

# California – Child and Family Services Review Signature Sheet

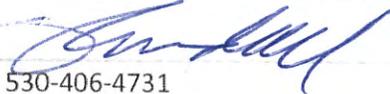
For submittal of: CSA  SIP  Progress Report

County Yolo County  
SIP Period Dates March 2015 – March 2020  
Outcome Data Period Oct2014. Data extract: Q2 2014

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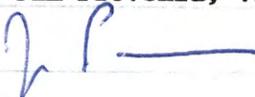
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## Board of Supervisors (BOS) Signature

BOS Approval Date 9/15/15  
Name **Jim Provenza, Vice-Chair, Yolo County Board of Supervisors**  
Signature\* 

Mail the original Signature Sheet to:

\*Signatures must be in blue ink

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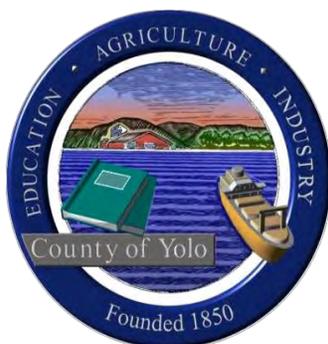
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# California - Child and Family Services Review

## System Improvement Plan

AUGUST 3, 2015 – MARCH 3, 2020



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## Introduction

The Yolo County 2015 – 2020 System Improvement Plan (SIP) is the third component of the Child and Family Services Review (CFSR), which is a systematic analysis of the county’s Child Welfare and Juvenile Probation systems. The 2015-2020 SIP is a 5-year strategic plan to improve in the program areas identified in the 2015 County Self-Assessment and Peer Case Review. The CFSR process occurs on a 5-year cycle and is guided by a philosophy of continuous quality improvement, interagency partnerships, community involvement and accountability for program outcomes. Yolo County is in its third cycle of the Child and Family Services Review process. The Yolo County Child Welfare Services (CWS) division and the Yolo County Probation Department (PO) are responsible for the development of the SIP, with technical assistance from the California Department of Social Services.

On January 28, 2014 the Yolo County Board of Supervisors unanimously approved the development of a customer-centered and outcome-focused integrated Health and Human Services Department. The integration of the departments of Employment and Social Services (DESS), Alcohol Drug and Mental Health (ADMH), and Health aims to produce better outcomes for clients by providing holistic services that wrap around each customer at a single point of entry rather than asking customers to visit numerous programs or locations to receive a full array of needed services. The merging of DESS, ADMH, and Health into the Health and Human Services Agency (HHS) officially happened on July 1, 2015. Child Welfare Services is now part of the Child, Youth and Family Services branch of the organization and merges programs that serve like populations under one organizational branch. While this is still a work in progress we are confident that the merge and resulting organizational changes will enhance service delivery, improve communication and positively affect performance measure outcomes.

Yolo County places a high value on internal and community collaboration. The Yolo County 2015-2020 System Improvement Plan reflects feedback from child welfare and probation staff, public and private agencies, community-based organizations, elected officials, Native American tribes, youth and the community at large. Yolo County CWS and Probation Departments held two (2) large community meetings, six (6) focus groups and numerous topic-specific strategy sessions between September 2014 and June 2015 to dialogue with stakeholders and the community about strengths, weaknesses, challenges and strategies moving forward. The 2015-2020 System Improvement Plan reflects Yolo County’s commitment

to specific measurable improvements in processes, outcomes and systems that the county will achieve within defined timeframes.

## SIP Narrative

### **C-CFSR TEAM AND CORE REPRESENTATIVES**

The following lists the C-CFSR team and Core representatives that regularly met in the planning stage of the CSA and Peer Review process and continue to meet in the development of the SIP.

- Alissa Sykes, Branch Director II – Child, Youth and Family Services
- Lisa Muller, Child Welfare Services Manager
- Amber Presidio, Child Welfare Services Supervisor II
- Patti Larsen, Child Welfare Services Senior Administrative Services Analyst
- Cynthia Anenson, Supervising Probation Officer
- Joti Bolina, California Department of Social Services, Outcomes and Accountability Bureau
- Anthony Bennett, California Department of Social Services, Office of Child Abuse Prevention
- Lauri Lawson, California Department of Social Services, Outcomes and Accountability Bureau

### **Development of the System Improvement Plan**

In 2014, the Child Welfare Services Division, in partnership with the Juvenile Division of the Yolo County Probation Department, conducted extensive analyses of its services, programs and processes, the findings of which are detailed in the 2015 Yolo County Self-Assessment (CSA) Report, available at <http://www.childsworld.ca.gov/PG1419.htm>. The primary purposes of the analyses were to identify areas of strength and weakness within the Yolo County child welfare and juvenile probation systems; to engage internal and external stakeholders in creating a shared sense of ownership of child protection; and to creatively and collaboratively co-create solutions to areas of greatest need.

Yolo County used various methods to conducting the CSA including extensive data analysis, case reviews, focus groups, and community meetings. The Yolo County 2015-2020 SIP reflects input and feedback received as a result of those processes.

## **PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE**

The 5-year System Improvement Plan Chart (Attachment A) outlines implementation timelines for all of the strategies targeting improvement in the identified focus areas. Both CWS and Probation used data from UC Berkeley California Child Welfare Indicators Project (CCWIP) and report publication October 2014, Data Extract Q2 2014. Because safety, permanency and well-being are interrelated, each strategy may impact outcomes in one or more of the targeted areas. The section below provides a brief summary of the data analyses contained in the 2015 County Self-Assessment (CSA) submitted in April 2015 to provide context for the strategies included in the 2015-2020 System Improvement Plan.

### **CHILD WELFARE SERVICES**

#### **S1.1 No Recurrence of Maltreatment (Federal Standard $\geq$ 94.6%)**

Yolo County is currently at 93.6% which is very close to the Federal Standard. It must be noted that Yolo County has been at or very near the National Standard since 2007. Stakeholders identified that families living in remote parts of the county lack the opportunity to participate in services due to a scarcity of services in remote parts of the county. Stakeholders also noted that families who are referred to Differential Response Service often do not follow through with services and suggest more needs to be done to engage the families in this service. CWS notes that there also exists a lack of availability of public transportation in remote parts of the county to help families travel to services. However, despite these challenges, CWS has been consistently at or near meeting this standard for the past seven years.

As we were in midst of this C-CFSR process CCWIP issued a data extract for April 2015, Data Extract Q4 2014 that shows our performance for that quarter at 88.5%. This dip is not to be overlooked but we feel strongly that the strategies we are currently, and soon to be, implementing will allow us to move back to levels at or above the Federal Standard. In fact, the subsequent data extract for July 2015, Data Extract Q1 2015 shows our performance has risen to 92.6%.

#### **S2.1 NO MALTREATMENT IN FOSTER CARE (FEDERAL STANDARD $\geq$ 99.68%)**

Yolo County is currently at 100% and has been in compliance with this measure since 2009. The last documented incidence of abuse in a foster care setting involving a Yolo County child occurred in 2011 (Q2, 2011). CWS consistently visits foster children in their placement to ensure that the placement meets the child's needs and to ensure the child's safety in the placement.

## **Reunification Outcome Measures**

### **C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT) (FEDERAL STANDARD $\geq$ 75.2%)**

Although Yolo County is currently at 71.6%, which is very close to the Federal Standard, it is still out of compliance. Yolo County has never been in compliance with this measure; however, the data reflect that since 2011, Yolo County has been trending upwards toward the Federal Standard.

### **C1.2 MEDIAN TIME OF REUNIFICATION (EXIT COHORT) (FEDERAL STANDARD $\leq$ 5.4%)**

Yolo County is currently at 7.7% and is currently out of compliance on this measure. Although Yolo County has been out of compliance on this measure since 2002, the data reflect a downward trend towards compliance.

### **C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT) (FEDERAL STANDARD $\geq$ 48.4%)**

Yolo County is currently at 48.1%, which is very close to the Federal Standard of 48.4%. It must be noted that Yolo County was out of compliance by one case.

### **C1.4 REENTRY FOLLOWING REUNIFICATION (FEDERAL STANDARD $\leq$ 9.9%)**

Yolo County is currently at 2.6% and has been in compliance with this measure since 2011. Although the Stakeholders identified concern with reentry, CWS' data shows that reentry following reunification is below the Federal Standard and CWS is performing well in this measure. CWS is successfully utilizing SOP to engage families in building their support networks and creating safety for their children. To further support social worker's use of SOP practices, CWS hired a Family Team Meeting facilitator in December 2014 and has also dedicated a total of 1.25 FTE's to facilitate family meetings.

## **Summary of Reunification Outcome Measures**

Yolo County has been making strides toward compliance in these measures and in each measure is very close to the Federal Standard. Stakeholders identify that CWS provides prompt service referrals, uses SOP to engage families in the development of their case plan, funds substance abuse treatment (residential and outpatient), holds family meetings, and meets with families more than the required once per month contact to facilitate client engagement and motivation for change. Additionally, the Stakeholders noted that Yolo County is utilizing promising programs such as the Perinatal Day Treatment Program for mothers struggling with substance abuse and their children (ages 0-5) and the Family Life Skills Partnership program for families seeking to improve their parenting skills and their independent living skills. Overall, CWS has a team of social workers, supervisors, manager, analysts, clerical and public health staff who are committed to ensuring that families receiving Reunification Services from Yolo County receive the best services that are timely and suited to their individual needs.

With regard to challenges for reunification, every focus group with the exception of the parent focus group identified challenges with the frequency of supervised visitation. It was identified that visitation is dictated by the court and the frequency of visits often presents challenges for youth to participate in extracurricular activities as well as social activities. All focus groups recognized and supported the importance of visitation to the parent child relationship; however, the focus groups explained that too many visits are disruptive. The focus groups would like to see visitation plans created with the input of youth, families, the agency and foster parents. CWS has been utilizing written visitation proposals that are developed with input from these groups; however, often the Court modifies the visitation proposal without feedback from any of the parties who were involved in developing the visitation proposal.

Stakeholders identified continued substance abuse, relapse, high caseloads, Court delays, and restrictive Court orders that do not support realistic visitation plans as challenges to reunification. Another challenge to reunification is the reduced motivation of parents whose children are in relative placements and foster parents struggles to meet the demands of the visitation and case plan needs (ex. 3-4 weekly visits, weekly counseling, school meetings, tutoring, medical and dental appointments and extracurricular activities).

To meet these challenges, CWS has hired 26 social workers which filled vacancies and allowed for new positions in order to lower caseloads and allow for more frequent contact and engagement efforts with parents, children and foster parents. CWS also hired a Family Meeting facilitator and is working to develop this program to support families throughout their time with Child Welfare. Currently CWS has dedicated 1. FTE to work as Family Meeting facilitator and hopes to be able to facilitate SOP meetings both as an immediate need (ex. ER referrals) and planned in advance (ex. ongoing cases). Additionally, CWS plans to implement a parent partner program in Fiscal Year 2015/16 to support parents who are receiving CWS services. The parent focus group identified feeling alone, confused, unheard and not clear about expectations. A parent partner can help support the parents through offering understanding, encouragement, advocacy, and hope for a successful case closure. The goal of SOP and Parent Partner is to promote safe, timely reunification and to reduce reentry following reunification.

## **Adoption**

### **C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT) (FEDERAL STANDARD $\geq$ 36.6%)**

Yolo County is currently at 30.0% and is out of compliance. Yolo County has a great collaborative relationship with the California Department of Social Services-Adoptions Branch, the contracted provider for adoption services in Yolo County. This collaborative relationship has enabled CWS and CDSS-Adoptions to more quickly progress through the adoption process once parental rights are terminated.

The cases that are not in compliance on this measure are most likely attributable to delays within the Court proceedings such as numerous contested matters, continuances, and delays in the Court ceasing reunification and proceeding with a permanent plan.

### **C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT) (FEDERAL STANDARD ≤ 27.3 MONTHS)**

Yolo County is currently at 29.9 months and is currently out of compliance with this measure. Since 2011, the data shows a trend away from compliance. As identified by the Stakeholders, Supervisor, Social Workers and Foster Parent Focus Groups, delays in Court proceedings are likely attributable to the increase in the length of stay in foster prior to adoption finalizing.

### **C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE) (FEDERAL STANDARD ≥ 22.7%)**

Yolo County is currently at 14.1% and is currently out of compliance. Yolo County had been in compliance from 2001 to 2013. However, due to delays in Court proceedings children are remaining in foster care longer prior to their adoption being finalized.

### **C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE) (FEDERAL STANDARD ≥ 10.9%)**

Yolo County is currently at 5.4% and is currently out of compliance. As previously mentioned, delays in Court proceedings greatly impact the length of time that a child spends in foster care prior to their adoption finalizing. CWS has made a commitment to reduce the reasons that CWS would ask for a continuance by filing reports and discovery timely and ensuring that parents and their attorney's receive copies of the report prior to the hearing.

### **C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE) (FEDERAL STANDARD ≥ 53.7%)**

Yolo County is currently at 66.7% and is currently in compliance with this measure. CWS and the California Department of Social Services-Adoptions branch collaborate to ensure that once parental rights are terminated, the adoption process proceeds as quickly as possible. This collaboration consists of concurrent planning early in the case, exchanging information and documentation to assist with the assessment of the child and home study process. These efforts have great contributed to Yolo County's ability to remain in compliance with this measure.

### **Summary of Adoption Measures**

Of the five measures associated with Adoption, Yolo County is in compliance with only one, C2.5 Adoption within 12 Months. An analysis of these measures revealed that the primary factor contributing to non-compliance is delays in Court proceedings, which translates into children remaining in foster care longer and not reaching permanency in a timely manner.

## Long Term Care

### **C3.1 EXIT TO PERMANENCY (24 MONTHS IN CARE) (FEDERAL STANDARD ≥ 29.1%)**

Yolo County is currently at 10.9% and is currently out of compliance with this measure.

