

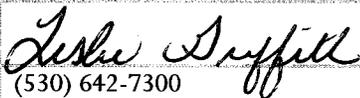
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### California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

County	El Dorado
SIP Period Dates	May 21, 2012 - May 20, 2017
Outcome Data Period	3 <sup>rd</sup> Quarter Data, 2015

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BOS Approval Date	N/A – SIP Annual Update
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Placerville CA, 95667

# California Child and Family Services Review

## Annual SIP Progress Report

APRIL 2016



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## SIP Progress Narrative

### Introduction

This progress narrative will provide information identifying the System Improvement Plan (SIP) efforts that the El Dorado County Health and Human Services Agency (HHSA) and Probation Department, collectively referred to herein as Child Welfare Services (CWS), have implemented for the fourth twelve (12) months of our five (5) year plan of improvement.

This narrative will report on the FY 2015/16 updates to HHSA and Probation's SIP goals, strategies and timeframes to ensure the SIP is accurate and achievable; while demonstrating a clear plan on how HHSA and Probation intend to implement systemic changes to produce improved outcomes in our designated outcome measures.

### SIP Progress Narrative and Stakeholders Participation

State Fiscal Year (SFY) 2015/16 marked a year of noticeable change and transition within Child Protective Services (CPS). The high percentage of turnovers that had impacted HHSA in prior years reemerged in this reporting period, and the Agency still has much work to accomplish in order to improve service delivery to youth and families engaged with child welfare services.

In order to address improvements that could be enacted during the current SIP period, HHSA engaged the California Department of Social Services (CDSS) and our SIP stakeholders to determine Priority Outcome Measures reflective of that goal. These conversations resulted in a 2014 restructuring of the County's SIP Priority Outcome Measures and Systemic Factors.

HHSA is mindful of the need to strive for continuous program improvement, and these modified Priority Outcome Measures represent important steps in HHSA's goal of improved service delivery. These revised measures align with the new federal performance measures and remain current and unchanged for the 2016 reporting period.

HHSA continues to emphasize the need for collaborative efforts to benefit the children and families of El Dorado County, whom we are privileged to serve on a daily basis. As an integrated Health and Human Services Agency, we are fortunate to have the ability to coordinate internal and external multidisciplinary (MDT) meetings with various stakeholder representatives. These stakeholders include but are not limited to the Child Abuse Prevention Council (CAPC), Children and Family Resource Team (CPRT), Foster Youth

Services, the South Lake Tahoe Collaborative, Big Brothers Big Sisters of El Dorado County, First 5, the Foster Awareness Network (FAN), Child Advocates of El Dorado County (formerly El Dorado County CASA), the District Attorney's Office, County Counsel, the Public Defender's Office, County Behavioral Health, County Public Health, County Alcohol and Drug Programs, Cal-Works, County Employment Services, our onsite Public Health Nurses (PHN), an onsite representative from the El Dorado County Office of Education, and all local law enforcement agencies.

The frequency of contact with our stakeholders varies based on the collaborative work we are engaged in with one another. There are regular meetings that have weekly participation from our partnering agencies and Community Based Organizations (CBO); while other team meetings occur less frequently, meeting bi-weekly, monthly, quarterly or annually. These meetings continue to provide a forum to discuss the status of our working relationships and the opportunity to address challenges and implement improvement plans to benefit our mutual clientele.

## Current Performance towards SIP Improvement Goals

### Child Welfare Services (CWS) Priority Outcome Measure or Systemic Factor - CWS: CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care).

Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

- National Standard:** Performance for this measure is the numerator divided by the denominator, expressed as a rate per 1,000 days. The rate is multiplied by 1,000 to produce a whole number which is easier to interpret. A decrease in the rate per 1,000 days indicates an improvement in performance. The national standard for this measure is performance less than or equal to 4.12 per 1,000.
- Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>Rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 130 children who have been in foster care for eight (8) days to twelve (12) months, placement stability was 6.13 per 1,000. This is a 67.2% rate of placement stability in relation to the national standard.
- Target Improvement Goal:** HHSA's goal is to increase this percentage by 3.0% or more each year of the plan to attain an average of 86.0% of the national standard, by May 20, 2017. It should be noted that this target improvement goal was altered in 2014 from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's program improvement efforts and to reach, and surpass, the national goal in this outcome measurement.

- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkeley Dynamic Reporting System, of the 99 children who have been in foster care for eight (8) days to twelve (12) months, placement stability was 5.33 per 1000. This is a 77.2% rate of placement stability in relation to the national standard and does not demonstrate the 3% target improvement goal over the FY 2014/15 rate of 78.8% and as outlined in the 2014 SIP update. The agency is not meeting the national standard for this measure. However, current performance does demonstrate a 10% improvement over the baseline data for this measure.
  - The performance measure related to placement stability continues to be a systemic challenge, both for this agency and statewide. HHSA continues to support the recruitment and training of foster parents and has reestablished a single point of contact for foster parents to utilize. Additionally, HHSA has established a supervisor position to oversee County Licensed Foster Homes, County foster home licensing, and two (2) dedicated social worker positions to focus on the recruitment of County foster homes and foster parents.
  - HHSA recognizes the correlation between placement stability and increased positive outcomes for the youth we serve and recognizes the link between relative and NREFM placements and placement stability. HHSA is actively working to identify programs that will support and promote relative and NREFM placements.
  - HHSA continues to strive to make program improvement efforts to stabilize youth in out of home placements, streamline them to tracks of permanency, promote placement stability, and enhance service delivery to dependent youth and their families.

**CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 2B Timely Response.**

This measure computes the percentage of referral contacts that were made in a timely manner for immediate and ten-day referrals. The denominator consists of the total number of referrals with a response type of either immediate or ten-day for the selected period; the numerator consists of the number of contacts that were made in a timely manner for either immediate or ten-day referrals for the selected period.

- **National Standard:** Not applicable; however, CDSS has established a percentage of 90.0% to meet compliance for these measures.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkeley Dynamic Reporting System, of the 85 immediate response referrals, 83 were contacted in a timely manner. This is a

97.6% rate of timely responses. Of the of the 319 ten-day response referrals, 305 were contacted in a timely manner. This is a 95.6% rate of timely responses.

- **Target Improvement Goal:** HHSA’s goal is to ensure that immediate response referral compliance remains above 90% for the 5-Year SIP period, and to increase ten-day response compliance by 3.0% or more each year of the plan to attain an average of 90.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA’s program improvement efforts and to reach, and surpass, the State’s goal in this outcome measurement.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 81 immediate response referrals, 73 were contacted in a timely manner. This is a 90.1% rate of timely responses and demonstrates an improvement in this measure from the 2015 SIP update. Of the of the 183 ten-day response referrals, 143 were contacted in a timely manner. This is a 78.1% rate of timely responses and does not demonstrate an improvement from 88.1 % in this measure as reported in the FY 2014/15 SIP update. The agency is not meeting the CDSS standard for this measure.
  - In the 2015/16 SIP reporting period, HHSA CPS – Intake and Emergency Response Units experienced extraordinary staff turnover due to circumstances outside of the control or expectation of HHSA. HHSA has actively recruited social workers to stabilize these units, and will strive for marked improvement in the 2B (10-day) measure in 2016. However, HHSA notes that CWS agencies across the state are struggling to recruit qualified staff, and we appreciate the support CDSS has provided to further the training and recruitment of qualified MSW graduates.

### CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 5A Health and Education Passport.

This measure computes the percentage of children entering foster care, for the first time, who have an initiated health passport. The denominator consists of all children entering foster care for the first time; the numerator includes those children who have an initiated health passport.

- **National Standard:** Not applicable
- **Baseline Performance:** According to SafeMeasures® data (3rd Quarter of 2011), of the twenty-seven (27) children who entered foster care for the first time, six (6) had an initiated Health and Education Passport. This is a 22.2% rate of initiated health passports.

- **Target Improvement Goal:** HHSA intends to increase the completion of Health and Education passports by at least 10.0% each plan year, to achieve a total completion rate of at least 80.0% by May 20, 2017.
- **Current Performance:** According to Safemeasures® data (3<sup>rd</sup> Quarter of 2015), of the 18 children who entered foster care for the first time, 12 had an initiated Health and Education Passport. This is a 66.7% rate of initiated health passports and does not meet the target improvement goal for this measure when compared to the FY 2014/15 rate of 82.1%. However, current performance does demonstrate a 44.5% improvement over the baseline data for this measure.
  - The Agency has experienced overall success in this measure in relation to the baseline and target performance goals established for this SIP period, and the agency will work with our Public Health partners to continue to demonstrate improvement in this measure.

### CWS Priority Outcome Measure or Systemic Factor - CWS: AB 636 Measure 5B Timely Health and Dental Exams.

This measure computes the percentage of children in foster care who have Child Health and Disability Prevention (CHDP) medical and dental examinations within the first thirty (30) days from the first day of removal from the home and ongoing annual examinations. The denominator consists of all children in foster care for the period under review; the numerator includes those children who have timely CHDP medical and dental exams.

- **National Standard:** Not applicable
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 219 children needing CHDP medical exams, 189 were seen in a timely manner. This is an 86.3% rate of timely responses. Of the 186 children needing CHDP dental exams, 92 were seen in a timely manner. This is a 49.5% rate of timely responses.
- **Target Improvement Goal:** HHSA intends to increase the completion of CHDP dental exams by at least 5.0% each plan year, to achieve a total completion rate of at least 75.0% by May 20, 2017, and to increase the completion of CHDP medical exams by 3.0% each plan year, to achieve a total completion rate of 90.0% by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's program improvement efforts to improve outcomes in this measure.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 231 children needing CHDP medical exams, 215 were seen in a timely manner. This is a 93.1% rate of timely responses and demonstrates both the 3% target improvement goal and

the 90% overall improvement goal as outlined in the 2014 SIP update. Of the 197 children needing CHDP dental exams, 126 were seen in a timely manner. This is a 64% rate of timely responses and demonstrates the 5% target improvement goal as outlined in the 2014 SIP update.

- In the 2015/16 SIP reporting period, HHSA continued to experience challenges relating to this measure due to the lack of Medi-Cal dental providers in our County. This is a county systemic issue that HHSA will continue to work with our County partner agencies and providers to address.

### Probation Priority Outcome Measure or Systemic Factor - Probation: Children are maintained in their own homes whenever possible and appropriate.

- **National Standard:** Not applicable
- **Baseline Performance:** To ensure that less than fifteen (15) minors are placed out of home at any time.
- **Target Improvement Goal:** The County's Probation Department (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, thereby keeping the number of minors placed out of the home under fifteen (15) at any time. Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thus negating the need for placement. Local resources also include in-custody (juvenile detention facilities) programs, such as the 120-day Family Reunification Program (FRP), the 180-day Challenge Program, and three Matrix based substance abuse commitments (a 180-day treatment program, a 180-day relapse prevention program, and a 60-day education program). For the past year, Probation and CWS have engaged in a joint technical assistance grant through the Robert F. Kennedy Children's Action Corps to address the specific needs of Dual Status Youth (DSY). It is believed the DSY Initiative will result in utilizing local resources of both Probation and CWS for this crossover population, thus negating the need for placement of delinquent minors in some cases. Further, through a Foster Parent Recruitment, Retention and Support (FPRRS) funded partnership with HHSA, Probation is engaged with CWS in developing local resource family homes for delinquent minors. It is believed that local placement in resource family homes will decrease incarceration and provide services to delinquent minors in our community, so a minor is less likely to be placed in congregate care and more likely to return to the home of a parent/guardian whenever possible.
- **Current Performance:** Probation supervision, in conjunction with in-custody and out-of-custody programs focusing on counseling for substance abuse, families, anger management and life skills, has assisted most minors to remain in the homes of their parent(s)/guardian(s). These programs have proven helpful, as the number of minors in placement since April of 2015 to present has remained under the goal of fifteen

(15), with the current number of minors at eight (8). This includes those minors placed in foster (1), relative (2), and non-relative extended family member homes. The remaining five (5) minors are placed in group homes, four (4) of them in homes specializing in treatment for sex offenders.

- Similar to last year, for Probation, measure 3-P1, Permanency within 12 Months of Entry, in the Permanency composite of the SIP, remains below National Standard. One of six youth was discharged to permanency within twelve months; this performance at 16.7% did not meet the National Standard of 40.5%. The majority of delinquent minors, in El Dorado County, ordered to out of home placement fall into one of two categories: sex offenders who require intensive long-term treatment or minors who have no parent/guardian. Most often, delinquent minors placed in a group home are subject to program completion as a requirement; therefore, reunification within twelve months is an on-going issue that will be unlikely attainable. With the location of at least one local resource family home, and the implementation of our DSY Initiative, it is hoped positive progress occurs to affect this measure.

## Strategies Status Update

### Strategy 1

CWS- HHSA will implement a family teaming model which incorporates Signs of Safety (SOS) practice:

- HHSA will research, analyze and select a family teaming model to implement (Timeframe: May 21, 2012 - August 31, 2012).
- HHSA will identify case events that will benefit from a family teaming approach and develop procedures for each event (Timeframe: September 1, 2012 - October 31, 2012).
- HHSA will train social workers to utilize an engagement approach (Timeframe: November 1, 2012 – Continuing).
- HSSA will implement a family teaming model (Timeframe: January 1, 2013).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

### SUMMARY:

HHSA initially selected Signs of Safety (SOS) as our CWS family teaming approach. The integrated model of SOS and Structured Decision Making (SDM) to create Safety Organized Practice (SOP) has since been selected by HHSA; thereby, enabling HHSA to integrate

engagement efforts with the structured assessment tools and protective language found in SDM.

SOP training is occurring for social workers, and the majority of supervisors are currently trained in SOP facilitation. Staff training will be ongoing to meet the needs of our children and families, and HHSA is committed to the continuous improvement and implementation of the engagement work within SOP by our staff. HHSA is working with UC Davis and the Regional Training Academy to provide SOP training and on-site facilitation with an SOP trainer. HHSA is working to enhance SOP practice in El Dorado County, and we will continue to develop and support this best practice model throughout the current SIP period.

