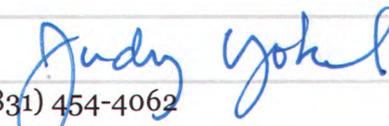


California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Santa Cruz
SIP Period Dates	July 3, 2015 – July 3, 2020
Outcome Data Period	July 3, 2015 – June 30, 2016

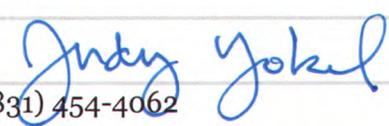
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Board of Supervisors (BOS) Signature

BOS Approval Date	
Name	
Signature*	

Mail the original Signature Sheet to:

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California - Child and Family Services Review

Santa Cruz County Child Welfare/Juvenile Probation Annual SIP Progress Report

[JULY 1, 2015 – JULY 1, 2016]



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Introduction

The County System Improvement Plan is one the three major components required by the California Child and Family Services Review (C-CFSR). The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (AB 636).

In 2014, as required by AB 636, Santa Cruz County Family and Children's Services (FCS) and Santa Cruz County Juvenile Probation assessed, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes, as well as key systemic factors. This robust self-assessment included a peer review, 19 focus groups, three individual interviews, and surveys in both Spanish and English for parents and care providers.

After completion of the county Self-Assessment, Santa Cruz County's child welfare and juvenile probation agencies continued to work with key stakeholders to develop a five-year System Improvement Plan for Santa Cruz County. A draft of the System Improvement Plan strategies was submitted to the Steering Committee for review prior to submission to the California Department of Social Services (CDSS) and the Board of Supervisors. The Committee approved this draft with a few minor changes. This process resulted in the new 2015-2020 System Improvement Plan, which Santa Cruz County submitted to CDSS in July 2015.

On October 10, 2014, the Administration for Children and Families (ACF) issued a new Federal Register notice (79 FR 61241) that notified states of the final plan to replace the data outcome measures used to determine a state's substantial conformity with Titles IV-B and IV-E of the Social Security Act. These federal data outcome measures are used by county child welfare and juvenile probation agencies via the C-CFSR to measure performance in ensuring the safety, permanency, and well-being of children involved in their respective systems. The previous 17 federal data outcome measures have been replaced, updated, or eliminated to produce a total of seven new data outcome measures.

Since Santa Cruz County's CSA and five-year System Improvement Plan were based on the old measures, this SIP Progress Report provides an analysis of the new measures and compares them to the old measures. This report also identifies the new measures that Santa Cruz County will be focusing on and what progress has been made after the first year of implementation of the five-year SIP. There has been substantial progress made in a number of SIP strategies by FCS, including the training and expansion of Safety Organized Practice, ensuring availability and effectiveness of substance abuse treatment for FCS parents, sustaining the county Foster Education program, and expansion of Leaps & Bounds services. In addition, Juvenile Probation has made significant advances in developing a Transition Program to facilitate community

transitions and improve reunification outcomes, implementing an evidence-based tool to assess risk, need, and responsivity, and providing more in-depth communication with parents to clarify expectations of all parties involved in a probation youth's life.

Some SIP strategies have been delayed or progress has been slow due to staffing issues, decreased funding, and organizational changes. However, both staffing and organizational changes appear to be stabilizing and the County expects to continue working towards its SIP goals. This SIP Progress Report elaborates on the many positive changes that have occurred and the plan to continue moving forward in providing high quality services to families and children of Santa Cruz County.

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

Since 2006, Santa Cruz County has maintained a System Improvement Plan (SIP) Steering Committee that is charged with oversight and monitoring of the County's SIP strategies and action steps. In 2014, the SIP Steering Committee was instrumental in collaboratively working with Santa Cruz County FCS and Juvenile Probation to assess performance on critical child welfare and probation outcomes, which resulted in the new 2015-2020 System Improvement Plan. In the past year, this committee, chaired by County Supervisor Bruce McPherson, has continued to meet quarterly to monitor the SIP. The current members of the committee are listed below.

Karen Anderson-Gray, Health Services Agency, Children's Mental Health

Valerie Thompson, Juvenile Probation Department

Celia Goeckermann, Parents Center

Michael Groves, Foster Parents Association and Foster Parent Representative

Rebecca Connolly, County of Santa Cruz Superior Court Judge, Juvenile Division

Deborah Helms, Foster and Kinship Care Education Program, Cabrillo College

Deutron Kebebew, Encompass Community Services, PAPAS and Child Abuse

Cynthia Druley, Court Appointed Special Advocates of Santa Cruz County

Bill Manov, Health Services Agency, Alcohol and Drug Programs

Dana McRae, County Counsel

Betsy Clark, Human Services Commission

Janet Parske, New Families FFA

Robert Patterson, Minors Counsel

Michael Paynter, County Office of Education
Suzanne Stone, Above the Line
David Brody, First 5 Santa Cruz County
Michael Watkins, Santa Cruz County Office of Education
Cynthia Sloane, Encompass Community Services
Susan Paradise, Encompass Community Services
Kim Corneille, County Office of Education, FosterEd Initiative
Laura Segura, Monarch Services

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

The analysis below includes a comparison between the baseline quarterly data report, Quarter 4, 2010 used in the CSA and the most recent quarterly data report, Quarter 4, 2015.

As mentioned previously, the Administration for Children & Families (ACF) issued a new Federal Register notice (79 FR 61241) on October 10, 2014 that notified states of the final plan to replace the data outcome measures used to determine a state's substantial conformity with titles IV-B and IV-E of the Social Security Act. On May 13, 2015, ACF published a correction to this Final Rule in the Federal Register (80 FR 27263).

The previous 17 federal data outcome measures have been replaced, updated, or eliminated to produce a total of seven new data outcome measures. The new measures are listed below:

Safety

- S1 - Maltreatment in foster care: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?
- S2 - Recurrence of maltreatment: Of all children who were victims of a substantiated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated maltreatment report within 12 months of their initial report?

Permanency

- P1 - Permanency in 12 months for children entering foster care: Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care?
- P2 - Permanency in 12 months for children in foster care 12 to 23 months: Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period?

- P3 - Permanency in 12 months for children in foster care 24 months or longer: Of all children in foster care on the first day of a 12 month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12 month period?
- P4 - Re-entry into foster care in 12 months: Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, live with relative, or guardianship, what percent re-entered foster care within 12 months of their discharge?
- P5 - Placement Stability: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

Counties are required to report on the new outcome measures in C-CFSR documents due to CDSS after October 1, 2015. This report will report on the previous CFSR 2 Measures as well as the new CFSR 3 measures. The table below compares the old measures with the new measures.

The following table shows a comparison between the old and new measures, and the national standards for these measures.

	Old	National Standard (%)	New	National Standard (%)
Safety	S1.2 No Maltreatment in Foster Care	>99.68	S1 Maltreatment in Foster Care	<8.5
	S1.1 No Recurrence of Maltreatment	>94.6	S2 Recurrence of Maltreatment	<9.1
	C1.3 Reunification w/in 12 months (Entry Cohort)	>48.4	P1 Permanency in 12 months (Entering FC)	>40.5
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7		
	C2.1 Adoption w/in 24 months	>36.6	P2 Permanency in 12 months (12-23 months)	>43.6
	C2.3 Adoption w/in 12 months (17 months in care)	>22.7		
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7		
	C3.2 Exits to Permanency	>98.0		

Permanency	(legally free at exit)			
	C2.1 Adoption w/in 24 months	>36.6	P3 Permanency in 12 months (24+ months)	>30.3
	C2.5 Adoption w/in 12 months (Legally Free)	>53.7		
	C3.1 Exits to Permanency (24 months in care)	>29.1		
	C1.4 Re-entry following Reunification	<9.9	P4 Re-entry into Foster Care in 12 months	<8.3
	C4.1 Placement Stability (8-12 days)	>86.0	P5 Placement Stability	<4.12
	C4.2 Placement Stability (12-23 months)	>65.4		
	C4.3 Placement Stability (24 months in care)	>41.8		

The following measures have been eliminated:

	Old	National Standard
Eliminated	C1.1 Reunification w/12 months (Exits)	>75.2%
	C1.2 Median Time to Reunification	<5.4 months
	C2.2 Median Time to Adoption	<27.3 months
	C2.4 Legally Free w/in 6 months (17 months in care)	>10.9%
	C3.3 In Care 3 yrs. Or Longer (Emancipated)	<37.5%

PRIORITIZATION OF OUTCOME DATA MEASURES – PREVIOUS CFSR 2 MEASURES

CHILD WELFARE

For the comparison period used to develop the SIP, Santa Cruz County Human Services performance met or exceeded 18 national performance standards:

- S1.1 No recurrence of maltreatment within a specific 6 month period
- S2.1 No maltreatment in foster care
- C1.4 Re-entry following reunification (exit cohort)
- C2.1 Adoption within 24 months
- C2.2 Median time to adoption
- C2.3 Adoption within 12 months (17 months in care)
- C2.4 Legally free within 6 months (17 months in care)
- C2.5 Adoption within 12 months (legally free)
- C3.1 Exits to permanency (24 months in care)
- C3.2 Exits to permanency (Legally Free at Exit)
- C3.3 In care 3 years or longer and either emancipated or turned 18 prior to exit
- C4.1 Placement stability (8 days to 12 months in care)
- C4.2 Placement stability (12 to 24 months in care)
- C4.3 Placement stability (At least 24 months in care)
- 2B Immediate response referrals with a timely response
- 2B 10-Day referrals with a timely response
- 2F Monthly visits (out of home)
- 2F Monthly visits in residence (out of home)

The County performance was below the national standard on the remaining three outcomes which are targeted in the SIP:

- C1.1 Reunification within 12 months (exit cohort)
- C1.2 Median time to reunification (exit cohort)
- C1.3 Reunification within 12 months (entry cohort)

In terms of timely reunification for CWS families, participants in the Peer Review and various other stakeholder groups suggested that Santa Cruz County's longer time to reunification may be an appropriate level of intervention, given the severity of many

families' issues, especially regarding substance abuse. While this makes sense to us, at the same time the County is committed to continuing our efforts to facilitate timely reunifications that will become stable and permanent. We believe that it may take longer to reach this goal than the national standard of 5.4 months. Our experience in Santa Cruz County certainly suggests that this is so.

Additionally S1.1, No recurrence of maltreatment within a specific 6 month period, was targeted. Although Santa Cruz County was exceeding the national standard for this old outcome, our performance in the past was not as good. Therefore, it is an area that the county would like to continue to monitor closely and make efforts to ensure that our strong performance continues.

