	Orange
	June 2015 – May 2016, Year 2
	Data extract Q4 2015, from the April 2016 Report http://cssr.berkeley.edu/ucb_childwelfare
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California Child and Family Services Review

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California - Child and Family Services Review

County of Orange
System Improvement Plan
Annual Progress Report

2014 - 2019

YEAR 2

Rev. 12/2013

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Introduction

The Orange County Children and Family Services (CFS) Division of the Social Services Agency (SSA) and the Orange County Probation Department have completed this System Improvement Plan (SIP) Progress Report in accordance with the provisions of the Child Welfare Outcomes and Accountability System, referred to as the California-Child and Family Services Review (C-CFSR). The provisions of the C-CFSR require that Child Welfare and Probation departments provide periodic reports to the California Department of Social Services (CDSS). These reports include the County Self Assessment (CSA), which includes the Peer Review (PR), the System Improvement Plan (SIP), and the annual updates, known as SIP Progress Reports. Each of these reports is completed on a 5-year cycle.

Orange County's current SIP began in 2014. This is Orange County's year two update.

Children and Family Services (CFS)

Orange County Children and Family Services has continued to focus on the System Improvement Plan (SIP) goals of Reunification and Permanency. The federal outcome measures associated with CFSR 3 are somewhat different than those associated with CFSR 2, with an increased emphasis on entry cohorts and different methodologies. CFS prepared the 2014-2019 System Improvement Plan to focus on the Reunification Composite CFSR 2 outcome measures of C1.2 Median Time to Reunification and C1.3 Reunification within 12 Months, and the Permanency CFSR 2 outcome measure of C3.1 Exits to Permanency. With CFSR 3, CFS has determined that the most appropriate and comparable measures are P1 Permanency in 12 months for children entering foster care (entry cohort) and P3 Permanency in 12 months for children in foster care 24 months or more. For this year two Annual Progress Report, CFS will provide data regarding both the CFSR 2 and CFSR 3 outcome measures, along with a discussion regarding the differences in methodology and the impact of those methodological differences on performance.

In addition to the new outcome measures, the federal CFSR 3 includes an emphasis on Continuous Quality Improvement. CFSR 3 discusses both qualitative data and quantitative data as essential for determination of best practice. Orange County CFS has long placed a significant emphasis on data driven decision making, and the majority of the strategies included in the SIP include assessment and evaluation based upon data. Some of the specific action items within strategies have been delayed, purposefully, in order to ensure accurate and full scope data is available to make informed decisions regarding the strategies and the underlying practice.

Reunification

Orange County CFS notes that children are being taken into protective custody at a much lower rate than in the past. The most recent data (Q4 2015, April 2016 extract), shows a in care rate (children in an out of home placement) of only 2.7%, a 11.2% reduction from the in care rate as compared to the data baseline date of the second quarter of 2013 – just over two years ago - and a 19.5% reduction as compared to the in care rate from five years ago. This is in direct contrast to a steady increase in the referral rate of 22.8% in the same five year period. CFS continues to make every effort to maintain children in their homes with their families whenever safely possible.

As a result, those families whose children are removed from their custody are struggling with serious issues, such as mental health challenges and/or drug abuse, which can require significant time and services to address. The 2012 Orange County Self Assessment states, "Orange County has dramatically reduced the number of children coming into foster care - those cases where children are currently removed are the more severe situations requiring more services and longer time to reunification" (page 126). While the situations may be more severe for those families whose children are removed, CFS strives to reunify those families as quickly as possible, whenever possible.

Strategies developed for this 2014-2019 System Improvement Plan cycle to address timely reunification include strategies developed to impact all families in reunification, such as Strategy 8 - Visitation and Strategy 9 - Preassignment of a Continuing Worker. Other strategies, however, focus on a smaller segment of reunifying families; examples of these strategies include Strategy 1 - Family Reunification Team Decision Making Meetings and Strategy 3 - Conditional Release with Intensive Supervision Program. This second group of strategies are considered worthwhile to assist families to reunify, whether that reunification occurs within the twelve months measured by CFSR 3 P1 outcome measure or requires a longer period of service.

Additionally, CFS is looking to further understand reunification for all families, and to Latino families in particular as data indicates that "Latino children typically have the longest median time to reunification compared to other ethnic groups" (Orange County System Improvement Plan dated June 6, 2014, page 5). Orange County has a large Latino population, comprising 46.7% of the total population, according to the 2010 Census. Therefore, Strategy 12 and Strategy 13 were developed to provide in depth analysis of those barriers delaying or prohibiting reunification; this information can then be used to continue to refine and augment strategies to improve these outcomes for our children. CFS developed these strategies prior to CFSR 3 and its emphasis on Continuous Quality Improvement and data driven decision making. These two research based strategies, viewed in conjunction with qualitative data gleaned from Case Reviews, will allow for ongoing enhancement of social work practice in helping families to reunify safely.

Permanency

CFS looks to find permanency for every child entering the Child Welfare system, and most children who come to the attention of CFS remain with or reunify with their birth families, that being most desirable when safe. For those who are not able to find permanency with their birth families, alternative forms of permanency are sought.

With Orange County's early implementation of the Resource Family Approval process, CFS anticipates fewer children and youth remaining in out of home care without permanency, although these effects may not be felt for those children who already have been in care for extended periods of time.

Strategies focusing on permanency include Strategy 2, Strategy 5, Strategy 7, and Strategy 11. Similar to the strategies focusing on reunification, some strategies were developed to impact all children without permanency for extended periods of time, and others target smaller sections of this population.

Case Reviews

In conjunction with CFSR 3, and its emphasis on Continuous Quality Improvement, CFS began case reviews in October of 2015. At the time, Orange County had four certified case reviewers. Two additional staff began the certification training in October 2015. One of those reviewers was emergency certified in December 2015 to begin the mandated Quality Assurance (QA) of the case reviews and both staff were certified in February 2016.

Due to the size of Orange County, 100 case reviews are required per year (25 per quarter) using the federal tool. A total of 25 in-home and foster care cases were randomly selected by CDSS and sent to Orange County for Quarter 1 (beginning October 2015) and another 25 cases were sent for Quarter 2 (beginning January 2016), with cases being replaced by the State as needed. Case reviewers are only able to proceed with rating cases where all key participants (child, parent(s), caregiver(s), and social worker) participate in an interview. Approximately 30-35% percent of the cases are being sent back to CDSS to request exclusion due to an unavailable/unwilling key participant.

Orange County was on track to complete all 50 cases. However, in February 2016, all counties were directed to stop working on the current case reviews after March 10, 2016. Between October 2015 and March 10, 2016 Orange County completed 41 CFSR case reviews - including interviewing all key participants, entering into the State OMS data system, and conducting the mandated QA review.

The following Performance Items rated as areas of strength:

- Safety Outcome 2 – Item 2 – Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care –Considered a strength in 96% of cases reviewed
- Permanency Outcome – Item 6 – Achieving reunification, guardianship, adoption, or other planned permanency living arrangement – Considered a strength in 96% of cases reviewed
- Permanency Outcome 2 – Item 7 – Placement with siblings – Considered a strength in 100% of cases reviewed
- Well-Being Outcome 1 – Item 12A – Needs assessment and services to children – Considered a strength in 97% of cases reviewed
- Well-Being Outcome 1 – Item 15 – Caseworker visits with child – Considered a strength in 97% of cases reviewed
- Well-Being Outcome 2 – Item 16 – Educational needs of the child – Considered a strength in 96% of cases reviewed

The following Performance Items rated as areas needing improvement:

- Permanency Outcome 1 – Item 4 – Stability of foster care placement – Considered an area needing improvement in 15% of cases reviewed
- Well-Being Outcome 1 – Item 12 – Needs and services of child, parents, and foster parents – Considered an area needing improvement in 18% of cases reviewed
- Well-Being Outcome 1 – Item 15 - Caseworker visits with parents – Considered an area needing improvement in 24% of cases reviewed
    - It is important to note that the way the CFSR audit tool is structured, even if the social worker made attempts to visit the parent to no avail, the case reviewers must rate that there was no contact. In addition, in several of the reviews, after Family Reunification (FR) was terminated for the parents, the social worker either did not make attempts to visit with the parent(s) any longer or if they did, they did not document it. The CFSR audit tool continues to look at visits with parents even if FR is terminated.
- Well-Being Outcome 3 – Item 18 – Mental/Behavioral health of the child – Considered an area needing improvement in 18% of cases reviewed

Overall, the CFSR case reviewers are finding that Orange County social workers are performing very well. During interviews with key case participants, mostly positive feedback has been received. Families are reporting that they feel supported by their social workers. The majority of social workers on the cases reviewed are also doing exceptionally well with case documentation.

The sample size is very limited, and Orange County is aware of a potential respondent bias in the data collected; those parents or caregivers who chose not to participate in interviews may have had less positive feedback to share. However, the available qualitative data can now be used in juxtaposition with quantitative data to address practice recommendations.

Probation

Orange County Probation Department has continued to focus attention on minimizing the number of placement movements and family reunification as identified in the County Self Assessment (CSA) and System Improvement Plan (SIP). Strategies have been implemented to improve outcome measures. Strategies include the use of incentives such as gas cards to assist families with transportation. Gift cards to restaurants have been used as incentives for progress made in family reunification and these family outings are seen as valuable tools in this process. Gift cards to book stores, clothing stores and various fast food restaurants have been used as incentives when youth have remained in placement and are working on treatment goals. Other strategies remain in the planning stages and are scheduled to be implemented this year.

The 2014 – 2019 System Improvement Plan identified C1.3 Reunification within 12 months (Entry Cohort) as an outcome measure focus. C4.3 Placement Stability (At least 24 months in care) was also selected as on outcome measure to focus on in the SIP. With CFSR 3, Probation has determined that the most appropriate and comparable measures are 3-P1 and 3-P5.

STAKEHOLDERS PARTICIPATION

Children and Family Services (CFS)

CFS believes that serving the families of Orange County and improving the safety and wellbeing of the children in the County requires a collaborative effort among all the stakeholders, and values our collaboration and partnership with all those involved in these efforts. Throughout the County Self Assessment (CSA) process and the development of the SIP, CFS has relied on these partnerships for suggestions and feedback, ideas and resources. Stakeholder involvement in strategy groups is ongoing and tied to the concept of Continuous Quality Improvement, and is not limited to the development of the SIP.

Orange County is fortunate to have a well established partnership among child welfare stakeholders, all actively working to protect children and strengthen families, with a commitment to shared responsibility for the families of Orange County. CFS and the child welfare community participate in many committees, workgroups, and strategy groups focusing on child and family wellbeing. One group, the Child Welfare System Improvement Partnership, includes community partners and service providers, CASA, former foster youth, former parents of dependent children, attorneys and representatives of the court, Health Care Agency staff, and CFS staff. An in depth discussion of the SIP goals, strategies, and action steps takes place on an ongoing basis during this meeting. This discussion is not limited to a provision of information regarding actions taken by CFS; it is an ongoing collaboration and pooling of knowledge, perspective, and resources to move forward the goals of the SIP and the goal of improving the lives of children and families in Orange County.

CFS also defines CFS staff as stakeholders, and includes line staff in various strategy groups alongside management. Discussion of the SIP goals and strategies in various CFS meetings and committees is ongoing.