## Strategy 2

CWS: HHSA will support Foster Parent and Kinship Support programs:

- HHSA will continue to provide training to all foster parents and extend training to kinship providers on a voluntary participation basis (Timeframe: May 21, 2012 - May 20, 2017).
- HHSA will assign a foster parent liaison who is a single point of contact for foster parents (Timeframe: January 1, 2014).
- HHSA will provide an updated resource guide for foster and kinship providers (Timeframe: Once, each plan year).
- HHSA will provide continuing education in the form of six (6) relevant trainings delivered during Foster Parent Association Meetings (Timeframe: Each plan year).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

## SUMMARY:

Pre-licensing classes continue to be provided to foster parents and kinship providers on a regular basis. Continuous sessions are offered with each session lasting seven (7) weeks and providing 21 hours of educational credits. HHSA is tracking the progress being made by the early implementing counties of the State's Resource Family Approval (RFA) Program, and the Agency will work towards best practice methods of implementation of the RFA program by the State's target date of January 1, 2017.

Through existing CWS funding and an allocation from the Foster Parent Recruitment, Retention and Support (FPRRS) program, HHSA continues to staff a supervisor and two

dedicated social worker positions to oversee County Licensed Foster Homes and the recruitment of county foster homes.

### Strategy 3

CWS: HHSA will implement a parent engagement, training and mutual support program:

- HHSA will institute a yearly Parent Leadership Course (Timeframe: January 1, 2013-Once, each plan year).
- HHSA will develop a Parents Anonymous® (PA) or similar group chapter (Timeframe: N/A).
- HHSA will develop a parent mentor program using academy graduates and PA participants (Timeframe: October 1, 2012 - May 20, 2017).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

### SUMMARY:

HHSA has entered into a contractual agreement with New Morning Youth and Family Services, Summitview Child and Family Services, Tahoe Turning Point, and Lilliput Children's Services to provide leadership development for parents on an individual or group basis. HHSA is working with the CAPC to organize a support group for parents, which will work in concert with the efforts of local CBOs, to formulate a parent mentor program to help first time families navigate the child welfare system. This is ongoing effort that will require continued conversations, internally and externally, to see these programs be initiated and maintained. HHSA is not currently pursuing the development of a Parents Anonymous chapter in El Dorado County, and it is not anticipated that this strategy will be implemented during the remainder of the current SIP period.

### Strategy 4

CWS: HHSA will continue to support and promote Foster Parent Recruitment.

- HHSA will recognize and promote National Foster Care Month each May (Timeframe: Once, each plan year).
- HHSA will promote foster parenting in local publications and community groups (Timeframe: Once, each plan year).
- HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment (Timeframe: January 1, 2014).

- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15th ).

SUMMARY:

Utilizing FPRRS funding, El Dorado County has developed a pilot model that is a Lead Resource Home and Lead Resource Home Coordinator. A Resource Home Network is supported by a Lead Resource Home, with a Lead Resource Coordinator who provides appropriate support and training for caregivers and strengthens the caregiver voice in issues that affect the children in their care. The Resource Home Network supports normalization for children and youth and helps reduce the frequency and length of placement changes.

Resource Home Network benefits include:

- Reduced caregiver isolation
- Decreased instability in care
- Reduced child’s loss of community and home school
- Increased sibling and birth family connections
- Promotion of permanent homes, if needed

El Dorado County’s utilization of the Foster Parent Recruitment, Retention, and Support (FPRRS) funding addresses:

- Foster parent retention, recruitment, and improved satisfaction;
- Reduction or mitigation of isolation of caregivers of foster children;
- Improved care delivery in all licensed/certified foster homes, relative caregiver homes, adoptive homes, non-related extended family member homes;
- Improved parenting quality in caregiver homes;
- Safety, stability, and improved well-being of children/youth in out of home care;
- Improved communications between placement staff and caregivers; and
- Improved quality of care in home-based settings.

The FPRRS program is only currently funded to June 30<sup>th</sup> 2016, and this funding will need to be continued to support the programs outlined above.

## Strategy 5

CWS: HHSA will implement a structured Family Finding Effort (FFE) policy and procedure.

- HHSA will develop a plan for ongoing FFEs at specific case events or time periods (Timeframe: May 21, 2012 - July 31, 2012).
- HHSA will educate staff on how to track FFE in the Child Welfare System/Case Management System (CWS/CMS) (Timeframe: August 1, 2012 - Continuing).
- HHSA will develop a process to measure FFE program effectiveness (Timeframe: August 1, 2012 - Continuing).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

### SUMMARY:

HHSA is currently revising its Family Finding procedure and will release this procedure to staff when completed. HHSA has assigned a staff member to initiate Family Finding efforts on referrals that are initially promoted to out of home care.

Family Finding will also be completed for youth in Permanency Planning as they prepare to exit foster care or explore additional options, such as AB 12 or Transitional Housing Programs (THP+FC and THP-Plus). Staff has been trained on the completion of the data elements necessary to complete Family Finding in the Child Welfare Services / Case Management System (CWS/CMS). Furthermore, staff has been advised to include Family Finding tools and strategies to develop additional relative connection information and utilize these practices at appropriate stages of engagement with dependent children and their families and to establish lifelong connections for foster care youth.

Additionally, HHSA is developing a request for provider (RFP) for FY 2016/17 to recruit an agency to coordinate and conduct intensive family finding. This program will further the agency's goals of improving permanency outcomes and establishing lifelong connections for youth in the child welfare system.

## Strategy 6

CWS: HHSA will increase the collaboration between CWS, CBOs, and stakeholders, to include Child Advocates of El Dorado County volunteers (formerly known as Court Appointed Special Advocates (CASA) in El Dorado County).

- HHSA will continue to promote and support CPRT (Timeframe: July 1, 2012 - May 20, 2017).
- HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved (Timeframe: May 21, 2012 - Continuing).
- HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement (Timeframe: September 1, 2012- Continuing).
- HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs, and stakeholders (Timeframe: October 1, 2012 - December 31, 2016).
- HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support (Timeframe: January 1, 2013 - January 1, 2017).
- HHSA will evaluate program effectiveness and adjust our strategy as needed (Timeframe: SIP Annual Progress Report each April 15<sup>th</sup>).

#### SUMMARY:

HHSA continues to participate and support the work done in CPRT. This forum provides a regular venue for stakeholders to discuss solutions to problems in cases, and to encourage ongoing collaboration to promote more positive case outcomes. These multi-disciplinary meetings regularly include participants from County Behavioral Health, County Public Health, Child Advocates of El Dorado County, El Dorado County Office of Education, County Housing, area hospital staff and various CBO representatives. These meetings have provided coordinated actions for cases within CWS, but also serve as forum to address systemic issues that require the attention of the aforementioned partners and professionals.

HHSA has recognized the need for increasing collaborative efforts with law enforcement, and in FY 2016/17 will resume a monthly Law Enforcement Collaborative meeting with local Law Enforcement Agency's to coordinate efforts, identify mutual clients, and primarily focus on child victims of sexual assault and their families.

Additionally, in 2013 HHSA implemented the Foster Youth and Human Trafficking (FYHT) Task Force to collaboratively combat the Commercial Sexual Exploitation of Children (CSEC) in El Dorado County.

## Strategy 7

Probation: Probation will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, and keeping the number of minors placed out of the home at under fifteen (15) at any time.

- Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thereby negating the need for placement (Timeframe: May 21, 2012 - May 20, 2017).
- Probation will utilize in-custody (juvenile detention facilities) programs, such as the 120-day Family Reunification Program (FRP), the 180-day Challenge Program, the 180-day Matrix substance abuse treatment program, the 180-day Matrix relapse prevention program, and the 60-day Matrix education program (Timeframe: May 21, 2012 - May 20, 2017).
- A Deputy Probation Officer (DPO) will review the case file and CWS/CMS, assess the minor's needs and discuss these needs with the minor and parent(s)/guardian(s) at the initial meeting to determine necessary services; the DPO will then make a referral(s) to an appropriate local resource(s) (Timeframe: May 21, 2012 - May 20, 2017).
- The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources (Timeframe: May 21, 2012 - May 20, 2017).
- The DPO will continue to supervise the minor during participation and after completion of a program (Timeframe: May 21, 2012 - May 20, 2017).
- Probation continues to increase pre-placement activities designed to address criminogenic needs, in an effort to reduce delinquency factors thereby reducing the risk of out of home placement (Timeframe: May 21, 2012 - May 20, 2017).

### SUMMARY:

Probation continues to focus on maintaining minors safely in their homes whenever possible and appropriate. The strategies outlined in the 2012 SIP remain continuous and ongoing. Each DPO supervising minors continues to implement these strategies in order to maintain these minors in their own homes.

To further assist with the implementation of this strategy, the Probation Department contracts with New Morning Youth and Family Services (NMYFS), to provide on-site counseling services to minors detained in the juvenile detention facility on the West Slope, and Tahoe Youth and Family Services (TYFS) in the juvenile detention facility in South Lake Tahoe. Beginning in October of 2015, Probation received a four (4) year Title II federal grant administered by the Board of State and Community Corrections (BSCC) which assists

both NMYFS on the West Slope and TYFS in South Lake Tahoe to provide a clinician who will meet with delinquent minors immediately upon their release from custody. This allows for a seamless transition of counseling services that begin while a minor is detained, and continue immediately upon release.

All minors are referred to appropriate services, whether they remain in the home or are placed out of the home. This strategy remains inherent to the philosophy of Probation to maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, as appropriate.

### Strategy 8

Probation: If a minor is ordered by the Court to participate in an in-custody program, the minor will be supervised by a DPO while in the program and will be referred to appropriate local resources upon release from custody.

- The DPO will evaluate the minor's needs with the coordinator of the appropriate in-custody program, and either a referral will be made prior to the minor's release or an appointment will be made for the minor as soon as possible following release. (Timeframe: May 21, 2012 - May 20, 2017).
- The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources. (Timeframe: May 21, 2012 - May 20, 2017).

### SUMMARY:

Probation continues to focus on maintaining minors safely in their homes whenever possible and appropriate. The strategies outlined in the 2012 SIP remain continuous and ongoing. Each DPO supervising minors continues to implement these strategies in order to maintain these minors in their own homes.

To further assist with the implementation of this strategy, the Probation Department will continue to utilize NMYFS on the West Slope and TYFS in South Lake Tahoe, who both provide on-sight counseling services to incarcerated minors. Beginning in October of 2015, Probation received a four (4) year Title II federal grant administered by the BSCC which allows both NMYFS and TYFS to provide a clinician who will meet with delinquent minors immediately upon their release from custody. This allows for a seamless transition of counseling services that begin while a minor is detained, and continue immediately upon release.

All minors are referred to appropriate services, whether they remain in the home or are placed out of the home. These strategies remain inherent to the philosophy of Probation to maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, as appropriate.

## Barriers to Implementation

HHSA continues to address the issues contributing to the Agency's ability to recruit and retain social workers. These issues impact all aspects of child welfare, and the ongoing recruitment and training of new staff remains vital to the day-to-day efforts of the Agency. Additionally, due to natural attrition and shifts at the management level, driven by agency needs, these circumstances continue at HHSA. The unintended consequence of these challenges has been, at times, a delay in the implementation of planned processes and assignment of specialized tasks related to program or service implementation. The implementation of these activities has been further hampered by the lack or delay of additional state or federal funding for these specialized tasks and services.

However, HHSA continues to work diligently to examine the issues related to social worker job satisfaction, continuing education, and career development. HHSA recognizes the need to recruit, educate and retain qualified social workers, and this practice continues to be implemented and supported by all levels of management within HHSA. As part of the agency's strategic planning process, the Agency has recently implemented an onboarding program that welcomes new staff and helps them quickly acclimate to the agency environment. This program has been well received by new staff and demonstrates the Agency's continued commitment to improvement in this area.

HHSA continues to focus on the training and development of our social workers, and is striving to see that Structured Decision Making (SDM), SOP, family engagement efforts, and other best practice models are engaged at multiple points of the case management process. However, competing state mandates for CWS has provided a challenge in this area. The implementation of these strategies will result in better outcomes for the children and families involved with CWS; however, this implementation remains a significant challenge as we work to develop the processes and procedures needed to support these improvement efforts. Additionally, the ongoing vacancies and challenges to recruit social worker staff further hinder the Agency's ability for robust implementation of these processes.

In order to improve outcomes for these goals for the next SIP reporting period, HHSA has filled the vacant positions of CPS deputy director, three (3) program managers for CPS, a

social worker clinician, and an information system specialist for CWS/CMS help desk support.

In FY 2015/16 HHSA will be recruiting and hiring a staff services analyst and social worker to conduct Child and Family Service Review (CFSR) CPS case reviews, and a staff services analyst to coordinate the reporting and outcomes for the new federal CSEC reporting requirements. These new positions will support the infrastructure needed to sustain activities related to newly created state and federal mandates for CWS. Additionally, an Alcohol and Drug counselor from HHSA's Behavioral Health Division will be embedded within the CPS program. These new positions will move the agency forward towards the implementation of the aforementioned programs and improve the overall delivery of services to dependent youth and their families.

## Other Successes/Promising Practices

HHSA is engaged in a variety of quality improvement efforts to meet the SIP goals; as outlined in the body of this report and other critical outcome measurements that demonstrate the effectiveness of our work. HHSA will continue to utilize SDM and SOP, and the CPS program will continually incorporate and utilize these practices at appropriate stages of engagement with children involved in child welfare and their families.

All CPS supervisors have been trained in SafeMeasures® and have incorporated SafeMeasures® into their unit supervision. Training for social workers has been expanded to include SafeMeasures® and SDM, and HHSA is committed to continuing to support these activities in FY 2016/17.

HHSA is fortunate to have onsite liaisons from a variety of disciplines that include County Public Health, Foster Youth Services and the El Dorado County Office of Education (EDCOE) who work to ensure that the well-being of our youth is being served, maintained and proactively managed. HHSA has two (2) onsite public health nurses (PHN) that provide medical support in the form of case consultation, advocacy and documentation of health related data in CWS/CMS. The PHN positions allow for the facilitation of medical services to be managed by medical professionals who can provide a streamlined track to youth requiring medical services. Further, the PHNs manage data in CWS/CMS to ensure that youth are being afforded the highest level of monitored medical care. The PHN role has been expanded through recent legislation to permit enhanced oversight over the use of psychotropic medications by children in child welfare, and HHSA is committed to ensuring that children in our care are receiving this enhanced level of oversight as part of the standard case management process.

