the Ventura County Business Technology Division, as well as the Efforts to Outcomes RDS database administered through UC Berkeley. During 2016, CFS will begin considering ways to measure implementation and impact of the various activities tied to the strategy, particularly with respect to the Resource Family Approval efforts.

Strategy 2: Reinstate Team Decision Making (TDM) for placement changes to promote placement stability.

Analysis

The TDM process was officially reinstated on December 1, 2014, following a Kaizen/Lean 6 Sigma Process Improvement event in early November 2014. As discussed in detail in the data analysis related to placement stability, initial review of the TDM data shows promising results.¹¹

A. Identify Staffing Resources/ Facilitators for Team Decision Making

Action Steps Achieved:

A1 Explore the opportunity to provide facilitator positions to CFS MSW interns (Year 2).

A2 Develop recruitment process and plan for TDM facilitators (Year 3; completed in Year 2).

A3 Implement CFS facilitator training plan and recruitment (Year 3; completed in Year 2).

Update: Two full-time social workers continue to serve as TDM facilitators. Additionally, 4 social workers and 1 supervisor volunteer to serve as back-up facilitators following participation in the week-long TDM Facilitator training provided by the Central Training Academy.

¹¹ TDM data analysis results are reported on page 21 of this report under the “Data Analysis for Measure 3-P5: Placement Stability” section.

There has been an increasing need for back-up facilitators as TDMs and other Family Team meeting models are expanded across the agency.

A4 Reinstate the TDM process (Year 3; completed in Year 2).

Action Steps in Progress:

A5 Monitor, evaluate, and modify activities (Year 4/5).

B. Provide Standardized Training for TDM Facilitators

Action Steps Achieved:

B1 Incorporate family strengthening protective factors into TDM meetings (Year 3; completed in Year 2).

Update: TDM meetings officially resumed countywide in December 2014, however a few meetings occurred in October and November 2014 in the East County office. Facilitators were trained in the Five Protective Factors prior to TDM meetings occurring and have continued to utilize a strengths-based approach to facilitating the meetings.

Action Steps in Progress:

B2 Coordinate training to maintain at least three regional TDM facilitators concurrently (Year 4).

B3 Monitor, evaluate, and modify training activities (Year 4/5).

Method of evaluation and/or Monitoring

The one-year review of reinstatement of TDMs is in progress. In addition, the Safety Organized Practice (SOP) Implementation Team recently visited San Bernardino and San Diego counties to learn how they implemented SOP and utilized TDMs within the SOP framework. These valuable and informative site visits will assist CFS in determining the next phase of TDM re-implementation in Ventura County.

Strategy 3: Increase Services and Supports for Foster Youth.

Analysis

A number of activities have occurred throughout the year that have focused on increasing services and supports to foster youth. Data analysis about the population has provided guidance for targeting sub-populations for intervention. Specialized training

opportunities such as the Commercial Sexual Exploitation of Children (CSEC) have resulted in increased awareness about additional risks for foster youth and gaps in services that need to be addressed. CFS has collaborated across agencies to increase services and supports to foster youth.

A. Maximize foster youth referrals to the Wraparound program

Action Steps Achieved:

A1 Conduct mapping to identify the key triggers, engagement points, and gaps in the Wraparound referral process (Year 2).

A2 Assess progress and implementation of the Family Development Matrix (FDM) and core indicators (Year 3).

CFS explored the data collected through the FDM database and engaged stakeholder service providers in discussions about whether establishing a contract in order to continue use of the database was appropriate following discontinuation of funding by the Office of Child Abuse Prevention (OCAP). Stakeholders indicated limited use and understanding of the database and limited technical support. The data extraction did not provide the insight into service delivery that was anticipated, so use of the database was discontinued. CFS has been exploring alternative data collection and analysis tools to link service provider data with CWS/CMS outcomes data.

A3 Standardize the Wraparound referral process and review policy and procedure (Year 4; completed Year 2).

Update: Policies related to the Wraparound referral process were revised following a policy review. No additional policy revisions are needed at this time. New marketing tools were developed to emphasize the positive outcomes resulting from utilization of the Wraparound program. These tools were provided to social worker supervisors for dissemination across the agency. Monthly tracking of Wraparound program enrollment occurs on an ongoing basis.

Action Steps in Progress:

A4 Monitor, evaluate, and modify activities (Year 5).

B. Provide Independent Living Program (ILP) classes that demonstrate the youth's preparation for their transition out of foster care and into adulthood

Action Steps Achieved: None

Action Steps in Progress:

B1 Evaluate the Transition Readiness Index Tool for effectiveness and application in practice.

This action step has been on hold due to competing priorities. Evaluation of the Transition Readiness Tool (TRT) commenced in December 2014. Additional research is being conducted regarding the Treatment Outcome Package (TOP). Preliminary discussions are underway to determine whether TRT and/or TOP are appropriate tools to supplement and/or replace existing tools. Currently staff utilize the Ansell Casey Life Skills Assessment Tool when youth turn 15.5 years old and will be transitioning to YSD (Youth Services Division). Each youth completes an assessment with their assigned social worker or with the community service coordinator. In addition, the SILP Readiness Assessment Tool is used when youth are ready to transition into an independent living situation. This is used by the social worker to assess the youth's independent life skills ability and is part of the approval process for a SILP placement. The completion deadline for this action step has been adjusted to June 2016.

B2 Monitor, evaluate, and modify activities (Year 5).

This action step timeline has been modified to occur between December 2016 and November 2017 to allow for completion of action step B1.

C. Provide services and supports targeted to non-minor dependents (NMDs)

Action Steps Achieved:

C1 Identify specific supports/needs for this population and develop a work plan to address service delivery (Year 1).

Update: The ILP classes are currently being evaluated for gaps and potential improvement/changes to the curriculum. In addition, a second class for 18-21-year-olds is being considered to provide needed support and education for the NMD population. Pregnant and parenting resources/supports/housing have been identified as essential due to the increased number of youth that are parenting. A modified work plan has not yet been developed yet to

implement these additional services, however, the work completed to identify and map existing services within the county for the purpose of identify gaps in service continues to be reviewed and updated on an ongoing basis (Attachment 4).

Action Steps in Progress:

C2 Assess services against a framework for youth development skills using the Five Protective Factors model to identify support services needed (Year 4).

This action step has been underway since Year 2. In this past year the Youth Thrive model was researched and identified as the appropriate model for Ventura County. Plans for training on the model are in development and this action step completion date has been modified to December 2016.

C3 Monitor, evaluate, and monitor training activities (Year 5).

This action step timeline has been modified to occur between December 2016 and November 2017 to allow for completion of action step C2.

Method of evaluation and/or Monitoring

Evaluation and monitoring of progress for Strategy 3 is an identified activity to commence in December 2016 (B2 & C3).

Strategy 4: Engage in early and collaborative concurrent planning with children and families.

Analysis

CFS has worked closely with Probation to collaborate on the implementation of the Resource Family Approval Process. Both agencies have jointly participated in implementation planning meetings throughout the state, including site visits and evaluation of round I implementation counties’ strengths and challenges.

A. Maintain the concurrent planning model to decrease the number of placement moves while in foster care

Action Steps Completed:

A1 Conduct data review to determine concurrent planning best practices (Year 3).

The Permanency unit completed a review of data during Years 2 and 3. Weekly concurrent planning staffings have occurred throughout Year 3 and will continue moving

forward. Data is currently collected using an Excel spreadsheet, but a systematic and semi-automated data collection process is being explored.

Action Steps in Progress:

A2 Revise policy and procedure as needed and implement (Year 4).

A3 Monitor, evaluate, and modify concurrent planning activities (Year 5).

B. Develop a Resource Family Approval process

Action Steps Completed: None

Action Steps in Progress:

B1 Plan, develop, and implement the Resource Family Approval process (Year 4).

Ventura County was selected as a cohort 2 early implementation county with an implementation date of March 1, 2016. Key internal and external stakeholders have been identified to serve as members of various Resource Family Approval committees (Attachment 5).

B2 Identify appropriate staffing resources (Year 4).

A preliminary staffing needs assessment and analysis was conducted during Year 3, Q4 (Attachment 6). Management and executives are considering the proposed staffing needs as the March 2016 implementation date for the Resource Family Approval program draws near.

B3 Monitor and evaluate performance (Year 4/5).

Method of evaluation and/or Monitoring

Monitoring and evaluation activities are targeted for years 4 and 5, beginning in early 2016, and will be reported on in the next SIP update report.

Strategy 5: Parental engagement that is upfront, consistent and continuous will contribute to timely reunification.

Analysis

One of the key efforts for this strategy involved the exploration of a pilot program that enhances teaming efforts to support early parental engagement. Court Unit Teaming is an innovative approach that emphasizes teaming between the Court Unit, Ongoing Child Welfare Social Worker and the family. In alignment with the Core Practice Model, teaming between

programs promotes early parent engagement in services, relative engagement, placement stability, visitation liberalization and shared case planning. Teaming supports our practice behaviors on how to serve families, as well as provides support to social workers, and promotes shared responsibility and decision making. This approach is in alignment with Safety Organized Practice (SOP) by emphasizing the importance of maintaining the parent child relationship. In addition, it focuses on the development of a case plan that caters to the individual and unique needs of the family being served.

A. Explore Court Investigation Unit structure to support early parent engagement

Action Steps Completed:

A1 Develop pilot project to assess capacity, resources, and business process strategies (Year 3).

The Court Unit implemented its first team pairing a Court Unit social worker with an Ongoing social worker on May 29, 2015. By October 2015, the pilot project was serving 5 families. The teaming model is flexible as the role of each CWSW is fluid and dependent on the needs of the family. Teaming between programs results in shared responsibility and understanding about a case and serves to streamline transitions between programs, thereby diminishing system barriers to service delivery. Families have been able to build rapport with an Ongoing social worker early on in their case which serves to strengthen the long-term relationship.

Action Steps in Progress:

A2 Create a work plan to reflect revised Court Investigation Unit structure. Revise policy and procedure as needed (Year 4).

A3 Monitor, evaluate, and modify activities (Year 5).

B. Pursue strategies to increase parent and child visitation

Action Steps Completed:

B1 Explore the opportunity for Behavioral Health to conduct therapeutic visits (Year 1).

B2 Explore the option for substitute care providers to provide visitation transportation (Year 2/3).

A revised child's strengths and needs document was developed that includes transportation expectations for the substitute care providers.

B3 Development of criteria for liberalization of visitation based on Structured Decision Making (SDM) (Year 2).

B4 Design a program to develop visitation centers in collaboration with Behavioral Health to include therapeutic services. Develop plans to address opportunities for improvement (Kempe Center model for therapeutic visitation) (Year 2).

Update: While this action step was explored with Behavioral Health, the implementation of a collaborative visitation center was not feasible. Nonetheless, CFS was successful in establishing a therapeutic visitation in collaboration with Kids and Families Together.

Action Steps in Progress:

B5 Create and implement a work plan to pilot the ABC Visitation Model (Year 3/4).

A work plan was developed in Year 3. CFS is currently collaborating with the University of Delaware to pilot the ABC Visitation Model in Year 4, Q4.

B6 Monitor, evaluate, and modify activities (Year 4/5).

C. Integrate Parents As Leaders (PAL) parent support into standard reunification practices

Action Steps Completed:

C1 Identify mentorship opportunities (Year 3).

CFS contracted with two mentors to serve as engagement specialists for families, with a particular focus on substance abuse and domestic violence concerns, as these issues account for a large proportion of the general neglect cases. However, the mentors provide referrals and information for a number of issues faced by families, including employment and housing.

C2 Develop structured engagement and referral processes (Year 3).

Both mentors have implemented a tracking system for their referrals. The mentors partner closely with CFS staff and regularly provide updates about the status of referrals.

Action Steps in Progress:

C3 Monitor, evaluate, and modify activities (Year 5).

Method of evaluation and/or Monitoring

At present, a periodic qualitative review of the Court Unit Teaming progress is occurring using a Safety Organized Practice framework for inquiry. A mixed method evaluation approach will be explored and developed during 2016.

Strategy 6: Identify Behavioral Health (BH) engagement points for youth and family services.

Analysis

CFS continues to work closely with Behavioral Health to identify gaps in service and implement service reform as needed, with particular focus on youth in group homes and children 0-5 years old.

A. Support a Behavioral Health integrated service model

Action Steps Completed:

A1 Conduct a Children and Family Services Department Value Stream Analysis to identify available services through Behavioral Health (Year 1).

A2 Develop integrated workgroups and implementation structure for the rollout of the Katie A./Pathways to Wellbeing initiative and the Core Practice Model (Year 1).

A3 Develop and implement work plans to address opportunities for improvement in obtaining mental health services for Katie A. class and sub-class eligible children (Year 2/3).

Several work groups and work plans have been in place since Year 1, continuing through Years 2-3. The work groups team Behavioral Health and CFS staff in the joint development of work plans to streamline access to mental services for all children and their families coming in contact with the child welfare system.

Action Steps in Progress:

A4 Identify outcomes and process measures to monitor program functioning (Year 4/5).

B. Prioritize access to resources

Action Steps Completed:

B1 Work with Behavioral Health to prioritize access for Children and Family Services Department families for Triple P parenting program at the trial home visit (Year 3).

As previously outlined in Strategy 1, action step C3, CFS was able to explore this possibility with Behavioral Health, but the agency is unable to offer this training. CFS is continuing to explore options to provide this training to families through other agency collaborations.

Action Steps in Progress:

B2 Identify necessary process changes, develop processes and procedures, and implement changes (Year 4/5).

B3 Monitor, evaluate, and modify activities (Year 5).

The start date for this action step has been modified to December 2016 to allow for completion of action step B2.

Method of evaluation and/or Monitoring

Monitoring and evaluation is expected to commence in December 2016.

Strategy 7: Identify technology options that streamline business process and increase access to resources.

Analysis

In addition to the utilization of iPad tablets in the field (as previously discussed in the child welfare systemic factor analysis section), this strategy focuses on increased utilization of HSNNet to streamline service matching and referral to services by leveraging 211 database resources. In addition, this strategy tracks progress on the development of the Foster Parent Recruitment and Retention (FPRR) database (referenced under strategy 1), as well as the exploration of electronic cross-reporting with law enforcement, the development of an electronic signing process for warrants and court reports, implementation of a centralized referral investigation assignment process, implementation of an electronic after-hours scheduling system, and development of an iPad application to access a foster home vacancy list.

A. Utilize technology (tablets and other mobility devices) to streamline data entry

Action Steps Completed:

A1 Issue tablets to case carrying staff, provide training and develop a utilization policy (Year 1).

A2 Review usage and identify areas for improvement (e.g. electronic signature capability, iPad dictation to CWS/CMS Contacts, non-use reporting) (Year 1).

Update: CFS meets regularly with Business Technology Team (BTD) members to review usage of the technology options, identify gaps and promising applications, and coordinate staff training to promote the increased use of technology to streamline service delivery.

Action Steps in Progress:

A3 Monitor, evaluate, and modify activities (Years 2-5).

The technology project needs have been projected based upon new staff and promotions. Laptops and portable printers have been provided to some programs, such as the TDM facilitators and supervisor. SafeMeasures reports pertaining to face-to-face contacts and SDM completion have been periodically reviewed to assess the impact of the technology project.

B. Utilize HSANet to streamline service matching and referral to services (Maximize 211 database resources)

Action Steps Completed:

B1 Identify necessary services (Year 3; completed in Year 2)

Information was updated on HSANet in Year 2. In addition, a resource guide was developed in November 2015 (Attachment 4) to assist social workers and community partners with matching clients with appropriate resources.

Action Steps in Progress:

B2 Engage community partners and match resources (Year 4/5).

LTG Associates was contracted to conduct a qualitative study that engaged community and internal stakeholders in assessing existing community resources and service gaps to support the strengthening and expansion of Ventura County's continuum of care for children and families. The complete report and corresponding schematic of proposed system considerations are included as Attachment 7 and 8. Additional engagement work with

community partners to build on the foundation established by the LTG Associates report will occur in Year 4.

B3 Monitor, evaluate, and modify activities (Year 5).

C. Design technology projects to streamline the business process

Action Steps Completed:

C1 Develop Foster Parent Recruitment and Retention (FPRR) database (Year 1).

Update: This action step was completed and the database implemented in Year 2.

Continuing refinement of the database occurred in Year 3, however, alternative data collection methods have also been explored in light of the Resource Family Approval initiative described previously.

C2 Explore electronic cross-reporting from law enforcement (Year 1/2).

C3 Develop electronic signing process for warrants and court reports (Year 2).

C4 Enhance Independent Living Program (ILP) database (Year 3).

With the assistance of the Business Technology Division, an intranet Excel database was developed to auto-populate state compliance reporting forms.

C5 Develop centralized assigning process via Kaizen process improvement event (Year 2).

C6 Implement electronic scheduling system for After-Hours scheduling (Year 2/3).

The electronic scheduling system that was implemented in Year 2 involved numerous staff steps to update, further complicating an already complex after-hours scheduling process. CFS is continuing to work with the Business Technology Division to identify and implement an alternative electronic scheduling system that better meets the agency's needs.

Action Steps in Progress:

C7 Develop tablet application to streamline the business process (e.g. an iPad application that allows staff to access the foster home vacancy list) (Year 5).

The development of this application is dependent upon the successful implementation of FPRR or an alternative foster parent recruitment database (Action Step C1). Given the changes occurring with the implementation of the Resource Family Approval process in Year 4, this action step has been postponed to Year 5.

C8 Monitor, evaluate, and modify activities (Year 5).

The timeline for this action step has been postponed to Year 5 for the reasons outlined in action step C7 above.

Method of evaluation and/or Monitoring

Monitoring and evaluation efforts are scheduled to commence in December 2016.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION OF A STRATEGY/ACTION STEP

While limited resources and staff capacity to implement strategies are an ongoing concern for any agency, no insurmountable obstacles or barriers currently exist for future implementation of a strategy/action step outlined in the Five-Year SIP Chart (Attachment 1). While staff turnover is a chronic concern in the child welfare field, Ventura County has made tremendous strides over the past two years with not only backfilling positions unfilled during the economic downturn but also adding a number of new positions in Operations and Administration.

PROMISING PRACTICES/ OTHER SUCCESSES

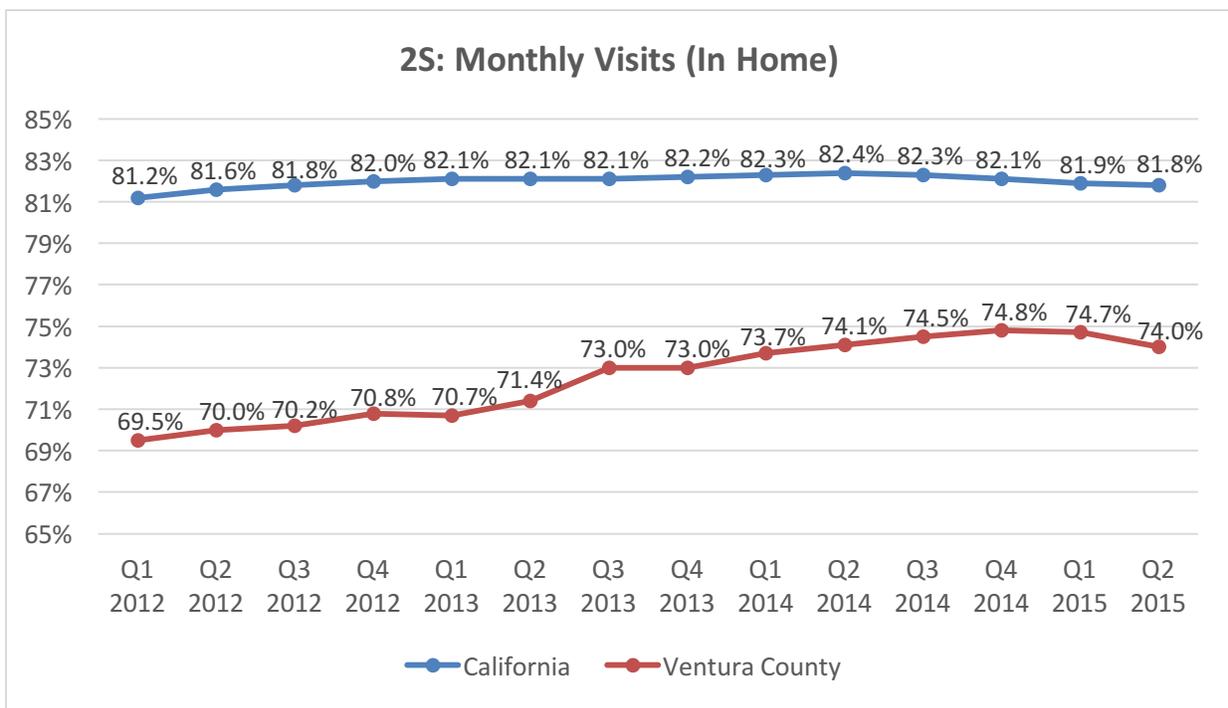
As previously discussed in this report, CFS has worked closely with community stakeholders, particularly members of the Citizens Review Panel, and the Casey Family Programs to articulate a set of guiding principles that provide a framework for thinking about not just the practice of child welfare (consistent with the Core Practice Model), but also a lens for analysis of the effectiveness of intervention efforts and their link to measurable outcomes for children and families in Ventura County. The beginning stages of implementing Safety Organized Practice (SOP) is one example of the synergy between the guiding principles and an evidence-based intervention. An additional promising practice includes the establishment of a CFS Analytics Team led by Human Services Agency Director Barry Zimmerman and comprised of CFS and Office of Strategy Management (OSM) senior management, CQI team members, OSM analysts, and representatives from the Department of Public Health. The group meets every two weeks to consider research questions arising from review of the child welfare data and to design further inquiries to guide the resource allocation decision-making process. The Citizens

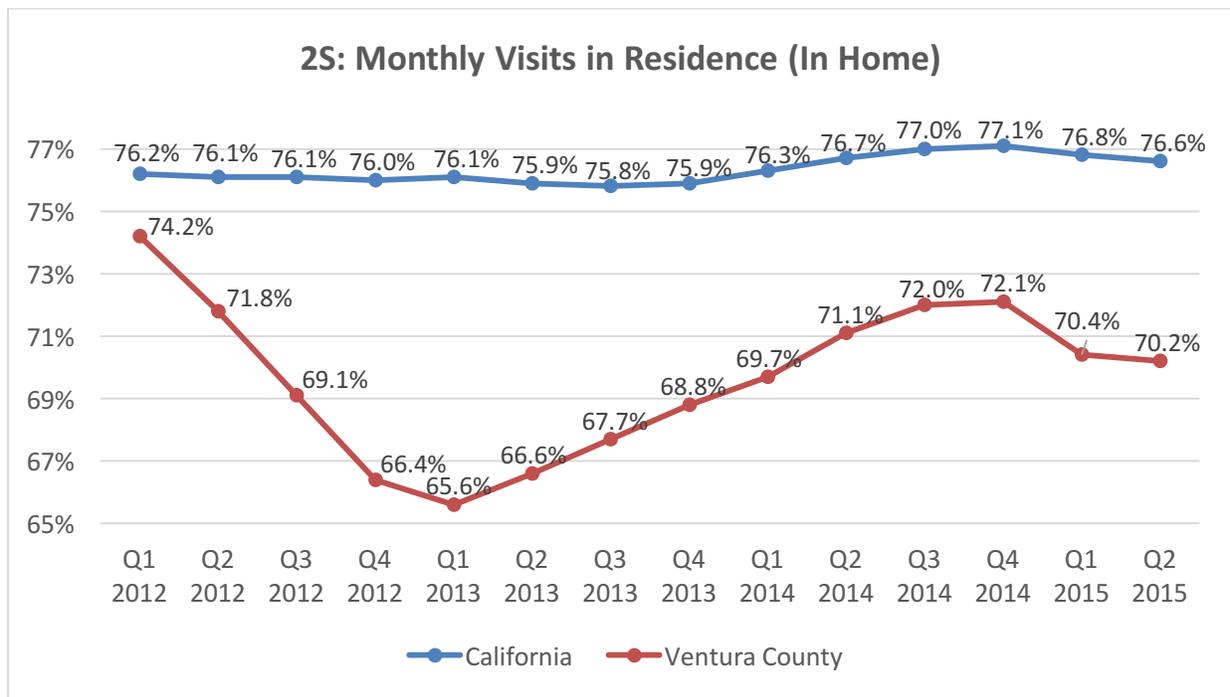
Review Panel also serves as a forum for the sharing of stakeholder agency prevention and intervention efforts as well as a collaborative data analysis

CHILD WELFARE OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Aside from placement stability, which is already a SIP focus measure, there are no additional AB 636 report outcome measures for which Ventura County is not meeting the National Standard (where applicable). However, Ventura County is performing below the state average for the following child welfare outcome measures in Q2 2015:

- 2S: Monthly Visits (In Home) & Monthly Visits in Residence (In Home)



