California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☐ Progress Report ☒

County	Stanislaus County
SIP Period Dates	January 2015- January 2020
Outcome Data Period	April 2016, Q1, 2015
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*Signatures must be in blue ink

Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A
Name	N/A
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Stanislaus County
Striving to be the Best

COMMUNITY SERVICES AGENCY

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To: Outcomes and Accountability Bureau

From: Dr. Julian N. Wren, Manager III

Date: 8-18-16

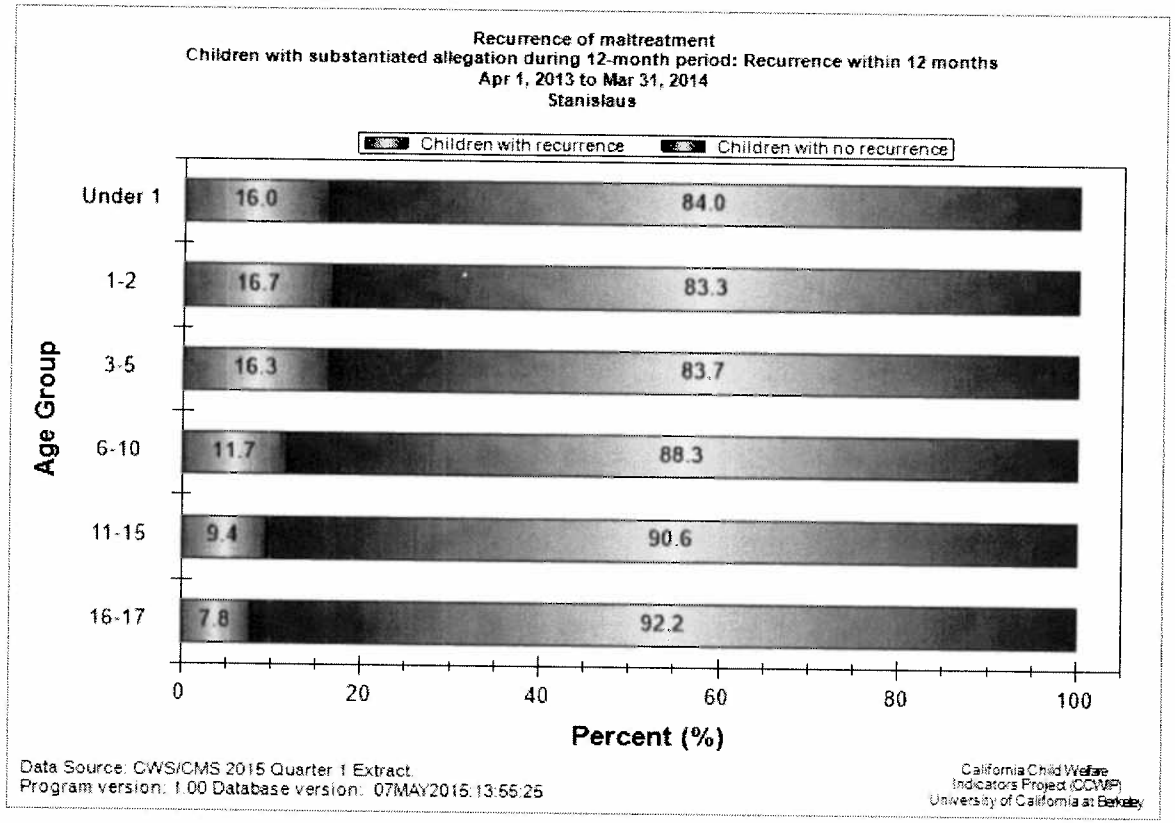
SIP Update Baseline Explanation

As per request of Outcomes and Accountability Analyst Josephine Wilson, this memo is to explain the methodology of reporting the baseline numbers for Stanislaus County's First Annual SIP Report. At the time I was analyzing Stanislaus County current performance data, the new CFSR3 was being adopted and was in the process of implementing these changes. As you know, with CFSR3 Data changes came significant changes in the methodology of all of the measures notably; a reduction of the number of measures, converting from exit cohorts to entry cohorts, recurrence of maltreatment follow up window went from 6 months to 12 months, recurrence vs. no recurrence, expansion of the definition of permanency and cohort window from 6 months to 12 months, re-entry includes reunification and guardianship vs. reunification only.

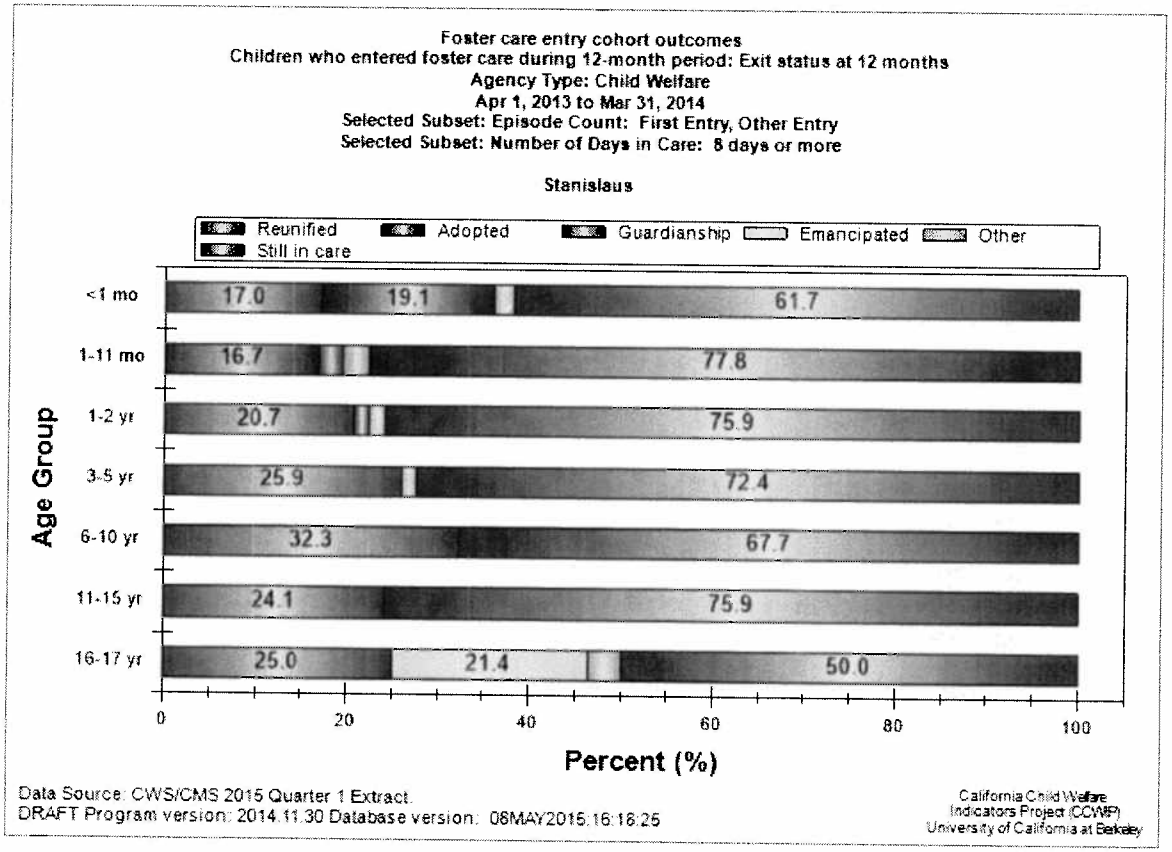
The agreed upon baseline was Q3 2013 (Jan 2014) for Stanislaus County's SIP utilizing the outdated methodology. In an effort to compare apples to apples, I utilized the CCWIP-UC Berkeley website to recreate the baselines utilizing the new methodologies and measures for the first annual report.

Now that the new measures are fully implemented, Stanislaus County will be utilizing the CCWIP-"CWS Outcomes Dynamic Compare" report to calibrate the baseline and compare to the current performance so that the analysis will be normalized.

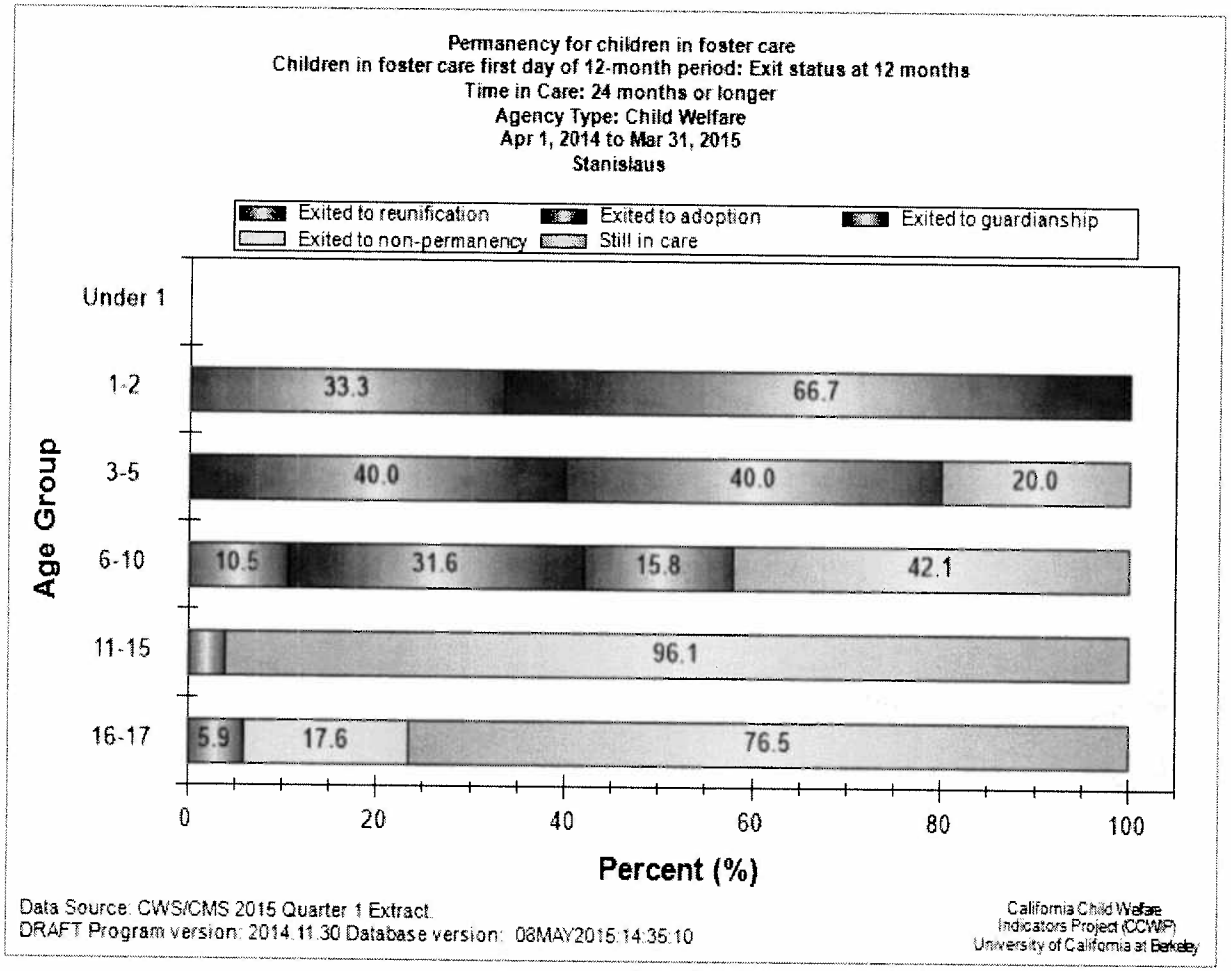
S2-Children with substantiated allegation during a 12-month period			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 1, 2012 - Sep 30, 2013	14.7%
Current Performance	**Q1-2015**	Apr 1, 2014 - Sept 30, 2014	**13.4%**
National Standard			*(<) 9.1%*