HHSA recently added a social worker clinician to the CPS staff. This clinician is responsible for the coordination of mental health services for all youth in CWS, and this coordination

ensures that every child in the County’s child welfare system is screened, assessed for mental health needs, and linked to the appropriate services.

HHSA also receives onsite collaboration with our representative from EDCOE and Foster Youth Services. This collaborative effort allows for a minimal amount of interruption to our youth regarding their education. The early identification of educational issues allows for interventions to take place within a collaborative forum to ensure all parties are apprised of scholastic progress or the need for new approaches to achieve positive educational outcomes for youth in child welfare.

The developing case practice model of SOP is rooted in engagement with all parties involved in a child’s case, incorporates the use of SDM tools, and involves the identification of risk and safety factors that need to be mitigated and/or resolved. The ongoing training efforts for social workers include using the language of SDM in report writing. This involves the integration of the engagement tools and techniques that are utilized in SOS. These efforts are being championed by social worker supervisors and are supported through U.C. Davis and the Regional Training Academy’s coaches and staff. Despite being in the ongoing implementation phase of this developing practice model, social workers, supervisors, managers, and administrators alike agree with the philosophy of the model and are supportive of the model being implemented at all levels of case management.

In 2013, HHSA’s Linkages program was acknowledged by the California Welfare Directors Association (CWDA), in an issue of the *Linkages Newsletter*, for its program development and service to clients. In the spirit of continuous program improvement, HHSA will continue to address aspects of the Linkages program that we seek to enhance and to expand on the successful collaborative efforts that are currently in place. HHSA is currently working with the Child and Family Policy Institute of California (CFPIC) in the implementation of a new Linkages model that focuses on stakeholder collaboration and co-case management for Linkages services that includes the client’s voice in case planning and services.

In 2013, HHSA developed the Foster Youth and Human Trafficking (FYHT) Task Force. This Task Force functions as a multi-disciplinary team (MDT) that brings local law enforcement agencies, County Behavioral Health, County Probation, County Public Health, El Dorado County Office of Education, El Dorado County District Attorney’s Office, El Dorado County Public Defender’s Office, Child Advocates of El Dorado County, and County Counsel to the table to collaboratively address the growing CSEC epidemic. This MDT has served as a model for multi-agency collaboration in El Dorado County, and the FYHT Task Force has developed strategies and tools that can be utilized by other regional task forces or CSEC task forces statewide.

HHSA and the Probation Department continue to work together to implement a strategy of reducing system exposure of crossover youth with a hybrid, dual status approach through the Dual Status Youth (DSY) Initiative technical assistance grant by the Robert F. Kennedy Children's Action Corps. The implementation team, made up of members of CPS, Probation, and County Counsel, is beginning work to put this approach into action.

In cooperation and collaboration with the Miwok Tribe of Shingle Springs, the Tribal Court, El Dorado Superior Court and other County agencies, HHSA is participating with piloting a Federal program to develop a Joint Jurisdictional Court/Wellness Court to oversee criminal, delinquency and dependency cases involving Tribal members. The purpose of Wellness Court is to ensure that Tribal members receive court services that are culturally informed and recognize the importance of Tribal history, practices and family structures. HHSA is pleased to announce that the first CWS Wellness Court hearing was held in early 2016.

## Outcome Measures not meeting National Standards

### El Dorado County Child Protective Services

CFSR3: Safety Performance Area 2 – Recurrence of Maltreatment in foster care.

- **National Standard:** The denominator is the number of children with at least one substantiated maltreatment allegation in a 12-month period. The numerator is the number of children in the denominator that had another substantiated maltreatment allegation within 12 months of their initial report. Performance for this measure is the numerator divided by the denominator, expressed as a percentage. The national standard for this measure is performance less than or equal to 9.1%.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 610 children with at least one substantiated maltreatment allegation in a 12-month period, 74 had another substantiated maltreatment allegation within 12 months of their initial report. This is a 12.1% rate of recurrence of maltreatment.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 425 children with at least one substantiated maltreatment allegation in a 12-month period, 43 had another substantiated maltreatment allegation within 12 months of their initial report. This is a 10.1% rate of recurrence of maltreatment. The agency is not meeting the national standard for this measure. However, current performance does demonstrate a 2% improvement over the baseline data for this measure.

- HHSA had consistently met national standard in this measure in past years, and we fully expect to meet national standard in this measure moving forward. HHSA is in the process of identifying the issues surrounding the factors that contributed to underperformance in this measure and identifying strategies to improve this performance area.

CFSR3: Permanency Performance Area 1 – Permanency in 12 months for children entering foster care.

- **National Standard:** The denominator is the number of children who enter foster care in a 12-month period. The numerator is the number of children in the denominator who discharged to permanency within 12 months of entering foster care. Performance for this measure is the numerator divided by the denominator, expressed as a percentage. The national standard for this measure is performance less than or equal to 40.5%.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>Rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 178 children who entered foster care in the 12-month period, 94 discharged to permanency within 12 months. This is a 52.8% rate of permanency within 12 months.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 164 children who entered foster care in the 12-month period, 58 discharged to permanency within 12 months. This is a 35.4% rate of permanency within 12 months. The agency is not meeting the national standard for this measure.
  - HHSA continues to work towards striking a balance between reunifying children in a timely manner and engaging families over a period of time to ensure that these children do not return to out of home care. This involves the practice of working with families and children in strength-and-needs based, collaborative approaches utilizing SOP.
  - HHSA will continue to monitor this outcome measure. The implementation of SOP and the family teaming approach will assist in the engagement of families through the life of CWS intervention and, ideally, positively improve reunification outcomes. This process naturally aligns itself with the family engagement requirements under Katie A. and represents a best practice model for HHSA and the children and families we serve.

CFSR3: Permanency Performance Area 3 – Permanency in 12 months for children in foster care 24 months or more.

- **National Standard:** The denominator consists of the number of children in foster care on the first day of the 12-month period who had been in foster care (in that episode) for 24 months or more. The numerator includes those children with a placement episode termination date that occurred within 12 months of the first day of the 12-month period, and a placement episode termination reason coded as exited to reunification with parents or primary caretakers, exited to guardianship, or exited to adoption. Performance for this measure is the numerator divided by the denominator, expressed as a percentage. An increase in the percentage indicates an improvement in performance. The national standard for this measure is performance less than or equal to 30.3%.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 48 children in foster care on the first day of the 12-month period who had been in foster care (in that episode) for 24 months or more, 2 discharged to permanency within 12 months. This is a 13.8% rate of permanency within 12 months.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 63 children in foster care on the first day of the 12-month period who had been in foster care (in that episode) for 24 months or more, 17 discharged to permanency within 12 months. This is a 27% rate of permanency within 12 months. The agency is not meeting the national standard for this measure. However, current performance does demonstrate a 13.2 improvement over the baseline data for this measure.
  - HHSA will continue to monitor this outcome measure. The implementation of SOP and the family teaming approach will assist in the engagement of families through the life of CWS intervention and, ideally, positively improve reunification outcomes. This process naturally aligns itself with the family engagement requirements under Katie A. and represents a best practice model for HHSA and the children and families we serve.