JUVENILE PROBATION

For the comparison period used to develop the SIP, Santa Cruz Probation's Juvenile Division met or exceeded two (2) national standards applicable to youth in placement through Probation:

- S2.1 No maltreatment in foster care
- 2F Monthly visits in residence (out of home)

For the same comparison period, the County was below the national standards for youth in juvenile probation placement on the following measures and had included these in the SIP:

- C1.1 – C1.4 Reunification outcomes
- C3.3 -C4.3 Placement stability

It is important to note that the majority of the youth in these cohorts were high risk youth with numerous criminogenic risk factors as well as low protective factors which in and of itself presents a challenge to meet the re-entry measures. In addition, these youth are returning to the same high risk environments which include, but are not limited to minimal parental supervision, high gang activity and safety issues in their communities. There were many attempts to address responsivity issues as they arose which resulted in many youth being placed in different placements better equipped to meet their needs. Encompassed in this were efforts to address non-compliant behaviors, community safety, accountability and family and community engagement.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR – NEW CFSR 3 MEASURES
CHILD WELFARE

The analysis below provides a comparison between the baseline quarterly data report, Quarter 4, 2010 used in the CSA and the most recent quarterly data report, Quarter 4, 2015.

SAFETY

S1 NO MALTREATMENT IN FOSTER CARE

National Standard:	≤8.5%
Baseline Quarter 4, 2010:	5.7%
Quarter 4, 2015:	4.8%
Comparison to Baseline:	-0.9% (Improved Performance from Baseline)

County Performance exceeds standard.

S2 NO RECURRENCE OF MALTREATMENT

National Standard:	≤9.1%
Baseline Quarter 4, 2010:	6.9%
Quarter 4, 2015:	7.9%
Comparison to Baseline:	+1.0% (Decreased Performance from Baseline)

County Performance exceeds standard.

Analysis:

Santa Cruz County FCS is currently exceeding the national standard on both safety CFSR 3 performance measures. This corresponds to the performance on the previous CFSR 2 measures S1.1 No Recurrence of Maltreatment and S2.1 No Maltreatment in Foster Care. The baseline measure for S1.1 was 93.8% in Quarter 4, 2010, which was below the national standard of 94.6%. We believe that FCS continues to do well in this measure due to the numerous supports that are provided to foster caregivers. A major support for resource parents are the two Resource Parent Liaisons that operate out of our Family Resource Centers who provide monthly support to address any issues that may result in a potential for maltreatment. In addition, FCS provides rigorous training for resource parents, monthly support groups, both in English and Spanish, and resource parent mentors.

For CFSR 3 measure S2 Recurrence of Maltreatment, the baseline Quarter 4, 2010 performance was 6.9% compared to the Quarter 4, 2015 performance of 7.9%. Though

there has been a slight increase, the performance is still well below the national standard of 9.1%. We believe that this is due to FCS keeping children in care until families get the quality and quantity of services they need. Before recommending reunification to the Court, a Team Decision Meeting (TDM) is held prior to starting overnight visits. Feedback is obtained from all the important people in a family's life in order to ensure that the family is ready to have their children returned to them and that supports are in place.

PERMANENCY

P1 PERMANENCY IN 12 MONTHS (ENTERING FOSTER CARE)

National Standard:	≥40.5%
Baseline Quarter 4, 2010:	48.1%
Quarter 4, 2015:	32.9% (51 out of 155 children)
Comparison to Baseline:	-15.2% (Decreased Performance from Baseline)

County Performance does not meet standard.

Analysis:

CFSR 2 measure C1.3 Reunification within 12 months (Entry Cohort) was one of the measures that FCS decided to focus on in the SIP. The baseline performance for C1.3 was 28.6% which is below the national standard of 48.4%. This has been replaced with CSFR 3 measure P1 Permanency in 12 months (Entering Foster Care). The baseline performance for this measure was 48.1% which was above the national standard of 40.5%. However, the current performance is 32.9%, which is below the national standard. This may be due to the fact that the majority of families that come into contact with FCS have significant substance abuse, mental illness, and/or domestic violence co-occurring. These are issues that require significant time to address and are often characterized by multiple relapses. For this reason, reunification within 12 months is not always possible. Since this has been an area of improvement for FCS, measure P1 will be a focus for Santa Cruz County and will be included in future SIP tracking and reporting.

P2 PERMANENCY IN 12 MONTHS (IN CARE 12-23 MONTHS)

National Standard:	≥43.6%
Baseline Quarter 4, 2010:	37.5%
Quarter 4, 2015:	57.1%
Comparison to Baseline:	+19.6% (Increased Performance from Baseline)

County Performance exceeds standard.

Analysis:

FCS continues to do well in the CFSR 2 measures related to adoptions. These include C2.1 Adoption within 24 months, C2.3 Adoption within 12 months (17 months in care), C2.5 Adoption within 12 months (Legally Free), and C3.2 Exits to Permanency (legally free at exit). This corresponds to the new CFSR 3 measure P2 Permanency in 12 months (12-23 months in care). The baseline performance for this measure was 37.5% which is below the national standard of 43.6%. However, there has been substantial improvement since the baseline year and the current performance is 57.1%, which is well above the national standard. FCS continues to perform well in this measure as it has a high rate of relative placements and is consistently in the top five California counties with respect to the percentage of children placed with relatives. In general, relatives have been more willing to provide permanency to children in Santa Cruz County. In addition, under the Roots & Wings federal grant initiative, FCS has made strong efforts to train social work staff on the importance of permanency for all children.

P3 Permanency in 12 Months (In Care 24+ Months)

National Standard:	≥30.3%
Baseline Quarter 4, 2010:	31.1%
Quarter 4, 2015:	25.4% (15 out of 59 children)
Comparison to Baseline:	-5.7% (Decreased Performance from Baseline)

County Performance does not meet standard.

Analysis:

Though Santa Cruz County has been doing well in the CFSR 2 measures related to adoptions for the children who have been in care 12-23 months, the new CFSR 3 measure P3 Permanency in 12 months (24+ months in care) shows that there is a need for some improvement for those children in care for more than 24 months. The baseline performance for P3 is 31.1% which was above the national standard of 30.3%. However, the current performance is 25.4%. This may be due to the fact that the longer children stay in care, the harder it is to find permanency options as these options would likely have been exhausted in the first 24 months. However, FCS engages in continuous family finding and seeks alternative permanency options. FCS will track and report on this measure moving forward.

P4 RE-ENTRY INTO FOSTER CARE IN 12 MONTHS

National Standard:	≤8.3%
Baseline Quarter 4, 2010:	14.3%
Quarter 4, 2015:	24.1% (7 out of 29 children)
Comparison to Baseline:	-5.7% (Decreased Performance from Baseline)

County Performance does not meet standard.

Analysis:

Historically, Santa Cruz County has done well in the CFSR 2 measure C1.4 Re-entry Following Reunification. However, in the new CFSR 3 measure P4 Re-entry into Foster Care in 12 months, the baseline performance was 14.3% which is above the national standard of 8.3%, and the current performance is 24.1%. Part of the large jump in this measure is due to the small number of children that this measure is using (7 out of 29). These 7 children could correspond to 2 families, and therefore, see a large percentage jump in P4. In addition, this is due to the severe substance abuse issues found in the majority of families in contact with FCS, and, therefore, relapse is common, which can result in re-entry. FCS works diligently to prevent re-entry into foster care and will add this measure to future SIP tracking and reporting.

P5 PLACEMENT STABILITY

National Standard:	≤4.1%
Baseline Quarter 4, 2010:	4.8%
Quarter 4, 2015:	4.1%
Comparison to Baseline:	-0.7% (Increased Performance from Baseline)

County Performance meets standard.

Analysis:

Placement stability is one of the main areas of focus for FCS, and performance has been exceeding or meeting national standards for some time. In CFSR 3 measure P5 Placement Stability, FCS continues to meet the national standard. The baseline performance of 4.8% and current performance of 4.1% meet the national standard of 4.1%. Some of the contributing factors to this performance include the extensive supports given to resource parents and the intensive training they receive. Also, Santa Cruz County's high rate of placement with relatives contributes to placement stability for children from our County. The hope is that this will continue to improve as Continuum of Care Reform is implemented starting January 2017.

JUVENILE PROBATION

SAFETY

S1 NO MALTREATMENT IN FOSTER CARE

National Standard:	≤8.5%
Baseline Quarter 4, 2010:	0%
Quarter 4, 2015:	0%
Comparison to Baseline:	0% (Same Performance as Baseline)

County Performance exceeds standard.

Analysis:

Santa Cruz County Juvenile Probation is exceeding the national standard on the safety CFSR 3 performance measure S1 Maltreatment in Foster Care. This corresponds to the performance on the previous CFSR 2 measure S2.1 No Maltreatment in Foster Care. For CFSR 3 measure S1, both the baseline Quarter 4, 2010 performance and the Quarter 4, 2015 performance are 0%, which is above the national standard of 8.5%. No children experienced maltreatment in foster care.

PERMANENCY

P1 PERMANENCY IN 12 MONTHS (ENTERING FOSTER CARE)

National Standard:	≥40.5%
Baseline Quarter 4, 2010:	12.5%
Quarter 4, 2015:	35.7% (5 out of 14 children)
Comparison to Baseline:	+23.2% (Increased Performance from Baseline)

County Performance does not meet standard.

Analysis:

CFSR 2 reunification outcome measures were one of the areas that Juvenile Probation decided to focus on in the SIP. The baseline performance for C1.1 – C1.4 were below the national standards. This has been replaced with CFSR 3 measure P1 Permanency in 12 months (Entering Foster Care). The baseline performance for this measure was 12.5% which was below the national standard of 40.5%. The current performance has improved significantly and is 35.7%, which is still below the national standard. This is attributed to the application of the Risk, Needs and Responsivity Principles to placements. The Probation Department utilizes a risk and needs assessment tool to determine desired outcomes for the youth we serve. This is followed by selecting providers who have the best assessed outcomes for youth and whenever possible are employing the use of Evidence Based Practices. Furthermore, using internal data,

Probation ceased using those providers with poor outcomes and multiple failed placements, in addition to evidence of lack of sustained benefit from services provided. It is important to note that this corresponds to a small number of children (5 out of 14). Since this has been an area of improvement for Juvenile Probation, measure P1 will be a focus and will be included in future SIP tracking and reporting.

P2 PERMANENCY IN 12 MONTHS (IN CARE 12-23 MONTHS)

National Standard:	≥43.6%
Baseline Quarter 4, 2010:	14.3%
Quarter 4, 2015:	57.1%
Comparison to Baseline:	+42.8% (Increased Performance from Baseline)

County Performance exceeds standard.

Analysis:

The new CFSR 3 measure P2 Permanency in 12 months (12-23 months in care) replaces the old outcomes on permanency. The baseline performance for this measure for Juvenile Probation was 14.3% which is below the national standard of 43.6%. However, there has been substantial improvement since the baseline year and the current performance is 57.1%, which is well above the national standard. Probation was intentional in pursuing deeper engagement of parents and caregivers as supports and contributors to the placement case planning process. Parents are now provided with their own placement case plan to indicate the goals they want their child to achieve and also to indicate what their needs are in order for probation to support sustainable positive changes.