Probation

The Probation Department continues to collaborate with our stakeholders. Communication is a continuous process with group home administrators, Juvenile Court, Orangewood Children's Foundation, Department of Education, Health Care Agency (HCA) and Social Service Agency (SSA) as we work towards the SIP identified goals. Additional stakeholders include strategy groups such as the Alternatives to Detention (ATD) Workgroup, the Permanency Planning group and the Foster Youth Outcomes group.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS[1]

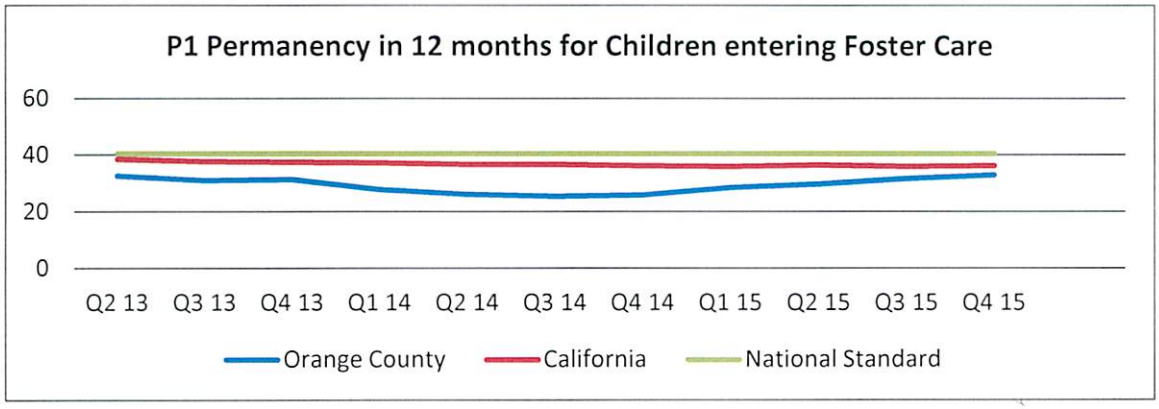
Children and Family Services (CFS) - CFSR 3 Measures

P1 Permanency in 12 months for children entering foster care (entry cohort)

- Of all children who entered foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

- Baseline = 32.6% (Q2 2013); National Standard = 40.5%; SIP Goal = 37%
- Current State Performance = 36.2%
- **Current Performance = 33.0%** (Q4 2015 extract)

Orange County Children and Family Services (CFS) is currently finding permanency for 33% of children who entered foster care during a 12 month period, as measured by permanency outcome P1. Orange County's current performance is lower than the state's performance of 36.2%. In addition, Orange County's current performance is lower than the National Standard of 40.5%. In the first quarter of 2012 (July 2012 extract), Orange County's performance was 37.1%. In the fourth quarter of 2014 (April 2015 extract), the percentage decreased to 25.9%. After experiencing a decreasing trend, Orange County's performance has been increasing in the previous 4 quarters: 28.4% in the first quarter of 2015 (July 2015 extract), 29.7% in the second quarter of 2015 (October 2015 extract), 30.9% in the third quarter of 2015 (January 2016 extract), and 33% in the fourth quarter of 2015 (April 2016 extract).



As discussed in Orange County's System Improvement Plan, Latino children generally reunify with their families at a slower rate than the cohort of all children involved with child welfare. The Permanency in 12 months (P1- Q4 2015 extract) rate for Latino children is 31%, compared to 33% for the entire cohort. With almost 68% of the children in care being Latino (Point in Time data for July 1, 2015), the slower rate of permanency for this group is significantly

[1] Center for Social Sciences Research, University of California, Berkeley, California Child Welfare Indicators Project (CCWIP). University of California, Berkeley California Child Welfare Indicators Project website.URL:http://cssr.berkeley.edu/ucb_childwelfare

magnified. The reasons for this slower rate of permanency are the subject of Strategy 12, and CFS is moving to better understand the barriers for these families and to identify potential efforts to mitigate those barriers. Additionally, the Permanency in 12 months (P1- Q4 2015 extract rate for children who were removed due to neglect is 31.4%, compared to 33% for all removal reasons. General neglect allegations are by far the greatest subset of allegations made and allegations substantiated, with more than 70% (Q4 2015 extract) of all children with a substantiated allegation having general neglect as the highest severity allegation substantiated, although not all children with substantiated allegations enter into foster care or have a case opened. Neglect as a removal reason might include more chronic issues such as parental substance abuse or parental mental health issues which impede a parent's ability to provide safety for their child, issues which require significant time and intervention to resolve. CFS relies on the Orange County Health Care Agency and community partners to provide the needed services.

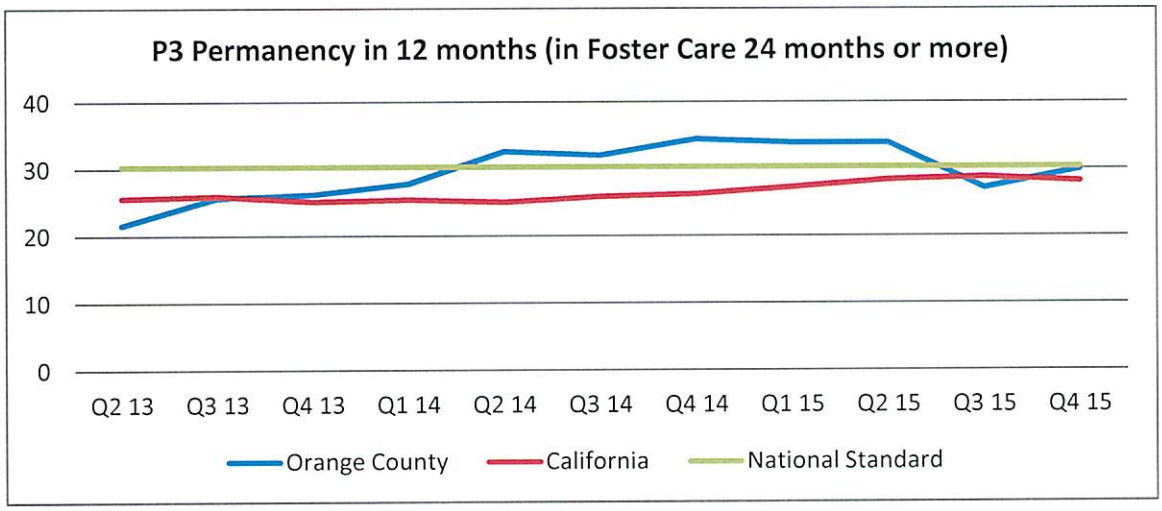
Change from Child and Family Services Review 2 (CSFR 2) Measure: The new CFSR 3 measure expands the definition of permanence to include reunification, adoption, or guardianship. The previous CFSR 2 measure only included reunification. Also, the newer measure includes all children entering foster care during the year. The previous CFSR 2 measure included only children who were removed for the first time. The entry cohort window for the newer measure is 12 months, rather than 6 months from the previous measure.

P3 Permanency in 12 months for children in foster care 24 months or more

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

- Baseline = 21.6% (Q2 2013); National Standard = 30.3%; SIP Goal = 26.0%
- Current State Performance = 28.1%
- **Current Performance = 29.9%** (Q4 2015 extract)

Orange County Children and Family Services (CFS) is currently finding permanency for 29.9% of children in foster care for 24 months or more, as measured by permanency outcome P3. Orange County's current performance is slightly higher than the state's performance of 28.1%. However, Orange County's current performance is slightly lower than the National Standard of 30.3%. Historically since 2004, Orange County's performance has not met the National Standard for this measure. Recent quarters, however, were meeting the standard: 32.6% in the second quarter of 2014 (October 2014 extract), 31.9% in the third quarter of 2014 (January 2015 extract), 34.4% in the fourth quarter of 2014 (April 2015 extract), 33.8% in the first quarter of 2015 (July 2015 extract) and 33.9% in the second quarter of 2015 (October 2015 extract). However, the percentage for the third quarter of 2015 (January 2016 extract) and the fourth quarter of 2015 (April 2016 extract) decreased and did not meet the National Standard. Small differences on this measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors.



Orange County CFS has continued to value placing children with kin, and 45.1% of children in out of home care on January 1, 2016 were placed with kin. Children placed with kin appear to be more likely to exit to permanency, as measured on P3 Permanency in 12 months for children in foster care 24 months or more, and this has remained true for numerous quarters. For the

Q4 2015 extract, 36.4 % of children in care 24 months or longer who were placed with kin exited care to adoption as compared to 24.7% of the cohort in general, and 42.5% of children placed with kin exited to permanency as compared to 29.9% of the cohort in general. (These numbers represent the placement type at the start of the 12 month period, and do not necessarily imply that the child found permanence with that kin placement.) Orange County, as an early implementer of the Resource Family Approval process, is committed to continue to place children with kin whenever possible and safe; the impact of RFA on P3 Permanency in 12 months for children in foster care 24 months or more remains to be seen.

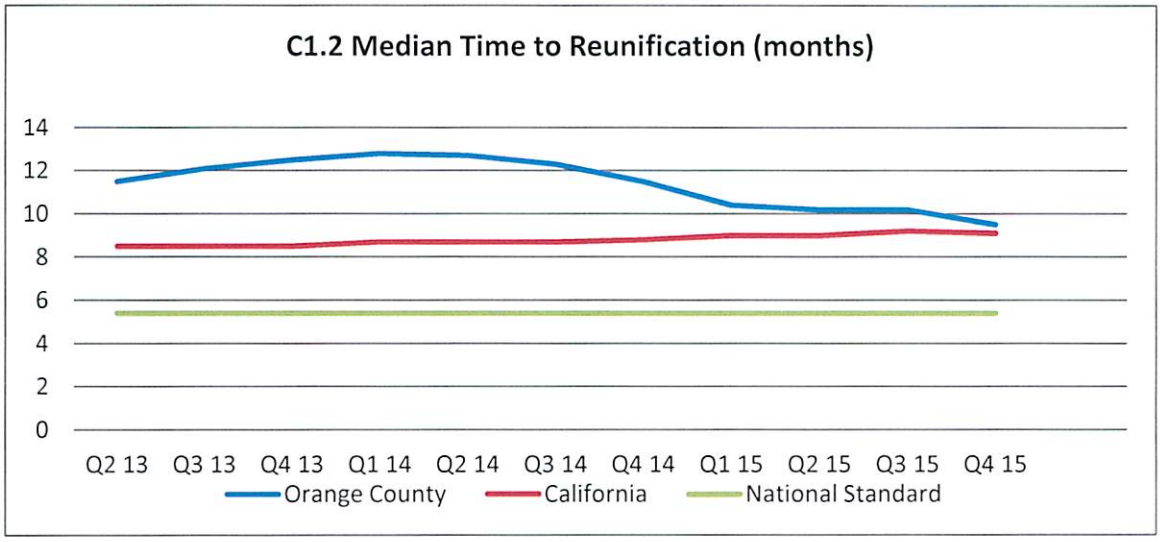
Change from CFSR 2 Measure: No significant change in methodology.

Children and Family Services (CFS) - CFSR 2 Measures

C1.2 Median Time to Reunification (Exit Cohort)

- Baseline = 11.5 months (Q2 2013 extract); National Standard = 5.4 months; SIP Goal = 10 months
- Current State Performance = 9.1 months
- **Current Performance = 9.5 months for the cohort of children who exited between 01/01/15-12/31/15**

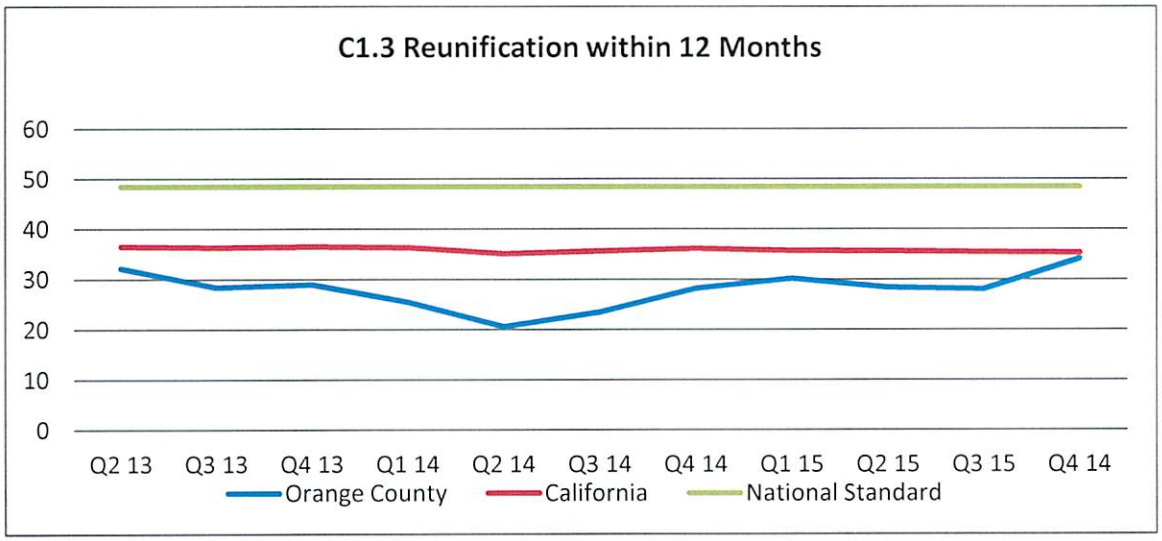
Orange County Children and Family Services (CFS) median time to reunification (exit cohort) as measured by the reunification measure C1.2, is currently at 9.5 months for children who exited to reunification from 01/01/15-12/31/15 (Q4 2015 data extract). This current performance is slower than the state's median time of 9.1 months as well as the National Standard of 5.4 months.