#### CFSR3: Permanency Performance Area 4 – Re-entry to foster care.

- **National Standard:** The denominator is the number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, or guardianship. The numerator is the number of children in the denominator who re-entered foster care within 12 months of their discharge from foster care. Performance for this measure is the numerator divided by the denominator, expressed as a percentage. A decrease in the percentage indicates an improvement in performance. The national standard for this measure is performance less than or equal to 8.3%.

- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 78 who discharged within 12 months to reunification, or guardianship, 19 re-entered foster care within 12 months of their discharge from foster care. This is a 24.4% rate of re-entry.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 66 who discharged within 12 months to reunification, or guardianship, 8 re-entered foster care within 12 months of their discharge from foster care. This is a 12.1% rate of re-entry. The agency is not meeting the national standard for this measure. However, current performance does demonstrate a 12.3 improvement over the baseline data for this measure.
  - HHSA continues to work towards striking a balance between reunifying children in a timely manner and engaging families over a period of time to ensure that these children do not return to out of home care. This involves the practice of working with families and children in strength-and-needs based, collaborative approaches utilizing SOP.
  - HHSA will continue to monitor this outcome measure. The implementation of SOP and the family teaming approach will assist in the engagement of families through the life of CWS intervention and, ideally, positively improve reunification outcomes. This process naturally aligns itself with the family engagement requirements under Katie A. and represents a best practice model for HHSA and the children and families we serve.

## El Dorado County Probation Department

- CFSR3: Permanency Performance Area 2 – Permanency in 12 months for children in care 12-23 months.
  - In the 2015/16 SIP reporting period, there was only one minor who fell within this category. This performance at 0% did not meet the National Standard of 43.6%. Specifically, this minor was ordered into foster care in January of 2014 to complete sex offender treatment. He completed a group home program and immediately transitioned to a local foster home, where he remains. As a county without local foster homes for delinquent youth, whose delinquent foster care population often ages out of care, it is believed this minor is very successful in his progress and remains appropriately placed.
- CFSR3: Permanency Performance Area 4 – Re-entry to foster care.
  - In the 2015/16 SIP reporting period, one of two cases re-entered foster care after being discharged; this performance at 50% does not meet the National Standard of 8.3%. It is believed these numbers do not accurately reflect the

rate of re-entry for delinquent youth, as these minors were previous dependent children who, within this reporting period, discharged from dependency, committed a delinquent act, and were ordered to foster care as a delinquent minor. There were no delinquent minors who exited foster care and re-entered as delinquents within twelve months during this reporting period.

## Outcome Measures not meeting State Standards

### El Dorado County Child Protective Services

- CDSS Measure 2B – Referrals by Time to Investigation (10-day).
  - In the 2015/16 SIP reporting period, HHSA CWS – Intake and Emergency Response Units experienced extraordinary staff turnover due to circumstances outside of the control or expectation of HHSA. HHSA has actively recruited social workers to stabilize these units, and will strive for marked improvement in the 2B (10-day) measure in 2016. However, HHSA notes that CWS agencies across the state are struggling to recruit qualified staff, and we appreciate the support CDSS has provided to further the training and recruitment of qualified MSW graduates.
- CDSS Measure 4B – Least Restrictive (Entries First Placed: Group/Shelter)
  - In the 2015/16 SIP reporting period, HHSA CWS utilized the New Morning Youth and Family Services, our local runaway/homeless shelter. The shelter is licensed as a small group home, and as such, is utilized as an initial placement for some youth entering foster care. This facility was utilized due to a lack of appropriate or available County of Foster Family Agency foster homes. HHSA is actively working to recruit and develop County foster homes, and improvement in this measure is anticipated for FY 2016/17.
- CDSS Measure 5B(2) – Rate of Timely Dental Exams
  - In the 2015/16 SIP reporting period, HHSA continued to experience challenges relating to this measure due to the lack of Medi-Cal dental providers in our County. This is a county systemic issue that HHSA will continue to work with our County partner agencies and providers to address.

### El Dorado County Probation Department

- CDSS Measure 2(F) – Monthly Visits
  - In the 2015/16 SIP reporting period, probation officers made entries in CWS/CMS for 47 of 53 monthly visits (out of home). This performance at 88.7% did not meet the National Standard of 95%. Due to training deficiencies with new staff, entries were not made in CWS/CMS for minors

who were ordered to foster care but were detained in a local juvenile detention facility. Contacts were made, but entries were not. This issue has been resolved, and it is believed this standard will be met in the future.

## State and Federally Mandated CWS Initiatives

### AB 12

HHSA and the Probation Department continue to support our youth in transition and see that non-minor dependents (NMD) are realizing the benefits of remaining under the supervision and support of CWS.

Social workers in the Supportive Transition program (aka Youth-In-Transition in El Dorado County) are strong advocates of educating youth in their caseloads of the options they have as they approach the age of majority. This preparation involves introducing youth to HHSA and community based Independent Living Program services, transitional housing programs and educational programs – all of which are designed to assist youth with successfully transitioning to independence.

The ongoing education efforts and engagement with our young adults is intensive and requires a significant amount of social worker time. This investment of time, with this specific population of young adults, ensures they are progressing towards a positive future, and it is HHSA's commitment that CPS will continue to support these efforts.

### Katie A.

HHSA is actively involved in the local implementation of the Katie A. v. Bonita et. al Settlement Agreement (Katie A.). In preparation for the collaborative work efforts, as defined in the Katie A. Core Practice Model (CPM), CWS and County Behavioral Health participated in numerous state orientations and local discussions regarding practice and activities for a cross-system program. Team members from both CPS and Behavioral Health were identified and jointly participated in ongoing planning sessions for Katie A. program development, assessment and implementation.

There still remains a great deal of program, policy and fiscal guidance that is currently under development by the California Department of Social Services and the Department of Health Care Services; however, HHSA was proactive in developing our local processes, strengthening collaboration between stakeholders, and moving our systems closer to integrating practice and effective service delivery.

To date, our Katie A. mental health screening process has been fully implemented, and we are actively working to improve this collaborative process. This will be accomplished in El

Dorado County by HHSA working collaboratively with our partners in County Behavioral Health, mental health providers, internal and external stakeholders, and community systems of care (CBO, faith-based partners and tribal partners); all serving families by embracing collaborative efforts and working in partnership to improve the outcomes of child welfare youth and families.

Additionally, in the 2014/15 reporting period, HHSA added a social worker clinician to the CWS staff. This clinician is responsible for the management of the Katie A. process in our county, and ensures that every child in the County's child welfare system is screened and assessed for mental health needs and receives the mental health services needed. Having the social worker clinician in program streamlines the Katie A. process and allows for more effective delivery of mental health services to children and families in the child welfare system.

### **CWS Case Reviews**

In 2014, El Dorado County was identified by CDSS as a pilot and early implementing county for the Federal Quality Assurance (QA) program as part of the Administration for Children and Families' Child and Family Service Review (CFSR) process. HHSA worked with CDSS and the other four pilot counties to inform and implement the QA process in California that all California counties implemented in FY 2015/16.

In FY 2015/16 HHSA has hired a staff services analyst, and will be recruiting and hiring two (2) social workers, to conduct Child and Family Service Review (CFSR) CPS case reviews and QA reviews. To date, four (4) staff members have received emergency CFSR certification, eight (8) staff members are in the process of receiving CDSS CFSR certification, and one staff member is fully certified.