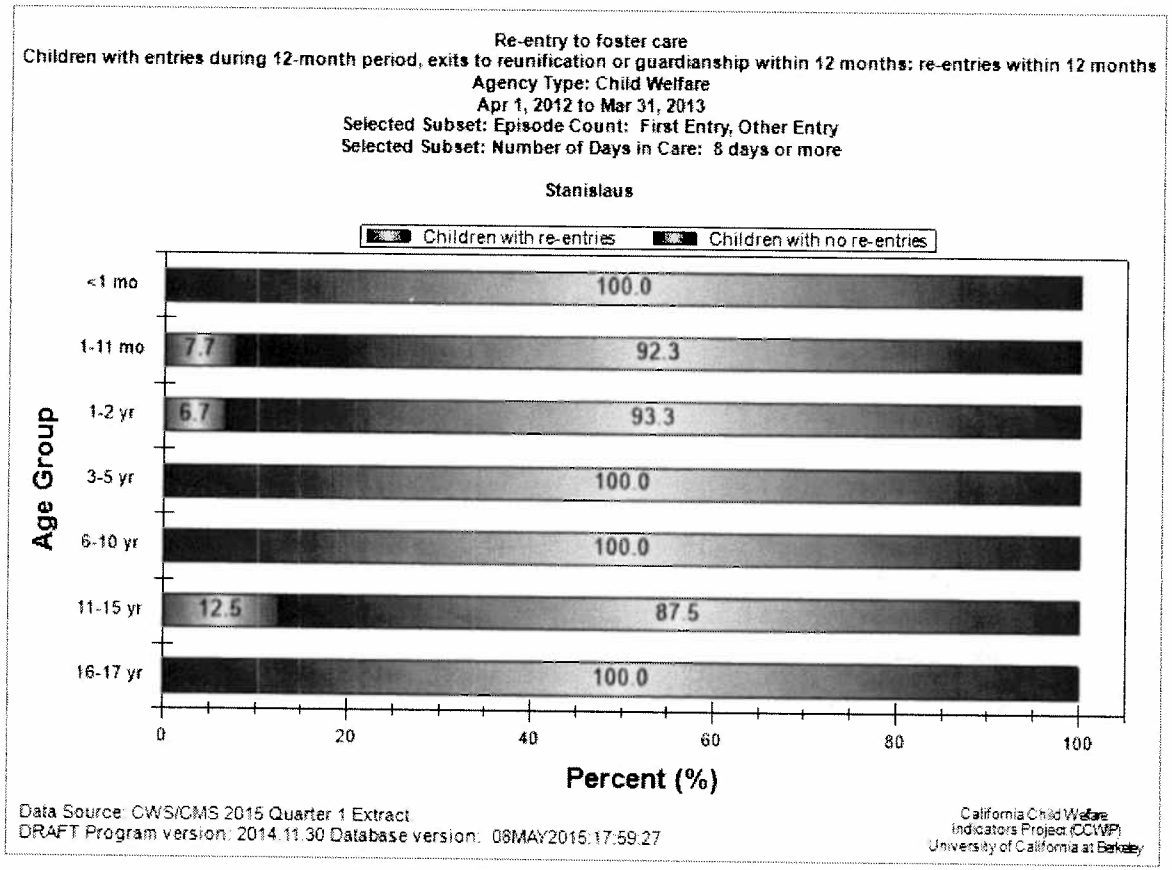
P1-Permanency in 12 months (Entry Cohort)			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Apr 1, 2012 - Mar 31, 2013	30.0%
Current Performance	**Q1-2015**	Apr 1, 2013 - Mar 31, 2014	**26.9%**
National Standard			*> 40.5%*



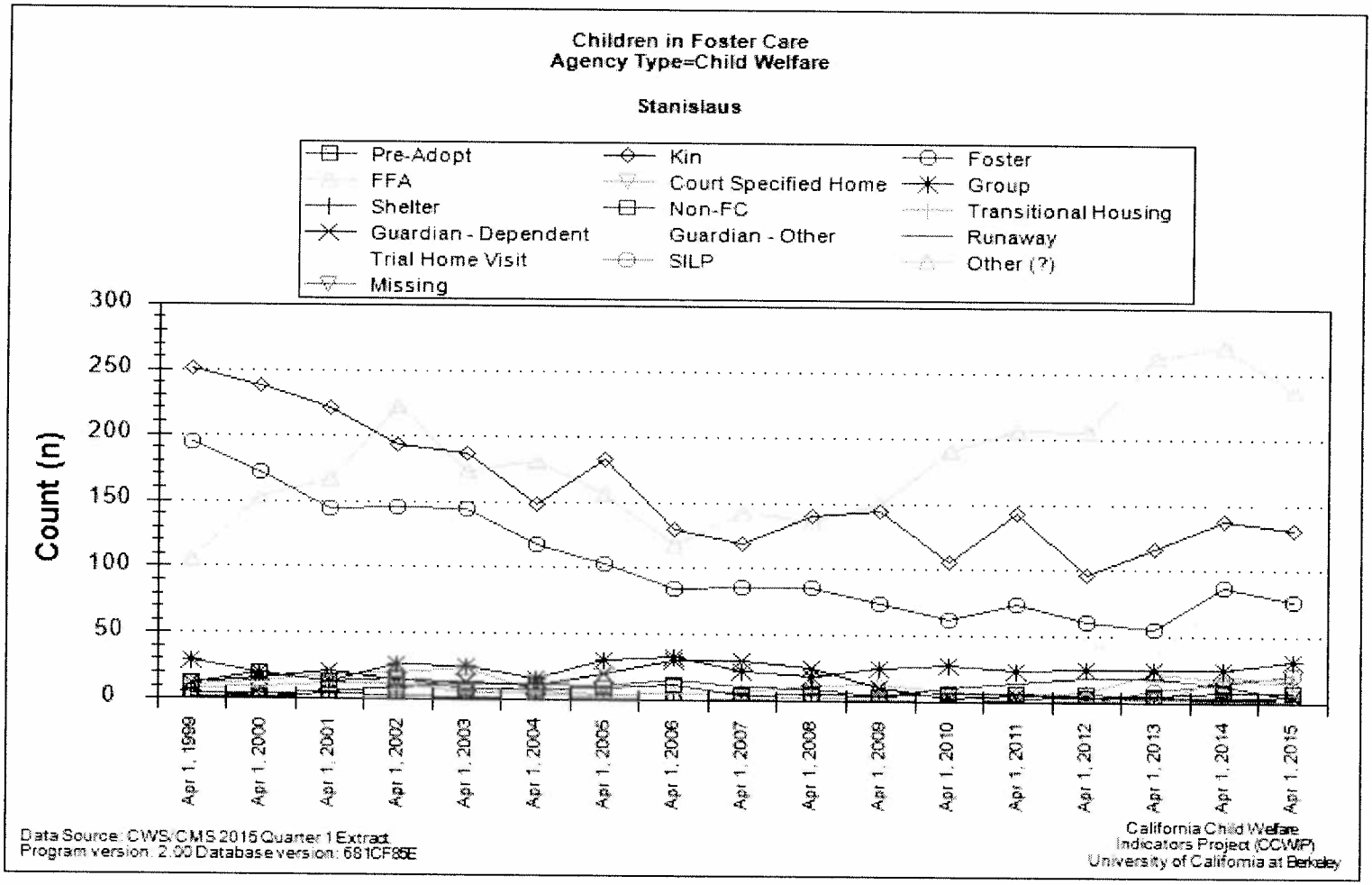
P3-Permanency in 12 months (> 24 months in care)			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 1, 2012 - Sept 30, 2013	23.4%
Current Performance	**Q1-2015**	Apr 1, 2014 - Mar 31, 2015	**19.7%**
National Standard			*>30.3%*



P4-Re-entry to foster care			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2011 - Sept 2012	4.0%
Current Performance	**Q1-2015**	Apr 2012 - Mar 2013	**4.2%**
National Standard			*<8.3%*



4B-Least Restrictive Placement: Relative			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct, 1 2013	16.8%
Current Performance	**Q1-2015**	April, 1 2015	**17.8%**
California			*34.8%*



California - Child and Family Services Review

Annual SIP Progress Report

JANUARY 2015 – JANUARY 2020

Rev. 12/2013

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ATTACHMENTS: NONE

Introduction

This is Stanislaus County's annual update report for the System Improvement Plan (SIP) to measure outcomes in the areas of safety, permanency, and well-being for children in the Child Welfare System. Stanislaus County completed the assessment process in collaboration with community and prevention partners.

Assembly Bill 636 (Steinberg, 2001) established a new Child Welfare Outcome and Accountability System replacing the former CWS Oversight System which focused on compliance. Pursuant to AB 636, the California Department of Social Services (CDSS) developed the California-Child and Family Services Review (C-CFSR) which became effective January 1, 2004. The C-CFSR brings California into alignment with the Federal Child and Family Services Review (CFSR) by establishing an enhanced version of the Federal system designed to promote improved Child Welfare Services (CWS) outcomes for children and families in each county in California. The C-CFSR designates the County Probation Department as an equal partner with CWS to improve the outcomes of youth in foster care. The C-CFSR now referred to as the California Outcomes and Accountability System (COAS) tenets are steeped in a philosophy of continuous quality improvement, interagency partnerships, and community involvement intended to make measurable improvements in the safety permanence and well-being of the children and families served by Child Welfare Services (CWS) and Juvenile Probation. The main goals of the CWS system are Safety, Permanency, and Child and Family Well-Being with seven (7) outcomes:

Safety

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.

Permanency

3. Children have permanency and stability in their living arrangements.
4. The continuity of family relationships and connections is preserved for children.

Child and Family Well-Being

5. Families have enhanced capacity to provide for their children's needs.
6. Children receive appropriate services to meet their educational needs.
7. Children receive adequate services to meet their physical and mental health needs.