P3 PERMANENCY IN 12 MONTHS (IN CARE 24+ MONTHS)

National Standard:	≥30.3%
Baseline Quarter 4, 2010:	25.0%
Quarter 4, 2015:	0% (no children in this measure)
Comparison to Baseline:	-25.0%

County Performance cannot be determined.

Analysis:

For the new CFSR 3 measures P3 Permanency in 12 months (24+ months in care) the baseline performance is 25.0% which is below the national standard of 30.3%. The current performance is 0% indicating that there are no children who fall into this category. This could indicate that children are not staying in the care of Juvenile

Probation for more than 24 months. However, more investigation needs to occur in order to clarify this performance measure. Therefore, Juvenile Probation will track and report on this measure moving forward.

P4 RE-ENTRY INTO FOSTER CARE IN 12 MONTHS

National Standard:	≤8.3%	
Baseline Quarter 4, 2010:	0%	
Quarter 4, 2015:	0%	
Comparison to Baseline:	0%	(Same Performance from Baseline)

County Performance exceeds standard.

Analysis:

For the new CFSR 3 measure P4 Re-entry into Foster Care in 12 months, both the baseline performance and the current performance is 0%, which is well below the national standard of 8.3%. This indicates that no children have re-entered foster care with Juvenile Probation in 12 months.

P5 PLACEMENT STABILITY

National Standard:	≤4.1%	
Baseline Quarter 4, 2010:	3.7%	
Quarter 4, 2015:	1.3%	
Comparison to Baseline:	-2.4%	(Increased Performance from Baseline)

County Performance exceeds standard.

Analysis:

Placement stability is one of the main areas of focus for Juvenile Probation, and CFSR 2 placement stability measures 4.1 – 4.3 were chosen for the 2015-2020 SIP. In CFSR 3 measure P5 Placement Stability, Juvenile Probation has baseline performance of 3.7% and current performance of 1.3%, which meet the national standard of 4.1%. The implementation of the FUERTE Program funded by the BSCC Mentally Ill Offender Crime Reduction grant and the intentional engagement of parents/caregivers have contributed to improved outcomes. Additionally, the Probation Department’s use of Evidence Based Practices and tools – specifically the Juvenile Assessment and Intervention System (Risk and Needs Assessment tool) guides Probation in targeting specific risk factors and needs that are to be addressed in order to achieve long term stability goals. Since this was an area of focus for Juvenile Probation in the current SIP, P5 will also be tracked and reported on for future SIP updates.

STATUS OF STRATEGIES

In this section, a brief status update for each SIP strategy is provided.

CHILD WELFARE

STRATEGY 1: DEVELOP AND IMPLEMENT A PARENT PARTNER PROGRAM.

ANALYSIS

Strategy 1 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

This strategy continues to be relevant to the new CFSR 3 outcome measures that replaced the previous CFSR 2 measure regarding permanency and re-entry into foster care. At this time, the parent partner strategy is in the beginning stages of implementation.

ACTION STEP STATUS

FCS staff identified and contacted other programs in the country to research best practices including programs in Santa Clara County, Contra Costa County, and in the states of Colorado, Minnesota and Iowa. FCS staff met with Santa Cruz County mental health family partner program in October 2015 to gather information. A site visit to Contra Costa County's parent partner program is in the planning stages.

METHOD OF EVALUATION AND/OR MONITORING

An evaluation component will be developed, based on periodic surveys of parents who have received the new parent partner services.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

Start up of the parent partner program has been delayed due to a lack of funding. The hope is to restart implementation in 2017 if funding can be identified.

STRATEGY 2: STRENGTHEN SERVICES FOR INCARCERATED PARENTS.

ANALYSIS

Strategy 2 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

This strategy continues to be relevant to the new CFSR 3 outcome measures that replaced the previous CFSR 2 measure regarding permanency and re-entry into foster care.

ACTION STEP STATUS

This strategy is scheduled to be implemented in fall of 2016. Accordingly, there are no updates to report on the actions steps for this strategy at this time.

METHOD OF EVALUATION AND/OR MONITORING

To assess the effectiveness of these new services, feedback will be gathered from participating families once the strategy is implemented. Based on this feedback, the workgroup will monitor and adjust services as needed.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 3: IMPROVE ENGAGEMENT OF FATHERS.

ANALYSIS

Strategy 3 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

Fathers play a major role in improving permanency outcomes for their children. Therefore, this strategy continues to be a critical one in the new CFSR 3 measures that FCS has chosen to focus on.

ACTION STEP STATUS

FCS has identified managers and supervisors for a FCS Father Engagement Workgroup to evaluate how to incorporate best practices for father engagement into internal business processes. In April 2016 all FCS case carrying staff participated in a mandatory Fatherhood Engagement training with an expert in the field. The training was well received by staff and most social workers felt they gained specific skills for identifying the needs of fathers and how to best meet those needs. The FCS father engagement assessment is tentatively

scheduled for September 2016. The workgroup will use this assessment as a basis for identifying specific tasks to be addressed within FCS. Meetings are targeted for September 2016.

METHOD OF EVALUATION AND/OR MONITORING

Evaluation of these efforts will be conducted through the bi-annual agency father engagement self-assessment.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

The Assistant Division Director is the identified lead on this strategy and due to staffing issues that required her temporary reassignment in another division, start up of this strategy was delayed. She is now back from this temporary reassignment and has begun working on moving this strategy forward.

STRATEGY 4: EXPAND AND FULLY IMPLEMENT THE SAFETY ORGANIZED PRACTICE MODEL.

ANALYSIS

Strategy 4 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

Use of Safety Organized Practice (SOP), specifically safety mapping and family team meetings, engages families in safety decision making and case planning, thus obtaining their input and opinions. Research has shown when families are engaged in such processes, they are more likely to follow-through with such decisions and case plan goals. Additionally, time is spent to ensure families understand the harm and danger of circumstances that compromise child safety. With families further understanding safety and following through with well-thought-out decisions, they are less likely to experience reentry and children are more likely to achieve permanency.

ACTION STEP STATUS

All managers have had some or all of the Foundational training for SOP, and half of the supervisory and social work staff have completed the Foundational training. A majority of the social workers and supervisors who have completed Foundational training have completed some portion of the supportive learning modules designed to strengthen understanding of the tools and the manner in which families are engaged. On October 27th and 28th, 2015 the Human Services

Department Staff Development Division held SOP trainings for community partners, which were well attended by multiple CBOs. On October 28th the Human Services Department Staff Development Division held a SOP training for Dependency Court attorneys. Representatives from County Counsel, Parents Counsel and Minor's Counsel all attended. On February 8th, 2016, FCS held an SOP informational session with the Dependency Court Judge, Rebecca Connolly. FCS has several new staff coming on board in June 2016 and they will receive SOP training as part of their Induction training, and will continue with follow up modules in their first several months of employment. Current FCS staff will continue to have opportunities to join cohorts of SOP training during the summer and fall of 2016.

METHOD OF EVALUATION AND/OR MONITORING

The success of this approach will be assessed over time by soliciting feedback from social workers, parents and by monitoring the County's C-CFSR outcomes.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 5: UPDATE RESOURCE PARENT HANDBOOK.

ANALYSIS

Strategy 5 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

ACTION STEP STATUS

This strategy is scheduled to be implemented in 2017. Accordingly, there are no updates to report on the actions steps for this strategy at this time.

METHOD OF EVALUATION AND/OR MONITORING

To evaluate the effectiveness of the handbook, FCS will solicit feedback from resource parents regarding the handbook's helpfulness. This will be done as part of periodic resource parent satisfaction surveys.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 6: EDUCATE CAREGIVERS REGARDING MENTAL HEALTH TREATMENT AND PSYCHOTROPIC MEDICATIONS FOR YOUTH.

ANALYSIS

Strategy 6 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

ACTION STEP STATUS

Discussions have been initiated with CMH Supervisor and Manager regarding issues to be addressed in presentation/ training regarding available CMH services and education about the decision-making process and use of psychotropic medications for children/youth. In addition, discussions were held with Cabrillo College FKCE Director, Deborah Helms, regarding planning a presentation/ training on the topics of available CMH services and the decision-making process and use of psychotropic medications for children/youth. A possible trainer was identified for delivering this training and topics were chosen (mental health disorders often diagnosed during childhood, types of psychotropic medication and potential side effects, differentiation of organic mental health issues vs. trauma impacts and/or prenatal substance exposure, the ongoing process of determining treatment, medication types and dosage, and types of interventions typically used before resorting to use of psychotropic medication. However, Cabrillo is no longer contracted with the County to provide this training. FCS is in the process of contracting with a new provider(s) to conduct this training.

METHOD OF EVALUATION AND/OR MONITORING

The effectiveness of the training will be measured by training evaluations completed by the caregivers who attend the training.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 7: WORK WITH HEALTH SERVICES AGENCY AND COMMUNITY PARTNERS TO ADDRESS LACK OF PSYCHIATRIC SERVICES FOR PARENTS WITH MILD TO MODERATE DIAGNOSES.

ANALYSIS

Strategy 7 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

It was noted by stakeholders that there is a lack of psychiatric services in Santa Cruz County for parents with mild to moderate mental health diagnoses. These parents' diagnoses, such as depression and/or anxiety, are not severe enough to qualify for services offered by the Health Services Agency's Adult Mental Health program. These parents often do not have access to a psychiatrist and must work with their primary care physician to manage their mental illness, including medication management. This is not ideal mental health treatment, and it can negatively impact reunification.

ACTION STEP STATUS

This strategy is scheduled to be implemented in fall of 2017. Accordingly, there are no updates to report on the actions steps for this strategy at this time.

METHOD OF EVALUATION AND/OR MONITORING

The success of this strategy will be evaluated by assessing the ongoing availability of mental health services for parents in CWS.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 8: WORK WITH HEALTH SERVICES AGENCY AND COMMUNITY PARTNERS TO ADDRESS GAPS IN SERVICE FOR PARENTS WITH MAJOR MENTAL HEALTH DIAGNOSES.

ANALYSIS

Strategy 8 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

Although one would think that these parents should be highly qualified for services under the Health Services Agency's Adult Mental Health program, it is the perception of stakeholders that they do not always get the services they need because they are not viewed as an immediate risk to themselves or others. However, these parents' mental illness may be a major obstacle to parenting their children, and this can negatively impact reunification. Therefore, it was recommended that FCS work with the Health Services Agency and community partners to address gaps in services to this population.

ACTION STEP STATUS

This strategy is scheduled to be implemented in fall of 2018. Accordingly, there are no updates to report on the actions steps for this strategy at this time.

METHOD OF EVALUATION AND/OR MONITORING

The success of this strategy will be evaluated by assessing the ongoing availability of mental health services for parents in CWS.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 9: WORK WITH HEALTH SERVICES AGENCY TO ENSURE AVAILABILITY AND EFFECTIVENESS FOR SUBSTANCE ABUSE TREATMENT FOR FCS PARENTS.