The Supervisor, Social Worker and Foster Parent focus groups identified another struggle facing Yolo County is working with older youth who have permanency options that if implemented will deny them access to extended foster care (EFC) benefits. The passage of AB2454 allows former foster youth who have achieved permanency through guardianship or adoption to be eligible for EFC after their 18 birthday if their permanent home fails to or is unable to continue to support them. CWS is hopeful that the Court will comply with these federal mandates and allow youth to achieve permanency.

### **C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT) (FEDERAL STANDARD ≥ 98%)**

Yolo County is currently at 93.8% and is out of compliance with this measure. Since the cases that meet this criteria have been decreasing as a result of reunifying children at six or twelve months, one case can have a significant impact on the compliance of this measure.

### **C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18) (FEDERAL STANDARD < 37.5%)**

Yolo County is currently at 57.6% and is out of compliance. Yolo County has never been in compliance in this measure. Stakeholders identified several different factors affecting placement stability such as limited quality placements for older youth in Yolo County, mental health and substance abuse challenges for the youth and inadequate training of foster parents to support the needs of older youth. Stakeholders praised the work of the TAY unit for their intensive work with older youth. It was also noted that CWS works closely with ILP, CASA, County Office of Education, County Foster and Kinship Education program, CommuniCare Wraparound program and California Youth Connection (CYC) to support youth.

### **Summary of Long Term Care Measures**

Yolo County is out of compliance with all three of the measures related to Long Term Care. Various factors contribute to a child's length of stay in foster care such as delays in Court proceedings, placement instability and complications related to permanency options and loss of EFC eligibility. Despite being out of compliance, Yolo County has had some successes in these measures which can be attributed to collaborations with community partners and the work of the TAY unit in intensively working with older youth. As more and more youth opt to stay dependents in order to take advantage of the EFC program we will continue to see this measure remain out of compliance.

Yolo County continues to work to link foster children to adequate mental health and substance abuse services. Additionally, we start to engage youth in the Independent Living Program (ILP) at age 14 by inviting them to participate in ILP workshops and offering incentives

for participation. We have seen substantial increases in attendance at these workshops by dependents of Yolo County as well as dependents of other counties.

## **Placement Stability**

### **C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 86%)**

Yolo County is currently at 88.8% and is currently in compliance with this measure. Historically, Yolo County has performed at, near, or above the Federal Standard for this Measure.

### **C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 65.4%)**

Yolo County is currently at 64.3% and is currently out of compliance with this measure. Although Yolo County is out of compliance, it must be noted that Yolo County's overall performance is trending towards compliance.

### **C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 41.8%)**

Yolo County is currently at 28.9% and is currently out of compliance with this measure. Although Yolo County has never been in compliance with this measure, it must be noted that cases that meet this criteria have significantly decreased over time.

## **Summary of Placement Stability Outcome Measures**

CWS struggles with placement stability for children in care 24 months or longer. These struggles can be related to mental health and behavioral health issues of children in care. It was identified that relatives particularly struggle with this as they are often ill prepared to handle these challenges. It is also challenging for foster youth to be separated from siblings and placed outside of the County. Yolo County needs more placement options within the county that are equipped to meet the needs of foster children and that can have the space for sibling groups. We are re-allocating our resources and doing earlier interventions so children won't have to move and caregivers can get the support they need.

Stakeholders identified several recommendations to improve placement stability, including having a receiving home in the county, increasing recruitment of more local foster families, increased support for relative placements and streamlining of the mental health referral process to make it more clear and consistent, including the development of a "cheat sheet" for available mental health services and how to access them.

## **2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE (IMMEDIATE RESPONSE COMPLIANCE AND 10-DAY RESPONSE COMPLIANCE)**

Yolo County is currently at 97.5% for Immediate Response referrals and 96.4% for 10-Day Response referrals. The standard for this measure is 90.0%. Yolo County has never been out of compliance on Immediate Response referrals and maintains a high expectation that all immediate response referrals receive a response within two hours of receipt of the report. The State requirement is a 24 hour response. This high expectation has contributed to CWS maintaining compliance on this measure. With regard to 10-Day Response Referrals, Yolo County also maintains high expectations in that social workers are required to make a first attempt at contact within the first five days and must make contact with the family within 10 days. This county practice positively contributes to maintaining compliance with this measure.

## **2F TIMELY CASEWORKER VISITS WITH CHILDREN**

This measure is broken down into overall timely visits with children and timely visits with children in their placement. With regard to timely visits with children, Yolo County is currently at 94.9% and the Federal Standard is 90.0%. Yolo County is currently at 75.2% for timely visits with children in placement and the Federal Standard is 50.0%. Yolo County is doing well in this measure. Social Workers are expected to see the children on their caseload at least monthly and to see them in the placement as a preferred location. Supervisors monitor social workers compliance with home visits during supervision to ensure that children are being seen monthly and contacts are being entered timely.

## **4A SIBLINGS PLACED TOGETHER IN FOSTER CARE**

This measure is broken down into two measures, all siblings placed together and some or all siblings placed together. With regard to all siblings placed together, Yolo County is currently at 62.6% and 79.3% for some or all siblings placed together. While there is no federal or state standard for this measure at this time, CWS diligently works to keep all siblings together if possible. Relative placements increase the likelihood that all siblings can remain together. CWS' Relative Assessment Specialist works hard to quickly assess relatives so that children's first placement can be with a relative and so that they can remain together.

## **4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)**

There is no federal or state standard for this measure at this time. However, for first placements, Yolo County is currently at 22.9% for relative placements, 33.5% for foster home placements (licensed Yolo County Foster Homes), 41.3% for Foster Family Agency Home Placements, and 2.2% for Group Home placements. According to the data, Yolo County is showing an increasing trend in placing children with relatives for a first placement. Social Workers do an excellent job in placing children in the least restrictive setting that will meet the children's needs. Social Workers make every effort to place a child first with a relative and

second, with a Yolo County Licensed Foster Home as two of the least restrictive foster care settings.

#### **4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)**

There are currently no federal or state data indicators for this Measure. Yolo County has worked hard to move children into the least restrictive foster care setting by assessing relatives, searching for NREFM homes and moving children into Yolo County Licensed Foster Homes to keep them in Yolo County. These efforts have resulted in more kids being placed in the least restrictive placement at any point in time.

#### **4E ICWA & MULTI-ETHNIC PLACEMENT STATUS**

There are currently no federal or state data indicators for this Measure. Yolo County has increased the number of relative placements for ICWA eligible children. The data reflects that Yolo County needs to enter the ethnicity of the substitute care provider in CWS/CMS as there is a portion of relative homes that are missing the ethnicity data.

#### **5B (1) RATE OF TIMELY HEALTH EXAMS and 5B (2) RATE OF TIMELY DENTAL EXAMS**

There are currently no federal or state data indicators for these Measures. Yolo County is currently at 81.5% for Timely Health Exams and 52.0% for timely dental exams. Although the data suggests that Yolo County has decreased in this area, this is more likely the result of a data entry error. There has been a seven month delay in entering the exams into the CWS/CMS database as a result of the retirement and subsequent hiring and training of a new Public Health Nurse. It is expected that these measures will increase as the PHN catches up on entering the exams.

#### **5F PSYCHOTROPIC MEDICATIONS**

There are currently no federal or state data indicators for this Measure. Although the data suggests that a low percentage of children in foster care are prescribed psychotropic medications, CWS acknowledges that this could be due to a data entry error in the delay with entering this information into the CWS/CMS database. With the retirement of the previous public health nurse, there was no one to enter this information into CWS/CMS. Since a new PHN has been hired and trained, Yolo County believes that over the course of the next several quarters, the data will more accurately reflect the true picture of the percentage of foster children receiving psychotropic medication.

#### **6B INDIVIDUALIZED EDUCATION PLAN**

There are currently no Federal or State data indicators for this measure. Although the data appear to indicate that Individualized Education Plans have been decreasing for foster children, there is likely a data entry error that makes this performance appear low. CWS needs to improve the documentation of IEP's in the CWS/CMS database.

### **8A COMPLETED HIGH SCHOOL EQUIVALENCY, Youth Transitioning From Foster Care**

According to the data, Yolo County had zero youth graduate or complete high school equivalency. However, there is an error with this data that is likely a result of failure to document graduations in the CWS/CMS database. In 2014, Yolo County had 20 youth graduate from high school which was a rate of 75%. Of those 20, 18 went on to some form of higher education such as University, Vocational Education, or Junior College.

### **8A OBTAINED EMPLOYMENT, YOUTH TRANSITIONING FROM FOSTER CARE**

In 2014, Yolo County had 20 Youth graduate from high school and 18 of those 20 graduates went on to some form of higher education, which means that they did not seek employment post-graduation.

### **8A HOUSING ARRANGEMENTS, YOUTH TRANSITIONING FROM FOSTER CARE**

There are currently no Federal or State data indicators for this measure. Since fewer youth are exiting foster care and are choosing to remain in Extended Foster Care, there is a very small data set for this measure. According to the data, there was one youth who exited foster care and had housing arrangements, placing Yolo County at 100% for this measure. CWS' 90 day transition plan meeting helps ensure that youth have housing arrangements when they exit foster care.

### **8A RECEIVED ILP SERVICES, YOUTH TRANSITIONING FROM FOSTER CARE**

There are currently no Federal or State data indicators for this measure. With the implementation of Extended Foster Care, fewer youth have chosen to exit foster care. The ILP Coordinator does a tremendous amount of outreach to make sure that all ILP eligible youth are aware of the benefits of attending ILP services and that they have access to this service once eligible.

### **8A PERMANENCY CONNECTION WITH AN ADULT (YOUTH TRANSITIONING FROM FOSTER CARE)**

There are currently no Federal or State data indicators for this measure. CWS has set an expectation that all Youth should have a permanency connection with at least one adult. The Transitional Age Youth (TAY) workers work with the youth to identify adults that they want in their lives and help the youth maintain relationships with those identified adults.

## **SUMMARY OF SYSTEMIC FACTORS ON OUTCOME DATA MEASURES AND SERVICE DELIVERY**

Several systemic factors have been identified that effect outcome data measures and service delivery. First, the Court Officer position for CWS was created to allow social workers to spend less time in Court and more time working with families and children. While this position has allowed this to occur, it also appears to have some unintended consequences. It appears that taking social workers out of Court has contributed to the deterioration in the relationship with the Court and may have led to an increase in the number of continuances being ordered by the Court. Oftentimes at an Early Review Hearing, questions come up that were not on the agenda and the Court Officer does not have the information. As a result, the hearing is continued to allow the Court Officer to obtain the information from the assigned social worker. CWS needs to assess the benefits and costs of the Court Officer Position to determine if it is still in the best interest of CWS to have this position.

The Court is another systemic factor that affects outcome measures. There are often delays in Court proceedings due to numerous interim review hearings, numerous continuances or delays in decision-making. The consequences of these actions are that CWS is out of compliance with Federal Title IV-E findings. Additionally, these delays contributes to delays in permanency, longer stays in foster care and delays in timely reunification. The Court has also created challenges for CWS in that the Court believes that basic social work case management decisions such as: visitation, placement decisions, youth's contact with important adults in their lives and Youth's contact/visits with relatives must be litigated during a hearing. This viewpoint creates frustration and misunderstanding for families, children, the foster parents and CWS.

CWS has hired a number of new social workers and supervisors over the past two to three years. As a result, each person's knowledge and experience is at a different level. The supervisory team and the social workers are each learning how to do their respective work and as with any new position, there is a learning curve. CWS is excited by the energy and enthusiasm of the new staff and their commitment to the children and families of Yolo County. They are eager to be trained and to learn new things. CWS is dedicated to ensuring that all new staff receive adequate training and are supported in learning how to appropriately document their work so that data entry errors to not continue to be a challenge in CWS' outcome measures data.

Finally, the lack of an identified Continuous Quality Improvement (CQI) Process means that CWS does not regularly monitor each case for quality improvement. This means that issues with procedures, policies or practice are not identified early in the case which means that they can lead to delays in proceedings, placement changes, or failure to provide reasonable services. CWS will be implementing Continuous Quality Improvement with the Federal Case Review.

In general, CWS made improvements in practices from the previous SIP. For example, ER implemented the expectation that all 10-Day Response referrals receive a first contact within the first 5 days and a completed contact by the 10th day. This ensures that children and families are being seen within the timelines. Additionally, CWS has an expectation that Immediate Response referrals receive an in-person response within the first two hours of receipt of the report. This is a higher standard than the State standard of response within 24 hours.

CWS continues to experience challenges with regard to the Court and delays in decision-making and numerous continuances. In the previous SIP it was identified that CWS saw a decrease in reunification within 12 months as it was determined that the Court often delays reunification until a child is on break from school. Such decisions impact timeliness to reunification.

CWS continues to train staff on the use of Structured Decision Making, Safe Measures and Safety Organized Practice. Each of these tools assists the social worker in monitoring progress, assessing safety and making decisions about recommendations for the Court.

Since the last SIP, CWS has gained a better understanding of realignment and the various funding sources for Child Welfare Services and programs. CWS also has learned the importance of communication with staff as to how to implement new initiatives and to listen to feedback from staff regarding their concerns and suggestions for improvements.

## **PRIORITIZATION OF OUTCOME DATA MEASURES**

After a thorough analysis of the CWS outcomes data and the data obtained through the County Self-Assessment, CWS noticed a trend in how the delays in Court proceedings have adversely impacted performance measures. CWS recognized an inability to address the concerns with delays in court proceedings and instead chose to focus on areas that CWS can affect direct change in the hope of improving outcomes.

CWS studied each measure and the performance in each measure and ultimately chose to focus on;

- C1.2 Median Time to Reunification (Exit Cohort),
- C4.3 Placement Stability (At Least 24 Months in Care), and
- Reducing the number of children entering foster care.

