

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Shasta County
SIP Period Dates	June 12, 2015 – June 11, 2020
Outcome Data Period	Quarter ending: December 31, 2015

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Public Agency Designated to Administer CAPIT and CBCAP

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Board of Supervisors (BOS) Signature

BOS Approval Date	N/A
Name	
Signature*	

Mail the original Signature Sheet to:

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Attention: Bureau Chief
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*Signatures must be in blue ink

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California - Child and Family Services Review

Annual SIP Progress Report

JUNE 2015 – JUNE 2016



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Introduction

The California-Children and Family Services Review (C-CFSR) an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The C-CFSR is a cyclical process which begins with the identification and analysis of the current system through the Child Welfare and Probation County Self-Assessment and Peer Review, and leads to development and implementation of solutions which are tested in the System Improvement Plan, and an ongoing evaluation and revision of those solutions for continuous improvement. To meet the changing needs of the system over time, activities are monitored and may be updated through the Annual System Improvement Plan Progress Report. Working toward the continuous quality improvement of strategies to improve the safety, permanency, and well-being of children, Shasta County has implemented a quality monitoring and improvement step that includes periodic review of and opportunity for input into the C-CFSR process by the Continuous Quality Improvement Committee. This collaborative group includes decision makers within County and community organizations as well as individual community stakeholders.

The County Self-Assessment is completed every five years in coordination with local community partners. The 2015 Shasta County Self-Assessment was a comprehensive Child Welfare and Probation program assessment to determine the effectiveness of current practice, programs and resources across the continuum of Child Welfare and Probation placement services (from prevention and protection through permanency and aftercare) and to identify areas for targeted system improvement. The Shasta County Self-Assessment team completed the self-assessment using a variety of methods: gathered and analyzed information and data; actively participated in the Peer Review; and conducted focus groups and administered surveys as a means to engage stakeholders and obtain feedback about the quality of the Child Welfare and Probation systems as well as the provision of services to children and families in the community. Results obtained utilized a combination of quantitative analysis; qualitative information gathered from child welfare source experts, County leadership, survey/focus group input, and literature reviews; in addition to periodic review and input by the Continuous Quality Improvement Committee.

The Peer Review provided Shasta County with qualitative information about programs by examining child welfare practices and policies that impact Placement Stability outcomes for children and families. The Peer Review identified themes of agency strengths and areas needing improvement for Child Welfare and Probation. During the review, staff from peer counties interviewed Shasta County case-carrying social workers and probation officers regarding county practice and promoted the exchange of best practice ideas.

The Child Welfare and Probation System Improvement Plan is developed every five years in coordination with local community partners. The System Improvement Plan is based on data collected through the County Self-Assessment and Peer Review. The 2015-2020 Shasta County System Improvement Plan is the operational agreement between the county and state, outlining how the county will improve their system of care for children and families. The System Improvement Plan includes a plan for how the county will utilize prevention, early intervention and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families. The System Improvement Plan also includes a plan to help children find permanent families when they are unable to return to their family of origin. *The System Improvement Plan is a commitment to specific targeted and measurable improvements and is not intended to be the*

county's comprehensive child welfare plan. The System Improvement Plan includes specific action steps, timeframes, and improvement targets.

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

Shasta County had extensive stakeholder input on the development of the System Improvement Plan throughout the County Self-Assessment and Peer Review process. As the C-CFSR is a continuous quality improvement model, Shasta County has worked toward continuing development, implementation, and evaluation of strategies to improve safety, permanency, and well-being of children. The Continuous Quality Improvement Committee, a collaborative group that includes decision makers within County and community organizations as well as individual community stakeholders, provides review of and input into the C-CFSR process.

In October 2015, the C-CFSR Children's Services and Probation Core Team reviewed with the Continuous Quality Improvement Committee, the System Improvement Plan Strategies and Action Steps, the Priority Outcome Measures baseline data and improvement goal targets. The Core Team also presented the proposed Oversight Committee structure being developed at that time to ensure the evaluation and monitoring of System Improvement Plan Strategies and Action Steps along with the concurrent implementation of New Initiatives.

In March 2016, the C-CFSR Children's Services and Probation Core Team delivered a dynamic interactive presentation with the Continuous Quality Improvement Committee:

- Group #1 – Families First, Centered, All About
 - Provided an overview of the System Improve Plan Strategy: Differential Response / Safety Organized Practice RED Team – Review reports of child maltreatment, Evaluate all available information, and Direct the agency response.
 - Presented a RED Team Demonstration that actively demonstrated the System Improvement Plan Strategy and encouraged participation/interaction/questions/suggestions from the Continuous Quality Improvement Committee.
- Group #2 – Quality Families for Children
 - Provided an overview of the System Improvement Plan Strategy: Family/Natural Supports and Connectivity Finding/Engagement
 - Facilitated a Family/Natural Supports and Connectivity Finding Focused Conversation soliciting input from the Continuous Quality Improvement Committee (that included, but was not limited to, Parents, Parent Leaders, Service Providers, Care Providers, Community Based Organizations, Child Welfare staff, Social Services staff, Mental Health staff, Probation Staff, and Public Health staff). The conversation focused on what each considered most important in Family/Natural Supports and Connectivity Finding. A summary of the feedback highlights included:
 - Reducing the trauma of being in out of home care.
 - Reducing the length of stay in out of home care.

- Increasing connectivity for families. Helping families working on their case plan get connected to others. Helping parents focus.
- Helping families build a critical network of support immediately. Exploring faith-based parent partners and mentors. Exploring “pre-fab” family support – designated groups of people to provide support for families who have no support networks until the families can build new support networks.
- Exploring ways to fix poor social connections. Utilizing connection building prevention activities such as Parent Cafés.
- Helping families to repair broken relationships. Finding relations then helping families build connections.
- Connecting children/youth who cannot be with their parents to someone they know. Connecting youth aging out to community resources.
- Casting a wide net – a spider web looking for Family/Natural Supports and Connections.
- Keeping Care Providers in the loop. With a release of information from parents, former Care Providers could be helpful.
- Some concerns:
 - This is not a one-time activity, it needs to continue throughout the life of the case. Continuously make efforts to find family and create connections.
 - Staff searching for Family/Natural Supports and Connections need to be considerate that often their phone calls/letter are “out of the blue” and take people by surprise. Staff need to be sensitive, genuine, and assist the family as they deliver the information.
- Group #3 – Structured System Engaged w/ Families & Others
 - Provided an overview of the System Improvement Plan Strategy: Safety Organized Practice including Facilitated Child and Family Focused Meetings
 - Safety Circles Demonstration – Using Safety Circles for identifying people for the families’ safety network.
 - Inner Circle – “Who are the people in your life and your child’s life who already know what has happened (that led to child protection services being involved with your family)?”
 - Middle Circle – “Who are the people in your life and the kids’ lives who know a little bit about what has happened, who maybe know that something has happened but don’t know the details?”
 - Outer Circle – “Who are the people who don’t know anything about what has happened?”
 - Moving people from the outer circles to the inner circles – Children’s Services/Probation was reminded by our Continuous Quality Improvement Committee members that although Safety Circles are necessary and helpful, it can feel like a very invasive process. We are asking our families to provide the agency with very personal information and then we are asking them to share with those on their outer circle to increase the number in their inner circle. This can be very difficult and vulnerable for the parents.
- Group #4 – CQI – Understanding and Healing Trauma
 - Provided an educational overview of the Continuous Quality Improvement Strategy: Trauma-Informed Care
 - What Trauma-Informed Care Means
 - “A trauma-informed Child Welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.” (The Chadwick Trauma-Informed Systems Project)

- The three “E’s” of Trauma and the four “R’s” of a Trauma-Informed Approach
 - The three “E’s” of Trauma – “Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual’s function and mental, physical, social, emotional, or spiritual well-being.” (SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach)
 - The four “R’s” of a Trauma-Informed Approach – “A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and other involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist re-traumatization**.” (SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach)

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

The California Department of Social Services (CDSS) provides quarterly data reports that include county level outcome-based data focused on core safety, permanency and well-being measures. The data is derived from the Child Welfare Services/Case Management System (CWS/CMS). Baseline data (Quarter 1 of Calendar Year 2014) was analyzed in the County Self-Assessment and used to inform and guide both the Peer Review and System Improvement Plan. The quarterly data reports are used to track state and county outcome measure performance over time. The County Self-Assessment and Peer Review allowed a systematic assessment of program strengths and limitations in order to improve service delivery. The System Improvement Plan linking of program processes and performance with outcome measures helps evaluate progress. The process is a continuous cycle and the county systematically attempts to improve outcomes.

NEW OUTCOME MEASURES

In September 2015 CDSS notified counties of changes to the C-CFSR relative to new data outcomes replacing the existing federal composite measures. The previous 17 federal data outcome measures (CFSR2) have been replaced, updated, or eliminated to produce a total of seven new data outcome measures (CFSR3). 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. Counties are required to report on the new outcome measures in C-CFSR documents due to CDSS after October 1, 2015.

Following is a CFSR3 Data Overview from the California Child Welfare Indicators Project (CCWIP) - Center for Social Services Research, School of Social Welfare, University of California, Berkeley:

- Safety
 - 3-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?
 - What’s changed?
 - Rate of maltreatment per child days in foster care vs. percentage of children not maltreated in foster care

- Includes all maltreatment types by any perpetrator vs. just maltreatment by foster parents/facility staff
 - Includes all days in foster care during the year (across episodes)
 - Multiple incidents of substantiated maltreatment for the same child are included in the numerator
- 3-S2: Recurrence of maltreatment
Of all children who were victims of a substantiated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?
 - What's changed?
 - Window is 12 months vs. 6 months
 - Recurrence vs. no recurrence
- Permanency
 - 3-P1: Permanency in 12 months for children entering foster care
Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?
 - What's changed?
 - Expanded definition of permanence includes reunification, adoption, or guardianship vs. reunification only
 - Includes all children entering foster care during the year vs. just those who were removed for the first time
 - Entry cohort window is 12 months vs. 6 months
 - 3-P2: Permanency in 12 months for children in foster care for 12 to 23 months
Of all children in foster care on the first day of the 12-month period, who had been in foster care (in that episode) for 12-23 months, what percent discharged to permanency within 12 months of the first day?
 - What's changed?
 - New measure with an intermediate time period (between 12 and 23 months)
 - 3-P3: Permanency in 12 months for children in foster care for 24 months or more
Of all children in foster care on the first day of the 12-month period, who had been in foster care (in that episode) for 24 or more months, what percent discharged to permanency within 12 months of the first day?
 - What's changed?
 - nothing
 - 3-P4: Re-entry to foster care
Of all children who enter foster care in a 12-month period and are discharged within 12 months to reunification or guardianship, what percent re-entered foster care within 12 months of their date of discharge?
 - What's changed?
 - Entry cohort (denominator includes all children who enter care during the year and exit within 12 months) vs. all children who exit during the year
 - Includes exits to reunification and guardianship vs. reunification only

- 3-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?
- What’s changed?
 - Entry cohort vs. all children in care for less than 12 months
 - Controls for time in care by constructing a moves/placement day vs. the number of moves per child
 - Accurately accounts for actual number of moves vs. the prior “2 or more” indicator

Because of the New Outcome Measure methodologies, Probation is no longer below the National Standard for:

- 3-P4 Re-entry to foster care in 12 months and
- 3-P5 Placement stability

Shasta County Probation performed above the National Standard in 2014 (baseline) and continues to perform above the National Standard as of Q4 2015 (most recent) for these data measures.

CWS Outcomes System Summary for Shasta County–03.31.16						Time Period 44 -- Jul 14 (Q1 14)		Baseline
Report publication: Apr2016. Data extract: Q4 2015. Agency: Probation.						Time Period 51 -- Apr 16 (Q4 15)		Most Recent
Measure number	Measure description	National Standard	Baseline start date	Baseline end date	Baseline performance	Most recent start date	Most recent end date	Most recent performance
Permanency								
3-P1	Permanency in 12 months (entering foster care)	> / = 40.5	04/01/12	03/31/13	0.0	01/01/14	12/31/14	7.1
3-P2	Permanency in 12 months (in care 12-23 months)	> / = 43.6	04/01/13	03/31/14	25.0	01/01/15	12/31/15	0.0
3-P3	Permanency in 12 months (in care 24 months or more)	> / = 30.3	04/01/13	03/31/14	16.7	01/01/15	12/31/15	0.0
3-P4	Re-entry to foster care in 12 months	< / = 8.3	04/01/11	03/31/12	0.0	01/01/13	12/31/13	0.0
3-P5	Placement stability	< / = 4.12	04/01/13	03/31/14	2.31	01/01/15	12/31/15	1.94

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

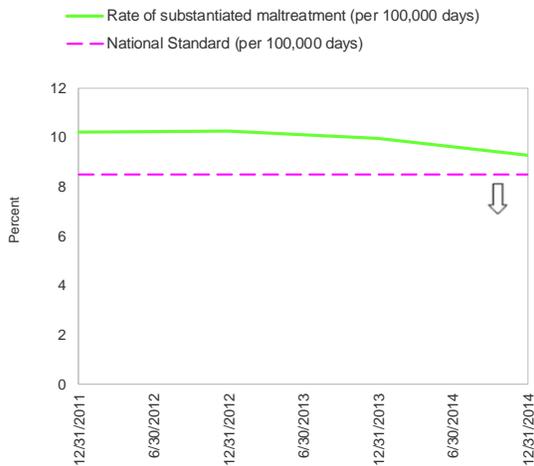
Instead Shasta County Probation System Improvement Plan will focus on the following Outcome Measures that performed below the National Standard in 2014 (baseline) and continue to perform below the National Standard as of Q4 2015 (most recent):

- 3-P1 Permanency in 12 months (entering foster care),
- 3-P2 Permanency in 12 months (in care 12-23 months), and
- 3-P3 Permanency in 12 months (in care 24 months or more).

Following is a glance at the new measures as they apply to Shasta County Children’s Services and Shasta County Probation (Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)):

- Safety
 - **3-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?*

**California (Child Welfare):
3-S1--Maltreatment in foster care**



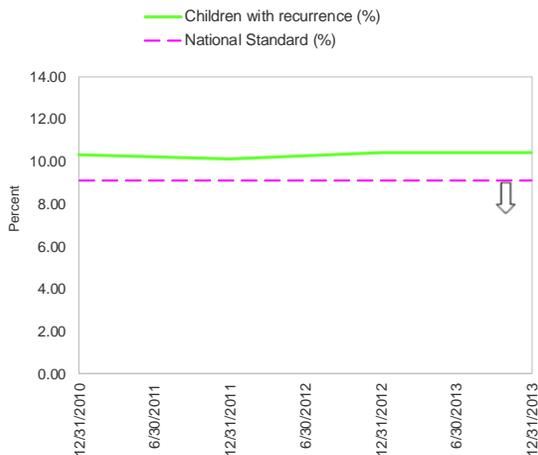
**Shasta County: (Child Welfare)
3-S1--Maltreatment in foster care**



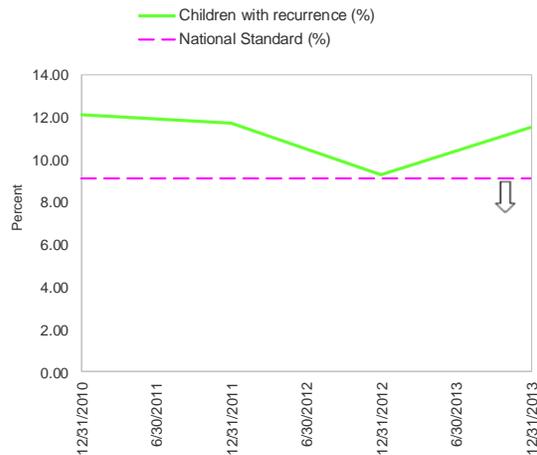
This measure indicates whether the child welfare agency ensures that children do not experience abuse or neglect while in the foster care system. The indicator holds counties accountable for keeping children safe from harm while under the responsibility of the county, no matter who perpetrates the maltreatment while the child is in foster care. The National Standard is less than or equal to 8.50 substantiated maltreatments for every 100,000 days of foster care. Unlike the California Child Welfare state average that has consistently been above the National Standard, Shasta County Child Welfare has successfully been below this rate for the past four years.

- 3-S2: Recurrence of maltreatment:** *Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?*

**California (Child Welfare):
3-S2--Recurrence of maltreatment**

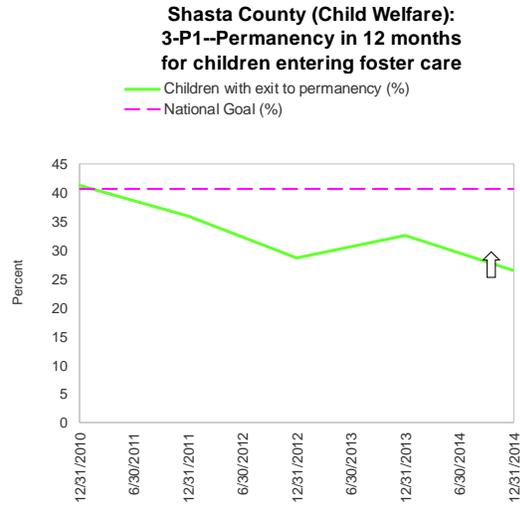
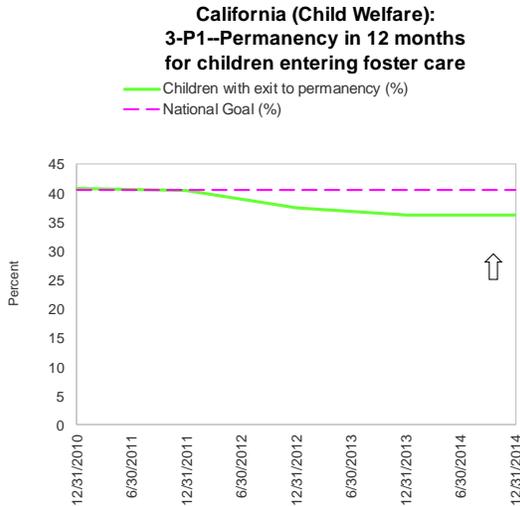


**Shasta County (Child Welfare):
3-S2--Recurrence of maltreatment**

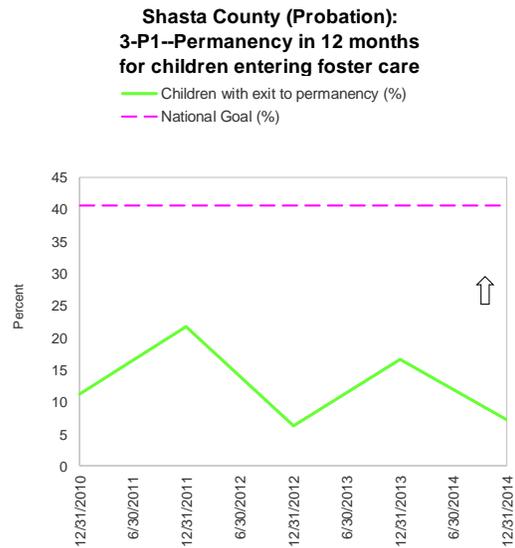
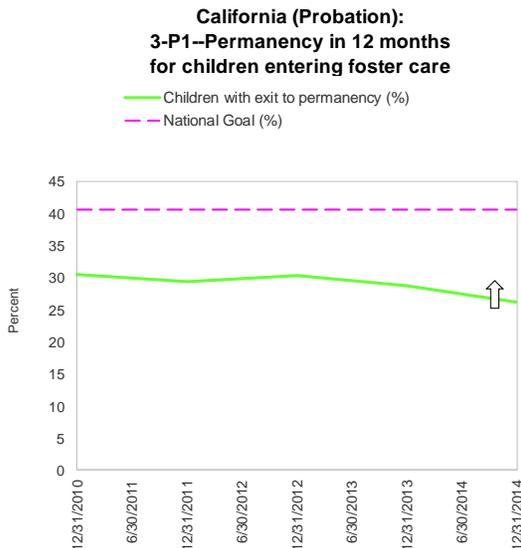


This measure indicates whether the child welfare agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment. The National Standard is less than or equal to 9.1% of all children who were victims of a substantiated maltreatment report during a 12-month reporting period that were victims of another substantiated report within 12 months of their initial report. Like the California Child Welfare state average that has consistently been above the National Standard, Shasta County Child Welfare has been unsuccessful as it has remained above this percentage also. This is an area needing improvement for Shasta County Child Welfare.