C1.3 Reunification within 12 Months (Entry Cohort)

- Baseline = 32.1% (Q2 2013 extract); National Standard = 48.4%; SIP Goal = 38%
- Current State Performance = 35.2%
- **Current Performance = 34% for the cohort of children who entered between 07/01/14 and 12/31/14**

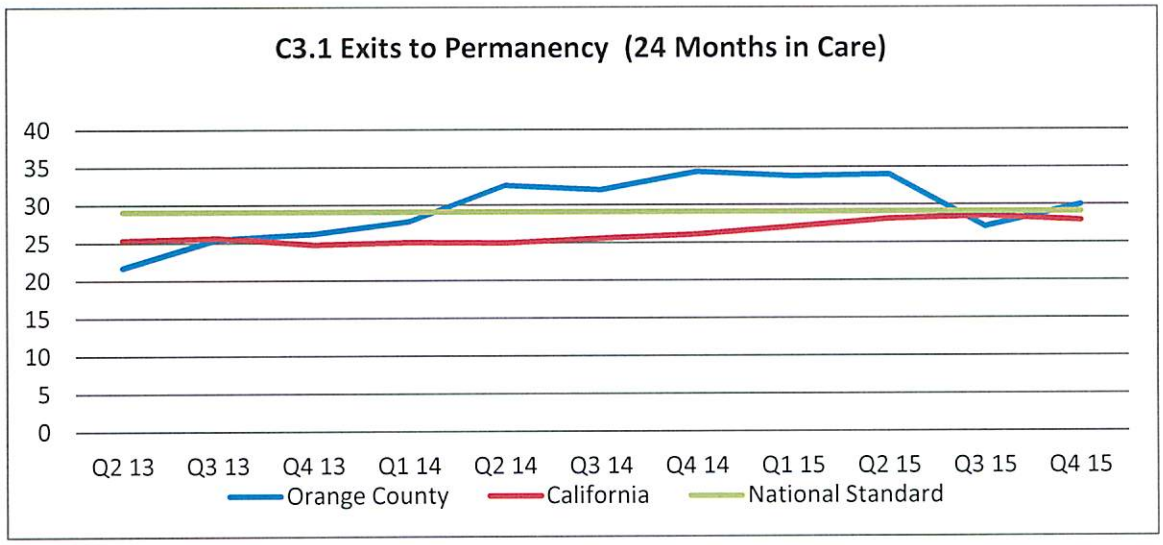
Orange County Children and Family Services (CFS) performance on time to reunification (entry cohort) as measured by the reunification measure C1.3, is currently at 34% (Q4 2015 data extract) suggesting that a quarter of all children entering foster care from July 1, 2014 – December 31, 2014 were reunified within 12 months. This current reunification rate is slightly lower than the state's rate of 35.2% as well as the National Standard of 48.4%. Since data tracking began, the county has struggled to meet the standard for this measure.



C3.1 Exits to Permanency (24 Months in Care)

- Baseline = 21.7% (Q2 2013 extract); National Standard = 29.1%; SIP Goal = 26%
- Current State Performance = 27.9%
- **Current Performance = 30% for the period 01/01/15-12/31/15 (cohort of children represented is all children in care for at least 24 months on 01/01/16)**

Orange County Children and Family Services (CFS) is currently finding permanency for 30% of children in long term foster care (LTFC) as measured by Long Term Care outcome C3.1 Exits to Permanency for children in care 24 months or more. Orange County's current performance is slightly better than the federal standard of 29.1%. As well, Orange County's current performance is exceeding the state's current performance of 27.9%. In the past 2 years from the second quarter of 2013 to the current time period (Q4 2015), Orange County's performance ranged from 21.7% to 34.4%. Small differences on this measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors.



Probation - CFSR 3 Measures

3-P1 Permanency in 12 months for children entering foster care (Entry Cohort)

- Of all children who entered foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

- Baseline = 2.9% (Q1 2013); National Standard = 40.5%; SIP Goal = 14%
- Current State Performance = 26.2%
- **Current Performance = 8.1% (Q4 2015 extract reflecting 1/1/2014 to 12/31/2014 data).**

Statistical information available from the fourth Quarter 2015 indicates that the Probation Department continued to fail to meet national standards relative to permanency. However, data reflects that there has been improvement in this area. The first quarter 2013 was used as comparative baseline using the new methodology. Available data reviewed relative to this measure revealed that youth placed with kin do not reunify with parents as compared to 10.3% of those placed in group home care that reunified. This represented 3 of 37 youth who reunified. Overall, only 8.1% of youth reunified as compared to California rate of 26.2 %. Two of the three youth were reunified with a non-custodial parent out of state.

Data also reflected that Latino youth were less likely to reunify. Only 5% of Latino youth in care reunified as compared to 20% of black and 10%of white youth. Although this represented one child in each ethnic group, it represented the percentage of all youth in care. Relative to age, two youth ages 11-15 years old reunified as compared to only one youth in the 16-17 age bracket. There is a higher number of youth in care ages 16-17 years old as compared to younger youth ages 11-15. This could be attributed in large part to the demographics of those youth on probation. Another factor is the substantial effort made to keep youth from entering placement.

There are currently 1,758 youth that are supervised by field supervision. Comparatively, there are only 34 youth in group home care. This represents a 2% of youth that receive active probation services. This low percentage number is evidence of the extensive preventive practices that are used by field officers. The small caseload size of field officers allows them the opportunity to work closely with the families and use evidence based practices such as EPICS and Thinking for a Change. Our use of Wraparound Services by field officers is another practice that has eliminated the need for group home care. By utilizing Wraparound Services, families are assessed and services are offered. The field officers work closely with Wraparound staff to strengthen and support positive change within the families. If the parents have placed their child to like with an extended family member, Wraparound services will continue to work with the parent and the family providing care with the goal of returning the youth to parental care. A review of quarterly reports by our Wraparound supervisors reveal the robust numbers they

manage. The following table reflects the number of active Wraparound cases and the number of referrals processed and is included due to the significant number that is seen as a significant factor in the successful preventative efforts made.

Wraparound

Quarter	Year	# Active Cases	# Referrals
First	2014	197	46
Second	2014	238	70
Third	2014	256	64
Fourth	2014	260	62
First	2015	273	58
Second	2015	271	61
Third	2015	274	70
Fourth	2015	282	58

Factors that contributed to the poor performance in this measure include the serious mental health issued of those youth entering care, the nature of their offense and the victimization of family members by these youth. Therefore, these youth require a longer period of time in treatment to address their needs. Many of the parents of these youth are reluctant or refusing to participate in reunification services.

3-P5 Placement Stability (Rate of Placement Moves)

- Of all children who enter foster care in a 12-month period, what is the rate of placement moves per 1000 days of foster care?

- Baseline = 1.57 (Q1 2013 extract); National Standard = 4.12; SIP Goal = 3.0
- Current State Performance = 1.75
- **Current Performance = 3.2 (Q4 2015 extract)**

We are exceeding national standard in placement stability. The new methodology may have been favorable and contributed to this outcome. Berkley data reflects that female youth had 5.7moves per 1,000 days in care as compared to 2.6 moves for male youth. This may indicate an area where examination is needed. Black youth had 5.8 moves as compare to Latino youth who had a rate of 3.6 moves per 1,000 days.

Probation - CFSR 2 Measures

C1.3 Reunification within 12 Months (Entry Cohort)

- Baseline = 9.1% (Q1 2013); National Standard = 48.4%; SIP Goal = 14%
- Current State Performance = 30.9%
- **Current Performance = 8.3% for the cohort of children who entered between the dates of 07/01/14 and 12/31/14**

C4.3 Placement Stability (At least 24 months in care)

- Baseline = 30.9%; National Standard = 41.8%; SIP Goal = 34%
- Current State Performance = 36.9
- **Current Performance = 31.0% for the cohort of children who entered between the dates of 01/01/15 and 12/31/15.**

Status of Strategies

Children and Family Services (CFS)

STRATEGY 1:

Increase the percentage of families having a reunification Team Decision Making (TDM) meeting within the first 5 months of dependency by 60 % in five years.

Team Decision Making meetings bring together the family, their natural supports, any substitute caregivers, and CFS staff at critical junctures throughout the duration of a family's involvement with the child welfare system; the goal is to openly discuss strengths and concerns, and to utilize this information to make case decisions through mutual consensus whenever possible. Orange County CFS developed the Family Reunification Team Decision Making (FR TDM) to bring together the family and their supports to realistically discuss progress toward reunification, identify barriers to that progress, and identify potential solutions to the barriers. FR TDMs are intended for those families who are struggling to make progress in their Reunification efforts, either due to specific barriers or to other factors such as a reluctance to engage in the change process.

During the previous period of review, additional training of line staff regarding the benefits of FR TDMs was undertaken, through presentations at supervisory and staff meetings. TDM facilitators have continued to reach out to programs to reinforce this training and to provide information to newer social workers or social workers who have changed assignments.

These efforts appear to be positively impacting this strategy, resulting in an increase in the number of FR TDMs. While the Orange County System Improvement Plan (page 6) indicates an average of two FR TDMs per month, some 40 FR TDMs occurred involving 97 children during 2015, and the trend continues into 2016.

Increasing the number of families who have an FR TDM meeting within the first five months of their dependency will enable the family and their social worker to proactively approach adjusting services, visitation schedules and timelines to increase the likelihood that the family will have a successful reunification within the goal set by this SIP.

In order to look further at the effectiveness of FR TDMs in relation to Reunification, a longitudinal study will be conducted. (The initial anticipated completion date for the longitudinal study was 2015. However, this should have indicated a longitudinal study based upon the cohort of families who participated in an FR TDM during 2015. Therefore, the corrected completion of the study would be December 2016.) However, initial data suggests that, of the 97 children for whom FR TDMs occurred between

January 1, 2015 to December 31, 2015, 16.5%, or 16 children have reunified with their parents by January 31, 2016. That percentage is expected to rise, as families who had FR TDMs which occurred late in the year 2015 would be unlikely to have reunified within the first month of 2016.

STRATEGY 2:

Increase the active engagement of fathers in FR plans.

Child Welfare has traditionally focused more on mothers than fathers, including reunification efforts. The 2012 Orange County Self Assessment states, "For example, in 2010 data indicated that Hispanic fathers were engaged in reunification services at a very low rate" (page 89). Coupling that information with the 2010 Census information indicating almost half of Orange County's population is Latino, suggests a need to increase the number of fathers involved in reunification efforts in Orange County.

Mandatory training for all social work series staff is ongoing and on track to ensure staff receive this valuable training. In collaboration with the Public Child Welfare Training Academy (PCWTA), the training Fatherhood Engagement: Connecting to the "Whole" Dad is available to CFS staff at this time. During calendar year 2015, more than 200 social work staff completed this training, with additional trainings scheduled.

Through a service provider, a father support group is being facilitated. The CFS Parent Engagement Coordinator continues to collaborate with the service provider to provide ongoing notification to CFS staff regarding this resource. In addition to distribution of flyers and email notifications regarding this resource, the father support groups are mentioned in the Parent Orientation offered to parents at the Juvenile Court building on a daily basis. Participation in the support groups fluctuates, and the groups are designed to permit fathers to enter and exit anywhere in the eight week series of curriculum based meetings. During 2015, some 42 fathers participated in the father support groups. Participant satisfaction surveys, qualitative in nature, generally indicate that fathers found the group helpful and supportive. Fathers who participated in the support group reported a sense of support, motivation, and hope. Some father participants who complete the support group series continue to attend to support and motivate others.