These measures were chosen on the basis of being out of compliance and a belief that strategies could be implemented to affect positive change which would improve outcomes in the identified target areas.

CWS has identified seven strategies designed to improve clients' early engagement in services, provide highly skilled and trained social workers to work with clients and thoroughly

assess and approve foster families who will be able to provide a permanent home for children that are not able to reunify with their parents. With each of the seven strategies listed below as well as on the SIP chart (attachment 1), CWS carefully considered how implementing each strategy could impact not only the targeted outcome measure but could also likely improve other outcome measures. Action steps are included for each of the strategies listed below. The SIP chart details the timeline for each of the strategies listed below. As many of the strategies listed below are implementing new programs or ways of doing business we have made our best estimate of these action steps. As we further develop the programs we may find it necessary to change, add or delete action steps and timeframes. If this occurs we will update the action steps and timeframes in our annual SIP updates.

### **Family Support Meeting Facilitator Program**

CWS plans to develop the Family Support Meeting Facilitator policies and procedures which could positively impact P1-Permanency in 12 months for children entering foster care (C1.2), P5-Placement Stability (C4.3), and reduce the number of children entering foster care while also positively impacting S2-No Recurrence of Maltreatment (S1.1), P2-Permanency in 12 months for children in foster care 12 to 23 months, P3-Permanency in 12 months for children in foster care 24 months or longer, and P4-Re-entry into foster care in 12 months. Family Support Meetings are an early engagement strategy designed to foster a clear understanding of CWS/ involvement with a family and what needs to happen in order for the parents to create and demonstrate safety for their child. Family Support Meetings can also be used to address placement concerns which could support placement stability as well as identify the most appropriate placement for a child. Using Family Support Meetings throughout the CWS process, could improve the timeliness to reunification and for children in care longer, a Family Support Meeting could be used to identify what needs to happen so that child could obtain permanency rather than being delayed longer. Finally, if the family has a clear understanding of safety and a strong support network is developed to support the family after CWS closes the referral or case, the family may be less likely to have a subsequent referral for abuse or neglect which would positively impact the S2 outcome.

#### **Action Steps:**

- A.** Assess need and possible uses for Family Support meetings by attending staff unit meetings, Division Meetings, and Supervisor Meetings.
- B.** Develop policy, procedure, and method for tracking for FSM Facilitator program.
- C.** Identify two primary facilitators and train them on Safety Organized Practice approaches including but not limited to Motivational Interviewing, Solution-Focused Interviewing, Structured Decision Making, Signs of Safety, etc.
- D.** Begin facilitating Family Support Meetings at major decision making points in the case including but not limited to removal, placement, reunification, case closure, etc.
- E.** Monitor and evaluate the FSM Facilitator program by reviewing data collected from outcomes of meetings, outcomes of families and observing the meetings for

quality control. FSM Supervisor will make adjustments to the program or provide/arrange for additional training as needed.

### **Parent Partners**

CWS also plans to implement Parent Partners which could positively impact P1-Permanency in 12 months for children entering foster care (C1.2) and P5-Placement Stability (C4.3) as well as P2-Permanency in 12 months for children in foster care 12 to 23 months and P3-Permanency in 12 Months for children in foster care 24 months or longer. The Parent Partner Program is an early engagement strategy that is designed to assist parents in overcoming barriers to partnering with CWS and in engaging in services. Parent Partners will help parents understand the CWS system, why their children were removed, how to access services and advocate for themselves and their children. This program could help improve placement stability since, when parents are supportive of a child's placement and develop a collaborative relationship with foster parents, placements tend to be more stable and positive for children.

#### **Action Steps:**

- A.** Contract with community based service provider to provide Parent Partner Program. Services of Parent Partner may include: engaging parents in case planning and services; providing information to parents about CWS and their rights/responsibilities; provide support, modeling and linkages to families; provide individual support; serve as parent leaders and assisting with training CWS staff on effective engagement with families.
- B.** Train Parent Partners on CWS Legal System, engagement, healthy boundaries, advocacy, resources, family centered practices, addressing stigma, safety and self-care.
- C.** Monitor and Evaluate effectiveness of program by meeting with contracted provider, reviewing performance measurement reports and outcomes.
- D.** Contracted Provider and CWS will make adjustments to the program as needed to support improved outcomes.

### **Early Engagement Meetings**

The next strategy that CWS plans to implement is Early Engagement Meetings. By providing an early engagement meeting in which parents learn about CWS and the Court and are supported at the meetings by parent partners, parents have the opportunity to engage in services earlier which increases the likelihood of reunification. CWS expects to see improvements in P1-Permanency in 12 months for children entering foster care (C1.2) and P5-Placement Stability (C4.3) as a result of these meetings. As mentioned earlier when parents develop a strong working relationship not only with their social worker, but also the foster parents, placement stability improves as well as timeliness to reunification. With early engagement meetings, CWS also expects to see improvements in P2-Permanency in 12 months

for children in foster care 12 to 23 months, P3-Permanency in 12 months for children in foster care 24 months or longer, P4-Re-entry into foster care in 12 months (C1.4), and S2-No Recurrence of Maltreatment (S1.1).

**Action Steps:**

- A.** Research models of client engagement groups and curriculum used by other counties and the Regional Training academy.
- B.** Train parent partners and social workers who will facilitate the client engagement group.
- C.** Talk with community partners about scheduling to ensure that the group does not conflict with services and to arrange for service providers to offer intake appointments for mental health services or AOD services either before or after the group.
- D.** Implement the client engagement group.
- E.** Monitor and evaluate the effectiveness of the client engagement meeting through the use of satisfaction surveys for parents, social workers and service providers. Also track the risk level of the parent on the attendance sheet and track who does and does not attend the client engagement meeting.

**Resource Family Approval**

CWS will be implementing Resource Family Approval with the goal of improving outcomes in P1-Permanency in 12 months for children entering foster care (C1.2) and P5-Placement Stability (C4.3). CWS believes that P2-Permanency in 12 months for children in foster care 12 to 23 months will also be positively impacted. By thoroughly assessing foster families and completing home studies prior to placement, CWS will approve only the strongest, most skilled families who could support reunification and if reunification is unsuccessful will be able to provide permanency for a child through adoption. This program will create a consistent training program and consistent standards of care for all foster homes, including relatives. This will mean that foster children will experience higher quality of foster homes which supports placement stability as children will not have to be removed from substandard homes. Additionally, it is possible that this will increase the number of potential Yolo County licensed foster homes as CWS will have a dedicated program to license and home study families. Having more placement options in Yolo County could positively impact placement stability and allow foster children to remain not only in their community, but also in their school of origin.

**Action Steps:**

- A.** Attend trainings, conferences and technical support meetings in order to develop an implementation plan for RFA, including a timeline for implementation.
- B.** Develop policy, procedure, and method for tracking for RFA families and approvals/denials.
- C.** Identify and train RFA social workers.

- D. Implement RFA process and begin assessing potential foster/relative placements.
- E. Monitor and evaluate effectiveness of RFA and make adjustments as needs are identified. Conduct focus groups with community partners and stakeholders to gather feedback about the RFA process. Provide satisfaction surveys to each cohort of foster parents, relative caregivers, and non-related extended family member caregivers every six months. Track how many potential caregivers start and finish the RFA process, the range of time to complete the RFA process, the median time to complete the RFA process and whether emergency placements can be fully approved.

### **In-House Social Worker Training Curriculum**

Developing and implementing an in-house training curriculum would enable CWS to train new social workers not only on State and Federal laws, policies and procedures for Child Protective Services social work but also to train on Yolo County specific policy, procedures and resources. This kind of training would produce social workers that are more knowledgeable and prepared to work with Yolo County families. Well trained social workers could lead to improvements in P1-Permanency in 12 months for children entering foster care (C1.2), P5-Placement Stability (C4.3), and reduce the number of children entering foster care due to the fact that they will be more knowledgeable about connecting families with Yolo County resources, safety planning, client engagement, and identifying the families natural supports to be used for enhancing a families ability to provide safety for their children. With well-trained social workers, we are likely to see a decrease in delays making referrals for services and an increase in their confidence in working with families. We also expect to see improvements in the outcomes for P2-Permanency in 12 months for children in foster care 12 to 23 months, P3-Permanency in 12 months for children in foster care 24 months or longer, P4-Re-entry into foster care in 12 months (C1.4), and S2-No Recurrence of Maltreatment (S1.1). Creating a training curriculum for new social workers ensures that new social workers are well equipped to begin case managing children and their families. Also with the implementation of the Federal Case Review, any training issues revealed by the Federal Case Review can be addressed through the modification of the training curriculum for all social workers. CWS believes that standardized training for new social workers and the Federal Case Review has the potential to positively impact both timeliness to reunification and placement stability over time.

#### **Action Steps:**

- A. Identify any existing training that already exists in Yolo County and assess for gaps in training.
- B. Connect with other Counties to review their training curriculums for new and experienced social workers. Obtain copies of any of their training curriculums.
- C. Begin developing Yolo County training program utilizing resources gathered from other counties, existing training opportunities within Yolo County, knowledge base of supervisor team, WIC and Division 31 regulations.
- D. Implement training program.

- E. Monitor and evaluate effectiveness of the training curriculum by surveying staff, supervisors and division manager. Make adjustments in training program as needs are identified.

### **Review, Evaluate, Direct (R.E.D.) Teams**

CWS will implement R.E.D. teams with the goal of appropriately evaluating abuse and neglect referrals received by the department and matching the best level of intervention with the specific needs of the family. R.E.D. teams are comprised of CWS supervisors, intake social workers, public health nurse, and community partners who specialize in mental health and substance abuse treatment. These team members review each referral received and develop a strategy to assess the family's needs so that they can be matched with relevant services. Implementing R.E.D. teams can lead to a reduction in the number of children entering foster care as CWS will be meeting the needs of the family by providing links to community resources, services and engaging the family in safety planning. CWS also expects to see a reduction in P4-Re-entry into foster care in 12 months (C1.4) and S2-No Recurrence of Maltreatment due to the fact that the family's needs will be met with the most appropriate level of intervention at first contact with CWS.

#### **Action Steps:**

- A. Attend trainings related to R.E.D. team implementation.
- B. Shadow other counties who have successfully implemented R.E.D. teams.
- C. Implement R.E.D. teams with small group of team members including the emergency response supervisor, intake screeners, and at least two other supervisors.
- D. Expand R.E.D. team members to include CWS public health nurse, Mental Health Clinician, Differential Response case manager, and other community partners.
- E. Monitor and evaluate the effectiveness of the R.E.D. team implementation process, meeting structure, and outcomes of the meetings. Supervisor and Manager will make adjustments in the process as needed. Obtain feedback from all R.E.D. team participants.

### **Restructure Child Welfare Services**

The final strategy that CWS intends to implement is to restructure Child Welfare Services to support the development of more front end teams that specialize not only in family assessment but also high risk populations such as children ages 0 to 5 and families involved in domestic violence. The goal with the restructure is to reduce the number of children entering foster care by more intensively working with the family to provide access to services, resources and to help the family develop safety for their children. Additionally, the restructure could also enable children to reunify more quickly due to the fact that families will receive the help they need at the front end, possibly even prior to court involvement which means that court

involved families may spend less time with their children outside of their care. A restructure could also lead to social workers carrying a smaller caseload of families which could positively impact placement stability as social workers could more quickly respond to concerns in the foster home and work to stabilize the placement. As part of the restructure, CWS needs to assess the benefits and costs of the Court Officer position on the Court Process and CWS staff. This position has afforded social workers the ability to spend more time with their families outside of Court; however, it is possible that this position has negatively impacted social worker's relationships with the Court. This needs more analysis to determine if there is cause to alter this position.

**Action Steps:**

- A.** Research the training used by other Child Welfare agencies that have specialized units such as Family Assessment, Domestic Violence, High Risk 0-5years, and Voluntary Family Maintenance.
- B.** Evaluate the current organizational structure of Child Welfare including the skills, strengths, and interests of each social worker. Identify areas where more intensive, specialized training is needed.
- C.** Hire and train the necessary staff to implement the expansion plan. CWS will hire four supervisors and 10 additional social workers.
- D.** Monitor and evaluate the expansion by surveying the staff, supervisors and managers about their experiences with the growth, and how it has supported or hindered their ability to engage families.

**PROBATION**

**S1.1 No Recurrence of Maltreatment (Federal Standard ≥ 94.6%)**

This measure does not apply to Probation.

**S2.1 NO MALTREATMENT IN FOSTER CARE (FEDERAL STANDARD ≥ 99.68%)**

Yolo County is currently at 100% and has been in compliance with this measure since 2008. The last documented incidence of abuse in a foster care setting involving a Yolo County child occurred in 2008. Probation regularly visits probation minors in their placement to ensure that the placement meets the child's needs and to ensure the minor's safety in the placement.

**Reunification Outcome Measures**

**C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT) (FEDERAL STANDARD ≥ 75.2%)**

Yolo County Probation has been in compliance with this measure since 2011. The department is currently performing at 80%.

### **C1.2 MEDIAN TIME OF REUNIFICATION (EXIT COHORT) (FEDERAL STANDARD ≤ 5.4%)**

Yolo County is currently out of compliance on this measure. The department is currently performing at 6.9 and this data reflects a trend towards compliance of 5.4, which is a decrease from 12 in 2012.

### **C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT) (FEDERAL STANDARD ≥ 48.4%)**

Yolo County is currently out of compliance with this measure and has been consistently out of compliance since 2008. The department is currently performing at 44.4%. However the local stakeholders have acknowledged the Probation Officers for their collaborative efforts to reunify the minors with their families in a reasonable timeframe. Barriers to reunification often include but are not limited to: minors choosing to leave placement; the distance between placement and the home; lack of interest in completing placement and mental health needs not being met. Other challenges include lack of parent/guardian involvement and/or commitment to the completion of the program.