ANALYSIS

Strategy 9 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

Parental substance abuse is a common contributor to child abuse and neglect. Children of parents with substance abuse issues tend to enter foster care at younger ages (Frame, 2002), remain in foster care longer (Walker, Zangrillo, & Smith, 1991), are less likely to be reunified with their parents (Lewis, Giovanni, & Leake, 1997) and are more likely to re-enter the child welfare system (Wolock & Magura, 1996). One intervention that has been linked to reduced probability of re-abuse is substance abuse treatment. (Honomichl and Brooks, UC Davis Human Services Northern California).

There are indications that the high prevalence of substance abuse issues among both parents and youth in Santa Cruz County pose severe challenges to timely reunification. Data from the California Healthy Kids Survey suggest that the issue is more pervasive here than in many other areas of the state.

The CSA clearly revealed a need for additional resources for drug and alcohol treatment services to assist families in treatment and recovery as a way to increase timely reunification and reduce re-entry. Stakeholders shared their experiences of witnessing parents attend treatment, but then return to the family system with little to no aftercare services to maintain sobriety. A universal recommendation was for more substance abuse treatment including

in-patient for adults and youth, outpatient treatment, and enhanced aftercare services and support for both parents and youth. Participants in all focus groups talked about aftercare support for youth and families. It would help ensure that parents remain on track in their sobriety, and relapse issues can be addressed more quickly. It was believed that this would help immensely in successful reunification and reducing re-entry.

ACTION STEP STATUS

FCS managers are meeting regularly with Alcohol and Drug program managers to coordinate services. Thanks to the budget increase, all FCS parents who participate in an assessment are receiving the level of treatment that is indicated based on the assessment. There are virtually no wait times for these services, except in some cases for residential treatment beds (particularly Janus Perinatal Program) due to a need to wait for a bed to become available.

METHOD OF EVALUATION AND/OR MONITORING

Treatment utilization and types of treatment will be monitored, and adjustments will be made to the array of services in order to best meet the needs of the child welfare population.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 10: PARTNER WITH COMMUNITY-BASED PROVIDERS TO DEVELOP AFTERCARE SUPPORT SERVICES FOR CHILDREN AND FAMILIES EXITING THE CWS SYSTEM.

ANALYSIS

Strategy 10 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

A key finding in Santa Cruz County's CSA was that when a family's child welfare case closes and/or substance abuse treatment ends, parents often find it difficult to lose the support of their social worker, their substance abuse treatment provider, and the child welfare agency. Parents have asked for supportive aftercare services to assist them in maintaining their sobriety, and making the transition out of the child welfare system and into their regular communities with their natural support systems. Aftercare services are expected to improve the county's performance on re-entry to foster care and recurrence of maltreatment as families will be more supported and less stressed by the challenges they may face.

ACTION STEP STATUS

FCS is still in the process of gathering information from Bay Area counties and will assess the responses from those counties to determine which strategies could be successful in Santa Cruz County. This strategy is scheduled to be implemented in fall of 2016. Accordingly, there are no updates to report on the action steps for this strategy at this time.

METHOD OF EVALUATION AND/OR MONITORING

Success of the aftercare program will be measured by tracking re-entry and recurrence indicators to determine whether they improve.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 11: SUSTAIN THE FOSTERED PROGRAM.

ANALYSIS

Strategy 11 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

Research demonstrates that positive educational outcomes for children increase their permanency outcomes, especially for older youth. FosterEd is an initiative of the National Center for Youth Law that improves the educational outcomes of

foster children by ensuring each has an educational champion supporting his or her success in school. Thus far, Santa Cruz County FosterEd’s evaluation findings are highly encouraging, showing improvement in both grades and school attendance for participating children. Because the program’s budget included significant grant funding that expired on June 30 2015, this SIP strategy is included to ensure that the program is sustained in the County.

ACTION STEP STATUS

A task force including representatives from FCS, CASA, County Office of Education (COE), FosterEd, and Pajaro Valley Unified Scholl District (PVUSD) collaborated to educate local school boards about the needs of foster youth and requested specific, dedicated funding through their allocated Local Control Funding Formula (LCFF) funds. Ongoing efforts include COE advocacy internal to school districts and CASA advocacy external to school districts. This same task force has met with Assemblyman Mark Stone to ask for his support to request data regarding the outcomes of foster youth vis-à-vis the LCFF funding to ensure that needs are being met as the legislature intended. COE is engaging local school districts to identify resources that can be used to leverage additional IV-E funding. All FosterEd Staff are now Santa Cruz County Office of Education (SCCOE) Employees (as of 11/23/15). Technology and infrastructure costs were being transferred during the 2015-16 school year. Title IV-E Billing has expanded in Q3, 2016 to include the largest school district – PVUSD, as well as Santa Cruz City Schools, Live Oak Unified, and San Lorenzo Valley school districts. Adding these new Districts, along with SCCOE Alternative Education captures approximately 90% of K-12 FY in Title IV-E Drawdown. LCAP/LCFF direct support dollars have been requested from LCAP writers in October 2015. A Superintendents Council LCAP/LCFF request followed in Spring 2016 along with individual district liaison meetings for the same purpose. SCCOE is hopeful for CDE increase in funding for FosterEd, but awaiting Dept. of Finance release of allocation formula for new AB854 program model.

METHOD OF EVALUATION AND/OR MONITORING

Success of the FosterEd program will continue to be measured by tracking changes in children’s school attendance and grades.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 12: EXPAND AND ENHANCE LEAPS & BOUNDS SERVICES TO ADDITIONAL CWS FAMILIES WITH CHILDREN AGES 0-5.

ANALYSIS

Strategy 12 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

The CSA revealed a strong desire from stakeholders to increase and enhance services for young children. Family & Children’s Services, in collaboration with the Parents Center, operates the Leaps & Bounds program, which provides home visiting, developmental assessments, and other specialized services to families with young children who are participating in Family Preservation Court (Drug Dependency Court). Strategy 12 focuses on expanding this program to serve all families with young children.

ACTION STEP STATUS

Discussions were initiated with Parents Center Director and it was confirmed that Parents Center welcomes the idea of expanding the current Leaps & Bounds program to include an additional Children’s Services Coordinator. FCS collaborated with Parents Center’s fiscal staff to prepare preliminary budget for expanded program. An amended Parents Center contract was approved on February 8, 2016. Parents Center has hired an additional half-time staff person to serve families who are not participants in Family Preservation Court. Expanded service provision began the end of May 2016.

METHOD OF EVALUATION AND/OR MONITORING

The success of this strategy will be measured by tracking the number of children who receive specialized services through Leaps & Bounds, and by qualitative and quantitative findings regarding the well-being of participating children and families.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 13: COLLABORATE WITH ENCOMPASS COMMUNITY SERVICES’ TRANSITION AGE YOUTH PROGRAM TO PROVIDE A FULL-TIME COORDINATOR FOR PERMANENCY TRANSITION MEETINGS.

ANALYSIS

Strategy 13 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

Permanency transition meetings are an important component of Santa Cruz County's services to older youth. These meetings are attended by the youth, social worker, key adults in the youth's life, and other service providers and/or support people invited by the youth. The goal of these meetings is to identify goals for the youth in key areas such as school, career, housing, self-sufficiency, and lifelong connections. Ideally, these meetings should be held every six months beginning when a youth reaches age 15 and a half. However, with current staffing and caseloads, we have found that these meetings are not always held as regularly as they should be. This strategy seeks to add a full-time coordinator who will be responsible for organizing and facilitating these meetings.

ACTION STEP STATUS

The Encompass contract was amended on Feb 8, 2016 to provide a full-time coordinator for permanency transition meetings. Encompass has developed its model for these meetings, calling them STAR (Successful Transition and Resource) Meetings. Encompass is working with Children's Mental Health and HSD to determine how they can be combined with Katie A Child & Family Team Meetings for youth receiving Katie A services. Service provision has now started.

METHOD OF EVALUATION AND/OR MONITORING

The success of this strategy will be measured by the number of STAR Meetings that are held for youth beginning at age 15 and a half.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 14: CONTINUE TO DEVELOP AS A TRAUMA-INFORMED AGENCY.

ANALYSIS

Strategy 14 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P4 Re-entry into Foster Care in 12 months

According to the 2012 Report of the Attorney General’s National Task Force on Children Exposed to Violence, 46 million children living in the United States will have their lives affected by violence, crime, abuse, or psychological trauma this year. Children in care are more likely to have been exposed to multiple forms of traumatic experiences, such as physical or sexual abuse, neglect, family and/or community violence, trafficking or commercial sexual exploitation, bullying, or loss of loved ones. In addition to the circumstances of abuse or neglect that led to their removal, children may be subject to further stresses after entering the system, including separation from family, friends, and community, as well as the uncertainty of their future. The trauma experienced by children in foster care is often complex and, if left untreated, can permanently affect the growth and development of a child and invite lasting repercussions felt decades later. Given the significant impact of trauma exposure on child well-being and growth, child welfare systems must serve children from a trauma-informed perspective. (Implementing Trauma-Informed Practices in Child Welfare .Eva J. Klain, Amanda R. White. ABA Center on Children and the Law. November 2013)

ACTION STEP STATUS

Children’s Mental Health has had two Supervisors trained as trainers in the Trauma Informed Systems (TIS) training that was developed by the San Francisco County public health department. Training has been provided to 40 Health Services employees with the goal of training all of HSA’s work force. Children’s Mental Health is also inviting staff from HSD, Probation, Schools and our CBO’s to participate in the trainings and have their staff become trainers. This will be a year long process.

METHOD OF EVALUATION AND/OR MONITORING

It is anticipated that evaluation measures will be identified and utilized in collaboration with the Bay Area Trauma Informed System of Care (BATISC) project.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

JUVENILE PROBATION

STRATEGY 1: PROVIDE A TRANSITION TEAM TO FACILITATE COMMUNITY TRANSITIONS AND IMPROVE REUNIFICATION OUTCOMES.

ANALYSIS

Strategy 1 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P5 Placement Stability

The CSA recommended that to improve transition of the youth from placement to home, a process where services are streamlined at a set time frame prior to their transition should be developed. This process would involve engagement of the providers (placement and community), youth and family. It would improve supportive services for parents to prepare them for reunification with the youth.

In order to improve re-entry and reunification outcomes, the Probation department has been successful in receiving a Mentally Ill Offender Crime Reduction (MIOCR) grant from the Board of State and Community Corrections (BSCC) to improve services to families and youth. The FUERTE program which will consist of a Probation Officer, In Home Clinician and a Transitional Specialist will work in concert together to provide transitional services and treatment to youth with mental health diagnoses who will transition to the community from placements.