The Outcomes and Accountability system is a four part system of continuous quality improvement incorporating a Peer Quality Case Review (PQCR), County Self Assessment (CSA), System Improvement Plan (SIP), and Quarterly Data Reports reflecting the County performance on Federal and State Measures. The Quarterly Data reports are used to informal all other components of the quality improvement system, which historically has operated on a three year review cycle beginning with the PQCR. The CFSR, which is in its 3rd round, has moved to a five year cycle. For Stanislaus County that five year cycle began on January 2015 and terminates on December 31, 2020.

The round revision of the C-CFSR began in 2015, the culmination of which resulted in a revision of the data indicators consisting of 7 items (2 safety/5 permanency). C-CFSR Round 3 (CFSR3) has not only changed the statewide indicators and standards, but has integrated the statewide assessment and integration with the System Improvement Plans (SIP) and Annual Progress Reports with the addition of a qualitative assessment consisting of onsite reviews with stakeholder interviews and case reviews.

In recognition of the importance of continuous quality improvement and enhanced quality data analysis has eliminated composites, reduces outcomes to fewer and simpler measures, has greater reliance on denominator population that reflects the typical effect on the population by utilizing entry cohorts, increased utility for counties, and more opportunity to employ the gold standard CQI process: Plan, Do, Study, Act cycle. The following are the new CFSR3 Indicators that CWS will be monitoring:

- **Safety**
  - S1: Maltreatment in foster care
  - S2: Recurrence of maltreatment
- **Permanency**
  - P1: Permanency in 12 months for children entering foster care
  - P2: Permanency in 12 months for children in foster care for 12 to 23 months
  - P3: Permanency in 12 months for children in foster care for 24 months or more
  - P4: Re-entry to foster care
  - P5: Placement stability

STAKEHOLDERS PARTICIPATION

Stanislaus County conducted its PQCR in March 2014 with the assistance of Monterey, San Luis Obispo, Tulare, San Joaquin, and Ventura Counties. Stanislaus County had extensive stakeholder input on the development of the SIP throughout the CSA and PR process. There continues to be ongoing data review and program assessment. In addition to a large community stakeholder meeting in April to obtain input for the CSA, during April and May thirteen (13) focus groups were conducted at different locations were including focus groups with Alcohol and Other Drug Service Providers, CWS staff, Probation staff, Superior Court Judge and Court Officers (Attorneys), CWS Supervisors and Managers (Family Reunification and Court), Probation and CWS parents, CWS and Probation Youth, and Caregivers including Foster Parents/Adoptive Parents and NREFM.

The major conclusions and recommendations from the CSA process have been incorporated into the System Improvement Plan including targeted community contracts.

The Peer Review focused on reunification for both child welfare services (reunification within 12 months (C1.3) and probation (median time to reunification (C1.2). Overall, the peers agreed that reduction in public services had a direct and significant impact on time to reunification and those factors that impact timely reunification including placement stability, engagement of families, and reunification planning and transition both for child welfare services and probation.

At the community stakeholders meeting, stakeholders agreed that the ending of the Families in Partnership, an intensive family maintenance program, produced an increase in the number of children entering the child welfare system and more children in placement. Resources for parents seeking treatment for alcohol or drug abuse shrunk during the past five years, including a reduction of a clean and sober living treatment program, decrease in number of residential treatment beds, reduced mental health services for youth, lack of integrated services for parents and youth with dual diagnosis, inadequate range of services for Spanish-speaking parents, and limited resources for youth with disabilities.

Specifically regarding, prevention and exit planning, stakeholders stressed that efforts needed to be strengthened by both agencies. In addition, the stakeholders mentioned the following as contributing to delinquency and undermining reunification: inadequate extracurricular activities for youth generally and for Spanish-speaking youth specifically, lack of community counseling

youth to help them avoid using drugs or alcohol, and lack of community mental health for youth and families.

The SIP strategies were selected and prioritized based on thorough discussions and analysis of the major conclusions from the CSA. They were compiled by integrating the feedback from stakeholders, data analysis, and a review of internal processes in both child welfare and probation. This was followed by a candid assessment of the progress towards meeting the goals set by the previous CSA, review of best practices, and an overview of the special resources in Stanislaus County and the challenges.

In addition to a large community stakeholder meeting in April to obtain input for the CSA, thirteen focus groups were conducted in April and May at different locations that included focus groups with Alcohol and Other Drug Service Providers, CWS staff, Probation staff, Superior Court Judge and Court Officers (Attorneys), CWS Supervisors and Managers (Family Reunification and Court), Probation and CWS parents, CWS and Probation Youth, and Caregivers including Foster Parents/Adoptive Parents and NREFM.

The major conclusions and recommendations from the CSA process have been incorporated into the System Improvement Plan including targeted community contracts. During the stakeholder process, the stakeholders talked about the value of contracted services in Stanislaus County. In Stanislaus County, we contract with a variety of community partners and fund those contracts with Child Welfare funds. Below is a list of programs that are also using OCAP funds to support them.

We continue to have internal discussions with Child Welfare Supervisors and Managers regarding our system improvement plan, quarterly outcomes, and progress bi-monthly. In addition, the SIP manager conducted a quarterly SIP outcome overview and update on May 27th, 2015 and Stanislaus County Providers, Community Based Organizations, contract partners, and Child Welfare staff were in attendance to have the opportunity to provide input.

COUNTY SELF ASSESSMENT

The purpose of this County Self-Assessment (CSA) is for each County, in collaboration with their community partners, to perform an in-depth assessment of Child Welfare and Juvenile Probation programs. The analysis includes both qualitative and quantitative data and guides the County in planning for program enhancements and continuous quality improvement.

The County Self-Assessment is one the three major components required by the California Children's and Families Services Review (C-CFSR). The C-CFSR emerged as a result of California's Child Welfare System Improvement and Accountability Act (AB 636). As required by AB 636, Stanislaus County Adult, Child & Family Services (ACFD) and Stanislaus County Probation must analyze, in collaboration with key community stakeholders, its performance on critical child welfare and probation outcomes. These outcomes are measured using data from

the statewide child welfare database. In addition to the outcome indicators, the Self-Assessment must review systematic and community factors that correspond to the federal review. The areas needing improvement will be addressed in the System Improvement Plan (SIP), which must also be developed in partnership with community partners. The SIP must both be approved by the Stanislaus County Board of Supervisors and submitted to the State.

Stanislaus County's most recent Self-Assessment was completed in September of 2014 and the SIP followed completion in January of 2015. Recent changes to the C-CFSR process has resulted in a change to the evaluation and reporting periods and the three-year cycle has been increased to five years to allow counties additional time to plan, implement and achieve their desired outcomes and objectives.

As required, Stanislaus County Adult, Child & Family Services Division and Juvenile Probation led the County Self-Assessment in partnership with the California Department of Social Services.

Stanislaus County conducted a comprehensive County Self-Assessment, including Peer Review, multiple focus groups, and community wide stakeholder meeting to solicit feedback about how both child welfare services and probation are meeting the needs of families in the County. Over the past three years despite budgetary cutbacks, staff turnover and loss of community resources, the County has made many improvements which were recognized by stakeholders and confirmed by data analysis. These improvements by both agencies were further reflected in the progress documented on the previous annual System Improvement Plan.

Like many other counties in California, Stanislaus County suffered from the economic down turn over the past eight years. The impact on our County because of the growing population over the past decade (20% since 2000) and the mortgage crisis was especially felt by low and moderate income families. Median annual income in our County is 25% lower than the statewide average and 14% of the households lived under the poverty rate. The Hispanic population constitutes approximately 40% of our overall population, 31.8% of those under 19, and 56% of all children enrolled in our public schools. Beginning in Fiscal Year 08/09, Stanislaus County experienced a reduction in social work staff and in services.

As the economy has improved, social work positions have been added back, however we still experience significant turnover in social workers, thus reducing our capacity to work intensely with parents and family members. In addition, many services in the community that were defunded are now funded. The county has implemented a strategy approved by the Stanislaus County Board of Supervisors to conduct a continuous recruitment of Social Worker IV's (Masters level), Social Worker III's (Bachelors level), and recently the Board of Supervisors approved a plan to add a new classification of Social Worker V and to block budget current employees based on qualifications and other related actions effective July 1, 2015. At the time the Child Welfare Services (CWS) had 127 allocated Social worker IV positions and estimated approximately 60 current Social Worker IVs would meet the minimum qualifications of the new

Social Worker V classification. These strategies were employed to mitigate the turnover and increase retention of social work staff.

Many individuals enter the classification series upon obtaining the MSW Degree and the only career ladder for these individuals is to remain a Social Worker IV or to enter into supervision or management.

Historically, Stanislaus County and our neighboring Counties have had great difficulty recruiting Social Workers with the MSW Degree and have considered the MSW level Social Worker as a hard-to-recruit classification. There are only a limited number of colleges and universities locally offering the MSW Degree. Demand for the graduates is high among local government, hospitals, and Community Based Organizations (CBO).

Stanislaus County has been conducting continuous Social Worker IV recruitments since Board of Supervisors Approval. CSA Social Worker IV applications are screened and interviewed monthly with passing candidates receiving conditional offers of employment. In addition, the County conducts a Social Worker IV Trainee Program in cooperation with California State University Stanislaus allowing candidates within two years of obtaining an MSW Degree to work in the Social Work field gaining knowledge, skills and abilities; these individuals transition to full-time Social Worker IV positions upon graduation. Despite these ongoing efforts, vacancies and turnover continue to exist in this field.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

CWS

During the CSA and SIP process, the outcomes needed improving were selected based on Stanislaus County's performance against the federal standards and findings through the recommendations from the 2014 Peer Review and Stakeholders Meetings. Stanislaus County selected five (5) measures to focus on during the 2015-2020 SIP cycle.

The following measures are the five outcomes that were selected as the SIP outcome measures and improvement goals:

1. **3-S2**: Recurrence of Maltreatment
2. **3-P1**: Permanency in 12 months for children entering foster care
3. **3-P3**: Permanency in 12 months for children in foster care for 24 months or more
4. **3-P4**: Re-entry to foster care
5. **4B**: Increase Point-In-Time Least restrictive placements with Relatives

The County's performance for this first year of the five-year SIP cycle will be reviewed here, with baseline data reported in Quarter 3 of 2013. The baseline data will be compared with the

most current data release for each measure using CWS Outcomes System Summary Report publication.

The following outlines the goals and strategies, as determined in the 2015-2020 SIP, that are being updated for the continued purpose of improving the selected outcome measures:

1. **3-S2**: **Recurrence of Maltreatment**

    - **Goal**: Reduce the percentage of children experiencing recurrence of maltreatment within 12 months by 4.2% in order to meet the current national standard of 9.1 percent.

        - **Strategy 1:** full implementation of Structured Decision Making 3.0 (SDM).
        - **Strategy 2:** Restoration of Team Decision Making (TDMs) to facilitate placement stability, relative placements, and reunification.
        - **Strategy 3:** Implement Parent Partners Program.
        - **Strategy 5:** Develop an Ongoing Social Connections Support and Aftercare Services System.
        - **Strategy 6:** Develop an Intensive Family Maintenance Model utilizing a Multi-Disciplinary Team.