### **C1.4 REENTRY FOLLOWING REUNIFICATION (FEDERAL STANDARD ≤ 9.9%)**

Yolo County is currently out of compliance with this measure and has been since 2011. Reentry following reunification was made the focus of the peer review and will continue to be a focus in the SIP. Stakeholders identified several best practices which will be utilized to help maintain youth in their homes following reentry after reunification. The programs available for the youth in the county will assist them in maintaining their status in the home rather than reenter the foster care system.

During the latest reporting period, Yolo County continued to be out of compliance with a completion rate of 50%. However, this rate represented only two youths, who were in placement at the time, one of which failed. Yolo County is also a medium size county (only 4,000 above a small county), however the number of out of home placements is relatively small. Therefore the number of out of home placements on a monthly basis averages under 12 minors. The number of youth reunified at the time was low due to a trend of out of home placement orders maintained prior to minors' 18<sup>th</sup> birthdays to allow for participation in AB12. As a result, if this trend does not continue it is possible there will be a larger pool of youth who fall into this category. As such, this is viewed as an important area to continue to monitor and to focus resources.

Stakeholders identified areas, which could be beneficial to assisting youth once they re-enter back into the home following out-of-home placement. Some of the suggestions included: Increase court ordered services for families prior to youth returning home, increase preventative services, decrease out-of-home placement, provide community-based services, keep local placements at the lowest level of care and collect better information during initial placement to get a better "match" in the next placement. These things can be accomplished by

starting the process early with transitioning the minors back into the home with reunification services.

## **Adoption**

### **C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT) (FEDERAL STANDARD ≥ 36.6%)**

Yolo County Probation has had no youth meet the criteria for this measure since 2008.

### **C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT) (FEDERAL STANDARD ≤ 27.3 MONTHS)**

Yolo County Probation has had no youth meet the criteria for this measure since 2008.

### **C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE) (FEDERAL STANDARD ≥ 22.7%)**

Yolo County is currently out of compliance with this measure and has been out of compliance since 2008. Yolo County Probation is currently performing at 0 %. Two youth met the criteria and were not freed for adoption. No youth met criteria for inclusion in this measure in 2010 or 2011.

### **C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE) (FEDERAL STANDARD ≥ 10.9%)**

Again, Yolo County has been out of compliance in this category since 2008. Once again, no youth met criteria for inclusion in this measure during the time period of January to June, 2010. Yolo County Probation is currently performing at 0 %. Two youth met the criteria and were not freed for adoption.

### **C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE) (FEDERAL STANDARD ≥ 53.7%)**

No youth met the criteria for inclusion in this measure since 2008.

## **Long Term Care**

### **C3.1 EXIT TO PERMANENCY (24 MONTHS IN CARE) (FEDERAL STANDARD ≥ 29.1%)**

Yolo County was previously out of compliance in this category from 2011-2013. Presently there are no youth who meet the criteria for inclusion in this measure.

### **C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18) (FEDERAL STANDARD < 37.5%)**

From 2009-2013, Yolo County Probation has been out of compliance and is currently out of compliance with this measure. In 2010, there were no youth who met these criteria.

Probation officers were acknowledged by stakeholders for supporting youth in transition to adulthood through engagement and connection to resources and services including ILP services, life skill development, obtaining health insurance, Cal Fresh benefits, housing, educational support, and treatment and employment services. PO's demonstrate an awareness of the importance of these services to support transition age youth. PO's

experience some challenges when parents are not engaged in supporting the youth or the youth refuses services.

### **Placement Stability**

#### **C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 86%)**

Yolo County Probation is currently in compliance with this measure and has been in compliance since 2013. Yolo County Probation is currently performing at 94.7 %, which is 8.7% above the federal standard.

#### **C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 65.4%)**

Compliance in this measure was achieved in 2013 and remains consistent for Yolo County Probation. Yolo County Probation is performing at 85.7%, which is 20.3% above the federal standard.

#### **C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE) (FEDERAL STANDARD $\geq$ 41.8%)**

Yolo County Probation is currently out of compliance in this measure. Yolo County Probation is currently performing at 0%, with only 2 minors who are measurable in this category. This has remained a consistent challenge to the county due to a lack of consistent placements, which require at least 24 months of care. Most minors who are placed in out of home care and require such a level of care, often re-offend, which interrupts their placement stability.

#### **2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE (IMMEDIATE RESPONSE COMPLIANCE AND 10-DAY RESPONSE COMPLIANCE)**

This measure does not apply to Probation.

#### **2F TIMELY CASEWORKER VISITS WITH CHILDREN (FEDERAL STANDARD $\geq$ 90%)**

Yolo County is currently out of compliance regarding timely visits, but is in compliance with the standard set of visits in the residence. Yolo County is currently performing at 70.4% in this category. A positive trend is occurring as this data has only been available since 2012. This focus area is worthwhile as there has continually been staff turnover in the department affecting delivery of services.

Again, stakeholders made suggestions at the SIP Stakeholder Meeting as to how to address the gap in compliance in this category. Offering specific probation officer training for the CWS/CMS system will help eliminate miscoding of information input into the system. Additionally staffing issues were addressed in the meeting, specifically: matching the probation officer with the youth and finding people who are the right fit for the placement unit.

Consistency with staffing was again discussed and stakeholders agree that this will assist with timely caseworker visits being documented correctly.

#### **4A SIBLINGS PLACED TOGETHER IN FOSTER CARE**

This measure does not apply to Probation.

#### **4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)**

There is currently no data available. However the majority who enter foster care in Yolo County through the Probation System enter through a group home or shelter.

#### **4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)**

There are currently no federal or state data indicators for this Measure. The data indicates a declining trend of group home placement.

#### **4E ICWA & MULTI-ETHNIC PLACEMENT STATUS**

There have been no youth that have met criteria for ICWA eligibility in supervised Probation care in Yolo County since July 1, 2008. There is currently one youth in supervised Probation care in Yolo County with primary or mixed ethnicity of American Indian; the placement type for that youth is “missing.” There does not appear to be enough data on this measure to determine a trend.

#### **5B (1) RATE OF TIMELY HEALTH EXAMS and 5B (2) RATE OF TIMELY DENTAL EXAMS**

This measure does not apply to Probation.

#### **5F PSYCHOTROPIC MEDICATIONS**

This measure does not apply to Probation.

#### **6B INDIVIDUALIZED EDUCATION PLAN**

This measure does not apply to Probation.

#### **8A COMPLETED HIGH SCHOOL EQUIVALENCY, Youth Transitioning From Foster Care**

No youth supervised by Yolo County Probation have met this criterion since 2009. For the strategic plan, a target rate of 65-75% completion rate was selected. Due to the fact that there is no existing data for Yolo County, CWS’s graduation rate of 75% was utilized as a sample goal. However, due to the difference in population and educational motivation by youth, the rate of 65-75% was selected. It is anticipated the actual rate may be lower and may have to be modified once data collection begins.

During the subsequent Stakeholder Meeting, stakeholders identified several areas which will assist in improved measures in this category. Probation’s completion of the SOC405XP form for youth who are exiting foster care will trigger the proper reporting for the minors who

have completed their high school equivalency. While it has appeared that no youth have met these criteria since 2009, this in fact, could be an error due to the lack of the proper documentation on behalf of the Probation Department. The SOC405XP was completed and submitted for the April-June 2015 reporting period.

Additionally, discussion ensued regarding accurate reporting into the CWS/CMS system. During the coming year, CWS and Probation will partner to look into a specialized training specifically for probation officers. Also, utilizing resources with collaborative partners, such as educational liaisons will assist Probation Officers in understanding the Individualized Education Plan process and understanding Educational Rights of youth.

## **PRIORITIZATION OF OUTCOME DATA MEASURES**

The Yolo County Probation Department has chosen the following areas to focus on during the next five years.

### **C1.4 Re-Entry Following Reunification:**

There have been several systemic factors which effect outcome data measures and service delivery. During the past several years, the number of youth entering out of home placement in Yolo County has fluctuated. There has been a change in philosophical direction from both the administration and the Juvenile Court during that time frame. This has resulted in an increase in out of home placements during the past 3 years, and now we are seeing a decline in numbers. With the changes in numbers, additional scrutiny within the department directed towards the program success rates of the youth and the likelihood of their return to out of home placement needs to be a focus. With a lack of quality assurance measures in place to track these youth, inefficiencies exist in developing strong transition plans for those returning from out of home care. The department has made it a priority to establish a quality assurance logic model, which will guide the consistent planning efforts for youth re-entering the community from placement. The goal is to have a seamless transition from out of home care back into the community without a reoccurrence of out of home placement for the youth.

Transitioning the minors back home with reunification services will be accomplished by multiple planning steps outlined in the Five Year SIP Chart. A logic model will be created which outlines the existing and planned re-entry services Yolo County Probation will utilize to provide reunification services. Potential programs are being developed to address the needs of minors who are returning from out of home placement to negate the risks of them re-entering the program. Establishing internal outcome measures will ensure that performance outcomes are actually being tracked and monitored. Additionally, a quality assurance plan will be developed and updated to monitor the level of re-entry into the system and to ensure the reunification services being provided are beneficial to the minors and the families.

## **2F Timely Casework Visits with Children:**

Another strategy selected to focus on is a result of Department re-organization. During the past four years, four different Probation Officers have been to the Juvenile Probation Placement Officer Course. This is an extensive training focused on meeting the needs of minors, who are placed out of home and/or meet the criteria under AB12. Additionally, there have been two Supervising Probation Officers attend Juvenile Probation Placement Supervisor's training. There has also been a change in Management level supervision of the Supervising Probation Officers on three separate occasions, and one other supervisory change, without attendance to trainings. The goal is to establish a placement unit, which has stability, therefore the technical knowledge of Division 31 regulations, Federal guidelines, CWS/CMS and Title IV-E will be integrated into the training plan for each member. As this has been a problem in the past relating to outcomes regarding CWS/CMS visits. Visits with minors were made, however due to training issues; they were coded incorrectly, thus appearing that face to face visits with minors were not made. Once they are trained, the goal is to retain staff in the position for a period of time, rather than train them and move them out of the unit, as has happened in the past.

The Yolo County Probation Department is working towards matching suitable Probation Officers to the placement unit for long term assignment. The goal is to foster regulatory knowledge retention regarding placement. Additionally, a succession plan is being developed to plan for transitioning officers into the placement division in the future. Collaboratives are being maintained throughout the state by encouraging officers to attend regional meetings and conferences to assist the placement officer in maintaining best practices in the field of placement. To further assist with the improvement of entering contacts with minors in the CWS/CMS system, a robust training program will be developed for the Probation Officers through the UC Davis training program and through the CWS/CMS training coordinator.

## **8A Completed High School Equivalency:**

A final area is a carryover from our last five year SIP. Obtaining a high school diploma and/or GED should be a primary focus for youth. A hindrance for some might be their limited knowledge of their educational rights. As advocates of minors, the role of the Probation Officer is to guide youth and act as a liaison when needed regarding educational rights. Enhancing Probation staff's knowledge in this area continues to be a struggle, as the turnover rate in the Placement Unit has been high. There has been one consistent officer assigned to the unit, however the Supervisors, and back up staff have been in constant transition. The goal, as noted above, is to maintain stability in the unit, which will also assist in this category as well.

Probation has made improvements and learned from the prior SIP. Attendance at various committees and meetings throughout the state has become important for Yolo County Probation. Probation Advisory Committee meetings are valuable for placement officers to

collaborate with other officers throughout the state and to learn what is happening regarding placement trends and policies. Additionally, local ILP Coordinator meetings and Northern California Placement meetings have been valuable for the placement officer to gain information regarding programming to assist youth.

During the last four years, four officers have been to Probation Officer Placement Core Training. Unfortunately, staff turnover and movements within the department have prevented these officers from remaining in the unit as a backup to the primary placement officer. With stability in the unit, quality assurance can become a primary focus and Probation can move towards a better tomorrow when working with minors who are re-entering following out-of-home care.

Yolo County Probation will address the department deficiencies regarding high school equivalency by meeting the training needs of the placement staff by working with the UCD, Youth Law Center, local ILP coordinator and county Foster Care Educational Liaison. Proper training for new placement staff will be provided to ensure that the proper documentation is completed regarding youth who have completed their high school equivalency to ensure that the accurate data is entered into the Berkeley Data. To ensure that staff is properly trained, staff will attend a minimum number of hours of training as identified through consultation.

## **PRIORITIZATION OF DIRECT SERVICE NEEDS**

The use of evidence-based practices is expected to impact the outcomes of placement stability and safe and timely reunification by utilizing practices and programs that have been found to contribute to improved outcomes for participants. CWS is committed to the successful identification and implementation of effective evidence based practices and performance measures for all programs affecting youth and their families involved with CWS. All new contracts require service providers to utilize evidence based or evidence informed interventions with families. In addition, the bid process requires prospective service providers to outline their internal evaluation process for measuring outcomes and contracts awarded to successful contractors require monthly or quarterly reporting of those outcome measures.

The Yolo County Self-Assessment (CSA) identified children between the ages of 0 – 5 as the population at greatest risk of maltreatment. In Yolo County 5.9% of children are under the age of 5 which translates into 14, 140 kids. Homeless children are also at risk of maltreatment as their families have fewer resources to support the safety and well-being of their children. Other risks of maltreatment include families living below the poverty level, low infant birth weight and children born to teen parents. Mental health and substance abuse issues have been identified as major causes for children entering foster care. These families are often

impoverished and lack appropriate parenting techniques and appropriate life-skills to safely care for their own needs and the needs of the children.