ACTION STEP STATUS

In partnership with Encompass, the FUERTE program has been established which is inclusive of providing in-home therapy using Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), transitional services and probation supervision to facilitate placement stability and family reunification. The FUERTE program started accepting referrals in late October 2015 and the roster continues to be filled quickly. There have at time been waiting lists. With the development of the FUERTE program, the Probation Department has developed transition services, procedures and programming to ensure successful outcomes and connections in the community. The Specialized program includes an in-home clinician to educate the youth/family about the youth's diagnosis and needs, provide therapeutic intervention and work with the family on proper responses to the youth's needs; a probation officer who has a specialized caseload consisting of mentally ill youth; and a Transitional Specialist who works with the family to ensure they are connected to supportive services, advocate for the identified child and can navigate the network of community services. Placement youth continue to be referred and served by the program and as of this report there have been 4 placement youth who have been referred and two have successfully completed the program. The initial monitoring phase begins 30 days after identified youth have completed the intake process.

METHOD OF EVALUATION AND/OR MONITORING

To assess the effectiveness of these new services, feedback will be gathered from participating families and youth. Based on this feedback, Juvenile Probation Department will monitor and adjust services as needed.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 2: INCREASED FOCUS ON RISK, NEED, AND RESPONSIVITY.**ANALYSIS**

Strategy 2 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P5 Placement Stability

Probation youth are returning to the same high risk environments which include, but are not limited to, minimal parental supervision, high gang activity and safety issues in their communities. According to the CSA, there were many attempts to address responsivity issues as they arose which resulted in many youth being placed in different placements better equipped to meet their needs.

Encompassed in this were efforts to address non-compliant behaviors, community safety, accountability, and family and community engagement. By addressing a youth's criminogenic risk factors, treatment/criminogenic needs and the most appropriate treatment/intervention (placement facility/program) we aim to increase successful transitions to the community. The area of risk, need and responsivity are being addressed.

ACTION STEP STATUS

Use of the Department's Juvenile Assessment and Intervention System tool (JAIS) provides for Risk Assessment while in facilities/programs. This continues to be utilized to assess risk and need for youth in out of home placements. Juvenile Probation has developed a process to monitor risk, need and responsivity relative to holding placement providers accountable for successful outcomes and to identify the most appropriate placements. The Placement Unit has assessed those placement providers with the highest percentage of unsuccessful releases/terminations and ceased using those providers. Those

Providers have been notified and invited to inform Probation when they have enhanced their programming and/or are using evidence-based practices. Upon notification, Probation will visit the program and assess the capacity to serve probation youth. Providers with the highest success rates and ability to meet the needs of referred youth will be utilized for placements first and when necessary, new placement providers will be sought/selected based on risk, need and responsivity (successful outcomes). The Department currently monitors placement stability and outcomes by reviewing placement stability rates, treatment goal completion rates, successful community (return to home) transition rates. As of April 2016, all placement cases (both successful and unsuccessful) will be tracked for one year following program completion. This tracking period will provide information as it relates to program success and recidivism rates.

METHOD OF EVALUATION AND/OR MONITORING

To assess the effectiveness of these new services, feedback will be gathered from participating families and youth. Based on this feedback, Juvenile Probation Department will monitor and adjust services as needed.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

STRATEGY 3: INCREASED FOCUS ON RISK, NEED, AND RESPONSIVITY.

ANALYSIS

Strategy 3 is intended to improve the following outcomes:

P1 Permanency in 12 months (Entering Foster Care)

P3 Permanency in 12 months (24+ months in care)

P5 Placement Stability

As reported in the CSA, parents and youth had a mix of views as to whether they felt included in case planning. There were parents who were able to advocate

for their child and felt good about the outcomes and there were parents who felt that they were not asked and even when they were, they were not heard. Youth also had differing views as to their input. Families that had an intervention team or program like WRAP seemed to have more positive experiences and feel that they were more involved in the solutions for their families. Involving youth and parents more in case planning was recommended by stakeholders.

ACTION STEP STATUS

Juvenile Probation continues to utilize the newly developed parent driven case plan template which is completed by the parents to identify their desired goals and outcomes relative to placement. Juvenile Probation utilizes the required placement case plan with parents and youth. The case plan is revisited frequently with the parent and youth to ensure everyone is on the same page and informed. Parents and youth in placement meet monthly with the probation officer to address the progress in the placement program and review the case plan. Within 30 days of placement, Probation monitors and adjusts communication, inclusion materials and goals with feedback from parents, youth, probation staff and placement providers.

METHOD OF EVALUATION AND/OR MONITORING

To assess the effectiveness of these new services, feedback will be gathered from participating families and youth. Based on this feedback, Juvenile Probation Department will monitor and adjust services as needed.

ADDITIONAL STRATEGIES (WHEN APPLICABLE)

None.

PROGRAM REDUCTION

None.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

CHILD WELFARE

Some SIP strategies have been delayed due to challenges that have been present in Santa Cruz County. A key supervisory position and a program manager position have been open for quite some time and FCS is working diligently to recruit high level candidates to fill these positions. In addition, the Assistant Division Director was reassigned to Adult Services for 4 months, which resulted in some delays in SIP strategies as she was the identified lead for them. In addition, Cabrillo Community College decided to discontinue their contract with FCS to provide enhanced resource family training. FCS is currently in the process of setting up these services with other

providers. This has resulted in a delay in implementing SIP strategies related to training resource families around mental health issues and psychotropic medications for youth.

Another challenge is the implementation of Continuum of Care Reform (CCR) which will begin on January 1, 2017. The FCS management team is intensely focused on planning for this major change, leaving less time to focus on the SIP strategies. In fact, we anticipate that some of the strategies scheduled to be implemented in fall 2016 will also be delayed due to the need to focus on CCR implementation. As stated earlier, resource shortages have continue to be an obstacle, particularly in the case of the parent mentor strategy.

JUVENILE PROBATION

The uncertainty around foster care reform adds to the difficulty for planning for this process. In addition, compounding directives from both the State and federal agencies, including this process, and multiple and at times duplicative oversight mandates (such as reviews of Title IV-E process and case reviews of placement files) all create demands that reduce capacity to actually perform the tasks promised in this report. Finally, inconsistent funding at the State level, which varies year to year and is not made final until a fiscal year is already underway, makes planning challenging and uncertain.

PROMISING PRACTICES/ OTHER SUCCESSES

CHILD WELFARE

Santa Cruz County FCS continues to implement a number of effective and successful programs to improve outcomes for CWS involved families. Some of these programs are described below:

Countywide Differential Response: Families Together is a comprehensive child abuse early intervention and prevention program serving the entire county. This initiative, using a differential response model, is a collaborative effort between the FCS Division and Encompass Community Services. Funding from First 5 and Santa Cruz County Health Services and Human Services Departments (including CCTF, CAPIT, and PSSF Family Support) are braided together to support this program. It is an evidence-based program that utilizes home-based, individualized services with an emphasis on the parent-child relationship and child development and parent education. Goals of the program include:

- Improved parent-child relationship
- Improved family support
- Improved community engagement
- Improved child safety
- Improved child health and development

- Improved child well-being

Participation in Families Together is voluntary. Outcome measures for this program indicate positive results such as 95% of families that participate in Families Together do not have a substantiated allegation of abuse within 6 months of case closure.

CWS Flexible Fund: A flexible fund provides tangible support to families receiving Child Welfare Services, to facilitate reunification and family preservation by providing flexible, family-based, intensive time-limited, and culturally competent intervention and treatment services to families in crisis. This program is a critical support for families in Santa Cruz County where financial resources may be limited for CWS involved families.

Adoption Promotion and Support: This program provides culturally competent, bilingual counseling and support services that promote, support and encourage the adoption process for parents who are considering adoption, going through the adoption process, or have already adopted children from FCS.

Therapeutic Supervised Visitation: Therapeutic supervised visitation promotes and encourages healthy parent-child relationships, and assists children and natural parents in the work of family reunification. A trained bilingual visit supervisor who is culturally competent supervises Court-ordered visits for families referred by FCS. The visit supervisor is supervised by a licensed or license-eligible clinician. This program incorporates Triple P, an evidence-based parenting education curriculum.

JUVENILE PROBATION

The FUERTE program through the Mentally Ill Offender Crime Reduction Grant (MIOCR) has provided improved results with respect to community transitions and reunification outcomes. The team in the FUERTE program consists of an in-home clinician to educate the youth/family about the youth's diagnosis and needs, provide therapeutic intervention and work with the family on proper responses to the youth's needs; a probation officer who has a specialized caseload consisting of mentally ill youth; and a Transitional Specialist who works with the family to ensure they are connected to supportive services, advocate for the identified child and can navigate the network of community services. Four placement youth have been referred to the FUERTE program and two have successfully completed the program to date.

Implementation of the Department's Juvenile Assessment and Intervention System tool (JAIS) has helped reduce placement disruptions. This tool is utilized to assess risk, need, and responsibility in order to identify the most appropriate placement initially for a youth. The Department will continue to track placement cases in order to understand program success and recidivism rates.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Both Santa Cruz County FCS and Juvenile Probation have decided to address all of the performance measures that they are under performing in. These measures have been included in the previous section of this report outlining the priority outcome measures and status of strategies. All measures will continue to be monitored for FCS and Juvenile Probation in order to ensure that performance does not fall below state and national standards.

State and Federally Mandated Child Welfare/Probation Initiatives

Santa Cruz County Family & Children’s Services is participating in a number of federal and state initiatives. We will be implementing these initiatives during the same time frame that is covered by the SIP. These initiatives are briefly summarized below.

Commercially Sexually Exploited Children (CSEC) Initiative: Santa Cruz County is currently engaged in a tri-county effort with Monterey and San Benito Counties to develop a regional protocol for identifying and serving children who are commercially sexually exploited. The tri-county Memorandum of Understanding has been renewed for the next fiscal year (FY 16-17) and this will result in a renewal of the tri-county protocol in October 2016. A CSEC prevalence study is beginning in July 2016 to research the extent of CSEC in the tri-county region. Santa Cruz County FCS has developed its own county protocol and is in the process of bringing stakeholders and partners together to collaborate and coordinate services locally for CSEC youth.

Safety Organized Practice: Family & Children’s Services has trained a portion of our social work and supervisor staff in Safety Organized Practice. SIP strategy #4 reflects our plan to expand this initiative, training 100% of our social work and supervisor staff and fully implementing the SOP approach.

Katie A. and Continuum of Care Reform: Family & Children’s Services, in collaboration with Children’s Mental Health, has implemented Katie A services, primarily through the use of Child and Family Teams. In addition, like all counties in the State, we will be implementing Continuum of Care Reform (CCR). FCS is fully engaged in the planning process for CCR, including a dedicated analyst who is managing this initiative, monthly stakeholder workgroup meetings to determine how CCR will be implemented in Santa Cruz County, and the development of requests for proposals (RFPs) to outsource some the requirements of CCR such as the psychosocial assessments that will occur for Resource Family Approval (RFA).

Fostering Connections / After 18 Program: Santa Cruz County began providing After 18 program services in January of 2012. The goal of extended foster care is to assist foster youth in maintaining a safety net of support while experiencing independence in a secure and supervised living environment. The extended time as a non-minor dependent (NMD) can assist the youth in becoming better prepared for successful transition into adulthood and self-sufficiency through education and employment training. In Santa Cruz County, many foster youth are choosing to remain in foster care to receive extended supportive services as they venture into more independent living situations in their journey to adulthood. As of May 1, 2016, 39 NMDs remained in care. The After 18 program is not the focus of any strategies in the 2015 SIP, as this program is already fully implemented.