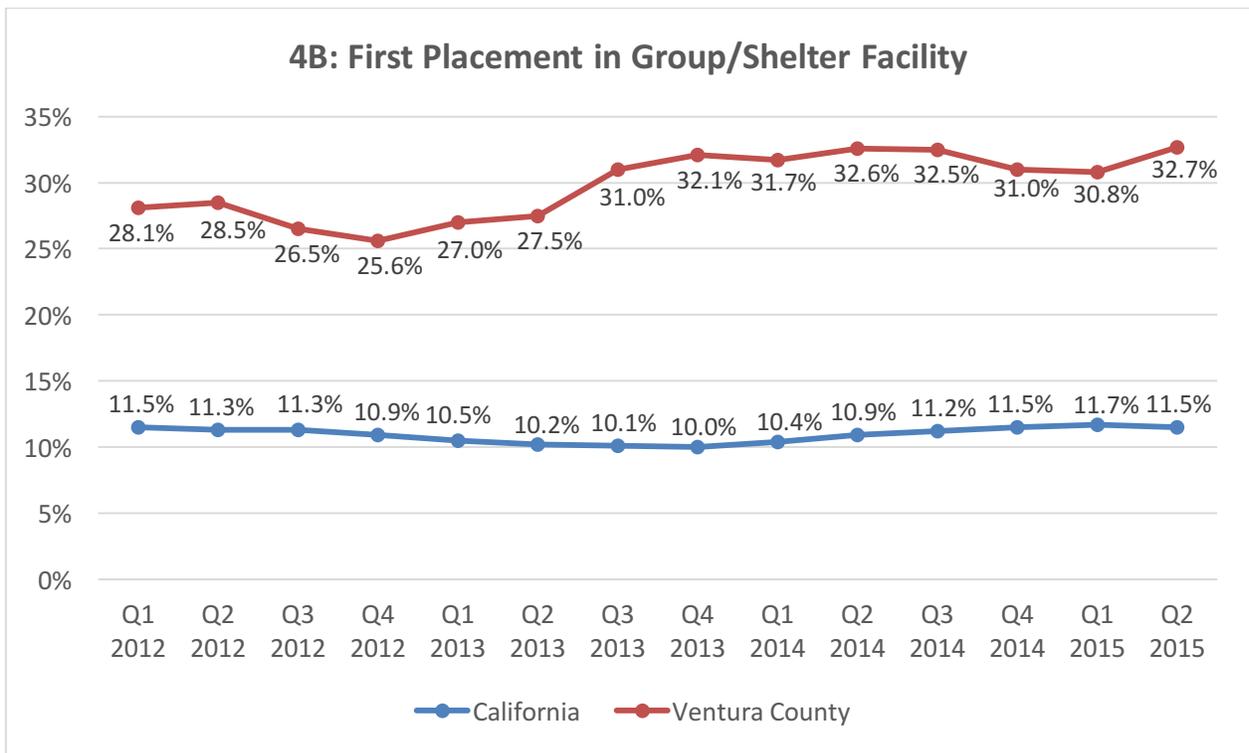
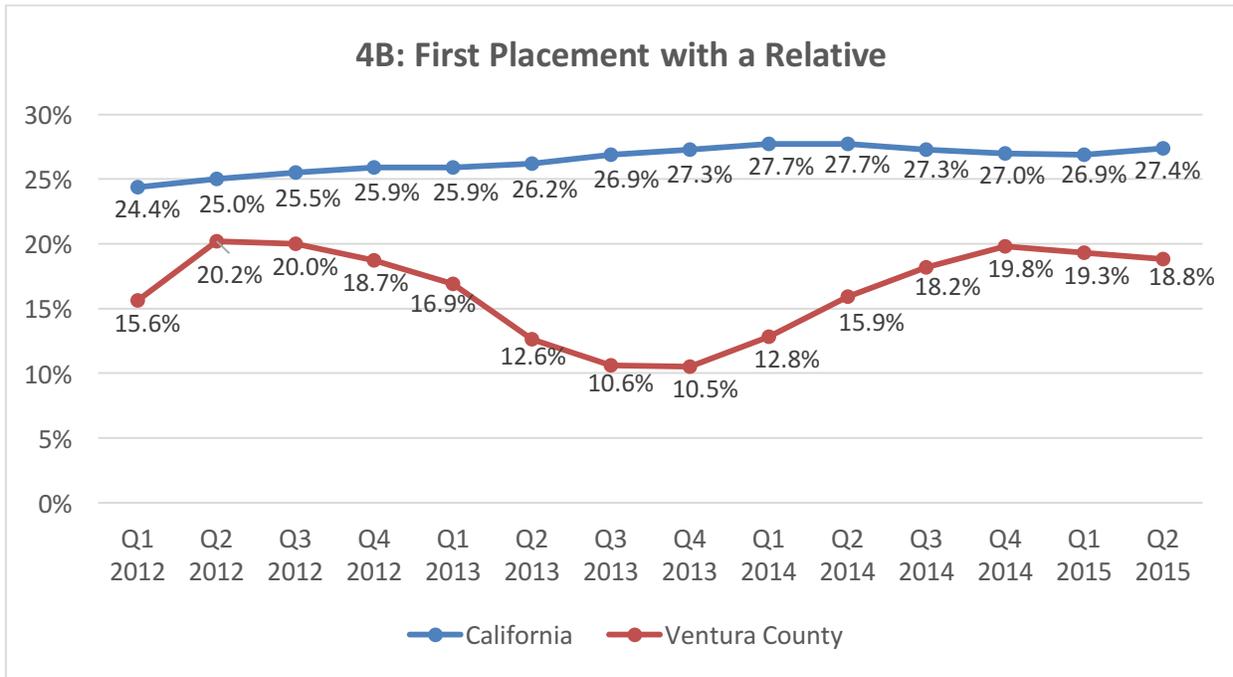


Staffing turnover is believed to have had a significant role in compliance efforts for the two Measure 2S outcomes. Turnover is not simply due to leaving the agency (a chronic issue for the child welfare field), but also due to staffing reassignments across operational regions resulting from promotions and operational needs arising from new hires and supervisory considerations. It is important to note the upward trend on both 2S measures which reflects increased staffing, lower caseloads, and management monitoring of progress. As stated previously, a number of new positions have been added to Operations over the past two years and the effects of the staffing increases are beginning to be reflected in the significantly improved performance across a number of outcome measures, including the 2S social worker visitation measures.

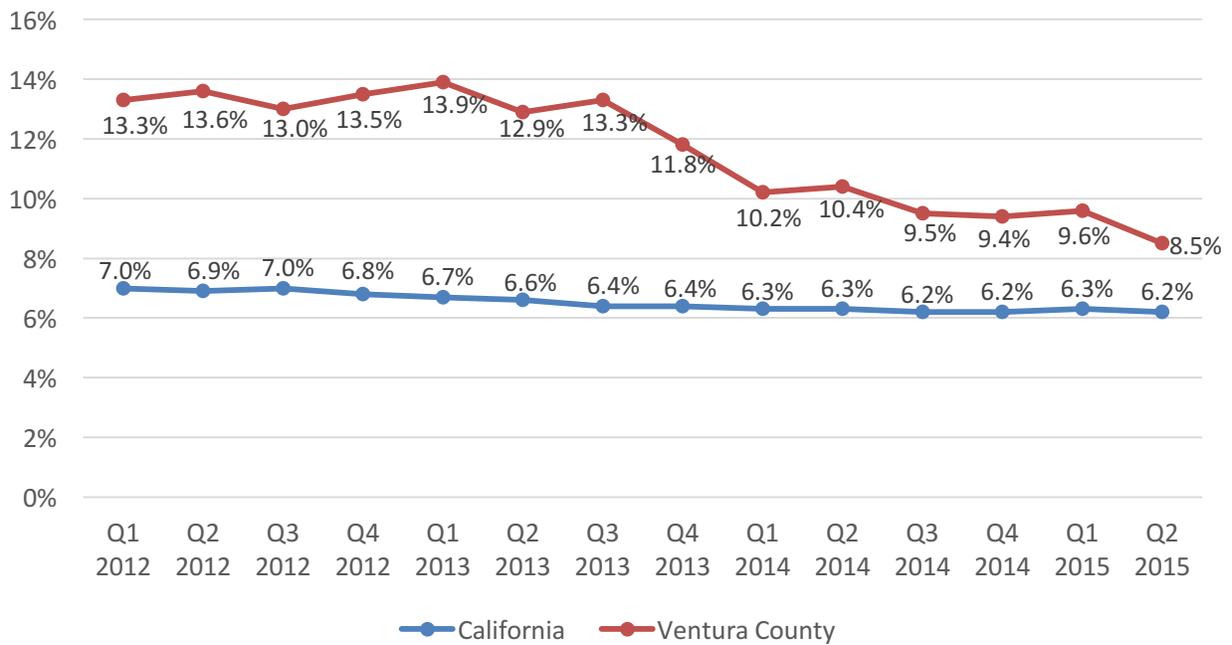
- 4B: Least Restrictive (Entries First Placement) & Least Restrictive (Point in Time Placement)

Ventura County is one of a limited number of counties in the state with an emergency shelter facility. The utilization of that facility is reflected in the initial placements monitored by Measure 4B. Further review of point in time placements under Measure 4B reflect a continuing downward trend in overall utilization of the Casa Pacifica shelter care facility. Since the onset of the SIP cycle as measured by Q1 2012 data, there has been a 36% decrease in point in time

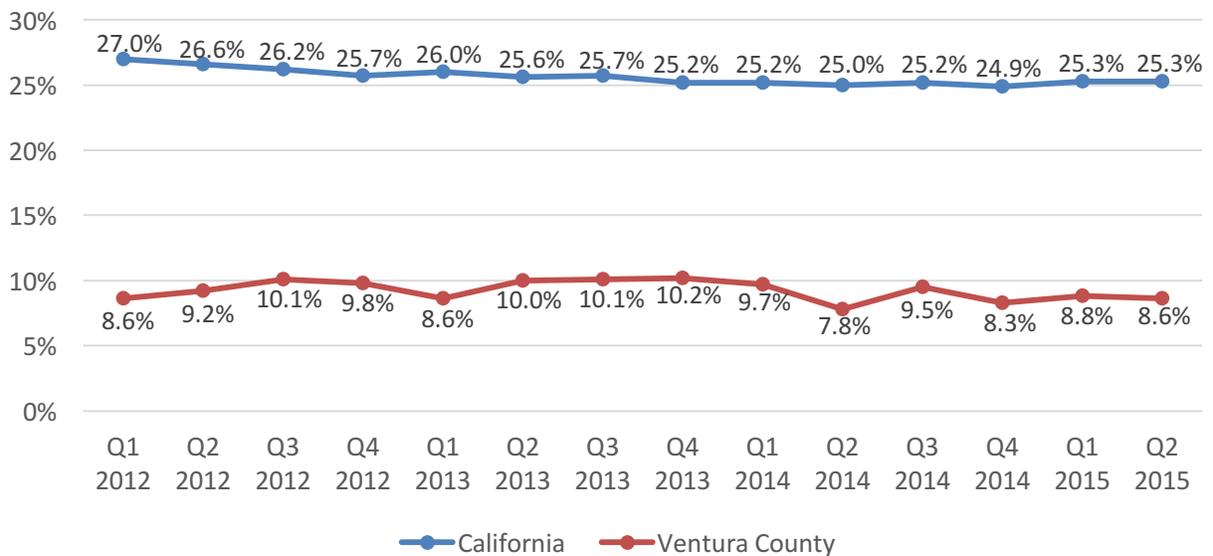
placements in group/shelter facilities. Additional efforts are underway to increase the number of relative placements, keeping in mind the balance between placement and permanency efforts discussed in detail for the Measure 3-P1 analysis “Keeping Kin Connected” section of this report.



4B: Point in Time Placement in Group/Shelter Facility



4B: Point in Time Placement in FFA Home



In addition, there are two measures related to service provision (IEPs and psychotropic medication) that do not have established target goals; however, Ventura County’s performance deviates significantly enough from the state average to warrant further review of the

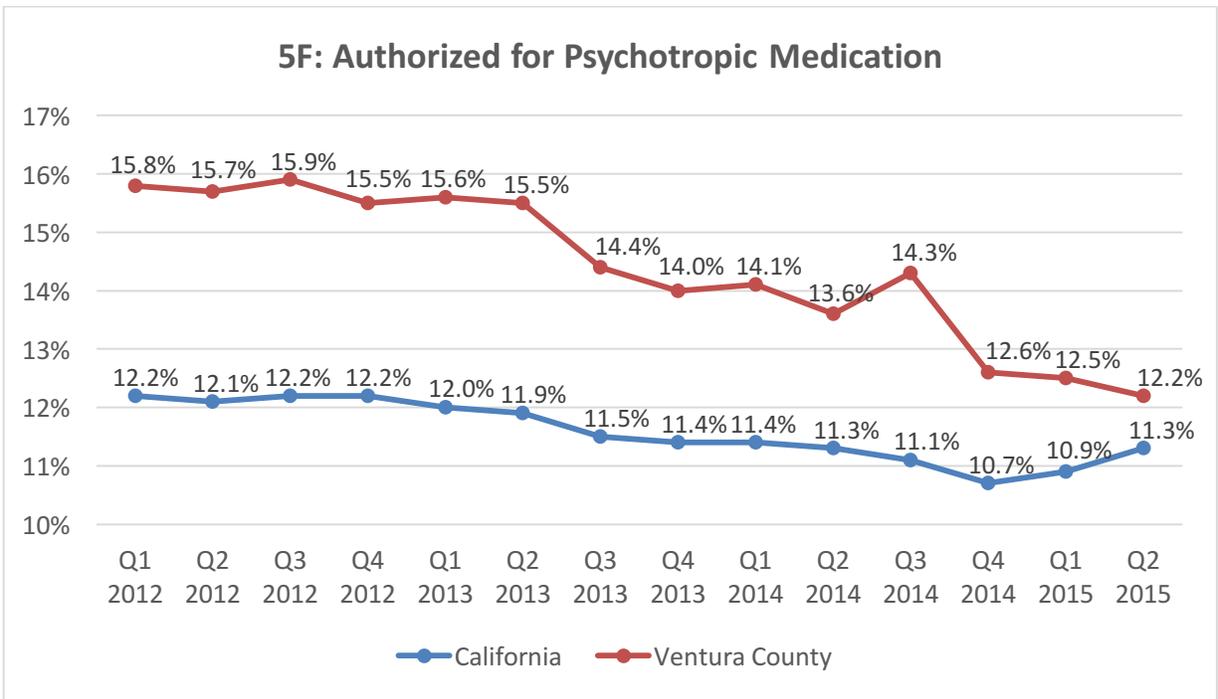
underlying factors that impact the variance to ensure that the needs of the children within our care are being met.

- 5F: Authorized for Psychotropic Medication

Measure 5F tracks trends in the authorization for psychotropic medication use among children in placement episodes. Authorization can come from a parent or by court order. This measure does not track actual medication use among children in foster care, but the recent data sharing agreement that allows for the matching of Medi-Cal pharmacy provider data with CWS/CMS data in Measures 5A.1 and 5A.2 provides context for psychotropic and antipsychotic medication use. Ventura County falls within the Tri-Coastal Region for the Measure 5A reports. Approximately 10.8% of the children within this region use psychotropic medications and 5.3% use antipsychotic medications for Q1 2015, the most current reporting period available.¹² In Ventura County, 10.5% of children in foster care placement use psychotropic medications and 4% of children in foster care placement use antipsychotic medications.

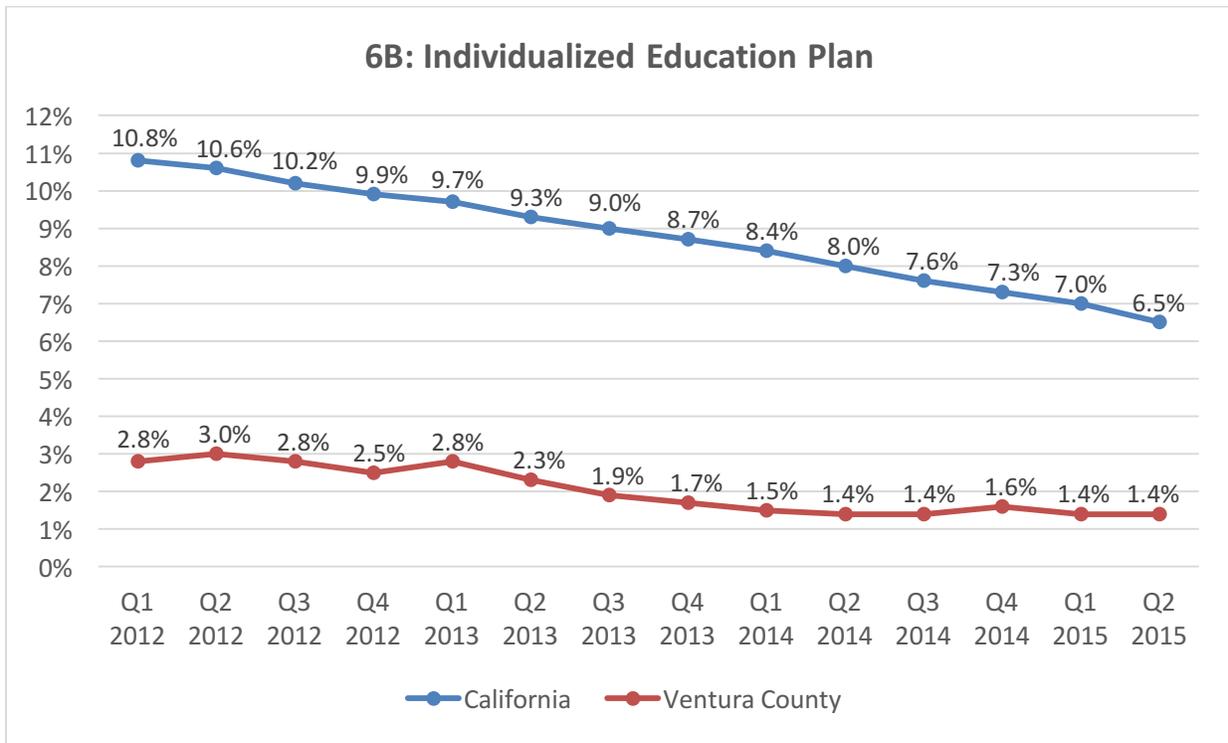
This information, viewed in conjunction with Measure 5F (chart below), suggests that it is possible a portion of children authorized for psychotropic medication may not be receiving their medication while in foster care, assuming that payment of the medication primarily originates through the Medi-Cal billing system and that data entry into the multiple databases is accurate. Ventura County has been working closely with the Department of Mental Health to develop a reliable tracking system to ensure that all children in placement authorized to receive psychotropic medication are obtaining the mental health care they need, including prescribed medications. Regular meetings are held as part of the Katie A./Pathways to Well-Being implementation and monitoring process. The implementation of Child and Family Team Meetings will be an integral part of this continuous quality improvement effort.

¹² Source: CWS/CMS 2015Q2 and MIS/DSS as of 6/15/2015.



- **6B: Individualized Education Plan (IEP)**

Ventura County has historically fallen well below the California average for children in out-of-home placements who have ever had an IEP. Although there have been no significant changes within the past year (Q2 2014 compared to Q2 2015), there has been a 50% decrease in IEPs since the start of the SIP reporting period. Although management believes that incomplete data entry may have a significant role in the decrease, the overall variation between state averages and Ventura County's data suggests additional teaming efforts with the Ventura County Department of Education may be necessary to ensure that all children in foster care placement who are eligible for an IEP actually receive an IEP. Promising practices and strategies such as an Education Liaison model similar to that used in Riverside County have been discussed and may be explored in the future. Increased use of Family Team Meetings are also expected to positively impact Ventura County's performance on this measure during the remainder of the SIP cycle.



IV Status of Probation Strategies

Strategies:

1. Enhance family engagement by improving communication between the assigned Deputy Probation Officer (DPO) and the birthparent(s)/legal guardians. The Court and Probation’s expectations should be discussed with families from the beginning.

2. Enhance family engagement by involving birth families/legal guardians in the planning and decision-making process during the course of the client’s placement.

3. Reunification by identifying parent support groups that are available to support families who have children involved in the delinquency court system.

4. Enhance service delivery by referring families to community resources that offer support and contribute to positive placement stability and reunification outcomes including: in-home services, mental health or counseling services, substance abuse services, parenting support, child care, housing, financial assistance and transportation.

5. Improve assessments and case plans to increase placement stability and reunification outcomes.

6. Utilize the Agency's current juvenile risk assessment tool, Ventura County Risk Assessment System (VCRAS), to assist youth, families, and assigned Deputy Probation Officers to develop realistic case plans.

7. Enhance communication with Juvenile Facilities probation and behavioral health staff to ensure services are delivered as identified in the youth's case plan and to keep staff abreast of youth's placement plans.

Strategy 1: Enhance family engagement by improving communication between the assigned DPO and the birth parent(s)/legal guardians. The Court and Probation's expectations should be discussed with families and legal guardians from the beginning.

Action Steps

A. Engage group home providers, Deputy Probation Officers, parents and/or relatives and Parent Partner within 45 days of placement to discuss expectations and goals in efforts to achieve successful placement and subsequent reunification. Revisions can then be made for those case plans that were initiated prior to the 45 days. Status: Completed and ongoing. Assigned DPOs and Parent Partner are engaging group home providers, and parents/relatives and legal guardians when possible, within 45 days of placement to discuss expectations and goals. Utilize the recently contracted Peer Partner for those youth who may benefit from this service which supports efforts as reunification. Monitored and evaluated by Senior Deputy Probation Officer (SrDPO).

B. Develop and implement a revised staff work schedule that permits Deputy Probation Officers to be available a few weekend and evening hours to increase meetings with youth and families that cannot meet during regular business hours (weekdays 8 a.m. – 5:00 p.m.). Status: Completed. Placement probation officers maintain flexibility in their work schedules, particularly to meet with youth and families when the need arises. Monitored and evaluated by SrDPO and SDPO.

C. Identify family needs based on meetings the DPO and/or Parent Partner has with family. Seek resources to address those needs using the protective factors framework and

funding for families in need of services: e.g. transportation, housing, parenting classes, childcare. Once identified, resources will be accessed by DPO and/or Parent Partner to determine if appropriate for the family. Status: Completed and ongoing. Assigned DPO's and Parent Partner are aware of resources and funding available for families in need of assistance of listed services. Monitored and evaluated by SrDPO.

D. Ensure on a quarterly basis that assigned Deputy Probation Officers have engaged with birth parent(s), if available, and attempt to rectify any barriers that exist if the parents are resistant to being involved. Evaluate strategy by reviewing DPO chrono/note entries and Parent Partner notes for information gathered from meetings between families, Parent Partner and DPO. Monitored and evaluated by SrDPO.

Strategy 2: Enhance family engagement by involving birth families in the planning and decision-making process during the course of the client's placement.

Action Steps

A. Implement meetings involving the family during the first 45 days to review placement needs and goals, and reunification needs and goals, and document in the case plan. The assigned DPO and/or Parent Partner will facilitate the meeting. The meetings should include parents, relatives, legal guardians, group home providers, the Parent Partner (if applicable), the Peer Partner (if applicable), and the assigned placement DPO. Status: Completed and ongoing. Monitored and evaluated by SrDPO.

B. Identify relatives and/or individuals that will offer support to the youth and their parents/guardians during the placement process, and after the youth is reunified with his/her family by using Wraparound, Parent Partner and Peer Partner services. Also, assess relatives and Non-Relative Extended Family Members (NREFMs) for potential placement possibility in lieu of youth being placed in a group home setting. Status: Completed and ongoing. In the last year, relative placements have increased for VCPA foster youth. Additionally, the placement unit is working closely with our county's Child Welfare department in developing and implementing the Resource Family Approval program slated to begin in March 2016 for Ventura County. Monitored and evaluated by SrDPO and SDPO.

C. Implement an increase in the frequency of client visits to exceed the current mandate leading up to reunification to help maintain a stable placement and to facilitate the reunification transition. Status: Completed and ongoing. Another DPO was recently added to the placement unit to assist in increasing the frequency of visits, particularly to facilitate reunification. The DPO was also added to the unit due to the increased number of youth ordered into suitable placement by the Delinquency Court in the past year. A review of the SafeMeasures data report indicate a steady increase in the frequency and timeliness of monthly client visits for VCPA foster youth over the last year. Monitored and evaluated by SrDPO and SDPO.

D. Ensure on a quarterly basis that assigned Deputy Probation Officers are involving parents and any available relatives in the planning and decision-making of the client's placement and reunification transition. Evaluate strategies by reviewing DPO chrono/notation entries and Parent Partner notes from family meetings with a Parent Partner and DPO. Monitored and evaluated by SrDPO and SDPO.

Strategy 3: Reunification by identifying parent and peer support groups that are available to support families who have children involved in the delinquency court system.

Action Steps

A. During discussions last year regarding the need to improve this strategy, VCPA decided to augment the services provided to placement parents/guardians by partnering them with a community-based support system. As a result, in July 2014, Probation employed a part-time trained Parent Partner through United Parents, bi-lingual in Spanish and English, to work with the youths' families toward reunification efforts. Status: Completed and ongoing. Probation recently hired a bi-lingual Parent Partner with United Parents and a Peer Partner through Pacific Clinics to work with the youth and their families, on a part-time basis. A referral process and Family Reunification Program model was also developed and implemented by Probation and United Parents, and has been adopted by Pacific Clinics. The VCPA placement unit will seek to become trained in the Safety Organized Practice model and attend state mandated Commercially Sexually Exploited Children (CSEC)

training to further provide skilled services to the youth and their families. Monitored and evaluated by SDPO and SrDPO.

B. Attend collaborative meetings such as the statewide Probation Advisory Committee to receive assistance in identifying successful reunification services and best practices regarding placement stability from other probation departments and the California Department of Social Services (CDSS). The information obtained will be provided to the assigned DPO's. Status: Completed and ongoing. Probation Advisory Committee meetings are attended every six weeks in Davis, CA by the placement unit Supervising Deputy Probation Officer (SDPO) or SrDPO. This committee is an excellent networking group that discusses various federal, state and local foster care issues. Monitored and evaluated by SDPO and SrDPO.

C. Meet with community partners and group home providers to identify supportive services available to biological and extended families. Status: Completed and ongoing. All placement staff, including the Division Manager, attend meetings with community partners and group home providers on a quarterly basis to discuss placement issues, including supportive services available to families. These include the Citizens' Review Panel/Childrens' Services Oversight Committee (CRP/CSOC), the Interagency Placement Expansion Review Committee (IPERC) and Wraparound Review Committee (WRC) meetings. Recent discussions have centered on the need for Short-term Residential Treatment Centers (STRTC's) as a result of AB403, Continuum of Care Reform and barriers to reducing time in care. Monitored by Division Manager (DM) and SDPO.