2. **3-P1**: Permanency in 12 months for children entering foster care

    - **Goal**: Increase the percentage of children achieving permanency within 12 months of entering foster care by 10.3% to meet the national standard of 40.5 percent.

        - **Strategy 1:** full implementation of Structured Decision Making 3.0 (SDM).
        - **Strategy 2:** Restoration of Team Decision Making (TDMs) to facilitate placement stability, relative placements, and reunification.
        - **Strategy 3:** Implement Parent Partners Program.
        - **Strategy 4:** Implement Resource Family Approval (RFA) Program.
        - **Strategy 5:** Develop an Ongoing Social Connections Support and Aftercare Services System.
        - **Strategy 6:** Develop an Enhanced Family Reunification Model utilizing a Multi-Disciplinary Team.

3. **3-P3**: Permanency in 12 months for children in foster care for 24 months or more

   - **Goal**: Increase the percentage of children, who have been in foster care for at least 24 months, achieving permanency within the next 12 months by 6.9% to meet the national standard of 30.3 percent.

     - **Strategy 1:** full implementation of Structured Decision Making 3.0 (SDM).
     - **Strategy 2:** Restoration of Team Decision Making (TDMs) to facilitate placement stability, relative placements, and reunification.
     - **Strategy 3:** Implement Parent Partners Program.
     - **Strategy 4:** Implement Resource Family Approval (RFA) Program.
     - **Strategy 5:** Develop an Ongoing Social Connections Support and Aftercare Services System.
     - **Strategy 6:** Develop an Enhanced Family Reunification Model utilizing a Multi-Disciplinary Team.

4. **3-P4**: Re-entry to foster care

   - **Goal**: Maintain exceeding the national standard of 8.3% of children re-reentering foster care following reunification or guardianship within 12 months of exit.

     - **Strategy 1:** full implementation of Structured Decision Making 3.0 (SDM).
     - **Strategy 2:** Restoration of Team Decision Making (TDMs) to facilitate placement stability, relative placements, and reunification.
     - **Strategy 3:** Implement Parent Partners Program.
     - **Strategy 4:** Implement Resource Family Approval (RFA) Program.
     - **Strategy 5:** Develop an Ongoing Social Connections Support and Aftercare Services System.
     - **Strategy 6:** Develop an Enhanced Family Reunification Model utilizing a Multi-Disciplinary Team.

5. **4B**: Increase Point-In-Time Least restrictive placements with Relatives

   - **Goal**: Increase the percentage of children placed in Relative/NREFM Resource Family homes by 18% to meet the California Statewide Average of 34.8 percent.

- **Strategy 2:** Restoration of Team Decision Making (TDMs) to facilitate placement stability, relative placements, and reunification.
- **Strategy 4:** Implement Resource Family Approval (RFA) Program.

PROBATION

During the CSA and Probation SIP process, the outcomes needed improving were selected based on Stanislaus County's performance against the federal standards and findings through the recommendations from the 2014 Peer Review and Stakeholders Meetings. Stanislaus County Probation Department selected one measure to focus on during the 2015-2020 SIP cycle.

The following measure is the outcomes that were selected as the SIP outcome measure and improvement goal:

1. **3-P1: Permanency in 12 months for children entering foster care**

The County's performance for this first year of the five-year SIP cycle will be reviewed here, with baseline data reported in Quarter 3 of 2013. The baseline data will be compared with the most current data release for each measure using CWS Outcomes System Summary Report publication.

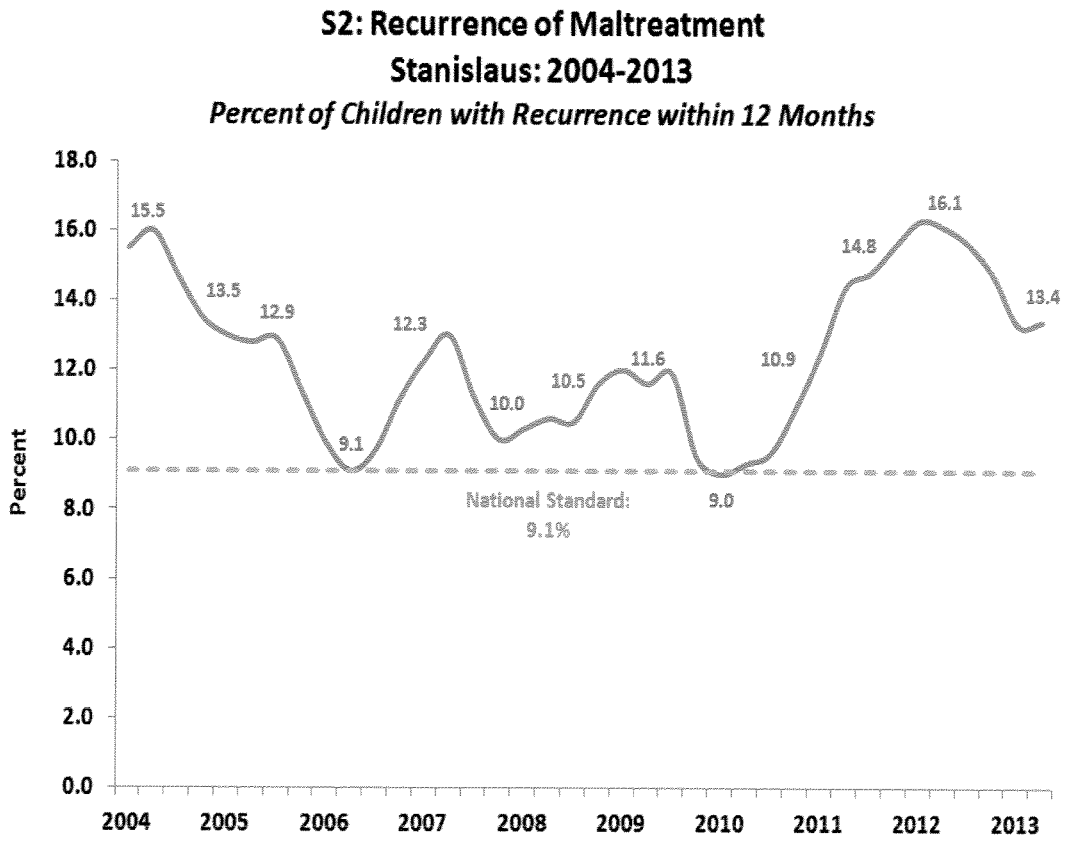
•**Goal:** To increase the percentage of children who enter care to be discharged to permanency within 12 months by 5%.

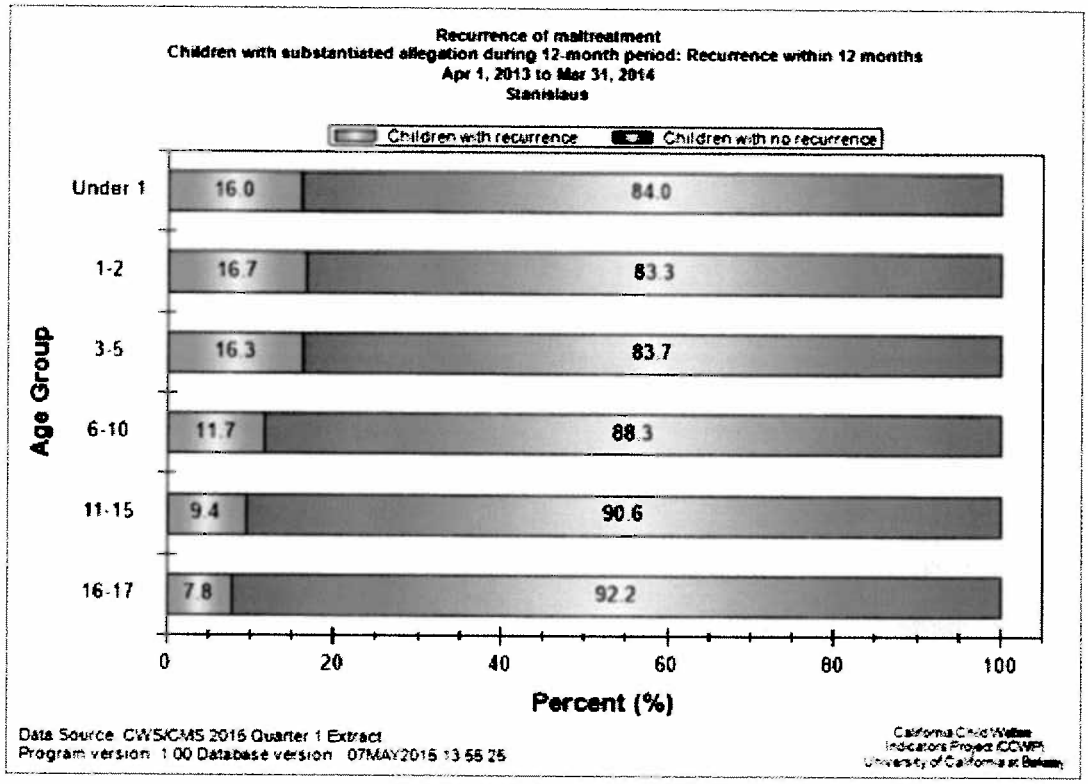
Strategy: Strengthen Probation Department working with families to improve timely reunification and preparing for a successful reunification.

CWS

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #1

3-S2 Children with substantiated allegation recurrence within 12 months			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Jan 2013 - Dec 2013	13.3%
Current Performance	**Q1-2015**	Apr 2013 - Mar 2014	**13.4%**
National Standard			*< 9.1%*





DATA ANALYSIS OF PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #1

Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?

Stanislaus County continues to make the safety and well-being of all children a priority through the policy that all screened in referrals requiring investigation are assigned, responded to, and a complete assessment of risk and safety is completed. The complete risk and safety assessment utilizing the SDM tools helps the social workers identify those referrals at high risk for recurrence of maltreatment and therefore, those families with the most need for ongoing services.

Improvement Targets or Goals

Stanislaus County's performance for the SIP baseline on this measure for the time period January 2013 through December 2014 was 13.3% percent of the children with a substantiated referral of child abuse or neglect experienced a subsequent substantiated occurrence of child abuse or neglect according to the 2013 Quarter 3 data from the Child Welfare Indicators Project.