5 Year Strategy Chart

CHILD WELFARE

Priority Outcome Measure or Systemic Factor: ~~S1.1 No Recurrence of Maltreatment-P1~~
 Permanency in 12 months (Entering Foster Care)

National Standard: $\geq 40.5\%$

Current Performance: 32.9%

Target Improvement Goal: The target improvement goal will be to increase the county's performance to 40.5 or better%.

Priority Outcome Measure or Systemic Factor: ~~C1.1 Reunification within 12 months (exit cohort)~~
 P3 Permanency in 12 months (24+ months in Care)

National Standard: $\geq 30.3\%$

Current Performance: 25.4%

Target Improvement Goal: The target improvement goal will be to increase the county's performance to 30.3% or better.

Priority Outcome Measure or Systemic Factor: ~~C1.2 Median time to reunification (exit cohort)~~
 P4 Re-entry into Foster Care in 12 months

National Standard: $\leq 8.3\%$

Current Performance: 24.1%

Target Improvement Goal: The SIP's goal is to decrease the percentage of children re-entering foster care in 12 months to 8.3% or less.

Priority Outcome Measure or Systemic Factor: ~~C1.3 Reunification within 12 months (entry cohort)~~

National Standard: ~~48.4%~~

Current Performance: ~~28.6%~~

Target Improvement Goal: ~~Since the previous baseline, this outcome has~~ decreased from 41.9% to 28.6%. The SIP's goal is to increase this measure to 48.4%.

~~**Priority Systemic Factors:** Family Engagement, Caregiver Recruitment and Support, Service Array~~

~~**National Standard:** N/A~~

~~**Current Performance:** Not measurable~~

~~**Target Improvement Goal:** The county intends to improve the abovementioned systemic factors through a variety of strategies (see SIP matrix). It is anticipated that these areas will improve the county's overall performance.~~

PROBATION

~~**Priority Outcome Measure or Systemic Factor:** C1.1 – C1.4 Reunification Outcomes P1
Permanency in 12 months (Entering Foster Care)
C1.1 Reunification within 12 months (exit cohort)~~

~~**National Standard:** $\geq 40.5\%$~~

~~**Current Performance:** 35.7%~~

~~**Target Improvement Goal:** The SIP's goal is to improve this outcome to 40.5% or better.~~

~~C1.2 Median time to reunification (exit cohort)~~

~~**National Standard:** 5.4 months~~

~~**Current Performance:** 11.2 months~~

~~**Target Improvement Goal:** The SIP's goal is to improve this outcome by decreasing the median time to reunification to 5 months.~~

~~C1.3 Reunification within 12 months (entry cohort)~~

~~**National Standard:** 48.4%~~

~~**Current Performance:** 0%~~

~~**Target Improvement Goal:** The SIP's goal is to improve this outcome to increase this outcome to 50% of children reunifying within 12 months.~~

~~C1.4 Re-entry following Reunification (Exit Cohort)~~

~~**National Standard:** 9.9%~~

~~**Current Performance:** 42.9%~~

~~**Target Improvement Goal:** The SIP's goal is to improve this outcome to decreasing this outcome to 10% of children reentering foster care.~~

Priority Outcome Measure or Systemic Factor: P3 Permanency in 12 months (24+ months in Care)

National Standard: $\geq 30.3\%$

Current Performance: 0%

Target Improvement Goal: The target improvement goal will be to increase the county's performance to 30.3% or better.

Priority Outcome Measure or Systemic Factor: ~~C4.1–C4.3 Placement Stability~~

~~C4.1 Placement Stability Outcome (8 days to 12 months in care) P5 Placement Stability~~

National Standard: $\leq 4.1\%$

Current Performance: 1.3%

Target Improvement Goal: The SIP's goal is to improve placement stability and even though Juvenile Probation is performing well, it has not historically. Therefore, the SIP will continue to monitor this measure.

~~C4.2 Placement Stability Outcome (12 to 24 months in care)~~

~~**National Standard:** 65.4%~~

~~**Current Performance:** 0%~~

~~**Target Improvement Goal:** The SIP's goal is to improve this outcome to increase this outcome to 65% of children who are in placement between 12 to 24 months remaining in a stable placement.~~

~~C4.3 Placement Stability Outcome (at least 24 months in care)~~

~~**National Standard:** 41.8%~~

~~**Current Performance:** 60%~~

~~**Target Improvement Goal:** This outcome is performing well. The SIP's goal is to continue performing above the National Standard.~~

CHILD WELFARE

Strategy 1: Develop and implement a parent partner program.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Include funding for a parent partner program in the FY 15-16 16-17 HSD budget	April 2015 July 2016	June 2015 September 2016	FCS Division Director Update: Start up has been delayed due to lack of funding. The hope is to restart implementation in 2017 if funding can be identified.
B. Research best practices and visit existing parent partner programs including Santa Cruz County’s mental health family partner program, Contra Costa County’s program, and others as identified.	September 2015 December 2016	October 2015 January 2017	FCS Division Director (Lead) FCS Program Manager
C. Develop a program design for a parent partner program for child welfare parents.	October 2015 January 2017	November 2015 February 2017	FCS Program Manager

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<p>D. Carry out procurement process to select a service provider for the program.</p>	<p>November 2015 February 2017</p>	<p>December 2015 March 2017</p>	<p>Centralized Contracting Unit</p>
<p>E. Negotiate contract and secure Board of Supervisors approval of the contract.</p>	<p>December 2015 March 2017</p>	<p>January 2016 April 2017</p>	<p>Centralized Contracting Unit</p>
<p>F. Implement parent partner program.</p>	<p>January 2016 April 2017</p>	<p>Ongoing</p>	<p>Service provider</p>
<p>G. Monitor, evaluate, and adjust the program as needed.</p>	<p>February 2016 May 2017</p>	<p>Ongoing</p>	<p>Centralized Contracting Unit (Lead) FCS Analyst and Program Manager</p>

Strategy 2: Strengthen Services For Incarcerated Parents	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Reach out to jail personnel and various local organizations serving incarcerated parents such as Gemma and HSA to collaborate on improving services to incarcerated parents in the CWS system.	September 2016	October 2016	FCS Division Director (Lead) FCS Analyst
B. Convene a workgroup including FCS staff, jail personnel, and community providers, to identify the needs of incarcerated parents involved in the CWS system and develop a plan to respond to the identified needs.	October 2016	October 2017	FCS Division Director (Lead) FCS Analyst
C. Solicit information from parents who were formerly incarcerated, jail staff, social workers, and supervisors regarding the needs of incarcerated parents and input regarding services to address these needs.	October 2016	December 2016	Selected members of workgroup

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<p>D. Conduct a literature review of current best practices in the delivery of Child Welfare Services to incarcerated parents.</p>	<p>October 2016</p>	<p>December 2016</p>	<p>FCS Analyst</p>
<p>E. Compile and analyze information gathered in previous steps and present to workgroup for discussion and/or inclusion in plan.</p>	<p>December 2016</p>	<p>February 2017</p>	<p>FCS Division Director (Lead) FCS Analyst</p>
<p>F. Create “service packets for incarcerated parents,” that are easily accessible to FCS social workers. This will allow social workers to print out and customize packets to the needs of their particular client.</p>	<p>February 2017</p>	<p>June 2017</p>	<p>FCS Analyst</p>
<p>G. Identify funding to purchase technology necessary to develop a “read to me” program in local jail facilities, and the requisite staff time. This would potentially include recording parents reading children’s books on video to later be watched by their children in out-of-home placement.</p>	<p>December 2016</p>	<p>June 2017</p>	<p>FCS Division Director (Lead) Selected Workgroup members</p>

H. Identify funding to create a program for visitation between incarcerated parents and their children using video conferencing technology.	December 2016	June 2017	FCS Division Director
I. Design “read to me” and video-conferencing-based visitation programs.	April 2017	June 2017	FCS Program Manager (Lead) FCS Analyst Jail Personnel
J. Expand visitation contract to cover video-conferencing-based visitation program.	May 2017	July 2017	Centralized Contracting Unit (Lead) Service Provider
K. Implement new programs	July 2017	Ongoing	FCS Program Manager (Lead) Service Provider
L. Reconvene workgroup at 6-month intervals over the first two years of the plan to assess progress and adjust programs as needed.	July 2017	June 2019	FCS Division Director (Lead) Service Provider

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Strategy 3: Improve Engagement of Fathers	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family engagement, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene FCS Father Engagement Workgroup to evaluate how to incorporate best practices for father engagement in Child Welfare into internal business processes.	November 2015	Ongoing	FCS Assistant Division Director <u>Update:</u> FCS has identified managers and supervisors for a FCS Father Engagement Workgroup to evaluate how to incorporate best practices for father engagement into internal business processes.
B. FCS staff will participate in a Father Engagement Assessment, conducted by PAPÀS every other year to identify areas in need of improvement.	January 2017	Ongoing	Assistant Division Director (Lead) PAPÀS Director
C. PAPÀS will provide yearly training to FCS staff to improve father engagement techniques in Child Welfare practice.	Spring 2016	Ongoing	PAPÀS Director <u>Update:</u> In April 2016 all FCS case carrying staff participated in a mandatory Fatherhood Engagement training with an expert in the field. The training was well-received by staff and most social workers felt they gained specific skills for identifying the needs of fathers and how to best meet those needs.