D. Evaluate identified services and best practices received from this strategy on a quarterly basis to see if applicable for this agency's supervised youth and if so, provide information to assigned Deputy Probation Officers. Monitored by Division Manager (DM) and SDPO.

Strategy 4: Enhance service delivery by referring families to community resources that offer support, and contribute to positive placement stability and reunification outcomes including: in-home services, mental health or counseling services, substance abuse services, parenting support, child care, housing, financial assistance and transportation.

Action Steps

A. Obtain resource guides utilized by community partners that include services for foster youth to share with placement youth and their families. Identify effective community-based interventions and programs that emphasize family interactions. Status: Ongoing and pending. Placement officers obtain updated resource guides utilized by community partners on an ongoing basis to identify effective community-based interventions and programs. The TAY (Transitional Age Youth) Tunnel program is one such program that the placement unit will be exploring to focus on healthy transitions for prospective AB12 youth (Extended Foster Care (EFC) youth 18 and older), which is an increasing population amongst our youth. In the last year, the placement unit has referred homeless EFC youth to TAY Tunnel for assistance in stabilizing their situation in life and to move toward healthy independence. Monitored and evaluated by SDPO and SrDPO.

B. Refer families to in-home services such as Therapeutic Behavioral Services (TBS), and Wraparound for youth who are currently in foster care and their families, and for youth who are transitioning home for reunification. Status: Completed and ongoing. Probation placement staff follow-up and monitor all referrals for families receiving in-home and community services to ensure quality assistance is provided, such as when Wraparound services are provided to a family in the home. These services are typically provided to a family to avoid having a child removed from the home to be suitably placed, or after a child is reunified with his/her family and are in need of aftercare services. Monitored and evaluated by SrDPO.

C. Update and implement a resource guide for linkages and referrals to services to include information regarding housing, employment, health care, transportation, education, support groups and counseling. The assigned DPO or Parent Partner is to provide this guide to families and youth, including EFC youth, in need of such information. Status: Completed and Ongoing. A resource guide is now available and Probation placement staff and Parent Partner work with families to ensure they are receiving the services they need for successful reunification. Additionally, placement staff works collaboratively with the County's Children and Family Services Department in providing Independent Living skills to age-appropriate youth. The VCPA placement unit also works closely with the County Public Health Nurse

assigned to oversee the health needs of the youth, and the Ventura County Office of Education's Special Populations Liaison to discuss education needs. Currently, VCPA placement is working toward developing protocol aimed at addressing Educational Right's Holder and school of origin issues. The placement unit also recently obtained access to Foster Focus, a foster youth educational database. Monitored and evaluated by SDPO, SrDPO and assigned DPO's.

D. Evaluate identified services on a quarterly basis to ensure the services offered are active and potentially successful for referred youth and their families. Evaluate quarterly the effectiveness of services by having DPOs report out at staff meetings. Monitored by SDPO.

Strategy 5: Improve assessments and case plans to increase placement stability and reunification outcomes.

Action Steps

A. While the youth is in custody and before he/she is placed or returned to an out-of-home placement, ensure that all other options such as relative or NREFM placement have been explored. The process to include birth parents (if available), possible relatives or NREFMs for placement, SrDPOs, and assigned DPO's. Status: Completed and ongoing. At the court investigations phase, possible relatives or NREFMs are identified and listed on the case plans. Monitored and evaluated by SrDPO.

B. Identify community resources that assist foster youth with challenges that impede placement stability and reunification efforts (substance abuse counseling, anger management, mental health therapy, parenting classes, domestic violence therapy, etc.). Resources to include community organizations and websites, to be used by the DPO's as needed for each individual case. Status: Completed and ongoing. Community resources identified and list established. Updates to be continuous. Monitored and evaluated by SDPO and SrDPO. Additional support to come from Wraparound, Parent Partner and Peer Partner.

C. Placement Officers to attend specialized training for probation officers working with foster youth, including Placement Officer CORE, case planning and family engagement. In

addition, placement staff attend training offered by UC Davis Extension, Resource Center for Family-Focused Practice, and in-house training provided by the Probation and Human Services Agencies. Status: Completed and ongoing. In the last year, all placement staff attended Title IV-E training, Juvenile Benefit Institutes training, VCRAS training, and CWS/CMS Refresher course training. The new placement DPO will be attending Placement Officer CORE in April 2016. Upcoming training through UC Davis will include CSEC 101 to be held in Ventura County in March 2016. The placement unit SDPO is currently receiving Federal Case Reviews training and is working with the Children and Family Services Department on development of the Resource Family Approval (RFA) protocol, which will begin on March 1, 2016. The SrDPO will be attending a weeklong training on RFA in late January 2016, offered by the Central California Training Academy. Monitored and evaluated by DM and SDPO.

D. Evaluate on a quarterly basis the effectiveness of the revised placement finding process to ensure all needed parties are involved as much as possible. Also, evaluate if the identified resources are being utilized to assist the probation supervised youth with their challenges in foster care. Monitored and evaluated by SrDPO and SDPO.

Strategy 6: Utilize the Agency's current juvenile risk assessment tool, VCRAS, to assist youth, families, and assigned Deputy Probation Officers to develop realistic case plans.

Action Steps

A. Deputy Probation Officers to use questions in current risk assessment tool to obtain participation from the youth and families to create a case plan with realistic goals and timeframes to help with placement stability and reunification efforts. Status: Completed and ongoing. Probation placement officers currently use VCRAS, a risk assessment and case plan-generating tool that was designed and validated for VCPA's use. This tool is first utilized at the time the probationer and his/her family first enters the juvenile justice system. Thereafter, the case plan and risk assessment status is updated by the assigned DPO at least every six months. Additional questions are asked for probationers placed under a suitable placement order, as the tool complies with all Title IVE and Division 31 mandates. This tool is integrated with Probation's current client system, which was not

possible with the former Compas risk assessment tool. Monitored and evaluated by DM and SDPO.

B. Develop questions that facilitate early concurrent planning. Identify family members (parents, grandparents, aunts, uncles, great aunts/great uncles, siblings), and NREFMs and educate them about the foster care process. Status: Completed and ongoing. This is initially done at the court investigation phase and documented in the case plan by the investigation Deputy Probation Officer. Monitored and evaluated by SDPO, SrDPOs and DPOs, and with the assistance of the Parent Partner.

C. Ensure quarterly that the Agency's risk assessment tool is being used by the Deputy Probation Officers to create realistic case plans with the youth and their immediate family members, if available. Monitored and evaluated by SDPO and SrDPO.

Strategy 7: Enhance communication with Juvenile Facilities (JF) probation and behavioral health staff, public health staff, and all placement unit staff, to ensure services are delivered as identified in the youth's placement plans.

Action Steps

A. Schedule meetings and/or have regular contact with JF probation and behavioral health staff to discuss pending placement youth's risk factors and needs. Status: Completed and ongoing. Field/Institution staff meetings (e.g. Juvenile Probation Oversight Committee (JPOC), JF Critical Case Reviews) are currently being utilized to facilitate discussion about the placement youth. The placement SrDPO also attends level 14 certification conferences with Behavioral Health staff as needed. Monitored and evaluated by SDPO and SrDPO.

B. Assigned DPO's and all placement unit staff (SDPO, SrDPOs, Public Health Nurse, Parent Partner and Peer Partner) meet on a monthly basis to review the progress of all placement youth, case plan objectives, child/family's needs, and potential release (if in custody). The process should also include regular updates with the youth and their families. Status: Completed and ongoing. All placement staff meet every month to discuss the progress of placement youth. Monitored and evaluated by SDPO.

C. Ensure quarterly that meetings are being conducted between placement staff, Parent Partner, Peer Partner and the Public Health Nurse on a monthly basis. Also ensure

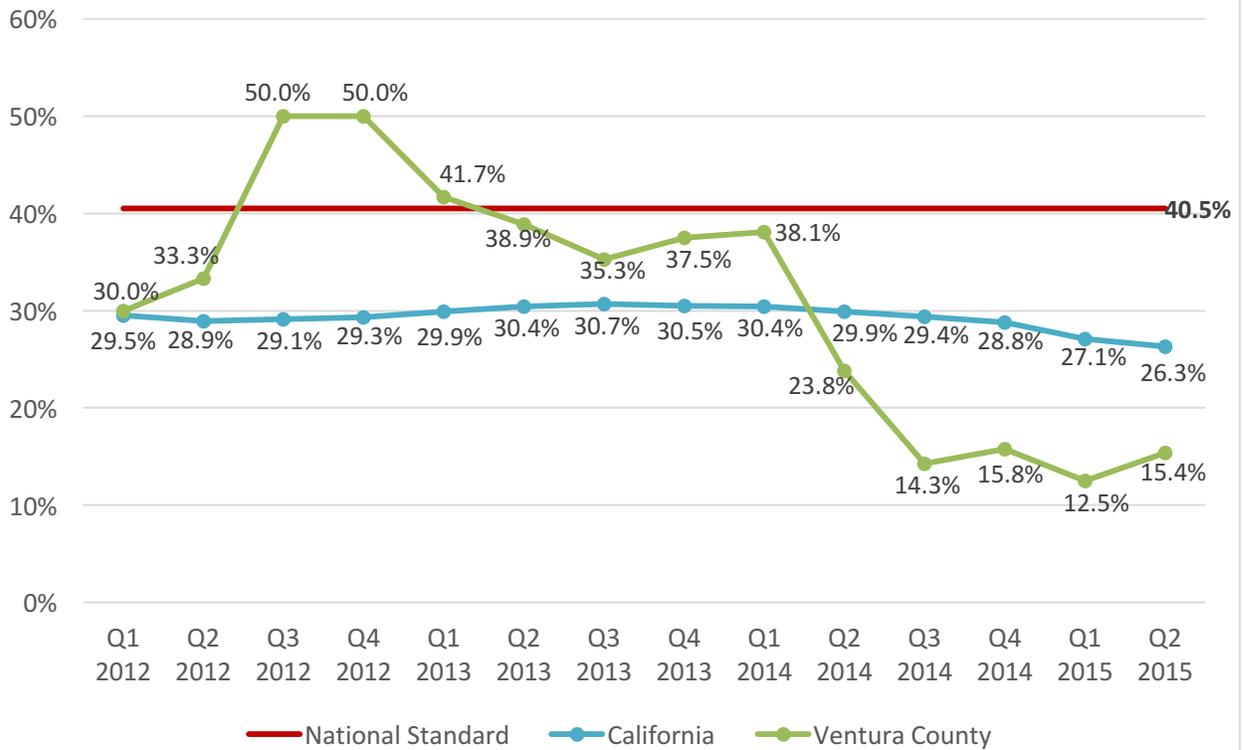
that contact with JF staff regarding placement youth remains open. Meet and/or have contact with JF supervisors, Behavioral Health, Public Health, Parent Partner and the Peer Partner quarterly to evaluate communication effectiveness and rectify any issues that may exist. Monitored and evaluated by SDPO.

D. Work with the Child and Family Services Department/Continuous Quality Improvement Unit and the Department of Mental Health in Ventura County to develop a reliable tracking system to monitor and ensure all children in placement authorized to receive psychotropic medication are obtaining the mental health care they need, including prescribed medications. Monitored and evaluated by SDPO.

PROBATION OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Permanency rates (3-P1, 3-P2, and 3-P3). For VCPA foster youth, the rate at which they have discharged to permanency needs improvement. For those VCPA youth entering foster care and up to 12 months (13), 15.4% have discharged to permanency, as opposed to the National Standard of 40.5% (California standard not recorded). For those VCPA youth in foster care 12-23 months (12), 8.3% have discharged to permanency within 12 months as compared to the National Standard of 43.6% and the California standard of 26.4%. For those VCPA youth in foster care 24 months or more (6), none have discharged to permanency within 12 months as compared to the National Standard of 30.3% and the California standard of 14.1%. The extended time in care reflected in these performance measures can be attributed to the serious issues that the VCPA foster youth have. Many were responsible for sex offenses against family members and are unable to return home within 12 months. This is due to their needing to receive sex offender specific treatment which currently averages about 18 months in duration. Also, there is the need to determine if the in-home victims are themselves ready for the youth to return home. Another reason for extended stays in placement are youth who have severe substance abuse issues and/or mental health problems who have not become stable enough to return home. With AB 403 requirements, the issue of discharge to permanency will certainly become an increased concern in the near future, particularly for probation departments. The need for STRTC's is great in our county and will no doubt be a major focus for community social service departments in the coming year.

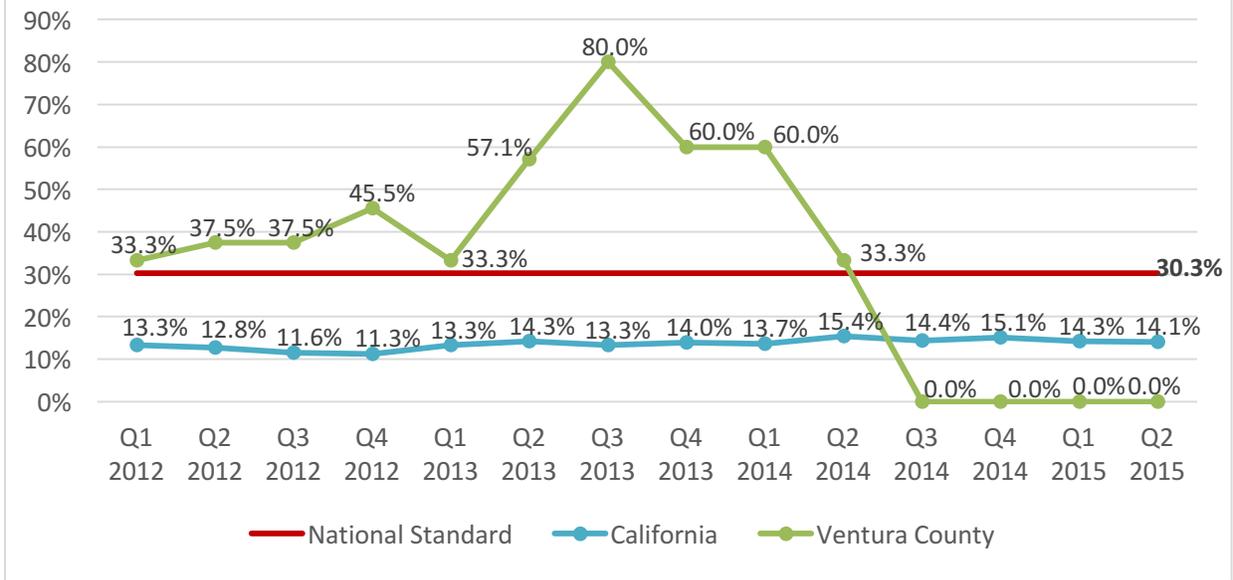
3-P1: Permanency in 12 Months (Entering Foster Care)



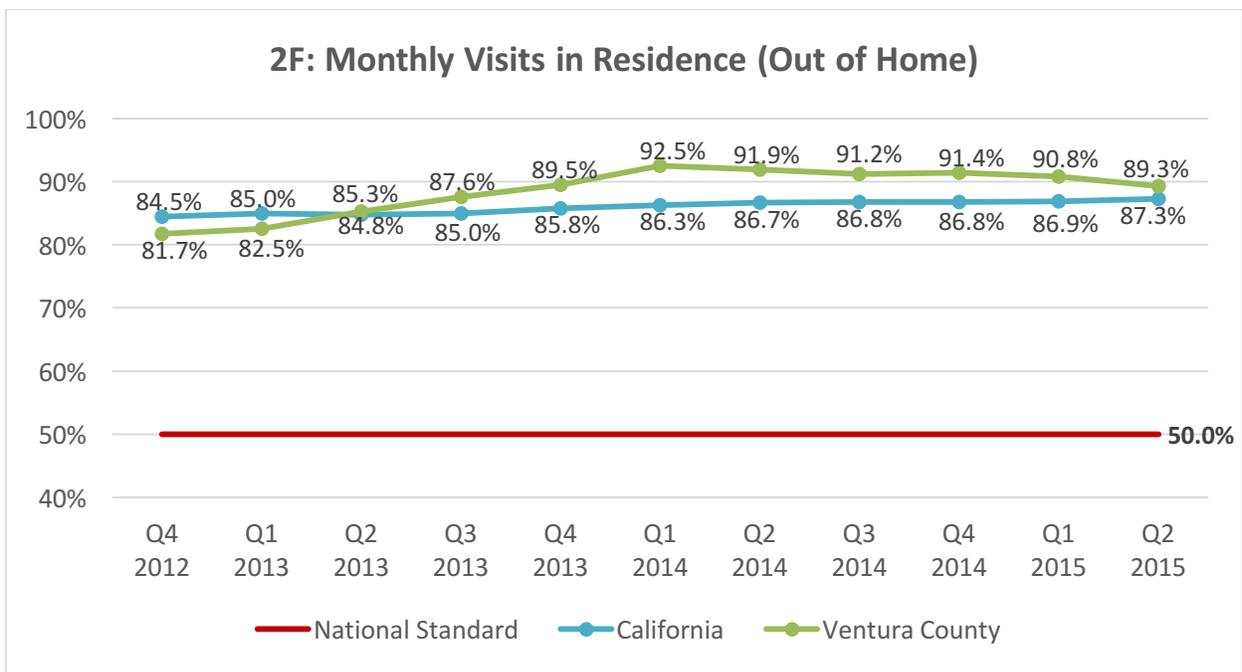
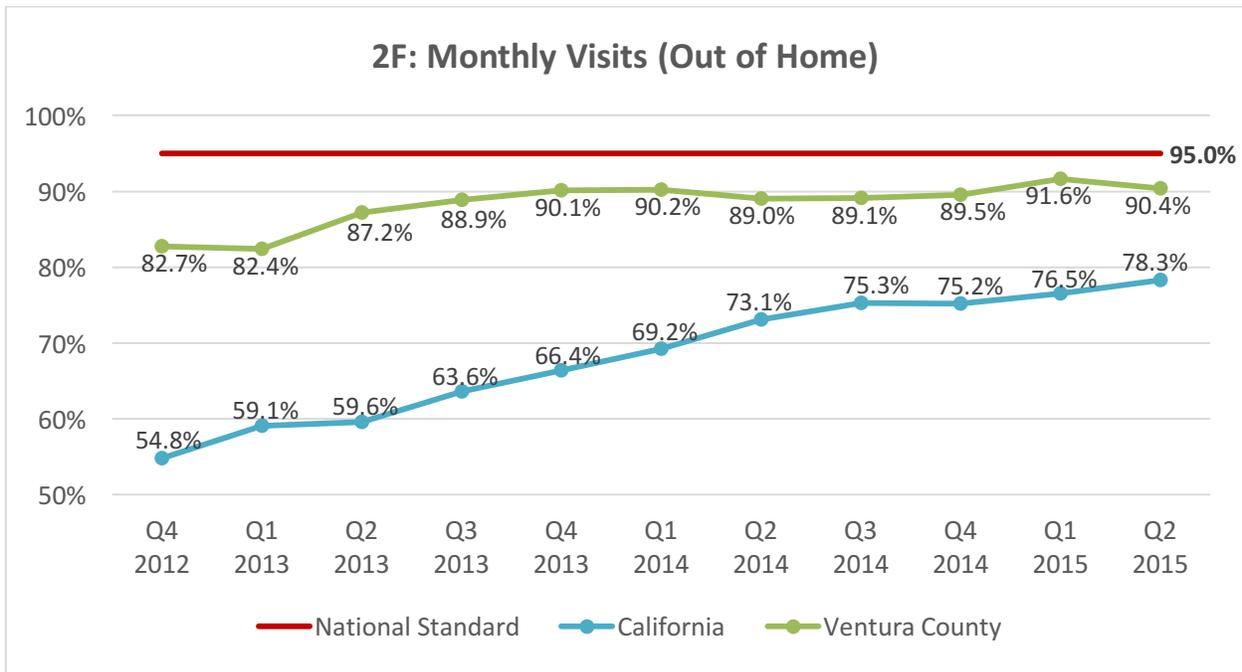
3-P2: Permanency in 12 Months (12-23 Months in Care)



3-P3: Permanency in 12 Months (24 Months or More in Care)



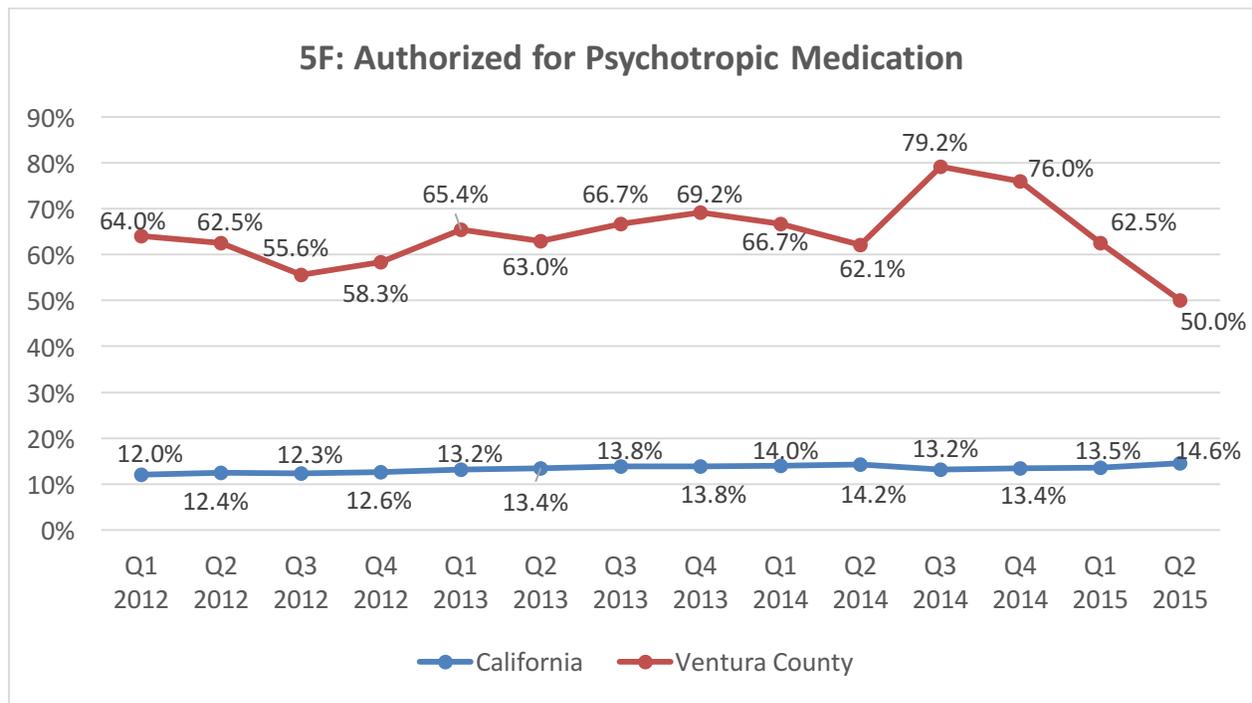
Monthly Visits (Out of Home) (2F). In comparison to the recently increased National standard of 95%, VCPA foster youth had monthly caseworker (probation) visits at a rate of 90.5% as reflected in Q2 2015. This measure has routinely been affected by the number of youth who are AWOL from their group homes and the fact that Federal guidelines do not currently exclude those AWOL youth in the data outcomes. Nevertheless, the VCPA placement unit has shown a marked increase in the timeliness of monthly visits when compared to 81.2% for last year, and ranks higher than the majority of the other counties in the state. This is significant and commendable, given the increase in challenges the unit has faced over the last year. Due diligence has been shown by all members of the unit to meet this mandate and to see their clients, including traveling great distances, including out of state.



Authorized for Psychotropic Medication (5F). As reported in the Child Welfare report, but also applicable to Probation foster youth, Measure 5F tracks trends in the authorization for psychotropic medication use among children in placement episodes. Authorization can come from a parent or by court order. Compared to the California rate of 14.6% for Q2, 2015, VCPA placement youth had a rate of 50%. This relatively high rate of youth authorized for psychotropic

medication is concerning, and VCPA will be working to address this issue with the Ventura County Behavioral Health Department. VCPA will also seek to work with the Children and Family Services Department/Continuous Quality Improvement Unit and the Department of Mental Health in Ventura County in their development of a reliable tracking system to monitor this population.

In an effort to improve the delivery of services to placement youth and their families, the placement unit, which was previously overseen by a SDPO and SrDPO that also supervised another juvenile probation field unit, now stands alone. A SDPO and SrDPO solely supervise the placement unit. A third DPO was also added to the unit, due to the increase in probation youth ordered into suitable placement. This change will hopefully result in more effective contacts, planning, and reunification efforts.



State and Federally Mandated Child Welfare/Probation Initiatives

CHILD WELFARE & PROBATION CASE REVIEWS

This past year, Children & Family Services and Juvenile Probation collaborated in the development of a joint process for implementing the CFSR qualitative case reviews. Ventura County received initial funding for two certified case reviewers and a subsequent allocation for two additional case reviewers. At present, three staff from Children & Family Services have been trained and certified and one staff member from Probation has been trained and certification is anticipated in early 2016. The Child Welfare Continuous Quality Improvement Manager is serving as the initial quality assurance check for the case reviews and two Administrative Specialist III staff members with extensive child welfare field experience conduct the case reviews. The case reviewers are part of the Continuous Quality Improvement Division established by Children & Family Services in November 2014. The certified case reviewers have participated in quarterly convenings in the Central and Southern Academy regions, as well as regular coaching sessions via webinar and phone conference. CFS and Probation are working collaboratively to establish a process for dissemination of case review findings to internal and external stakeholders when a critical mass of case reviews are completed.