A Father Liaison position was piloted, designed to provide information and resources to CFS staff and to fathers in the dependency system. The assigned Father Liaison worked within his Continuing Court program to model father engagement, and attended the father support group described above as a speaker. He also surveyed peers regarding their efforts to engage fathers through visitation and case management and their efforts to locate absent fathers. Based upon the experiences noted by the Father Liaison during pilot period, CFS is identifying ways that all social work staff can engage fathers rather than focusing on a single Liaison position.

A review of the strategies to increase father engagement in other jurisdictions was undertaken. Washington State, which has child welfare father liaisons, provided information regarding their efforts to engage fathers. Many of their suggestions to their staff regarding engagement are already woven into practice in Orange County.

CFS has an ongoing Father Engagement workgroup comprised of social work staff and fathers who successfully reunified with their children and had their dependency cases closed. Recently, the membership of this group was enhanced by identifying those social workers who have a history of successfully reunifying children with fathers, and recruiting those social workers for the group.

One of the initial suggestions of this enhanced Father Engagement workgroup was to identify gender biases in written materials, and to modify those whenever possible. For example, a CFS published guidebook provided to parents as they are first involved with the Juvenile Dependency Court featured success stories of successfully reunified mothers and two parent couples. No single fathers were featured in the original version. A review of materials is ongoing.

Quantifying engagement is difficult. In order to measure active engagement, CFS considered several options. Ultimately, a representative measure was developed; the percentage of all presumed fathers who attended at least one service as part of their case plan. Attendance in services, rather than in a referral to services, was used to more accurately capture active rather than passive behaviors on the part of the parent. CFS is very aware that attendance in services does not equal engagement, nor do services equal safety.

The data shows a slight decrease year over year. The percentage of presumed fathers who attended at least one service during the period July 2013 to June 2014 was 48.3%, while the percentage for the period July 2014 to June 2015 was 43.4%. This could be due to variations in cohorts, and additional data will be needed to identify any trends.

STRATEGY 3:

Develop CRISP-like (Conditional Release with Intensive Supervision Program) services for FR cases to allow for earlier reunification.

CFS has an intensive in home supervision program for families who have had a detention hearing and the court feels there is sufficient safety planning in place to allow the children to be in their home under CRISP (Conditional Release Intensive Supervision Program). The CRISP program has been utilized for many years in Orange County prior to dependency being declared.

Developing a CRISP program for families whose children are dependents and who are receiving Family Reunification services (FR CRISP) could lead to earlier reunification, due to the level of supervision provided to the family as the children transition back into the home. A family receiving FR CRISP services agrees to social worker home visits as often as once or twice a week during the first few months of a child's transition back into the family home.

Families began receiving these services in mid 2015. The number of families involved in the pilot, 12 families to date with 26 children, have received these intensive supervision services during dependency. Of the 12 families, eight have received court orders of Family Maintenance services and two families are pending their next hearing with anticipated social worker recommendations of family maintenance. Without the provision of this level of intense supervision, few if any of these children might have returned home when they did.

The pilot of CRISP services for dependents will continue through calendar year 2016.

STRATEGY 4:

Increase the number of Parent Mentors available to work with reunifying parents by two full-time equivalent (FTE) positions in the next five years.

Parent Mentors are parents who were previously involved in the child welfare system, and who were able to successfully reunify with their children. Parent Mentors work with reunifying parents to act as a guide and support through the dependency process, from the dependency investigations stage to engagement in their reunification plan.

CFS statistics had indicated that those families with a Parent Mentor had a higher rate of reunification. For the period of January 1, 2012 through June 30, 2013, Parent Mentor Services were provided to the parents of 280 children removed from their homes. Of these children, 138 of them, or 49%, were reunified with their parents or returned home on a trial home visit by December 31, 2013, which exceeded the overall reunification rate of 40% for all children removed for the same period. However, the data for a more recent time period does not show this same differentiation. For the period of January 1, 2014 through June 30, 2015, Parent Leadership Services were provided to the parents of 349 children removed from their homes. Of these children, 146 of them, or 42%, were reunified with their parents or returned home on a trial home visit by December 31, 2015, which exceeded the overall reunification rate of 41% for all children removed for the same period. The percentages are almost identical, and therefore statistically insignificant.

Therefore, while CFS believes that parent mentors are of support to parents in their efforts to reunify, the effects of parent mentors on timely reunification are not known at this time. However, as Orange County in care rates continue to decrease, those parents whose children are removed from their custody are struggling with serious issues. Additional data collection and analysis would be needed to address trends in efficacy regarding reunification for this strategy.

Strategy 5:

Develop a Peer Mentor program for caregivers.

CFS developed a Peer Mentor Program as part of Quality Parenting Initiative participation for new caregivers or caregivers who are experiencing challenges that will assure they have support in order to stabilize placements and improve communication with parents. Experienced caregiver mentors provide advice, guidance and support to their protégée caregivers, and link them to resources to meet the needs of the children in their care. These efforts were part of the previous System Improvement Plan. They were not fully implemented during that time, and were carried over to the current SIP due to their perceived value to reunification. Additionally, one of the recommendations from the Peer Review conducted as part of the County Self Assessment suggested that CFS "Provide more supports and resources for caregivers, especially relative caregivers, who are overwhelmed with the complex responsibilities of caring for dependent children" (2012 Orange County Self Assessment, page 99).

The Caregiver Peer Mentor program began with licensed foster parents, and expanded to Relative and Non-Related Extended Family Member (NREFM) caregivers. Orange County CFS values family connections, and places children with relatives and NREFMs whenever possible. The number of Caregiver Peer Mentors remains stable at this time, and the training of additional mentors has been suspended temporarily as staff worked to develop and implement Resource Family Approval process. Support of Relative and NREFM caregivers is an important component of maintaining children in these placements. Peer mentors continue to be available to both licensed foster parents and relative or NREFM caregivers. The OC Mentoring Program is completely voluntary for both mentors and protégés and is not used as a part of a plan of correction.

With the implementation of Resource Family Approval in Orange County, additional supports are being developed for all caregivers, and the peer mentors will be incorporated into a broader array of potential resources for caregivers.

STRATEGY 6:

Increase the use of Icebreakers to improve communication and flow of information between the caregiver and parents.

Icebreaker meetings are designed to occur at the time a child is placed with an out of home caregiver, bringing together the parents, caregivers, and the social workers to share information to make the child's transition as smooth as possible. Recognizing the parent as the expert for their child, the substitute caregiver is able to 'learn from the expert' about how to best provide care for the child. An icebreaker can also occur between a current caregiver and a prospective caregiver. Information shared could include favorite foods or bedtime routines, how a child responds to being ill, or any of a host of other potentially critical information to make the child as comfortable as possible. Children are encouraged to be a part of the Icebreaker meeting as well, to witness the adults in their lives working together.

The goal of the Icebreaker is to enhance the trust and communication between the parent and caregiver, in other words engagement. This engagement may lead to improved collaboration regarding the needs of the child, positive role modeling by the caregiver, placement stability and reduced time to reunification. Icebreaker meetings are occurring, although not with every placement, and CFS would like to expand their use. The strategy Action Steps focus on identifying the barriers to Icebreaker meetings occurring, and exploring options to overcome those barriers.

Placement workers have been retrained on the topic of Icebreakers along with specifics for more accurate documentation of Icebreaker completions. Placement workers are also piloting increased flexibility in how and when Icebreakers are taking place, including by telephone when the parents are unable to attend in person, and scheduling an Icebreaker within 10 days of a placement, if the parent is unable to attend on the day of a placement. Other modifications in the practice of the Placement program, specifically as it applies to Icebreakers, are being phased in. The number of icebreakers completed by the placement program has increased, from approximately 350 in 2013 to 450 in 2014, and 579 in 2015.

The implementation of Resource Family Approval is not anticipated to impact this strategy.

STRATEGY 7:

Expand the Multidimensional Treatment Individual Plan (MTIP) process for the placement of children with specialized needs who may not qualify for MTFC.

The Orange County Health Care Agency, Children and Youth Behavioral Health, in partnership with CFS, developed the Multidimensional Treatment Individualized Plan (MTIP), a small specialized program for children who: are in congregate care and will be stepped-down; have had a difficult adjustment to foster care and might otherwise require congregate care; or, are living with a family at the time of referral and the placement needs stabilizing. The strength of this program is the ability to provide intensive support and resources to the child's foster parents and/or biological parents, and to the child, to help the child overcome the impact of the initial trauma and, often, the additional trauma of multiple placement failures, and to help provide consistent relationships, which are vitally important in finding permanence. MTIP uses a treatment model similar to Treatment Foster Care Oregon (formally MTFC – Multidimensional Treatment Foster Care), including the use of interventions that are behaviorally focused on decreasing anti-social behaviors and building positive behaviors based on the youth's strengths. Interventions are well coordinated and parents/foster parents are encouraged to use behavioral interventions that have positive focus. Additionally, trauma informed interventions are used with the youth and the youth's caregivers, including the evidence-based model, Trauma Informed Cognitive Behavioral Therapy, whenever appropriate. MTIP provides services wherever the child may be placed, even at home.

The MTIP program continues to be a viable resource for some children and the challenges associated with it are being addressed. The MIDS system, an Orange County specific database, has become overwhelmed and is not capable of providing the level of outcome data being requested. Therefore, it is being rebuilt entirely, and designed for significant data capture.

As Orange County continues to focus on identifying appropriate and stable placements for all youth in care, and on Continuum of Care Reform, staff from the CFS Multi-Agency Family Partnership program are participating in various meetings regarding youth placements specifically to consult regarding TFCO, MTIP and/or Wraparound.

STRATEGY 8:

Increase staff awareness and promote compliance with visitation Policy and Procedures which allows for the progression of visitation for reunifying parents from monitored to unmonitored visits.

Visitation is an essential part of reunification, and CFS continues to increase staff awareness regarding its importance. Progressing from monitored to unmonitored visits as parents address the issues that brought their family to the attention of CFS both reflects the ongoing assessment of risk and safety, and acts as an incentive to parents to keep on track with their reunification plan.

While CFS has Policies and Procedures detailing the progression of visitation, one of the recommendations made by supervisors and managers who were interviewed as part of the CSA suggested a need for increased education for case carrying staff "about the benefits of moving parents from monitored to unmonitored visits in a more proactive way" (Orange County System Improvement Plan, page 11).

Managers continue to work with staff to review visitation, and to assess visitation plans. Safety Organized Practice concepts are being used to discuss visitation. In most cases, social workers are being prompted to progress visits for families to unmonitored unless they can articulate safety concerns.

While this strategy specifically addresses the progression of visitation to unmonitored, CFS is also looking to improve the quality of visitation for parents and children. One effort underway is a Visitation Coaching model pilot. In the model, parents plan for visits in advance, with an emphasis on identifying and meeting the needs of their children during visitation. The coach assists the parent in implementing the plan during the visits and, after each coached visit, in reviewing their plan and their successes in meeting the goals. The visitation coach provides feedback, and assists the parent to look toward future visits. Some 15 social work support staff have received initial training in visitation coaching, and further training is being arranged.

STRATEGY 9:

Pre-assign a Continuing worker at the detention hearing concurrently with the assignment of a Dependency Investigations worker.

Currently, in Orange County, different social workers are assigned to families before and after dispositional orders are made. Generally, a Dependency Investigations worker is assigned to the case during the Jurisdictional and Dispositional phases of the Juvenile Dependency Court case, and a Continuing worker is assigned once the child is declared a dependent.