- Permanency
 - **3-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?*

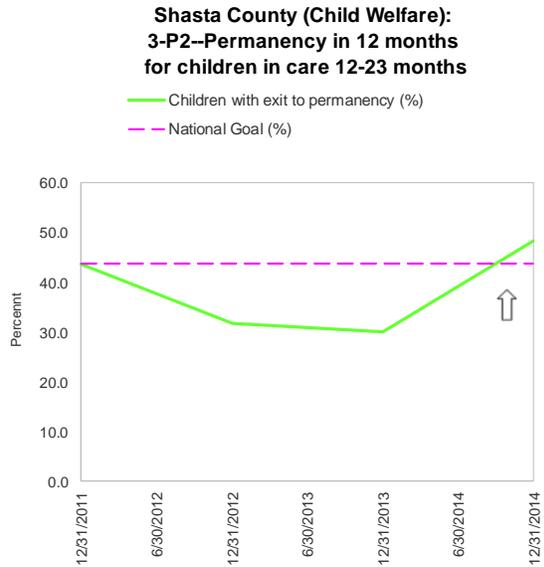
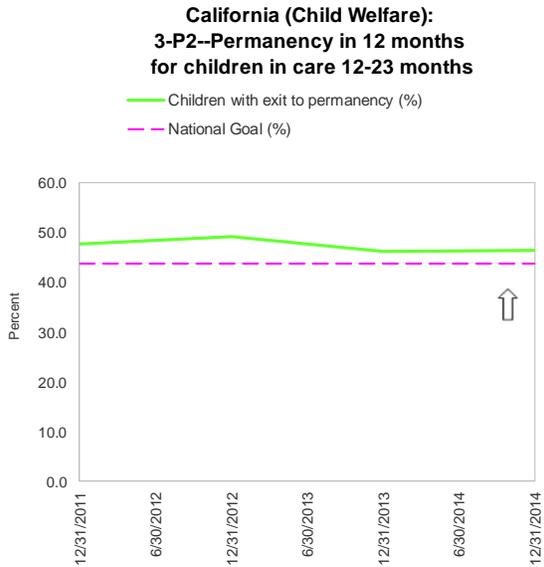


This measure indicates whether the Child Welfare/Probation agency reunifies or places children in safe and permanent homes as soon as possible after removal. The National Standard is greater than or equal to 40.5% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care. Similar to the California Child Welfare state average that has consistently been below the National Standard, Shasta County Child Welfare has performed below the National Standard also. This is an area needing improvement for Shasta County Child Welfare.

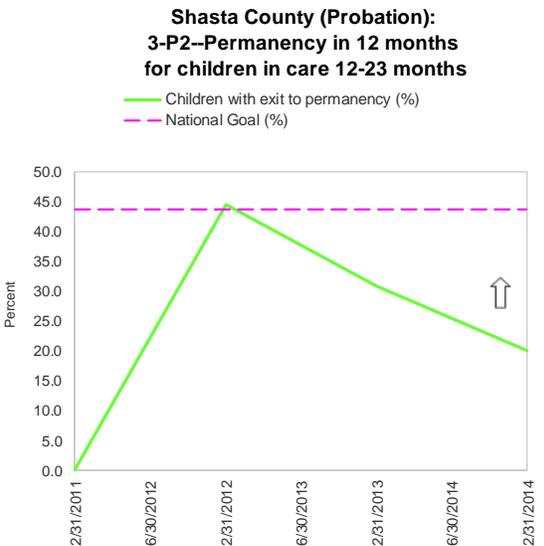
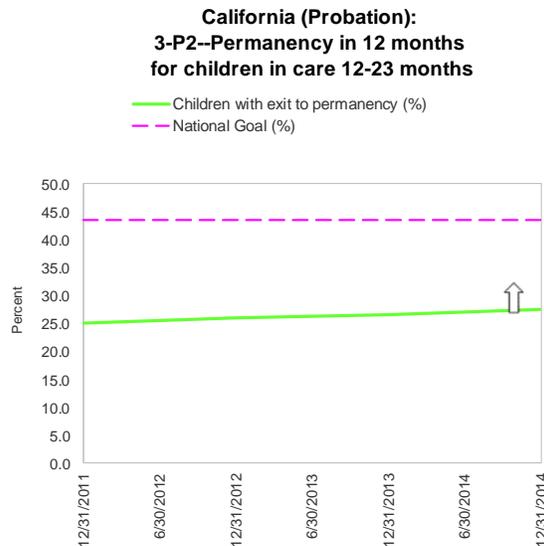


Similar to the California Probation state average that has consistently been below the National Standard, Shasta County Probation has performed below the National Standard also. This is an area needing improvement for Shasta County Probation.

- 3-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?*

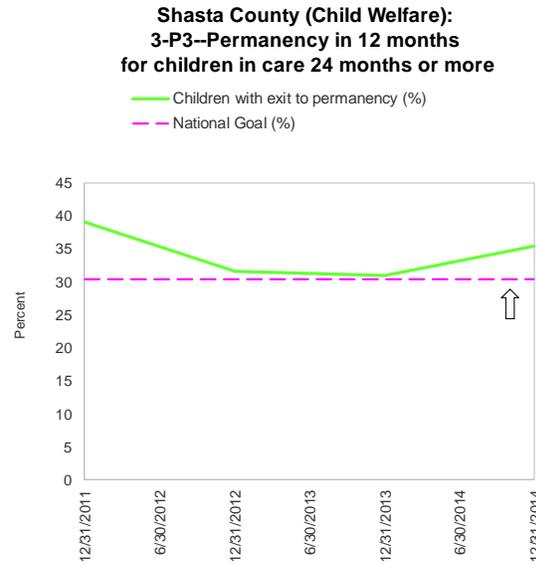
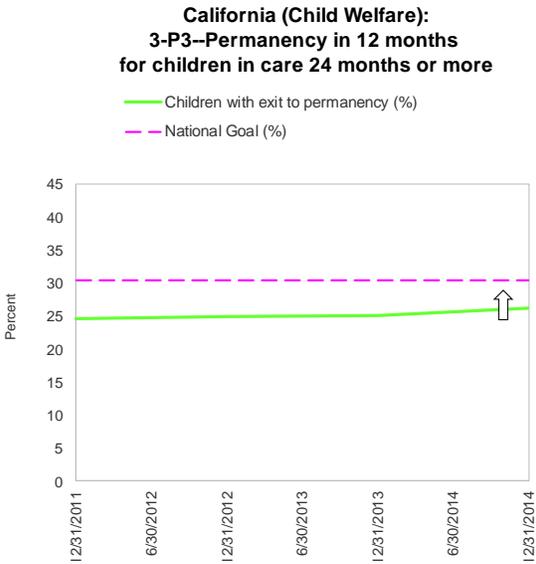


This measure indicates whether the Child Welfare/Probation agency reunifies or places children in safe and permanent homes timely if permanency was not achieved in the first 12 to 23 months of foster care. The National Standard is greater than or equal to 43.6% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period. Unlike the California Child Welfare state average that has consistently been above the National Standard, Shasta County Child Welfare has performed predominantly below the National Standard. This is an area needing improvement for Shasta County Child Welfare.

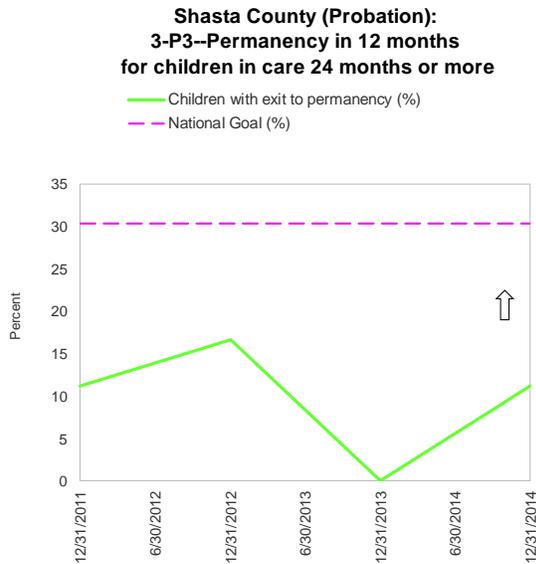
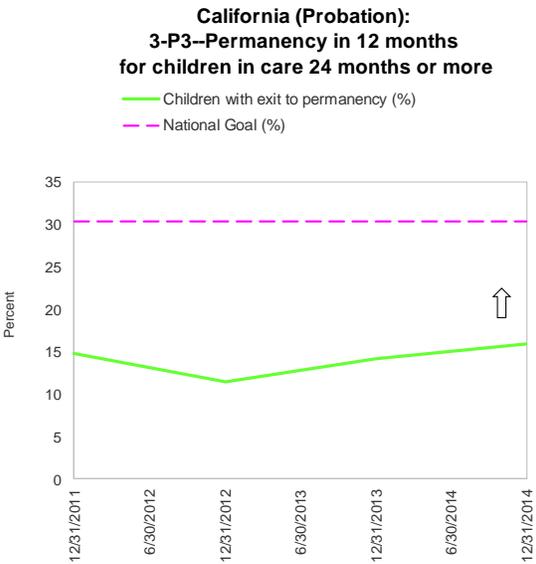


Similar to the California Probation state average that has consistently been below the National Standard, Shasta County Probation has predominantly performed below the National Standard also. This is an area needing improvement for Shasta County Probation.

- 3-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?*

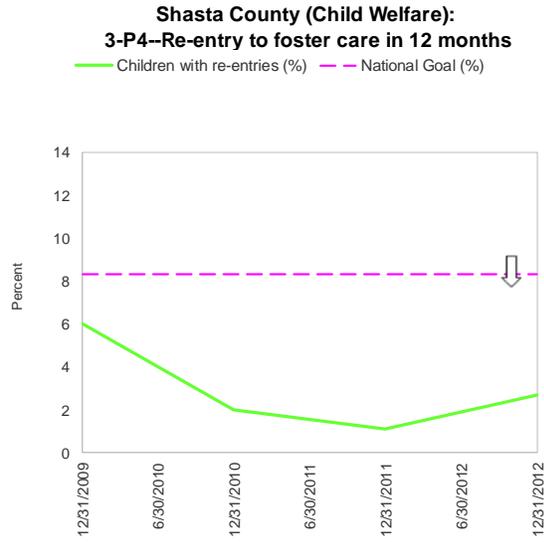
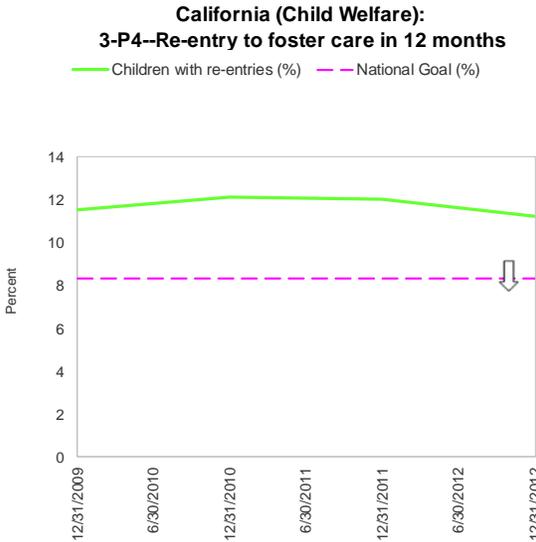


This measure indicates whether the Child Welfare/Probation agency continues to ensure permanency for children who have been in foster care for longer periods of time. The National Standard is greater than or equal to 30.3% of all children in foster care on the first day of a 12 month period who had been in foster care for 24 months or more, that were discharged to permanency within 12 months of the first day. Unlike the California Child Welfare state average that has consistently been below the National Standard, Shasta County Child Welfare has successfully consistently performed above the National Standard.

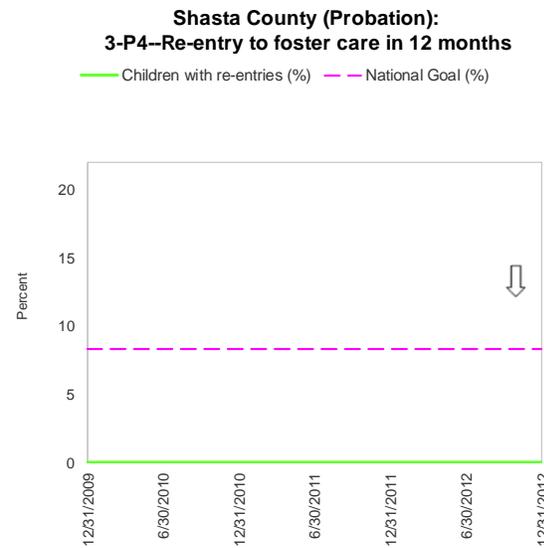
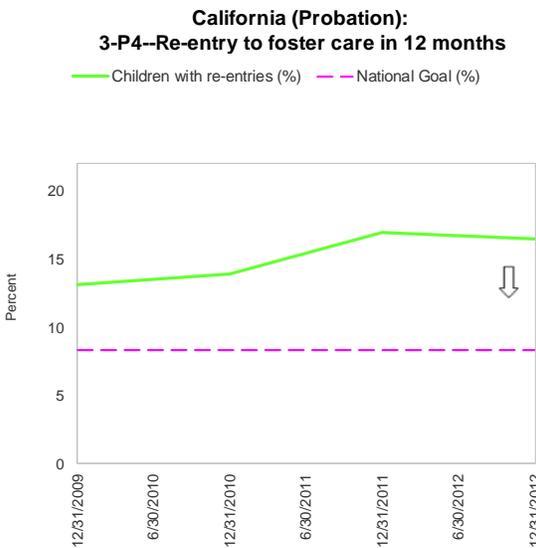


Like the California Probation state average that has consistently been below the National Standard, Shasta County Probation has performed below the National Standard also. This is an area needing improvement for Shasta County Probation.

- 3-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?*



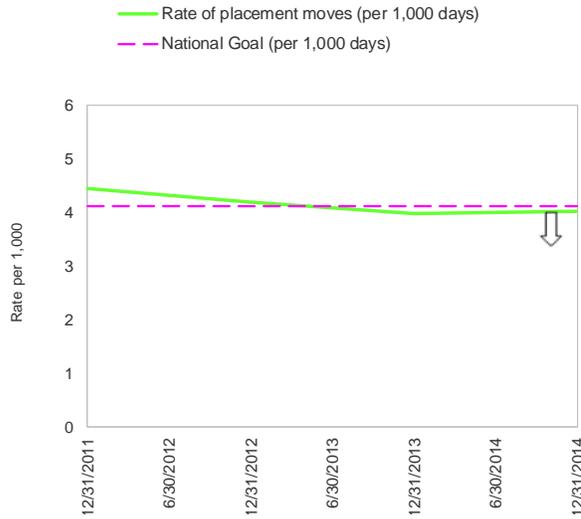
This measure indicates whether the Child Welfare/Probation agency’s programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. The National Standard is less than or equal to 8.3% of all children who enter foster care in a 12-month period who discharged within 12 months to re-unification, live with relative, or guardianship, that re-entered foster care within 12 months of their discharge. Unlike the California Child Welfare state average that has consistently been above the National Standard, Shasta County Child Welfare has successfully performed below the National Standard consistently.



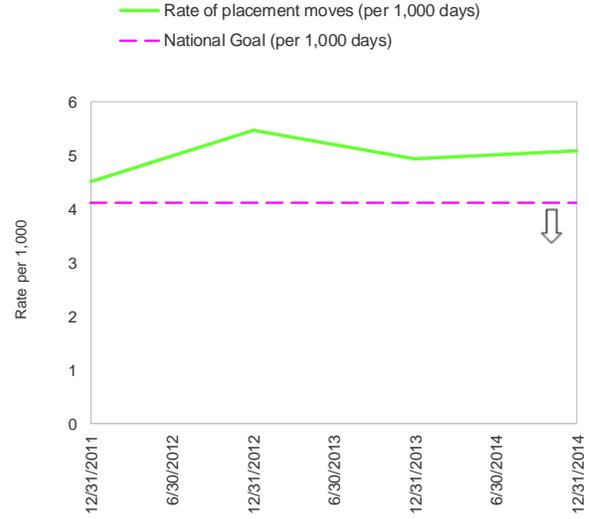
Unlike the California Probation state average that has consistently been above the National Standard, Shasta County Probation has performed below the National Standard.

3-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?*

California (Child Welfare): 3-P5--Placement stability

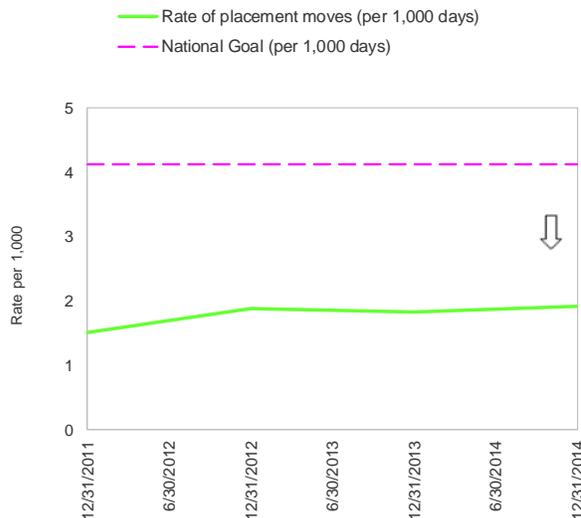


Shasta County (Child Welfare): 3-P5--Placement stability

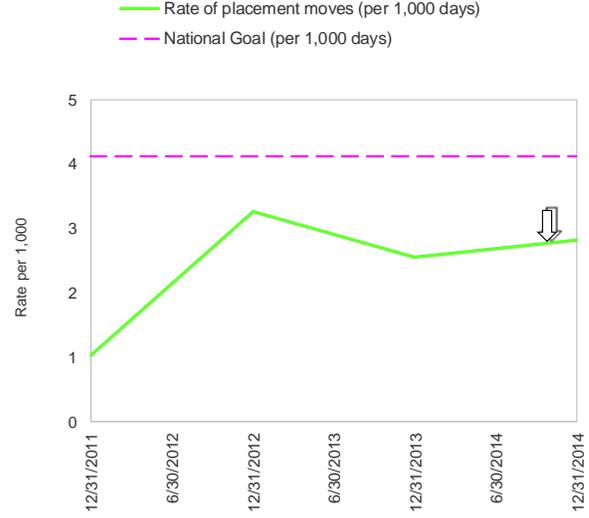


This measure indicates whether the Child Welfare/Probation agency ensures that children who the agency removes from their homes experience stability while they are in foster care. The National Standard is less than or equal to a rate of 4.12 placement moves for every 1,000 days of foster care for all children who enter foster care in a 12-month period. Unlike the California Child Welfare state average that has successfully moved below the National Standard for the past three years, Shasta County Child Welfare has remained above the National Standard. This is an area needing improvement for Shasta County Child Welfare.

California (Probation): 3-P5--Placement stability



Shasta County (Probation): 3-P5--Placement stability



Like the California Probation state average that has consistently been below the National Standard, Shasta County Probation has performed below the National Standard also.

PRIORITY OUTCOME MEASURES OR SYSTEMIC FACTORS

Based on the analysis presented in our County Self-Assessment and taking into account, where applicable, outcome data measures where California was not performing at or above the National Standard, Shasta County Child Welfare prioritized the following prevention, permanency, and stability CFSR2 outcome data measures in our approved System Improvement Plan: Participation Rates: Entry Rates, No recurrence of maltreatment, Median time to reunification (exit cohort), Reunification within 12 months (entry cohort), Adoption within 12 months (legally free), and Placement stability (at least 24 months in care). Shasta County Probation prioritized the following permanency, and stability CFSR2 outcome data measures: Median time to reunification (exit cohort), Reentry following reunification (exit cohort), Exits to permanency (24 months in care), and Placement Stability (at least 24 months in care).

Converting to the new CFSR3 outcome data measures, Shasta County Child Welfare priority outcome data measures/systemic factors are: Participation Rates: Entry Rates, Recurrence of maltreatment, Permanency in 12 months (entering foster care), Permanency in 12 months (in care 12-23 months), and Placement stability. Shasta County Probation priority outcome data measures/systemic factors are: Permanency in 12 months (entering foster care), Permanency in 12 months (in care 12-23 months), and Permanency in 12 months (in care 24 months or more).