Stanislaus County's current performance (13.4%) on the recurrence of maltreatment within 12 months has stayed flat since the baseline year and has not met the improvement goal of less than or equal to 9.1% recurrence (Q1, April 2014 to March 2015). This latest time period shows

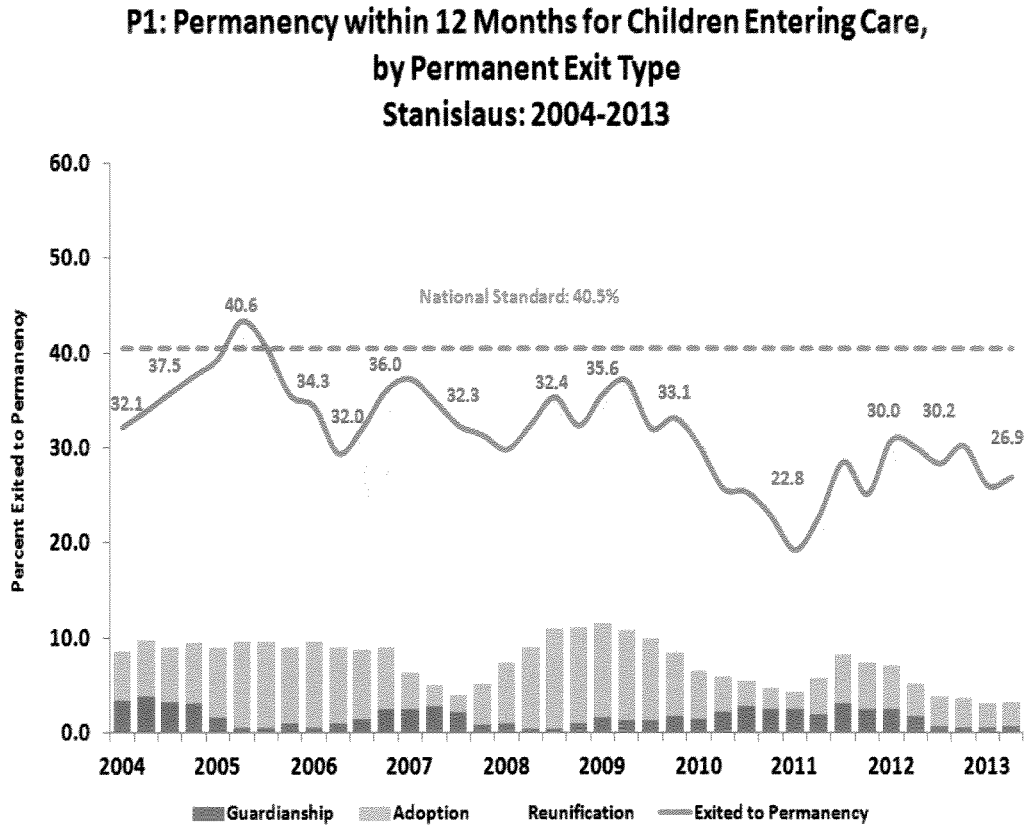
that from a total of 2,216 children, 1,920 (86.6%) had no recurrence and 296 (13.3%) experienced recurrence of maltreatment.

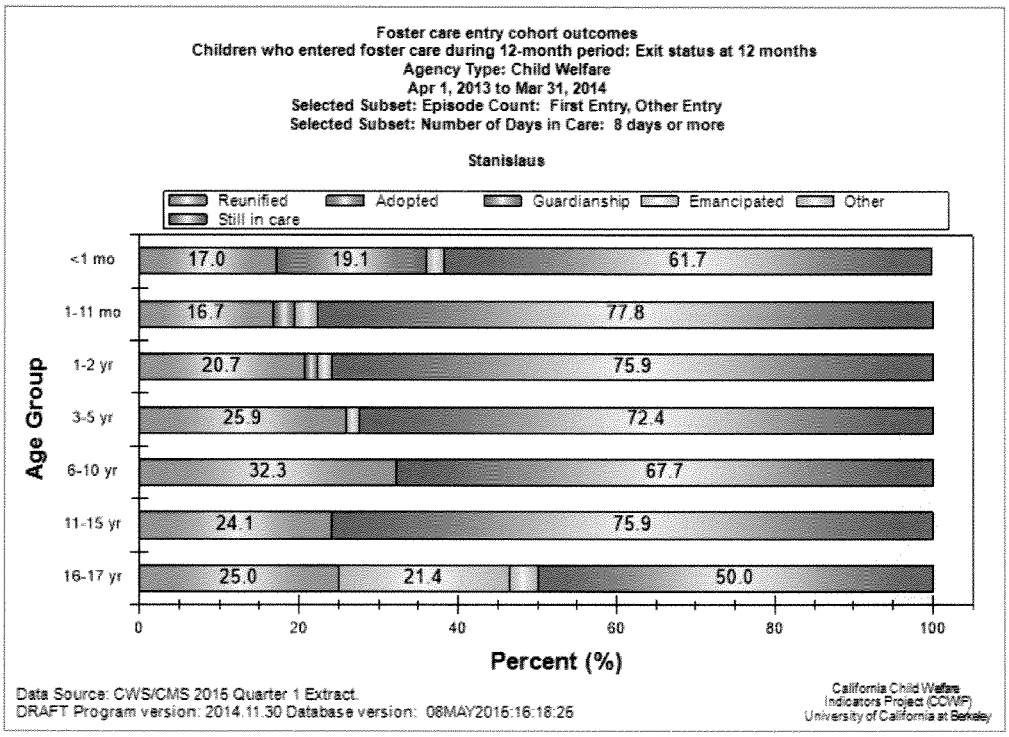
When drilling down by age for Stanislaus County's most recent performance on this measure, the 0-5 age group (179 children) has experienced the highest percentage of child maltreatment recurrence with an average of 16% recurrence of maltreatment. This group represents 60% of the recurrence population.

The decision was made to set a goal of 12.3 percent. This would require the county to decrease the number of children experiencing maltreatment recurrence by 1 percent over the next year.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #2

3-P1 Permanency in 12 months (Entry Cohort)			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Apr 2012 – Mar 2013	30.2%
Current Performance	**Q1-2015**	Apr 2013 – Mar 2014	**26.9%**
National Standard			*>40.5%*





DATA ANALYSIS OF PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #2

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

Stanislaus County continues to make the safe and timely permanency for children a priority however, it is also our priority to be mindful of companion measures such as timely permanency and foster care re-entry. It is our first goal to reunify children with their family of origin if at all safe and possible as soon as possible, but it is our goal to reunify children when the parents have demonstrated that the behaviors that mitigate risk and safety for their children. The consequence of reunifying children with their parents too soon will result in the children being removed and placed back into foster care increasing the risk of experiencing additional trauma of foster care placement. This will negatively affect our performance on the P4 Re-entry to Foster care indicator.

Stanislaus County's performance for the SIP baseline on this measure for the time period Apr 2012 – Mar 2013 was 30.2 percent, while the current performance on this measure for the county is 26.9 percent which is a percentage change of 11 percent.

There is confidence that we will be able to improve on this measure, however, there are multiple uncontrollable factors that affect timely reunification that were identified during the peer review for this SIP period. Some of these factors are continuation of hearings, and adjudication of contested hearings. When one looks at the county's low entry rate and the

robust preventative placement services has an effect of exposing only the families with the most severe risk and safety issues being going through the reunification process. These families may need a longer period of time to complete their case plan and show mitigating behavior which will inevitably push the reunification beyond 12 months. If one looks at the county's low re-reentry rate and the county's 12-24 months permanency measure exceeding the national standard by 9% shows that Stanislaus County's successful reunifications occur between the 12th and 18th months.

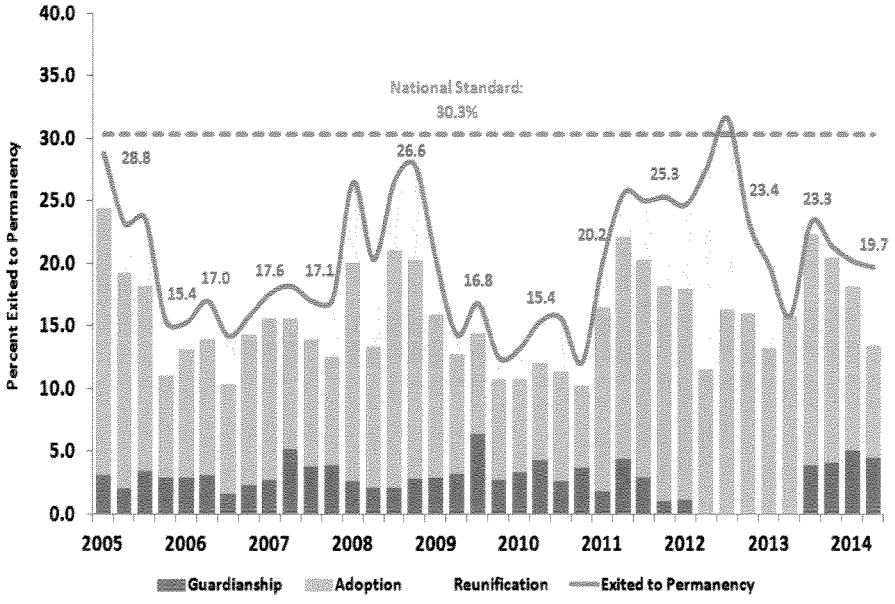
Improvement Targets or Goals

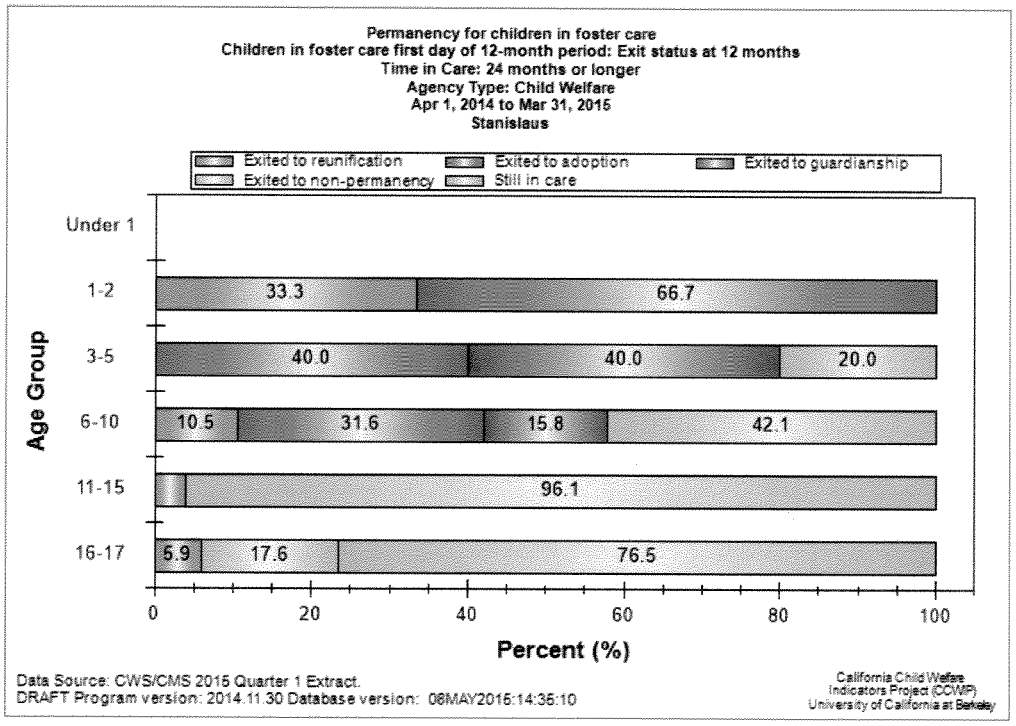
The decision was to set a goal of 31.6 percent. This would require the county to improve by 4.7% percentage points within the next year.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #3

3-P3 Permanency in 12 months (> 24 months in care)			
	Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2012 - Sept 2013	23.4%
Current Performance	**Q1-2015**	Apr 2014 - Mar 2015	**19.7%**
National Standard			*>30.3%*

P3: Permanency within 12 Months for Children in Care 24+ Months, by Permanent Exit Type Stanislaus: 2005-2014





Data Analysis of Priority Outcome Measure or Systemic Factor #3

Of all children in care on the first day of the 12-month period who had been in care between 12 and 23 months, what percent discharged to permanency within 12 months?