One of the recommendations from the Peer Review conducted as part of the County Self Assessment suggested that CFS "Develop a policy/procedure for transitioning cases between social workers" and "Consider implementation of a 'vertical' case management which would minimize the number of social workers assigned to the case" (2012 Orange County Self Assessment, page 99). Pre-assigning a Continuing worker at the detention hearing, along with the Dependency Investigations worker, will assure a smoother transition for the family. This earlier involvement of the Continuing worker will allow that worker to be involved with decision making, attend hearings, and meet the family prior to the dispositional hearing. It will also foster the engagement between the family and the Continuing worker much earlier, avoiding time lost to the family in attempting to establish that relationship.

A pilot occurred in 2014, through a Plan Do Study Act (PDSA). For the period of January 1, 2014 through June 30, 2014, 23 families participated in the PDSA. These 23 families represented 41 children who were removed from their homes. Of these children, 26 of them, or 63.4%, were reunified with their parents or returned home on a trial home visit by January 31, 2016, which exceeded the overall reunification rate of 42.8% for all children removed for the same period. While this does not specifically address whether the children were reunified within the twelve months, the increased rate of reunification is startling. Additionally, feedback received from parents, caregivers, and staff was generally positive about the process.

As would be expected in a PDSA, experience with the initial sample led to modifications in procedures, and a follow up expanded PDSA was developed. While the outcomes for the initial 23 families appear to be generally positive, this is a small sample size. The second PDSA included a total of 68 families and a more random sampling of families. Reunification outcomes for this second set of families will be tracked, both for timeliness and rates of reunification.

STRATEGY 10:

Provide Trauma Informed Parenting training to parents with a reunification plan.

Many parents are Court ordered to attend some form of parenting training as part of their Reunification case plan, with education regarding developmental stages for children and effective discipline as significant focuses of the training. However, children from families involved with the child welfare system often have experienced significant trauma. Providing a parenting program based on trauma informed practice may assist parents in understanding their children's behavior and the impact of their own trauma. Parents can then utilize this knowledge in their visitation with their children, and as the families reunify.

Families are referred to various resources for parenting training, depending on their needs. CFS has entered into contracts with some providers, with contractual obligations for provider administration to have trauma informed practice experience. Families are also referred to community providers, who provide services with a Trauma Informed focus. Collaboration within the child welfare community has resulted in a commitment to Trauma Informed service.

In addition to parents receiving Trauma Informed parenting training, caregivers are also receiving this training. Trauma Informed Parenting has been required for all potential foster families since 2014. With the February 2016 early implementation of Resource Family Approval in Orange County, all resource families receive training as part of the approval process, and Trauma Informed Parenting is a substantial component of this training. Approximately 100 potential caregivers have received training under Resource Family Approval each month in the first few months of implementation.

Out of home caregivers and birth families receiving similar training regarding trauma is anticipated to benefit children in care and as they transition back to their families. Building on the assumption that many parents have also experienced significant trauma, an additional benefit to comprehensive Trauma Informed Parenting training may be a shifted perspective and greater understanding between caregivers and parents, with the potential for collaboration focusing on the wellbeing of the child, although this may or may not directly impact outcome numbers and would be difficult to track.

STRATEGY 11:

In collaboration with Casey Family Programs conduct Permanency Roundtables for all youth who have been in care 24 months or longer to increase the number of youth exiting to permanency by 10%.

In collaboration with Casey Family Services, CFS implemented Permanency Roundtables (PRTs). A Permanency Roundtable reviews a youth's history with CFS, bringing together staff directly connected to the youth and staff who can bring fresh perspective. A PRT reviews what has been tried in the past to establish permanent connections for a youth, and questions if those strategies might have different outcomes if attempted again; it also brainstorms new and innovative strategies for establishing connections for the youth.

CFS is focusing on both permanency connections and "emotional permanency" for youth in PRTs, finding and encouraging those relationships for youth which provide permanent connections for those youth regardless of whether those relationships can provide placements or legal permanency.

PRTs are considered the most important strategy within this System Improvement Plan for helping older youth find permanency. PRTs are not limited to older youth, however, and PRTs are being conducted for younger children as well. CFS is tracking permanency outcomes related to PRTs in several ways; while legal permanency would be ideal, any movement toward potential legal permanence and/or any permanent emotional connections for a child or youth is considered a positive outcome from a PRT.

While the initial PRTs were completed and modeled through Casey Family Services, CFS is now facilitating PRTs and has adapted the Casey model to more fully represent the collaboration between CFS and its partners.

In the initial work modeled by Casey Family Services in 2014, PRTs were conducted for some 13 youth. Of those, none had yet achieved legal permanency by December 31, 2015. A more comprehensive review of movement toward legal permanency and enhancement of emotional permanency is ongoing.

During 2015, some 40 Permanency Roundtables were conducted, between those modeled through the Casey Family Services and those facilitated by CFS staff.

STRATEGY 12:

Conduct focus groups with Emergency Response, continuing service staff (ICS, SFS, PSP) and community partners (including Parent Mentors) to identify current barriers and challenges to Latino children reunifying with their parents.

As described in the System Improvement Plan, "Latino children typically have the longest median time to reunification compared to other ethnic groups" (page 5). Orange County has a large Latino population, comprising 46.7% of the total population of Orange County, according to the 2010 Census. This strategy that has been developed to address disparity in the reunification of Latino children involves conducting focus groups with case carrying staff in multiple programs, community partners and Parent Mentors to identify the current barriers and challenges which may be contributing to these longer reunification time for Latino families.

Focus groups were identified, to include internal groups of Emergency Response and Continuing Court staff and external groups to include the Child Welfare System Improvement Partnership, the Eliminating Racial Disparity and Disproportionality strategy group, and the Parent Mentors. A literature review conducted by CFS Research helped to form the specific questions to be asked of the focus groups. Questions focused on cultural, resource, community and systemic barriers.

A detailed report has been produced regarding the results of the focus groups. Many of the barriers identified were anticipated, such as language and immigration status. Other barriers identified were related to poverty, not limited to Latino families. Some specific barriers, such as a perceived lack of culturally competent or language appropriate services sufficient to meet the needs of the population in Orange County, were also identified. Quotes from the focus groups were included, providing context to barriers identified.

CFS and its partners in child welfare are now organizing to consider the identified barriers and strategize how to impact these issues.

STRATEGY 13:

Research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2.

This strategy, to research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2, was the result of concerns about Orange County's decline in reunification outcomes. As indicated in the 2014 CSA, Orange County has been challenged in the reunification outcome for the past several years. Studies began in 2013 to better understand why this might be happening. This strategy is the project of the SSA Research Team who will examine a sample of reunification cases for this study, collect and analyze data and develop recommendations based on the results of the study. It is believed that understanding case work practices and other variables will help us understand why our reunification outcomes have been below the state measure and lead to the development of additional strategies to improve these outcomes.

The research methodology has been developed, and the data collected. The SSA Research Team have reviewed a sample of children removed from their homes in 2012, and case reviews looked at the needs of the families and the services provided, factors contributing to reunification, demographics, and characteristics of the parents and of the children. Analysis is now underway. Due to the detailed analysis required, completion of this study report has been delayed. A 2016 completion is anticipated and the results will be shared with the CFS Leadership Team.

Probation

3-P1 Permanency in 12 months for children entering foster care (Entry Cohort)

Strategy 1:

Improve the level of involvement with the parent/caretaker during the reunification phase following the removal of the child from the home.

Frequent and regular parent-child visits help children, youth, and parents maintain continuity of their relationships, build more positive relationships, and help them prepare to reunite has been validated in research studies. This strategy was implemented in January 2016. Specific Actions items under this strategy have staggered beginning timelines. Action items under this strategy include the development of a procedure for points in time where minors and family are to be contacted by Deputy Probation Officers to monitor progress in reunification. We are in the early stages of implementation. Prior to placement, parents are notified of facility where their child will be placed. Deputy Probation Officers are responsible for communicating with parents as to the placement facility's family reunification program. Following commencement of reunification therapy, the deputy probation officers will follow up with the youth and parents within 72 hours of their counseling session as to the progress made during treatment sessions. Second action step that was to begin in March, 2016 was developing criteria that will need to be met to meet an incentive for family reunification. The third step slated to begin in May, 2016 was for Probation and group home to assist with transportation to family counseling sessions when possible. This has already been implemented in many group homes. Probation assists by providing gas cards. Group homes have also provided gas cards and have assisted in transportation. The fourth step scheduled to begin in July, 2016 is to utilize the Probation Department's Integrated Case Management System to track collateral contacts with parents, guardians, group home staff and therapists. Another targeted step scheduled to begin in August 2016 is to offer Youthful Offender Wraparound (YOW) services to youth with mental health needs in order to help stabilize their behavior while in the group home. This is being utilized with youth who are placed locally and can meet regularly with YOW staff. We have begun to track the number of youth who receive incentives for meeting the criteria for family reunification. In January, 2017, we will evaluate the information the effectiveness of this step. Given early implementation, it is currently unknown if these actions steps have had a significant impact.

Strategy 2:

Add Family Reunification as a category to the Placement Incentive Program.

The steps in this strategy were started in 2014. The Supervising Probation Officer was assigned the task of updating the incentive log to include reunification as a category and explaining to deputy probation officers the criteria for meeting and receiving incentives. The criteria that will need to be met in order to receive an incentive in the family reunification category will include parent(s)/guardian participation, participation by the youth, progress made during counseling sessions and positive interactions during home and community passes. Supervising Probation Officer has tracked incentives given to minors and families. Between July, 2014 to December, 2015 a total of 118 cards were issued to youth and families that met the set criteria. An evaluation of the implementation and effectiveness of this strategy will be made and adjustment made if needed.

Strategy 3

Utilize the Family Finding resources through the Kinship Center.

Efforts to secure this resource were made but following meetings, it was determined that Kinship/Seneca Center would not serve our needs. The program was not intended as family reunification but rather intended to reconnect family members. We continue to search for this much needed resource.

P5 Placement Stability (Rate of Placement Moves)

Strategy 4

The Probation Department's first strategy to improve placement stability (At least 24 months in care) is increasing life-enriching opportunities for youth in care within their communities.

The youth will be encouraged to seek activities that will connect them to their school. It is believed that if youth are involved in sports, arts, or music, this will provide a closer tie to their school, which should lead to placement stability. Further, the youth have been encouraged to seek support groups in their communities or group homes to assist with personal issues to promote placement stability. Deputy Probation Officers encourage youth to participate and reward continued participation with the use of incentives to those youth participating in such activities. The first action step towards this strategy began in November 2015. Concentrated efforts to seek resources for children within the community or group home have been made. We have found that some programs are far more receptive to this than others as it can conflict with program activities. The third action step in this strategy that was slated to begin in January 2016 was to provide materials and information on group homes prior to placement to reduce anxiety. We continue to work on this action step. Information brochures including program description and pictures of the group homes will be shared with youth prior to interviews with programs to obtain their input and impressions. This may also assist them prepare for the placement interviews and increase transparency.

Strategy 5

The second strategy the Probation Department has chosen to utilize to improve placement stability (At least 24 months in care), is to add Placement Stability as a category to the Placement Incentive Program.

The Supervising Probation Officer was assigned the task of updating the incentive log to include placement stability as a category and explaining to deputy probation officers the criteria for meeting and receiving incentives. The criteria that will have to be met to receive an incentive for placement stability will vary from youth to youth. For example, short-time goals will be set for chronic runaways where these youth will be incentivized for staying in a group home for a certain amount of days or weeks. Once the short-term goals are met, long term goals will be set by the probation officers to incentivize the youth who remain in group homes for longer periods of time. For those youth who do not present as chronic runaways, the probation officer will establish meeting specific time goals in a group home in order to receive an incentive for placement stability. Furthermore, the Supervising Probation Officer tracks incentives given to minors and families. This is used to evaluate and monitor its implementation and effectiveness. During this evaluation period, a total of 375 incentive cards were issued.

Obstacles and Barriers to Future Implementation

Children and Family Services (CFS)

Keeping children in their homes with their families whenever possible continues to be a priority. When children are not able to safely remain with their families, providing services and supports to address the issues impacting safety may allow the families to reunify.