Measure number	ORIGINAL CFSR2 Data Measures Needing Improvement Measure description	Measure number	NEW CFSR3 Data Measures Needing Improvement Measure description
Agency: Child Welfare – Prevention		Agency: Child Welfare – Prevention	
PR	Participation Rates: Entry Rates	PR	Participation Rates: Entry Rates
S1.1	No Recurrence Of Maltreatment	3-S2	Recurrence of maltreatment
Agency: Child Welfare – Permanency		Agency: Child Welfare – Permanency	
C1.2	Median Time To Reunification (Exit Cohort)	3-P1	Permanency in 12 months (entering foster care)
C1.3	Reunification Within 12 Months (Entry Cohort)	3-P2	Permanency in 12 months (in care 12-23 months)
C2.5	Adoption Within 12 Months (Legally Free)		
Agency: Probation – Permanency		Agency: Probation – Permanency	
C1.2	Median Time To Reunification (Exit Cohort)	3-P1	Permanency in 12 months (entering foster care)
C1.4	Reentry Following Reunification (Exit Cohort)	3-P2	Permanency in 12 months (in care 12-23 months)
C3.1	Exits To Permanency (24 Months In Care)	3-P3	Permanency in 12 months (in care 24 months or more)
Agency: Child Welfare – Placement Stability		Agency: Child Welfare – Placement Stability	
C4.3	Placement Stability (At Least 24 Months In Care)	3-P5	Placement stability
Agency: Probation – Placement Stability		Agency: Probation – Placement Stability	
C4.3	Placement Stability (At Least 24 Months In Care)		n/a

There are three focus areas being addressed in the Shasta County System Improvement Plan:

- Prevention
- Permanency
- Placement Stability

Strategies were selected that were applicable to more than one focus area and that addressed the Federal safety, permanency, and/or child and family well-being outcomes.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PREVENTION

The strategies of our first focus area, Prevention, address the Federal safety outcome; children are first and foremost protected from abuse and neglect. Strategies include:

- Community Based Prevention
- Differential Response/Safety Organized Practice RED Team

To measure the effectiveness of our prevention of child maltreatment strategies we tracked Participation Rates: Entry rates and outcome measure 3-S2 Recurrence of maltreatment.

Explanation of symbols:

Green text with (▲) indicates performance moving in the desired direction and better than or equal to National Standard

Blue text with (▲) indicates performance moving in the desired direction and better than or equal to baseline but still below National Standard

Red text with (▼) indicates performance moving away from the desired direction or not as good as the baseline measurement

Child Welfare

- Outcome/Systemic Factor - Participation Rates: *Entry Rates*
 - County's Child Welfare performance baseline for SIP; Q1-2014: (7.3)
 - County's Child Welfare performance at; Q2-2014: (▲ 7.3)
 - County's Child Welfare performance at; Q3-2014: (▲ 7.3)
 - County's Child Welfare performance at; Q4-2014: (▲ 6.5)
 - County's Child Welfare performance at; Q1-2015: (▲ 6.5)
 - County's Child Welfare performance at; Q2-2015: (▲ 6.5)
 - County's Child Welfare performance at; Q3-2015: (▲ 6.5)
 - County's Child Welfare performance most recent; Q4-2015: (▲ 5.9)
 - **SIP Goal: Improvement of baseline data by June 2016 to (<=7.3) Success!**
- (C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

Our baseline data showed that Shasta's Allegation rate at 84.9 children with allegations of child abuse and/or neglect for every 1000 children in our county was 1.6 times greater than the California average of 52.7 children with allegations for every 1000 children statewide. Shasta's Substantiation rate for child abuse and/or neglect at 16.2 was 1.8 times higher than the California average of 9.2 and Shasta's Entry rate of children into out-of-home care at 7.3 was 2.1 times greater than the California average of 3.4. Shasta's Allegation, Substantiation, and Entry rates have consistently tracked significantly higher than the California average. Children's Services target goal for the first year of our 2015-2020 System Improvement Plan was to maintain our Entry rate at 7.3 or lower. Children's Services successfully met the target improvement goal of our baseline data that was set for accomplishment by June 2016. Children's Services most recent performance is 5.9 children entering foster care per 1000 population, a 19.3% decrease from baseline performance.

Although decreasing, the Shasta County Entry Rate at 5.9 is still 1.8 times higher than the California average of 3.3 children entering foster care per 1000 population. Even adjusted for population differences, the Shasta County Entry Rate is higher than the California average for all age groups except the older age group. At an Entry Rate of 34.1 for the Under 1 age group, Shasta County is 2.8 times higher than the California average of 12.3.

Entry Rates – Child Welfare

Age Group	California Incidence per 1,000 Children	Shasta Incidence per 1,000 Children (count)	Ethnic Group	California Incidence per 1,000 Children	Shasta Incidence per 1,000 Children (count)	Gender	California Incidence per 1,000 Children	Shasta Incidence per 1,000 Children (count)
Under 1	12.3	34.1 (71)	Black	11.4	25.3 (10)	Female	3.4	6.4 (118)
1-2	4.5	8.7 (36)	White	3	6 (164)	Male	3.2	5.4 (107)
3-5	3.5	5.2 (32)	Latino	3.4	5.6 (31)	Total	3.3	5.9 (225)
6-10	2.7	4.6 (48)	Asian/P.I.	0.7	2.7 (3)	<ul style="list-style-type: none"> • Incidence Rates of Children with Entries to Foster Care • Jan 1, 2015 to Dec 31, 2015 		
11-15	2.1	3 (33)	Nat Amer	12.1	15.4 (17)			
16-17	1.9	1.1 (5)	Multi-Race	0	0 (0)			
Total	3.3	5.9 (225)	Total	3.3	5.9 (225)			

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

A more in depth analysis of the data shows that by ethnic group the Under 1 age group is predominantly White 69.0% (49 of 71), Latino 15.5% (11 of 71) and Native American 11.3% (8 of 71) followed by Black 2.8% (2 of 71) and Asian/P.I. 1.4% (1 of 71). Although 69.0% of the children with entries are White with an incidence per 1000 children of 32.6, we see that the overall Entry Rate for the Under 1 age group is affected (increased) by the 15.5% Latino with an incidence rate of 42.3 and the 11.3% Native American with an incidence rate of 127. For the 16-17 age range, the Shasta County Entry Rate is 1.1 which is lower than the California average Entry Rate of 1.9.

The number of children entering foster care in Shasta County, Jan 1, 2015 to Dec 31, 2015, was 225 for all age groups. By ethnic group: 72.9% (164) White; 13.8% (31) Latino; 7.6% (17) Native American; 4.4% Black (10); and 1.3% (3) Asian/P.I. Adjusting for population distribution, the Entry Rate for the Black ethnic group was 25.3 children entering foster care per 1000 black ethnic group population, the Entry Rate for the White ethnic group was 6.0, the Entry Rate for the Latino ethnic group was 5.6, the Entry Rate for the Asian/P.I. ethnic group was 2.7, and the Entry Rate for the Native American ethnic group was 15.4. The Shasta County Entry Rate for the Black ethnic group at 25.3 is 4.3 time higher than the total Shasta County Entry Rate of 5.9. The average California Entry Rate for the Black ethnic group is 11.4 which is 3.5 time higher than the average total California Entry Rate of 3.3. The Shasta County Entry Rate for the Black ethnic group relative to the total Shasta County Entry Rate is 24.1% higher than the average California Entry Rate for the Black ethnic Group relative to the average total California Entry Rate. The Shasta County Entry Rate for the White ethnic group relative to the total Shasta County Entry Rate is 11.9% higher than the average California Entry Rate for White ethnic Group relative to the average total California Entry Rate. The Shasta County Entry Rate for the Latino ethnic group relative to the total Shasta County Entry Rate is 7.9% lower than the average California Entry Rate for the Latino ethnic Group relative to the average total California Entry Rate. The Shasta County Entry Rate for the Native American ethnic group relative to the total Shasta County Entry Rate is 28.8% lower than the average California Entry Rate for the Native American ethnic Group relative to the average total California Entry Rate. Other than being higher by an average of 1.8, there are no standouts relative to gender and Entry Rate.

Analysis in our County Self-Assessment of our county demographic profile identified external factors affecting Entry Rate including the economy, drug and alcohol abuse and domestic violence to name a few examples. Systemic factors potentially positively affecting this measure include the increase in community-wide training on the Strengthening Families Protective Factors and the utilization of Safety Organized Practice within the Child Welfare system.

Child Welfare

- Outcome/Systemic Factor – 3-S2 *Recurrence of Maltreatment*
(National Standard <= 9.1)
 - County’s Child Welfare performance baseline for SIP; Q1-2014: (10.2)
 - County’s Child Welfare performance at; Q2-2014: (▲ 8.6)
 - County’s Child Welfare performance at; Q3-2014: (▲ 9.4)
 - County’s Child Welfare performance at; Q4-2014: (▼ 11.5)
 - County’s Child Welfare performance at; Q1-2015: (▼ 10.5)
 - County’s Child Welfare performance at; Q2-2015: (▼ 10.7)
 - County’s Child Welfare performance at; Q3-2015: (▼ 11.2)
 - County’s Child Welfare performance most recent; Q4-2015: (▲ 9.5)
 - **SIP Goal: Improvement of baseline data by June 2016 to (<=10.2) Success!**
- (C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

Our baseline data for 3-S2 Recurrence of maltreatment was 10.2% of all children who were victims of a substantiated maltreatment report during a 12-month reporting period that were victims of another substantiated report within 12 months of their initial report. Children’s Services target goal for the first year of our 2015-2020 System Improvement Plan was to maintain our 3-S2 Recurrence of maltreatment at 10.2% or lower. Children’s Services most recent performance is 9.5%. Children’s Services successfully met the target improvement goal of our baseline data that was set for accomplishment by June 2016.

As depicted in the table below, Children’s Services most recent performance of 9.5% (47) of all children (495) who were victims of a substantiated maltreatment report during a 12-month reporting period that were victims of another substantiated report within 12 months of their initial report. The three age groups that experienced recurrence of maltreatment above the National Standard of being less than 9.1% were the 1-2 age group at 13.1% (11), the 6-10 age group at 9.6% (11), and the 11-15 age group at 11.5% (9). The Under 1 and the 3-5 age groups were both successfully less than the National Standard of 9.1% at 7.6% (9) and 8.1% (7), respectively.

Recurrence of Maltreatment – Child Welfare

Shasta 3-S2 Recurrence of Maltreatment Percent (Count)	Age Group						All % (n)
	Under 1	1-2	3-5	6-10	11-15	16-17	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Children with recurrence	7.6 (9)	13.1 (11)	8.1 (7)	9.6 (11)	11.5 (9)	0 (0)	9.5 (47)
Children with no recurrence	92.4 (110)	86.9 (73)	91.9 (79)	90.4 (103)	88.5 (69)	100 (14)	90.5 (448)
Total	100 (119)	100 (84)	100 (86)	100 (114)	100 (78)	100 (14)	100 (495)

Shasta 3-S2 Recurrence of Maltreatment Percent (Count)	Ethnic Group						All % (n)
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Children with recurrence	13.3 (2)	10.7 (32)	10.2 (5)	0 (0)	14.8 (4)	4 (4)	9.5 (47)
Children with no recurrence	86.7 (13)	89.3 (266)	89.8 (44)	100 (7)	85.2 (23)	96 (95)	90.5 (448)
Total	100 (15)	100 (298)	100 (49)	100 (7)	100 (27)	100 (99)	100 (495)

Shasta 3-S2 Recurrence of Maltreatment Percent (Count)	Gender			All % (n)
	Female	Male	Missing	
	% (n)	% (n)	% (n)	
Children with recurrence	10 (26)	8.9 (21)	.	9.5 (47)
Children with no recurrence	90 (233)	91.1 (215)	.	90.5 (448)
Total	100 (259)	100 (236)	.	100 (495)

• Recurrence of maltreatment
• Children with substantiated allegation during 12-month period:
Recurrence within 12 months
• Jan 1, 2014 to Dec 31, 2014

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

By ethnic group, 4 of 27 (14.8%) Native American, 2 of 15 (13.3%) Black, 32 of 298 (10.7%) White, and 5 of 49 (10.2%) Latino children who were victims of a substantiated maltreatment report during a 12-month reporting period were victims of another substantiated report within 12 months of their initial report. Of note is the number that were missing the ethnic group documentation (99 of 495). We have identified the documentation deficiency and are implementing corrective action. By gender, females at 10% experience recurrence of maltreatment more often than males at 8.9%.

Systemic factors which potentially may have positively affected this measure include Differential Response Services. Differential Response Services (SafeCare® Home Visiting, Triple P – Positive Parenting Program®, and Concrete Supports) is a parent partner response for referrals that are evaluated out or are closed because, after investigating Children’s Services believes that the child is safe and there is no current risk of harm to the child. Families in these referrals may still benefit from a community response if the family is experiencing stress. The core element of Differential Response is to engage parents with the goal of preventing future risk of abuse. The strengthening of Differential Response through the incorporation of the evidence-based and evidence-informed practices (Triple P – Positive Parenting Program®, SafeCare® Home Visiting parent education program, and Strengthening Families) enables the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them direct skill training in child behavior management, planned activities, home safety, and child health management skills to prevent child maltreatment. Differential Response Services parent partners help to assess the needs of the participating family and connect them to community resources. These services are built on a Strengthening Families approach that seeks to help families increase protective factors, including: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PERMANENCY

Strategies of our second focus area, Permanency, address the Federal permanency outcome: children have permanency and stability in their living situations. Strategies include:

- Family/Natural Supports and Connectivity Finding/Engagement
- Safety Organized Practice including Facilitated Child and Family Focused Meetings

To measure the progress of reducing the time to permanency we tracked outcome measures 3-P1 Permanency in 12 months (entering foster care) - Child Welfare and Probation, 3-P2 Permanency in 12 months (in care 12-23 months) - Child Welfare and Probation, and 3-P3 Permanency in 12 months (in care 24 months or more) – Probation.

Child Welfare

- Outcome/Systemic Factor – 3-P1 *Permanency in 12 months (entering foster care)*
(National Standard >= 40.5)
 - County’s Child Welfare performance baseline for SIP; Q1-2014: (27.1)
 - County’s Child Welfare performance at; Q2-2014: (▲ 29.2)
 - County’s Child Welfare performance at; Q3-2014: (▲ 30.4)
 - County’s Child Welfare performance at; Q4-2014: (▲ 32.5)
 - County’s Child Welfare performance at; Q1-2015: (▲ 29.5)
 - County’s Child Welfare performance at; Q2-2015: (▲ 27.5)
 - County’s Child Welfare performance at; Q3-2015: (▲ 27.8.)
 - County’s Child Welfare performance most recent; Q4-2015: (▼ 26.4)
 - **SIP Goal: Improvement of baseline data by June 2016 to (>=27.1) Needs Improvement!**
- (C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

For Children’s Services our baseline for 3-P1 Permanency in 12 months (entering foster care) was 27.1% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care. Children’s Services target goal for the first year of our 2015-2020 System Improvement Plan was to maintain 3-P1 Permanency in 12 months (entering foster care) at 27.1% or higher. Children’s Services most recent performance is 26.4%. Children’s Services did not meet the target improvement goal of our baseline data that was set for accomplishment by June 2016.

By age group, as seen in the table below, the 6-10 age group at 12.1% (4 of 33) experienced the lowest permanency outcome achievement within 12 months of entering foster care. The 6-10 age group was predominantly White (60.6%, 20 of 33) and Latino (27.3%, 9 of 33). 66.7% (22 of 33) were female and 33.3% (11 of 33) were male. The first placement caregiver relationship for 81.8% of these children in the 6-10 age group was nonrelative nonguardian. More than half of these children were placed in an FFA (51.5%, 17 of 33) as a first placement, 30.3% (10 of 33) in Foster, and 18.2% (6 of 33) with Kin.

Permanency in 12 months (entering foster care) – Child Welfare

Shasta 3-P1 Permanency for children in foster care Percent (Count)	Age Group							All % (n)
	<1 mo % (n)	1-11 mo % (n)	1-2 yr % (n)	3-5 yr % (n)	6-10 yr % (n)	11-15 yr % (n)	16-17 yr % (n)	
Exited reunification/adoption/guardianship	21.4 (9)	30 (6)	33.3 (12)	34.3 (12)	12.1 (4)	23.1 (6)	60 (3)	26.4 (52)
Exited to non-permanency		5 (1)	5.6 (2)	8.6 (3)				3 (6)
Still in care	78.6 (33)	65 (13)	61.1 (22)	57.1 (20)	87.9 (29)	76.9 (20)	40 (2)	70.6 (139)
Total	100 (42)	100 (20)	100 (36)	100 (35)	100 (33)	100 (26)	100 (5)	100 (197)

Shasta 3-P1 Permanency for children in foster care Percent (Count)	Ethnic Group						All % (n)
	Black % (n)	White % (n)	Latino % (n)	Asian/PI % (n)	Nat Amer % (n)	Missing % (n)	
Exited reunification/adoption/guardianship	66.7 (6)	25.9 (35)	20 (8)	100 (2)	10 (1)	.	26.4 (52)
Exited to non-permanency		2.2 (3)		.	20 (2)	100 (1)	3 (6)
Still in care	33.3 (3)	71.9 (97)	80 (32)	.	70 (7)		70.6 (139)
Total	100 (9)	100 (135)	100 (40)	100 (2)	100 (10)	100 (1)	100 (197)

Shasta 3-P1 Permanency for children in foster care Percent (Count)	Gender			All % (n)
	Female % (n)	Male % (n)	Missing % (n)	
Exited reunification/adoption/guardianship	26.8 (29)	25.8 (23)	.	26.4 (52)
Exited to non-permanency	1.9 (2)	4.5 (4)	.	3 (6)
Still in care	71.3 (77)	69.7 (62)	.	70.6 (139)
Total	100 (108)	100 (89)	.	100 (197)

- Foster care entry cohort outcomes
- Children who entered foster care during 12-month period: Exit status at 12 months
- Jan 1, 2014 to Dec 31, 2014

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

The National Standard is for greater than or equal to 40.5% of all children who enter foster care in a 12-month period discharged to permanency within 12 months of entering foster care. By the end of 12 months from entering foster care, 87.9% (29 of 33) of the children in the 6-10 age group were still in care. The placement type distribution at exit to permanency or at 12 months if still in care changed to 54.5% (18 of 33) Kin, 27.3% (9 of 33) FFA, 15.2% (5 of 33) Foster, and 3.0% (1 of 33) Group Home. At the end of the 12 month period all 18 of the 6-10 age group of youth in Kin placement were still in care, 8 of the 9 youth in FFA were still in care (1 youth achieved permanency through guardianship), 2 of the 5 youth in Foster were still in care (3 had achieved timely permanency through reunification), and the 1 youth in Group Home was still in care.

The second lowest performing age group is those who entered at less than 1 month age group. After 12 months in foster care only 9 of 42 (21.4%) attained permanency. The placement type distribution at exit to permanency or at 12 months if still in care was to 33.3% (14 of 42) Foster, 31.0% (13 of 42) Pre-Adopt,

26.2% (11 of 42) Kin, 7.1% (3 of 42) FFA, and 2.4% (1 of 42) Guardian. At the end of the 12 month period 10 of the 14 less than 1 month age group with a Foster placement were still in care (4 had achieved timely reunification), 12 of the 13 child in the Pre-Adopt placements were still in care (1 had achieved timely permanency through adoption), 8 of the 11 with Kin were still in care (3 had timely reunification), 2 of the 3 FFA were still in care (1 had timely reunification), and the 1 in Guardian placement was still in care.

Systemic factors affecting our Permanency and Placement Stability measures include effective communication, staffing, and completion of the development of Policy & Procedures delineating best practice guidelines for Family/Natural Supports and Connectivity Finding and Safety Organized Practice. Our self-assessment identified the need and critical importance of effective communication between social workers and families, social workers and care/service providers, social workers and community partners, and social workers and collocated staff. The impact of staff turnover and vacancies was discussed in our County Self-Assessment. Turnover/vacancies disrupt case assignments, which is very disruptive to children and families, court proceedings and the County Child Welfare process. Staff turnover/vacancies has created barriers to providing optimum levels of service to families and results in higher caseloads per social worker which results in less time to dedicate to each case. Turnover/vacancies and high caseloads has a negative impact on social worker relationships with care givers, placement stability and time to permanency.

Lessons learned from the improvement efforts of our last System Improvement Plan showed that although considerable progress had been achieved in the training of staff and the communication to staff of the expectation that Safety Organized Practice is utilized as the basis for all our work, we continued to struggle with the consistent implementation and utilization of Safety Organized Practice. Additionally, while there has been an increase in family inclusion in decision making, the practice of involving parents and children in case plan decisions still varies. Findings of our Peer Review, Focus Groups, and County Self-Assessment identified the need to ensure full and consistent family finding and engagement practice strategies throughout Child Welfare and Probation.