### **Attachments**

1. Five (5) Year SIP Chart
2. Signature Sheet

## 5 – YEAR SIP CHART

**Priority Outcome Measure or Systemic Factor:** CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care).

- **National Standard:** Performance for this measure is the numerator divided by the denominator, expressed as a rate per 1,000 days. The rate is multiplied by 1,000 to produce a whole number which is easier to interpret. A decrease in the rate per 1,000 days indicates an improvement in performance. The national standard for this measure is performance less than or equal to 4.12 per 1,000.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 130 children who have been in foster care for eight (8) days to twelve (12) months, placement stability was 6.13 per 1,000. This is a 67.2% rate of placement stability in relation to the national standard.
- **Target Improvement Goal:** HHSA's goal is to increase this percentage by 3.0% or more each year of the plan to attain an average of 86.0% of the national standard, by May 20, 2017. It should be noted that this target improvement goal was altered in 2014 from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's program improvement efforts and to reach, and surpass, the national goal in this outcome measurement.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 99 children who have been in foster care for eight (8) days to twelve (12) months, placement stability was 5.33 per 1000. This is a 77.2% rate of placement stability in relation to the national standard and does not demonstrate the 3% target improvement goal over the FY 2014/15 rate of 78.8% and as outlined in the 2014 SIP update. However, current performance does demonstrate a 10% improvement over the baseline data for this measure.

**Priority Outcome Measure or Systemic Factor:** AB 636 Measure 2B Timely Response

- **National Standard:** Not applicable; however, CDSS has established a percentage of 90.0% to meet compliance for these measures.
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 85 immediate response referrals, 83 were contacted in a timely manner. This is a 97.6% rate of timely responses. Of the of the 319 ten-day response referrals, 305 were contacted in a timely manner. This is a 95.6% rate of timely responses.
- **Target Improvement Goal:** HHSA's goal is to ensure that immediate response referral compliance remains above 90% for the 5-Year SIP period, and to increase ten-day response compliance by 3.0% or more each year of the plan to attain an average of 90.0%, by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's CQI efforts and to reach, and surpass, the State's goal in this outcome measurement.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 81 immediate response referrals, 73 were contacted in a timely manner. This is a 90.1% rate of timely responses and demonstrates an improvement in this measure from the 2015 SIP update. Of the of the 183 ten-day response referrals, 143 were contacted in a timely manner. This is an 78.1% rate of timely responses and demonstrates an improvement from 88.1 % in this measure as reported in the FY 2014/15 SIP update.

**Priority Outcome Measure or Systemic Factor:** AB 636 Measure 5A Health and Education Passport

- **National Standard:** Not applicable
- **Baseline Performance:** According to SafeMeasures® data (3rd Quarter of 2011), of the twenty-seven (27) children who entered foster care for the first time, six (6) had an initiated Health and Education Passport. This is a 22.2% rate of initiated health passports.
- **Target Improvement Goal:** HHSA intends to increase the completion of Health and Education passports by at least 10.0% each plan year, to achieve a total completion rate of at least 80.0% by May 20, 2017.
- **Current Performance:** According to Safemeasures® data (3<sup>rd</sup> Quarter of 2015), of the 18 children who entered foster care for the first time, 12 had an initiated Health and Education Passport. This is a 66.7% rate of initiated health passports and does not meet the target improvement goal for this measure when compared to the FY 2014/15 rate of 82.1%. However, current performance does demonstrate a 44.5% improvement over the baseline data for this measure.

**Priority Outcome Measure or Systemic Factor:** AB 636 Measure 5B Timely Health and Dental Exams

- **National Standard:** Not applicable
- **Baseline Performance:** According to the January 2012 Quarterly Data Report (3<sup>rd</sup> Quarter of 2011) from the UC-Berkley Dynamic Reporting System, of the 219 children needing CHDP medical exams, 189 were seen in a timely manner. This is an 86.3% rate of timely responses. Of the 186 children needing CHDP dental exams, 92 were seen in a timely manner. This is a 49.5% rate of timely responses.
- **Target Improvement Goal:** HHSA intends to increase the completion of CHDP dental exams by at least 5.0% each plan year, to achieve a total completion rate of at least 75.0% by May 20, 2017, and to increase the completion of CHDP medical exams by 3.0% each plan year, to achieve a total completion rate of 90.0% by May 20, 2017. It should be noted that this target improvement goal has been altered from the current SIP, to better reflect a clear and consistent goal that aligns with HHSA's program improvement efforts to improve outcomes in this measure.
- **Current Performance:** According to the 2015 3<sup>rd</sup> Quarter Data Report (10/2014 - 09/2015) from the UC-Berkley Dynamic Reporting System, of the 231 children needing CHDP medical exams, 215 were seen in a timely manner. This is a 93.1% rate of timely responses and demonstrates the 3% target improvement goal as outlined in the 2014 SIP update. Of the 197 children needing CHDP dental exams, 126 were seen in a timely manner. This is a 64% rate of timely responses and demonstrates the 5% target improvement goal as outlined in the 2014 SIP update.

**Priority Outcome Measure or Systemic Factor:** Probation: Children are maintained in their own homes whenever possible and appropriate

- **National Standard:** Not applicable
- **Baseline Performance:** To ensure that less than fifteen (15) minors are placed out of home at any time.
- **Target Improvement Goal:** The County's Probation Department (Probation) will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, thereby keeping the number of minors placed out of the home under fifteen (15) at any time. Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thus negating the need for placement. Local resources also include in-custody (juvenile detention facilities) programs, such as the 120-day Family Reunification Program (FRP), the 180-day Challenge Program, and three Matrix based substance abuse commitments (a 180-day treatment program, a 180-day relapse prevention program, and a 60-day education program). For the past year, Probation and CWS have engaged in a joint technical assistance grant through the Robert F. Kennedy Children's Action Corps to address the specific needs of Dual Status Youth (DSY). It is believed the DSY Initiative will result in utilizing local resources of both Probation and CWS for this crossover population, thus negating the need for placement of delinquent minors in some cases. Further, through a Foster Parent Recruitment, Retention and Support (FPRRS) funded partnership with HHSA, Probation is engaged with CWS in developing local resource family homes for delinquent minors. It is believed that local placement in resource family homes will decrease incarceration and provide services to delinquent minors in our community, so a minor is less likely to be placed in congregate care and more likely to return to the home of a parent/guardian whenever possible.
- **Current Performance:** Probation supervision, in conjunction with in-custody and out-of-custody programs focusing on counseling for substance abuse, families, anger management and life skills, has assisted most minors to remain in the homes of their parent(s)/guardian(s). These programs have proven helpful, as the number of minors in placement since April of 2015 to present has remained under the goal of fifteen (15), with the current number of minors at eight (8). This includes those minors placed in foster (1), relative (2), and non-relative extended family member homes. The remaining five (5) minors are placed in group homes, four (4) of them in homes specializing in treatment for sex offenders.