Returning children to their homes with their families whenever possible, and as quickly as possible, is a main focus of the work associated with this System Improvement Plan for CFS. However, as CFS works to improve its own practices, CFS must also work with its partners to provide background and rationale for these changes. In Orange County, efforts are underway to provide information to the Juvenile Dependency Court bench officers and the attorneys representing the children and the parents regarding the promising practices in Child Welfare. Through a partnership with the Juvenile Dependency Court and all its components, CFS efforts to improve timelines to reunification may be more likely to succeed.

CFS, as with all California counties, is addressing significant practice changes at this time. Additionally, staffing changes and turnover create challenges. CFS is committed, however, to continuing to work to implement the strategies outlined in the SIP.

Probation

Returning youth safely to their homes within the one year period continues to be challenging as youth are ordered suitably placed at an older age and come with needs that require a longer period of time in treatment. A family finding resource is needed to assist in locating potential family member that may be deemed an appropriate foster family for our youth.

Promising Practices/ Other Successes

Children and Family Services (CFS)

Commercially Sexually Exploited Children

CFS has increased efforts to address the Commercially Sexually Exploited Children (CSEC) population. A protocol has been put in place to ensure the early identification, documentation, and tracking of CSEC hotline referrals and specialized CSEC social workers have been identified at every level of case intervention, including Emergency Response and ongoing case management. A community wide Steering Committee meets regularly to identify gaps in services and problem solve. All incoming CSEC cases are being assigned to the courtroom of the Presiding Judge of the Juvenile Court. There has been increased collaboration with law enforcement, County Counsel, District Attorney, Mental Health, Department of Education, Probation, Juvenile Court, and other community partners to address specialized case management issues and a multidisciplinary team is being reconvened to identify and work through barriers specific to CSEC cases. CFS also designated a social worker assigned to engage, prevent and recover youth that have runaway and are at increased of risk of being involved in CSEC. This identified worker works in tandem with staff at Orangewood Children and Family Center to coordinate efforts and trainings to educate vulnerable youth and strategize methods to decrease potential involvement in CSEC.

Safety Organized Practice

Safety Organized Practice (SOP) integrates concepts from Family Engagement, Risk Assessment and Trauma Informed Practice into one child welfare framework. The goal of SOP is to draw from a variety of tools and techniques to ensure the safety, permanency and well being of children in the child welfare system. A holistic framework will be developed for family engagement, understanding family trauma and evaluating and coming to solutions and a plan for child safety with the family. The SOP Leadership Team which consists of Supervisors and Program Managers from all programs has been formed and is leading the implementation of SOP agency wide to ensure that the needs of the individual programs are met. SOP implementation in Orange County will be topical with one component at a time being implemented and integrated county wide. SOP coaching has become reallocated to those that are the lead champions in each program. These champions are now conducting the coaching with the support of the contracted coaches to develop Orange County's internal capacity in the area of coaching.

Trauma Informed Practice

CFS has implemented a variety of practices for staff and stakeholders to include a birth parent trauma workgroup, Trauma Informed Resources for staff on the CFS intranet, and training for SSA staff to include Trauma Training Toolkit, Secondary Trauma, and Trauma Informed System Training. CFS is working to consider behaviors of families through a Trauma Informed lens, and include Trauma Informed language into Dependency Court reports. Secondary Trauma and its effects on staff are also being explored with peer support groups available in several programs. These efforts are collaborative, bringing together CFS management, supervisors and line staff, Orange County Health Care Agency partners, and community partners including former foster youth, parent mentors representing the parent voice, caregiver mentors, court personnel and service providers. CFS continues to infuse Trauma Informed Practice into our work, and is a Super Community with the Chadwick Trauma Informed Systems Project, Rady Children's Hospital, San Diego.

Resource Family Approval

Orange County has chosen to implement Resource Family Approval (RFA) as an early adopter, part of Cohort Two and the first large California county. CFS used the implementation of RFA to review its systems and practices related to out of home care, and has designed strategies to enhance support to children and their caregivers. Additionally, as a large county with a full spectrum of out of home care resources, Orange County CFS has actively participated in the development of the State RFA directives.

CFS implemented RFA as of February 16, 2016. As families are approved as RFA caregivers, CFS will continue to review and revise strategies and practices related to out of home care.

Probation

To reduce reliance on group home care, as set forth by CDSS, and as we meet the requirements of Community Care Reform (CCR) significant support services and resources are needed to enhance our caregiver's ability to meet the needs of youth in family-based care. Further, this activity is needed to ensure that youth can live in their communities in home-based family care settings. It is anticipated that these families will need additional support to adequately manage the youth's behavioral and mental health challenges. These families will require access to immediate crisis intervention/support, assistance overcoming barriers to transportation for growing numbers of hours for parent/child visitation and the need for minor household modifications. There is a significant lack of family-based homes to care for probation youth thus necessitating a need to recruit and retain homes to meet the needs of this population. Relative caregivers are potentially the best source of foster parents that would be willing to provide care to high risk youth. However, the use of a support group and parenting classes provided to them prior to placement of the youth in the home as well as during the fostering is needed to ensure these families have the skills and support needed to stabilize placements. Parents would also benefit from these services and this would minimize the conflict that may arise between family members.

Resource families must have the training to know where to seek needed support in their community, and the county must have the funding to provide those services. Foster homes are desperately needed in Orange County to serve probation youth. Resource families need specific and specialized training above and beyond the base-level training that is provided to foster caregivers. Adolescents who go AWOL, have drug and alcohol problems, demonstrate challenging behaviors and are struggling with prior trauma are a particular challenge. Once recruited, resource parents willing to care for these youth will require enhanced supportive services for the youth, as well as specific trainings and support that that is focused on child specific challenges. This type of training and support will take considerable time, staffing, and funding to accomplish. This enhanced training will be necessary as Orange County Probation implements initiatives to meet the goals of the Continuum of Care Reform (CCR) and to recruit, train and support quality caregivers both kin and non-kin. In an effort to reduce barriers to participation in the training process, Probation has incorporated support services within the model, including no cost for participant training, TB testing, as well as on-site child care and boxed lunches for the full day trainings.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Children and Family Services (CFS)

Participation Rates

Orange County has noticed a significant increase in the number of calls coming into the Child Abuse Registry Hotline, with a resultant increase in the number of referrals, an increase of some 8.5% in 2015 as compared to 2014 and an increase of an incredible 32.6% since 2012. CFS has no control over the number of calls made to the Hotline, but is attempting to identify trends in types of allegations, classification of callers (mandated reporters, neighbors, etc), or other factors to help understand this increase. It should be noted that, although the increase in referrals is 32.6% since 2012, the Substantiation Rate for the same period has decreased 6.0% and the increase in the Entry Rates is only 2.8%.

P4 Re-entry to foster care

Current performance is at 6.7% or 124.5% of the National Standard for the fourth quarter of 2015. Historically, Orange County has met the National Standard for the majority of the previous quarters. However, Orange County did not meet the National Standard in three of the four quarters of 2015: 8.6% in the first quarter of 2015, 9.0% in the second quarter of 2015, and 8.8% in the third quarter of 2015. (Interestingly, children who were placed with kin at the time they exited care reentered at a rate of only 4.8% and Latino children reentered at a rate of only 3.3%.) Small differences on this measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors. Statistically, a difference of one child in the numerator of this measure leads to a significant change in percentage. Additionally, changes in methodology in between CFSR 2 and CFSR 3 impact Orange County's performance. For the same time period, current performance utilizing CFSR 2 measure C1.4 is at 5.9%, an improvement from the previous year. Interestingly, children who were placed with kin at the time they exited care reentered at a rate of only 4.8%. As Orange County CFS continues to work to meet SIP goals regarding timely reunification, diligent attention must be paid to this measure as well, to prevent unintended consequences.

P5 Placement stability

Current performance is at 4.93 placement moves per 1,000 days or 83.5% of the National Standard for the fourth quarter of 2015. Changes in methodology from CFSR2 to CFSR3 have impacted performance. Small differences on this measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors. However, as Orange County in care rates continue to decrease, and those families whose children are removed from their custody are struggling with serious issues, the children have likely experienced serious trauma and may exhibit behaviors effecting placement stability.

4B Least Restrictive Placements

While first placements with relatives were at 35.5% in the fourth quarter of 2015, representing a 26.7% decrease as compared to 2014, point in time (January 1, 2016) placements with relatives represented 45.1% of placements, a decline of only 0.2% from the previous year and an increase of 5.5% over five years. Similarly, first placements in group or shelter care were at 41.3% in the fourth quarter of 2015, representing a 21.9% increase as compared to 2014. Point in time (January 1, 2016) placements in group or shelter care represented 7.8% of placements, an increase of 5.8% from the previous year but a decrease of 10.4% over five years.

Continuum of Care Reform is expected to impact these measures in the coming years. CFS is uncertain as to the effect Resource Family Approval will have on relative placements.

5B(1) Rate of Timely Health Exams and 5B(2) Rate of Timely Dental Exams

Fourth quarter 2015 performance (80.6% and 57.5% respectively) for the documentation of timely Health and Dental examinations is trending downward. While it is believed that the actual rate of timely exams is much higher, variations in documentation among programs has identified specific areas for improvement in data entry.

Probation

3-S1 Maltreatment in foster care

Probation Department is not meeting the national standard in this safety measure as we are currently performing at 11.25% and the national compliance standard is 8.50%. This represented 2 incidents of maltreatment.

3-P2 Permanency in 12 months (in care 12-23 months)

Current performance is at 25% as 2 out of 8 youth obtained permanency and the national standard is 43.6%. However, data also indicates there is an improvement seen in this area.

3-P3 Permanency in 12 months (in care 24 months or more)

Probation Department also did not meet the national standard of 30.3% for this indicator. Of the 22 youth in care, only one obtained permanency. Current performance was 4.5%. Factors that contributed to the poor performance in the two permanency measures include the serious mental health issued of those youth entering care, the nature of their offense and the victimization of family members by these youth. Therefore, these youth require a longer period of time in treatment to address their needs. Many of the parents of these youth are reluctant or refusing to participate in reunification services.

State and Federally Mandated Child Welfare/Probation Initiatives

Children and Family Services (CFS)

Fostering Connections after 18 Program (AB12/Extended Foster Care)

In 2011, Orange County began preparing for implementation of AB12/Extended Foster Care. In 2012 CFS staff, as well as foster and relative caregivers, were provided information and training on all provisions of AB12 so that they would understand their roles and responsibilities. Meetings were also held with community partners, stakeholders, and court staff to educate and involve them in the process.

CFS continues to refine its practice in relation to Non Minor Dependents (NMDs). A specialized group of social workers has been formed to work with NMDs, carrying specialized caseloads and is a part of the Transitional Planning Services Program. In this way, expertise and resources can be shared, and learning enhanced.

CFS successfully implemented Assembly Bill 12 regulations by serving 441 Non Minor Dependent youth in 2014 and 427 Non Minor Dependent youth in 2015. CFS averages approximately 300 NMDs participating in Extended Foster Care at any one time.

Pathways to Mental Health

CFS, in coordination with the Orange County Health Care Agency (HCA), has continued to implement its Service Delivery Plan in regard to Pathways to Mental Health, and has focused on building consideration of mental health needs for youth into everyday social work practice. In Orange County, coordination between CFS and HCA is well established, allowing for ongoing collaboration and support of the youth through the Individualized Plan of Care.

Probation

The Probation Department has implemented two Federal initiatives throughout our department starting in 2012. The first initiative was implemented on January 1, 2012 known as Extended Foster Care (State Initiative-AB12). Extended Foster Care allows youth who have active Placement orders on their 18th birthday to remain under Juvenile Court Jurisdiction until age 21 in order to continue to receive foster care benefits and services. In order for the youth to be eligible for the services at least one of the participation criteria must be met:

1. Completing high school or an equivalent program
2. Enrolled in post-secondary education or vocational school
3. Participating in a program or activity that promotes or removes barriers to employment
4. Employed at least 80 hours per month; or
5. Is incapable of participating in any activity as described in 1-4 due to a documented medical condition.