Our Safety Organized Practice and Family/Natural Supports and Connectivity Finding/Engagement strategies are working to address the needs identified above. Safety Organized Practice utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children. Safety Organized Practice builds communication and strengthen partnerships within a family, their informal support network of friends and family, and the agency. Implemented with fidelity, Safety Organized Practice will inherently promote open communication channels between social workers and families, social workers and care/service providers, social workers and community partners, and social workers and collocated staff. Effective implementation of Safety Organized Practice provides a structured service delivery process. The structured service delivery process contributes to the provision of effective services even when working with limited staff resources in times of high vacancy rates due to increased efficiency. Policies & Procedures for Safety Organized Practice (Child Welfare) and Family/Natural Supports and Connectivity Finding (Child Welfare) were completed but not until the end of year 1 of our 2015-2020 System Improvement Plan implementation.

Child Welfare

- Outcome/Systemic Factor – 3-P2 *Permanency in 12 months (in care 12-23 months)* (National Standard ≥ 43.6)
 - County’s Child Welfare performance baseline for SIP; Q1-2014: (29.1)
 - [County’s Child Welfare performance at; Q2-2014: \(▲ 39.7\)](#)

- County's Child Welfare performance at; Q3-2014: (▲ 36.4)
- County's Child Welfare performance at; Q4-2014: (▲ 48.2)
- County's Child Welfare performance at; Q1-2015: (▲ 43.5)
- County's Child Welfare performance at; Q2-2015: (▲ 45.3)
- County's Child Welfare performance at; Q3-2015: (▲ 43.2)
- County's Child Welfare performance most recent; Q4-2015: (▲ 34.2)
- **SIP Goal: Improvement of baseline data by June 2016 to (>=29.1) Success!**
(C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

Our Children's Services baseline 3-P2 Permanency in 12 months (in care 12-23 months) was 29.1% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period. Children's Services target goal for the first year of our 2015-2020 System Improvement Plan was to maintain 3-P2 Permanency in 12 months (in care 12-23 months) at 29.1% or higher. Children's Services most recent performance is 34.2%. Children's Services successfully met the target improvement goal of our baseline data that was set for accomplishment by June 2016.

Permanency in 12 months (in care 12-23 months) – Child Welfare

Shasta 3-P2 Permanency for children in foster care Percent (Count)	Age Group						All % (n)
	Under 1	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	
	% (n)	% (n)					
Exited to reunification/adoption/guardianship	.	45.4 (20)	29.1 (7)	34.8 (8)	13.4 (2)	20 (1)	34.2 (38)
Exited to non-permanency	40 (2)	1.8 (2)
Still in care	.	54.5 (24)	70.8 (17)	65.2 (15)	86.7 (13)	40 (2)	64 (71)
Total	.	100 (44)	100 (24)	100 (23)	100 (15)	100 (5)	100 (111)

Shasta 3-P2 Permanency for children in foster care Percent (Count)	Ethnic Group						All % (n)
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Exited to reunification/adoption/guardianship	25 (1)	38.6 (29)	31.8 (7)	.	10 (1)	.	34.2 (38)
Exited to non-permanency	.	2.7 (2)	.	.	.	.	1.8 (2)
Still in care	75 (3)	58.7 (44)	68.2 (15)	.	90 (9)	.	64 (71)
Total	100 (4)	100 (75)	100 (22)	.	100 (10)	.	100 (111)

Shasta 3-P2 Permanency for children in foster care Percent (Count)	Gender			All % (n)
	Female	Male	Missing	
	% (n)	% (n)	% (n)	
Exited to reunification/adoption/guardianship	43.5 (20)	27.7 (18)	.	34.2 (38)
Exited to non-permanency	2.2 (1)	1.5 (1)	.	1.8 (2)
Still in care	54.3 (25)	70.8 (46)	.	64 (71)
Total	100 (46)	100 (65)	.	100 (111)

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

As shown in the chart above, performance in the 1-2 age group at 45.4% is above the National Standard of being greater than or equal to 43.6% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, discharged from foster care to permanency within 12 months of the first day of the period. All of the other age groups are below the National Standard: 3-5 age group at 29.1% (7 of 24), 6-10 age group at 34.8% (8 of 23), 11-15 age group at 13.4% (2 of 15), and 16-17 age group at 20.0% (1 of 5). Searching for opportunities for improvement led to a more thorough analysis of the 3-5, 6-10, and 11-15 age groups due to the large numbers in those age groups still in care at the end of the measurement period (45 of 71). For those still in care, White 68.9% (31 of 45) and Latino 22.2% (10 of 45) are the predominant ethnic groups followed by Black 4.4% (2 of 45) and Native American 4.4% (2 of 45). 64.4% (29 of 45) are male and 35.6% (19 of 45) are

female. Of those still in care 40.0% (18 of 45) are in FFA placement, 35.6% (16 of 45) are in Kin placement, 15.6% (7 of 45) are in Foster placement, 4.4% (2 of 45) are in Group Home, and 4.4% (2 of 45) are in Guardian placement.

Probation

- Outcome/Systemic Factor – 3-P1 *Permanency in 12 months (entering foster care)* (National Standard >= 40.5)
 - County’s Probation performance baseline for SIP; Q1-2014: (0.0)
 - County’s Probation performance at; Q2-2014: (▲ 0.0)
 - County’s Probation performance at; Q3-2014: (▲ 7.1)
 - County’s Probation performance at; Q4-2014: (▲ 16.7)
 - County’s Probation performance at; Q1-2015: (▲ 18.2)
 - County’s Probation performance at; Q2-2015: (▲ 15.4)
 - County’s Probation performance at; Q3-2015: (▲ 16.7.)
 - County’s Probation performance most recent; Q4-2015: (▲ 7.1)
 - **SIP Goal: Improvement of baseline data by June 2016 to (>=5.0) Success!**
(C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

For Probation our baseline for 3-P1 Permanency in 12 months (entering foster care) was 0.0% of all youth who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care. Probation’s target goal for the first year of our 2015-2020 System Improvement Plan was to improve 3-P1 Permanency in 12 months (entering foster care) to 5.0% or higher. Probation’s most recent performance is 7.1%. Probation successfully met the target improvement goal of our baseline data that was set for accomplishment by June 2016.

Permanency in 12 months (entering foster care) – Probation

Shasta 3-P1 Permanency for youth in foster care Percent (Count)	Age Group							All % (n)
	<1 mo	1-11 mo	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Exited reunification/adoption/guardianship							11.1 (1)	7.1 (1)
Exited to non-permanency							44.4 (4)	28.6 (4)
Still in care						100 (5)	44.4 (4)	64.3 (9)
Total						100 (5)	100 (9)	100 (14)

Shasta 3-P1 Permanency for youth in foster care Percent (Count)	Ethnic Group						All % (n)
	Black	White	Latino	Asian/Pi	Nat Amer	Missing	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Exited reunification/adoption/guardianship			33.3 (1)				7.1 (1)
Exited to non-permanency		20 (2)	33.3 (1)		100 (1)		28.6 (4)
Still in care		80 (8)	33.3 (1)				64.3 (9)
Total		100 (10)	100 (3)		100 (1)		100 (14)

Shasta 3-P1 Permanency for youth in foster care Percent (Count)	Gender			All % (n)
	Female	Male	Missing	
	% (n)	% (n)	% (n)	
Exited reunification/adoption/guardianship		10 (1)		7.1 (1)
Exited to non-permanency	25 (1)	30 (3)		28.6 (4)
Still in care	75 (3)	60 (6)		64.3 (9)
Total	100 (4)	100 (10)		100 (14)

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Our Probation participation rate for the 3-P1 Permanency in 12 months (entering foster care) measure is low at only 14 participants. As seen above, the percentage of youth who entered foster care Jan 1, 2014 through Dec 31, 2014 that were discharged to permanency within 12 months of entering foster care was

7.1% (1 youth, 16-17 age group, Latino ethnic group, male). The percentage of children who exited to non-permanency was 28.6% (4 youth; 16-17 age group; 2 White, 1 Latino, 1 Native American; 1 female, 3 males). The percentage of youth still in care was 64.3% (9 youth; 5 in the 11-15 age group, 4 in the 16-17 age group; 8 White, 1 Latino; 3 females, 6 males).

Probation

- Outcome/Systemic Factor – 3-P2 *Permanency in 12 months (in care 12-23 months)* (National Standard ≥ 43.6)
 - County’s Probation performance baseline for SIP; Q1-2014: (25.0)
 - County’s Probation performance at; Q2-2014: (▼ 12.5)
 - County’s Probation performance at; Q3-2014: (▼ 0.0)
 - County’s Probation performance at; Q4-2014: (▼ 20.0)
 - County’s Probation performance at; Q1-2015: (▲ 40.0)
 - County’s Probation performance at; Q2-2015: (▼ 0.0)
 - County’s Probation performance at; Q3-2015: (▲ 25.0)
 - County’s Probation performance most recent; Q4-2015: (▼ 0.0)
 - **SIP Goal: Improvement of baseline data by June 2016 to (≥ 25.0) Needs Improvement!**
(C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

Our Probation baseline 3-P2 Permanency in 12 months (in care 12-23 months) was 25.0% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period. Probation’s target goal for the first year of our 2015-2020 System Improvement Plan was to maintain 3-P2 Permanency in 12 months (in care 12-23 months) at 25.0% or higher. Probation’s most recent performance is 0.0%. Probation did not meet the target improvement goal of our baseline data that was set for accomplishment by June 2016.

Permanency in 12 months (in care 12-23 months) – Probation

Shasta 3-P2 Permanency for youth in foster care Percent (Count)	Age Group						All % (n)
	Under 1 % (n)	1-2 yr % (n)	3-5 yr % (n)	6-10 yr % (n)	11-15 yr % (n)	16-17 yr % (n)	
Exited to reunification/adoption/guardianship
Exited to non-permanency
Still in care	100 (2)	100 (2)
Total	100 (2)	100 (2)

Shasta 3-P2 Permanency for youth in foster care Percent (Count)	Ethnic Group						All % (n)
	Black % (n)	White % (n)	Latino % (n)	Asian/P.I. % (n)	Nat Amer % (n)	Missing % (n)	
Exited to reunification/adoption/guardianship	.	.	.	.	.	.	.
Exited to non-permanency	.	.	.	.	.	.	.
Still in care	100 (1)	100 (1)	.	.	.	.	100 (2)
Total	100 (1)	100 (1)	.	.	.	.	100 (2)

Shasta 3-P2 Permanency for youth in foster care Percent (Count)	Gender			All % (n)
	Female % (n)	Male % (n)	Missing % (n)	
Exited to reunification/adoption/guardianship	.	.	.	.
Exited to non-permanency	.	.	.	.
Still in care	100 (2)	.	.	100 (2)
Total	100 (2)	.	.	100 (2)

- Youth in foster care first day of 12-month period: Exit status at 12 months
- Time in Care: 12 to 23 months
- Jan 1, 2015 to Dec 31, 2015

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Our Probation participation rate for the 3-P2 Permanency in 12 months (in care 12-23 months) measure is low at only 2 participants. As seen above, the percentage of youth in foster care on the first day of the 12-month period (Jan 1, 2015 through Dec 31, 2015), who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period was 0.0%. The percentage of children who exited to non-permanency was 0.0%. The percentage of youth still in care was 100% (2 youth; 16-17 age group; 1 Black, 1 White; 2 females).

Probation

- Outcome/Systemic Factor – 3-P3 Permanency in 12 months (in care 24 months or more) (National Standard >= 30.3)
 - County’s Probation performance baseline for SIP; Q1-2014: (16.7)
 - County’s Probation performance at; Q2-2014: (▲ 20.0)
 - County’s Probation performance at; Q3-2014: (▲ 18.2)
 - County’s Probation performance at; Q4-2014: (▼ 11.1)
 - County’s Probation performance at; Q1-2015: (▼ 0.0)
 - County’s Probation performance at; Q2-2015: (▼ 0.0)
 - County’s Probation performance at; Q3-2015: (▼ 0.0)
 - County’s Probation performance most recent; Q4-2015: (▼ 0.0)
 - **SIP Goal: Improvement of baseline data by June 2016 to (>=16.7.0) Needs Improvement!**
(C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

Our Probation baseline 3-P3 Permanency in 12 months (in care 24 months or more) was 16.7% of all children in foster care on the first day of a 12 month period who had been in foster care for 24 months or more, that were discharged to permanency within 12 months of the first day. Probation’s target goal for the first year of our 2015-2020 System Improvement Plan was to maintain 3-P3 Permanency in 12 months (in care 24 months or more) at 16.7% or higher. Probation’s most recent performance is 0.0%. Probation did not meet the target improvement goal of our baseline data that was set for accomplishment by June 2016.

Permanency in 12 months (in care 24 months or more) – Probation

Shasta 3-P3 Permanency for youth in foster care Percent (Count)	Age Group						All % (n)
	Under 1	1-2 yr	3-5 yr	6-10 yr	11-15 yr	16-17 yr	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Exited to reunification/adoption/guardianship
Exited to non-permanency	77.8 (7)	77.8 (7)
Still in care	22.2 (2)	22.2 (2)
Total	100 (9)	100 (9)

Shasta 3-P3 Permanency for youth in foster care Percent (Count)	Ethnic Group						All % (n)
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	
Exited to reunification/adoption/guardianship	.	.	.	.	.	.	.
Exited to non-permanency	75 (3)	75 (3)	100 (1)	.	.	.	77.8 (7)
Still in care	25 (1)	25 (1)	.	.	.	.	22.2 (2)
Total	100 (4)	100 (4)	100 (1)	.	.	.	100 (9)

Shasta 3-P3 Permanency for youth in foster care Percent (Count)	Gender			All % (n)
	Female	Male	Missing	
	% (n)	% (n)	% (n)	
Exited to reunification/adoption/guardianship	.	.	.	.
Exited to non-permanency	100 (1)	75 (6)	.	77.8 (7)
Still in care	.	25 (2)	.	22.2 (2)
Total	100 (1)	100 (8)	.	100 (9)

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

• Youth in foster care first day of 12-month period: Exit status at 12 months
• Time in Care: 24 months or longer
• Jan 1, 2015 to Dec 31, 2015

Our Probation participation rate for the 3-P3 Permanency in 12 months (in care 24 months or more) measure is low at only 9 participants. As seen above, the percentage of youth in foster care on the first day of the 12 month period (Jan 1, 2015 through Dec 31, 2015) who had been in foster care for 24 months or more, that were discharged to permanency within 12 months of the first day of the period was 0.0%. The percentage of children who exited to non-permanency was 77.8% (7 youth; 16-17 age group; 3 Black, 3 White, 1 Latino; 1 female, 6 males). The percentage of youth still in care was 22.2% (2 youth; 16-17 age group; 1 Black, 1 White, 2 males).

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: PLACEMENT STABILITY

Strategies of our third focus area, Placement Stability, address the Federal permanency outcomes: children have permanency and stability in their living situations and the continuity of family relationships and connections is preserved for children. Strategies include:

- Family/Natural Supports and Connectivity Finding/Engagement
- Safety Organized Practice including Facilitated Child and Family Focused Meetings

To measure the progress of our increasing placement stability strategies we tracked outcome measure 3-P5 Placement stability.

Child Welfare

- Outcome/Systemic Factor – 3-P5 *Placement stability*
(National Standard ≤ 4.12)
 - County's Child Welfare performance baseline for SIP; Q1-2014: (6.22)
 - County's Child Welfare performance at; Q2-2014: (▲ 5.97)
 - County's Child Welfare performance at; Q3-2014: (▲ 5.59)
 - County's Child Welfare performance at; Q4-2014: (▲ 5.08)
 - County's Child Welfare performance at; Q1-2015: (▲ 5.31)
 - County's Child Welfare performance at; Q2-2015: (▲ 4.97)
 - County's Child Welfare performance at; Q3-2015: (▲ 4.91)
 - County's Child Welfare performance most recent; Q4-2015: (▲ 4.87)
 - **SIP Goal: Improvement of baseline data by June 2016 to (≤ 6.22) Success!**
(C.D.S.S. / UC Berkeley California Child Welfare Indicators Project (CCWIP) Apr 2016)

For Children's Services our baseline for 3-P5 Placement stability was a rate of 6.22 placement moves for every 1,000 days of foster care for all children who enter foster care in a 12-month period. Children's Services target goal for the first year of our 2015-2020 System Improvement Plan was to maintain 3-P5 Placement stability at a rate of 6.22 placement moves or lower. Children's Services most recent performance is 4.87. Children's Services successfully met the target improvement goal of our baseline data that was set for accomplishment by June 2016.

As seen below, although decreasing, the Shasta County Placement Stability Rate at 4.87 placement moves per 1,000 foster care days is 1.2 times higher than the California average of 3.93. Adjusting for population differences, the Shasta County Entry Rate is higher than the California average for all age groups. Of note are the 16-17, 1-2, and 11-15 age groups. At a Placement Stability Rate of 12.53 for the 16-17 age group, Shasta County is 2.7 times higher than the California average of 4.68. The sample size for Shasta County, 4 (only 2.6% of all placement moves), for the 16-17 age group is very low. The Placement Stability rate for the 11-15 age group at 7.27 (sample size of 28, 18.5% of all placement moves) is 1.5 time higher than the California average of 4.78. The Placement Stability for the 1-2 age group at 6.74 (sample size of 37, 24.5% of all placement moves) is 1.7 times higher than the California average of 4.08. The Placement Stability rates for the remaining age groups 3-5, 6-10, and Under 1 are

close to the California average at rates higher than the California average of 1.3, approximately 1.0, and 1.1 respectively.

Placement Stability – Child Welfare

Age Group	California Rate of Placement Moves per 1,000 Foster Care Days	Shasta Rate of Placement Moves per 1,000 Foster Care Days	Ethnic Group	California Rate of Placement Moves per 1,000 Foster Care Days	Shasta Rate of Placement Moves per 1,000 Foster Care Days	Gender	California Rate of Placement Moves per 1,000 Foster Care Days	Shasta Rate of Placement Moves per 1,000 Foster Care Days
Under 1	2.91	3.31	Black	4.27	7.55	Female	4	5.31
1-2	4.08	6.74	White	4.2	4.41	Male	3.86	4.35
3-5	4.08	5.24	Latino	3.68	7.54	Total	3.93	4.87
6-10	3.92	4.06	Asian/P.I.	3.91	2.16	<ul style="list-style-type: none"> • Children who entered foster care during 12-month period: Rate of placement moves • Jan 1, 2015 to Dec 31, 2015 		
11-15	4.78	7.27	Nat Amer	4.1	3.08			
16-17	4.68	12.53	Multi-Race	4.12				
Total	3.93	4.87	Total	3.93	4.87			

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

The number of placement moves per 1000 foster care days in Shasta County, Jan 1, 2015 to Dec 31, 2015, was 151 for all age groups. By ethnic group: 65.6% (99 moves) White; 23.2% (35 moves) Latino; 6.0% (9 moves) Black; 4.6% (7 moves) Native American; and 0.7% (1 move) Asian/P.I. Adjusting for population distribution, the Placement Stability Rate for the Black ethnic group was 7.55 placement moves per 1000 foster care days (1.8 times higher than the California average) and the Placement Stability Rate for the Latino ethnic group was 7.54 (2.0 times higher than the California average). Other than being higher by an average of 1.2, there are no standouts relative to gender and the rate of Placement Stability.

STATUS OF STRATEGIES

STRATEGY 1: COMMUNITY BASED PREVENTION

Our Community Based Prevention strategy addresses the needs identified in our County Self-Assessment of increasing Protective Factors for families; families utilizing their Protective Factors; reducing the need for children to enter out-of-home care; and reducing the recurrence of maltreatment.

Participation Rates: Entry Rates

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
N.A.	01/01/13	12/31/13	282	38,532	7.3	01/01/15	12/31/15	225	38,096	5.9	v	v	-19.3%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent Participation Rates: Entry Rates performance is at a rate of 5.9 children entering foster care per 1000 child population, **19.3% lower** than our baseline data of 7.3.