Stanislaus County's performance for the SIP baseline on this measure for the time period Oct 2012 - Sept 2013 was 23.4% there was an increase through the next period but then a decrease in the most current measured period to 19.7% which is a percentage change of -15%. The county's current performance is 10.6% below the national standard. When permanency for this cohort is drilled down by age, one can see that the rate of permanency decreases exponentially for those youth still in care from ages 11-15 and slightly less so for those youth who are in care from 16-17 years old.

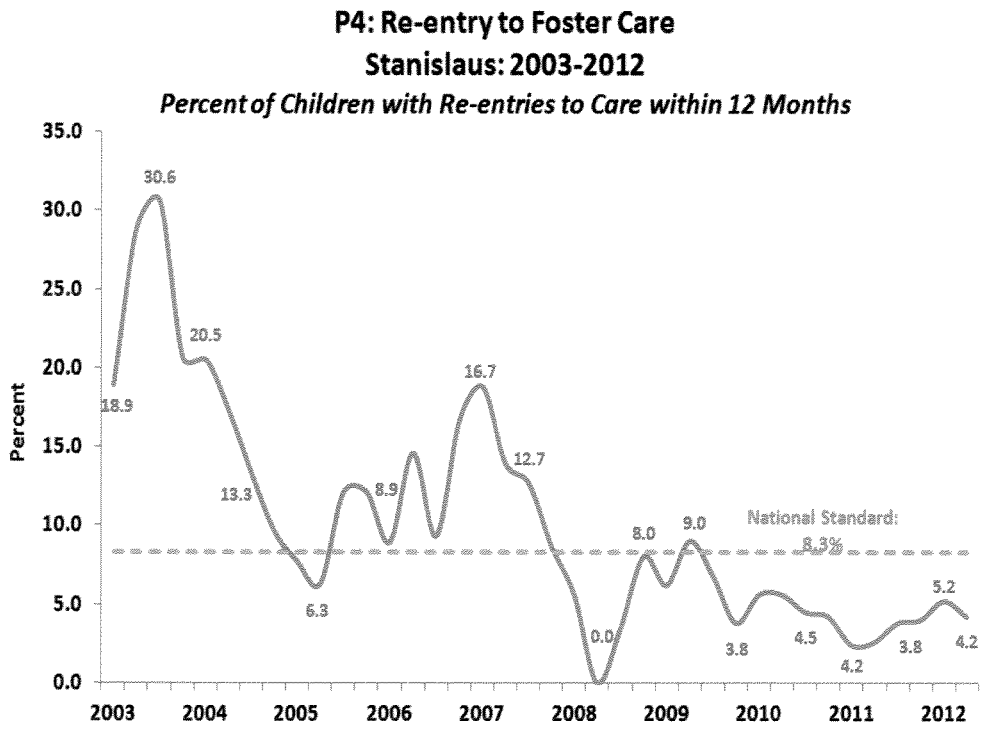
Improvement Targets or Goals

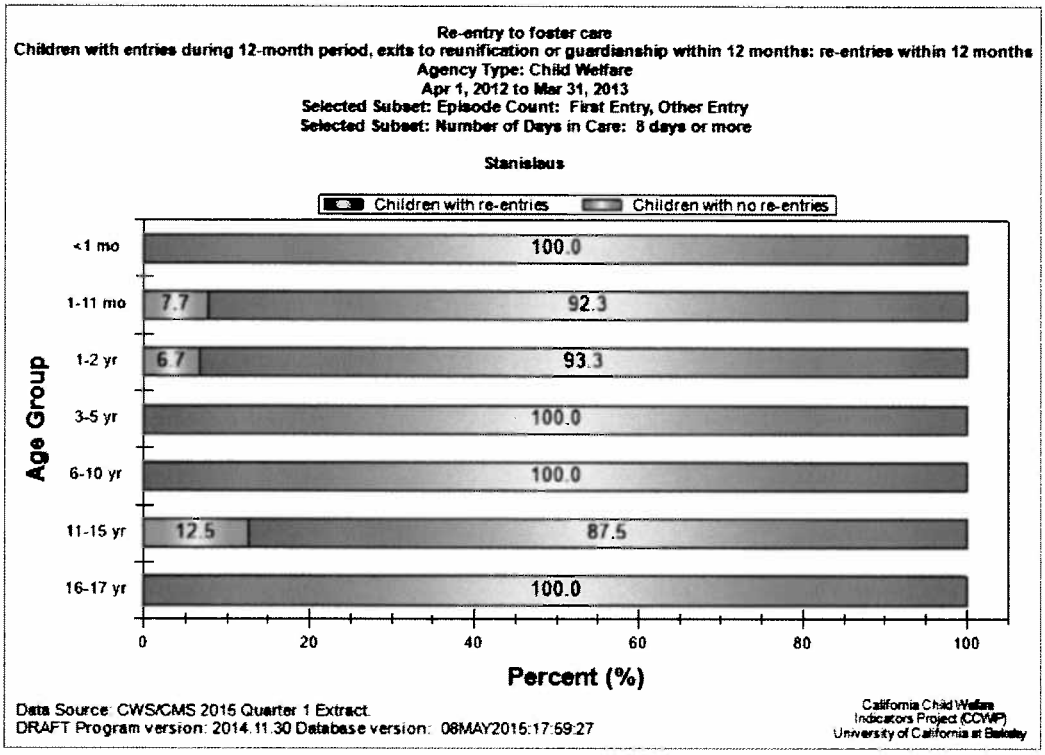
The decision was made to set a goal of 24.4 percent. This would require the county to improve by 4.7% percentage points within the next year. We continually hope that the county can surpass this goal, but there is a possibility that staff retention challenges may make this goal more challenging. However, the strategies of reinstating TDM's and implementation of Resource Family Approval, and the addition of Resource Family Approval social workers will help the county move towards increased permanency for those long stay children. The county is currently looking at strategies to fill the TDM facilitator role as the two TDM positions have

been approved by the Board of Supervisors, but the positions have remained vacant due to staffing and workload challenges.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #4

P4-Re-entry to foster care			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2011 - Sept 2012	4.0%
Current Performance	**Q1-2015**	Apr 2012 - Mar 2013	**4.2%**
National Standard			*<8.3%*





Data Analysis of Priority Outcome Measure or Systemic Factor #4

Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?

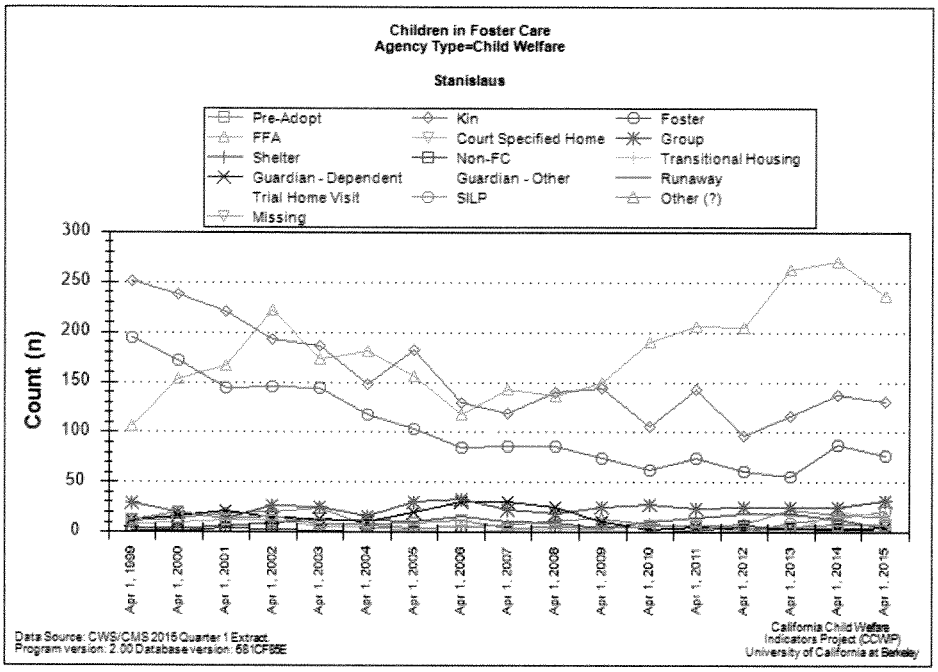
Stanislaus County's performance for the SIP baseline on this measure for the time period Oct Oct 2011 - Sept 2012 was 4 percent well below the national standard of less than or equal to 8.3%. The county's current performance is 4.2 percent representing nearly no change, while the CA current performance is 11.1 percent. Stanislaus County's foster care re-entry rate is nearly 7 percent lower than the state average. When looking at foster care re-entry by age, however, the re-entry rate for Stanislaus County jumps to 12.5 percent for 11-15 year olds. The state re-entry by age shows a similar pattern in that 11-15 year olds experience a higher re-entry rate at 12.8 percent.

Improvement Targets or Goals

Since the county has met the national standard for foster care re-entry rate. The decision was made to set a threshold goal of 4.5 percent. This would require the county to not allow the re-entry rate to rise above 4.5 percent over the next year.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #5

4B-Least Restrictive Placement: Relative (Point in Time)			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct, 1 2013	16.8%
Current Performance	**Q1-2015**	April, 1 2015	**17.9%**
California			*>34.8%*



Data Analysis of PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #5

This report includes all children who have an open episode in the CWS/CMS system and notes the type of placement a foster child is at a point in time on the 1st of every month.

The state has seen no change in the Point-In-Time placement performance from the baseline, while the county performance has seen an increase in our performance on this measure. Statewide performance on Point-In-Time relative placement percentage has remained at 35.2% while the county's performance has seen a percentage change of 2.5% from 16.8% to 17.8%. County performance remains 17.4% below that of the statewide performance. While the county has seen a decrease in first placements with relatives, the significantly higher point-in-time relative placement rate indicates that county staffs work to move children with kin when possible. This continues to be an area that the county is not satisfied with and wants to significantly improve over the next years. The county is optimistic with that the expansion of

the definition of a relative/non-relative extended family member through All County Letter No. 15-76, SB 97, AB 403, SB 1013,WIC 11461.2, 11467, and the implementation of Resource Family Approval Program will open up new avenues for permanent placements options for our children.