The second Federal initiative is The Prison Rape Elimination Act of 2003 (PREA), which was passed in 2003. The law created the National Prison Rape Elimination Commission (NPREC) and charged it with developing standards for the elimination of sexual abuse in confinement. The law required the Department of Justice (DOJ) to review the NPREC standards, make revisions as necessary, and pass the final standards into law. The PREA Act applies to all public and private institutions that house adult or juvenile offenders and is also relevant to community-based agencies, including group homes. It addresses both youth-on-youth sexual abuse and staff sexual misconduct. The Orange County Probation Department has provided training to all our staff in order to be in compliance with PREA. PREA will also apply to all facilities that accept Placement referrals from the Orange County Probation Department's Placement Unit. This has now been incorporated into our annual monitoring visits and during initial assessment visit for perspective programs.

Priority Outcome Measure or Systemic Factor: P1 Permanency in 12 months for children entering foster care (entry cohort)

National Standard: 40.5%
Current Performance: 33.0%
Target Improvement Goal: Orange County will increase performance on outcome measure P1 from 32.6% (baseline) to 37% by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: P3 Permanency in 12 months for children in foster care 24 months or more

National Standard: 30.0%
Current Performance: 29.9%

Target Improvement Goal: Orange County will increase performance on outcome measure P3 from 21.6% (baseline) to 26.0% by the end of the five year SIP period.

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

National Standard: 5.4 months
Current Performance: 9.5 months
Target Improvement Goal: Orange County will increase performance on outcome measure C1.2 from 11.5 months (baseline) to 9.0 months by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: C1.3 Reunification Within 12 Months (Entry Cohort)

National Standard: 48.4%
Current Performance: 34%
Target Improvement Goal: Orange County will increase performance on outcome measure C1.3 from 33.7% (baseline) to 38% by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 Months in Care)

National Standard: 29.1%
Current Performance: 30%
Target Improvement Goal: Orange County will increase performance on outcome measure C3.1 from 21.4 % (baseline) to 26.0 % by the end of the five year SIP period.

Strategy 1:		Applicable Outcome Measure(s) and/or Systemic Factor(s):
Increase the percentage of families having a reunification Team Decision Making (TDM) meeting within the first 5 months of dependency by 60 % in five years.	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	P1 Permanency in 12 months for children entering foster care

Action Steps:	Timeframe:	Person Responsible:
A. Retrain staff on the benefits of the reunification TDM Including how and when to schedule a meeting.	Implementation: June 2014 Completion: March 2015 **Completed**	TDM Manager
B. Conduct a longitudinal study on families that have had a FR TDM to evaluate their effectiveness, and review need to mandate FR TDMs.	Implementation: January 2015 Completion: ~~December 2015~~ *Completion: December 2016	TDM Manager SSA Research
C. Provide quarterly reports to court program managers with data regarding the number of FR TDMs held by their programs to encourage managers to work with their staff in order to increase numbers.	Implementation: July 1, 2014 Completion: On-going	TDM Manager
D. Consult with TDM liaisons at UC Davis Resource Center for Family Focused Practice for technical support regarding FR TDM's.	Implementation: June 1, 2014 Completion: On-going	TDM Manager

Strategy 2: Increase the active engagement of fathers in FR plans.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Permanency in 12 months for children entering foster care P3 Permanency in 12 months for children in foster care 24 months or more

Action Steps:	Timeframe:	Person Responsible:
A. Pilot a Father Liaison (FL) position within CFS whose role will be to provide information, resources, training, and consultation to staff as well as to fathers in the dependency system to improve engagement of fathers in FR services. • Develop proposal for a pilot in consultation with Casey Family Programs who is providing technical assistance to CFS • Appoint one SSW as a Father Liaison for 12 months to work 2 hours per week for this pilot. • Evaluate expansion to all court programs at end of pilot	Implementation: March 2014 Completion: March 2015 **Completed**	TDM Manager PSP Court Manager Casey Family Programs
B. Increase the referrals to father support groups by timely notifications to staff about up-coming support group programs.	Implementation: February 1, 2014 Completion: On-going	Parent engagement Coordinator
C. Continued training of CFS staff on the importance of finding fathers and father engagement.	Implementation: March 1, 2014 Completion: On-going	TDM Manager Parent Engagement Coordinator Father Liaison

D. Research and explore implementation of strategies used by counties and states where successful father engagement is occurring to discuss developing new strategies.	Implementation: December 2014 Completion: June 2014 **Completed**	Father Liaison TDM Manager
E. Evaluate participant satisfaction with father support groups and illicit suggestions for improving father engagement.	Implementation: April 2014 Completion: On-going	Parent Engagement Coordinator Family Support Network (Parent Mentors)
F. Explore strategies used by specific CFS staff with histories of successfully reunifying children with fathers, to develop further tools and training opportunities for staff.	Implementation: August 2015 Completion: On-going	Parent Engagement Coordinator Father Engagement Workgroup
G. Review written materials for gender biases, and modify those as possible.	Implementation: January 2016 Completion: On-going	Father Engagement Workgroup Policy Development Manager

Strategy 3: Develop CRISP-like (Conditional Release with Intensive Supervision Program) services for FR cases to allow for earlier reunification.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Permanency in 12 months for children entering foster care S2 Recurrence of Maltreatment
Action Steps:	**Timeframe:**	**Person Responsible:**
A. Convene a workgroup of managers and supervisors from Integrated Continuing Services (ICS), Specialized Family Services (SFS) and Permanency Services Program (PSP) to develop program guidelines including: eligibility criteria for reunifying family, policy and procedures, and staffing guidelines.	Implementation: August 2014 Completion: February 2015 **Completed**	Deputy Director of Continuing Family Services Program Managers of Continuing Family Services
B. Pilot CRISP-like FR program. At end of Pilot evaluate process and make any needed changes to the policy and procedure.	Implementation: February 2015 Completion: ~~August 2015~~ *Completion: December 2016	Deputy Director of Continuing Family Services Program Managers from Continuing Family Services
C. Once pilot is completed and program is determined to be viable, program will be adopted by all continuing services programs	Implementation: ~~August 2015~~ *Implementation: January 2017 Completion: On-going	Deputy Director of Continuing Family Services Program Managers from Continuing Family Services

D. Develop an evaluation tool that will provide short-term and long-term outcome data focused on rates of reunification within 12 months and no recurrence of maltreatment This evaluation tool will be discussed in and developed during the workgroup process (See Action Step A above)	Implementation: August 2014 Completion: February 2015 **Completed**	Deputy Director of Continuing Family Services Program Managers from Continuing Family Services SSA Research CWS/CMS Reports Team

Strategy 4: Increase the number of Parent Mentors available to work with reunifying parents by two full-time equivalent (FTE) positions in the next five years.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Permanency in 12 months for children entering foster care

Action Steps:	Timeframe:	Person Responsible:
A. Update the data report that was completed in quarter one of 2010, which compared those families who had a parent mentor vs. those families without a parent mentor and their rates of reunification and time to reunification.	Implementation: January 22, 2014 Completion: March 15, 2014 **Completed**	CWS/CMS Reports Team
B. SSA Research to evaluate and interpret data in the above report and to compare the characteristics of families that reunified who had a parent mentor vs. those that did not. This study will help Orange County better understand contributing factors to rates of reunification.	Implementation: April 2014 Completion: ~~January 2015~~ *Completion: December 2016	SSA Research
C. Write a proposal to the CFS Director to increase the Parent Mentor contract, including data and outcome reports to justify this request.	Implementation: January 2015 Completion: ~~May 2015~~ *Completion: Pending data	Manager for TDM/Parent Engagement Program

Strategy 5:	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Permanency in 12 months for children entering foster care P5 Placement Stability
Develop a Peer Mentor program for caregivers. This strategy was one that was not completed during the last SIP.		

Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup to develop a process for Mentorship and Protégé eligibility and assignment.	Implementation: August 2012 Completion: August 2013 **Completed**	Manager for Placement Program Placement Supervisor Orange County Licensed Foster Parents
B. Begin a pilot Peer Mentor Program with Orange County experienced licensed foster parents as Mentors with 3 newly licensed foster parents and 2 relative caregivers as protégés.	Implementation: September 2013 Completion: March 2014 **Completed**	Placement Program Supervisor OC Licensed foster parents
C. Evaluate pilot program at end of 6 months and make appropriate changes before full implementation occurs.	Implementation: March 2014 Completion: April 2014 **Completed**	Placement Program Supervisor Foster Parents involved in Pilot
D. Fully implement the Peer Mentor Program for appropriate matching with any caregiver in need of support or special assistance	Implementation: April 2014 Completion: On-going	Placement Program Supervisor Foster Parents involved in Pilot

E. Develop an annual report that will evaluate outcomes regarding stabilized placements and retention of foster parents, have been accomplished.	Implementation: September 2014 Completion: On-going	Placement Program Supervisor CWS/CMS Reports Team
F. Evaluate the role of peer mentors as one potential support to caregivers under Resource Family Approval.	Implementation: February 2016 Completion: On-going	Resource Family Approval Managers

Strategy 6: Increase the use of Icebreakers to improve communication and flow of information between the caregiver and parents. This strategy is carried over from Orange County's 2009 SIP.	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Permanency in 12 months for children entering foster care P5 Placement Stability

Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup with representation from Program Managers, supervisors, and line staff responsible for Icebreaker implementation to discuss the obstacles that may be inhibiting increased use	Implementation: June 2014 Completion: December 2014 **Completed**	~~Co-leaders of the Communication Workgroup~~ Program Manager for Diversion/Placement
B. Develop action items to address Icebreaker obstacles, including a review of the policy and procedure to determine if changes need to be made.	Implementation: June 2014 Completion: December 2014 **Completed**	~~Co-leaders of the Communication Workgroup~~ Program Manager for Diversion/Placement
C. Pilot these ideas with the Diversion program over a period of three months. At the end of the three-month period, an outcomes report will be prepared and the workgroup will review the report and discuss any continuing obstacles.	Implementation: January 2015 Completion: March 2015 **Completed**	Program Manager for Diversion/Placement ~~Co-leaders of the Communication Workgroup~~

D. At such time as the workgroup has determined the new procedure is viable and has increased Icebreaker usage, the process will be expanded to all programs responsible for completing Icebreakers. Continue the monthly Icebreaker report to evaluate continued progress with the newly developed processes.	Implementation: April 2015 Completion: On-going	Program Manager for Diversion/Placement ~~Program Manager for Specialized Family Services~~

Strategy 7:		Applicable Outcome Measure(s) and/or Systemic Factor(s):
Expand the Multidimensional Treatment Individual Plan (MTIP) process for the placement of children with specialized needs who may not qualify for MTFC.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	P1 Permanency in 12 months for children entering foster care P3 Permanency in 12 months for children in foster care 24 months or more P5 Placement Stability

Action Steps:	Timeframe:	Person Responsible:
A. CFS Manager of Multi-Agency Family Partnership and the Mental Health Service Chief will team to attend court program all staff meetings to provide information and encouragement to staff about MTIP and supporting programs in order to increase appropriate referrals.	Implementation: February 2014 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
B. Integrate information from Mental Health reports and CFS MIDS (Multi-agency Intervention Data System) data base in order to track outcomes for the children involved in this program and their reunification progress.	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
C. Provide annual report to CFS Director and Deputy Directors based on outcome information	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
D. Multi-Agency Family Partnership staff to provide youth specific consultation regarding appropriateness of MTIP services.	Implementation: January 2016 Completion: On-going	Manager for Multi-Agency Family Partnership

Strategy 8:	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Permanency in 12 months for children entering foster care
Increase staff awareness and promote compliance with visitation Policy and Procedures which allows for the progression of visitation for reunifying parents from monitored to unmonitored visits.		

Action Steps:	Timeframe:	Person Responsible:
A. Create a workgroup that will survey staff to identify barriers to liberalizing visits and develop a training plan for all court staff. Workgroup should include supervisors and line staff, Parent Mentors who are working with dependent families and representatives from agencies who supervise visitations.	Implementation: July 2014 Completion: December 2014 **Completed**	Managers for Court Programs
B. Conduct training of all court staff on visitation P&P, effective use of progressive visitation and the potential positive outcomes for families.	Implementation: January 2015 Completion: May 2015 **Completed**	Managers for Court Programs
C. Survey supervisors in the court programs, on a bi-annual basis, to monitor progress of staff compliance with visitation P&P.	Implementation: December 2015 Completion: On-going	Managers for Court Programs

Strategy 9:	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Permanency in 12 months for children entering foster care
Pre-assign a continuing worker at the detention hearing concurrently with the assignment of a Dependency Investigations worker. On-going communication between investigations worker and continuing worker will enhance engagement and assist families to complete services and eventually reunify faster with their children.		