3-S2 Recurrence of maltreatment – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
9.1	04/01/12	03/31/13	72	708	10.2	01/01/14	12/31/14	47	495	9.5	v	v	-6.6%

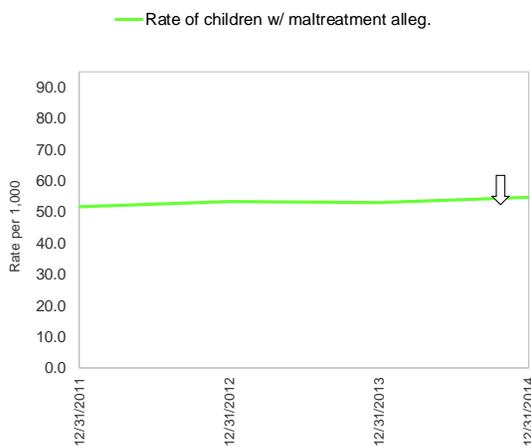
Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-S2 Recurrence of maltreatment performance is 9.5% of all children who were victims of a substantiated maltreatment report during a 12-month reporting period that were victims of another substantiated report within 12 months of their initial report, **6.6% lower** than our baseline data of 10.2%.

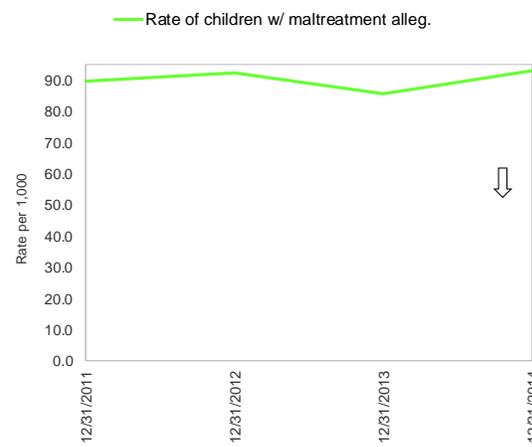
Increasing Protective Factors includes: parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need and children having social and emotional competence.

Our County Self-Assessment data showed that Shasta County’s Allegation, Substantiation, and Entry rates have consistently tracked significantly higher than the California average. As compared to baseline data (Q1 2014), most recent data (Q4 2015) shows that the Shasta County Referral rate increased to 89.3 referrals per 1000 child population, approximately 1.6 times higher than the California average Referral rate; the Shasta County Substantiation rate decreased to 12.3 substantiations per 1000 child population, approximately 1.5 times higher than the California average; and Shasta County Entry rate decreased to 5.9 entries per 1000 child population, approximately 1.8 times higher than the California average.

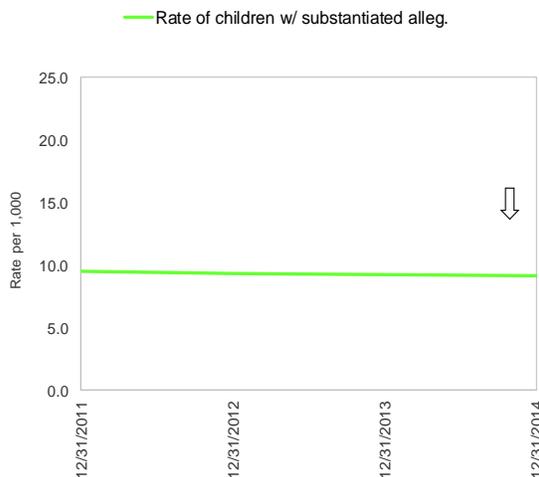
**California (Child Welfare):
Participation Rates: Referral Rates**



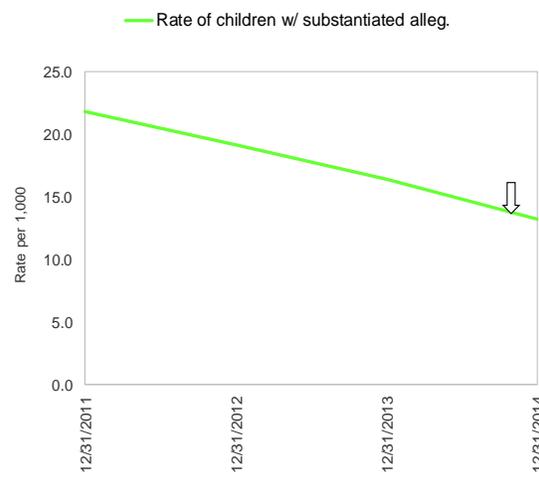
**Shasta County (Child Welfare):
Participation Rates: Referral Rates**



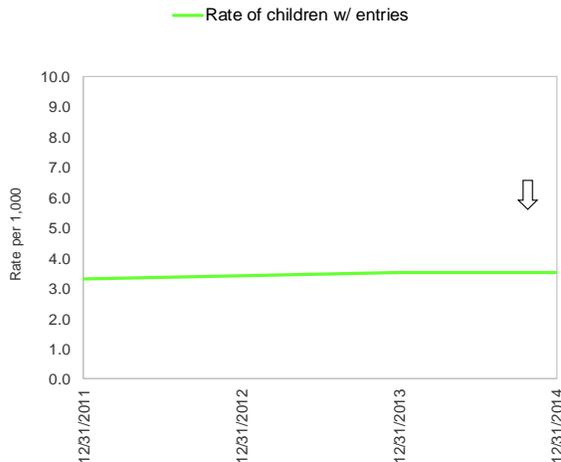
**California (Child Welfare):
Participation Rates: Substantiation Rates**



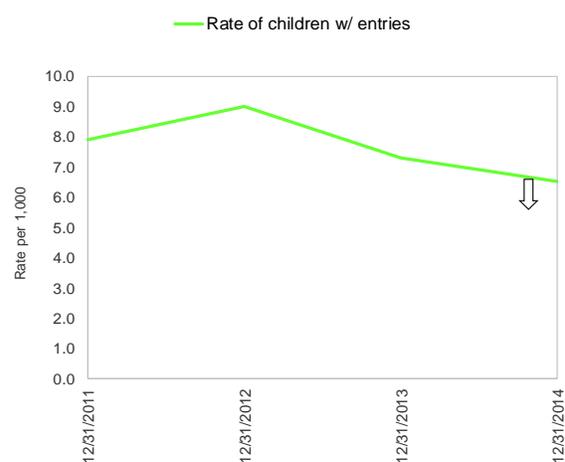
**Shasta County (Child Welfare):
Participation Rates: Substantiation Rates**



**California (Child Welfare):
Participation Rates: Entry Rates**



**Shasta County (Child Welfare):
Participation Rates: Entry Rates**



Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Our county demographic profile identified external factors affecting these rates including the economic downturn, drug and alcohol abuse and domestic violence to name a few examples.

Shasta County residents have experienced a higher rate of adverse childhood experiences when compared to other parts of the Country. Adverse childhood experiences increase the likelihood of risky behaviors or developing health issues.

Breaking the cycle of adverse childhood experiences that lead to the increased likelihood of alcohol/substance use/abuse, domestic violence and economic problems would impact the causal factors connected to Shasta County’s child welfare concerns.

To break this cycle we worked to address the high prevalence of Adverse Childhood Experiences among adults in Shasta County through the Strengthening Families Protective Factors framework and community outreach that focuses on building the protective factors that help parents to have the resources they need to parent effectively even when under stress. Increased protective factors has been shown to reduce the risk of child abuse and neglect.

ACTION STEPS

- A.** Participate in Strengthening Families Community Collaboration Quarterly Meetings working toward Prevention of Adverse Childhood Experiences. Participate in community implementation of the Strengthening Families approach that leads to the following outcomes: strengthened families, optimal child development and reduced likelihood of child abuse and neglect.
- B.** Participate in and/or support the Strengthening Families Collaborative Pilot Programs (direct service programs implementing Strengthening Families) and Pilot Projects (community education activities). These pilots will provide the Strengthening Families Collaborative with “real world” experience in using the Strengthening Families Framework. The knowledge gained is being used to determine next steps for the collaborative.

- To implement/achieve the Community Based Prevention strategy Children’s Services participated in the Strengthening Families Community Collaboration Quarterly Meetings working toward Prevention of Adverse Childhood Experiences and participated in community implementation of the Strengthening Families approach that leads to the following outcomes: strengthened families, optimal child development and reduced likelihood of child abuse and neglect. Additionally, Children’s Services participated in and/or supported the Strengthening Families Collaborative Pilot Programs (direct service programs implementing Strengthening Families) and Pilot Projects (community education activities). These pilots provided the Strengthening Families Collaborative with “real world” experience in using the Strengthening Families Framework. The collaborative employed collective impact strategies to achieve a common goal of building protective factors among families in the community including a common data collection plan and program development activities.
 - Strengthening Families Implementation Pilot Programs:
 - Child Abuse Prevention Coordinating Council – Anderson Teen Center, **Community Parent Partners**, Pathway Parent Partners
 - One Safe Place – **Discovery Program**
 - Rowell Family Empowerment – Parent Support Program
 - Tri-County Community Network – Bright Futures, Children’s Program
 - Visions of the Cross – **FLITE Sober Living**
 - Youth Violence Prevention Council – Peer Court
 - Children’s Services worked directly with the **Community Parent Partners, Discovery Program,** and **FLITE Sober Living** to build protective factors among families served in these programs and to complete the protective factors data collection tools.
 - Strengthening Families Implementation Pilot Projects:
 - Parent Cafes – Child Abuse Prevention Coordinating Council
 - Collaborative Branding & Materials
 - Children’s Services supported One Safe Place – **Discovery Program** to develop and present a Strengthening Families Collaborative Parent Café:
 - Theme: The Talk? Having a difficult conversation with your child at any age.
- Additionally to spread the Community Based Prevention strategy of increasing the use of the Strengthening Families tools, Children’s Services provided trainings to internal and external service providers on what the Protective Factors are and why they are important. To overcome a barrier identified by staff and parents, the Protective Factors survey was reworked to be given retrospectively and the pre and post questions were reorganized. Both staff and parents identified the combined format as confusing and difficult to follow, the divided format provided clarification and ease of use without compromising the fidelity of the data collection tool.
- Next steps include participation in and/or support of the Strengthening Families Collaborative Program Implementation Committee, the Community Awareness Committee, and other committees as yet to be determined (e.g., Trauma-Informed Care and education).
 - The Program Implementation Committee is working to strengthen families and reduce adverse childhood experiences by **increasing protective factors**, coordinating service systems, and engaging the community. Activities for the Program Implementation Committee include: Strengthening Families Trainings, Protective Factor Trainings, and Learning Community Meetings)

- The Community Awareness Committee is working to strengthen families and reduce adverse childhood experiences by increasing protective factors, coordinating service systems, and **engaging the community**. Activities for the Community Awareness Committee include: Parent Cafes and Website – hosting and management.

C. Provide support services for high risk pregnant women as identified by a Health Care Provider and requested by the client. Do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children and current or past CWS involvement).

- The collaborative Group #1 Families First, Centered, All About Core Group (including representation from Child Welfare, Mental Health, and Public Health) has met monthly, or more often as needed, to develop the provision of support services for high risk pregnant women identified by a Health Care Provider and requested by the client. Services included an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children and current or past Child Welfare Services involvement). The goal of these services is to promote participation in services to work toward healthy births and to prevent the need for Child Welfare Services intervention.

The high risk pregnant women liaison strives to reduce stress and to open up opportunities for the women to work to take the necessary steps to not be involved with the Child Welfare Services at the birth of their child. As well the intervention strives to reduce risk to the newborn and increase the mother’s engagement with positive supports and services that will prevent Child Welfare Services intervention. The liaison helps the women put preventative services in place prior to the birth of their child, to identify alternative plans, and to develop safety plans (specifically people for the inner circle of the client’s safety circle and what specific supports they can provide). The liaison utilizes Safety Organized Practice throughout the process of working with the women. The liaison provides supportive counseling, practices family finding and engagement, sets up facilitated child and family focused meetings, and generally brings awareness and answers to questions.

Outcomes for the high risk pregnant women that delivered babies that received support services from the liaison included addressing the risk factors that would bring them to the attention of Children’s Services in the first place. Having all the upfront work done (developing safety plans, family finding/engagement, etc.) helps Social Workers in the event a Referral is opened.

Of the high risk pregnant women that delivered babies that received support services from the liaison:

- 71% (10 of 14) worked with the liaison to address their risk factors prior to the birth of their child. 14% (2 of 14) were still in the progress of addressing their risk factors and 14% (2 of 14) did not address their risk factors and stopped accessing their drug treatment/sober living services and prenatal care or could not adhere to their safety plan developed with the liaison.
- A Children’s Services child abuse/neglect Referral was opened at the birth of the child for 57% (8 of 14). 43% (6 of 14) who worked with the liaison had no need for referral to Children’s Services at delivery.
 - Of the 8 women with referrals to Children’s Services at delivery: 5 had sufficient risk factors addressed and safety plans in place that removal of the child was not necessary.

In 4 of the 5, the Referral was closed within 30 days. The remaining Referral transitioned to Family Maintenance.

- Only 21% (3 of 14) continued to have sufficient risk factors unaddressed that required Child Welfare Services involvement and removal of the child at birth.
- Children’s Services Case Opened – 29% (4 of 14).

STRATEGY 2: DIFFERENTIAL RESPONSE

Our Differential Response strategy addresses the needs identified in our County Self-Assessment of increasing Protective Factors for families; families utilizing their Protective Factors and implementing their parenting education training; reducing the need for children to enter out-of-home care; and reducing the recurrence of maltreatment.

Participation Rates: Entry Rates

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
N.A.	01/01/13	12/31/13	282	38,532	7.3	01/01/15	12/31/15	225	38,096	5.9	v	v	-19.3%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent Participation Rates: Entry Rates performance is at a rate of 5.9 children entering foster care per 1000 child population, **19.3% lower** than our baseline data of 7.3.

3-S2 Recurrence of maltreatment – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
9.1	04/01/12	03/31/13	72	708	10.2	01/01/14	12/31/14	47	495	9.5	v	v	-6.6%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-S2 Recurrence of maltreatment performance is 9.5% of all children who were victims of a substantiated maltreatment report during a 12-month reporting period that were victims of another substantiated report within 12 months of their initial report, **6.6% lower** than our baseline data of 10.2%.

The process of Differential Response starts at the time a report of child abuse/neglect is received by Children’s Services. Differential Response is a strategy to ensure child safety by expanding the ability of Children’s Services to respond to reports of suspected child abuse/neglect. Its core elements include: a broad set of responses for working with families at the first signs of abuse/neglect, meaningful family engagement to ensure that needed changes are recognized and acted on, and expanded community partnerships to provide needed services to families.

A Path 1 Differential Response is for low risk referrals of child abuse/neglect to Children’s Services that would otherwise not receive a response from Children’s Services. A Path 1 Differential Response is from a Parent Partner to help assess the needs of the referred family and connects them to Community Resources. A Path 2 Differential Response is for moderate-risk referrals and is a joint response by Children’s Services and a Parent Partner with an assessment of safety and risk factors made by Children’s Services and a Parent Partner, and if appropriate, the family being assessed will be given services to address specific needs. The willingness of the assessed family to address safety and risk issues is a key factor in the outcome of receiving services as a Path 2 or being elevated to a Path 3

response. A Path 3 Differential Response is for high-risk referrals and entails formal Children’s Services review.

The Safety Organized Practice **RED TEAM** is a Facilitated Team Meeting Group Supervision Strategy to **Review** reports of child maltreatment, **Evaluate** all available information, and **Direct** the agency response. This is a multidisciplinary group decision-making team assessment of child abuse and/or neglect referrals utilizing Safety Organized Practice to address Harm & Danger. The directed response could be, for example, an investigative response, a family assessment response, or a family support response.

ACTION STEP

A. To maximize Differential Response referral rate, develop and **Implement** the Safety Organized Practice RED TEAM Facilitated Team Meeting Group Supervision Strategy to **Review** reports of child maltreatment, **Evaluate** all available information, and **Direct** the agency response.

- The collaborative Group #1 Families First, Centered, All About Core Group (including representation from Child Welfare, Mental Health, and Public Health) has met on a monthly basis, or more often as needed, to develop and implement the Safety Organized Practice RED Team Facilitated Team Meeting Group Supervision Strategy to Review reports of child maltreatment, Evaluate all available information, and Direct the agency response. The RED Team has been developed and implemented:
 - The RED Team functions within the provisions of the Welfare and Institution Code (18951, 18986.4, 18986.46) as a Multi-Disciplinary Team made up of staff from Children’s Services and Contracted Community Providers (e.g., Social Worker Supervisors, Social Workers, Public Health Nurses, Mental Health Clinicians, Alcohol and Other Drugs Counselors, Support Staff and community agency partners including but not limited to domestic violence experts and community parent partners).
 - Reports of suspected child abuse/neglect are referred to the Review, Evaluate and Direct (RED) Team unless it is determined by the results of the Structured Decision Making hotline tool/the Social Worker Supervisor and/or Law Enforcement that an Emergency Response is required. The RED Team is scheduled daily Monday through Friday to process referrals once entered into Structured Decision Making. The purpose of the RED Team is to review the Structured Decision Making tools recommendations.
 - Utilizing the Consultation and Information Sharing Framework to extract, collect, organize, and analyze information to inform the decision making, the RED Team is able to determine if the report of child abuse/neglect meets the threshold for a valid report requiring agency intervention as specified by the criteria of the Structured Decision Making tool and if so the appropriate response. Referrals may be evaluated out, assigned a 10-day investigation response, or assigned an immediate investigation response. Recommendations for community resources (parent partner, domestic violence services) to be offered are also made. An average of 113 reports per month were processed by the RED Team during the past year.

- Utilization of the RED Team represents a practice shift from individual supervisor/social worker decision making to a group decision-making process with increased information, collaboration, and increased support and direction for the assigned social workers.

STRATEGY 3: FAMILY/NATURAL SUPPORTS AND CONNECTIVITY FINDING/ENGAGEMENT

Our Family/Natural Supports and Connectivity Finding/Engagement strategy addresses the needs identified in our County Self-Assessment of recruiting and providing support resources for more Natural Supports and Connectivity for families and youth, connecting youth aging out of care to community supports; increasing the consistency and quality of service provision; improving Permanency timeliness, and improving Placement Stability.

3-P1 Permanency in 12 months (entering foster care) – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
40.5	04/01/12	03/31/13	69	255	27.1	01/01/14	12/31/14	52	197	26.4	^	v	-2.4%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P1 Permanency in 12 months (entering foster care) performance is 26.4% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care, **2.4% lower** than our baseline data of 27.1%.

3-P2 Permanency in 12 months (in care 12-23 months) – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
43.6	04/01/13	03/31/14	44	151	29.1	01/01/15	12/31/15	38	111	34.2	^	^	17.5%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P2 Permanency in 12 months (in care 12-23 months) performance is 34.2% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period, **17.5% higher** than our baseline data of 29.1%.

3-P5 Placement stability - Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
4.12	04/01/13	03/31/14	213	34,228	6.22	01/01/15	12/31/15	151	30,959	4.87	v	v	-21.6%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P5 Placement stability performance is at a rate of 4.87 placement moves for every 1,000 days of foster care for all children who enter foster care in a 12-month period, **21.6% lower** than our baseline data of 6.22%.

3-P1 Permanency in 12 months (entering foster care) – Probation

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
40.5	04/01/12	03/31/13	0	16	0.0	01/01/14	12/31/14	1	14	7.1	^		N.A.

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P1 Permanency in 12 months (entering foster care) performance is 7.1% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care, this is **higher** than our baseline data of 0.0%.

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

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³
43.6	04/01/13	03/31/14	2	8	25.0	01/01/15	12/31/15	0	2	0.0	^	v -100.0%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P2 Permanency in 12 months (in care 12-23 months) performance is 0.0% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period, this is **lower** than our baseline data of 25.0%.

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

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³
30.3	04/01/13	03/31/14	1	6	16.7	01/01/15	12/31/15	0	9	0.0	^	v -100.0%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P3 Permanency in 12 months (in care 24 months or more) performance is 0.0% of all children in foster care on the first day of a 12 month period who had been in foster care for 24 months or more, that were discharged to permanency within 12 months of the first day, this is **lower** than our baseline data of 16.7%.

The goal of Children’s Services is to ensure the safety of children in our community and to help them achieve successful reunification with their parents. The Family/Natural Supports and Connectivity Finding/Engagement activities strive to ensure that children and youth in care are able to maintain and develop permanent connections with relatives and other important individuals in their lives, as well as reduce the length of time children are in foster care. Relatives, Non-Relative Extended Family Members, and others having an existing relationship with the child can help to maintain the child’s connection with family, community, and culture of origin while reducing the trauma of removal and helping to retain the child’s sense of identity.