<p>D. PAPÀS and FCS will offer training to Dependency Court Systems participants regarding legal and social work practice issues specific to fathers.</p>	<p>Spring 2016</p>	<p>Spring 2016</p>	<p>FCS Assistant Division Director (Lead) PAPÀS Director</p>
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<p>Strategy 4: Expand and fully implement the Safety Organized Practice Model</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care, family engagement P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Complete Safety Organized Practice (SOP) training for all Child Welfare managers, supervisors and case carrying social workers.</p>	<p>In Process</p>	<p>Summer 2016 2017</p>	<p>FCS Assistant Division Director (Lead) HSD Staff Development</p> <p><u>Update:</u> All managers have had some or all of the Foundational training for SOP. Half of the supervisory and social work staff has completed the Foundational training. A majority of the social workers and supervisors who have completed Foundational training have completed some portion of the supportive learning modules designed to strengthen understanding of the tools and the manner in which families are engaged.</p>

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<p>B. Provide SOP training for the Court, attorneys and pertinent CBOs.</p>	<p>Fall 2015</p>	<p>Fall 2015 Completed</p>	<p>FCS Assistant Division Director (Lead) HSD Staff Development</p> <p><u>Update:</u> On October 28th, 2015 the Human Services Department Staff Development Division held SOP training for Dependency Court attorneys. Representatives from County Counsel, Parents Counsel and Minor’s Counsel all attended. On February 8th, 2016 FCS held an SOP informational session with the Dependency Court Judge.</p>
<p>C. Managers and supervisors will continue to support consistent use of SOP tools and practice principles.</p>	<p>In Process</p>	<p>Ongoing</p>	<p>FCS Management team (Lead)</p> <p>FCS Supervisor team</p>

Strategy 5: Update Resource Parent Handbook	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Caregiver training and support, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Identify which aspects of the handbook need to be updated.	January 2017	February 2017	FCS Licensing Supervisor (Lead) FCS Licensing Program Manager
B. Indicate needed corrections/updates on hard copies of those documents requiring changes.	February 2017	March, 2017	FCS Licensing Supervisor (Lead) FCS Licensing Program Manager
C. Solicit input from Resource Families as to ideas for additional documents to be included in handbook.	February 2017	March 2017	Roots & Wings Liaisons (Lead) Placement Coordinator
D. Add/adjust documents as needed.	March 2017	July 2017	FCS Licensing Supervisor (Lead) FCS Analyst Student Intern if available

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E. Develop a plan to distribute updated handbooks to Resource parents.	July 2017	August 2017	FCS Licensing Supervisor
F. Distribute updated handbooks.	August 2017	Ongoing	FCS Licensing Supervisor

Strategy 6: Educate Caregivers Regarding Mental Health Treatment And Psychotropic Medications For Youth	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Caregiver training, retention and support, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Meet with relevant stakeholders in Children’s Mental Health to ensure a shared understanding of current practices in the provision of children’s mental health services and decision making regarding prescribing psychotropic medication for foster youth.	September 2015	November 2015	FCS Assistant Division Director (Lead) FCS Licensing Program Manager <u>Update: Initiated discussion with CMH Supervisor and Manager regarding issues to be addressed in presentation/ training regarding available CMH services and education about the decision-making process and use of psychotropic</u>

			medications for children/youth.
B. Develop a summary of messages and information the department desires to have included in training for caregivers.	September 2015	November 2015	FCS Licensing Program Manager (Lead) CMH Program Manager <u>Update:</u> Discussions held with Cabrillo College FKCE Director regarding planning a presentation/ training on the topics of available CMH services and the decision-making process and use of psychotropic medications for children/youth.
C. Work with Cabrillo College's Foster and Kinship Care Education (FKCE) program to identify trainers with the required content knowledge.	December 2015	January 2016	FCS Licensing Program Manager (Lead) FCS Licensing Supervisor <u>Update:</u> Identified possible trainer.
D. Meet with identified trainer(s) to convey the desired messages and information to ensure trainer is prepared to deliver the desired training to caregivers.	January December 2016	February 2016 January 2017	FCS Licensing Program Manager (Lead) FCS Licensing Supervisor Cabrillo FKCE program
E. Work with FKCE to plan and hold training for caregivers.	February 2016 January 2017	June 2016 2017	Cabrillo FKCE program (Lead) FCS Licensing Supervisor Licensing Program Manager <u>Update:</u> Cabrillo College has opted out of foster parent training contract with FCS. FCS is currently in the process of

5 YEAR SIP STRATEGY MATRIX – SANTA CRUZ COUNTY

			contracting with provider(s) who can do this training.
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Strategy 7: Work with Health Services Agency and community partners to address lack of psychiatric services for parents with mild to moderate diagnoses.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene Workgroup. In addition to HSA, identify internal and community partners with necessary knowledge and resources. Invite Beacon Services staff.	January 2017	Ongoing	FCS Division Director (Lead) HSA workgroup representatives
B. Engage HSA’s Beacon Services and review existing psychiatric service array for clients with mild to moderate mental health issues. Determine feasibility to cover need for FCS clients, and what actions might be necessary to support program in this effort.	February 2017	March 2017	FCS Division Director (Lead) Workgroup

C. Survey FCS SW staff and AMH Clinicians identifying a) existing services, b) barriers and gaps in mental health services for clients and c) successful strategies in accessing services.	February 2017	March 2017	FCS Analyst (Lead) Workgroup
D. Survey local psychiatric services and determine accessibility to FCS clients. Determine barriers and identify strategies needed to increase accessibility.	February 2017	April 2017	FCS Analyst (Lead) Workgroup
E. Explore opportunities available through the ACA.	February 2017	April 2017	FCS Analyst (Lead) Workgroup
F. Reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully serve this population.	February 2017	April 2017	FCS Analyst (Lead) Workgroup
G. Review possible strategies and decide upon recommended strategies.	April 2017	May 2017	FCS Division Director Workgroup

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H. Develop implementation plan and set target dates for each step.	May 2017	June 2017	FCS Division Director (Lead) FCS Analyst Workgroup
I. Begin implementation	July 2017	Ongoing	FCS Division Director (Lead) FCS Analyst Workgroup

Strategy 8: Work with Health Services Agency and community partners to address gaps in service for parents with major mental health diagnoses	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene Workgroup. In addition to HSA, identify internal and community partners with necessary knowledge and resources.	January 2018	Ongoing	FCS Division Director (Lead) HSA Workgroup Representatives

B. Survey FCS SW staff, identifying: a) existing services, b) barriers and gaps in mental health services for clients and c) successful strategies in accessing services.	February 2018	March 2018	FCS Analyst (Lead) Workgroup
C. Survey existing community resources, determine accessibility for FCS population, and identify barriers to services and gaps in the existing service array.	February 2018	April 2018	FCS Analyst (Lead) Workgroup
D. Reach out to child welfare and mental health agencies from other counties to gather information about programs that successfully serve this population.	February 2018	April 2018	FCS Analyst (Lead) Workgroup
E. Identify possible funding streams, including MediCal and the ACA.	February 2018	April 2018	FCS Division Director (Lead) FCS Analyst Workgroup
F. Review possible strategies to fill service gaps and decide upon recommended strategies.	April 2018	May 2018	FCS Division Director (Lead) FCS Analyst Workgroup
G. Develop implementation plan and set target dates for each step.	May 2018	June 2018	FCS Division Director (Lead) FCS Analyst Workgroup

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H. Begin implementation of activities to fill service gaps.	July 2018	Ongoing	FCS Division Director FCS Analyst Workgroup
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Strategy 9: Work With Health Services Agency (HSA) To Ensure Availability And Effectiveness of Substance Abuse Treatment for FCS parents.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care, Service array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Increase HSD funding to nearly \$1.2 million per year to purchase substance abuse assessment and treatment services in order to ensure “treatment on demand” for FCS parents.	January 2015	Ongoing	HSD Director (Lead) FCS Division Director <u>Update:</u> Thanks to the budget increase, all FCS parents who participate in an assessment are receiving the level of treatment that is indicated based on the assessment. There are virtually no wait times for these services, except in some cases for residential treatment beds due to a need to wait for a bed to become available.

<p>B. Receive quarterly reports from Health Services Agency Alcohol and Drug Program regarding assessment-based recommended levels of treatment and treatment actually received by FCS parents, service utilization, and expenditures.</p>	<p>July 2015</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager HSA Alcohol & Drug Program Chief</p>
<p>C. Hold quarterly meetings with HSA Alcohol & Drug Program leaders to review and discuss quarterly data described in Step B.</p>	<p>July 2015</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p> <p><u>Update: FCS managers are meeting regularly with Alcohol and Drug program managers to coordinate services.</u></p>
<p>D. Work with ADP leaders and HSD Planning and Evaluation Unit to develop valid and available indicators of treatment effectiveness within the existing data.</p>	<p>October 2015</p>	<p>January 2016</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>
<p>E. Monitor any available effectiveness data at quarterly meetings.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>

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<p>F. Make program adjustments as needed based on data monitoring and review.</p>	<p>January 2016</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager ADP Chief ADP Program Manager</p>
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<p>Strategy 10: Partner with community based providers to develop aftercare support services for children & families exiting the CWS system.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Recurrence of maltreatment, median time to reunification, re-entries to foster care P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Contact other child welfare agencies to gather information about existing aftercare services for CWS clients in other jurisdictions and their effectiveness.</p>	<p>September 2015 2016</p>	<p>November 2015 2016</p>	<p>FCS Assistant Division Director (Lead) FCS Program Manager</p>
<p>B. Gather input from CWS clients, SWs, and service providers regarding types of services needed after case closure.</p>	<p>September 2015 2016</p>	<p>November 2015 2016</p>	<p>FCS Assistant Division Director (Lead) FCS Program Manager</p>

C. Identify funding sources to support the development of aftercare resources within the community.	December 2015 2016	June 2016 -2017	FCS Division Director
D. Conduct needed procurement and contract development activities in order to begin offering aftercare services in FY 16-17.	March 2016 -2017	June 2016 -2017	HSD Centralized Contracting Unit Service Provider(s)
E. Implement new aftercare services.	7/1/2016 July 2017	Ongoing	FCS Assistant Division Director Service Provider(s)

Strategy 11: Sustain FosterEd program.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Youth completing high school equivalency, Service Array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Engage FosterEd Steering Committee to strategize for program sustainability after grant funding expires June 30, 2015. Identify any additional partners that need	Ongoing	December 2015	County Office of Education (Lead) FCS Program Manager FosterEd Steering Committee Update: A task force including

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<p>to be engaged in this effort.</p>			<p>representatives from FCS, CASA, COE, FosterEd, and PVUSD collaborated to educate local school boards about the needs of foster youth and requested specific, dedicated funding through their allocated Local Control Funding Formula (LCFF) funds. Ongoing efforts include COE advocacy internal to school districts and CASA advocacy external to school districts. The task force has met with Assemblyman Mark Stone to ask for his support to request data regarding the outcomes of foster youth vis-à-vis the LCFF funding to ensure that needs are being met as the legislature intended.</p>
<p>B. Identify possible funding streams and means of accessing them.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>FosterEd Steering Committee (Lead) FCS Program Manager <u>Update:</u> COE is engaging local school districts to identify resources that can be used to leverage additional IV-E funding.</p>
<p>C. Include \$85,000 for FosterEd sustainability in the HSD budget for FY 2015-16.</p>	<p>June 2015</p>	<p>June 2015 Completed</p>	<p>FCS Division Director (Lead) HSD Director Board of Supervisors</p>
<p>D. Engage School Districts to discuss the use of the Local Control Funding Formula as a possible funding stream.</p>	<p>Ongoing</p>	<p>December 2015</p>	<p>County Office of Education (Lead) FosterEd Steering Committee <u>Update:</u> LCAP/LCFF direct support dollars have been requested from LCAP writers in October 2015. A</p>