The county receives federal Community Based Child Abuse Prevention (CBCAP) and state Child Abuse Prevention Intervention and Treatment (CAPIT) funds, which combined with funds from Children’s Trust Fund, Kid’s Plate, and First 5, help to support a network of community prevention and intervention efforts to achieve positive outcomes for families. HHS is the designated agency to distribute and account for CBCAP, CAPIT, and Promoting Safe and Stable Families (PSSF) funds. As such, it monitors the CAPIT/CBCAP/PSSF program funds allocated to the county.

To ensure that PSSF funds are distributed throughout the continuum of care, a minimum of 20% of the PSSF allocation must be distributed into each of four service categories: family preservation, family support, time-limited reunification and adoption support. In 2014/15 Yolo County’s Promoting Safe and Stable Families allocation was \$125,699. Contracts are awarded to community based organizations as well as a portion held in house for fee for service activities for Adoption Promotion and Support. CWS tracks funding requests and ensures that they are claimed against the appropriate funding stream. Since our last CSA contracts have been awarded to CommuniCare Health Centers, Inc. for Differential Response, Functional Family Therapy, and Perinatal Day Treatment services using the entirety of our PSSF and CAPIT funding except for those funds retained by the department for fee for service activities for Adoption Promotion and Support. Each of the funded programs is listed below.

We continue to use PSSF and CAPIT funding (family preservation and family support) to contract with one of our community partners to provide Differential Response (DR) services to Path 2 families. While DR was not specifically listed as a priority need in our county self-assessment, research shows that DR as evidence based approach to engaging low risk families is successful and continues to be a component in the California Program Improvement Plan (PIP). DR serves families that don’t rise to the level of intervention by CWS and are therefore at risk of future referrals. DR services include family assessment, parent education, family counseling, substance abuse treatment services, referrals to community based services, and follow up through home visits with families. Furthermore, it was identified that county residents continue to benefit from intervention and prevention programs that promote healthy families lifestyles and keep children at home.

Stakeholders identified that CWS provides prompt service referrals, uses Safety Organized Practice (SOP) to engage families in the development of their case plan, funds substance abuse treatment (residential and outpatient), holds family meetings, and meets with families more than the required once per month contact to facilitate client engagement and motivation for change. Additionally, the Stakeholders noted that Yolo County is utilizing promising programs such as the Perinatal Day Treatment Program (PNDT) for mothers

struggling with substance abuse and their children (ages 0-5) and the Family Life Skills Partnership program for families seeking to improve their parenting skills and their independent living skills. PNDDT is another program that CWS funds with PSSF funds for family support and time-limited family reunification services.

Functional Family Therapy (FFT) is funded by PSSF (family preservation and family support). FFT is an empirically-grounded family-based prevention and intervention program that works to improve family communication and family members' support for one another while decreasing the intense negativity present in high-risk homes and helps family members clarify and work towards achieving positive goals, make positive behavioral changes, and enhance successful parenting strategies. A major goal of FFT is to identify, focus and utilize the family's strengths to help build positive supportive interactions with the surrounding community as well as within the family.

Yolo County court hearings are often delayed which has contributed to delays in permanency for foster children. Social workers believed that possible permanent placements (concurrent placements) are so discouraged by the extensive delays, that the potential permanent caregivers are asking for placement changes; and then children are further traumatized by ongoing cases where the parents will not reunify. This issue was also discussed by foster parents during focus groups that see the delays in the court process as impeding permanency options for foster children. Permanent homes need ongoing services to meet the developmental needs of the children. These services provide placement stability to children that are in the process of establishing permanency. CWS allocated funds for fee for service activities in the PSSF Adoption Promotion and Support Services structure. These funds will pay for services and activities such as;

- Pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children, and
- Activities designed to expedite the adoption process and support adoptive families.

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

The Yolo County Children's Alliance (YCCA) serves as the county's child abuse prevention council (CAPC) and, as such, has received the county's Children's Trust Fund dollars to support its activities since its inception in 2002. The Children's Alliance is a 501(c)(3) organization and an inter-agency collaborative that coordinates needed family support services, convenes child and family advocates to solve community problems, and gathers and disseminates local information about the needs and the wellbeing of Yolo County families. Beginning July 1, 2005, the Yolo County Board of Supervisors directed all CBCAP funds to the Yolo County Children's Alliance (YCCA), to supplement the Children's Trust Fund and Kid's Plate dollars earmarked for the

Alliance. The County will continue to deposit its CBCAP allocations for FY2014/15, as a lump sum, to the Children's Trust Fund to support the work of the Alliance. The Alliance coordinates both public and private efforts to prevent and reduce child abuse and promotes public awareness of abuse and neglect and the resources available for prevention and treatment. The YCCA coordinates child abuse prevention awareness efforts in April.

The Alliance's 40 person Policy Council, which includes many community stakeholders and YCCA's Step by Step / Paso a Paso Advisory Council also inform the work of the CAPC. The Yolo County Department of Employment and Social Services (DESS) is an active participant on YCCA's Executive Board and Policy Council.

## Child Welfare/Probation Placement Initiatives

### **CHILD WELFARE SERVICES**

#### **Katie A. v Bonta**

CWS meets regularly with staff from the Yolo County Alcohol, Drug and Mental Health Department to assess our implementation of the Core Practice Model for the Katie A. v Bonta lawsuit. Our two departments jointly completed the Readiness Assessment Tool and the Service Delivery Plan which was sent to the Department of Health Care Services (DHCS) on May 15, 2013. The two Departments utilized the Mental Health Services Act stakeholders group, family partner, youth and family interviews and surveys to solicit community feedback. We have developed and are using a screening tool to screen for needed mental health services. We meet regularly to review cases that may meet criteria for inclusion as well as mental health and CWS procedures. Most recently, CWS has made a decision to revise our screening/assessment tool to allow for more detailed instructions on when and who to refer children who meet the sub-class criteria and to outline a process for social workers to screen children for annual reassessments.

Focus groups conducted with social workers, supervisors and biological parents discussed the process for mental health assessments and services, including access to resources.

Supervisors spoke highly of the work of the social workers to provide outreach to older children and youth who are resistant to mental health services. In particular, the transitional age youth workers will partner with clinicians to conduct home visits with the youth to encourage engagement in services. Social workers mention that youth may not trust the mental health system which may be further impacted by kinship placements that do not understand the benefits of the mental health services. Social workers continued to discuss that

while Yolo County is fortunate to have many services, sometimes there are so many service requirements in case plans that they become a barrier. Supervisors also mention that mental health assessments are conducted when children and youth enter foster care and then reassessed every six months, which is a marked improvement from the one-year reassessment they provided until recently. Youth with mental health issues can access alcohol and drug treatment, therapeutic behavior services (TBS), community based services (CBS), and WRAP in Yolo County; out of county ADMH and WRAP is available but it is difficult to access and there are delays in implementation for more intensive services. Youth also have access to evidence based alcohol and drug treatment from CommuniCare, and the department fully supports youth having access to services.

Biological parents discussed that it would be beneficial to have earlier and more standardized assessments for mental health needs conducted by a licensed clinician, and not just based on the workers perception of the clients need.

### **California Fostering Connections to Success Program (Extended Foster Care)**

California Fostering Connections to Success program made extensive policy and program changes to improve the well-being and outcomes for children in the foster care system, including changes related to the extension of federal funding for foster care services for non-minors from ages 18-21 -if they meet certain participation criteria. CWS has chosen to participate in Extended Foster Care (EFC) and now has a unit staffed by four (4) TAY social workers who provide case management services to youth starting at age 15. Services include a comprehensive preparedness for independent living, and the social worker continues to provide case management services if they choose to remain in foster care and receive foster care benefits and services until they reach age 21.

In 2014, Yolo County had 20 youth graduate from high school which was a rate of 75%. Of those 20, 18 went on to some form of higher education such as University, Vocational Education, or Junior College. Yolo County is tremendously proud of the high graduation rate for its youth who have graduated and are seeking a higher education and is hopeful that their education will lead them to better employment opportunities in the future. This success is largely due to the work of the Transitional Age Youth (TAY) unit and the ILP Coordinator, who have worked to engage youth in a different way and to motivate them to make their education a priority. The intensive case management provided by the TAY unit, makes them more accessible to their youth and better able to support their needs than ever before.

### **Resource Family Approval Program (RFA)**

RFA is a new family friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval and approvals for adoption and guardianship and replaces those processes.

RFA:

- Is streamlined: It eliminates the duplication of existing processes.
- Unifies approval standards for all caregivers regardless of the child’s case plan.
- Includes a comprehensive psychosocial assessment, home environment check and training for all families, including relatives.
- Prepares families to better to meet the needs of vulnerable children in the foster care system.
- Allows seamless transition to permanency.

CWS has submitted to CDSS a letter of intent to participate in the Resource Family Approval program as an “early implementing county” beginning in late 2015. Several staff attended a convening in May 2015 to get information on implementation and next steps. On June 1, 2015 we held our first stakeholder meeting for RFA implementation partners and interested parties. Since then we have established several workgroups that will look at procedures, training, and data collection.

### **Probation**

Yolo County Probation staff meets with the Probation Advisory Committee every six weeks to discuss placement issues within the state. The Community Partners ILP also meets once every six weeks. At this time Probation has not been directed by CDSS to participate in the Katie A. v Bonta lawsuit. If so directed we will gladly partner with CWS and ADMH to best meet the needs of our children and families. Additionally, Probation is participating in weekly telephone calls with CDSS regarding issues surrounding Title IVE. These telephone calls address issues involving claiming, reasonable candidacy, case planning and collaboration throughout the state. Probation is also participating in webinars and other trainings on a regular basis.

## 5 – YEAR SIP CHART

**Priority Outcome Measure or Systemic Factor:** C1.2 Median Time to Reunification (P1)

**National Standard:** 5.4

**CSA Baseline Performance:** 7.7 (October 2014, Data Extract Q2 2014)

**Target Improvement Goal:** decrease to 5.4

**Priority Outcome Measure or Systemic Factor:** C4.3 Placement Stability (P5)

**National Standard:** 41.8

**CSA Baseline Performance:** 28.9 (October 2014, Data Extract Q2 2014)

**Target Improvement Goal:** increase to 35.0

**Priority Outcome Measure or Systemic Factor:** Reduce the number of children entering foster care

**National Standard:** N/A

**CSA Baseline Performance:** 188 (October 2014, Data Extract Q2 2014)

**Target Improvement Goal:** 10% reduction in entry rates each year

<p>Strategy 1:</p> <p>Develop Family Support Meeting (FSM) Facilitator program and use Family Support Meetings at all major decision making points in a case.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>P1-Permanency in 12 months for children entering foster care (C1.2)</p> <p>P5-Placement Stability (C4.3)</p> <p>Reducing the number of children entering foster care</p> <p>Likely to also see improvements in:</p> <p>S2-No Recurrence of Maltreatment (S1.1)</p> <p>P2-Permanency in 12 months for children in foster care 12 to 23 months</p> <p>P3-Permanency in 12 months for children in foster care 24 months or longer</p> <p>P4-Re-entry into foster care in 12 months</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<p><b>A.</b> Assess need and possible uses for Family Support meetings by attending staff unit meetings, Division Meetings, and Supervisor Meetings.</p>	March 2015	July 2015	FSM Supervisor Analyst
<p><b>B.</b> Develop policy, procedure, and method for tracking for FSM Facilitator program. Tracking will include:</p> <ul style="list-style-type: none"> <li>the total number of FSM</li> <li>timeliness of FSM</li> <li>outcome of the FSM</li> <li>client satisfaction with FSM</li> </ul>	March 2015	January 2016	Analyst FSM Supervisor

<p><b>C.</b> Identify two primary facilitators and train them on Safety Organized Practice approaches including but not limited to Motivational Interviewing, Solution-Focused Interviewing, Structured Decision Making, Signs of Safety, etc.</p>	March 2015	March 2016	Analyst FSM Supervisor Division Manager
<p><b>D.</b> Begin facilitating Family Support Meetings at major decision making points in the case including but not limited to removal, placement, reunification, case closure, etc.</p>	July 2015	Ongoing	FSM Facilitators FSM Supervisor
<p><b>E.</b> Monitor and evaluate the FSM Facilitator program by reviewing data collected from outcomes of meetings, outcomes of families and observing the meetings for quality control. FSM Supervisor will make adjustments to the program or provide/arrange for additional training as needed.</p> <p>Monitoring will include a review of the following:</p> <ul style="list-style-type: none"> <li>• FSM referral forms;</li> <li>• outcomes of FSM;</li> <li>• length of time in foster care post FSM;</li> <li>• a review of child at risk of removal pre FSM and whether they remained home post FSM;</li> <li>• client satisfaction surveys;</li> </ul>	January 2016	Quarterly	FSM Facilitators FSM Supervisor Analyst Division Manager

<ul style="list-style-type: none"> <li>• social worker satisfaction surveys;</li> <li>• feedback gathered from supervisor and management team regarding FSM.</li> </ul>			
<p>Strategy 2: Develop a Parent Partner service for families involved with CWS.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): P1-Permanency in 12 months for children entering foster care (C1.2) P5-Placement Stability (C4.3)</p> <p>Likely to also see improvements in: P2-Permanency in 12 months for children in foster care 12 to 23 months P3-Permanency in 12 months for children in foster care 24 months or longer</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p><b>A.</b> Contract with community based service provider to provide Parent Partner Program. Services of Parent Partner may include: engaging parents in case planning and services; providing information to parents about CWS and their rights/responsibilities; provide support, modeling and linkages to families; provide individual support; serve as parent leaders and assisting with training CWS staff on effective engagement with families.</p>	<p>July 2015</p>	<p>September 2016</p>	<p>Analyst CWS Supervisors</p>