Early Family/Natural Supports and Connectivity Finding/Engagement efforts may reveal that family members (including fathers and paternal family members) can be safe and nurturing resources for children, thus preventing out of home placement at outset or decreased length of time in placement. Children’s Services goal is to build an enduring network of caring relationships for children. This process encourages and supports adults in their commitment to contribute/be involved in a child’s life. It involves persistent and consistent outreach and engagement of people who provide support and those who promote safety, permanency and well-being for children.

Additionally, through Family/Natural Supports and Connectivity Finding/Engagement, Children’s Services supports youth connection building. Connections are important for all children, especially for children whose families are in crisis or Probation youth who may not be able to return to their homes. We identified the need for youth capacity development interventions/activities through analysis of our Child Welfare/Probation Group Home population. Studying the intervention reason, placement history,

medical/mental health history, family structure and supportive relative/nonrelated extended family member resources available for each youth we identified that there is a population of youth who had no family to return to or connect once leaving the Child Welfare/Probation system.

ACTION STEP

A. Engaging with stakeholders, including the courts and tribes, **Develop** local best practice Family/Natural Supports and Connectivity Finding/Engagement practice standards. Use Implementation Science to identify program and structural capacity to support implementation. Write Policy & Procedure.

- The collaborative Group #2 Quality Families for Children Core Group (including representation from Child Welfare, Mental Health, and Probation) has met monthly, or more often as needed, to develop local best practice Family/Natural Supports and Connectivity Finding/Engagement practice standards.

Children’s Services has created a new staff position, the “Family and Natural Support Worker” to work to find and engage relatives, caring adults, and others who may serve as natural supports, life-long connections and/or potential placements for children and families involved with the Child Welfare System in Shasta County. The roles and responsibility of the Family and Natural Support Worker is to identify people who are options for support to youth in care and/or the family as a whole and to begin the process of engagement. Family/Natural Support and Connectivity Finding/Engagement is a team effort and an ongoing process. Children’s Services will conduct a formal search for absent parents, relatives and other caring adults who may serve as natural supports, life-long connections and/or potential placements for children and families involved with the Child Welfare System in Shasta County.

- Children’s Services will, within 30 days of a child’s removal from the home, conduct an investigation to identify and locate relatives within the fifth degree of kinship. This includes all grandparents, custodial parent of siblings (including adoptive parents of siblings and the other parents of half siblings), adult siblings and other adult relatives, including those suggested by the parents. Social Workers will also conduct an investigation and identify Non-Relative Extended Family Members (NREFM), and other individuals having an existing or past relationship with the child in order to help create and maintain the child’s connection with family, community, and culture of origin.
- Family/Natural Supports and Connectivity Finding/Engagement is being implemented for the following purposes:
 - To build a critical network of support immediately,
 - To eliminate the need for children to come into care,
 - To reduce children’s length of stay in care,
 - To keep children connected to those who love and support them, and
 - To assist with concurrent case planning.
- Potential Family and Natural Supports people are identified:
 - When a call is received by Children’s Services, the screeners will ask the reporter, of any known family/support,
 - During the investigation process and as needed to conduct a due diligence search,

- During case planning by the ongoing Social Worker:
 - Meeting with the parents,
 - Via phone calls with the parents,
 - Initial Child and Family Focused meetings,
 - Conversation with the child(ren).
 - During the monthly contacts meeting with the parents and child(ren),
 - Upon monthly conversations with Foster Family Agency and Group Home staff, and
 - During six month Child and Family Focused Team meetings.
- Searching for Family and Natural Supports is conducted:
 - During the intake process,
 - For due diligence searches,
 - Prior to updating the case plan,
 - When placement change is requested or when placement is at risk of disruption,
 - When additional/updated information is received regarding a specific (new) person or location, and
 - When deemed appropriate by the Child and Family Focused Team.
- Children’s staff designated as the Family and Natural Support Worker, utilize tools to conduct searches including, but not limited to:
 - Information provided by children and family,
 - Telephone directories,
 - CWS/CMS database,
 - California Department of Corrections Inmate Locator,
 - Federal Bureau of Prisons, Inmate Locator,
 - Department of Motor vehicle locator,
 - County Child Support Services Department,
 - Search sites,
 - www.zabasearch.com
 - www.anywho.com/whitepages
 - Social media sites, and
 - LexisNexis (New Tool).
- Staff have been trained on LexisNexis and Family/Natural Supports and Connectivity Finding efforts has increased.
- Family/Natural Supports and Connectivity Finding functions within provisions of the Welfare and Institution Code (309, 319, 361, 366.26 and 628).
- Originally this action step specified writing a single Family/Natural Supports and Connectivity Finding/Engagement Policy & Procedure during this first year of the System Improvement Plan implementation. We learned that the amount of information to be included in this single Policy was presenting an obstacle to forward progress. Revisions to the action step included dividing the single Policy & Procedure into two (i.e., the Family/Natural Supports and Connectivity Finding Policy & Procedure and the Family/Natural Supports and Connectivity Engagement Policy & Procedure) and delaying the completion of the Family/Natural Supports and Connectivity Engagement Policy & Procedure by six months. The best practice Family/Natural Supports and Connectivity Finding practice standards and the Policy & Procedure have been completed.

- Probation has been working with Children’s Services jointly discussing/developing best practice Family/Natural Supports and Connectivity Finding/Engagement practice standards. Probation is in the process of obtaining a contract for the use of the Lexis/Nexis tool. Due to the barriers encountered with unexpected staff vacancies, development of the Probation Family/Natural Supports and Connectivity Finding/Engagement Policy & Procedure will be delayed into year 2 of our 2015-2020 System Improvement Plan implementation.

STRATEGY 4: SAFETY ORGANIZED PRACTICE (STRUCTURED DECISION MAKING AND SIGNS OF SAFETY) INCLUDING FACILITATED CHILD AND FAMILY FOCUSED MEETINGS

Our Safety Organized Practice (Structured Decision Making and Signs of Safety) including Facilitated Child and Family Focused Meetings strategy addresses the needs identified in our County Self-Assessment of increasing effective communication; increasing family involvement in case decision making; increasing the consistency and quality of service provision; improving Permanency timeliness, and improving Placement Stability.

3-P1 Permanency in 12 months (entering foster care) – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
40.5	04/01/12	03/31/13	69	255	27.1	01/01/14	12/31/14	52	197	26.4	^	v	-2.4%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P1 Permanency in 12 months (entering foster care) performance is 26.4% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care, **2.4% lower** than our baseline data of 27.1%.

3-P2 Permanency in 12 months (in care 12-23 months) – Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
43.6	04/01/13	03/31/14	44	151	29.1	01/01/15	12/31/15	38	111	34.2	^	^	17.5%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P2 Permanency in 12 months (in care 12-23 months) performance is 34.2% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period, **17.5% higher** than our baseline data of 29.1%.

3-P5 Placement stability - Child Welfare

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³	
4.12	04/01/13	03/31/14	213	34,228	6.22	01/01/15	12/31/15	151	30,959	4.87	v	v	-21.6%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Children’s Services most recent 3-P5 Placement stability performance is at a rate of 4.87 placement moves for every 1,000 days of foster care for all children who enter foster care in a 12-month period, **21.6% lower** than our baseline data of 6.22%.

3-P1 Permanency in 12 months (entering foster care) – Probation

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³
40.5	04/01/12	03/31/13	0	16	0.0	01/01/14	12/31/14	1	14	7.1	^	N.A.

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P1 Permanency in 12 months (entering foster care) performance is 7.1% of all children who enter foster care in a 12-month period that are discharged to permanency within 12 months of entering foster care, this is **higher** than our baseline data of 0.0%.

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

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³
43.6	04/01/13	03/31/14	2	8	25.0	01/01/15	12/31/15	0	2	0.0	^	v -100.0%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P2 Permanency in 12 months (in care 12-23 months) performance is 0.0% of all children in foster care on the first day of a 12-month period, who had been in foster care between 12 and 23 months, that were discharged from foster care to permanency within 12 months of the first day of the period, this is **lower** than our baseline data of 25.0%.

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

National Standard	Baseline start date	Baseline end date	Baseline numerator	Baseline denominator	Baseline performance	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Goal	1.75-year percent change ³
30.3	04/01/13	03/31/14	1	6	16.7	01/01/15	12/31/15	0	9	0.0	^	v -100.0%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Probation’s most recent 3-P3 Permanency in 12 months (in care 24 months or more) performance is 0.0% of all children in foster care on the first day of a 12 month period who had been in foster care for 24 months or more, that were discharged to permanency within 12 months of the first day, this is **lower** than our baseline data of 16.7%.

The Safety Organized Practice approach to collaborative teamwork is fundamentally about communication. Safety Organized Practice seeks to build communication and strengthen partnerships within a family, their informal support network of friends and family, and the agency. Safety Organized Practice promotes open communication channels between social workers and families, social workers and care/service providers, social workers and community partners, and social workers and collocated staff.

Effective implementation of Safety Organized Practice will impact many of our programs and practice improvements by providing a structured service delivery process. The structured service delivery process will contribute to the provision of effective services even when working with limited staff resources in times of high vacancy rates due to increased efficiency.

When Safety Organized Practice is utilized, families are much more engaged and active in their case plan. Children’s Services has been working to improve the participation of families in services. Child welfare staff has struggled to consistently engage with families so they have an active role in the

creation of and updates to their case plan; and to work with them in partnership to navigate the child welfare system so their capacity to safely care for their children increases and their family can remain intact.

Safety Organized Practice emphasizes the importance of teamwork in child welfare. Safety Organized Practice aims to build and strengthen partnerships with Children’s Services and within a family by involving their informal support networks of friends and family members in their case plans.

Safety Organized Practice integrates several different philosophies and practices to provide a systematic approach for working with children, youth and families and is based on the following principles:

- Families live in communities of support,
- Child welfare interventions are time limited and that Families are experts in their own lives and on what is and is not working within their family,
- Families can change, and
- Families, children and youth deserve to be treated with respect, and collaborative practice with the family, their network and partner agencies is essential.

Facilitated Child and Family Focused Meetings serve to engage families. Safety Organized Practice has shed light on the use of Facilitated Child and Family Focused Meetings as something that can and should occur regularly throughout a family’s involvement in the child welfare system as the primary method for working with a family, and increasing overall participation and buy-in to the Child Welfare process throughout the case.

ACTION STEP

A. Engaging with stakeholders, including the courts and tribes, **Develop** local best practice Safety Organized Practice including Facilitated Child and Family Focused Meetings practice standards. Use Implementation Science to identify program and structural capacity to support implementation. Write Policy & Procedure.

- The collaborative Group #3 Structured System Engaged with Families and Others Core Group (including representation from Child Welfare, Mental Health, and Probation) has met monthly, or more often as needed, to develop local best practice Safety Organized Practice including Facilitated Child and Family Focused Meetings practice standards.
- Originally this action step specified writing a single Safety Organized Practice including Facilitated Child and Family Focused Meetings Policy & Procedure during this first year of the System Improvement Plan implementation. We learned that the amount of information to be included in this single Policy was presenting an obstacle to forward progress. Revisions to the action step included dividing the single Policy & Procedure into two (i.e., the Safety Organized Practice Facilitated Child and Family Focused Meetings Policy & Procedure and the Safety Organized Practice Policy & Procedure).
- Practice standards and the Policy & Procedure to incorporate Facilitated Child and Family Focused Meetings into Children’s Services practices of delivering services to families involved with the child welfare system in Shasta County have been completed:

- Children’s Services is committed to using Facilitated Child and Family Focused Meetings in our approach to providing safety, permanency, and well-being to children and families; involving families and their informal supports; sharing decision-making; and embracing strengths-based practice.
- Under the auspice of Safety Organized Practice, participants of a Facilitated Child and Family Focused Meeting include the parents or guardians for whom there is a safety concern or open case and the case-carrying social worker. Together, these two parties agree on who else attends, such as children, when appropriate, extended family members, and other supportive people as defined by the family. Sometimes other community members, foster parents, and service providers may also be invited. The key feature of Facilitated Child and Family Focused Meetings is that families have a voice to help negotiate who belongs at the meeting and who does not.
- The objectives of Facilitated Child and Family Focused Meetings are:
 - Engagement: To create a shared focus to guide casework among members (child, family, worker, supervisor, etc.)
 - Critical thinking: To help these members consider complicated and ambiguous case information and sort it into meaningful categories that can inform next steps
 - Enhancing safety: To provide a path for members to engage in rigorous, sustainable, on-the-ground child safety efforts
- The Core Group identified and reviewed the various facilitated meetings. With input solicited from stakeholders the Core Group settled on the name Facilitated Child and Family Focused Meetings to encompass all facilitated meetings. The Core Group created the structure for the timing and purpose of the various Facilitated Child and Family Focused Meetings and developed a common facilitated meeting format, tools to be utilized, and documentation requirements.
- To streamline Children’s Services and Probation implementation of best practice Facilitated Child and Family Focused Meetings practice standards, Children’s Services will offer training on the practice standards to the Probation Wraparound Interagency Network for Growth and Stability (WINGS) facilitator.
- Safety Organized Practice is a collaborative child welfare practice model that includes both practice strategies and concrete tools for child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making. Children’s Services is committed to using Safety Organized Practice as the primary approach in providing safety, permanency, and wellbeing to children and families in Shasta County. The Safety Organized Practice best practice standards and the Policy & Procedure have been completed:
 - Children’s Services staff will use the following tools, as applicable for every referral and case:
 - Structured Decision Making Tools,
 - Consultation and Information Sharing Framework,
 - Safety Mapping Tool, and
 - The Three Houses Interview Tool (House of Good Things, Worries & Dreams).
 - Children’s Services staff will utilize Safety Organized Practice standards of practice throughout the work that they do with families and children including:
 - Cultural Humility,

- Three Questions (Working Well, Worries, What Needs to Happen),
 - Motivational Interviewing,
 - Solution-focused Interviewing, and
 - Plus/Delta (What went well, What should change).
- The Core Group identified elements of Safety Organized Practice that are working well and those needing improvement. A survey was created for all supervisors to get their input on the frequency these elements of Safety Organized Practice are being used. The Core Group reviewed all of the available Safety Organized Practice tools and decided which should be mandatory, which should be transferred to other work groups and which will not be required. The Analyst Team created new Safety Organized Practice tools with job aides that explained how to use the tool. The Policy & Procedure was shared with Stakeholders to gather input on when specific practices and tools should be utilized by staff. Staff attended a statewide Safety Organized Practice Convening and shared their findings and ideas:
 - The need to unify and be consistent with the Consultation and Information Sharing Framework instead of the term Safety Mapping Tool was shared. The Consultation and Information Sharing Framework is a critical thinking framework that we want staff to embrace.
 - Tools will needed to assist with and monitor our Safety Organized Practice implementation.
 - Consultation will be needed with Group #4 Understanding and Healing Trauma to fully synthesize and incorporate Safety Organized Practice with trauma-informed care.
 - Probation has been working with Children’s Services, learning about Safety Organized Practice and Child Welfare. Access to formal Safety Organized Practice training has been a barrier for Probation. All Safety Organized Practice trainings that Probation has attempted to attend have been cancelled. Due to the barriers to training and unexpected staff vacancies, development of the Probation Safety Organized Practice including Facilitated Child and Family Focused Meetings Policy & Procedure will be delayed into year 2 of our 2015-2020 System Improvement Plan implementation.

METHOD OF EVALUATION AND/OR MONITORING

Within the first quarter of the first year of our 2015-2020 System Improvement Plan implementation, Children’s Services developed and began utilization of a formalized method of evaluation and/or monitoring of System Improvement Plan strategies and action steps along with the status of other New Initiatives being worked on.

We began the planning for the implementation of our System Improvement Plan with the development of a work plan and an overview/training of the Implementation Science Model. The Children’s Services and Probation C-CFSR System Improvement Plan Core Team met for the identification of Implementation Science Teams for the System Improvement Plan Strategies:

- Community Based Prevention
- Differential Response/Safety Organized Practice RED Team
- Family/Natural Supports and Connectivity Finding/Engagement
- Safety Organized Practice including Facilitated Child and Family Focused Meetings

We expanded the System Improvement Plan planning to include the concurrent implementation of our New Initiatives through Information Sharing at Children Service’s All Branch Leadership Meeting that

included representation from Child Welfare, Mental Health, and Public Health. An overview of the planning process and goals of the System Improvement Plan was discussed relative to the California Core Practice Model, Resource Family Approval, Continuum of Care Reform, Implementation Science Model, and the Communication Plan. At a later meeting a Consensus Workshop was held to determine how Children's Services could best organize the program development work for System Improvement Plan implementation and New Initiatives implementation to avoid overlap in workgroup activities and create synergy across the following practices components:

- System Improvement Plan:
 - Community Based Prevention
 - Differential Response/Red Team
 - Family/Natural Supports and Connectivity Finding/Engagement
 - Safety Organized Practice including Facilitated Child and Family Focused Meetings
- Child Welfare Core Practice Model
- Resource Family Approval
- Continuum of Care Reform
- Child & Family Wellbeing
 - Trauma Informed Practice
 - Psychotropic Medications Oversight

We also needed to consider the new C-CFSR Case Review/CQI System and the new Core 3.0 training model. The Consensus Workshop resulted in the Children's Leadership Team having a sense of the overall scope of work to be completed. To avoid overlap in workgroup activities and to create synergy, four main workgroups were created that combined the System Improvement Plan components and associated New Initiatives. Each Program Manager and Supervisor identified the focus area most relevant or interesting for their future participation.

This formed the basis of the four Group Core Teams:

- Group #1 Families First, Centered, All About
- Group #2 Quality Families for Children
- Group #3 Structured System Engaged w/ Families & Others
- Group #4 Understanding and Healing Trauma

Each Group Core Team included Program Management as the responsible Program Lead, an Implementation Science Coach, an Analyst, and First Line Supervisors from Child Welfare, Mental Health, Public Health, and Probation, as applicable. The four Group Core Teams ensure the completion of System Improvement Plan Strategies and Action Steps and New Initiatives implementation. The Group Core Team is supplemented by Children's Services Stakeholders (interested staff at all levels), Additional Stakeholders (those with specific areas of interest around a particular System Improvement Plan strategy or New Initiative), and Continuous Quality Improvement Committee stakeholders.

The following meeting/reporting structure for the evaluation and monitoring of progress is in place:

- Oversight Committee
 - Participants included Children's Services Director, Deputy Director, the four Group Program Leads, Implementation Science Lead, and Analyst Lead.
 - Monthly Meetings with evaluation/monitoring accountability report outs by each Program Lead (including the identification of any barriers/obstacles experienced or anticipated).
- Group Core Teams
 - Monthly Meetings, or more frequent as needed, to implement System Improvement Plan Strategy Action Steps and associated New Initiatives.

- Accountability report outs of progress/activities at monthly Children Service’s All Branch Leadership Meeting.
- The C-CFSR Children’s Services and Probation Core Team Monthly Meetings to monitor the implementation of System Improvement Plan Strategy Action Steps and associated New Initiatives progress (including the identification of barriers/obstacles experienced or anticipated).

Oversight Committee			
Group #1 Families First, Centered, All About	Group #2 Quality Families for Children	Group #3 Structured System Engaged w/ Families & Others	Group #4 Understanding and Healing Trauma
<u>Core Team</u> Program Lead IS Coach Analyst Child Welfare Mental Health Public Health	<u>Core Team</u> Program Lead IS Coach Analyst Child Welfare Mental Health Public Health Probation	<u>Core Team</u> Program Lead IS Coach Analyst Child Welfare Mental Health Public Health Probation	<u>Core Team</u> Program Lead IS Coach Analyst Child Welfare Mental Health Public Health
Children’s Stakeholders	Children’s Stakeholders	Children’s Stakeholders	Children’s Stakeholders
Additional Stakeholders <ul style="list-style-type: none"> ▪ Strengthening Families Collaborative ▪ High Risk Pregnant Women ▪ Differential Response / Safety Organized Practice RED Team 	Additional Stakeholders <ul style="list-style-type: none"> ▪ Family/Natural Supports and Connectivity Finding / Engagement ▪ Intensive Treatment Foster Care/Pathways to Mental Health (Katie A.) ▪ Resource Family Approval ▪ Continuum of Care Reform ▪ Quality Parenting Initiative ▪ FFA Consortium ▪ Transitional Age Foster Youth 	Additional Stakeholders <ul style="list-style-type: none"> ▪ Safety Organized Practice (SOP) Practice Standards ▪ Safety Organized Practice Facilitated Child and Family Focused Meetings ▪ Parent Engagement & Empowerment 	Additional Stakeholders <ul style="list-style-type: none"> ▪ Bruce Perry Training ▪ Psychotropic Medications Oversight
CQI Stakeholders	CQI Stakeholders	CQI Stakeholders	CQI Stakeholders

PROGRAM REDUCTION

Shasta County reports no significant reductions in spending on programs identified in the SIP.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

As of the end of year one of the implementation of the Shasta County 2015-2020 System Improvement Plan, Children’s Services and Probation have identified no obstacles or barriers to future implementation of a strategy and action step not currently under implementation.