KATIE A./PATHWAYS TO WELL-BEING IMPLEMENTATION

This past year resulted in tremendous progress in data tracking and program enhancements related to the Katie A./Pathways to Well-Being implementation. The interagency steering committee comprised of managers and executive leadership representing Children & Family Services and Behavioral Health met at least biweekly throughout the reporting period. Subcommittees focused on data quality, outcomes evaluation and program monitoring continued to meet at least monthly, and included technical support from EvalCorp consulting group to assist with the development of a data dashboard. A new subcommittee was formed to monitor psychotropic medication use among Katie A class and subclass members through a data matching process with the state Medi-Cal billing database.

Attachment 1
Five-Year SIP Chart

5 – YEAR SIP CHART (YEAR 3 UPDATE)

Child Welfare Priority Outcome Measure: ~~Measure C1.3 Reunification within 12 Months (Entry Cohort)~~

New Federal Outcome Measure: **Measure 3-P1 Permanency in 12 Months for Children Entering Foster Care**

National Standard: 40.5%

CSA Baseline Performance: Q1 2012: 43.0% (106.2% performance relative to National Standard)
Performance for children 0-5: 45.4%; Performance for Latino/a children: 42.9%

Target Improvement Goal: Performance exceeds the National Standard at baseline and Q2 2015 both overall and for the sub-populations of focus.

Current Performance: Q2 2015: 43.0% (106.2% performance relative to the National Standard)
Performance for children 0-5: 44.9%; Performance for Latino/a children: 44.4%

Child Welfare Priority Outcome Measure: ~~Measure C4.1 Placement Stability~~

New Federal Outcome Measure: **Measure 3-P5 Placement Stability**

National Standard: 4.12 placement moves per 1,000 days

CSA Baseline Performance: Q1 2012: 5.09 placement moves per 1,000 days (80.9% performance relative to National Standard)

Performance for children 0-5: 5.56 placement moves; Performance for Latino/a children: 5.36 placement moves

Target Improvement Goal: Meet National Standard

Current Performance: Q2 2015: 4.33 placement moves per 1,000 days (95.1% performance relative to National Standard)

Performance for children 0-5: 4.49 placement moves; Performance for Latino/a children: 4.17 placement moves

Child Welfare Systemic Factor: Identify, utilize and create technology options that support staff and business processes to manage increased caseload and workload growth

California Average:

CDSS Measure 2B: Compliance Standard=90%

Q1 2012 Immediate Response: 98%; 10-day: 93.9%

Q2 2015 Immediate Response: 96.6%; 10-day: 92.1%

CDSS Measure 2D:

Q1 2012 Immediate Response: 89.7%; 10-day: 64.0%

Q2 2015 Immediate Response: 89.2%; 10-day: 67.0%

CSA Baseline Performance: As identified in the 2012 County Self-Assessment (CSA), Ventura County has experienced caseload growth that has adversely impacted the county's ability to sustain progress and achieve goals for outcome performance. Incorporating technology solutions into current business processes will maximize staff time, reduce data entry, and support quality case management.

CDSS Measure 2B (Ventura County)

Q1 2012 Immediate Response: 98.1%; 10-day: 94.1%

Q2 2015 Immediate Response: 100%; 10-day: 94.1%

CDSS Measure 2D (Ventura County)

Q1 2012 Immediate Response: 91.7%; 10-day: 50.2%

Q2 2015 Immediate Response: 98.1%; 10-day: 81.3%

Target Improvement Goal: The County of Ventura will improve data entry timeliness for Immediate Response and 10-day referral investigation compliance performance measures (2B-1 & 2B-2 as well as 2D-1 & 2D-2).

Probation Priority Outcome Measure: ~~Measure C4.1 Placement Stability~~

New Federal Outcome Measure: **Measure 3-P5 Placement Stability**

National Standard: 4.12 moves per 1,000 days

CSA Baseline Performance: 1.24 moves per 1,000 days

Target Improvement Goal: Maintain the current performance (1.87), or stay below the statewide performance (1.86).

Current Performance: Recent outcome measures reflected in Q2 for 2015, indicate an improvement in placement stability for VCPA foster youth (1.87). We are now equal to the statewide performance (1.86), and had fewer placement moves than the National Standard (4.12). It is further noted that the placement moves that occurred for VCPA youth affected only the 16-17 year olds, which is significant in that it suggests the placements for the younger youth have been well-matched.

**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

<p>Child Welfare Strategy 1: Increase placement options for foster children (increase the number of foster family and relative homes).</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>																																				
Action Steps:	Timeframe:	Person Responsible:																																				
<p>A. Complete Recruitment Workplan activities:</p> <p>A1 - Streamline the licensing process by reducing hours for licensure.</p> <p>A2 - Conduct targeted training and recruitment for each placement to support QPI efforts.</p> <p>A 3 – Implement Best Match guidelines.</p> <p>A 4 - Develop online Informational Session video.</p> <p>A 5 - Analyze recruitment efforts by monitoring net gain in licensed foster homes.</p> <p>A6 - Identify promising practices and further areas for development.</p> <p>A7 - Monitor, evaluate, and modify recruitment activities. Continue to analyze gain in licensed foster homes.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 1:</u></td> </tr> <tr> <td>A1</td> <td>December 2012</td> <td>March 2013</td> </tr> <tr> <td>A2</td> <td>December 2012</td> <td>March 2015</td> </tr> <tr> <td>A4</td> <td>December 2012</td> <td>December 2013</td> </tr> <tr> <td colspan="3"><u>Year 3:</u></td> </tr> <tr> <td>A5</td> <td>December 2014</td> <td>December 2015</td> </tr> <tr> <td>A 3</td> <td>September 2015</td> <td>December 2017</td> </tr> <tr> <td colspan="3"><u>Year 4:</u></td> </tr> <tr> <td>A6</td> <td>December 2015</td> <td>December 2016</td> </tr> <tr> <td colspan="3"><u>Year 5:</u></td> </tr> <tr> <td>A7</td> <td>December 2016</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 1:</u>			A1	December 2012	March 2013	A2	December 2012	March 2015	A4	December 2012	December 2013	<u>Year 3:</u>			A5	December 2014	December 2015	A 3	September 2015	December 2017	<u>Year 4:</u>			A6	December 2015	December 2016	<u>Year 5:</u>			A7	December 2016	November 2017	<p>Children & Family Services Program Manager, Administration and Program Administrator</p>
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<p>B. Develop Relative Approval placement efforts:</p> <p>B1 - Formalize the structure for Relative Approval training and identify additional training topics as needed.</p> <p>B2 - Align staffing with the Relative Approval workload.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 1:</u></td> </tr> <tr> <td>B4</td> <td>November 2012</td> <td>November 2017</td> </tr> <tr> <td colspan="3"><u>Year 2:</u></td> </tr> <tr> <td>B1</td> <td>February 2013</td> <td>February 2014</td> </tr> <tr> <td>B2</td> <td>July 2013</td> <td>July 2014</td> </tr> <tr> <td>B3</td> <td>March 2014</td> <td>June 2014</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 1:</u>			B4	November 2012	November 2017	<u>Year 2:</u>			B1	February 2013	February 2014	B2	July 2013	July 2014	B3	March 2014	June 2014	<p>Children & Family Services Program Manager and Program Administrator</p>															
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**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

<p>B3 - Cross-train the relative Approval and Licensing staff.</p> <p>B4 - Maintain the Kinship Support Services Program (KSSP).</p> <p>B5 - Monitor, evaluate, and modify relative approval activities.</p>	<p>Years 3-5:</p> <p>B5 August 2014 November 2017</p>																																		
<p>C. Support and training for foster parents and relative caregivers using strength-based protective factors approach:</p> <p>C1 - Combine Prevention & Early Intervention (PEI) programs with KSSP, explore strength-based training.</p> <p>C2 - Explore alternative funding for childcare and emergency housing program for relatives, using Approved Relative Caregiver Funding Option.</p> <p>C3 - Work with VCBH First 5 to prioritize access for caregivers CFS families (with children age 0 to 5) for Triple P Parenting, and include Peer Educators and Trainers.</p> <p>C4 - Provide specialized training to Peer Educators and Trainers to provide enhanced support to caregivers. Implement new referral process from peer educators to CFS.</p> <p>C5 - Revise current pre-service training to include trauma-informed practice, school of origin and reunification/visitation with biological parents.</p> <p>C6 - Monitor, evaluate, and modify training activities.</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Implementation</u></th> <th style="text-align: center;"><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 1:</td> <td></td> <td></td> </tr> <tr> <td>C1</td> <td>December 2012</td> <td>December 2013</td> </tr> <tr> <td>Year 2/3:</td> <td></td> <td></td> </tr> <tr> <td>C2</td> <td>December 2013</td> <td>December 2015</td> </tr> <tr> <td>C4</td> <td>December 2013</td> <td>May 2015</td> </tr> <tr> <td>C5</td> <td>July 2014</td> <td>June 2015</td> </tr> <tr> <td>Year 4:</td> <td></td> <td></td> </tr> <tr> <td>C3</td> <td>August 2014</td> <td>December 2016</td> </tr> <tr> <td>Year 5:</td> <td></td> <td></td> </tr> <tr> <td>C6</td> <td>May 2015</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 1:			C1	December 2012	December 2013	Year 2/3:			C2	December 2013	December 2015	C4	December 2013	May 2015	C5	July 2014	June 2015	Year 4:			C3	August 2014	December 2016	Year 5:			C6	May 2015	November 2017	<p>Children & Family Services Program Managers and Program Administrator</p>
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<p>D. Support and training for specialized populations of foster parents:</p> <p>D1 - Develop Intensive Treatment Foster Care</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Implementation</u></th> <th style="text-align: center;"><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 1:</td> <td></td> <td>May 2015</td> </tr> <tr> <td>D1</td> <td>December 2012</td> <td>December 2016</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 1:		May 2015	D1	December 2012	December 2016	<p>Children & Family Services Program Manager, Administration and Program Administrator</p>																								
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**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

<p>(ITFC) and integrate into the recruitment continuum.</p> <p>D2 - Monitor, evaluate, and modify training activities.</p>	<p><u>Year 4/5:</u> May 2015 December 2015 November 2017</p>	
<p>E. Structured Decision Making (SDM) tools:</p> <p>E1 – Exploring integration of SDM into Team Decision Making (TDM) process. training opportunities to use the Family Strengths and Needs Assessment for placement considerations, used in conjunction with the child needs and services plan.</p> <p>E2 - Monitor, evaluate, and modify training activities.</p>	<p style="text-align: center;"><u>Implementation</u> <u>Completion</u></p> <p><u>Year 2/3:</u> E1 December 2014 December 2015</p> <p><u>Year 4/5:</u> E2 December 2016 November 2017</p>	<p>Children & Family Services Program Manager and Program Administrator</p>

**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

<p>Child Welfare Strategy 2: Reinstate Team Decision Making (TDM) for placement changes to promote placement stability.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>																											
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>																											
<p>A. Identify staffing resources/ facilitators for Team Decision Making:</p> <p>A1 - Explore opportunity to provide facilitator positions to CFS MSW interns.</p> <p>A2 - Develop recruitment process and plan for TDM facilitators MSW interns.</p> <p>A3 - Implement CFS facilitator training plan and recruitment.</p> <p>A4- Reinstate TDM process.</p> <p>A5 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td><u>Year 2:</u></td> <td></td> <td></td> </tr> <tr> <td>A1</td> <td>December 2013</td> <td>June 2014</td> </tr> <tr> <td><u>Year 3:</u></td> <td></td> <td></td> </tr> <tr> <td>A2</td> <td>August 2014</td> <td>September 2014</td> </tr> <tr> <td>A3</td> <td>Sept 2014</td> <td>December 2015</td> </tr> <tr> <td>A4</td> <td>October 2014</td> <td>December 2014</td> </tr> <tr> <td><u>Year 4/5:</u></td> <td></td> <td></td> </tr> <tr> <td>A5</td> <td>December 2015</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 2:</u>			A1	December 2013	June 2014	<u>Year 3:</u>			A2	August 2014	September 2014	A3	Sept 2014	December 2015	A4	October 2014	December 2014	<u>Year 4/5:</u>			A5	December 2015	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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<p>B. Provide standardized training for TDM facilitators:</p> <p>B1 - Incorporate family strengthening protective factors into TDM meetings.</p> <p>B2 - Coordinate training to maintain at least three regional TDM facilitators concurrently.</p> <p>B3 - Monitor, evaluate, and modify training activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td><u>Year 3:</u></td> <td></td> <td></td> </tr> <tr> <td>B1</td> <td>November 2014</td> <td>December 2015</td> </tr> <tr> <td><u>Year 4:</u></td> <td></td> <td></td> </tr> <tr> <td>B2</td> <td>December 2015</td> <td>June 2016</td> </tr> <tr> <td><u>Year 4:</u></td> <td></td> <td></td> </tr> <tr> <td>B3</td> <td>June 2016</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 3:</u>			B1	November 2014	December 2015	<u>Year 4:</u>			B2	December 2015	June 2016	<u>Year 4:</u>			B3	June 2016	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>						
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**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

<p>Child Welfare Strategy 3: Increase services and supports for foster youth.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>																											
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>																											
<p>A. Maximize foster youth referrals to the Wraparound program:</p> <p>A1 - Conduct mapping to identify the key triggers, engagement points, and gaps in the Wraparound referral process.</p> <p>A2- Assess progress and implementation of Family Development Matrix (FDM) and core indicators Explore impact of family strengthening and protective factors to support Wraparound practice.</p> <p>A3 - Standardize the Wraparound referral process and review policy and procedure.</p> <p>A4 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 2:</td> <td></td> <td></td> </tr> <tr> <td>A1</td> <td>December 2013</td> <td>June 2014</td> </tr> <tr> <td>Year 3:</td> <td></td> <td></td> </tr> <tr> <td>A2</td> <td>August 2014</td> <td>June 2015</td> </tr> <tr> <td>Year 4:</td> <td></td> <td></td> </tr> <tr> <td>A3</td> <td>June 2014</td> <td>February 2015</td> </tr> <tr> <td>Year 5:</td> <td></td> <td></td> </tr> <tr> <td>A4</td> <td>March 2015</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 2:			A1	December 2013	June 2014	Year 3:			A2	August 2014	June 2015	Year 4:			A3	June 2014	February 2015	Year 5:			A4	March 2015	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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<p>B. Provide Independent Living Program (ILP) classes that demonstrate the youth's preparation for their transition out of foster care and into adulthood.</p> <p>B1 - Evaluate the Transition Readiness Index Tool for effectiveness and application in practice.</p> <p>B2 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 3:</td> <td></td> <td></td> </tr> <tr> <td>B1</td> <td>December 2014</td> <td>June 2015</td> </tr> <tr> <td>Year 4/5:</td> <td></td> <td></td> </tr> <tr> <td>B2</td> <td>December 2015</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 3:			B1	December 2014	June 2015	Year 4/5:			B2	December 2015	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>						
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<p>C. Provide services and supports targeted to non-minor dependents:</p> <p>C1 - Identify specific supports/needs for this population and develop workplan to address service delivery.</p> <p>C2 - Assess services against framework for youth development skills using protective factors model to identify support services needed.</p> <p>C3 - Monitor, evaluate, and modify training activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 1:</td> <td></td> <td></td> </tr> <tr> <td>C1</td> <td>December 2012</td> <td>June 2013</td> </tr> <tr> <td>Year 2/3:</td> <td></td> <td></td> </tr> <tr> <td>C2</td> <td>June 2013</td> <td>December 2015 December 2016</td> </tr> <tr> <td>Year 4/5:</td> <td></td> <td></td> </tr> <tr> <td>C3</td> <td>December 2014 December 2016</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 1:			C1	December 2012	June 2013	Year 2/3:			C2	June 2013	December 2015 December 2016	Year 4/5:			C3	December 2014 December 2016	November 2017	<p>Children & Family Services Program Manager, Administration and Program Administrator</p>
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<p>Child Welfare Strategy 4: Engage in early and collaborative concurrent planning with children and families.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C1.3 Reunification within 12 months (entry cohort) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 4B-1 and 4B-2 Placement in least restrictive setting</p>																					
Action Steps:	Timeframe:		Person Responsible:																				
<p>A. Maintain the concurrent planning model to decrease the number of placement moves while in foster care:</p> <p>A1 - Conduct data review to determine concurrent planning best practices</p> <p>A2 - Revise policy and procedure as needed and implement.</p> <p>A3 - Monitor, evaluate, and modify concurrent planning activities.</p>	<table border="1"> <thead> <tr> <th></th> <th>Implementation</th> <th>Completion</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 3:</u></td> </tr> <tr> <td>A1</td> <td>December 2014</td> <td>December 2015</td> </tr> <tr> <td colspan="3"><u>Year 4/5:</u></td> </tr> <tr> <td>A2</td> <td>December 2015</td> <td>November 2016</td> </tr> <tr> <td>A3</td> <td>December 2016</td> <td>November 2017</td> </tr> </tbody> </table>		Implementation	Completion	<u>Year 3:</u>			A1	December 2014	December 2015	<u>Year 4/5:</u>			A2	December 2015	November 2016	A3	December 2016	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>			
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<p>B. Develop a Resource Family Approval Unified Home Study process:</p> <p>B1 - Plan, develop and implement the Resource Family Approval process. Conduct a process improvement event to standardize the unified home study business process and develop related policy and procedure.</p> <p>B2 - Identify appropriate staffing resources.</p> <p>B3 - Monitor and evaluate performance via metrics established in the process improvement event to</p>	<table border="1"> <thead> <tr> <th></th> <th>Implementation</th> <th>Completion</th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 3:</u></td> </tr> <tr> <td>B1</td> <td>January 2016</td> <td>December 2017</td> </tr> <tr> <td colspan="3"><u>Year 4:</u></td> </tr> <tr> <td>B2</td> <td>January 2016</td> <td>December 2017</td> </tr> <tr> <td colspan="3"><u>Year 5:</u></td> </tr> <tr> <td>B3</td> <td>January 2016</td> <td>December 2017</td> </tr> </tbody> </table>		Implementation	Completion	<u>Year 3:</u>			B1	January 2016	December 2017	<u>Year 4:</u>			B2	January 2016	December 2017	<u>Year 5:</u>			B3	January 2016	December 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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maximize performance outcomes.		
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<p>Child Welfare Strategy 5: Parental engagement that is upfront, consistent and continuous will contribute to timely reunification.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care)</p>																																				
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>																																				
<p>A. Explore Court Investigation Unit structure to support early parent engagement: A1 - Develop pilot project to assess capacity, resources, and business process strategies. A2 - Create a workplan to reflect revised Court Investigation Unit structure. Revise policy and procedure as needed. A3- Monitor, evaluate, and activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td><u>Year 3:</u></td> <td></td> <td></td> </tr> <tr> <td>A1</td> <td>December 2014</td> <td>December 2015</td> </tr> <tr> <td><u>Year 4:</u></td> <td></td> <td></td> </tr> <tr> <td>A2</td> <td>December 2015</td> <td>September 2016</td> </tr> <tr> <td><u>Year 5:</u></td> <td></td> <td></td> </tr> <tr> <td>A3</td> <td>September 2016</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 3:</u>			A1	December 2014	December 2015	<u>Year 4:</u>			A2	December 2015	September 2016	<u>Year 5:</u>			A3	September 2016	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>															
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<p>B. Pursue strategies to increase parent and child visitation: B1 - Explore opportunity for Behavioral Health (BH) to conduct therapeutic visits. B2 – Explore the option for substitute care providers to provide supervised visitation and transportation. B3 – Development of criteria for liberalization of visitation based on SDM. Explore the option for substitute care providers to provide supervised visitation and transportation.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td><u>Year 1:</u></td> <td></td> <td></td> </tr> <tr> <td>B1</td> <td>December 2012</td> <td>December 2013</td> </tr> <tr> <td><u>Year 2:</u></td> <td></td> <td></td> </tr> <tr> <td>B2</td> <td>February 2013</td> <td>February 2016</td> </tr> <tr> <td>B3</td> <td>February 2013</td> <td>December 2015</td> </tr> <tr> <td>B4</td> <td>June 2013</td> <td>February 2015</td> </tr> <tr> <td><u>Year 3:</u></td> <td></td> <td></td> </tr> <tr> <td>B4</td> <td>December 2014</td> <td>January 2015</td> </tr> <tr> <td>B5</td> <td>November 2014</td> <td>January 2017</td> </tr> <tr> <td><u>Year 4/5:</u></td> <td></td> <td></td> </tr> <tr> <td>B6</td> <td>December 2014</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 1:</u>			B1	December 2012	December 2013	<u>Year 2:</u>			B2	February 2013	February 2016	B3	February 2013	December 2015	B4	June 2013	February 2015	<u>Year 3:</u>			B4	December 2014	January 2015	B5	November 2014	January 2017	<u>Year 4/5:</u>			B6	December 2014	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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<p>B4 - Engage Parents With Purpose at TDM Meetings.</p> <p>B4 - Design program to develop visitation centers in collaboration with BH to include therapeutic services. Develop plans to address opportunities for improvement (Kempe Center Model for therapeutic visitation).</p> <p>B5 - Create and implement a workplan to pilot ABC Visitation Model.</p> <p>B6 - Monitor, evaluate, and modify activities.</p>																							
<p>C. Integrate Parents As Leaders (PAL) Parents With Purpose parent support into standard reunification practices:</p> <p>C1 - Identify mentorship opportunities</p> <p>C2 - Develop structured engagement and referral processes</p> <p>C3 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td><u>Year 3:</u></td> <td></td> <td></td> </tr> <tr> <td>C1</td> <td>December 2014</td> <td>February 2015</td> </tr> <tr> <td><u>Year 4:</u></td> <td></td> <td></td> </tr> <tr> <td>C2</td> <td>February 2015</td> <td>May 2015</td> </tr> <tr> <td><u>Year 5:</u></td> <td></td> <td></td> </tr> <tr> <td>C3</td> <td>December 2015</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 3:</u>			C1	December 2014	February 2015	<u>Year 4:</u>			C2	February 2015	May 2015	<u>Year 5:</u>			C3	December 2015	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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<p>Child Welfare Strategy 6: Identify Behavioral Health (BH) engagement points for youth and family services.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability S1.1 No recurrence of maltreatment C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care)</p>																								
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>																								
<p>A. Support a Behavioral Health integrated service model:</p> <p>A1 - Conduct a Children and Family Services Department Value Stream Analysis to identify available services through BH.</p> <p>A2 – Develop integrated workgroups and implementation structure for the rollout of Katie A and the Core Practice Model. Develop workgroups to identify BH points of engagement and prioritize opportunities for improvement.</p> <p>A3 – Develop and implement workplans to address opportunities for improvement in obtaining mental health services for Katie A. children. (Kempe Center Model for therapeutic visitation).</p> <p>A4 - Identify outcomes and process measures to monitor program functioning.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 1:</td> <td></td> <td></td> </tr> <tr> <td>A1</td> <td>December 2012</td> <td>March 2013</td> </tr> <tr> <td>A2</td> <td>March 2013</td> <td>September 2013</td> </tr> <tr> <td>Year 2/3:</td> <td></td> <td></td> </tr> <tr> <td>A3</td> <td>June 2013</td> <td>June 2015</td> </tr> <tr> <td>Year 4/5:</td> <td></td> <td></td> </tr> <tr> <td>A4</td> <td>December 2014</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 1:			A1	December 2012	March 2013	A2	March 2013	September 2013	Year 2/3:			A3	June 2013	June 2015	Year 4/5:			A4	December 2014	November 2017	<p>Children & Family Services Program Manager, Administration and Program Administrator</p>
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<p>B. Prioritize access to resources:</p> <p>B1 - Work with First 5 and Behavioral Health to prioritize access for Children and Family Services Department families for Triple P parenting at the trial home visit.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td>Year 3:</td> <td></td> <td></td> </tr> <tr> <td>B1</td> <td>December 2013</td> <td>June 2015 November</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	Year 3:			B1	December 2013	June 2015 November	<p>Children & Family Services Administration</p>															
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<p>Child Welfare Strategy 7: Identify technology options that streamline business process and increase access to resources.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Measure 3- P1 Permanency in 12 Months for Children Entering Foster Care Measure 3- P5 Placement Stability C1.1 Reunification within 12 months (exit cohort) C1.2 Median time to reunification (exit cohort) C4.1 Placement Stability (12 months or less) C4.2 Placement stability (12 to 24 Months in Care) C4.3 Placement stability (At Least 24 Months in Care) 2B Timely response</p>																		
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>																		
<p>A. Utilize technology (tablets and other mobility devices) to streamline data entry: A1 - Issue tablets to case carrying staff, provide training and develop utilization policy. A2 - Review usage and identify areas for improvement (e.g. electronic signature capability, iPad dictation to Contacts, Non-Use reporting) A3 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 1:</u></td> </tr> <tr> <td>A1</td> <td>December 2012</td> <td>June 2013</td> </tr> <tr> <td>A2</td> <td>June 2013</td> <td>December 2013</td> </tr> <tr> <td colspan="3"><u>Year 2-5:</u></td> </tr> <tr> <td>A3</td> <td>December 2013</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 1:</u>			A1	December 2012	June 2013	A2	June 2013	December 2013	<u>Year 2-5:</u>			A3	December 2013	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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<p>B. Utilize HSANet to streamline service matching and referral to services (Maximize 211 database resources): B1 - Identify necessary services B2 - Engage community partners and match resources B3 - Monitor, evaluate, and modify activities.</p>	<table border="1"> <thead> <tr> <th></th> <th><u>Implementation</u></th> <th><u>Completion</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><u>Year 3:</u></td> </tr> <tr> <td>B1</td> <td>December 2014</td> <td>May 2015</td> </tr> <tr> <td colspan="3"><u>Year 4/5:</u></td> </tr> <tr> <td>B2</td> <td>June 2015</td> <td>December 2016</td> </tr> <tr> <td>B3</td> <td>December 2016</td> <td>November 2017</td> </tr> </tbody> </table>		<u>Implementation</u>	<u>Completion</u>	<u>Year 3:</u>			B1	December 2014	May 2015	<u>Year 4/5:</u>			B2	June 2015	December 2016	B3	December 2016	November 2017	<p>Children & Family Services Program Manager and Program Administrator</p>
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	<u>Implementation</u>	<u>Completion</u>		
<p>C. Design technology projects to streamline business process:</p> <p>C1 - Develop Foster Parent Recruitment and Retention (FPRR) database.</p> <p>C2 - Explore electronic cross-reporting from law enforcement.</p> <p>C3 - Develop electronic signing process for warrants and court reports.</p> <p>C4 - Enhance Independent Living Program (ILP) database.</p> <p>C5 - Develop centralized assignment process via Kaizen process improvement event. tool (White Board).</p> <p>C6 – Implement electronic scheduling system Shift Board for After Hours scheduling.</p> <p>C7 – Develop tablet application development/discovery to streamline business process (e.g. app. for staff to access foster home vacancy list)</p> <p>C8 - Monitor, evaluate, and modify activities.</p>	Year 1:		<p>Children & Family Services Program Manager and Program Administrator</p>	
	C1	December 2012		June 2016
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	C7	December 2013		November 2017
	Year 5:			
C8	December 2014	November 2017		