			Superintendents Council LCAP/LCFF request followed in Spring 2016 along with individual district liaison meetings for the same purpose.
E. Evaluate existing funds and resources as leverage to maximize IV-E funding support.	Ongoing	December 2015	County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager <u>Update:</u> Title IV-E Billing has expanded in Q3, 2016 to include the largest school district – PVUSD, as well as Santa Cruz City Schools, Live Oak Unified, and San Lorenzo Valley school districts. Adding these new Districts along with SCCOE Alternative Education – Captures Approx. 90% of K-12 FY in Title IV-E Drawdown.
F. Develop sustainability plan based on secured funding commitments.	Ongoing	December 2015 September 2016	County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager <u>Update:</u> FosterEd's year 3 evaluation report is underway and will be completed by the end of September 2016. As with their year 1 and 2 reports, the hope is to show evidence for future sustainability.
G. Develop strategies to secure future funding to replace sun-setting funding streams and additional funds to allow expansion of the existing FosterEd program.	December 2015	Ongoing	County Office of Education (Lead) FosterEd Steering Committee FCS Program Manager

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Strategy 12: Expand and enhance Leaps & Bounds Services to additional CWS Families with Children Ages 0-5.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Median time to reunification, recurrence of maltreatment, re-entries to foster care P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Identify funding options to determine feasibility of expanding and enhancing the Leaps & Bounds program.	December 2015	June 2016 Completed	FCS Division Director (Lead) Leaps & Bounds Program Manager Update: Initiated discussion with Parents Center Director. Confirmed that Parents Center welcomes the idea of expanding the current Leaps & Bounds program to include an additional Children's Services Coordinator
B. Develop a connection between FCS and the Child Care Planning Council. If feasible, arrange for a presentation or discussion with the Planning Council regarding Leaps & Bounds program and potential program enhancements.	December 2015	June 2016	FCS Division Director (Lead) Leaps & Bounds Program Manager

<p>C. If funding is identified, increase the contract with Parents Center for Leaps & Bounds services to provide for expansion/enhancements.</p>	<p>March 2016</p>	<p>June 2016 Completed</p>	<p>Centralized Contracting Unit (Lead) FCS Analyst <u>Update:</u> Worked with Parents Center’s fiscal staff to prepare preliminary budget for expanded program.</p>
<p>D. Hire and train additional Children’s Services Coordinators (CSCs). Number of new staff to be determined based on agreed upon level of expansion (20 children can be served by each CSC at a time).</p>	<p>July 2016</p>	<p>August 2016</p>	<p>Leaps & Bounds Program Manager (Lead) Parents Center <u>Update:</u> Amended the Parents Center contract on February 8, 2016. Parents Center hired an additional half-time staff person to serve families who are not participants in Family Preservation Court.</p>
<p>E. Implement expanded/enhanced Leaps & Bounds services.</p>	<p>September, 2016</p>	<p>Ongoing</p>	<p>Leaps & Bounds Program Manager (Lead) Parents Center <u>Update:</u> Expanded service provision began the end of May 2016.</p>

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Strategy 13: Collaborate with Encompass Community Services' Transition Age Youth program to provide a full-time coordinator for Permanency Transition Meetings (PTM's).	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Service Array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care) <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Identify funding options to add a full-time PTM Coordinator to the Transition Age Youth (TAY) program.	December 2016	June 2017 Completed	FCS Division Director (Lead) Encompass TAY Program Manager
B. If funding is identified, increase the contract with Encompass/TAY to provide a full-time PTM coordinator.	March 2017	June 2017 Completed	Centralized Contracting Unit (Lead) FCS Analyst <u>Update:</u> Amended Encompass contract in February 2016 to provide a full-time coordinator for PTM meetings.
C. Develop a plan and procedures for how PTM's will be coordinated and facilitated by the new PTM coordinator.	March 2017	June 2017	FCS Program Manager (Lead) Encompass TAY Program Manager <u>Update:</u> Encompass is currently developing its model for PTM meetings and working with Children's Mental Health and HSD to determine how they can be combined with Katie A Child & Family Team Meetings for youth receiving Katie A services.

D. Implement enhanced PTM's in collaboration with Encompass TAY services.	June 2017	Ongoing	FCS Program Manager (Lead) Encompass TAY Program Manager
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Strategy 14: Continue to develop as a trauma-informed agency.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Family engagement, Service array, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P4 Re-entry into Foster Care in 12 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Together with Children's Mental Health and other Santa Cruz County partners, participate in the grant-funded Bay Area Trauma Informed System of Care (BATISC) project.	July 2015	Ongoing	FCS Division Director (Lead) FCS Program Manager <u>Update:</u> Children's Mental Health has had two Supervisors trained as trainers in the Trauma Informed Systems (TIS) training that was developed by the San Francisco County public health department. Training was provided to 40 Health Services employees with the goal of training all of HSA's work force.

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<p>B. Through the BATISC project, conduct research on best practices in trauma informed service delivery.</p>	<p>July 2015</p>	<p>December 2015 2016</p>	<p>FCS Division Director (Lead) FCS Program Manager</p>
<p>C. Through the BATISC project, identify needed steps and create a plan to incorporate additional trauma informed practices into Family & Children’s Services practices and procedures.</p>	<p>December 2015 2016</p>	<p>June 2016 2017</p>	<p>FCS Division Director (Lead) FCS Program Manager <u>Update:</u> Children’s Mental Health is also inviting staff from HSD, Probation, Schools and our CBO’s to participate in the trainings and have their staff become trainers. This will be a year long process.</p>
<p>D. Implement the plan.</p>	<p>June 2016 2017</p>	<p>Ongoing</p>	<p>FCS Division Director (Lead) FCS Program Manager</p>

PROBATION

<p>Strategy 1: Provide Transition Program to facilitate community transitions and improve reunification outcomes.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Placement Stability and, Family Reunification</i>, P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P5 Placement Stability</p>	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. With the assistance of the FUERTE program, develop Transition services, procedures and programming to ensure successful return to the community.</p>	<p>July 15, 2015</p>	<p>September 30, 2015 Completed</p>	<p>Probation Department: Division Director, Assistant Division Director; Encompass Youth Services, Program Director, Clinician(s), Transitional Specialist, Applied Survey Research Analysts.</p> <p><u>Update:</u> Santa Cruz County Probation Department was awarded the Mentally Ill Offender Crime Reduction Grant (MIOCR) by the BSCC. In partnership with Encompass, the FUERTE program has been established which is inclusive of providing in-home therapy using Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), transitional services and probation supervision to facilitate placement stability and family reunification.</p>
<p>B. Advertise and Hire new Transition Specialist position,</p>	<p>July 15, 2015</p>	<p>September 15, 2015 Completed</p>	<p>Encompass Youth Services; Probation Division Director and Assistant Division Director</p>

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<p>C. Hire In-home clinician to work with the family in their home while the youth is in placement.</p>	<p>July 15, 2015</p>	<p>September 15, 2015 Completed</p>	<p>Encompass Youth Services; Probation Division Director and Assistant Division Director</p>
<p>D. Develop and hire a Probation position which handles a specialized caseload of youth with mental health diagnoses including youth in placement.</p>	<p>July 15, 2015</p>	<p>September 15, 2015 Completed</p>	<p>Probation Division Director and Assistant Division Director; Encompass Youth Services</p>
<p>E. Commence with referrals and services</p>	<p>October 1, 2015</p>	<p>July 2020</p>	<p>Probation staff and Encompass staff Update: FUERTE program started accepting referrals in late October 2015 and the roster continues to be filled quickly. We have at time had waiting lists. Placement youth continue to be referred and served by the program. 4 placement youth have been referred and two have successfully completed the program to date.</p>
<p>F. Monitor and adjust program as needed.</p>	<p>October 1, 2016</p>	<p>Quarterly through July 2020</p>	<p>Probation Division Director, Assistant Division Director and Systems Analyst; Encompass Program Director</p>

Strategy 2: Implement a Responsivity Tool.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Placement Stability and Family Reunification</i> P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P5 Placement Stability <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Research Risk Need and Responsivity tools and resources to apply to Placement Screening to ensure placements with program that have the best success outcomes and stability of youth in programs.	July 1, 2015	October 1, 2015 Completed	Placement Supervisor, Assistant Division Director and Division Director <u>Update:</u> Use of the Department's Juvenile Assessment and Intervention System tool (JAIS) provides for Risk Assessment while in facilities/programs. This continues to be utilized to assess Risk and Need for youth in out of home placements.
B. The Department will develop a formal process to monitor Risk Need and Responsivity relative to holding placement providers accountable for successful outcomes and to identify the most appropriate placements.	October 1, 2015	December 1, 2015 Completed	Placement Supervisor, Assistant Division Director and Division Director <u>Update:</u> Probation has developed a process to monitor Risk, Need and Responsivity relative to holding placement providers accountable for successful outcomes and to identify the most appropriate placements.
C. Monitor Placement Stability and Outcomes; (adjust process as needed) by reviewing placement stability rates, treatment goal completion rates, successful community(return to home)	December 1, 2015	Quarterly through July 2020	Placement Supervisor, Assistant Division Director and Division Director <u>Update:</u> The Department currently monitors placement stability and

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transition rates.			outcomes by reviewing placement stability rates, treatment goal completion rates, successful community (return to home) transition rates.
D. Monitor one (1) year post placement stability and outcomes; adjust process as needed.	December 2016	Yearly (based on placement release dates) through July 2020	Placement Supervisor, Assistant Division Director and Division Director

Strategy 3: In depth communication with parents to identify expectations of parents, probation and placement providers and greater inclusion of parents/guardians in case planning.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>Family Engagement, Family Reunification and Transitioning youth</i> P1 Permanency in 12 months (Entering Foster Care), P3 Permanency in 12 months (24+ months in care), P5 Placement Stability	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. The Department will develop a Parent/Youth driven Case Plan template to be completed by the youth and parent to identify their desired goals and outcomes relative to placement	July 1, 2015	October 1, 2015 Completed	Placement Supervisor, Assistant Division Director and Division Director

<p>B. The Department will develop a “Placement Orientation” meeting design and document to inform parents of: Placement guidelines, Court requirements, Visitation and Therapy requirements, and define the role of the parent, youth, probation officer, placement provider and Transitional Services Team (if funded).</p>	<p>July 1, 2015</p>	<p>October 1, 2015 Completed</p>	<p>Placement Supervisor, Assistant Division Director and Division Director</p> <p><u>Update:</u> The initial meeting with the family and the Placement PO is designed for the PO to provide the family with placement information and answer questions related to the proposed placement. Information outlined in B Action Steps is reviewed as well as Transitional Planning.</p>
<p>C. Utilize the Case Plan template to complete the required Placement Case Plan with parents and youth.</p>	<p>October 15, 2015</p>	<p>July 2020</p>	<p>Placement Supervisor, Placement Officers</p> <p><u>Update:</u> Probation utilizes the required placement case plan with parents and youth. The case plan is revisited frequently with the parent and youth to ensure everyone is on the same page and informed. Parents and youth in placement meet monthly with the probation officer to address the progress in the placement program and review the case plan.</p>
<p>D. Monitor and adjust communication and inclusion materials and goals with feedback from parents, youth, probation staff and placement providers</p>	<p>April 1, 2016</p>	<p>Every 6 months through July 2020</p>	<p>Placement Supervisor, Placement Officers, Assistant Division Director and Division Director</p>