PROMISING PRACTICES/ OTHER SUCCESSES

Successes or promising practices that are working well within Children’s Services/Probation and that have been initiated to help improve our outcomes or our staff include research work in trauma-informed care, parent engagement program development, and promising Probation practices (e.g., Anger Management Skills, Juvenile Drug Court, Life Skills, and the Wraparound Interagency Network for Growth and Stability):

- Many people are experiencing or have experienced trauma. This experience can shape a person’s behaviors, feelings, and decisions. The more we learn about trauma, the more we can modify our practices and agency environments to support and engage all. As part of Children’s Services Continuous Quality Improvement strategies, the collaborative Group #4 Understanding and Healing Trauma Core Group (including representation from Mental Health, Child Welfare, and Public Health) met monthly. Group #4 Understanding and Healing Trauma is in the Exploration (research) stage of the Implementation Science Tool Kit. Work has been completed to understand the problem and to begin to identify as a group how to begin to come up with a framework for a trauma-informed approach to Children’s Child Welfare and Mental Health practice. Additionally much discussion in Group #4 has been held to understand Agency and staff needs relative to the associations between health, workplace support and secondary traumatic stress among Children’s Services staff.
- Group Discussion
 - As a group, in February 2016, we discussed the Administration for Children and Families Information Memorandum (IM) – ACYF-CB-IM-12-04. The purpose of this IM was to explain the Administration of Children, Youth and Families (ACYF) priority to promote social and emotional well-being for children and youth receiving child welfare services, and to encourage child welfare agencies to focus on improving the behavioral and social-emotional outcomes for children who have experienced abuse/neglect.
 - As a group, in March 2016, we determined the fit of the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Concept of Trauma and Guidance for a Trauma-Informed Approach. Our “take away” moving forward included the three “E’s” of Trauma (Event, Experienced, Effects) and the four “R’s” of a Trauma-Informed Approach (Realizes, Recognizes, Responds, Resist Re-traumatization).
 - As a group, in April 2016, we discussed Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators (through the end of Chapter 2) focusing on the Essential Elements of a Trauma-Informed Child Welfare System and identification of concrete strategies that could help transform our Children’s Services system into one that effectively addresses the impact of trauma on the children/families served, as well as on the staff who work with them. We saw the building blocks of training and mission statements in these materials.
 - As a group, in May 2016, we discussed Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators. Chapter 3: The Impact of Trauma on the Brain, Chapter 4: Addressing Secondary Traumatic Stress and vicarious Trauma in the Child Welfare Workforce, and Chapter 5: Promoting child and family Resilience in the Aftermath of Trauma.
 - As a group, in June 2016, we discussed Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators. The Mental Health staff reviewed and trained the group on Section 2: Child Welfare Practice while the Child Welfare staff reviewed and trained the group on Section 3: Mental Health Practice.

- Healthy Relationships and Coping Strategies
 - The process of Change – Utilize SOP Practice and Motivational Interviewing
 - Psycho-education – Development, Trauma, Communication
 - Strengthening Families Protective Factors
 - Parental Resilience
 - Social connections
 - Knowledge of Parenting/Child Development
 - Concrete Support
 - Children’s Social & Emotion Competence
 - Safety Organized Practice to build parents’ capacity to provide safety for their children by helping parent(s) to:
 - Understand and ameliorate the Harm and Danger they put their children in
 - Identify & Build Safety Networks
- Probation Promising Practices
- Anger Management Skills. Skills for Managing Anger is an 8-16 week course designed to help minors cope with the stresses of life by teaching concepts and skills that enable them to manage their anger without resorting the aggression. They are currently being conducted in the Juvenile Rehabilitation Facility and at Oasis School, Anderson and Redding at Wright Education Services by Wright Education Services.
 - Juvenile Drug Court. Juvenile Drug Court is designed to reduce substance abuse and related criminal activity among non-violent juvenile offenders by offering a structure of strength-based intensive treatment services, intervention, court supervision and community support. Drug court is a minimum twelve-month program. Minors are required to appear before the Juvenile Court Judge every week, at which time the judge review the progress or lack of progress for the minor. Frequent drug testing and participation in recovery services in required.
 - Life Skills. Life Skills is an eight-week program for teenagers designed to teach various social skills such as dating, anger management, sexual assault prevention, communication and sexual harassment training. The program is operated by Northern Valley Catholic Social Services with the coordination of the Probation Officer.
 - WINGS. Wraparound Interagency Network for Growth and Stability (WINGS) is an intensive strength based family focused program for high-risk juveniles. The court-based program uses an interagency family treatment team to meet the needs of the minor and family. The team consists of two probation officers and a mental health therapist. Minors with diagnosed mental illness, as well as those whose level of functioning is impaired by learning disabilities and severe substance abuse, require extremely high levels of supervision and support in order to be successful in their school, home and community. Family members help in developing plans and strategies to deal with issues presented when the minor remains in the home.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Shasta County’s Child Welfare and Probation Outcome Data Measures not meeting State and/or National Standards as reported in the most recent quarterly data report have been reviewed.

CWS Outcomes System Summary for Shasta County--03.31.16											
Report publication: Apr2016. Data extract: Q4 2015. Agency: Child Welfare.											
Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National or Compliance Standard	Most recent perf. rel. to standard	Goal	One-year percent change	
Safety											
3-S1	Maltreatment in foster care	01/01/15	12/31/15	8	161,323	4.96	8.50	171.4	v	^	36.1%
3-S2	Recurrence of maltreatment	01/01/14	12/31/14	47	495	9.5	9.1	95.8	v	v	-17.2%
Permanency											
3-P1	Permanency in 12 months (entering foster care)	01/01/14	12/31/14	52	197	26.4	40.5	65.2	^	v	-18.7%
3-P2	Permanency in 12 months (in care 12-23 months)	01/01/15	12/31/15	38	111	34.2	43.6	78.5	^	v	-29.0%
3-P3	Permanency in 12 months (in care 24 mths or more)	01/01/15	12/31/15	74	190	38.9	30.3	128.5	^	^	9.9%
3-P4	Re-entry to foster care in 12 months	01/01/13	12/31/13	5	72	6.9	8.3	119.5	v	^	156.9%
3-P5	Placement stability	01/01/15	12/31/15	151	30,959	4.87	4.12	84.5	v	v	-4.1%
2B	Timely Response (Imm. Response Compliance)	10/01/15	12/31/15	139	142	97.9	90.0	108.8	^	^	0.7%
2B	Timely Response (10-Day Response Compliance)	10/01/15	12/31/15	199	210	94.8	90.0	105.3	^	v	-5.0%
2F	Monthly Visits (Out of Home)	01/01/15	12/31/15	4,819	5,163	93.3	95.0	98.2	^	^	5.8%
2F	Monthly Visits in Residence (Out of Home)	01/01/15	12/31/15	3,587	4,819	74.4	50.0	148.9	^	^	14.5%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Shasta County's Child Welfare Outcome Data Measures not meeting State and/or National Standards as reported in the most recent quarterly data report include:

- 3-S2 Recurrence of maltreatment
- 3-P1 Permanency in 12 months (entering foster care)
- 3-P2 Permanency in 12 months (in care 12-23 months)
- 3-P5 Placement stability
- 2F Monthly Visits (Out of Home)

CWS Outcomes System Summary for Shasta County--03.31.16											
Report publication: Apr2016. Data extract: Q4 2015. Agency: Probation.											
Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National or Compliance Standard	Most recent perf. rel. to standard	Goal	One-year percent change	
Safety											
3-S1	Maltreatment in foster care	01/01/15	12/31/15	0	7,304	0.00	8.50	N.A.	v		N.A.
3-S2	Recurrence of maltreatment	01/01/14	12/31/14	47	N.A.	N.A.	9.1	N.A.	v		N.A.
Permanency											
3-P1	Permanency in 12 months (entering foster care)	01/01/14	12/31/14	1	14	7.1	40.5	17.6	^	v	-57.1%
3-P2	Permanency in 12 months (in care 12-23 months)	01/01/15	12/31/15	0	2	0.0	43.6	N.A.	^	v	-100.0%
3-P3	Permanency in 12 months (in care 24 mths or more)	01/01/15	12/31/15	0	9	0.0	30.3	N.A.	^	^	-100.0%
3-P4	Re-entry to foster care in 12 months	01/01/13	12/31/13	0	2	0.0	8.3	N.A.	v		
3-P5	Placement stability	01/01/15	12/31/15	5	2,576	1.94	4.12	212.3	v	v	-31.3%
2B	Timely Response (Imm. Response Compliance)	10/01/15	12/31/15	N.A.	N.A.	N.A.	90.0	N.A.	^		N.A.
2B	Timely Response (10-Day Response Compliance)	10/01/15	12/31/15	N.A.	N.A.	N.A.	90.0	N.A.	^		N.A.
2F	Monthly Visits (Out of Home)	01/01/15	12/31/15	161	173	93.1	95.0	98.0	^	^	9.8%
2F	Monthly Visits in Residence (Out of Home)	01/01/15	12/31/15	161	161	100.0	50.0	200.0	^	^	0.8%

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

Shasta County’s Probation Outcome Data Measures not meeting State and/or National Standards as reported in the most recent quarterly data report include:

- 3-P1 Permanency in 12 months (entering foster care)
- 3-P2 Permanency in 12 months (in care 12-23 months)
- 3-P3 Permanency in 12 months (in care 24 months or more)
- 2F Monthly Visits (Out of Home)

Outcome Data Measures not meeting State and/or National Standards that have been included in the Shasta County System Improvement Plan and were discussed in previous sections of this report include:

- Child Welfare 3-S2 Recurrence of maltreatment
- Child Welfare 3-P1 Permanency in 12 months (entering foster care)
- Child Welfare 3-P2 Permanency in 12 months (in care 12-23 months)
- Child Welfare 3-P5 Placement stability
- Probation 3-P1 Permanency in 12 months (entering foster care)
- Probation 3-P2 Permanency in 12 months (in care 12-23 months)
- Probation 3-P3 Permanency in 12 months (in care 24 months or more)

Outcome Data Measures not meeting State and/or National Standards that have not been discussed in previous sections of this report include:

- Child Welfare 2F Monthly Visits (Out of Home)
- Probation 2F Monthly Visits (Out of Home)

Shasta County Child Welfare and Probation have been working to improve performance in the 2F Timely Monthly Caseworker Visits (Out of Home) data measure.

CWS Outcomes System Summary for Shasta County--03.31.16											
Report publication: Apr2016. Data extract: Q4 2015. Agency: Child Welfare.											
Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National or Compliance Standard	Most recent perf. rel. to standard	Goal	One-year percent change	
2F	Monthly Visits (Out of Home)	01/01/15	12/31/15	4,819	5,163	93.3	95.0	98.2	^	^	5.8%
2F	Monthly Visits in Residence (Out of Home)	01/01/15	12/31/15	3,587	4,819	74.4	50.0	148.9	^	^	14.5%

CWS Outcomes System Summary for Shasta County--03.31.16											
Report publication: Apr2016. Data extract: Q4 2015. Agency: Probation.											
Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	National or Compliance Standard	Most recent perf. rel. to standard	Goal	One-year percent change	
2F	Monthly Visits (Out of Home)	01/01/15	12/31/15	161	173	93.1	95.0	98.0	^	^	9.8%
2F	Monthly Visits in Residence (Out of Home)	01/01/15	12/31/15	161	161	100.0	50.0	200.0	^	^	0.8%

To be counted the child:

- Must have been less than 18 years of age on the first day of the month;
- Must have been in an open placement episode during the entire month;
- Must have either been in a foster care placement, on a trial home visit or on run-away status;
- Must not have been in a non-foster care placement (e.g., hospital) during any part of the month;
- Must not have been placed into California from another state via the Interstate Compact for the Placement of Children (ICPC) i.e., been the responsibility of another state.

For a visit to be counted during a specific month a child was in care the visit must have:

- Occurred during the reporting month;
- Been completed;
- Been in-person; and
- Had contact type of “staff person to child.”

For a visit that occurred during a specific month to be counted as having occurred in the residence the visit must have a contact location of “home” or “in placement.”

Timely Monthly Caseworker Visits (Out of Home) by Age, displayed below, considers each month separately, but summarizes this data for the 12-month period of January through December 2015.

Timely Monthly Visits – California & Shasta Child Welfare – California & Shasta Probation

Age Group	California Child Welfare Percent with Visits	California Child Welfare Percent with Visits in the Residence	Shasta Child Welfare Percent with Visits	Shasta Child Welfare Percent with Visits in the Residence	California Probation Percent with Visits	California Probation Percent with Visits in the Residence	Shasta Probation Percent with Visits	Shasta Probation Percent with Visits in the Residence
	%	%	%	%	%	%	%	%
Under 1	97.2	81.4	96.5	72	.	.	.	.
1-2	96.7	82.4	95.7	79.2	.	.	.	.
3-5	96.4	81	94.9	76.4	.	.	.	.
6-10	95.2	78.6	96.4	72.8	.	.	.	.
11-15	92.3	77.2	87.7	73	82.8	88.3	90.9	100
16-17	88.3	74	81	70.2	80.6	87.8	94.4	100
Total	94.6	79.3	93.3	74.4	81.5	88	93.1	100

Data Source: CWS/CMS 2015 Quarter 4 Extract - California Child Welfare Indicators Project (CCWIP)

The Compliance Standard for the percent of children who had at least one in-person contact during the month is greater than or equal to 95.0%. The California Child Welfare average performance for this measure of 94.6% for January-December 2015 is comparable to their performance of 94.7% for January-December 2014. Shasta County’s Child Welfare performance of 93.3% for January-December 2015 increased 5.8% from 88.2% for January-December 2014. The California Probation average performance of 81.5% for January-December 2015 increased from their performance of 75.2% for January-December 2014. Shasta County’s Probation performance of 93.1% for January-December 2015 increased 9.9% from 84.7% for January-December 2014.

By Age, Shasta County Child Welfare is above the Compliance Standard for the percent of children who had at least one in-person contact during each month (2015) for the following age groups: Under 1 (96.5%), 1-2 (95.7%), and 6-10 (96.4%). Shasta County Child Welfare is below the Compliance Standard for the following age groups: 3-5 (94.9%), 11-15 (87.7%), and 16-17 (81.0%). Shasta County Probation is below the Compliance Standard for both the 11-15 (90.9%) and 16-17 (94.4%) age groups. By Gender, Shasta County Child Welfare is below the Compliance Standard for both female (93.6%) and male (93.1%). Shasta County Probation is above the Compliance Standard for female (97.9%) and below for male (91.2%). By Ethnic Group, Shasta County Child Welfare is above the Compliance Standard for the Black (96.1%, n=25) ethnic group and below for White (94.8%, n=430), Latino (91.5%, n=125), Asian/P.I. (93.0%, n=6), and Native American (83.3%, n=43) ethnic groups. Shasta County Probation is above the Compliance Standard for the Black (95.2%, n=8) ethnic group and below for the White (94.0%, n=19) and Latino (75.0%, n=4) ethnic groups.

The Compliance Standard for the percent of children where at least one of that month's in-person contacts was in the residence is greater than or equal to 50.0%. The California Child Welfare average performance for this measure of 79.3% for January-December 2015 is comparable to their performance of 79.6% for January-December 2014. Shasta County's Child Welfare performance of 74.4% for January-December 2015 increased 14.5% from 65.0% for January-December 2014. The California Probation average performance of 88.0% for January-December 2015 increased from 86.8% for January-December 2014. Shasta County's Probation performance of 100% for January-December 2015 increased from 99.2% for January-December 2014.

To improve the performance of 2F Timely Monthly Caseworker Visits (Out of Home) Shasta County has updated our Policy and Procedures, trained staff on documentation requirements, created documentation tools, and reviewed compliance status mid-month using Safe Measures.

State and Federally Mandated Child Welfare/Probation Initiatives

California Child Welfare Core Practice Model

Shasta County has been participating through workshops, meetings, and webinars with the CWDA Children's Committee in the development of a statewide practice model that would serve as a guide for individual County programs by integrating various successful initiatives/practices into a comprehensive framework. The California Child Welfare Core Practice Model has identified a set of values that reflect the theoretical framework and form a path from theory to practice, guiding the development of the core components, elements, and practice behaviors. The practice elements in the Core Practice Model are the broad actions to promote safety, permanency and well-being for all children and youth. The practice elements have been informed by and are consistent with CAPP, Pathways to Mental Health (Katie A.), and Safety Organized Practice. The Core Practice Model addresses safety, permanency, health, education, spiritual, and other family and youth needs through engagement, inquiry, exploration, and ongoing partnerships with families, youth, and their supportive communities and tribes. Discussions are occurring with staff around the Core Practice Model Practice Behaviors:

- Foundational Behaviors
 - Being open, honest, clear, and respectful in communication.
 - Being accountable.
- Engagement Behaviors
 - Listening to the child, youth, young adult, and family, and demonstrating care.
 - Demonstrating an interest in connecting and helping families identify and meet goals.
 - Identifying and engaging family members and others who are important to the family.
 - Supporting and facilitating the family's capacity to advocate for themselves.
- Assessment Behaviors
 - Engaging in initial and on-going safety and risk assessment and permanency planning.
- Teaming Behaviors
 - Working with the family to build a supportive team.
 - Facilitating the team process and engage the team in planning and decision-making.
 - Working with the team to address the evolving needs of the family.
 - Working collaboratively with partners to create better ways for families to access services.
- Service Planning and Delivery Behaviors

- Working with the family and their team to build a plan that will focus on changing behaviors that led to the circumstances that brought the family to the attention of the child welfare agency and assist the family with safety, trauma, healing, and permanency.
- Transition Behaviors
 - Working with the family to prepare for change in advance and provide tools for managing placement changes, social worker changes, and other significant transitions.

Continuum of Care Reform, Resource Family Approval, and Quality Parenting Initiative

Shasta County has been participating in the meetings of the Continuum of Care Reform initiative to fully address the needs of children and families who are being served. As defined by CDSS, the fundamental principles of the Continuum of Care Reform are:

- All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
- The child, youth and family’s experience and voice is important in assessment, placement and service planning. A process known as a “child and family team,” which includes the child, youth and family, and their formal and informal support network will be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
- Children should not have to change placements to get the services and supports they need. Research shows that being placed in foster care is a traumatic experience and in order for family based placements to be successful, services including behavioral and mental health should be available in a home setting.
- Agencies serving children and youth including child welfare, probation, mental health, education and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
- The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environment for long periods of time.

The Resource Family Approval and the Quality Parenting Initiative support the Continuum of Care Reform. The Resource Family Approval process improves the way caregivers (related and non-related) for children in foster care are approved and prepared to parent vulnerable children, whether temporarily or permanently. The Quality Parenting Initiative partners with caregivers in helping to design child welfare organizations at the local level to better recruit, support and retain quality foster caregivers who can effectively parent vulnerable children and youth. Together, these efforts work to build the capacity of the continuum of foster care placement options to better meet the needs of vulnerable children in home based family care. This increased capacity is essential to successfully moving children out of congregate care.

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

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

Quality Parenting Initiative is an effort to rebrand foster care by changing the expectations of and support for foster parents and other caregivers. The key elements of the process are defining the expectations of caregivers, clearly articulating these expectations (the brand statement) and then aligning the system so that those goals can become a reality. Caregivers have a voice, not only in issues that affect the children they are caring for, but also in the way the system treats children and families. Caregivers, agency staff and birth parents work as a team to support children and youth.