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<p>Probation Strategy 1: Enhance family engagement by improving communication between the assigned Probation officer and the birth parent(s)/legal guardians. The Court and Probation’s expectations should be discussed with families from the beginning.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Engage group home providers, Deputy Probation Officers, parents and/or relatives and Parent Partner within 45 days of placement to discuss expectations and goals in efforts to achieve successful placement and subsequent reunification. Revisions can then be made for those case plans that were initiated prior to the 45 days.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officers Assigned Deputy Probation Officers</p>
<p>B. Develop and implement a revised staff work schedule that permits Deputy Probation Officers to be available a few weekend and evening hours to increase meetings with youth and families that cannot meet during regular business hours (weekdays 8 a.m. – 5:00 p.m.)</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Unit Supervisor Senior Deputy Probation Officer</p>
<p>C. Identify family needs based on meetings DPO and/or Parent Partner has with family. Seek resources to address those needs using the protective factors framework and funding for families in need of services: e.g. transportation, housing, parenting classes, childcare. Once identified, resources will be accessed by DPO and/or Parent Partner to see if appropriate for family.</p>	<p><u>Start/End</u> Seek resources and explore funding: Qtr. 4/2012 Qtr. 4/2013 Reassess funding streams/add new sources if necessary: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officers</p>
<p>D. Ensure on a quarterly basis that assigned Probation Officers have engaged with birth parent(s), if available, and attempt to rectify any barriers that exist if the parents are resistant to being involved. Evaluate strategy by reviewing DPO chrono/note entries and Parent Partner notes</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Ongoing quarterly Assessment: Qtr. 4/2013 Qtr. 4/2015 Ongoing quarterly Assessment: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>

**2012-2017 Ventura County System Improvement Plan
Year 3 SIP Chart**

for information gathered from meetings between families, Parent Partner and DPO.		
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**2012-2017 Ventura County System Improvement Plan
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<p>Probation Strategy 2: Enhance family engagement by involving birth families in the planning and decision-making process during the course of the client's placement.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Implement team meetings involving the family during the first 45 days to review placement needs and goals, and reunification needs and goals, and document in the case plan. The assigned Deputy Probation Officer and/or Parent Partner will facilitate the meeting. The meetings should include parents, relatives, group home providers, the Parent Partner and the assigned placement probation officer.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officers Assigned Deputy Probation Officers</p>
<p>B. Identify relatives and/or individuals that will offer support to the youth and their parents/guardians during the placement process, and after the youth is reunified with his/her family by using Wraparound, Parent Partner and Peer Partner services. Also, assess relatives and Non-Relative Extended Family Members (NREFMs) for potential placement possibility in lieu of youth being placed in a group home setting.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Assess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officers Assigned Deputy Probation Officers</p>
<p>C. Implement an increase in the frequency of client visits to exceed the current mandate leading up to reunification to help maintain a stable placement and to facilitate the reunification transition.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Assigned Deputy Probation Officers</p>

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<p>D. Ensure on a quarterly basis that assigned Deputy Probation Officers are involving parents and any available relatives in the planning and decision-making of the client’s placement and reunification transition. Evaluate strategies by reviewing DPO chrono/note entries and Parent Partner notes from family meetings with Parent Partner and DPO.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 QuarterlyAssessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>
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**2012-2017 Ventura County System Improvement Plan
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<p>Probation Strategy 3: Reunification by identifying parent and peer support groups that are available to support families who have children involved in the delinquency court system.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Employ a trained Parent Partner, bi-lingual in Spanish and English, and a Peer Partner to work with the youths' families toward reunification efforts. The VCPA placement unit will seek to become trained in the Safety Organized Practice model and attend state mandated Commercially Sexually Exploited Children (CSEC) training to further provide skilled services to the youth and their families.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2014 Qtr. 4/2014 (Peer Partner) Qtr. 3/2015 Qtr. 3/2016 Reassess/Adjust: Qtr. 4/2014 Qtr. 4/2015 (Peer Partner) Qtr. 4/2015 Qtr. 4/2016 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017 (Peer Partner) Qtr. 4/2016 Qtr. 4/2017 SOP & CSEC Training Qtr. 1/2016 Qtr. 4/2016</p>	<p>Juvenile Division Manager Placement Supervisor</p>
<p>B. Attend meetings with the statewide Probation Advisory Committee to receive assistance in identifying successful reunification services and best practices regarding placement stability from other probation departments and CDSS officials. The information will be provided to the assigned Deputy Probation Officers.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>
<p>C. Meet with community partners and group home providers to identify supportive services available to biological families/legal guardians.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Juvenile Division Manager Placement Supervisor</p>
<p>D. Evaluate identified services and best practices received from this strategy on a quarterly basis to see if applicable for this agency's supervised youth and if so, provide information to assigned Deputy Probation Officers. Evaluate quarterly the</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor</p>

**2012-2017 Ventura County System Improvement Plan
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effectiveness of services by having DPOs report out at staff meetings.		
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**2012-2017 Ventura County System Improvement Plan
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<p>Probation Strategy 4: Enhance service delivery by referring families to community resources that offer support and contribute to positive placement stability and reunification outcomes including: in-home services, mental health or counseling services, substance abuse services, parenting support, child care, housing, financial assistance and transportation.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSP <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>	
<p>Action Steps:</p>	<p>Timeframe:</p>		<p>Person Responsible:</p>
<p>A. Obtain resource guides utilized by community partners that include services for foster youth. Identify effective community-based interventions and programs that emphasize family interactions.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>		<p>Placement Supervisor Senior Deputy Probation Officers</p>
<p>B. Refer families to in-home services such as Therapeutic Behavioral Services (TBS), and Wraparound for youth who are at-risk for removal from the home, for youth currently in foster care and their families, and for youth who are transitioning home for reunification.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>		<p>Senior Deputy Probation Officers Assigned Deputy Probation Officer</p>
<p>C. Design and implement a resource guide for linkages and referrals to services to include information regarding housing, employment, health care, transportation, education, support groups and counseling. The assigned probation officer is to provide this guide to families that reunify and to youth with plans to emancipate. He/she will also educate parents and youth to utilize guide(s) and seek services independently as needed. The assigned DPO, Parent Partner and/or Peer Partner to provide resource information to families and youth, including EFC youth, in need of such information. The VCPA placement unit will continue to work closely with the County Public Health Nurse assigned to oversee the health needs of the youth, and the Ventura County Office of Education's Special Populations Liaison to discuss</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 (Education protocol) Qtr. 1/2016 Qtr. 4/2016 Assess resources and modify: Qtr. 4/2013 Qtr. 4/2015 (Education protocol) Qtr. 3/2016 Qtr. 4/2016 Assess resources and modify: Qtr. 4/2016 Qtr. 4/2017</p>		<p>Senior Deputy Probation Officers Assigned Deputy Probation Officer</p>

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<p>education needs. Currently, VCPA placement is working toward developing protocol aimed at addressing Educational Right's Holder and school of origin issues.</p>		
<p>D. Evaluate identified services on a quarterly basis to ensure-the services offered are active and potentially successful for referred youth and their families. Evaluate quarterly the effectiveness of services by having DPOs report out at staff meetings.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>

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<p>Probation Strategy 5: Improve assessments and case plans to increase placement stability and reunification outcomes.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Revise and implement current intake placement finding process that occurs while the youth is in custody and before he/she is placed or returned to an out-of-home placement. The process to include birth parents (if available), possible relatives for placement, NREFM's, SrDPOs, and assigned probation officers.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2014 Qtr. 4/2014 Reassess/Adjust: Qtr. 4/2014 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor</p>
<p>B. Identify community resources that assist foster youth with challenges that impede placement stability and reunification efforts (substance abuse counseling, anger mgmt., mental health therapy, parenting classes, domestic violence therapy, etc.). A list will then be created, including but not limited to Resources to include community organizations and websites, to be used by the Deputy Probation Officers as needed for each individual case. Additional support to come from Wraparound, Parent Partner and Peer Partner.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Assess resources and modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>
<p>C. Placement Officers to attend specialized training for probation officers working with foster youth, including Placement Officer CORE, case planning, family engagement and RFA. In addition, to attend training offered by UC Davis Extension and in-house training provided by Probation and Human Services Agencies.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor</p>

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<p>D. Evaluate on a quarterly basis the effectiveness of the revised placement finding process to ensure all needed parties are involved as much as possible. Also, evaluate if the identified resources are being utilized to assist the probation supervised youth with their challenges in foster care.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2014 Qtr. 4/2014 Quarterly assessment: Qtr. 4/2014 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2017</p>	<p>Placement Supervisor</p>
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<p>Probation Strategy 6: Utilize the Agency's current juvenile risk assessment tool, Compas, VCRAS, to assist youth, families, and assigned Deputy Probation Officers to develop realistic case plans. Transition to new assessment tool, Ohio Youth Assessment System, when preparations for implementation are complete (unknown date at this time).</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>	
Action Steps:	Timeframe:		Person Responsible:
<p>A. Deputy Probation Officers to use questions in current risk assessment tool to obtain participation from the youth and families to create a case plan with realistic goals and timeframes to help with placement stability and reunification efforts.</p>	<p><u>Start/End</u></p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>		<p>Assigned Deputy Probation Officers</p>
<p>B. Develop questions that facilitate early concurrent planning. Identify immediate family members (parents, grandparents, aunts, uncles, great aunts/great uncles, siblings), non-relatives, NREFM's and educate parents/caregivers about the foster care process. Identification should begin at court investigation phase (Juvenile Investigations).</p>	<p><u>Start/End</u></p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>		<p>Placement Supervisor Senior Deputy Probation Officers Assigned Deputy Probation Officers</p>
<p>C. Ensure quarterly that the Agency's risk assessment tool is being used by the Deputy Probation Officers to create realistic case plans with the youth and their immediate family members, if available.</p>	<p><u>Start/End</u></p> <p>Implementation: Qtr. 4/2012 Qtr. 4/2013 Quarterly assessment: Qtr. 4/2013 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>		<p>Senior Deputy Probation Officers</p>

**2012-2017 Ventura County System Improvement Plan
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<p>Probation Strategy 7: Enhance communication with Juvenile Facilities (JF) probation and behavioral health staff, public health staff and all Probation placement staff to ensure services are delivered as identified in the youth’s case plan and to keep staff abreast of youth’s placement plans.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Reunification within 12 months (exit cohorts) C4.2 Placement Stability (12 to 24 Months in Care) C4.3 Placement Stability (At Least 24 Months in Care) 3-P5 Placement Stability</p>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Schedule meetings and/or have regular contact with JF probation and behavioral health staff to educate about pending placement youth’s risk factors and needs.</p>	<p><u>Start/End</u> Implementation: Qtr. 4/2012 Qtr. 4/2013 Reassess/Adjust: Qtr. 4/2013 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Placement Supervisor Senior Deputy Probation Officers</p>
<p>B. Assigned Deputy Probation Officers and all placement unit staff (SDPO, SrDPOs, public health nurse and Parent Partner and Peer Partner) meet on a monthly basis to review the progress of all placement youth, case plan objectives, child/family’s needs, and potential release (if in custody). The process should also include regular updates with the youth and their families.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2014 Qtr. 4/2014 Reassess/Adjust: Qtr. 4/2014 Qtr. 4/2015 Monitor/modify: Qtr. 4/2015 Qtr. 4/2017</p>	<p>Senior Deputy Probation Officers Assigned Deputy Probation Officers</p>
<p>C. Ensure quarterly that meetings are being conducted between placement staff, Parent Partner, Peer Partner and the Public Health Nurse on a monthly basis, and that contact with placement youth remains open. Meet and/or have contact with JF supervisors, Behavioral Health, Public Health, and the Parent Partner and the Peer Partner quarterly to evaluate communication effectiveness and rectify any issues that may exist.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2014 Qtr. 4/2014 Quarterly assessment: Qtr. 4/2014 Qtr. 4/2015 Quarterly assessment: Qtr. 4/2015 Qtr. 4/2017</p>	

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<p>D. Work with the Child and Family Services Department/Continuous Quality Improvement Unit and the Department of Mental Health in Ventura County to develop a reliable tracking system to monitor and ensure all children in placement authorized to receive psychotropic medication are obtaining the mental health care they need, including prescribed medications.</p>	<p><u>Start/End</u> Implementation: Qtr. 3/2016 Qtr. 4/2016 Quarterly assessment: Qtr. 4/2016 Qtr. 4/2017</p>	<p>Placement Supervisor</p>
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Attachment 2

Q2 2015 CWS Child Welfare Outcomes System Summary

CWS Outcomes System Summary for Ventura County--10.27.15			Baseline -- Orig. Rpt Date (Data Extract)	Time Period 36 -- Jul 12 (Q1 12)		<-Select Baseline		Current selections = 3.25- year span											
Report publication: Oct2015. Data extract: Q2 2015. Agency: Child Welfare.			Comparison -- Orig. Rpt Date (Data Extract)	Time Period 49 -- Oct 15 (Q2 15)		<-Select Comparison													
Measure number	Type (CDSS UCB)	Measure description	National or Compliance Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance ¹	Baseline perf. rel. to standard (%) ²	Comparison start date	Comparison end date	Comparison numerator	Comparison denominator	Comparison performance ¹	Comparison perf. rel. to standard (%) ²	Goal	3.25-year percent change ³	Estimated # affected ⁴	
PR	U	Participation Rates: Referral Rates	N.A.	01/01/11	12/31/11	10,774	208,803	51.6	N.A.	01/01/14	12/31/14	10,958	201,885	54.3	N.A.	v	▲ 5.2%	541	
PR	U	Participation Rates: Substantiation Rates	N.A.	01/01/11	12/31/11	1,242	208,803	5.9	N.A.	01/01/14	12/31/14	1,268	201,885	6.3	N.A.	v	▲ 5.6%	67	
PR	U	Participation Rates: Entry Rates	N.A.	01/01/11	12/31/11	486	208,803	2.3	N.A.	01/01/14	12/31/14	491	201,885	2.4	N.A.	v	▲ 4.5%	21	
PR	U	Participation Rates: In Care Rates	N.A.	07/01/11	07/01/11	774	208,803	3.7	N.A.	07/01/15	07/01/15	819	200,483	4.1	N.A.	v	▲ 10.2%	76	
Safety																			
3-S1	U/C	Maltreatment in foster care	8.50	04/01/11	03/31/12	26	246,822	10.53	80.7	07/01/14	06/30/15	9	278,790	3.22	263.3	v	v -69.4%	-20	
3-S2	U/C	Recurrence of maltreatment	9.1	04/01/10	03/31/11	97	1,012	9.6	94.9	07/01/13	06/30/14	89	1,462	6.1	149.5	v	v -36.5%	-51	
Permanency																			
3-P1	U/C	Permanency in 12 months (entering foster care)	40.5	04/01/10	03/31/11	188	437	43.0	106.2	07/01/13	06/30/14	249	579	43.0	106.2	▲	v 0.0%	0	
3-P2	U/C	Permanency in 12 months (in care 12-23 months)	43.6	04/01/11	03/31/12	58	142	40.8	93.7	07/01/14	06/30/15	72	157	45.9	105.2	▲	▲ 12.3%	8	
3-P3	U/C	Permanency in 12 months (in care 24 months or more)	30.3	04/01/11	03/31/12	37	147	25.2	83.1	07/01/14	06/30/15	59	170	34.7	114.5	▲	▲ 37.9%	16	
3-P4	U/C	Re-entry to foster care in 12 months	8.3	04/01/09	03/31/10	20	158	12.7	65.6	07/01/12	06/30/13	17	233	7.3	113.8	v	v -42.4%	-12	
3-P5	U/C	Placement stability	4.12	04/01/11	03/31/12	356	69,934	5.09	80.9	07/01/14	06/30/15	335	77,338	4.33	95.1	v	v -14.9%	-59	
2B	C	Timely Response (Imm. Response Compliance)	90.0	01/01/12	03/31/12	404	412	98.1	N.A.	04/01/15	06/30/15	209	209	100.0	111.1	▲	▲ 2.0%	4	
2B	C	Timely Response (10-Day Response Compliance)	90.0	01/01/12	03/31/12	1,219	1,296	94.1	N.A.	04/01/15	06/30/15	1,060	1,126	94.1	104.6	▲	▲ 0.1%	1	
2D	C	Timely Response--Completed (Imm. Response Compliance)	N.A.	01/01/12	03/31/12	378	412	91.7	N.A.	04/01/15	06/30/15	205	209	98.1	N.A.	▲	▲ 6.9%	13	
2D	C	Timely Response--Completed (10-Day Response Compliance)	N.A.	01/01/12	03/31/12	650	1,296	50.2	N.A.	04/01/15	06/30/15	915	1,126	81.3	N.A.	▲	▲ 62.0%	350	
2F	C	Monthly Visits (Out of Home)	95.0	04/01/11	03/31/12	6,742	7,671	87.9	92.5	07/01/14	06/30/15	8,262	8,600	96.1	101.1	▲	▲ 9.3%	704	
2F	C	Monthly Visits in Residence (Out of Home)	50.0	04/01/11	03/31/12	5,199	6,742	77.1	154.2	07/01/14	06/30/15	7,021	8,262	85.0	170.0	▲	▲ 10.2%	650	
2S	C	Monthly Visits (In Home)	N.A.	04/01/11	03/31/12	2,585	3,719	69.5	N.A.	07/01/14	06/30/15	2,933	3,961	74.0	N.A.	▲	▲ 6.5%	180	
2S	C	Monthly Visits in Residence (In Home)	N.A.	04/01/11	03/31/12	1,919	2,585	74.2	N.A.	07/01/14	06/30/15	2,058	2,933	70.2	N.A.	v	v -5.5%	-119	
4A	U	Siblings (All)	N.A.	04/01/12	04/01/12	213	475	44.8	N.A.	07/01/15	07/01/15	265	528	50.2	N.A.	▲	▲ 11.9%	28	
4A	U	Siblings (Some or All)	N.A.	04/01/12	04/01/12	312	475	65.7	N.A.	07/01/15	07/01/15	364	528	68.9	N.A.	▲	▲ 5.0%	17	
4B	U	Least Restrictive (Entries First Plc.: Relative)	N.A.	04/01/11	03/31/12	73	469	15.6	N.A.	07/01/14	06/30/15	88	468	18.8	N.A.	▲	▲ 20.8%	15	
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	04/01/11	03/31/12	209	469	44.6	N.A.	07/01/14	06/30/15	165	468	35.3	N.A.	v	v -20.9%	-44	
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	04/01/11	03/31/12	42	469	9.0	N.A.	07/01/14	06/30/15	54	468	11.5	N.A.	▲	▲ 28.8%	12	
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	04/01/11	03/31/12	132	469	28.1	N.A.	07/01/14	06/30/15	153	468	32.7	N.A.	v	v 16.2%	21	
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	04/01/11	03/31/12	13	469	2.8	N.A.	07/01/14	06/30/15	8	468	1.7	N.A.	v	v -38.3%	-5	
4B	U	Least Restrictive (PIT Placement: Relative)	N.A.	04/01/12	04/01/12	282	828	34.1	N.A.	07/01/15	07/01/15	367	915	40.1	N.A.	▲	▲ 17.8%	55	
4B	U	Least Restrictive (PIT Placement: Foster Home)	N.A.	04/01/12	04/01/12	215	828	26.0	N.A.	07/01/15	07/01/15	156	915	17.0	N.A.	v	v -34.3%	-82	
4B	U	Least Restrictive (PIT Placement: FFA)	N.A.	04/01/12	04/01/12	71	828	8.6	N.A.	07/01/15	07/01/15	79	915	8.6	N.A.	▲	▲ 0.7%	1	
4B	U	Least Restrictive (PIT Placement: Group/Shelter)	N.A.	04/01/12	04/01/12	110	828	13.3	N.A.	07/01/15	07/01/15	78	915	8.5	N.A.	v	v -35.8%	-44	
4B	U	Least Restrictive (PIT Placement: Other)	N.A.	04/01/12	04/01/12	150	828	18.1	N.A.	07/01/15	07/01/15	235	915	25.7	N.A.	▲	▲ 41.8%	69	
4E (1)	U/C	ICWA Eligible Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.	Data available online.				N.A.	Data available online.				N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	
5B (1)	C	Rate of Timely Health Exams	N.A.	01/01/12	03/31/12	616	641	96.1	N.A.	04/01/15	06/30/15	646	689	93.8	N.A.	▲	v -2.4%	-16	
5B (2)	C	Rate of Timely Dental Exams	N.A.	01/01/12	03/31/12	384	473	81.2	N.A.	04/01/15	06/30/15	378	504	75.0	N.A.	▲	v -7.6%	-31	
5F	C	Authorized for Psychotropic Medication*	N.A.	01/01/12	03/31/12	129	817	15.8	N.A.	04/01/15	06/30/15	106	871	12.2	N.A.	v	v -22.9%	-32	
6B	C	Individualized Education Plan	N.A.	01/01/12	03/31/12	21	742	2.8	N.A.	04/01/15	06/30/15	11	797	1.4	N.A.	v	v -51.2%	-12	
8A	C	Completed High School or Equivalent**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	8	14	57.1	N.A.	N.A.	N.A.	N.A.	
8A	C	Obtained Employment**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	5	14	35.7	N.A.	N.A.	N.A.	N.A.	
8A	C	Have Housing Arrangements**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	13	14	92.9	N.A.	N.A.	N.A.	N.A.	
8A	C	Permanency Connection with an Adult**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	12	14	85.7	N.A.	N.A.	N.A.	N.A.	

NOTE: ** or #DIV/0! = value not available due to 0 denominator

*Participation Rates, 3-P5: rate per 1,000; 3-S1: rate per 100,000; all others: percentage (%)

¹Performance relative to compliance/national standard (standard)/(num/denom)*100% for measures with desired decrease;(num/denom)/(standard)*100% for measures with desired increase.

²Percent Change=(comparison n/comparison d)/(baseline n/baseline d)-1*100%

Some items may display as 0.0%, but indicate change in the desired direction. This is because of small change not displayed at one decimal place.

³Estimated as comparison n - (comparison d/baseline n/baseline d). 3-S1 is an estimate of # of victimizations; 3-P5 is estimate of # moves/Measures 2F and 2S are estimated # of visits; all others are estimated number of children and youth.

* Values of 10 or less and calculations based on values of 10 or less are masked (**).