Strategy 1: HHSA will implement a family teaming model which incorporates Signs of Safety (SOS) practice	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 2B Timely Response AB 636 Measure 5A Health and Education Passport <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> HHSA will research, analyze and select a family teaming model to implement.	May 21, 2012	August 31, 2012	Social Services Program Manager
<b>B.</b> HHSA will identify case events that will benefit from a family teaming approach and develop procedures for each event.	September 1, 2012	October 31, 2012	Social Services Program Manager
<b>C.</b> HHSA will train social workers to utilize an engagement approach.	November 1, 2012	Continuing	Social Services Program Manager
<b>D.</b> HSSA will implement a family teaming model.	January 1, 2013	Continuing	Social Services Program Manager

E. HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15th	CPS Program Manager I- Protective Services CPS Staff Services Analyst
Strategy 2: CWS-HHSA will support Foster Parent and Kinship Support programs	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention	
	<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>
A. HHSA will continue to provide training to all foster parents and extend training to kinship providers on a voluntary participation basis	May 21, 2012	May 20, 2017	Social Services Program Manager
B. HHSA will assign a foster parent liaison who is a single point of contact for foster parents.	January 1, 2014	Continuing	Social Services Program Manager
C. HHSA will provide an updated resource guide for foster and kinship providers.	Once, each plan year	Continuing	Social Services Program Manager
D. HHSA will provide continuing education in the form of six (6) relevant trainings delivered during Foster Parent Association Meetings.	Each plan year	Continuing	Social Services Program Manager

E. HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15 <sup>th</sup>	Social Services Program Manager CPS Staff Services Analyst
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Strategy 3: CWS-HHSA will implement a parent engagement, training and mutual support program.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 5A Health and Education Passport AB 636 Measure 5B Timely Health and Dental Exams Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> HHSA will institute a yearly Parent Leadership Course.	January 1, 2013	Once, each plan year	Social Services Program Manager
<b>B.</b> <del>HHSA will develop a Parents Anonymous® (PA) or similar group chapter.</del>	N/A	N/A	N/A
<b>C.</b> HHSA will develop a parent mentor program using academy graduates and PA participants.	October 1, 2012	May 20, 2017	Social Services Program Manager
<b>D.</b> HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15th	Social Services Program Manager CPS Staff Services Analyst

Strategy 4: CWS-HHSA will continue to support and promote Foster Parent Recruitment.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 2B Timely Response Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> HHSA will recognize and promote National Foster Care Month each May.	Once, each plan year	Continuing	Social Services Program Manager
<b>B.</b> HHSA will promote foster parenting in local publications and community groups.	Once, each plan year	Continuing	Social Services Program Manager
<b>C.</b> HHSA will identify a staff member to become part-time or full-time recruiter and implement foster parent recruitment.	January 1, 2014	Continuing	Social Services Program Manager
<b>E.</b> HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15 <sup>th</sup>	Social Services Program Manager CPS Staff Services Analyst

Strategy 5: CWS-HHSA will implement a structured Family Finding Effort (FFE) policy and procedure	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 2B Timely Response  <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<b>A.</b> HHSA will develop a plan for ongoing FFEs at specific case events or time periods.	May 21, 2012	July 31, 2012	Social Services Program Manager
<b>B.</b> HHSA will educate staff on how to track FFE in the Child Welfare System/Case Management System (CWS/CMS).	August 1, 2012 -	Continuing	Social Services Program Manager
<b>C.</b> HHSA will develop a process to measure FFE program effectiveness.	August 1, 2012 - September 30, 2012	September 30, 2012	Social Services Program Manager
<b>E.</b> HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15 <sup>th</sup>	Social Services Program Manager CPS Staff Services Analyst

Strategy 6: CWS-HHSA will increase the collaboration between CPS, CBOs and stakeholders, to include Court Appointed Special Advocates (CASA) volunteers.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): CFSR Measure 3-P5 Placement Stability (8 Days to 12 Months in Care) AB 636 Measure 5B Timely Health and Dental Exams Systemic Factor: Foster/Adoptive Parent Licensing, Recruitment and Retention <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<b>Action Steps:</b>	<b>Implementation Date:</b>	<b>Completion Date:</b>	<b>Person Responsible:</b>
<b>A.</b> HHSA will continue to promote and support the Children and Parents Resource Team (CPRT).	July 1, 2012	May 20, 2017	Social Services Program Manager
<b>B.</b> HHSA will contact primary community partners and gather ideas on how collaboration can be increased and improved.	May 21, 2012	Continuing	Social Services Program Manager
<b>C.</b> HHSA will review feedback received from our community partners, and discuss these ideas with CPS management to determine several areas of focus and/or improvement.	September 1, 2012	Continuing	Social Services Program Manager
<b>D.</b> HHSA will develop at least two (2) programs to enhance collaboration between CPS, CBOs and stakeholders.	October 1, 2012	December 31, 2014	Social Services Program Manager
<b>E.</b> HHSA will implement each collaborative program one-at-a-time to ensure effective program management and support.	January 1, 2013	January 1, 2017	Social Services Program Manager
<b>F.</b> HHSA will evaluate program effectiveness and adjust our strategy as needed.	May 21, 2012	SIP Annual Progress Report each April 15 <sup>th</sup>	Social Services Program Manager CPS Staff Services Analyst

Strategy 7: Probation will continue to refer minors to local resources in an attempt to keep minors in their homes with their families, and keeping the number of minors placed out of the home at under fifteen (15) at any time.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Children are maintained in their own homes whenever possible and appropriate.	
	<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> Probation will utilize local resources, including out-patient counseling and related services, in an attempt to keep a minor at home with his/her family, thereby negating the need for placement	May 21, 2012	May 20, 2017	Deputy Probation Officer
<b>B.</b> Probation will utilize in-custody (juvenile detention facilities) programs, such as the 120-day Family Reunification Program (FRP), the 180-day Challenge Program, the 180-day Matrix substance abuse treatment program, the 180-day Matrix relapse prevention program, and the 60-day Matrix education program.	May 21, 2012	May 20, 2017	Deputy Probation Officer
<b>C.</b> A Deputy Probation Officer (DPO) will review the case file and CWS/CMS, assess the minor's needs and discuss these needs with the minor and parent(s)/guardian(s) at the initial meeting to determine necessary services; the DPO will then make a referral(s) to an appropriate local resource(s).	May 21, 2012	May 20, 2017	Deputy Probation Officer
<b>D.</b> The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources.	May 21, 2012	May 20, 2017	Supervising Deputy Probation Officer

<p>E. The DPO will continue to supervise the minor during participation and after completion of a program.</p>	<p>May 21, 2012</p>	<p>May 20, 2017</p>	<p>Deputy Probation Officer</p>
<p>E. Probation continues to increase pre-placement activities designed to address criminogenic needs, in an effort to reduce delinquency factors thereby reducing the risk of out of home placement.</p>	<p>May 21, 2012</p>	<p>May 20, 2017</p>	<p>Deputy Probation Officer</p>

Strategy 8: Probation: If a minor is ordered by the Court to participate in an in-custody program, the minor will be supervised by a DPO while in the program and will be referred to appropriate local resources upon release from custody.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Children are maintained in their own homes whenever possible and appropriate.	
	<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> The DPO will evaluate the minor’s needs with the coordinator of the appropriate in-custody program, and either a referral will be made prior to the minor’s release or an appointment will be made for the minor as soon as possible following release.	May 21, 2012	May 20, 2017	Deputy Probation Officer
<b>B.</b> The Supervising DPO will review cases regularly to ensure appropriate local resources are in place or the minor has been referred to such resources	May 21, 2012	May 20, 2017	Supervising Deputy Probation Officer