The focus of Shasta County Quality Parenting Initiative is recruiting and retaining caregivers to provide the loving, committed, and skilled care that the child need, while working effectively with the child welfare system to reach the child's long term goals. Shasta County has embraced Quality Parenting Initiative and has developed the following brand statement:

- Excellent Shasta County Foster Parents are valued, trusted, team members who make a commitment to children in our community by:
 - Normalizing childhood experiences
 - Identifying and advocating for children's needs and services
 - Practicing and modeling positive and strength based parenting
 - Compassionately partnering with parents
 - Participating in training and support services with flexibility, integrity and humor

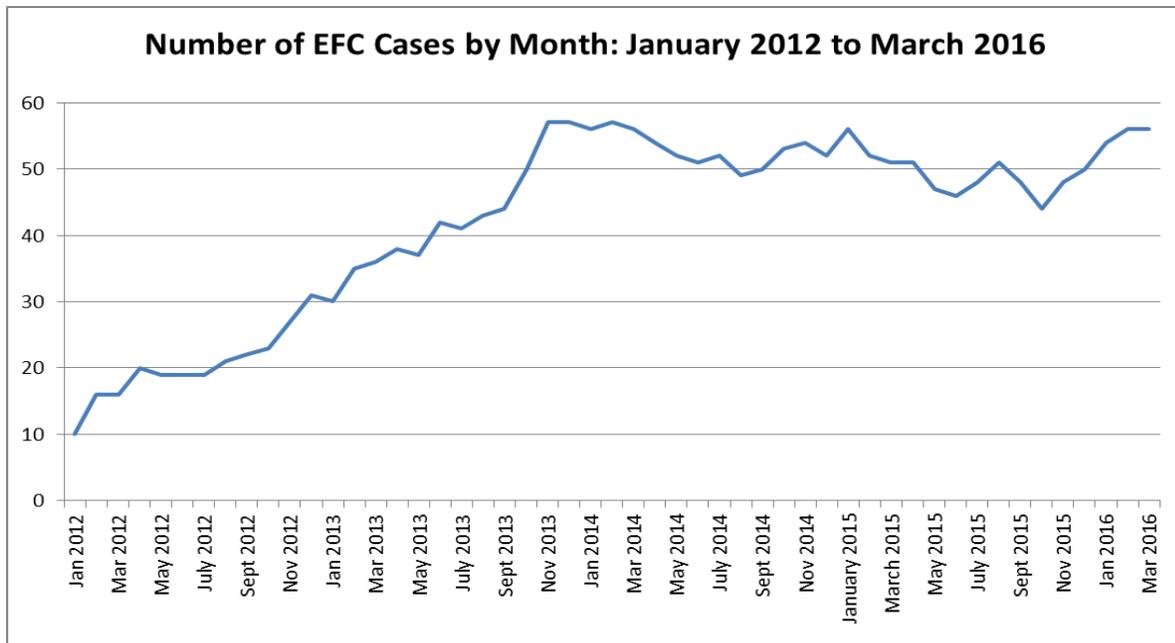
Pathways to Mental Health (Katie A.)

Shasta County, HHS/Children's Services began implementing the Katie A. Core Practice Model as required by the Katie A. v. Bonta et al. Settlement Agreement in April 2013. The California Departments of Social Services and Health Care Services goal in creating the model was to improve access to mental health services for children/youth in child welfare through timely screenings, assessment and service delivery using the Core Practice Model guidelines. Shasta County social workers, Public Health nurses, and Mental Health clinicians work together to ensure that every child with an open child welfare case receives a mental health screening upon entry. For children over age 5 that are not open to mental health services an additional mental health screening at 90 days from entry and again annually is given to assess for any new mental health needs. Children age 5 and under are screened every 6 months or annually depending on the child's age using the Ages and Stages Questionnaire administered by a Public Health Nurse.

Fostering Connections After 18 Program

Shasta County has actively participated in the Fostering Connections After 18 Program since January 2012. The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 created an extension of federal funding for foster care services for non-minors ages 18-21. Effective January 1, 2012, California implemented AB-12 to provide foster care benefits up to age 21. Amendments to legislation provided Kinship Guardianship Assistance Payment (KinGAP) and Adoption Assistance Program (AAP) benefits up to age 21 as well. Federal Legislation created a new term for youth in Extended Foster Care - Non-Minor Dependent (NMD).

- NMD Placement options for participation in extended foster care include:
 - Relative or Non-Relative Extended Family Member (NREFM);
 - Foster Family Home;
 - Foster Family Agency (FFA) certified home;
 - Non-related legal guardian (approved by the juvenile court);
 - Group Home (on a limited basis);
 - THP-Plus Foster Care;
 - Supervised Independent Living Setting (SILP).



Juvenile Justice Coordinating Council

Shasta County has continued active participation in the Juvenile Justice Coordinating Council. The Juvenile Justice Coordinating Council:

- Assists the Chief Probation Officer in developing a comprehensive, multi-agency juvenile justice plan (Juvenile Justice Plan) to provide a continuum of responses for the prevention, intervention, supervision, treatment, and incarceration of juvenile offenders.
- Assists the Chief Probation Officer in developing a Juvenile Justice Development.
- At least annually, reviews, and modifies if necessary, the Juvenile Justice Plan and the Juvenile Justice Development Plan.

In addition to the Chief Probation Officer serving as Chairman, voting members include a representative from the following agencies:

- Sheriff's Office
- District Attorney's Office
- Public Defender's Office
- Board of Supervisors
- a Branch of the Shasta County Health & Human Services Agency concerning Social Services
- a Branch of the Shasta County Health & Human Services Agency concerning Mental Health Services
- County Office of Education or a school district
- a City Police Department
- a community based drug and alcohol program
- an at-large community representative
- nonprofit community based organizations providing services to minors

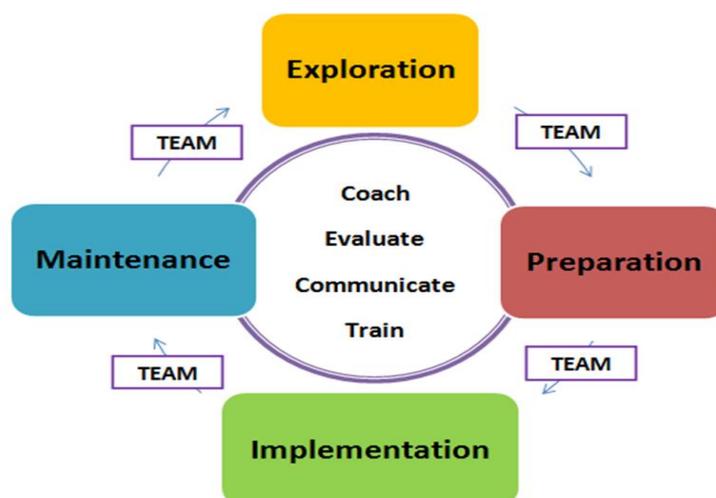
Other Quality Improvement (QI) Initiatives

Although not Placement Initiatives the following two QI initiatives have the potential to improve the quality of the implementation and delivery of placement initiatives/services.

Implementation Science

Shasta County Health and Human Services Agency Children’s Branch has made a commitment to apply Implementation Science to aid in program development, implementation, and evaluation. Implementation Science is a guided process with a simplified framework consisting of four stages: Exploration, Preparation, Implementation, and Maintenance. It is designed to be a streamlined process with an emphasis on consistency, accountability, and evaluation. The Shasta County Implementation Science tool kit was modeled after *Selecting and Implementing Evidence-Based Practice: A guide for Child and Family Serving Systems* (Walsh, Ruetz, and Williams; The California Evidence-Based Clearinghouse for Child Welfare April 2015).

Implementation Science Framework



Implementation Science is the process of enacting a practice or idea from beginning to end that will help to ensure a strong foundation is created to support the practice. The foundation or stages are guides in the decision making process that help to ensure all the necessary questions are asked and documented before, during, and after a new or existing program or practice is implemented.

The Shasta County Children’s Services Implementation Science Tool Kit was designed to guidelines users in implementing an Evidence Based Practice (EBP) within the department. The process can also be used for new practices or programs that are not evidence based but are needed in order to address the needs of the organization.

We have created the Implementation Science teams for:

- Group #1 Families First, Centered, All About that includes the Community Based Prevention and Differential Response/Red Team System Improvement Plan Strategies.
- Group #2 Quality Families for Children that includes the Family/Natural Supports and Connectivity Finding/Engagement System Improvement Plan Strategy.
- Group #3 Structured System Engaged with Families and Others that includes the Safety Organized Practice including Facilitated Child and Family Focused Meetings System Improvement Plan Strategy.
- Group #4 Understanding and Healing Trauma that includes the Trauma-Informed Care Continuous Quality Improvement Strategy.

Lean Six Sigma

Shasta County Health and Human Services Agency has made a commitment to utilize Lean Six Sigma efforts to improve the quality of services throughout the agency by application of the principles of Lean Six Sigma to create value-based solutions. Lean Six Sigma is utilized to encourage a county-wide culture of service excellence, continuous improvement and empirically based decision making as a means of improving quality, consistency, timeliness and cost of County Services.

- The Lean approach utilizes a set of standard tools and techniques to design, organize, and manage operations, support functions, providers, and clients. Lean techniques cut costs by eliminating waste of materials, time, activity, and errors. These reductions increase the quality of services provided.
- Six Sigma is both a project management framework as well as a set of statistical tools to aid in the solving of business problems.

Lean Six Sigma provides tools to monitor and validate project progress, while also increasing value and efficiency. This approach works toward a knowledge-based, empowered work force through the redefinition of middle management as enablers instead of enforcers. To establish a culture of continuous improvement, middle managers become facilitators of flexibility with the responsibility to:

- Set achievable goals for their staff
- Provide staff with tools and skills (e.g., equipment and training) to perform their jobs successfully
- Remove barriers that prevent staff from succeeding, growing, and contributing.

Senior management establishes clear goals, middle management acts as an enabler, providing tools and removing barriers, front-line workers identify problems and provide ideas for improvement.

5 – YEAR SIP CHART

Priority Outcome Measure or Systemic Factor: Prevention

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
PR	Participation Rates: Entry Rates	282	38,745	7.3	N.A.	N.A.	∨
3-S2	Recurrence of maltreatment	72	708	10.2	9.1	89.5	∨

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
PR	Participation Rates: Entry Rates	7.3	7.0	6.6	6.3	6.0
3-S2	Recurrence of maltreatment	10.2	10.0	9.7	9.5	9.0

Priority Outcome Measure or Systemic Factor: Permanency

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
3-P1	Permanency in 12 months (entering foster care)	69	255	27.1	40.5	66.8	^
3-P2	Permanency in 12 months (in care 12-23 months)	44	151	29.1	43.6	66.8	^
Baseline Data - Data extract: Q1 2014. Agency: Probation.							
3-P1	Permanency in 12 months (entering foster care)	0	16	0.0	40.5	N.A.	^
3-P2	Permanency in 12 months (in care 12-23 months)	2	8	25.0	43.6	57.3	^
3-P3	Permanency in 12 months (in care 24 months or more)	1	6	16.7	30.3	55.0	^

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.						
3-P1	Permanency in 12 months (entering foster care)	27.1	29.0	31.4	34.5	38.0
3-P2	Permanency in 12 months (in care 12-23 months)	29.1	31.8	34.4	38.4	43.7
Baseline Data - Data extract: Q1 2014. Agency: Probation.						
3-P1	Permanency in 12 months (entering foster care)	0.0	5.0	10.0	15.0	20.0
3-P2	Permanency in 12 months (in care 12-23 months)	25.0	26.3	27.5	28.8	30.0
3-P3	Permanency in 12 months (in care 24 months or more)	16.7	16.7	17.5	18.3	20.0

Priority Outcome Measure or Systemic Factor: Placement Stability

Measure number	Measure description	Most recent numerator	Most recent denominator	Most recent performance	National Standard or Goal	Most recent perf. rel. to nat'l std/goal	Goal
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.							
3-P5	Placement stability	213	34,288	6.22	4.12	66.2	v

Target Improvement Goal:

	Measure description	Year 1	Year 2	Year 3	Year 4	Year 5
Baseline Data - Data extract: Q1 2014. Agency: Child Welfare.						
3-P5	Placement stability	6.22	5.75	5.22	4.67	4.11

Strategy 1: Community Based Prevention	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Prevention	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Participate in Strengthening Families Community Collaboration Quarterly Meetings working toward Prevention of Adverse Childhood Experiences. Participate in community implementation of the Strengthening Families approach that leads to the following outcomes: strengthened families, optimal child development and reduced likelihood of child abuse and neglect.	June 2015	June 2020 <i>In Progress</i>	Children’s Services Branch Director, Children’s Services Program Manager, Children’s Services Community Development Coordinator, Community Based Organizations
B. Participate in and/or support the Strengthening Families Collaborative Pilot Programs (direct service programs implementing Strengthening Families) and Pilot Projects (community education activities). These pilots will provide the Strengthening Families Collaborative with “real world” experience in using the Strengthening Families Framework. The knowledge gained will be used to determine next steps for the collaborative.	January 2015	June 2016 <i>In Progress</i>	Children’s Services Branch Director, Children’s Services Program Manager, Children’s Services Community Development Coordinator, Community Based Organizations

<p>C. Provide support services for high risk pregnant women referred by the Mercy Maternity Center Social Worker to do an assessment of pregnant women with identified high risk factors during pregnancy (including the use of illegal substances during pregnancy, domestic violence, prior removal of other children and current or past CWS involvement).</p>	<p>June 2015</p>	<p>June 2020 <i>In Progress</i></p>	<p>Children’s Services Program Manager, Children’s Services Social Worker Supervisor, Children’s Services Social Workers</p>
<p>Strategy 2: Differential Response</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Prevention <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. To maximize Differential Response referral rate, develop and Implement the Safety Organized Practice RED TEAM Facilitated Team Meeting Group Supervision Strategy to Review reports of child maltreatment, Evaluate all available information, and Direct the agency response.</p>	<p>July 2015</p>	<p>June 2016 <i>Complete</i></p>	<p>Children’s Services Program Manager, Children’s Services Social Worker Supervisor, Children’s Services Social Workers, Shasta County Child Abuse Prevention Coordinating Council</p>
<p>B. Monitor and Measure the Differential Response engagement rate of referred families in evidence-based parenting education programs including SafeCare® Home Visitation and Positive Parenting Program (Triple-P)® and connection rate of referred families to community resources.</p>	<p>July 2016</p>	<p>June 2017</p>	<p>Children’s Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children’s Services Analyst</p>

<p>C. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to maximize engagement and connection rates.</p>	<p>July 2017</p>	<p>June 2018</p>	<p>Children’s Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children’s Services Analyst</p>
<p>D. Utilize the Strengthening Families Retrospective Protective Factors Survey to Evaluate the following outcomes for Differential Response participants: Parents increase knowledge of parenting and child development and Families have concrete supports in times of need.</p>	<p>July 2018</p>	<p>June 2020</p>	<p>Children’s Services Program Manager, Shasta County Child Abuse Prevention Coordinating Council, Children’s Services Analyst</p>
<p>Strategy 3: Family (Natural Supports) Finding/Engagement</p> <p>Family/Natural Supports and Connectivity Finding/Engagement</p>	<p><input type="checkbox"/> CAPIT</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): Permanency, Placement Stability</p>	
	<p><input type="checkbox"/> CBCAP</p>		
	<p><input type="checkbox"/> PSSF</p>	<p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
	<p><input type="checkbox"/> N/A</p>		
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Engaging with stakeholders, including the courts and tribes, Develop local best practice Family (Natural Supports) Finding/Engagement practice standards. Use Implementation Science to identify program and structural capacity to support implementation. Write Policy & Procedure.</p> <p><i>Write Child Welfare Family/Natural Supports and Connectivity Finding Policy & Procedure.</i></p>	<p>June 2015</p>	<p>June 2016</p> <p><i>Complete</i></p>	<p>Children’s Services Branch Director, Probation Division Director, Children’s Services Program Managers, Children’s Services Social Worker Training/CQI Supervisor, Children’s Services Community Development Coordinator, Judicial Officers, ICWA Workgroup</p>

<p><i>Write Child Welfare Family/Natural Supports and Connectivity Engagement Policy & Procedure.</i></p> <p><i>Write Probation Family/Natural Supports and Connectivity Finding/Engagement Policy & Procedure.</i></p>		<p><i>In Progress</i></p> <p><i>December 2016</i></p> <p><i>In Progress</i></p> <p><i>December 2016</i></p>	
<p>B. Implement Family (Natural Supports) Finding/Engagement Policy & Procedure in all Child Welfare Units. Monitor fidelity of adherence to Practice Standards. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to facilitate process change.</p>	<p>July 2016</p>	<p>June 2017</p>	<p>Children’s Services Program Managers, Children’s Services Social Worker Supervisors, Children’s Services Social Worker Training/CQI Supervisor, Children’s Services Community Development Coordinator, Children’s Services Analyst</p>
<p>C. Implement Family (Natural Supports) Finding/Engagement Policy & Procedure in Probation Placement Unit. Monitor fidelity of adherence to Practice Standards. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to facilitate process change.</p>	<p>July 2016</p> <p>January 2017</p>	<p>June 2017</p> <p>December 2017</p>	<p>Probation Division Director, Children’s Supervising Probation Officers, Children’s Services Social Worker Training/CQI Supervisor, Children’s Services Community Development Coordinator, Probation Analyst, Children’s Services Analyst</p>
<p>D. Identify/Develop/Implement Support Resources (for example training such as Kinship Pride, Parenting Education such as Positive Parenting Program (Triple-P)[®], etc.) needed by Family (Natural Supports) to facilitate engagement and participation.</p>	<p>January 2017</p>	<p>December 2017</p>	<p>Children’s Services Program Managers, Probation Division Director, Children’s Services Social Worker Training/CQI Supervisor, Children’s Services Community Development Coordinator, Children’s Services Analyst</p>

<p>E. Measure and Evaluate Child Welfare Family (Natural Supports) Finding/Engagement and participation throughout the life of the case (for example, initial removal, during reunification and at permanency plan). Measure and Evaluate Family Finding/Engagement for placement, respite, family support, life connections, etc. Measure and Evaluate support services/resources available to Families (Natural Supports) to facilitate Family (Natural Support) system development.</p>	July 2017	June 2018	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
<p>F. Measure and Evaluate Probation Family (Natural Supports) Finding/Engagement and participation throughout the life of the case. Measure and Evaluate Family Finding/Engagement for placement, respite, family support, life connections, etc. Measure and Evaluate support services/resources available to Families (Natural Supports) to facilitate Family (Natural Support) system development.</p>	July 2017	June 2018	Probation Division Director, Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Probation Analyst, Children's Services Analyst
<p>G. On an ongoing basis brainstorm and implement PDSA (Plan, Do, Study, Act) process improvements to maximize Family (Natural Supports) finding, engagement, and ongoing participation rates.</p>	July 2018	June 2020	Children's Services Program Managers, Probation Division Director, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst

<p>C. Implement Policy & Procedure for Safety Organized Practice including Facilitated Team Meetings in all Child Welfare Units. Monitor the Facilitated Team Meetings for common language usage, meeting structure consistency, and compliance with specified frequency.</p>	July 2016	June 2017	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
<p>D. Evaluate Child Welfare Practice Fidelity utilizing UC Davis Safety Organized Practice Review Tool.</p>	January 2017	December 2017	Children's Services Program Managers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst
<p>E. Implement Policy & Procedure for Safety Organized Practice including Facilitated Team Meetings in Probation Placement Unit. Monitor the Facilitated Team Meetings for common language usage, meeting structure consistency, and compliance with specified frequency.</p>	<p>July 2016 January 2017</p>	<p>June 2017 December 2017</p>	Probation Division Director, Supervising Probation Officers, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Probation Analyst, Children's Services Analyst
<p>F. Evaluate Probation Practice Fidelity utilizing UC Davis Safety Organized Practice Review Tool.</p>	January 2017	December 2017	Probation Division Director, Supervising Probation Officers, Probation Analyst
<p>G. Measure Child Welfare shared/participatory decision making with families through the life of the case through tracking of Facilitated Team Meetings. Measure compliance with frequency at specified times/actions throughout the life of the case, team composition of each meeting,</p>	July 2017	June 2018	Children's Services Program Managers, Children's Services Social Worker Supervisors, Children's Services Social Worker Training/CQI Supervisor, Children's Services Community Development Coordinator, Children's Services Analyst

participation of each member, and member feedback/satisfaction of each meeting.			
H. Measure Probation shared/participatory decision making with families through the life of the case through tracking of Facilitated Team Meetings. Measure compliance with frequency at specified times/actions throughout the life of the case, team composition of each meeting, participation of each member, and member feedback/satisfaction of each meeting.	July 2017	June 2018	Probation Division Director, Supervising Probation Officers, Probation Analyst
I. Evaluate Child Welfare Outcomes utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver.	January 2018	June 2019	Children’s Services Program Managers, Children’s Services Social Worker Training/CQI Supervisor, Children’s Services Community Development Coordinator, Children’s Services Analyst
J. Evaluate Probation Practice Outcomes utilizing Safety Organized Practice Outcomes Tools Developed for IV-E Waiver.	January 2018	June 2019	Probation Division Director, Supervising Probation Officers, Probation Analyst