<p><b>B.</b> Train Parent Partners on CWS Legal System, engagement, healthy boundaries, advocacy, resources, family centered practices, addressing stigma, safety and self care.</p>	<p>October 2015</p>	<p>January 2016 and Ongoing</p>	<p>Contracted Provider CWS Supervisors</p>
<p><b>C.</b> Monitor and Evaluate effectiveness of program by meeting with contracted provider, reviewing performance measurement reports and outcomes.</p>	<p>July 2016</p>	<p>Quarterly</p>	<p>Contracted Provider CWS Supervisors Analyst Division Manager</p>
<p><b>D.</b> Contracted Provider and CWS will make adjustments to the program as needed to support improved outcomes.</p>	<p>October 2016</p>	<p>Quarterly</p>	<p>Contracted Provider CWS Supervisors Analyst Division Manager</p>

Strategy 3: Implement Early Engagement Meetings	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1-Permanency in 12 months for children entering foster care (C1.2) P5-Placement Stability (C4.3)  Likely to also see improvements in: P2-Permanency in 12 months for children in foster care 12 to 23 months P3-Permanency in 12 months for children in foster care 24 months or longer P4-Re-entry into foster care in 12 months (C1.4) S2-No Recurrence of Maltreatment (S1.1)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> Research models of client engagement groups and curriculum used by other counties and the Regional Training academy.	July 2016	December 2016	Analyst Supervisors Division Managers
<b>B.</b> Train parent partners and social workers who will facilitate the client engagement group.	January 2017	June 2017	Analyst Supervisors Parent Partner Contracted Provider
<b>C.</b> Talk with community partners about scheduling to ensure that the group does not conflict with services and to arrange for service providers to offer intake appointments for mental health services or AOD services either before or after the	January 2017	June 2017	Analyst Supervisors Division Managers Branch Director

group.			
<b>D.</b> Implement the client engagement group.	July 2017	Ongoing	Parent Partners Social Workers
<b>E.</b> Monitor and evaluate the effectiveness of the client engagement meeting through the use of satisfaction surveys for parents, social workers and service providers. Also track the risk level of the parent on the attendance sheet and track who does and does not attend the client engagement meeting.	October 2017	Quarterly	Analyst Supervisors Division Managers Branch Director

<p>Strategy 4:</p> <p>Implement Resource Family Approval (RFA) to provide foster care licensing and adoptive home study approval for all CWS placements.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>P1-Permanency in 12 months for children entering foster care (C1.2)</p> <p>P5-Placement Stability (C4.3)</p> <p>Likely to also see improvements in:</p> <p>P2-Permanency in 12 months for children in foster care 12 to 23 months</p> <p>P3-Permanency in 12 months for children in foster care 24 months or longer</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Attend trainings, conferences and technical support meetings in order to develop an implementation plan for RFA, including a timeline for implementation.	May 2015	October 2015	Analyst RFA Supervisor Division Manager
<b>B.</b> Develop policy, procedure, and method for tracking for RFA families and approvals/denials.	May 2015	January 2016	Analyst RFA Supervisor Division Manager
<b>C.</b> Identify and train RFA social workers.	September 2015	Ongoing	Analyst RFA Supervisor Division Manager

<p><b>D.</b> Implement RFA process and begin assessing potential foster/relative placements.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>RFA Social Worker</p>
<p><b>E.</b> Monitor and evaluate effectiveness of RFA and make adjustments as needs are identified. Conduct focus groups with community partners and stakeholders to gather feedback about the RFA process. Provide satisfaction surveys to each cohort of foster parents, relative caregivers, and non-related extended family member caregivers every six months. Track how many potential caregivers start and finish the RFA process, the range of time to complete the RFA process, the median time to complete the RFA process and whether emergency placements can be fully approved.</p>	<p>March 2016</p>	<p>Every Six Months for caregiver cohorts.  Quarterly for all other measures</p>	<p>Analyst RFA Supervisor Division Manager</p>

<p>Strategy 5:</p> <p>Develop in-house training curriculum for new social workers and ongoing training curriculum for more experienced social workers. This training will be in addition to the required CORE phases I and II training provided by the Northern California Training Academy for new social workers.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>P1-Permanency in 12 months for children entering foster care (C1.2)</p> <p>P5-Placement Stability (C4.3)</p> <p>Reduce the number of children entering foster care</p> <p>Likely to also see improvements in:</p> <p>P2-Permanency in 12 months for children in foster care 12 to 23 months</p> <p>P3-Permanency in 12 months for children in foster care 24 months or longer</p> <p>P4-Re-entry into foster care in 12 months (C1.4)</p> <p>S2-No Recurrence of Maltreatment (S1.1)</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Identify any existing training that already exists in Yolo County and assess for gaps in training.	May 2015	November 2015	CWS Supervisor Analyst Division Manager
<b>B.</b> Connect with other Counties to review their training curriculums for new and experienced social workers. Obtain copies of any of their training curriculums.	May 2015	May 2016	CWS Supervisor Analyst Division Manager
<b>C.</b> Begin developing Yolo County training program utilizing resources gathered from other counties, existing training opportunities within Yolo County, knowledge base of supervisor team, WIC and Division 31 regulations.	July 2015	July 2016	CWS Supervisor Analyst

<b>D.</b> Implement training program.	November 2015	Ongoing	CWS Supervisor
<b>E.</b> Monitor and evaluate effectiveness of the training curriculum by surveying staff, supervisors and division manager. Make adjustments in training program as needs are identified.	February 2016	Ongoing	CWS Supervisor Analyst Division Manager

<p>Strategy 6:</p> <p>Implement the use of Review, Evaluate, Direct (R.E.D.) teams in Emergency Response to determine the best response to a report of child abuse or neglect.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Reduce the number of children entering foster care</p> <p>Likely to also see improvements in:</p> <p>P4-Re-entry into foster care in 12 months (C1.4)</p> <p>S2-No Recurrence of Maltreatment (S1.1)</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Attend trainings related to R.E.D. team implementation.	July 2015	Ongoing	Intake Screeners ER Supervisor
<b>B.</b> Shadow other counties who have successfully implemented R.E.D teams.	September 2015	September 2016	ER Supervisor
<b>C.</b> Implement R.E.D. teams with small group of team members including the emergency response supervisor, intake screeners, and at least two other supervisors.	July 2015	Ongoing	Intake Screeners ER Supervisor Supervisors Division Manager
<b>D.</b> Expand R.E.D. team members to include CWS public health nurse, Mental Health Clinician, Differential Response case manager, and other community partners.	January 2017	Ongoing	Intake Screeners ER Supervisor Supervisors Division Manager

<p>E. Monitor and evaluate the effectiveness of the R.E.D. team implementation process, meeting structure, and outcomes of the meetings. Supervisor and Manager will make adjustments in the process as needed. Obtain feedback from all R.E.D. team participants.</p>	June 2017	Quarterly	Intake Screeners ER Supervisor Supervisors Division Manager Analyst
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<p>Strategy 7:</p> <p>Expand Child Welfare Services workforce and skill to support rapid, early engagement of clients.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>P1-Permanency in 12 months for children entering foster care (C1.2)</p> <p>P5-Placement Stability (C4.3)</p> <p>Reduce the number of children entering foster care</p> <p>Likely to also see improvements in:</p> <p>P2-Permanency in 12 months for children in foster care 12 to 23 months</p> <p>P3-Permanency in 12 months for children in foster care 24 months or longer</p> <p>P4-Re-entry into foster care in 12 months (C1.4)</p> <p>S2-No Recurrence of Maltreatment (S1.1)</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<p><b>A.</b> Research the training used by other Child Welfare agencies that have specialized units such as Family Assessment, Domestic Violence, High Risk 0-5years, and Voluntary Family Maintenance.</p>	August 2015	February 2016	Analysts Supervisors Division Managers Branch Director
<p><b>B.</b> Evaluate the current organizational structure of Child Welfare including the skills, strengths, and interests of each social worker. Identify areas where more intensive, specialized training is needed.</p>	August 2015	January 2016	Supervisors Analysts Division Managers Branch Director

<p><b>C.</b> Hire and train the necessary staff to implement the expansion plan. CWS will hire four supervisors and 10 additional social workers.</p>	September 2015	January 2016	Supervisors Division Managers
<p><b>D.</b> Monitor and evaluate the expansion by surveying the staff, supervisors and managers about their experiences with the growth, and how it has supported or hindered their ability to engage families.</p>	June 2016	Quarterly	Supervisors Analysts Division Managers Branch Director

## 5 – YEAR SIP CHART

**Priority Outcome Measure or Systemic Factor:** C1.4 Re-Entry Following Reunification

**National Standard:** 9.9%

**CSA Baseline Performance:** 50% (October 2014, Data Extract Q2 2014)

**Target Improvement Goal:** Yolo County will reach goal of 9.9% by 2020.

**Priority Outcome Measure or Systemic Factor:** 8A Completed High School or Equivalency

**National Standard:** N/A

**CSA Baseline Performance:** 0% (October 2014, Data Extract Q2 2014)

**Target Improvement Goal:** Yolo County will reach goal of 65-75% of Probation Youth will obtain high school diploma or equivalency by 2020.

**Priority Outcome Measure or Systemic Factor:** 2F Timely Visits with Children

**National Standard:** 90%

**CSA Baseline Performance:**

**Target Improvement Goal:** Yolo County will conduct 90% timely visits by 2020.

Strategy 1: Strengthen quality assurance measures for placement re-entry services.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> Create program logic model for placement youth re-entry services.	July 2015	June 2016	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer
<b>B.</b> Establish internal outcome measures to match state outcome measures for re-entry service programs.	July 2016	June 2017	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer
<b>C.</b> Develop tracking process to measure outcomes.	July 2016	June 2017	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer, IT Manager
<b>D.</b> Conduct analysis on data to determine success rates.	July 2017	Annually thereafter	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer, IT Manager

<b>E. Review Quality Assurance Plan and update as needed.</b>	July 2018	Annually thereafter	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer
Strategy 2: Enhance Probation staff's knowledge of educational rights, responsibilities, and opportunities for foster care youth.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 8A	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A. Coordinate education with Court and schools regarding best practices (Logic Model, EBP's around services).</b>	July 2015	June 2016	<b>A. Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer</b>
<b>B. Identify training needs through Youth Law Center, local ILP Coordinator, and county Foster Care Educational Liaison.</b>	July 2015	July 2016	<b>B. Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer</b>
<b>C. Meet with UCD Resource Center for Family Focused Practice and other recommended training providers to arrange probation staff training.</b>	July 2015	Annually	<b>C. Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer</b>
<b>D. Probation staff shall attend a minimum of 16 hours of advanced training as identified through consultation.</b>	July 2016	July 2017 and annually thereafter.	<b>D. Placement Supervising Probation Officer, Deputy Probation Officer</b>

E. Review training progress and assess further needs.	July 2017	Annually	E. Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer
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Strategy 3: Enhance department stability with a focus on placement unit staff assignments.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2F	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Target suitable placement unit staff for long-term assignment to foster regulatory knowledge retention regarding placement.	July 2016	July 2017	Assistant Chief, Deputy Chief Probation Officer, Placement Supervising Probation Officer
B. Develop a succession plan for rotation of staff into the position of Placement Probation Officer.	July 2016	July 2017 and ongoing	Deputy Chief Probation Officer, Placement Supervising Probation Officer
C. Provide support for the Placement Unit through collaboration with other Placement Units throughout the region and state.	July 2015	July 2017 and annually thereafter	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer

<b>D.</b> Review progress and reassess feasibility of caseload ratios and long-term assignments to optimize department resources.	July 2017	Annually	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer
<b>E.</b> Provide enhanced training, build in policy regarding placement unit.	July 2017	July 2019	Deputy Chief Probation Officer, Placement Supervising Probation Officer, Deputy Probation Officer

CAPIT/CBCAP/PSSF Expenditure Workbook  
Proposed Expenditures  
Worksheet 1

(1) DATE SUBMITTED: \_\_\_\_\_ (2) DATES FOR THIS WORKBOOK 8/3/15 thru 6/30/16  
(4) COUNTY: Yolo (5) PERIOD OF SIP: 8/3/15 thru 3/3/20 (6) YEARS: 1-5

(3) DATE APPROVED BY OCAP _____
Internal Use Only

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):	<b>CAPIT:</b>	<b>\$ 75,000</b>	<b>CBCAP:</b>	<b>\$15,530</b>	<b>PSSF:</b>	<b>\$125,699</b>
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No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Differential Response (DR)		CommuniCare Health Centers, Inc.- DR		\$75,000		\$0		\$23,578	\$2,912	\$0	\$0	\$26,490		\$0		\$101,490
2	Perinatal Day Treatment Program (PNDT)		CommuniCare Health Centers, Inc.- PNDT		\$0		\$0		\$0	\$25,162	\$25,162	\$0	\$50,324		\$0		\$50,324
3	Functional Family Therapy (FFT)		CommuniCare Health Centers, Inc.-FFT		\$0		\$0		\$11,250	\$11,250	\$0	\$0	\$22,500		\$0		\$22,500
4	Adoption Support Activities		Various Adoption Service Support		\$0		\$0		\$0	\$0	\$0	\$26,385	\$26,385		\$0		\$26,385
5	Period of Purple Crying	Direct Service	Yolo County Children's Alliance		\$0		\$15,530		\$0	\$0	\$0	\$0	\$0		\$0		\$15,530
6					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
7					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
8					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
9					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
10					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
11					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
12					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
13					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
14					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
15					\$0		\$0		\$0	\$0	\$0	\$0	\$0		\$0		\$0
<b>Totals</b>					<b>\$75,000</b>		<b>\$15,530</b>		<b>\$34,828</b>	<b>\$39,324</b>	<b>\$25,162</b>	<b>\$26,385</b>	<b>\$125,699</b>		<b>\$0</b>		<b>\$216,229</b>
									<b>28%</b>	<b>31%</b>	<b>20%</b>	<b>21%</b>	<b>100%</b>				



## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION TEMPLATE

**PROGRAM NAME**

Differential Response

**SERVICE PROVIDER**

CommuniCare Health Centers, Inc.