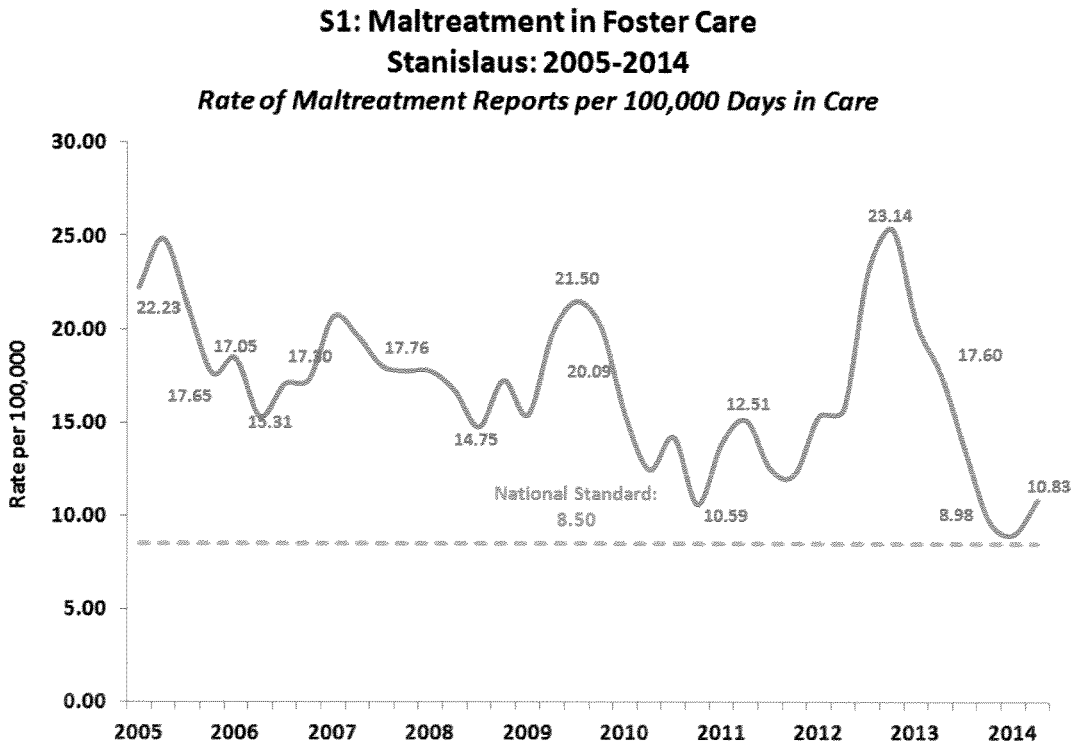
Improvement Targets or Goals

The decision was made to set an improvement goal of 35.2 percent. This would require the county to increase the number of Point-In-Time kinship placements by 8.8% over the next year.

CWS

NON SIP PRIORITY OUTCOME MEASURES PERFORMANCE: STATE/NATIONAL STANDARDS

S1-Maltreatment in Foster care			
	Reporting Quarter	Data Time Period	Per 100K days
Baseline Performance	Q3-2013	Oct 2012-Sep 2013	25.37
Current Performance	**Q1-2015**	April 2014-Mar 2015	**10.83**
National Standard			*<8.50*



Data Analysis of Non Priority Outcome Measure or Systemic Factor

Of all children in care during the 12-month period, what is the rate of victimization per day?

It is important to note that the methodology for measuring this outcome from CFSR 2 to CFSR 3 will appear to increase the victimizations for the county. CFSR 2 counted substantiated maltreatment reports where the foster parent or a facility staff (group home) was the perpetrator of the abuse while the CFSR 3 counts substantiated maltreatment reports where *any* perpetrator is the responsible person for the maltreatment.

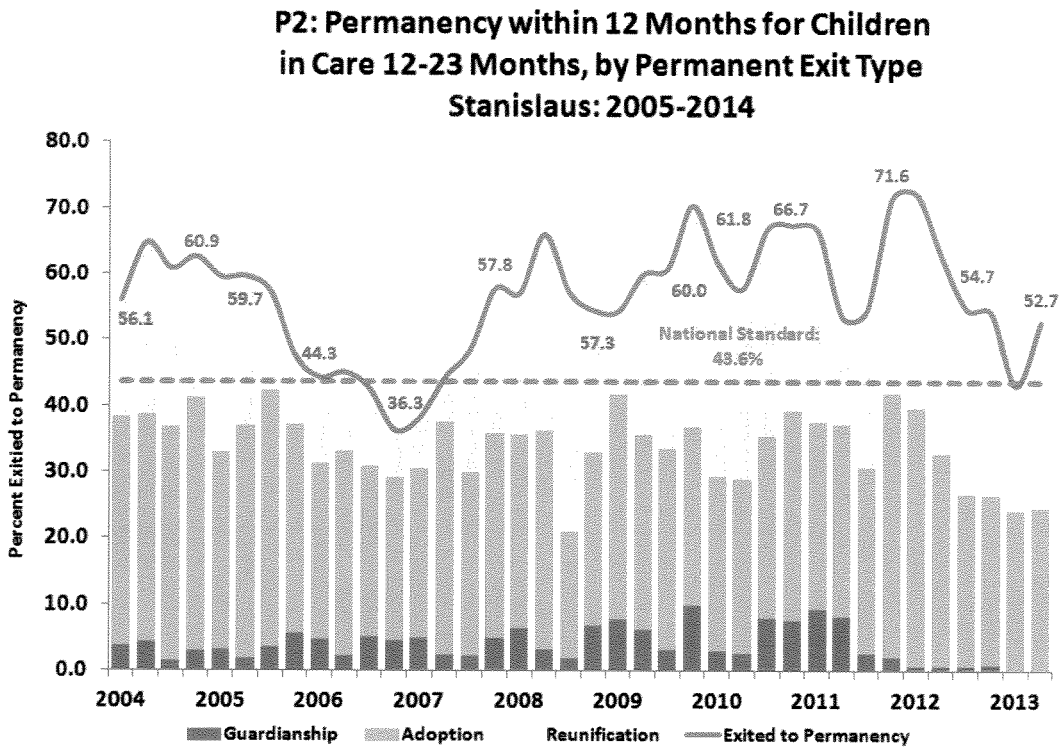
Performance on this measure is the total number of substantiated reports of maltreatment (by any perpetrator) divided by the children in foster care during the 12-month period along with the total number of days the children were in foster care by the end of the 12-month period. The performance for this measure is expressed as a rate per 100,000 days. The rate is multiplies by 100,000 to produce a whole number which is easier to interpret.

Stanislaus County's baseline performance on this measure was 25.37 per 100,000 days which is 16.87 incidences higher than the national standard and 14.95 incidences higher than the statewide average. Stanislaus County's current performance of 10.83 per 100,000 days represents a -57 percent change decrease in the incident rate. The county current performance is now only 1.84 incidents higher than the statewide average.

Improvement Targets or Goals

The decision was made to set a goal of 9.79 incidents per 100,000 days. This would require the county to reduce incidents by 1.04 victimizations per 100,000 days within the next year.

P2-Permanency in 12 Months for Children in Care for 12-23 Months			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2012-Sept 2013	54.2%
Current Performance	**Q1-2015**	April 2014-Mar 2015	**52.7%**
California			*<43.6%*



Data Analysis of Non Priority Outcome Measure or Systemic Factor

Of all children in care on the first day of the 12-month period who had been in care between 12 and 23 months, what percent discharged to permanency within 12 months?

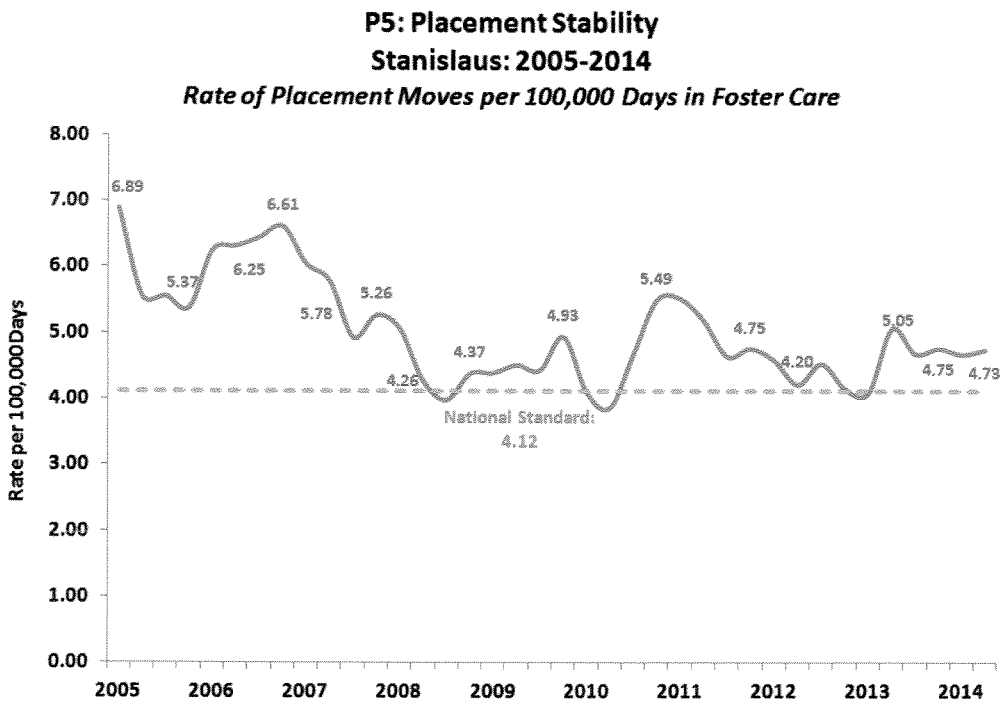
Stanislaus County is committed to concurrent planning and has made it a practice to assign an adoption social worker at disposition. If a child/youth is not in a home that has been identified as a permanent home, the county works diligently with the adoptions unit to secure one for that child. The adoption works in collaboration with the primary social worker to make sure that the caregivers are prepared for permanency in the event the child/youth is unable to go home to his/her parents. As aforementioned on the foster care re-entry indicator, our performance in the mid range time frame for permanency exceeds the national standard by 9% as evidenced by the table above. It is our first goal to reunify children with their family of origin if at all safe and possible, but it is our goal to reunify children when the parents have demonstrated that the behaviors that mitigate risk and safety for their children.

Stanislaus County's performance for the SIP baseline on this measure for the time period October 2012-September 2013 was 54.2 percent, while the CA performance was 46.1 percent. The CA performance for the current period is 46.3 percent while the current performance on this measure for the county is 52.7% percent which is a percentage change of -2.8 percent from baseline.

Improvement Targets or Goals

There are no target improvement goals for this measure as the standard has been met; however the target floor for this goal is 50.5 percent. In other words, the county's goal is to not let the permanency rate on this measure to fall below 50.5 percent.