** 8A data are available from Quarter 2, 2015 onwards.

CWS Outcomes System Summary for California—10.27.15				Baseline -- Orig. Rpt Date (Data Extract)	Time Period 36 -- Jul 12 (Q1 12)		<<--Select Baseline		Current selections = 3.25- year span											
Report publication: Oct2015. Data extract: Q2 2015. Agency: Child Welfare.				Comparison -- Orig. Rpt Date (Data Extract)	Time Period 49 -- Oct 15 (Q2 15)		<<--Select Comparison													
Measure number	Type (CDSS UCB)	Measure description	National or Compliance Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance ¹	Baseline perf. rel. to standard (%) ²	Comparison start date	Comparison end date	Comparison numerator	Comparison denominator	Comparison performance ¹	Comparison perf. rel. to standard (%) ²	Goal	3.25-year percent change ³	Estimated # affected ⁴		
PR	U	Participation Rates: Referral Rates	N.A.	01/01/11	12/31/11	474,887	9,203,420	51.6	N.A.	01/01/14	12/31/14	497,370	9,097,971	54.7	N.A.	▲	▲	5.9%	27,924	
PR	U	Participation Rates: Substantiation Rates	N.A.	01/01/11	12/31/11	87,467	9,203,420	9.5	N.A.	01/01/14	12/31/14	82,262	9,097,971	9.0	N.A.	▼	▼	-4.9%	-4,203	
PR	U	Participation Rates: Entry Rates	N.A.	01/01/11	12/31/11	30,077	9,203,420	3.3	N.A.	01/01/14	12/31/14	31,986	9,097,971	3.5	N.A.	▲	▲	7.6%	2,254	
PR	U	Participation Rates: In Care Rates	N.A.	07/01/11	07/01/11	53,454	9,203,420	5.8	N.A.	07/01/15	07/01/15	54,757	9,102,486	6.0	N.A.	▼	▲	3.6%	1,889	
Safety																				
3-S1	U/C	Maltreatment in foster care	8.50	04/01/11	03/31/12	1,779	17,510,833	10.15	83.7	07/01/14	06/30/15	1,609	18,343,145	8.77	96.9	▼	▼	-13.7%	-255	
3-S2	U/C	Recurrence of maltreatment	9.1	04/01/10	03/31/11	8,440	82,504	10.2	89.0	07/01/13	06/30/14	7,952	76,294	10.2	89.6	▼	▼	-0.7%	-57	
Permanency																				
3-P1	U/C	Permanency in 12 months (entering foster care)	40.5	04/01/10	03/31/11	11,159	27,303	40.9	100.9	07/01/13	06/30/14	10,519	29,008	36.3	89.5	▲	▼	-11.3%	-1,337	
3-P2	U/C	Permanency in 12 months (in care 12-23 months)	43.6	04/01/11	03/31/12	4,971	10,592	46.9	107.6	07/01/14	06/30/15	5,656	12,519	45.2	103.6	▲	▼	-3.7%	-219	
3-P3	U/C	Permanency in 12 months (in care 24 months or more)	30.3	04/01/11	03/31/12	4,263	16,921	25.2	83.1	07/01/14	06/30/15	3,940	14,058	28.0	92.5	▲	▲	11.2%	398	
3-P4	U/C	Re-entry to foster care in 12 months	8.3	04/01/09	03/31/10	1,274	11,127	11.4	72.5	07/01/12	06/30/13	1,131	9,940	11.4	72.9	▼	▼	-0.6%	-7	
3-P5	U/C	Placement stability	4.12	04/01/11	03/31/12	17,838	4,123,833	4.32	95.2	07/01/14	06/30/15	17,820	4,555,235	3.91	105.3	▼	▼	-9.6%	-1,884	
2B	C	Timely Response (Imm. Response Compliance)	90.0	01/01/12	03/31/12	18,885	19,270	98.0	N.A.	04/01/15	06/30/15	17,167	17,766	96.6	107.4	▲	▼	-1.4%	-244	
2B	C	Timely Response (10-Day Response Compliance)	90.0	01/01/12	03/31/12	42,612	45,374	93.9	N.A.	04/01/15	06/30/15	40,573	44,048	92.1	102.3	▲	▼	-0.6%	-96	
2D	C	Timely Response--Completed (Imm. Response Compliance)	N.A.	01/01/12	03/31/12	17,290	19,270	89.7	N.A.	04/01/15	06/30/15	15,845	17,766	89.2	N.A.	▲	▼	-0.6%	-96	
2D	C	Timely Response--Completed (10-Day Response Compliance)	N.A.	01/01/12	03/31/12	29,037	45,374	64.0	N.A.	04/01/15	06/30/15	29,493	44,048	67.0	N.A.	▲	▲	4.6%	1,305	
2F	C	Monthly Visits (Out of Home)	95.0	04/01/11	03/31/12	505,244	544,866	92.7	97.6	07/01/14	06/30/15	539,384	573,357	94.1	99.0	▲	▲	1.5%	7,721	
2F	C	Monthly Visits in Residence (Out of Home)	50.0	04/01/11	03/31/12	379,248	505,244	75.1	150.1	07/01/14	06/30/15	426,902	539,384	79.1	158.3	▲	▲	5.4%	22,028	
2S	C	Monthly Visits (In Home)	N.A.	04/01/11	03/31/12	372,027	458,258	81.2	N.A.	07/01/14	06/30/15	342,630	419,017	81.8	N.A.	▲	▲	0.7%	2,460	
2S	C	Monthly Visits in Residence (In Home)	N.A.	04/01/11	03/31/12	283,336	372,027	76.2	N.A.	07/01/14	06/30/15	262,306	342,630	76.6	N.A.	▲	▲	0.5%	1,359	
4A	U	Siblings (All)	N.A.	04/01/12	04/01/12	18,763	33,929	55.3	N.A.	07/01/15	07/01/15	19,100	38,279	49.9	N.A.	▲	▼	-8.8%	-2,069	
4A	U	Siblings (Some or All)	N.A.	04/01/12	04/01/12	25,202	33,929	74.3	N.A.	07/01/15	07/01/15	27,157	38,279	70.9	N.A.	▲	▼	-4.5%	-1,276	
4B	U	Least Restrictive (Entries First Plc.: Relative)	N.A.	04/01/11	03/31/12	6,727	27,585	24.4	N.A.	07/01/14	06/30/15	7,820	28,556	27.4	N.A.	▲	▲	12.3%	856	
4B	U	Least Restrictive (Entries First Plc.: Foster Home)	N.A.	04/01/11	03/31/12	4,745	27,585	17.2	N.A.	07/01/14	06/30/15	4,350	28,556	15.2	N.A.	▲	▼	-11.4%	-562	
4B	U	Least Restrictive (Entries First Plc.: FFA)	N.A.	04/01/11	03/31/12	11,952	27,585	43.3	N.A.	07/01/14	06/30/15	12,373	28,556	43.3	N.A.	▲	▲	0.0%	0	
4B	U	Least Restrictive (Entries First Plc.: Group/Shelter)	N.A.	04/01/11	03/31/12	3,160	27,585	11.5	N.A.	07/01/14	06/30/15	3,294	28,556	11.5	N.A.	▼	▲	0.7%	23	
4B	U	Least Restrictive (Entries First Plc.: Other)	N.A.	04/01/11	03/31/12	1,001	27,585	3.6	N.A.	07/01/14	06/30/15	719	28,556	2.5	N.A.	▲	▼	-30.6%	-317	
4B	U	Least Restrictive (PIT Placement: Relative)	N.A.	04/01/12	04/01/12	19,210	54,933	35.0	N.A.	07/01/15	07/01/15	21,960	62,413	35.2	N.A.	▲	▲	0.6%	134	
4B	U	Least Restrictive (PIT Placement: Foster Home)	N.A.	04/01/12	04/01/12	5,272	54,933	9.6	N.A.	07/01/15	07/01/15	5,515	62,413	8.8	N.A.	▲	▼	-7.9%	-475	
4B	U	Least Restrictive (PIT Placement: FFA)	N.A.	04/01/12	04/01/12	14,839	54,933	27.0	N.A.	07/01/15	07/01/15	15,782	62,413	25.3	N.A.	▲	▼	-6.4%	-1,078	
4B	U	Least Restrictive (PIT Placement: Group/Shelter)	N.A.	04/01/12	04/01/12	3,846	54,933	7.0	N.A.	07/01/15	07/01/15	3,872	62,413	6.2	N.A.	▼	▼	-11.4%	-498	
4B	U	Least Restrictive (PIT Placement: Other)	N.A.	04/01/12	04/01/12	11,766	54,933	21.4	N.A.	07/01/15	07/01/15	15,284	62,413	24.5	N.A.	▲	▲	14.3%	1,916	
4E (1)	U/C	ICWA Eligible Placement Status	N.A.						N.A.							N.A.	N.A.	N.A.	N.A.	
4E (2)	U/C	Multi-Ethnic Placement Status	N.A.						N.A.							N.A.	N.A.	N.A.	N.A.	
				Data available online.				Data available online.				Data available online.				Data available online.				
5B (1)	C	Rate of Timely Health Exams	N.A.	01/01/12	03/31/12	39,687	43,361	91.5	N.A.	04/01/15	06/30/15	41,838	49,516	84.5	N.A.	▲	▼	-7.7%	-3,482	
5B (2)	C	Rate of Timely Dental Exams	N.A.	01/01/12	03/31/12	26,003	34,188	76.1	N.A.	04/01/15	06/30/15	22,778	39,179	58.1	N.A.	▲	▼	-23.6%	-7,021	
5F	C	Authorized for Psychotropic Medication*	N.A.	01/01/12	03/31/12	6,647	54,554	12.2	N.A.	04/01/15	06/30/15	6,209	54,986	11.3	N.A.	▲	▼	-7.3%	-491	
6B	C	Individualized Education Plan	N.A.	01/01/12	03/31/12	5,597	51,695	10.8	N.A.	04/01/15	06/30/15	3,470	53,328	6.5	N.A.	▲	▼	-39.9%	-2,304	
8A	C	Completed High School or Equivalent**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	330	676	48.8	N.A.	N.A.	N.A.	N.A.		
8A	C	Obtained Employment**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	281	676	41.6	N.A.	N.A.	N.A.	N.A.		
8A	C	Have Housing Arrangements**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	444	676	65.7	N.A.	N.A.	N.A.	N.A.		
8A	C	Permanency Connection with an Adult**	N.A.	01/01/12	03/31/12	N.A.	N.A.	N.A.	N.A.	04/01/15	06/30/15	446	676	66.0	N.A.	N.A.	N.A.	N.A.		

NOTE: ** or #DIV/0! = value not available due to 0 denominator

*Participation Rates, 3-P5: rate per 1,000; 3-S1: rate per 100,000; all others: percentage (%).

¹Performance relative to compliance/national standard $(\text{num}/\text{denom})/(\text{standard}) \times 100\%$ for measures with desired decrease; $(\text{num}/\text{denom})/(\text{standard}) \times 100\%$ for measures with desired increase.

²Percent Change = $(\text{comparison } n / \text{comparison } d) / (\text{baseline } n / \text{baseline } d) - 1 \times 100\%$.

Some items may display as 0.0%, but indicate change in the desired direction. This is because of small change not displayed at one decimal place.

³Estimated as comparison n - (comparison d / baseline n / baseline d). 3-S1 is an estimate of # of victimizations; 3-P5 is estimate of # moves; Measures 2F and 2S are estimated # of visits; all others are estimated number of children and youth.

* Values of 10 or less and calculations based on values of 10 or less are masked (**).

** 8A data are available from Quarter 2, 2015 onwards.

Attachment 3
Zip Code 93001
Demographic and Secondary Data Analysis



93001 Zip Code Demographic and Secondary Data Analysis

Jason Claros
Human Services Agency, Children & Family Services
October 2015

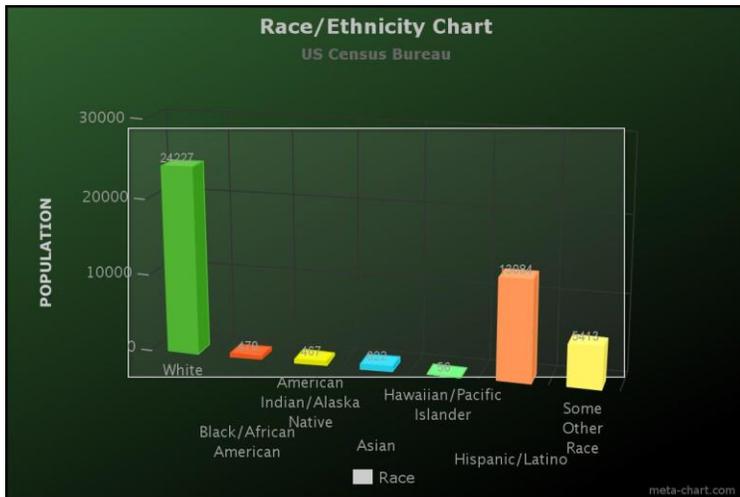
Demographic and Secondary Data

The grid-like layout of “The Avenue’s” community falls in the 93001 zip code of the city. The greater surroundings make up mountain ranges on the East and West side of the community, creating a hidden valley almost separating the neighborhood from the rest of the city. “The Avenue” is densely populated and shares this zip code with the beach neighborhoods close to Pierpont and Bayshore Avenue, and up the Pacific Coast Highway to Carpenteria. With the exception of the densely populated area of “The Avenue,” the rest of the northern section of 93001 lies away from the water, occupied by oil fields.

Population

According to the United States Census Bureau (2015), the city of Ventura was estimated to have almost 110,000 people in 2014. Ventura makes up three zip codes (93001, 93003, 93004) of which 200 square miles (Onboard Informatics, 2015) of land make up 93001. 93001 has the lowest population density of almost 33,000, compared to area 93003 with a population of approximately 50,000 people in a dense area of only 20 square miles. “The Avenue” makes up less than one square mile of industrial, residential, and local business areas. The total population of 93001 consists of slightly more females (50.8%) than males (49.2%) and a median range of 38.1 years of age (United States Census Bureau, 2015). The community appears to house a variety of ethnic and racial backgrounds, with approximately 13,000 (40%) of individuals reported to be of Hispanic or Latino origin and roughly 24,000 (72%) identified as White alone (United Census Bureau, 2015).





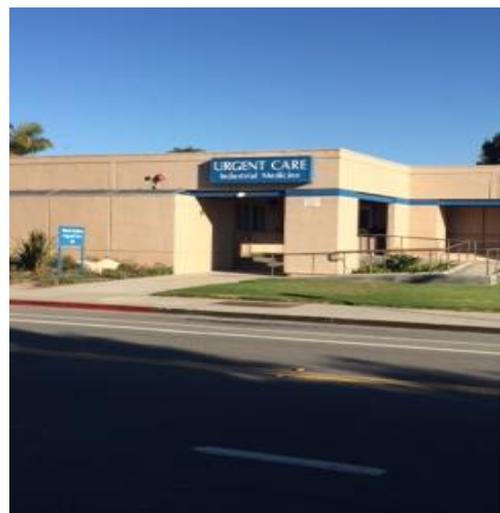
Housing

The residents of the 93001 community rent or own either single-family home units or newer built condominium units in the section(s) closest to Main Street's downtown area. However, "The Avenue" is

lined with apartment complexes when traveling deeper into the community, many of which were most likely built between 1960 and 1980. Almost 60% of the units are rentals and that around 60% of these homes have at least two to three bedrooms (Onboard Informatics, 2015). The United States Census Bureau (2015) further reports that the median monthly housing costs are roughly \$1,315 per month while the median annual income for this community is approximately \$52,000 per year.

Health

In-person community observations of the selected area revealed that medical treatment appeared to be limited with the exception of an Urgent Care clinic located at the end of "The Avenue" next to a Rite Aid pharmacy (See Appendix B). Located in the hills East of the community is Vista Del Mar, a psychiatric hospital for adults and children who are suffering from psychological distress. The hospital can be found off the beaten path of the community and offers scenic views of the



mountains to the north and of the Pacific Ocean. For this area code, the UCLA Center for Health Policy Research (2015) reported that 12.4% of adults in this area suffer from serious psychological distress and that over 20% are uninsured or do not have a primary health provider. Additionally, reports on food insecurity in this area were consistent with the State average of about 8%. Countywide, the more significant levels of food Insecurity were found in areas of 93033 with a high of 21%, compared to 2.7% in the 93012 area. This statistic on our selected area shows promise in comparison to other areas of the county, indicating that the residents of the 93001 area have a personal sense or resourcefulness.

Socio Economic Status

In the 93001 area, 5,331 (16.7%) of individuals currently live below the poverty level (United States Census Bureau, 2015). Poverty in the 93001 area code is much higher than the County average of 11.1%. Of those who live with these limited means, 2,455 (19%) of the 12,900 Hispanics or Latinos in the area live below the poverty level. The area also houses many veterans, who make up approximately 2,000 of the individuals in this area. The United States Census Bureau (2015) indicates that 6.1% of veterans in this area are below the poverty level.

Education

The community has three schools within the square mile of “The Avenue.” Two of the schools are public and one of the schools recently transitioned over as a Charter/Magnet School. E.P. Foster Elementary houses over 300 students, in which over 90% of the students are Hispanic or Latino. The California Department of Education (2015) indicates that over the past three years, over 200 of the 300 plus students have

been English learners. E.P Foster's Academic Performance Index (API) over the past three years has been 701 (2011), 726 (2012), and 718 (2013), indicating an average API score of 715 (California Department of Education, 2015). Sheridan Way Elementary has very similar characteristics; however, its API scores are much lower, indicating scores of 635 (2011), 647 (2012), and 627 (2013) resulting in a three-year average of 636. Compared to the overall API score of 811 for the state of California, the scores in this area of schools are significantly low.

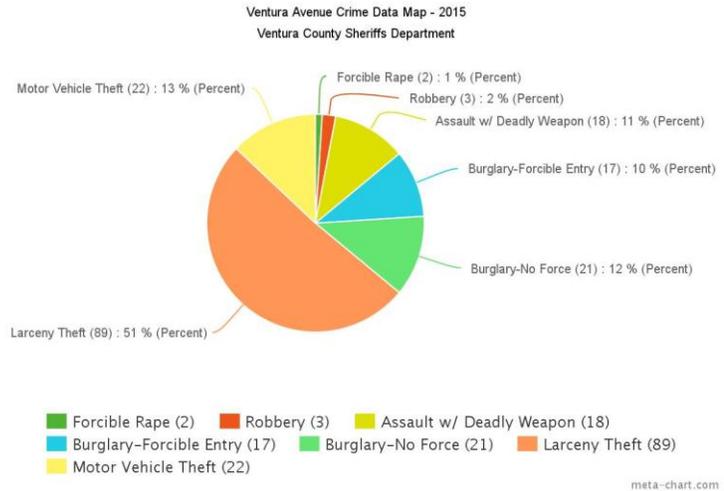
In contrast to the area's public schools with low achievement scores, the city designated De Anza Magnet Middle School as a charter school within the last 3 years. This school's 2013 Growth API score boasted a total of 773 with a larger school census of 758 students, Of these students, 112 are listed as having a disability (California Department of Education, 2015). De Anza Magnet School currently has a 2015 school enrollment of 930 students and clearly leads the way in academics, highly qualified teachers, and advances in technology and the arts. De Anza Magnet School of Technology and the Arts provides enrollment to local students as well as students outside of the area, and is a significant indicator of its high API scores.

Crime

The community of "The Avenue" has been known to have its share of issues and problems with regards to criminal and gang activity. Local blogs about moving into the community are met with negative comments about gang activity, transients, and gunshots as common themes in the area. One blogger wrote, "Poverty and homelessness in the area of 'The Avenue', shoplifting and panhandling opportunities downtown, non-secured

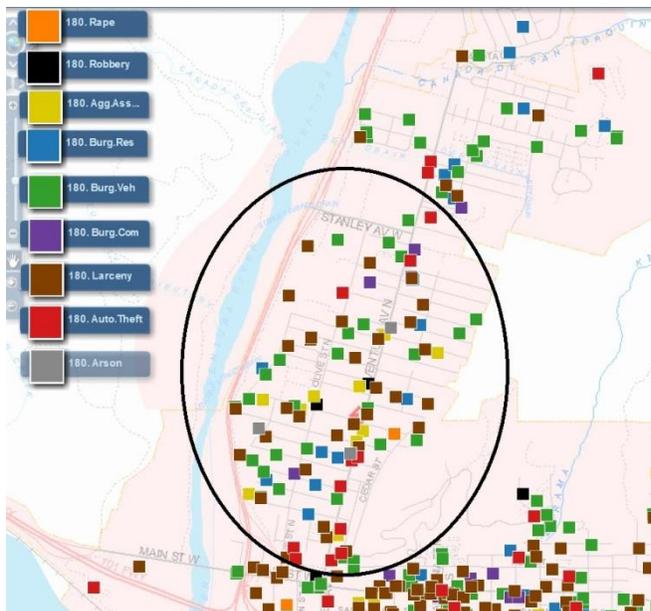
old housing, gangs including the Ventura Avenue Gang, drugs, the dark-at-night beach and park areas, mental patients from the County psych unit, and the outlaws living in the river bottom.”

The pie charts listed below (see



Appendix C above and D below) details a crime map of the locations of each type of crime in the community as well as a pie chart of the occurrence of each crime in 2015. The area is most common for Larceny Theft, which represents approximately 50% of the crimes, followed by almost 25% of burglary occurrences and motor vehicle theft.

“The Avenue” is part of Ventura's historic “Westside”, and a notable ingredient in one of the city's oldest, most economically and culturally diverse neighborhoods that requires a variety of improvements within the community. Civic participation occurs with



a highly involved group of community members led by the Westside Community Council (City of Ventura, 2015). The Westside Community Council is made up of a group of enthusiastic volunteers focused on improving the quality of life for all on “The Avenue” and surrounding areas. The Council meets on every first Wednesday

of each month to discuss the current happenings in the area and to discuss issues of affordable housing, community outreach, pedestrian improvements, and crime updates. By identifying the social disorganization of the community, the Council makes efforts to “create a better, safer neighborhood in which to live, work, and raise our families” (Westside Community Council, 2015).

Contrary to some of the less-than-positive statistics on poverty, crime, and other demographics in this area, the community has its share of strengths that cannot be overlooked. The history of the community is embedded in the eclectic nature of its people and remains as one of the “most livable communities” (City of Ventura, 2015). Aside from its breathtaking views and seaside community feel, the west side of Ventura and surrounding areas has been functioning for almost 150 years. The unique and rich culture of the community can be seen throughout its urban and agricultural development, as well as the artistic and historic downtown district.

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Attachment 4
November 2015 Resource Guide

SERVICES IN VENTURA COUNTY

Provider	Phone	Cost	Program Description/Location/ Eligibility
COUNSELING SERVICES			
A New Start for Moms	981-9250	Medi-Cal and sliding scale depending on program and income	Group and Individual counseling: PTSD/Anxiety/Depression, Positive Parenting Program (Triple P), anger management, effective parenting, women's addiction workgoup. Located in Oxnard.
Beacon - Gold Coast Health Plan	(855) 765-9702	Free with Medi-Cal/Gold Coast coverage	Outpatient individual and group therapy, psychiatry, medication management. Contracts with mental health providers. Serves all county.
Cal Lutheran Community Counseling Centers	493-3059 (Ox) 493-3390 (WV)	\$20 intake; sliding scale \$20-\$50, grants available to help with fees.	Two centers located in Oxnard & Westlake Village provide family, individual, group, couple, and child counseling services. Specialize in domestic violence, trauma, recovery, anger/aggression therapy. Specialized group for domestic violence.
City Impact Counseling Center	983-3636 Ext 100	Sliding Fee Scale (low or no-cost based on ability to pay), Medi-Cal for ages 0-21	Bilingual mental health and Positive Parenting Program (Triple P) provided in their Oxnard office, as well as at schools, homes, family resource centers and other community locations.
Clinicas del Camino Real	647-6353	Sliding scale \$25 and up based on income and family size. Medi-Cal, Medicare, private insurance.	Mental health counseling for individuals and families. Locations in Ventura, Oxnard, Santa Paula, Simi Valley, Ojai, Newbury Park, Fillmore and Moorpark.
Coalition for Family Harmony	983-6014	Sliding scale \$20-\$30	Support and services for victims of domestic violence and sexual assault, emergency shelters, legal assistance and advocacy. Batterers intervention. Individual counseling for both victim and perpetrator. Rape counseling center. 10 free counseling sessions for victims of sexual assault. Located in Oxnard and Simi Valley.
Cornerstone Counseling Center	582-2619	Costs vary per program. Call for specifics.	Domestic violence, anger management, individual therapy, support groups and classes. Class locations vary - call for more information.
Fleet & Family Support Center	982-2646	No cost for family members of military personnel	Counseling for members of the military and their families.
Interface Children and Family Services	485-6114	Medi-Cal	Individual, family, group therapy, case management and skill building for youth. Triple P and parenting classes. Domestic violence, substance abuse and sexual abuse counseling and support. Services in Oxnard, Camarillo, Moorpark, Thousand Oaks and Santa Paula.
Jewish Family Services	641-6565	Sliding scale based on annual income	Individual, couples and family counseling. Located in ventura but referrals are provided throughout the county.
Kids and Families Together	643-1446	Sliding scale \$85-\$125 per counseling session	Counseling services to help build relationships, strengthen families and enhance attachment between parents and children. Kinship support services. Therapeutic visitation as referred by CFS social worker.

Program to Evaluate and Treat Sexual Abuse (PETSA) Interface Children and Family Services	485-6114	Medi-Cal only Victims of sexual abuse may apply to see if they qualify for costs to be covered through a grant.	Treatment for families and individuals dealing with sexual abuse. Treatment for non-offenders only. Individual, family and group sessions. 17 week group. English and Spanish. Sessions take place in Oxnard.
Psychological Services for Families - "A" Street Intervention	487-2244	Medi-Cal and private insurance	Individual, group, couples and family therapy. Domestic violence services, intensive drug and alcohol counseling, anger management, visitation, parenting. Services in Spanish and English. Located in Oxnard.
Shaking Tent Counseling Center	504-2123	Call for quote	Sex offender counseling. Located in Camarillo.
The Counseling and Psychotherapy Center	(213) 739-4326	\$43 per session \$250 for assessment and testing. No Medi-Cal.	Intensive sex offender program. Group sessions 1-2x a week. If criminal charges are pending, must wait until they are resolved to begin the program. Sessions held in Oxnard and Camarillo.
The Soldiers Project	(818) 761-7438	No cost	Confidential psychological counseling for military families.
Ventura Counseling Center	644-1650	Sliding scale based on income, Medi-Cal and private insurance	Individual, couples and family therapy. Pre-marital, anger management, anxiety, depression, substance abuse and trauma counseling. Located in Ventura.
Ventura County Behavioral Health	981-6830 (866) 998-2243	Medi-Cal	Mental health treatment. Individual, family and group therapy. Serves all of Ventura County.

DOMESTIC VIOLENCE

Cal Lutheran Community Counseling Centers	493-3059 (Ox) 493-3390 (WV)	\$20 intake; sliding scale \$20-\$50, grants available to help with fees.	Two centers located in Oxnard & Westlake Village provide family, individual, group, couple, and child counseling services. Specialize in domestic violence, trauma, recovery, anger/aggression therapy. Specialized group for domestic violence.
Coalition for Family Harmony	983-6014	Sliding scale \$20-\$30	Support and services for victims of domestic violence and sexual assault, emergency shelters, legal assistance and advocacy. Batterers intervention. Individual counseling for both victim and perpetrator. Rape counseling center. 10 free counseling sessions for victims of sexual assault. Located in Oxnard and Simi Valley.
Cornerstone Counseling Center	582-2619	Costs vary per program. Call for specifics.	Domestic violence, anger management, individual therapy, support groups and classes. Class locations vary - call for more information.
Interface Children and Family Services Family Violence Intervention Services: Family Violence Response Team (FVRT) and Shelter Services	485-6114 24/7 Hotline: (800) 636-6738	Medi-Cal	Provides 24/7 crisis response with law enforcement to provide resources to domestic violence victims, emergency and transitional domestic violence shelter program, case management, restraining order assistance, advocacy and support. Teen Dating Violence Prevention and My Body Belongs to Me programs.
Mixteco/Indigena Community Organizing Project (MICOP)	483-1166	No cost	Domestic violence services, support groups and classes.
Psychological Services for Families - "A" Street Intervention	487-2244	Medi-Cal and private insurance	Individual, group, couples and family therapy. Domestic violence services, intensive drug and alcohol counseling, anger management, visitation, parenting. Located in Oxnard.