Action Steps:	Timeframe:	Person Responsible:
A. Pilot pre-assignment program via a Plan Do Study Act (PDSA) with two units in Dependency Investigations and two units in the ICS program.	Implementation: January 2014 Completion: April 2014 **Completed**	Manager for Court Services Manager for ICS
B. Pre-selected families provided with a pre-assigned continuing worker will be asked to self-report their experience of transitioning from Investigations to continuing services through the Quarterly Contact Verification process. A control group of families without a pre-assigned worker will also self report their experience and the sets of responses will be compared.	Implementation: April 2014 Completion: on-going	Manager for Court Services Manager for ICS
C. Implement pre-assignment program as a practice change upon the final evaluation of the efficacy of the program and approval of the pertinent managers and deputy directors	Implementation: ~~June 2014~~ *Implementation: June 2016 Completion: on-going	Manager for Court Services Manager for ICS Deputy Directors

D. Provide periodic reports of this program by comparing the reunification outcomes for those families with a pre-assigned worker and those who did not receive this service.	Implementation: December 2014 Completion: on-going	CWS Reports Team SSA Research

Strategy 10:	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s):
Provide Trauma Informed Parenting training to parents with a reunification plan.		P1 Permanency in 12 months for children entering foster care

Action Steps:	Timeframe:	Person Responsible:
A. Develop a parenting program adapted from the Trauma Informed Practice Curriculum including who would conduct this training. Participants in planning this training could include FSN Parent Mentors, line staff and supervisors. Develop a satisfaction survey for parents.	Implementation: December 2014 Completion: August 2015 **Completed**	Mental Health Service Chief Selected CFS Managers
B. Develop a formal process for CFS staff to refer reunifying parents to Trauma Informed Parenting Classes beginning at the Dependency Investigations stage to encourage early engagement.	Implementation: September 2015 Completion: October 2015 **Completed**	Mental Health Service Chief Selected CFS Managers
C. Inform staff about the availability of classes and the importance of integrating this resource in supporting and equipping families towards more successful reunification.	Implementation: October 2015 Completion: On-going	Mental Health Service Chief Selected CFS Managers Resource Development and Management

Strategy 11: In collaboration with Casey Family Programs conduct Permanency Roundtables for all youth who have been in care 24 months or longer to increase the number of youth exiting to permanency by 10%.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P3 Permanency in 12 months for children in foster care 24 months or more

Action Steps:	Timeframe:	Person Responsible:
A. Complete an MOU with Casey Family Programs to allow for the sharing of case information as required for Permanency Roundtables	Implementation: August 2014 Completion: December 2014 **Completed**	Director of CFS Casey Family Programs
B. Once MOU approved form workgroup in collaboration with Casey Family Programs to develop guidelines and timelines for Permanency Roundtables including selection of cases that will be staffed.	Implementation: December 2014 Completion: June 2015 **Completed**	Casey Family Programs Managers for Continuing Services Programs
C. Begin implementation of Permanency Roundtables	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs
D. Develop outcome reports to track progress of staffed cases towards exits to permanency.	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs SSA Research

Strategy12:		Applicable Outcome Measure(s) and/or Systemic Factor(s):
Conduct focus groups with Emergency Response, continuing service staff (ICS, SFS, PSP) and community partners (including Parent Mentors) to identify current barriers and challenges to Latino children reunifying with their parents.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	P1 Permanency in 12 months for children entering foster care

Action Steps:	Timeframe:	Person Responsible:
A. Develop focus group questionnaire.	Implementation: October 2014 Completion: November 2014 **Completed**	Self Evaluation Team
B. Identify staff and community partners who will participate in the focus groups, schedule dates for focus groups, and send invitations to those identified above.	Implementation: December 2014 Completion: January 2015 **Completed**	Self Evaluation Team
C. Conduct focus groups.	Implementation: January 2015 Completion: July 2015 **Completed**	Self Evaluation Team TDM Facilitators
D. Evaluate responses from focus groups and discuss possible strategies to overcome barriers.	Implementation: July 2015 Completion: ~~December 2015~~ *Completion: Ongoing	Self Evaluation Team
E. Create a workgroup to consider the identified barriers and strategize how to impact these issues.	Implementation: July 2016 Completion: Ongoing	Self Evaluation Team Community Partnerships

Strategy 13: Research and evaluate the impact that casework practices and other family and case related variables may have on reunification .	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Permanency in 12 months for children entering foster care

Action Steps:	Timeframe:	Person Responsible:
A. Develop research methodology for evaluating the casework practices with large sibling sets.	Implementation: September 2014 Completion: December 2014	SSA Research ~~CWS/CMS Reports Team~~
B. Draw a sample of children for the study, collect data and analyze data.	Implementation: January 2014 Completion: April 2014	SSA Research ~~CWS/CMS Reports Team~~
C. Present results at SET Develop recommendations to CFS administration based on results of the study.	Implementation: ~~June 2014~~ *Implementation: June 2015 Completion: ~~August 2014~~ *Completion: August 2015	SSA Research ~~CWS/CMS Reports Team~~

5 – Year SIP Chart Probation

Priority Outcome Measure or Systemic Factor: P1 Permanency in 12 months for children entering foster care (Entry Cohort) **National Standard:** 40.5% **Current Performance:** 8.1% **Target Improvement Goal:** The Probation Department will increase performance on process measure 3-P1 Permanency in 12 months for children entering foster care (entry cohort)from 2.9% (baseline) to 14% (improvement goal) by the end of the 5 year SIP Period.
Priority Outcome Measure or Systemic Factor: P5 Placement Stability (Rate of Placement Moves) **National Standard:** 4.12 **Current Performance:** 3.2 **Target Improvement Goal:** The Probation Department will increase performance on process measure 3-P5 Placement Stability from 3.2 (current performance) to 3.0 (improvement goal) by the end of the 5 year SIP Period.
Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (Entry Cohort) **National Standard:** 48.4% **Current Performance:** 8.3% **Target Improvement Goal:** The Probation Department will increase performance on process measure C1.3 reunification within 12 months (Entry Cohort) from 9.1% (baseline) to 14% (improvement goal) by the end of the 5 year SIP Period.
Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (At least 24 months in care) **National Standard:** 41.8% **Current Performance:** 31.0% **Target Improvement Goal:** The Probation Department will increase performance on process measure C4.3 placement stability (at least 24 months in care) from 30.9% (baseline) to 34% (improvement goal) by the end of the 5 year SIP Period.

Strategy 1: To improve the level of involvement with the parent/caretaker during the reunification phase following the removal of a minor from their home.	☒ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Reunification within 12 months (Entry Cohort)

Action Steps:	Timeframe:	Person Responsible:
A. Develop a procedure for points in time where minors and family are to be contacted by Deputy Probation Officers to monitor progress in reunification.	Start: ~~June 6, 2014~~ January 11, 2016 Completion: ~~August 2014~~ March 14, 2016 **Completed**	Supervising Probation Officer
B. Determine the criteria that will need to be met to merit an incentive for family reunification.	Start: ~~August 2014~~ March 15, 2016 Completion: September 2014 April 18, 2016 **Completed**	Supervising Probation Officer
C. The Probation Department and group homes will assist with transportation to family counseling sessions when possible.	Start: ~~October 2014~~ May 17, 2016 Completion: On-going **Completed and on-going**	Deputy Probation Officer
D. Utilize the Probation Department's Integrated Case Management System to track collateral contacts with parents, guardians, group home staff and therapists.	Start: ~~December 2014~~ July 18, 2016 Completion: On-going	Supervising Probation Officer

E. The Probation Department will offer Youthful Offender Wraparound services to youth with mental health needs in order to help stabilize the youth's behavior while in the group home.	Start: ~~January 2015~~ August 15, 2016 Completion: On-going	Deputy Probation Officer
F. The Probation Department will continue to offer the family Wraparound Services once the youth has been reunified with the family while they are home on a trial basis while the Placement order is still in effect.	Start: ~~March 2015~~ October 12, 2016 Completion: On-going	Deputy Probation Officer
G. Track and evaluate the number of minors who receive incentives for meeting the criteria for family reunification.	Start: ~~June 2015~~ January 16, 2017 Completion: On-going	Supervising Probation Officer

Strategy 2: To add an additional category to the Placement Incentive Program to incentivize progress made with Family Reunification	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P1 Reunification within 12 months (Entry Cohort)

Action Steps:	Timeframe:	Person Responsible:
A. To update the incentive log to include reunification as an incentive category.	Start: July 2014 Completion: August 2014 **Completed**	Supervising Probation Officer
B. To explain to Deputy Probation Officers the criteria required for meeting and receiving incentives for participating in reunification.	Start: August 2014 Completion: September 2014 **Completed**	Supervising Probation Officer
C. To keep track of incentives given to minors and family for participating in family reunification services.	Start: December 2014 Completion: On-going **Completed and on-going**	Supervising Probation Officer

~~Strategy 3:~~ ~~Utilize Family Finding resources through the Kinship/Seneca Center when youth have no other family options available.~~	~~CAPIT~~ ~~CBCAP~~ ~~PSSF~~ ~~N/A~~	~~Applicable Outcome Measure(s) and/or Systemic Factor(s):~~ ~~P1 Reunification within 12 months (Entry Cohort)~~

~~Action Steps:~~	~~Timeframe:~~	~~Person Responsible:~~
~~A.~~ ~~Contact Kinship/Seneca Center to develop a point of contact to facilitate family finding procedures.~~	~~Start: August 2014~~ ~~Completion: October 2014~~	~~Supervising Probation Officer~~
~~B.~~ ~~Arrange a meeting with the point of contact from the Kinship/Seneca Center and the Probation Placement Unit to determine how the agencies will work together.~~	~~Start: October 2014~~ ~~Completion: November 2014~~	~~Supervising Probation Officer~~
~~C.~~ ~~Develop a tracking log for referrals to the Kinship/Seneca Center.~~	~~Start: November 2014~~ ~~Completion: December 2014~~	~~Deputy Probation Officer~~ ~~Supervising Probation Officer~~
~~D.~~ ~~Track the number of referrals that result in the identification of family members who are assessed for possible placement and/or become a positive connection for the youth.~~	~~Start: January 2015~~ ~~Completion: On-going~~	~~Supervising Probation Officer~~

Strategy 4: To increase Life enriching opportunities to assist with placement stability.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P5 Placement Stability (Rate of Placement Moves)

Action Steps:	Timeframe:	Person Responsible:
A. Seek activities to connect them to their school (i.e., sports, art, music).	Start: November 2015 Completion: On-going	Deputy Probation Officer
B. Seek resources for children within the community or group home (i.e. sports, music, LGBT)	Start: December 2015 Completion: On-going	Deputy Probation Officer
C. Provide materials and information on group homes prior to placement to reduce anxiety.	Start: January 2016 Completion: On-going	Deputy Probation Officers

Strategy 5: To add an additional category to the Placement Incentive Program to incentivize minors who have remained in placement for certain periods of time.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	**Applicable Outcome Measure(s) and/or Systemic Factor(s):** P5 Placement Stability (Rate of Placement Moves)

Action Steps:	Timeframe:	Person Responsible:
A. To update the incentive log to include placement stability as an incentive category.	Start: June 2015 Completion: August 2015 **Completed**	Supervising Probation Officer
B. To explain to Deputy Probation Officers the criteria required for meeting and receiving incentives for meeting placement stability.	Start: August 2015 Completion: September 2015 **Completed**	Supervising Probation Officer
C. To keep track of incentives given to minors for meeting placement stability criteria.	Start: October 2015 Completion: On-going **Completed**	Supervising Probation Officer