**PROGRAM DESCRIPTION**

Differential Response (DR) is a child welfare intake structure that allows for assessment of need and follow up services for all families reported to the county child abuse hotlines, from connecting families with public and community resources with no open child welfare case; to voluntary child welfare services with public and community partner involvement; to court-ordered child welfare services with public and community resources. The goal is to engage families and agency teams in the assessment of families’ strengths and needs so that they may receive services and support to address problems early, preventing future referrals or cases and promoting timely safe and stable homes for children. Path 2 referrals involve families with low to moderate risk of abuse or neglect; safety factors may not be immediately manifested in all cases, but risk is present. This path is selected when child maltreatment appears to be a valid concern and will involve an initial face-to-face assessment by CWS, either alone or with our community partner, CommuniCare Health Centers, Inc. (CCHC) DR is designed to provide assessment, evaluation, and case management and support services to low- to moderate-risk families. However, if a family situation deteriorates and the child is at risk, a report will be made and appropriate action will be taken.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	Parent Education, Substance Abuse Treatment, Individual and Family Therapy
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	Parent Education, Substance Abuse Treatment, Individual and Family Therapy
<b>PSSF Family Support</b>	Parent Education, Substance Abuse Treatment, Individual and Family Therapy
<b>PSSF Time-Limited Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s): (Specify)</b>	

## **IDENTIFY PRIORITY NEED OUTLINED IN CSA**

While DR was not specifically listed as a priority need in our county self-assessment, research shows that DR as evidence based approach to engaging low risk families is successful and continues to be a component in the California Program Improvement Plan (PIP). DR serves families that don't rise to the level of intervention by CWS and are therefore at risk of future referrals. Furthermore, it was identified that county residents continue to benefit from intervention and prevention programs that promote healthy families lifestyles and keep children at home.

### **Literature review:**

The expansion and enhancement of DR efforts represents significant child welfare reform. Child protection systems have been adapted to meet varying family circumstances with distinct responses. Moreover, DR supports agencies in adopting approaches that maintain a dual focus on keeping children safe and responding to families' broad-based needs. In general, evaluations demonstrate that children are at least as safe in alternative response (AR) cases as in traditional investigative response (IR) cases, parents are engaging in services, and families, caseworkers, and administrators are supportive of DR.

DR implementation has been a catalyst for conversations about which families who encounter child welfare are provided services, particularly given limited resource availability. A few DR evaluations showed that AR families received more services and/or received them more quickly than those randomly assigned to an IR pathway. One of the other results of DR implementation appears to be workers' enhanced knowledge of and orientation toward accessing services for *all* families (Lisa Merkel-Holguin, personal communication, August 26, 2013). Successful implementation of all child protection responses requires that the child welfare agency can tap into a robust array of community services that support families (Casey Family Programs, 2014). Many agencies have found it helpful to work with community partners to identify and secure services from public and private agencies and help develop additional services as needed.<sup>1</sup>

## **TARGET POPULATION**

Families in the community who are vulnerable can be served by collaborative preventive community efforts to support them and their children. Yolo's Differential Response model for services utilizes a trained, qualified community-based organization to engage at-risk families and provide focused services so that there is the best possible opportunity to improve outcomes.

## **TARGET GEOGRAPHIC AREA**

Differential Response serves all communities within Yolo County.

## **TIMELINE**

Differential response has been in place since 2006 and efforts to improve the process are an ongoing process with our community partner.

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<sup>1</sup> <https://www.childwelfare.gov/pubs/issue-briefs/differential-response/>

EVALUATION

DR Parent Education Services					
Accountability Level	Indicator (s)	Measurement Tools	Responsible Party	Evaluation Time Line	Anticipated Performance Outcomes
<p><b><u>Short-Term Outcomes</u></b> Engagement &amp; Learning:</p> <p>Clients referred from CWS will have initial contact made by phone within two business days.</p>	Number of families referred with date of contact.	Referral logs	Family Services Supervisor	At contact, reported quarterly.	90% of families referred will be contacted.
<p>Intake appointment scheduled within one week of initial contact. Clients completing intake will be admitted to group parenting classes within one week of intake.</p>	Intake schedule documentation.	Intake documentation, course calendar and planning documentation.	Family Services Supervisor, Family Support Workers	At intake and ongoing, reported quarterly.	90% of clients completing intake will be admitted to group parenting classes within one week of intake.
<p><b><u>Intermediate Outcomes</u></b> Actions &amp; Behaviors</p>	Number of families successfully completing the course.	Class attendance logs, completed weekly progress reports, pre-	Family Support Workers	At beginning of course attendance and ongoing to program	A minimum of 50% of all parents completing intake and

<p>Families will attend a minimum of 12 weekly sessions, with no more than two absences. Clients are given several surveys and assessments, constituting a pre-test and post-test to evaluate effectiveness of the parenting courses and determine if a client has successfully completed the course.</p>		<p>and post-test evaluations measuring course efficacy.</p>		<p>exit</p>	<p>enrolled in parenting classes will successfully complete the course.</p>
<p><b><u>Long-Term Outcomes</u></b>  <b>Status &amp; Conditions</b></p> <p>Parents who complete the course will demonstrate measurable improvement in behaviors and parenting skills in the following core areas: building family cohesion and support; increasing</p>	<p>Number and percent of families who improved their score from pre-test to post-test; and number and percent of participants completing a survey of the quality of instruction, the usefulness of the information taught, and the likelihood that they would use</p>	<p>Client progress notes, Adult Adolescent Parenting Inventory (AAPI-2); the Family Environment Scale; the Parent Stress Index and Nurturing Quiz, and client satisfaction survey.</p>	<p>Family Support Workers and Family Services Department staff</p>	<p>On-going throughout program enrollment and at program exit.</p>	<p>A minimum of 60% of the parents completing the course will demonstrate measurable improvement in behaviors and parenting skills.</p> <p>A minimum of 60% of the parents completing the</p>

<p>constructive communication skills within families; developing positive self-concepts and self-esteem; enhancing empathetic awareness of the needs of all family members; and promoting healthy emotional and physical development.</p> <p>Parents who complete the course will demonstrate appreciation for the information taught, and the likelihood that they would use the information.</p>	<p>the information.</p>				<p>course will find the parenting course helpful and useful.</p>
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DR Case Management Services					
Accountability Level	Indicator (s)	Measurement Tools	Responsible Party	Evaluation Time Line	Anticipated Performance Outcomes
<p><b><u>Short-Term Outcomes</u></b> Engagement &amp;</p>	<p>Number of families referred with date</p>	<p>Referral logs</p>	<p>Family Services Supervisor,</p>	<p>At contact, reported</p>	<p>90% of families referred will be</p>

Learning: Clients referred from CWS will have initial contact made by phone within two business days.	of contact.		Family Support Worker	quarterly.	contacted.
Intake appointment scheduled within one week of initial contact.	Intake schedule documentation.	Referral logs	Family Support Worker	At intake and ongoing, reported quarterly.	50% of families contacted will accept DR services and will schedule an intake assessment.
<b><u>Intermediate Outcomes</u></b> Actions & Behaviors  Families will demonstrate improvement in family strengths and level of family functioning.	Number of families whose overall scores improve from intake to exit.	Social Conditions Matrix; Family Strengths Worksheet	Family Support Worker	At intake appointment, once per month that family is enrolled in the program, and at program exit.	70% of overall scores on the SCM will improve from intake to exit.  90% of families will exit case management at stable or self-sufficient level of functioning.

Assessment of child safety and welfare will	Number of families whose scores on	Social Conditions	Family Support	At intake appointment,	70% of Conditions of
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show improvement.	the Conditions of Children indicators of SCM increase.	Matrix	Worker	once per month that family is enrolled in the program, and at program exit.	Children Matrix scores on the SCM will improve from intake to exit.
Client families will identify goals based on developing a strengths-based treatment plan.	Number of families who identify personal and/or family strengths and goals.	Family Strengths Worksheet	Family Support Worker and enrolled family	At first home visit and once per month until program exit.	80% of enrolled families will identify personal and/or family goals.
<b><u>Long-Term Outcomes</u></b> Status & Conditions  Family needs will be met and support provided by referrals to community resources.	Number of agencies accessed by clients.	Client progress notes	Family Support Worker and enrolled family	On-going throughout program enrollment.	50% of families will follow through on at least one referral to a community resource.
Clients will successfully exit case management having met their goals.	Number of clients who self-report achievement of goals; number reporting	Client Satisfaction Survey	Family Support Worker	Program exit.	75% of clients surveyed will report they achieved their case

	satisfaction with case management services.				management goals.  90% of clients surveyed will express overall satisfaction.
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DR Substance Abuse Treatment Services					
Accountability Level	Indicator (s)	Measurement Tools	Responsible Party	Evaluation Time Line	Anticipated Performance Outcomes
<u>Short-Term Outcomes</u> Engagement & Learning:  Referred clients will complete intake within one week of referral and begin attending Family Treatment program sessions at least 2 days per week.	Number of clients referred to family treatment, documentation with date of referral.	List of referrals, new client charts; intake assessments; schedule and attendance.	Physician Assistant, Mental Health Specialist, Adult Programs Supervisor	At intake and on-going	80% of clients completing intake will enroll in and attend family treatment program sessions.
<u>Intermediate Outcomes</u> Actions & Behaviors	Improved participation and engagement in	Process Assessments and	Adult programs Sup., Family	One month following intake and	80% of clients will demonstrate positive engagement

Improved understanding of negative and positive behaviors, improved self-efficacy.	group sessions and individual sessions, improved comprehension of educational topics.	questionnaires, progress notes, monthly evaluations.	Therapist	ongoing.	with other clients and education instructors.
Improved understanding of their recovery process.	Continued sobriety and improved understanding of personal factors contributing to addictive behavior.	Weekly random urine testing, progress notes from individual sessions, Process Assessments and questionnaires.	Adult Programs Sup., Chemical Dependency Specialist, Mental Health Specialist	One month following intake and ongoing.	80% of clients will demonstrate compliance with individual substance abuse treatment plan.

Demonstrated improvement in life skills, relationship building, fatherhood skills, child development.	Commitment to family program by attending all sessions including suggested family counseling.	Progress Notes, Client evaluations; life skills, family engagement, agency involvement.	Adult Programs Sup., Family Therapist	One month following intake and ongoing.	75% of men with CWS cases will demonstrate improved understanding and practice of positive parenting techniques.
<b><u>Long-Term Outcomes</u></b> Status & Conditions	Number of clients graduating from program or	Graduation documentation, referral	Adult Programs Sup., Family	Six months following	50% of clients will successfully graduate and an

<p>Clients will complete substance abuse and family treatment and meet all goals.</p>	<p>transferring to other programs, or referred for residential treatment.</p>	<p>documentation.</p>	<p>Therapist</p>	<p>intake.</p>	<p>additional 30% will either transfer to another program or be referred into residential care.</p>
<p>Clients will successfully engage in community agency referrals to promote long-term success.</p>	<p>Number of clients engaged in two or more community based support programs prior to completion of services.</p>	<p>Progress notes, Referral tracking, engagement w/ agency.</p>	<p>Adult Programs Sup., Family Therapist</p>	<p>Phase III evaluation</p>	<p>100% of graduating clients will receive at least two community based referrals.</p>

## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION TEMPLATE

**PROGRAM NAME**

Functional Family Therapy (FFT)

**SERVICE PROVIDER**

CommuniCare Health Centers, Inc.

**PROGRAM DESCRIPTION**

CommuniCare provides Functional Family Therapy (FFT) services to 12 families over 12 months who have been referred by Child Welfare Services (CWS). Services include family counseling delivered in three phases of 4 – 6 sessions per phase over a 16 week period. Each session lasts approximately 90 minutes. FFT, an empirically-grounded family-based prevention and intervention program, works to improve family communication and family members’ support for one another while decreasing the intense negativity present in high-risk homes and helps family members clarify and work towards achieving positive goals, make positive behavioral changes, and enhance successful parenting strategies. A major goal of FFT is to identify, focus and utilize the family’s strengths to help build positive supportive interactions with the surrounding community as well as within the family.

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	Behavioral health services, case management, parent education, peer support.
<b>PSSF Family Support</b>	Behavioral health services, case management, parent education, peer support.
<b>PSSF Time-Limited Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s): (Specify)</b>	

**IDENTIFY PRIORITY NEED OUTLINED IN CSA**

Mental health and substance abuse issues have been identified as major causes for children entering foster care. These families are often impoverished and lack appropriate parenting techniques and appropriate life-skills to safely care for their own needs and the needs of the children.

**TARGET POPULATION**

Families at high risk for abuse/neglect.

**TARGET GEOGRAPHIC AREA**

Throughout the entire county.

**TIMELINE**

This is an ongoing effort.