SUBSTANCE ABUSE SERVICES FOR ADULTS

Action Family Counseling Drug and Alcohol Treatment	(800) 367-8336	Private insurance	Outpatient substance abuse (drugs and/or alcohol) and mental health program. Located in Ventura and Simi Valley.
Al-Anon	656-7110	No cost	Meetings and support for those affected by someone else's drinking. Ala-Anon meetings held in Ventura, Camarillo, Oxnard, Oakview, Ojai, Santa Paula, Westlake, Thousand Oaks and Simi Valley.

Alcoholics Anonymous	389-1444	No cost	Confidential 12 step program for men and women. Meetings held throughout Ventura County.
A New Start for Moms	981-9250	Medi-Cal and sliding scale depending on program and income	Outpatient substance abuse treatment for moms focusing on recovery and parenting, mental health support. Located in Oxnard.
Council on Alcoholism and Drug Abuse Project Recovery Outpatient Treatment Program	Detox: 963-1836 Project Recovery: 564-6057	Medi-Cal	Residential detox and recovery services for men and women. Prenatal program for pregnant women.
Dependency Drug Court (DDC)	See your CFS social worker	Must be referred through CFS social worker	Specialized program offered through Children and Family Services and the Juvenile Court.
Genesis	(800) 430-4281	Fee based on service	Outpatient substance abuse day treatment and aftercare. 12 step based program participation is required. Individual, group and family therapy. Located in Ventura and Thousand Oaks.
Khepera House	653-2596	Services are free if homeless or on probation. For all others fees vary depending on program (see notes).	Inpatient substance abuse treatment for men. 7-day inpatient detox from alcohol and narcotics (\$973), 30 day program (\$2,500) and 90 day treatment with 90 day sober living program - 6 months (\$6,000). Medical clearance required prior to detox. Khepera is hoping to be able to accept Medi-Cal effective January 2016. Located in Ventura.
Lighthouse Recovery Program	385-7200	No cost	Inpatient substance abuse and recovery treatment for women and women with children. Located in Oxnard.
Narcotics Anonymous	(888) 817-7425 (888) 672-9318	No cost	12 step recovery program for men and women. Serves Ventura, Ojai, Oxnard and Camarillo areas (888) 817-7425. Also serves T.O., Simi Valley, Moorpark, Agoura Hills and Westlake Village (888) 672-9318.
Prototypes	382-6296	Costs vary depending on the program. Medi-Cal and private insurance.	7-day detox and residential substance abuse treatment for women and women with minor children. Families in the child welfare system may receive help from CFS to cover some costs. Located in Oxnard.
Rescue Mission	487-1234	No cost	10-month inpatient substance abuse treatment for men. Faith based. Located in Oxnard.
Ventura County Behavioral Health Alcohol and Drug Program	981-9200	Medi-Cal; sliding scale.	Outpatient substance abuse treatment. Services in Ventura, Oxnard, Simi Valley and Fillmore.
Victory Outreach Recovery Homes	988-4102 (men) 201-3382(women)	No cost	12 month inpatient recovery home for men and women. Very structured and disciplined. Christian faith based. Located in Oxnard.

SUBSTANCE ABUSE SERVICES FOR YOUTH

Action Family Counseling Drug and Alcohol Treatment	(800) 367-8336	Private insurance	Support for adolescents and families. Outpatient substance abuse and mental health programs for adolescents. Located in Simi Valley. Adolescent residential treatment in Santa Clarita.
Alateen	656-7110	No cost	Meetings and support for those affected by someone else's drinking. Alateen meetings are held in Ventura, Camarillo, Thousand Oaks and Simi Valley.
Engage Treatment Programs	497-0605	Private insurance	Outpatient substance abuse and mental health support for youth ages 13 - 24. Group sessions 1x/week plus 1 hour family therapy weekly. Located in Westlake Village.
Palmer Drug and Alcohol Abuse Program	482-1265	No cost but donations are accepted.	Outpatient adolescent drug and alcohol program. Education, counseling and support. Programs held in Camarillo, Santa Paula, Fillmore, Moorpark, Ventura, Oxnard and Thousand Oaks.

PARENT SUPPORT

A New Start for Moms	981-9250	Medi-Cal and sliding scale depending on program and income	Group and Individual counseling: PTSD/Anxiety/Depression, Positive Parenting Program (Triple P), anger management, effective parenting, women's addiction workgoup. Located in Oxnard.
Aspiranet - In Home Support Services	See your social worker for referral	No cost. Must be referred by Children and Family Services social worker.	In-home parenting services to families that have been identified by Children & Family Services. Family support includes resource referrals/linkages and education on family life skills. Services may last anywhere from 1 visit to 4 months of visits. Serves all Ventura County.
Cal Lutheran Community Counseling Centers	493-3059 (Ox) 493-3390 (WV)	\$20 intake; sliding scale \$20-\$50, grants available to help with fees.	Two centers located in Oxnard & Westlake Village provide family, individual, group, couple, and child counseling services. Specialize in domestic violence, trauma, recovery, anger/aggression therapy. Specialized group for domestic violence.
Casa Pacifica-Wraparound Program	See your social worker for referral	No cost. Must be referred by your Children and Family Services social worker.	Keeps children in their own homes & communities who would otherwise be placed in out-of-home care settings, accomplished by creating a unique team comprised of professionals & individuals who know & care about the family.
Catholic Charities Moorpark Oxnard Ventura	529-0720 486-2900 643-4694	No cost	Help with emergency needs including, food, legal help, Edison utility assistance, CalFresh application.
City Impact	983-3636 Ext 100	No cost for parents/primary caregivers of children ages 0-18 years.	Positive Parenting Program (Triple P) is a 10-12 week series of sessions that helps parents/primary caregivers learn how to identify positive parenting strategies and helps redirect their child's negative behavior.
Clinicas Del Camino Real	647-6353	Sliding scale \$25 and up based on income and family size. Medi-Cal, Medicare, private insurance.	Primary and preventative health care services. Locations in Ventura, Oxnard, Santa Paula, Simi Valley, Ojai, Newbury Park, Fillmore and Moorpark.
Coalition for Family Harmony	983-6014	Sliding scale \$20-\$30 per session	Individual counseling and parenting classes. Located in Oxnard and Simi Valley.
Consulado de Mexico	984-8738	Varied costs for some services	Assistance with identification card, passport and documentation. Located in Oxnard.
El Concilio Family Services	486-9777	\$200 for immigration assistance plus additional filing costs	Assistance with citizenship and immigration. Independent living program for youth referred by CFS.
Fleet & Family Support Center/ Exceptional Family Member Program	982-2646	No cost for family members of military personnel	Takes the needs of the military family member into consideration when it is time for the service member to receive new orders.
Interface Children & Family Services	485-6114	Medi-Cal	Positive Parenting Program (Triple P) to help parents/primary caregivers learn how to identify positive parenting strategies and redirect their child's negative behavior. Family Resource Centers provide education, intervention, community events to families; youth development activities and community education. Located in Thousand Oaks, Oxnard, Moorpark, Camarillo and Santa Paula.
Jewish Family Services	641-6565	Sliding scale based on annual income	Provides individual, couples and family counseling. Located in Ventura but referrals are provided throughout the county.
MICOP	483-1166	No cost	Babe Sano well baby program. Toddler classes, youth group, literacy classes and family services. Monthly food and diaper distribution. Translation services. Located in Oxnard.

NAMI	500-NAMI	No cost	Support for families of individuals with mental illness.
PFLAG Parents, Families & Friends of Lesbians & Gays, Ventura Chapter	650-3327	No cost	Provides support, education & advocacy to families/allies of the lesbian, gay, bisexual & transgender community. PFLAG's goal is to help families through the often difficult adjustment when a member comes out as gay or transgender. Meets the 4th Tuesday of each month, 7:00pm Unitarian Universalist Church 5654 Ralston St., Vta
Parent Project Thousand Oaks Camarillo Moorpark	 371-8351 388-5155 558-5151	T.O and Camarillo: \$20 for book - 10 sessions Moorpark: \$45 for book and materials - 16 sessions	Program for parents of difficult or out-of-control adolescents. Parents learn and practice specific prevention and intervention strategies for dealing with destructive behaviors such as truancy, alcohol or drug use, gangs, occult practices, running away, violence and suicide. English and Spanish. For additional information or to register go to: www.parentproject.com
Parents as Leaders - Aspiranet	289-0120	No cost	Provides peer support to families involved in the child welfare system.
Tri-Counties Regional Center	485-3177	No cost	Services for children with developmental delays. Serves all Ventura County.
United Parents	384-1555	No cost if referred by CFS or Behavioral Health	Support groups in English and Spanish for parents throughout Ventura County. Resource and referral services, respite, educational advocacy, in-home parent partners.
Ventura County Public Health New Parent Kit Program	981-5240	No cost	The free kit contains parenting information, advice, useful tips for first-time parents and a children's book.

EMPLOYMENT

County of Ventura Human Services Agency Job & Career Centers Santa Clara West Oxnard Thousand Oaks Simi Valley Ventura	 933-8300 204-5100 374-9006 955-2282 654-3434	No cost	Training, recruitment, job fairs, job search assistance and resources for employment. Access information online at: http://www.ventura.org/human-services-agency/
Department of Rehab	371-6279	No cost	Must meet eligibility requirements. Career preparation, training, job placement, job coaching and support.
Employment Development Dept (EDD)	382-8610	No cost	Support for job search and retention.

HEALTH

Conejo Free Clinic	497-3575	No cost	General medical services; low and no cost medications, pediatrics, women's health, immunizations. Located in Thousand Oaks.
County of Ventura Human Services Agency Medi-Cal Program	(888) 472-4463	No cost	Provides access to health care services for children and adults who have limited resources or income. Must meet eligibility requirements. Access information online at: www.mybenefitscalwin.org to learn about and apply for food, medical and/or cash assistance.
County of Ventura Public Health CHDP (Child Health and Disability Prevention Program Administration)	981-5291	No cost	Well-child preventive health care screenings for low income and Medi-Cal eligible children and teens.

County of Ventura Public Health Immunizations	981-5221	Medi-Cal/Gold Coast, private insurance. Sliding scale and low cost (see description)	Child immunizations include: Polio, tetanus, diphtheria, Pertussis, Measles, Mumps, Rubella, Meningitis, Varicella and Hepatitis A&B Vaccines. Sliding scale for children only: \$25 for first immunization and \$5 for each additional one on the same visit. Adult vaccines run from \$33 and up; call for quote for a specific vaccine. Two locations in Oxnard only.
County of Ventura Public Health WIC (Women, Infants and Children) Nutrition Program	981-5251 (800) 781-4449 select option #3	No cost	Nutrition education, breastfeeding support, supplemental food and referrals for financially eligible women, infants and children up to 5 years of age. Shelf-stable and manageable quantities of food provided for those without adequate refrigeration.
County of Ventura Public Health Clinics	(800) 781-4449 select option #4	Sliding Fee Scale (low or no-cost based on ability to pay), Medi-Cal, private insurance, check, credit card.	Wellness screenings, education, and treatment services. Services include immunizations (child and adult), TB skin testing, family planning services and pregnancy testing, sexually transmitted infection (STI) screening and treatment, travel advisory linked, well-child examinations and referrals, free HIV rapid testing.
County of Ventura Public Health Nursing	981-5115	Medi-Cal, private insurance, no cost.	Public Health Nurses (PHN) provide home visits for assessment, education, case management; referrals to health and community resources for infants, children, teens, adults and seniors throughout Ventura County.
County of Ventura Public Health Health Care for All	981-5212	Program assists adults, children and families at no cost.	One stop center in which parents are evaluated and assisted in obtaining health coverage for their children ages 0-18 years. Staff assists with Medi-Cal, AIM (Access for Infants and Mothers) and ACE for Kids . Referrals as needed to other programs.
Free Clinic of Simi Valley	522-3733	No cost. Donations accepted.	Medical and dental services regardless of ability to pay. Counseling and legal help. Located in Simi Valley.

HOUSING

Area Housing Authority of the County of Ventura	480-9991	Varies by program	Section 8, Public Housing programs for low income households. Community rental listing available on their website - www.ahacv.org
Cabrillo Economic Development Corporation - NeighborWorks Homeownership Center	659-6868 Ext 130	Some services have a fee (\$18.50 credit check, \$200 Reverse Mortgage).	Helping families secure financial stability and affordable homeownership opportunities by providing education, counseling, lending and realty services. Offers home preservation services to help families understand their options in keeping their home and/or finding alternatives when home ownership cannot be maintained. Pre-purchase classes.
City Center	628-9035	30% of income goes toward rent and 20% of income is saved.	Transitional living for women and children. Located in Ventura.
Homeless Services Program: Ventura County Human Services Agency (HSA)	385-1800	No cost	Provides mobile outreach & intensive case management to homeless individuals & families; connects those in need to transitional living for homeless adults & families with children; administers the Homeless Prevention and Rapid Re-Housing Program. Serves all Ventura County.
- RAIN Transitional Living Center (HSA)	383-7505	No cost	Temporary housing and services for individuals and families transitioning from homelessness to rental/permanent housing through employment and self-sufficiency. Located in Camarillo.
- Rapid Re-Housing (HSA)	385-8585	Eligibility requirements apply.	Homeless Prevention and Rapid Re-Housing Program makes funds available to local residents who are currently homeless or facing homelessness from rental housing within 30 days.
Lighthouse for Women & Children - Rescue Mission Emergency shelter	385-7200	No cost	Emergency shelter for homeless single women and children (male children up to age 10). Life recovery program, transitional living. Christian based program. Located in Oxnard.
Lutheran Social Services	497-6207	No cost	Housing referrals, eviction prevention, rental assistance, food pantry, hot meals, clothes closet and winter shelter (December through March). Located in Thousand Oaks.

Many Mansions	496-4948	No cost. Minimum income requirement.	Affordable housing in Oxnard and Thousand Oaks. There is often a wait list. Must meet minimum income requirement.
Project Understanding	652-1326	No cost	Basic services for homeless individuals and families, including food pantry Monday - Friday.
Rescue Mission	487-1234	Free for males 18 years+	Place to sleep, have a hot meal and shower.
Salvation Army	648-4977	Transitional living cost is 30% of income. No cost for Safe Sleep.	Transitional housing for women and families - cost is 30% of income toward rent. Ventura Safe Sleep in Ventura for those living in their vehicles, and homeless case management through Homeless 2 Home. Mainly serves Ventura, Oxnard and Camarillo.
Shelters			Find a listing of shelters online at: http://www.ventura.org/human-services-agency/homeless-shelters
Turning Point Foundation	652-2151	No cost	Safe Haven housing, rehabilitation, and support services for adults dealing with mental illness. Located in Ventura. Open 24/7.

FOOD

Camarillo Health Care District / FOOD Share	388-1952 ext 100	No cost	Bring your own bag on the second Thursday of every month and have it filled for no cost with fresh produce. Located at 3639 East Las Posas Rd., Camarillo, CA 93010. 11:00 a.m. - 1:00 p.m.
FOOD Share	983-7100	No cost	Food pantries throughout Ventura County.
Human Services Agency CalFresh	(888) 472-4463	No cost	The CalFresh program, formerly known as Food Stamps, issues electronic benefits cards that can be used to buy most foods at many markets and food stores throughout the county. The amount of the benefit is based on household size, income, and housing expenses. For more information visit: www.mybenefitscalwin.org
Lutheran Social Services	497-6207	No cost	Food pantry, hot meals, clothes closet, winter shelter (December through March). Located in Thousand Oaks.
Project Understanding	652-1326	No cost	Food pantry M - F in Ventura only.
Salvation Army Oxnard Ventura	483-9235 648-5032	No cost	Food pantry. Limited days and hours.
Samaritan Center, Simi Valley	579-9166	No cost	Food pantry (Mon-Thurs 11-1 p.m.) in Simi Valley. Basic homeless services, including breakfast, sack lunch, shower, laundry, clothing and shoes. Help finding job and housing.

LEGAL HELP

California Rural Legal Assistance	483-8083	No cost	Legal services regarding employment, housing, education, health and government benefits. Located in Oxnard.
Conejo Free Clinic: Thousand Oaks	497-3575	No cost	Legal clinics Tuesdays 6:30 p.m. Call ahead to confirm. Located in Thousand Oaks.
County of Ventura Public Defenders Office		Appointed in court	Legal representation for those unable to afford a private lawyer. Provides representation in criminal, juvenile, mental health and probate cases.
El Concilio Family Services	486-9777	\$200 for immigration assistance plus additional filing costs	Assistance with citizenship and immigration.
Family Law Center Assistance	289-8733	No cost	Help in selecting appropriate forms to file in court. Help with preparing forms and guidance through the legal process. Walk-ins only. Located at the Government Center in Ventura.
Free Clinic of Simi Valley	522-3733	No cost	Legal assistance to individuals and families.

Jewish Family Services	641-6565	No cost	Free legal clinic monthly at 6:30 p.m. in Ventura. Call for dates. In addition, referrals are provided for free to legal service throughout the county.
La Hermandad	483-4620	Citizenship : \$250 Immigration: \$680	Help with immigration, citizenship and obtaining Special Immigrant Juvenile Status for eligible child dependents/Non Minor Dependent. Located in Oxnard.

CHILD CARE /RESPITE CARE

Big Brothers/Big Sisters	484-2282	No cost	Provides children ages 6-15 (ages 6-18 if in foster care) with adult volunteer mentors.
Boys & Girls Club Camarillo Oxnard & Port Hueneme Santa Paula Ventura Simi Valley	482-8113 483-1118 525-7910 641-5585 527-4437	Membership fees vary by location	After-school program with a focus on education, health & character building. Call the center for specifics since ages served and costs vary by location.
Channel Islands Social Services	384-0983	No cost to foster families and Regional Center families	In-home respite care to families all over Ventura County. Respite caregivers provide care in the family's own home and to local community outings to give the primary caregivers a short, regular break.
Child Development Resources	485-7878 ext 1511(wait list) ext 1512(referrals)	No cost	Help with finding and paying for childcare. Wait list based on family size and income. Head Start/Early Head Start program provides early childhood education, nutrition, and parent involvement services to low income pregnant mothers, families and their children ages 0-5.
Children's Home Society	437-1910	No cost. Priority to CFS families.	Help with paying for childcare. Must meet eligibility requirements.
United Parents Respite Program	384-1555	Small co-pay depending on individual situation	A short term break for parents/caregivers raising children with mental health, emotional and behavioral disorders. Provide group and individual activities that promote pro-social interactions with other children. Must be referred through Behavioral Health.
Ventura County Office of Education	Contact local school district	No cost	State-funded after school programs and supplemental Education Services (SES) program.

EDUCATION

Child Development Resources	485-7878	No cost	Head Start Preschool/Early Head Start Preschool for age 4.
First 5 Ventura County Neighborhoods for Learning Centers (NfLs)	648-9990	No cost	Children prenatal through age 5. Early learning, health and family resources provided through Neighborhoods for Learning (NfL) centers. Bi-lingual. Serves all of Ventura County.
Project Understanding	652-1326	No cost	Tutoring in Ventura, Oxnard and Santa Paula K-5 (must be referred by teacher).
United Parents Educational Advocacy	384-1555	No cost services for those involved with Children & Family Services (CFS).	Helps families navigate the complex special education system to identify and obtain appropriate educational services. Provides parents information on how to be an effective advocate for their child/teen.
Ventura County Office of Education Homeless Education Project	437-1525	No cost	Provides services by helping homeless students enroll in school regardless of documents or residence, stay in school, receive free breakfast and lunch, transportation, participate in extracurricular activities, obtain supplies, refer to tutoring and resources.

Attachment 5
Resource Family Approval Committees

Resource Family Approval Committees

RFA Steering Committee	
Purpose	To provide oversight, guidance and support to the RFA Core Team during the planning and implementation of RFA
Commitment	Team meets monthly starting October 6, 2015
Membership	<ul style="list-style-type: none"> • Eligibility: Joanna Genet • Probation: Juanita Holguin, Shannon Rae Sponseller, Sandra Carrillo • Aspiranet: Marti Miles, Nancy Born • Arrow: Pam Ballard, Chelsie Silveira • Family Connections: Gwen Addison • Koinonia: Tuniviel Nolan, Dave Wesson • Kinship Center: Heidi Allison-Rhoades • CYC Team Leader: Erick Alvarez • Kids and Families Together: Raul Zapata, Kim Becker, David Friedlander • VCFPA: Rick Pugh • Foster Kinship Care Education: Rhonda Carlson, Debbie Flowers, Jason Lee

RFA Core Team	
Purpose	To develop the implementation processes for RFA
Commitment	Team meeting monthly the 3 rd Tuesday of the month at 10:30 am, with smaller workgroups meeting more frequently
Membership	<ul style="list-style-type: none"> • Senior Manager Sponsor: Pam Grothe • Project Manager: Marisela Cabral-Centeno • Licensing Supervisor: Rosario Olmedo • RFA/Licensing Intern: Shara Duncan • Licensing/Relative Approval: Ivon Sanchez, Katie Andrews • Relative Approval: Leslie Peck, Ruth Gonzalez, Becky Ronald • Adoptions: Emilia Pineda, Steve Mabry, Leticia Magaña • Policy/Protocols: Donna Kuonen, Jeannene Roberts • RDS: Elizabeth Thasiah, Victoria Gonzalez, Angelina McCormick-Soll • Clerical: Alison Young • ER: Andrea Medina, Ramon Ortega • Court: Lorie Correa • Ongoing: Davi Barroso • YSD: Graciela Tolentino • Placement: Lydia Salinas, Sandra Nolan • Hotline: Pat Hull • TDM: Kimberly Koerner • Probation: Juanita Holguin, Shannyn-Rae Sponseller, Sandra Carrillo • Forms: Judy Eubanks • Eligibility: Joanna Genet

Resource Family Approval Committees

State RFA Executive Team Meeting	
Purpose	For Child Welfare Directors to discuss high level policy questions with each other and CDSS. Some updates are provided, though the meeting is intended to discuss cross county policy issues and build the infrastructure for implementation of RFA across the State
Commitment	Meets the 1st Thursday of the month at 3:30 pm - 5 pm via conference call Conference Line: (712) 432-1500, CODE: 915060#
Membership	Judy Webber, Pam Grothe, Marisela Cabral-Centeno, Juanita Holguin

State RFA Implementation Workgroup	
Purpose	For early implementing counties to collaborate with CDSS on policy and program issues, for counties to share successes and challenges, and discuss the day to day work of RFA implementation
Commitment	Meets 3rd Thursday of the month at 1:30 pm - 3:30 pm via conference call
Membership	Marisela Cabral-Centeno, Rosario Olmedo, Emilia Piñeda, Jeannene Roberts, Donna Kuonen, Juanita Holguin

State RFA Forms Workgroup	
Purpose	To develop and update RFA forms for statewide use
Commitment	Meets one time per month, or more frequent, in Sacramento
Membership	Rosario Olmedo, Ivon Sanchez

State CCR/RFA Workgroup	
Purpose	To develop policy/framework, core services for transitioning FFA's to RFA while incorporating CCR recommendations
Commitment	Meets one time per month in Sacramento
Membership	Donna Kuonen (pending)

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Attachment 6
Resource Family Approval
Preliminary Staffing Needs Analysis

Resource Family Approval Staffing Needs

Social Worker and Supervisor Need	
Social Worker	<ol style="list-style-type: none"> 1. 23 total SWs to maintain LIC and RA plus start up RFA 2. 23 SW need - 12 SW current = 11 additional SWs *
Supervisor	<ol style="list-style-type: none"> 1. 1:5 supervisor to social worker ratio 2. 23 SW's / 5 SWs per supervisor = 4.6 Supervisors 3. 4.6 Sup need - 2 Sup current = 2 additional supervisor

RFA Social Worker Justification	
Assumptions	<ol style="list-style-type: none"> 1. It will take 35 hours to process an RFA application from start to finish 2. 41 new RFA applications expected per month 3. .3 FTE needed for ICPC adoption home study request
Duties	<ol style="list-style-type: none"> 1. Background check 2. Initial applications 3. Permanency Assessments 4. Add adults into the home 5. Residence moves 6. Rap back investigations 7. Non-Compliance management 8. Complaint investigations 9. Case Management 10. Administrative Actions 11. Orientation facilitation
RFA Staffing formula for new applications	<p>41 new app's X 35 hours to process = 1435 hours monthly</p> <p>1435 hours / 126 sw hours mos = 11.4 RFA SW need</p> <p>*note formula only includes processing new app's, it does not include the duties listed above</p>

Maintenance of caregivers with existing placements of children heading toward permanency	
Need	0 social workers
Duties	Average of 10 adoption home studies per month can continue to be referred out to the adoption agencies

Resource Family Approval Staffing Needs

Maintenance of Licensed Foster Homes Social Worker Justification	
Need	2 social worker
Duties	<ol style="list-style-type: none"> 1. License pending 2016 applications 2. Annuals 3. Residence moves 4. Modifications 5. Complaint investigations 6. Administrative actions 7. Case management 8. Rap back investigations 9. Add adults into the home
Staffing Formula	<p>12 pending apps thru Feb 2016 X 5 hours = 60 hours 10 annuals X 6 hours = 60 hours 1 res moves X 2.5 hours = 2.5 hours 8 modifications X 2.5 hours = 20 hours 3 complaints X 10 hours = 30 hours 1 Admin Action X 32 hours = 32 hours 1 Case management X 4 hours = 4 hours 1 Rap back X 12 hours = 12 hours</p> <hr/> <p>= 220.5 hours per month / 126 sw hours mos = 1.75 SW need</p>

Maintenance of Relative Approval Homes Social Worker Justification	
Need	2 social worker
Duties	<ol style="list-style-type: none"> 1. Approve pending 2016 applications 2. Annuals 3. Add adults into the home 4. Residence moves 5. Rap back investigations
Staffing Formula	<p>78 pending apps thru Feb 2016 X 15 hours = 1170 hours 10 annuals/residence moves X 6 hours = 60 hours 2 add adult X 2 hours = 4 hours 1 rap back X 12 hours = 12 hours</p> <hr/> <p>1246 hours per month / 126 sw hours mos = 10 SW need (March – April)</p>

Resource Family Approval Staffing Needs

Timeline	<ol style="list-style-type: none"> 1. 10 SWs needed now - April to approve pending applications and maintain existing homes 2. 1 SW needed to maintain existing homes once all pending applications are completed
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RFA Supervisor Justification	
Need	1 additional supervisor
Justification	1:5 supervisor to social worker ratio Currently 12 LIC/RA SW with 2 supervisor

Other Classifications Impacted by RFA and under analysis for staffing needs
<ol style="list-style-type: none"> 1. Clerical Supervisor 2. Community Service Coordinator (Kinship Navigator) 3. Client Benefit Specialist 4. TDM Facilitator 5. In-House Trainer

Attachment 7
“From Case Planning to Community” Report
by LTG Associates



LTG Associates, Inc.

Ventura County Department of Child and Family Services

Phase Two

From Case Planning to Community

Scope of the Project

Support the strengthening and expansion of the Ventura County continuum of care for children and families involved with the child welfare system.

The purpose of this project is to continue assisting the Department of Child and Family Services (CFS) in its mission of serving children and families in Ventura County. Previously, LTG staff engaged a cross section of CFS staff to understand how they see their jobs, the families with which they work, the context of their work, and the leadership of CFS. The intent was to understand the alignment of internal staff with CFS leadership on values, vision, and commitment to child and family-centered approaches as well as organizational culture and structure. Additionally, LTG staff worked with selected CFS partner organizations and contract agencies to explore the ways in which they view their relationships to CFS, CFS' clients, and the context in which they and CFS work and implications for providing services and support to the children and families.

Challenges, & Opportunities: Bringing the Programs Out into the Community.

Currently and for the next several years, the California child welfare system will experience a significant period of challenges, new accountability, and disruption. The drivers of such changes include:

- The ongoing implementation of the Katie A settlement that is driving cross system coordination to provide mental health screening and treatment to children and youth known to the child welfare system.
- The California Department of Social Services will roll out the Congregate Care Reform which will change the goals for group home placements, emphasize home-based care and increase transparency and accountability for child outcomes.
- The soon-to-be-released federal Children's Bureau metrics which will revise the national standards for the next round of federal Child and Family Service Reviews (CFSR).
- California Department of Education Local Control Funding allocated to local school districts which has identified foster care youth as a priority population.
- County Re-alignment: will transfer funding and program obligations for public safety, and a significant number of health and human service programs, and their funding to the county level to manage.
- County re-alignment which will transfer a significant number of incarcerated individuals from state to county responsibility, many of whom will have families with children and unmet needs.

- The Department of Health Care Services (DHCS) recently submitted a Medi-Cal waiver which will, if approved, fundamentally shift how health and behavioral health services are organized, funded, and delivered.
- DHCS submitted a Drug Medi-Cal waiver which will if approved, expands the benefits and options for substance abuse treatment and sustainable recovery.
- DHCS has initiated a California Children’s Services redesign to improve the health care delivery and quality of care for eligible children with a focus on the whole child and care coordination.
- The California Child Welfare Council’s PASS Initiative which when enacted will prioritize access to services and supports for families in child welfare with a goal of reunification.

Though its “Protecting Children and Strengthening Families” initiative Ventura County Department of Child and Family Services (CFS) has measurably increased staff professionalism, family involvement, collaborating with contract agencies and outreach with community partners. Further, it has created a Continuous Quality Improvement (CQI) unit to improve performance, accountability, and data driven decision-making. These efforts have led to a reduction in the number of children and youth entering foster care, the length of time spent in foster care, increased the number of children and youth placed in family and kinship care, and increased the number of adoptions.

CFS leadership has seen this convergence of efforts driving change as an opportunity for further improvement. Navigating these turbulent times through collaborating with community partners, aligning goals and expanding/strengthening the continuum of care to vulnerable and at-risk families, CFS seeks to improve the quality and outcomes of care provided as well as the health and wellbeing of all children and families in Ventura County. CFS leadership understands that the child welfare system, both public sector and contract agencies, is only part of the answer. CFS, and its contract agencies, are responsible for preventing, investigating, and addressing child abuse/neglect to ensure safety, permanency, and wellbeing for the children and their families known to the ‘system’. However, neither the child welfare system, nor any single system, has the mandate, resources, or reach to address the child and family specific issues and the larger social conditions that exacerbate issues such as poverty, unmet behavioral health needs, unemployment, disparities, and inadequate housing.

Therefore, CFS leadership broadened the focus of its initiative to strengthen and expand the continuum of care for children and families before, during, and after a child and/or family’s involvement with the child welfare system. Leadership believed that by doing so it could not only manage its current mandates, but also help to promote upstream healthy child and family development and to facilitate a wellness paradigm in the community when a family’s case was closed. Such a public health approach to child welfare will support coordination of prevention and support earlier intervention across child and family systems, align CFS’s efforts with other system reform efforts e.g., healthcare, education, criminal justice, and the implementation of peer-to-peer and person centered movements, thereby encouraging a shared vision that all Ventura County children and families have safety, health, and wellbeing.

Methodology

Key stakeholders were identified in collaboration with CFS leadership and included CFS management, family members, contract providers and the Ventura County Department of Behavioral Health. The intent was to discuss the Gaps, Opportunities, Barriers and Strengths (GOBS) for the current continuum of care as well as begin to identify elements for a future continuum of care that would better address the needs of children and families involved in the child welfare system. The staff and family groups were interviewed over a three month period, with all but one face-to-face, and all lasting at least one hour (see Table 1). The successes, challenges and hopes shared by these interviewees form the recommendations listed in the next section.

Table 1. Stakeholders Interviewed

Type of Stakeholder/Organization	Numbers Interviewed
Internal CFS	
▪ Senior leadership and program	11
▪ CQI unit	3
Families	
▪ Birth families	12
▪ Relative caregivers	23
Contract Agencies	
▪ The Partnership for Safe Families and Communities of Ventura County	1
○ Executive Director	
▪ Casa Pacifica	15
○ Executive Director	
○ Community based services leadership (6)	
○ Residential care leadership (8)	
▪ Kids and Families Together	6
○ Executive Director	
○ Senior leadership (5)	
▪ Aspiranet	13
○ Executive Director	
○ Several program managers and front line staff (12)	
▪ Interface	1
○ Executive Director	
▪ Community Stakeholders	9
○ Ventura County Behavioral Health Director	
○ Ventura County Behavioral Health senior leadership (8)	
Total Number of Interviews:	45

There was a broad scan of resources and documents that were reviewed as part of this initiative. These included, but were not limited to:

- County and State child welfare data for years 2012 through 2015;
- FY 14 – 15 Ventura County provider contracts and Appendix A;
- Ventura County System Improvement Plan 2012 – 2017 with 2013, 2014 and 2015 quarterly updates; CFS CQI unit information, presentations and updates;
- Family Preservation Work Group materials, Quality Parenting Initiative and Five Protective Factors training;
- Contract provider agencies listed above materials, data, and program documents;
- Federal, state and county Citizen Review Panel materials;
- California Department of Social Services (DSS) materials on Katie A implementation and Congregate Care Reform;
- DHCS materials on several Medicaid healthcare and behavioral health waivers and the Coordinated Children Services;
- California Department of Education Local Control funding;
- Various community efforts such as the Ventura County Civic Alliance State of the Region for 2013, 2014 and 2015;
- Community approaches in the State of California, in Riverside, San Bernardino and San Diego counties, as well as across the country;
- California Association materials e.g., CWDA and CBHDA;

- Industry resources such as Child Welfare Information Gateway, National Resource Centers, Open Minds; and,
- Key topics such as person/family centered care, family strengthening, peer services, collective impact, and care integration.

Recommendations: People Support What They Help to Create

CFS is responsible for protecting children identified with abuse and/or neglect and achieving safety, permanency, and wellbeing for these children. However, at their root, child abuse and neglect are family and community issues. So, it is essential that the response address and improve the family and community dynamics in order to ensure the sustained change that will improve the lives of children. Thus system reforms, new legislation, and staffing changes are necessary to improve the outcomes for those identified and served, but are insufficient to ensure every child and their family in Ventura County of safety, permanence and wellbeing. Simply put, siloed, systemic efforts don't address the underlying social conditions.

CFS will employ four overarching strategies to achieve its vision:

1. Increase engagement of key stakeholders;
2. Incentivize innovation to improve the quality and outcomes of care provided;
3. Expand the continuum of care before, during, and after care; and,
4. Measure the effects of these changes on moving toward the child welfare goals and objectives and the community goals for health and wellbeing.

For example, CFS should increase the engagement of families who are currently, or have in the past, been involved with the child welfare system. This would help to build a stronger mutual relationship. Family members could provide information about the access, quality, and effects of the services and supports provided and possibly work with peers to address case concerns. CFS staff could provide information to dispel “myths” about the intent of CFS and help to facilitate, coordinate, and collaborate with family members to address case specific and larger community issues. Additionally, CFS should engage community stakeholders internal to the child welfare system, e.g., County Counsel, contract agencies, and advocates as well as external partners such as Behavioral Health (BH), Probation, and, faith based organizations to become “community partners” alert to changing community conditions and supporting healthy child and family development efforts whenever possible.

General Recommendations

The following recommendations are grouped into several categories for consideration by CFS leadership. Those that are internal to CFS operations and then before, during, and after involvement with the child welfare system. They are not listed in order of priority, but rather by area of focus e.g., birth families, relative caregivers, contract agencies, and community partners.

CFS internally

- ✓ Education and support of a reliable and transparent (to the extent possible) grievance and appeal process available to all family members.
- ✓ Create a pamphlet/checklist for birth family members and relative care givers that lists the tasks, responsibilities, and action steps that the family member(s) and CFS worker(s) need to accomplish; include the CFS supervisor and manager contact information.
- ✓ Develop and implement a mentoring and coaching approach for the Core Practice Model between BH and CFS.

- ✓ Increase family involvement by creating a new Family Collaboration unit that combines Quality Parenting Initiative (QPI), Foster Parent Recruitment, Parent Partner and other family-to-family peer services/supports. A number of family members asked for a few more family partners, but then realized the actual goal is “a family partner for every family that requests one.”
- ✓ Expand family finding services and explore possibility of fast tracking certification/licensing of relative care givers.
- ✓ Increase the current flexible funds and/or child resource supports e.g., cribs, diapers, school supplies to the relative caregivers along with the child(ren) to reduce the burden of emergency placements.
- ✓ Increase the number of support groups available for birth, relative and foster parent care givers.
- ✓ Coordinate the referral and access to counselling services for birth parents and relative caregivers as indicated.
- ✓ Continue the focus on family preservation services and implement the Family Preservation Work Group’s recommendations.
- ✓ Implement Team Decision Making and/or other “staffings” for case planning and reviews.
- ✓ Create a CFS Consumer Satisfaction Work Group composed of staff and family (# of each TBD) to review Consumer Satisfaction surveys and make recommendations to improve the quality and outcomes of care. After Year 1 in CFS, roll out for contract agencies to implement as well.
- ✓ Establish an annual countywide Community Partners Forum that highlights key metrics, goals reached, trends relevant to child and family wellbeing, and includes presentations by key stakeholders e.g., family members on success and challenges faced in the past year, as well as an inclusive process for discussing, deciding and prioritizing goals for the upcoming year.
- ✓ Explore the possibility of creating a common provider agency contract for agencies that receive CFS and BH contracts. A common contract would reduce administrative costs, develop comprehensive performance metrics and facilitate sharing relevant client data between CFS, BH and providers.
- ✓ Increase collaboration with BH on step down and crisis services to minimize new placements as well as disruptions to current placements.
- ✓ Facilitate inventory of child and family federal, state, and local funding streams to ensure that HSA and/or Ventura County is always the payer of last resort.
- ✓ Create a CFS Work Group along with invited provider contract agencies and interested community partners to develop a prioritized and actionable implementation plan for these recommendations and to achieve the expectations from the drivers of change listed above.

Continuum of care before, during and after involvement with the child welfare system

Before

- ✓ All CFS and contract agency direct staff receive training on Five Protective Factors. All supervisors and managers receive training on management of Five Protective Factors.
- ✓ Develop an outreach strategy to engage families with high risk or multiple risk factors e.g., geography, type of allegation, and history of family risk factors. For example, coordinate within CFS to identify those families that have called into the hotline, but did not reach the level of risk to be substantiated, or to identify families on waitlists at designated agencies e.g., mental health, domestic violence who present at-risk or lack of protective factors to be referred and receive services at another agency with openings.
- ✓ Incentivize contract agencies to develop a program to engage X% of such families and demonstrate improvements in healthy child and family development.
- ✓ Develop and strengthen coordination and collaboration with priority community partners (almost every respondent listed the following: mental health and substance abuse treatment and recovery, domestic violence, affordable housing, and education.

- ✓ Develop and strengthen coordination and collaboration with law enforcement when a defendant has a child(ren) in the household to address potential adverse consequences and with healthcare for health promotion, literacy and activation

During

- ✓ Describe how CFS and contract agencies involve family members as collaborative partners at the practice, program, and administrative levels. An agency will be awarded X points for their contract proposal if it demonstrates how family members are already being involved as collaborative partners, X-Y points if in the process of increasing family involvement, and no points if not working to increase family involvement.
- ✓ Provider will describe in contract proposal how the proposed activities protect children (PC) and strengthen families (SF).
- ✓ By the next contract proposal, provider will describe how proposed activities support PC and SF, but how the activities will impact child and family wellbeing in Ventura County
- ✓ CFS and contract agencies provide a family peer to peer to any family that requests one. Such peers can be parent partners, patient navigators, recovery coaches or a trained volunteer.
- ✓ Describe in the post-discharge plans, the agency's efforts to ensure successful referrals and warm hand offs for indicated service needs.
- ✓ CFS and contract agencies provide, coordinate or collaborate with community partners, a menu of services and supports that increase healthy child and family development.

After

- ✓ For the first three months, a team member from the agency (professional or peer) to have bi-weekly "touches" with family members. Such touches could be by phone, individual or group sessions, or an activity/event at the agency or in the community.
- ✓ Collaborate with other CBOs and/or County services to create a multi-service, "Family Wellness Center" to provide a menu of services and supports to increase healthy child and family development. In the contract renewal process, extra points can be awarded for such Centers located in designated child welfare "hot spots." It is anticipated that these Centers' menu of services and supports would be accessible to families before, during and after child welfare involvement.
- ✓ Create agency-specific approaches to engage and provide supports to families post-discharge in order to reduce re-admission rates by 33% in Year 1. An agency could partner with other contract agencies to increase the eligible number of families and cost effectiveness. CFS to incentivize by offering \$XX for at least two to three pilots in Year 1.¹

Conclusions

These recommendations are intended to reflect the hopes and aspirations of those involved in the Ventura County child welfare system, the children and their families, as well as the agencies and staff who serve them. Through an inclusive, interactive, and respectful process with diverse stakeholders, gaps, opportunities, barriers, and strengths were identified that may help to expand the already existing continuum of care to improve safety, permanency, and wellbeing. This expanded continuum of care is designed to be available before, during and after involvement with the child welfare system.

¹ Agencies may want to review ADRC approach of No Wrong Door and person centered screening, assessment and care coordination, look to expand current parent partner programs and/or other peer to peer services and supports e.g., healthcare, behavioral health, education.

Such a continuum would become a foundation of community supports to assist vulnerable families struggling with, or at-risk of child abuse and/or neglect. It offers targeted early intervention strategies as well as encouraging post-discharge activities to promote innovation, engagement, and collaboration for healthy child and family development for all children and families in Ventura County.

This report acknowledges that CFS leadership cannot undertake nor implement all of the recommendations unilaterally, especially those before and after involvement. The recommendations reflect the willingness to do more by CFS, contract agencies, and community partners to not only improve the lives of those served, but to ensure that all Ventura County children and families are safe, healthy, and well.

Attachment 8
“Ventura County Schematic”
Developed by LTG Associates

Ventura Schematic

CFS INTERNAL OPERATIONS

SOONER*	LATER
Education and support of a reliable and transparent (to the extent possible) grievance and appeal process available to all family members.	Develop and implement a mentoring and coaching approach for the Core Practice Model between CFS and BH
Create a pamphlet/checklist for birth family members and relative caregivers that lists the task, responsibilities and action steps that the family member(s) and CFS worker(s) need to accomplish; include the CFS supervisor and manager contact information.	Coordinate the referral and access to counseling services for birth parents and relative caregivers as indicated
Increase family involvement by creating a new Family Collaboration Unit that combines QPI (Quality Parenting Initiative), Foster Parent Recruitment, Parent Partner and other family-to-family peer services/supports. A number of family members asked for a few more family partners, but then realized the actual goal is “a family partner for every family that requests one.”	Continue the focus on family preservation services and implement the Family Preservation Work Group’s recommendations
Expand family finding services and explore possibility of fast tracking certification/licensing of relative care givers.	Create a CFS Consumer Satisfaction Work Group composed of staff and family members (# of each TBD) to review Consumer Satisfaction surveys and make recommendations to improve the quality and outcomes of care. After Year 1 in CFS, roll out to contract agencies to implement as well
Increase the current flexible funds and/or child resource supports e.g. cribs, diapers, school supplies to relative care givers along with the child(ren) to reduce the burden of emergency placements.	Establish an annual countywide Community Partners Forum that highlights key metrics, goals achieved, trends relevant to child and family wellbeing, and includes presentation by key stakeholders e.g., family members on success and challenges faced in the past year, as well as an inclusive process for discussing, deciding and prioritizing goals for the upcoming year.
Increase the number of support groups available for birth, relative and foster parent caregivers.	Increase collaboration with BH on step down and crisis services to minimize new placements as well as disruptions of current placements.
Implement Team Decision Making and/or other “staffings” for case planning and reviews.	Explore the possibility of creating a common provider contract for agencies that receive CFS and BH contracts. A common contract would reduce administrative costs, develop comprehensive performance metrics and facilitate sharing relevant client data between CFS, BH and providers.
Create a CFS Work Group that includes invited provider contract agencies and interested community partners to develop a prioritized and actionable implementation plan for these recommendations and to achieve the expectations from the drivers of change listed above	Facilitate an inventory of child and family federal, state and local funding streams to ensure that HSA and Ventura County is always the payor of last resort

*Sooner is 12 months or less, later is more than 12 months

CONTINUUM OF CARE BEFORE, DURING AND AFTER INVOLVEMENT WITH THE CHILD WELFARE SYSTEM

BEFORE		
CURRENT	SOONER	LATER
<ul style="list-style-type: none"> ▪ Child Abuse Prevention Program ▪ Triple P Parenting ▪ Mental Health Screening Tool and MH Services ▪ Educational Advocacy ▪ Pathways ▪ Intensive Family Services ▪ SafeCare In-home Supports ▪ Domestic Violence Support Services ▪ Kinship Support Services ▪ Translation Services 	<p>All CFS and contract agency direct staff receive training on Five Protective Factors. All supervisors and managers receive training on management of the Five Protective factors.</p>	<p>Develop an outreach strategy to engage families with high risk or multiple risk factors e.g., geography, type of allegation, history of family risk factors.</p> <p>For example, coordinate within CFS to identify those families that have been called into the hotline, but did not reach the level of risk to be substantiated, or to identify families on waitlists at designated agencies e.g., mental health, domestic violence who present at-risk or lack of protective factors to be referred and receive services at another agency with openings.</p>
	<p>Develop and strengthen coordination and collaboration with priority community partners (almost every respondent listed the following: mental health and substance abuse treatment and recovery, domestic violence, affordable housing and education.</p>	<p>Incentivize contract agencies to develop a program to engage X% of such families and demonstrate improvements in healthy child and family development.</p>
		<p>Develop and strengthen coordination and collaboration with law enforcement when a defendant has a child(ren) in the household to address potential adverse consequences and with healthcare for health promotion, literacy and activation</p>

DURING		
CURRENT	SOONER	LATER
<p>In-home treatment and Parent Aide</p> <ul style="list-style-type: none"> ▪ Family Finding ▪ Parents as Leaders ▪ Parent Engagement ▪ Kids and Families Together SET and Peer Parent Education ▪ Educational Advocacy ▪ Anger Management and Domestic Violence Supportive Services ▪ Kinship Support Services ▪ Triple P Parenting ▪ Permanency Support and Treatment ▪ RAP/Therapeutic Family Visitation Center ▪ Mental Health Screening Tool and MH Services ▪ Residential Treatment for Women and Children ▪ Wraparound Services ▪ Respite Care ▪ Mentors for SILP ▪ Social Security Income (SSI) ▪ Translation Services 	<p>Describe how CFS and contract agencies involve family members as collaborative partners at the practice, program, and administrative levels. An agency will be awarded X points for their contract proposal if it demonstrates how family members are already being involved as collaborative partners, X-Y points if in the process of increasing family involvement, and no points if not working to increase family involvement.</p>	<p>Provider will describe in contract proposal how the proposed activities protect children (PC) and strengthen families (SF)</p>
	<p>CFS and contract agencies provide a family peer to peer to any family that requests one. Such peers can be parent partners, patient navigators, recovery coaches or a trained volunteer.</p>	<p>By the next contract proposal, provider will describe how proposed activities support PC and SF, but how the activities will impact child and family wellbeing in Ventura County</p>
	<p>Describe in the post-discharge plans, the agency's efforts to ensure successful referrals and warm handoffs for indicated service needs.</p>	<p>CFS and contract agencies provide, coordinate or collaborate with community partners a menu of services and supports that increase healthy child and family development</p>

AFTER		
CURRENT	SOONER	LATER
Several support programs have possible additional sessions post-discharge	For the first three months, a team member from the agency (professional or peer) to have bi-weekly “touches” with family members. Such touches could be by phone, individual or group sessions, or an activity/event at the agency or in the community.	Collaborate with other CBOs and/or County services to create a multi-service, “Family Wellness Center.” Such a center would provide a menu of services and supports to increase healthy child and family development. In the contract renewal process, extra points can be awarded for such Centers located in designated child welfare “hot spots.” It is anticipated that these Centers’ menu of services and supports would be accessible to families before, during and after child welfare involvement.
		Create contract agency specific approaches to engage and provide supports to families post-discharge in order to reduce re-admission rates by 33% in Year 1. An agency could partner with other contract agencies to increase the eligible number of families and cost effectiveness. CFS to incentivize by offering \$XX to at least two or three pilots in Year 1.

Attachment 9

Children & Family Services Organizational Chart

ADMIN SUPERVISION STRUCTURE

Children & Family Services

Judy Webber
Deputy Director
4 Senior Managers
1 MA

Ana-Alicia Castro
Management Assistant

Bob Cerince
Sr. Manager
(Administration)
2 Program Managers
(1 Vacant PM)
2 PAs
1 Supervisor

David SH
Sr. Manager
(Strategic Initiatives)
2 Program Managers
(1 Vacant PM)
2 PAs

Pam Grothe
Sr. Manager
(Operations)
4 Program Managers
2 PAs

Ellen Mastright
Sr. Manager
(Operations)
3 Program Managers
(1 Vacant PM)
3 PAs

Program Manager
(Vacant – Contracts)

Ann Reyes
CQI Program Manager
4 PAs (2 Vacant)
2 Supervisors (Vacant)
4 Support Staff
1 Student Aide

PA
Kari Garman
Kenneth McDermott
(Vacant)
(Vacant)

Supervisors
(Vacant)
(Vacant)

Support Staff
Judy Eubanks
Valerie Fernandez
Richard Heuser
Deborah Cisneros
Claira Lozano (Student Aide)

Placement Stability & Support Division

Program Manager
Elizabeth Thasiah

RDS
Visitation (FBCA 3 Units)
Clerical Sup (1)
Family Finding & Engagement (1)

Program Manager
(Vacant)

Lic (1)
RA (1)
RFA (1)
Placement (1)
Clerical Sup (1)

PA
Donna Kuonen
Joanna Genet

Program Managers
Leann Ryland
David Weinreich
Laura Magallanes
Marisela Cabral-Centeno (East County)

PA
Lisa Connolly
Eileen Corona

Program Managers
Tim Myers
Noe Villa
(Vacant – Fill Behind Ellen)

PA
Jeannene Roberts
Cathy DeLaTorre-Martinez
Haleh Hashemzadeh

- 1. CONTRACTS/ SERVICES REDESIGN
- 2. HR
- 3. STAFF DEVELOPMENT
- 4. CQI

- 1. PLACEMENT
- 2. RDS
- 3. LIC/RA (RFA)
- 4. QPI
- 5. ELIGIBILITY
- 6. CCR
- 7. KATIE A

- 1. ONGOING
- 2. YSD/PERMANENCY
- 3. SOP
- 4. FAMILY TEAM MTGS.
- 5. CONTRACTS (SERVICE OUTCOMES)

- 1. INTAKE (ER & COURT)
- 2. FAMILY PRESERVATION/ DR
- 3. CONTRACTS (SERVICE OUTCOMES)