EVALUATION

Service Component: Functional Family Therapy						
Accountability Level	Indicator (s)	Measurement Tools	Responsible Party	Evaluation Time Line	Anticipated Performance Outcomes	
<b>Short-Term Outcomes: Engagement &amp; Learning</b>						
Referred clients will complete intake within one week of referral and begin intensive Phase I therapy sessions	Number of clients referred to FFT, documentation with date of referral	List of referrals, new client charts; intake assessments (GAIN, Y-OQ, YOQ-SR)	FFT Family Therapist and FFT Clinical Supervisor	At intake and ongoing	70% of clients referred will complete intake and begin FFT program sessions	
Improve alliance and trust between family and therapist and reduce oppressive negativity between family members	Reduced negativity and resistance to intervention, reduce drop-out potential increased availability for treatment	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	First 4 to 6 sessions following intake	50% of clients starting Engagement & Motivation Phase will maintain scheduled therapy sessions	
Build families' hope and expectation for change	Reduced hopelessness, increased motivation for change	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	First 4 to 6 sessions following intake	50% of clients starting Engagement & Motivation Phase will progress to Behavior Change Phase	

<b>Service Component: Functional Family Therapy</b>						
<b>Accountability Level</b>	<b>Indicator (s)</b>	<b>Measurement Tools</b>	<b>Responsible Party</b>	<b>Evaluation Time Line</b>	<b>Anticipated Performance Outcomes</b>	
<b><u>Short-Term Outcomes: Engagement &amp; Learning</u></b>						
Establish a family-focused perception	Understanding of risk and protective factors	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	First 4 to 6 sessions following intake	50% of clients will increase their perception of family strengths	
Evaluate, measure and report effectiveness of the intervention	Client compliance and self-efficacy	FFT Counseling Process Questionnaire and progress notes, rate of drop outs	FFT Family Therapist and FFT Clinical Supervisor	At intake and ongoing	50% of clients starting Engagement & Motivation Phase will progress to Behavior Change Phase	
<b><u>Intermediate Outcomes: Actions &amp; Behaviors</u></b>						
Build relational skills (Communication and parenting)	Reduced risks of poor parenting and poor communication skills	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	4 to 6 weekly sessions following Phase 1	50% of clients will improve quality of family communications and improve use of positive relational skills	

Change presenting patterns of abuse and delinquency	Reduced risks of negativity and blaming and improved understanding of coping strategies	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	4 to 6 weekly sessions following Phase 1	50% of clients will improve use of positive relational and coping skills	
Develop and implement individualized change plans	Improved reciprocity of positive rather than negative behaviors	FFT Counseling Process Questionnaire and progress notes	FFT Family Therapist	4 to 6 weekly sessions following Phase 1	50% of clients will comply with behavior change plan	
Evaluate, measure and report effectiveness of the intervention	Client compliance and self-efficacy	FFT Counseling Process Questionnaire and progress notes, rate of drop outs	FFT Family Therapist and FFT Clinical Supervisor	At intake and ongoing	50% of clients starting Behavior Change Phase will progress to Generalization Phase	

**Long-Term Outcomes: Status & Conditions**

Maintain and generalize family behavior change	Apply family behavior change to other problem areas and situations	FFT Counseling Process Questionnaire and progress notes, Y-OQ, YOQ-SR assessments	FFT Family Therapist		Therapist's ratings of family change at discharge will measure moderate to positive for change in family conflict level, child/adolescent behavior change and overall family change. Ratings will measure satisfactory to moderate for level of parental supervision change, general parenting change, and communication change; less than 20% of clients completing the program will recidivate in one year from graduation	
Prevent relapse	Long-term support for positive change, graduation from program, schedule of post-program "booster" sessions.	FFT Counseling Process Questionnaire and progress notes, Y-OQ, YOQ-SR Assessments	FFT Family Therapist		85% of clients completing the program will demonstrate significant positive improvement in post-test scores on Y-OQ, Y-OQSR assessments	

<b><u>Long-Term Outcomes: Status &amp; Conditions</u></b>						
Maintain children in the home who had been considered for out-of-home care	Compliance and attainment with reunification goals; program completion	CWS, Probation and/or juvenile justice case reports	FFT Family Therapist		90% of clients completing the program will successfully maintain their children in their home	
Build system of community support for the client family	Family linked to resources for community support	FFT Counseling Process Questionnaire and progress notes; case worker reports	FFT Family Therapist		50% of clients completing the program will establish and mobilize community support	

## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION TEMPLATE

**PROGRAM NAME**

Perinatal Day Treatment Program (PNDT)

**SERVICE PROVIDER**

CommuniCare Health Centers, Inc.

**PROGRAM DESCRIPTION**

CommuniCare Health Centers provides the **Perinatal Day Treatment Program** which offers comprehensive substance abuse treatment services to pregnant and parenting women with young children. The program includes individual and group therapy, Child Welfare Services approved parenting classes, 12-step and basic drug education, health courses, living skills, self-care and nutrition. The Perinatal Day Treatment program works in conjunction with CWS to assist family reunification and maintenance. On-site child development services are provided to the clients and their children. They receive care and education to help them build self-esteem, enhance emotional and physical development, and stimulate growth and awareness. All children attending this program are assessed and monitored for developmental needs and/or delays.

The nine-month program includes:

- Transportation to and from home
- Lunch provided
- Mandatory random drug testing
- Individual counseling for the duration of treatment
- Physical Exam

**FUNDING SOURCES**

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	Individual and group therapy, parenting classes, 12-step and basic drug education, health courses, living skills, self-care and nutrition, transportation, drug testing, physical exams
<b>PSSF Time-Limited Family Reunification</b>	Individual and group therapy, parenting classes, 12-step and basic drug education, health courses, living skills, self-care and nutrition, transportation, drug testing, physical exams
<b>PSSF Adoption Promotion and Support</b>	
<b>OTHER Source(s): (Specify)</b>	

## **IDENTIFY PRIORITY NEED OUTLINED IN CSA**

The Yolo County Self-Assessment (CSA) identified children between the ages of 0 – 5 as the population at greatest risk of maltreatment. In Yolo County 5.9% of children are under the age of 5 which translates into 14, 140 kids. Homeless children are also at risk of maltreatment as their families have fewer resources to support the safety and well-being of their children. Other risks of maltreatment include families living below the poverty level, low infant birth weight and children born to teen parents.

Stakeholders identify that CWS provides prompt service referrals, uses Safety Organized Practice (SOP) to engage families in the development of their case plan, funds substance abuse treatment (residential and outpatient), holds family meetings, and meets with families more than the required once per month contact to facilitate client engagement and motivation for change. Additionally, the Stakeholders noted that Yolo County is utilizing promising programs such as the Perinatal Day Treatment Program for mothers struggling with substance abuse and their children (ages 0-5) and the Family Life Skills Partnership program for families seeking to improve their parenting skills and their independent living skills. Overall, CWS has a team of social workers, supervisors, manager, analysts, clerical and public health staff who are committed to ensuring that families receiving Reunification Services from Yolo County receive the best services that are timely and suited to their individual needs.

## **TARGET POPULATION**

Pregnant and parenting women with young children. This child population is identified above as being at greatest risk of neglect and abuse.

## **TARGET GEOGRAPHIC AREA**

Throughout the entire county.

## **TIMELINE**

This is an ongoing effort.

EVALUATION

Service Component: Perinatal Day Treatment						
Accountability Level	Indicator (s)	Measurement Tools	Responsible Party	Evaluation Time Line	Anticipated Performance Outcomes	
<b>Short-Term Outcomes: Engagement &amp; Learning</b>						
Referred clients will complete intake within one week of referral and begin attending daily PNDT program sessions	Number of clients referred to PNDT, documentation with date of referral	List of referrals, new client charts; intake assessments (GAIN, AAPI-2, Family Environment Scale, and PSI); Course schedule and attendance	Physician Assistant, Mental Health Specialist, Adult Programs Supervisor	At intake and ongoing	80% of clients completing intake will enroll in and attend PNDT program sessions	
Women will show a decrease in use of alcohol and drugs	Number of PNDT clients testing positive for alcohol or drugs	Weekly random urine testing	Chemical Dependency Specialist	On-going from intake	Within 30 days, 80% of clients tested weekly will test negative for alcohol and drug usage	

<b>Service Component: Perinatal Day Treatment</b>						
<b>Accountability Level</b>	<b>Indicator (s)</b>	<b>Measurement Tools</b>	<b>Responsible Party</b>	<b>Evaluation Time Line</b>	<b>Anticipated Performance Outcomes</b>	
<b>Short-Term Outcomes: Engagement &amp; Learning</b>						
Referred clients with goal of reunification will begin daily practice of parenting skills and bonding	Number of PNDD clients with open CWS cases	Course schedule and attendance	Adult Programs Sup., Family Services Supervisor	On-going from intake	90% of women will practice daily parenting skills and bonding	
Clients' children ages 0 to 5 will enroll in Child Development Program and be assessed for immunizations, developmental delays and special needs	Number of new children enrolled in CDP	Client charts, Denver II, ITERS & ECERS assessments, immunization records	Family Services Supervisor	On-going from intake	95% of children will be enrolled in CDP, assessed, will have an individualized curriculum, and be up-to date with immunizations	

<b><u>Intermediate Outcomes: Actions &amp; Behaviors</u></b>						
Improved understanding of negative and positive behaviors, improved self-efficacy	Improved participation and engagement in group sessions and activities, improved comprehension of educational topics	Process Assessments and questionnaires, progress notes	Adult programs Sup., Mental Health Specialist, PNPT counselors	One month following intake and ongoing	80% of clients will demonstrate positive engagement with other clients and education instructors	
Improved understanding of their recovery process	Continued sobriety and improved understanding of personal factors contributing to addictive behavior, working a 12 step program	Weekly random urine testing, progress notes from individual sessions, Process Assessments and questionnaires	Adult Programs Sup., Chemical Dependency Specialist, Mental Health Specialist	One month following intake and ongoing	80% of women will demonstrate compliance with Individual substance abuse treatment plan	
Demonstrated improvement in parent/child bonding and parenting skills	Clients model parenting techniques and work one hour per week in Child Lab, increase in # of supervised visits with out-placed children	Progress notes, Process Assessments and parenting evaluations, CWS case reports	Adult Programs Sup., Family Services Sup.	One month following intake and ongoing	75% of women with CWS cases will demonstrate improved understanding and practice of positive parenting techniques.	

**Long-Term Outcomes: Status & Conditions**

<p>Clients will complete treatment and recovery goals</p>	<p>Number of clients graduating from program or transferring to other programs, or referred for residential treatment</p>	<p>Graduation documentation, Referral documentation</p>	<p>Adult Programs Sup.</p>	<p>Six months following intake</p>	<p>50% of PNDT clients will successfully graduate and an additional 30% will either transfer to another program or be referred into residential care</p>
<p>Clients will successful reunite with out-placed children</p>	<p>Number of clients completing requirements for reunification</p>	<p>CWS case reports, course completion, progress notes, Parenting Class completion and assessment scores (AAPI-2, Family Environment Scale, and PSI)</p>	<p>CWS caseworker, Adult Programs Sup.</p>	<p>Six months following intake and ongoing</p>	<p>75% of clients entering the PNDT program with out-placed children will reunify</p>

<b><u>Long-Term Outcomes: Status &amp; Conditions</u></b>						
Clients will maintain clean and sober lifestyles	Continued sobriety and improved understanding of personal factors contributing to addictive behavior, continued adherence to 12-step program	Random urine testing, progress notes from individual sessions, Process Assessments and questionnaires	Adult Programs Sup., Chemical Dependency Specialist, Mental Health Specialist	Six months following intake and ongoing	80% of women completing PNDT will maintain clean and sober lifestyles 6 months after graduation	
Children will access appropriate services to address long-term development needs	Number of children referred for special needs services	Case management notes	Family Services Sup.	Six months following intake and ongoing	50% of children in CDP with an identified special need will be referred for services	

## CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

### PROGRAM DESCRIPTION TEMPLATE

#### PROGRAM NAME

Adoption Promotion and Support Services

#### SERVICE PROVIDER

Various fee for service providers are utilized as identified and as needed.

#### PROGRAM DESCRIPTION

CWS allocated funds for fee for service activities in the **PSSF Adoption Promotion and Support Services** structure. These funds will pay for services and activities such as;

- Pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children, and
- Activities designed to expedite the adoption process and support adoptive families.

#### FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
<b>CAPIT</b>	
<b>CBCAP</b>	
<b>PSSF Family Preservation</b>	
<b>PSSF Family Support</b>	
<b>PSSF Time-Limited Family Reunification</b>	
<b>PSSF Adoption Promotion and Support</b>	Basic needs and concrete support, case management, health services, parent education, transportation and youth programs
<b>OTHER Source(s): (Specify)</b>	

#### IDENTIFY PRIORITY NEED OUTLINED IN CSA

Yolo Counties court hearings are often delayed which has contributed to delays in permanency for foster children. Social workers believed that possible permanent placements (concurrent placements) are so discouraged by the extensive delays, that the potential permanent caregivers are asking for placement changes; and then children are further traumatized by ongoing cases where the parents will not reunify. This issue was also discussed by foster parents during focus groups that see the delays in the court process as impeding permanency options for foster children. Permanent homes need ongoing services to meet the developmental needs of the children. These services provide placement stability to children that are in the process of establishing permanency.

**TARGET POPULATION**

Current dependents in the foster care system with a case plan goal of adoption and families exploring adoption.

**TARGET GEOGRAPHIC AREA**

Yolo County dependents placed in Yolo County and elsewhere.

**TIMELINE**

This is an ongoing effort.

**EVALUATION****PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING**

Desired Outcome	Indicator	Source of Measure	Frequency
Establish and maintain concurrent placements	Increased % of children adopted	CWS/CMS	Every 6 Months

**CLIENT SATISFACTION**

Method or Tool	Frequency	Utilization	Action
Active participation of concurrent placement in case management activities	Throughout the duration of the program	Surveys are reviewed by staff and leadership team	Leadership team will review the results in order to assess appropriateness of the program.

These services are provided directly to parents and children in the adoption process and vary according to need and request. We have provided services or paid for items such as;

Passport and fees for high school trip for honor student	Swim team enrollment/monthly fees
Dental work not covered by Medi-Cal	Transgender swim suit
Medical bills not covered by Medi-Cal	Behavioral Development aide
Psychiatric Evaluation	Monthly health insurance premium for child placed out of state and not Medi-Cal eligible
Child care	Flight to Oregon to visit potential adoptive home
Counseling	Cheer Camp Uniform
Basketball League fee	Karate class(3 months)
Youth camp registration/attendance fee	Karate graduation costs, safety equipment reimbursement.
Football exam and camp registration/attendance fee	