P5-Placement Stability			
	Reporting Quarter	Data Time Period	Per 100k days
Baseline Performance	Q3-2013	Oct 2012-Sep 2013	4.14%
Current Performance	**Q1-2015**	April 2014-Mar 2015	**4.73%**
National Standard			*<4.12%*



Age Group	Foster Care Days for Children with Entries	Placement moves	per 1,000 days
Under 1	10,450	40	3.82
'1-2	6,160	33	5.35
'3-5	6,549	35	5.34
'6-10	7,948	36	4.52
'11-15	5,891	26	4.41
16-17	2,519	17	6.74
Total	39,517	187	4.73

Data Analysis of Non SIP Priority Outcome Measure or Systemic Factor

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

The cohort is, of the children who enter foster care in a 12-months period, the total number of days these children were in foster care as of the end of the 12-month period. The cohort is measured by the total number of placements moves during the 12-month period. The rate is multiplied by 1,000 to produce a whole number which is easier to interpret.

Stanislaus County has shown some improvement since 2011 (5.18 moves per day) to current (4.73 moves per day) an 8 percent improvement. However, the county performance on this measure has slightly decreased since the baseline Q3 2013 which constitutes a percent change increase of 14 percent in the rate of moves to 4.73 moves per 100,000 days. According to the current quarter data stratified by age indicate that children 1 and older are much more likely to experience a higher rate of placement moves per day. Specifically, the age groups with the highest number of moves per day are 16-17 year-olds (6.74) followed by 1-2 year-olds (5.35) and 3-5 year olds (5.34). The current statewide rate of moves per day is 3.92, a moves per day rate .81 lower than the county.

We foresee an improved performance on this measure as we have begun full implementation of Pathways to Well Being (Katie A.) and we are looking at options to re-instate Team Decision Meetings (TDMs).

Improvement Targets or Goals

Utilizing the CDSS improvement factor, .959, the county chose to set the improvement goal on this measure to 3.97 moves per day. In order to meet this goal in the next year, the county, will need to decrease the number moves per day by .97 moves per day. The county foresees an improved performance on this measure as we have begun full implementation of Pathways to

Well Being (Katie A.) and we are looking at options to re-instate Team Decision Meetings (TDMs).

PARTICIPATION RATES

The county Referral Rate for a given year is computed by dividing the unduplicated county count of children with a child maltreatment allegation by the county child population and then multiplying by 1,000. (for an allegation rate per 1,000 children in the population).

Participation Rates: Referral Rates

The county performance has increased slightly to 72.2 being referred per 1,000 total children in Stanislaus County from the baseline of 68.2 per 1,000 (January 2012- December 2012). This equates to an increase of 482 (5% percent increase) referrals in calendar year 2014. The Statewide performance, too, has slightly increased from the baseline of 53.2 of every 1,000 total children in California being referred to 54.7 per 1,000 (January 2014-December 2014). The county is 17.8 per 1,000 children higher than the statewide average.

The Substantiation Rate (both state and county) for a given year is computed by dividing the unduplicated count of children with a substantiated allegation by the child population and multiplying by 1,000. The '% of allegations' is calculated by dividing the Substantiation Rate by the Allegation Rate.

Participation Rates: Substantiation Rates

Although the referral rates are up, the substantiations in the county have decreased slightly from the baseline of 15.0 per 1,000 children with substantiations in Stanislaus County (January 2012- December 2012) to the current performance of 14.9 per 1,000 (-3%) (January 2014-December 2014). The Statewide performance, too, has slightly decreased from the baseline of 9.3 of every 1,000 children in California with substantiations to 9.0 per 1,000. The county is 5.9 per 1,000 children higher than the statewide average.

Participation Rates: Entry Rates

Entry Rates are calculated as described above, but by taking the total count of children entering foster care for a given time period (either as a First Entry, or as a Reentry). The '% of substantiations' is calculated by dividing the Entry Rate by the Substantiation Rate.

County performance had a decrease from the baseline (2.3 of every 1,000 children, 2012) to 2.1 per 1,000 children in Stanislaus County entering foster care during the calendar year of 2014. This equates to 33 (10% decrease) fewer children entering foster care in Stanislaus in 2014 than in 2012. The Statewide performance, however, had increase from 3.4(2012) to 3.5 of every 1,000 children in California entering foster care during the calendar year of 2014. The county is 1 per 1,000 children lower than the statewide performance in foster care entries.

Participation Rates: In Care Rates

The In Care Participation Rate is computed differently by looking at those children, ages 0 to 17 years of age, in child welfare supervised foster care that had an open case or referral on the Point-In-Time count day and multiplying by 1,000 for an In Care per 1,000 children in the population.

County performance has had a decrease from the 4.8 per 1,000 children on the Point-In-Time count day of 7/1/2012 to 4.7 per 1,000 children on the most current Point-In-Time 7/1/2015. This is a .1 per 1,000 child decrease (-10%) in the number of children In Care for Stanislaus County which equates to a 22 fewer children in foster care in 2015.

State Outcome Measure 2D Referrals by Time to Investigation – Completed Contacts

These reports count both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals with status "completed" are included in the numerator. Referrals are classified as either immediate response (within 24 hrs) or 10-day response. Please note that this is a CDSS measure.

Immediate Response:

County performance had an increase from the baseline performance of 94.4% of immediate response referral contacts completed timely (7/1/2013 to 9/30/2013) to the current performance of 99.5% contacts completed timely(4/1/2015 to 6/1/2015). This is a5.5% increase in the percentage of timely immediate response contacts and Stanislaus County exceeds the goal of 95% by 4.5%. Statewide performance decreased from the baseline of 90.0% to 89.2% immediate responses contact completed timely. The County performance is 10% higher than the statewide performance in this measure.

10-day Response:

County performance had an increase from the baseline performance of 68.3% of 10-day response referral contacts completed timely (7/1/2013 to 9/30/2013) to the current performance of 73.2% contacts completed timely(4/1/2015 to 6/1/2015). This is a 7% increase in the percentage of timely 10-day response contacts; however, Stanislaus County does not meet the state goal of 95% .Statewide performance also increased from the baseline of 66% to 67% 10-day responses contact completed timely. The County performance is 6% higher than the statewide performance in this measure.

Measure 2F By Year - Timely monthly caseworker visits (out of home)

These reports calculate the percentage of children in placement who are visited by caseworkers. Each child in placement for an entire month must be visited at least once. The reports summarize monthly data by 12-month periods.

County performance has increased from the baseline (10/01/2012 to 09/30/2013) of 84.9% timely monthly caseworker visits in out of home cases by 1% to current performance (07/01/14 to 06/30/15) of 85.5% which exceeds the national standard of 50%. The Statewide performance also increased from the baseline of 79.0% to 79.1%. Stanislaus timely caseworker visit rate is 6% higher than the statewide performance.

Measure 2S By Year - Timely monthly caseworker visits (in home)

These reports calculate the percentage of children receiving in-home services who are visited by caseworkers. Each child receiving services for an entire month must be visited at least once. The reports summarize monthly data by 12-month periods.

County performance has increased from the baseline (10/01/12 to 09/30/13) of 83.3% timely monthly caseworker visits in in-home cases by .25% to current performance (07/01/14 to 06/30/15) of 83.5% which is below the national standard of 90.0%. The Statewide performance also increased from the baseline of 75.8 to the current performance of 76.6% which also does not meet the National Standard of 90.0%. Stanislaus timely caseworker visit rate is 7% higher than the statewide performance.

POINT-IN-TIME/CHILDREN IN FOSTER CARE: SIBLINGS

These reports include all children who have open child welfare or probation supervised placement episode in the CWS/CMS system.

Placed with all Siblings:

County performance has increased from the baseline (October, 2013) of 55.9% of children in foster care at a point in time placed with all of their siblings by 12.5% to the current performance (July, 2015) of 62.9%. The Statewide performance on this measure is 49.9% of children are with all of their siblings in placement. Stanislaus County places children with all of their siblings at a 13% higher rate.

Placed with Some Siblings:

County performance has decreased from the baseline (October, 2013) of 76.2% of children in foster care at a point-in-time placed with at least some of their siblings by -3.5% to 73.5%. The

Statewide performance on this measure is 70.9% of children are with all of their siblings in placement. Stanislaus County places children with all of their siblings at a 5% higher rate.

4B LEAST RESTRICTIVE (ENTRIES FIRST PLACEMENT)

These reports are derived from a longitudinal database and provide information on all entries to out-of-home care during the time period specified.

4B –Least Restrictive (Entries First Placement: Relative)

Baseline (Oct 1, 2012 to Sep 30, 2013)

Current (Jul 1, 2014 to Jun 30, 2015)

Statewide performance has increased from the baseline while the county has dropped from the baseline in our performance on this measure. Statewide performance has increased 2% from 26.7% to 27.2% while the county performance had a percentage change of -80% from 8.8% to 1.8%. Stanislaus County is still performing 25% below the statewide performance when it comes to utilizing relative placement as the initial placement. Stanislaus County relies heavily on FFA and County licensed foster homes for initial placement while the county placement specialists make concerted efforts to thoroughly assess the appropriateness of any relative or non-relative extended family members. Additionally, the county does very few emergency kinship placements to avoid having to remove a child in the event the home cannot be approved.

4B –Least Restrictive (Entries First Placement: Foster)

While the state has seen a decrease from the baseline, the county has seen an increase from the baseline in our performance on the utilization of county licensed foster homes as the first placement. Statewide performance has seen a percentage change of -4percent from 17.5% to 16.8% while the county has seen a percentage change of 27% from 13.2% to 15.6%. The county performance remains below the statewide percentage by 1.2%

4B –Least Restrictive (Entries First Placement: FFA)

While the state has seen a decrease from baseline performance, the county has increased from baseline performance in utilizing FFAs as the initial placement for children. Statewide performance has seen a percentage change of -2% from 45.1% to 44.1% while county performance has seen a percentage change of -.5% from 66.8% to 67.1%. The county usage of FFA as a first placement remains higher than the statewide percentage by 23%.

4B –Least Restrictive (Entries First Placement: Group Home)

The state and county has seen an increase from baseline performance in utilizing Group Home as an initial placement for children. Statewide performance has seen a percentage change of

6% from 6.3% to 6.7% and County performance has seen a percentage change of 23% from 2.2% to 2.7%. While the county has seen an increase utilization of first placements being group home placements, county is still significantly below the statewide average by 4%.

3B-LEAST RESTRICTIVE (POINT-IN-TIME)

These reports include all children who have open child welfare or probation supervised placement episode in the CWS/CMS system at a point-in-time.

Baseline (Oct 2013)

Current (Jul 2015)

4B –Least Restrictive (Point-In-Time Placement: Relative)

The state has seen no change in the Point-In-Time placement performance from the baseline, while the county performance has seen an increase in our performance on this measure. Statewide performance on Point-In-Time relative placement percentage has remained at 35.2% while the county's performance has seen a percentage change of 2.5% from 16.8% to 17.8%. County performance remains 17.4% below that of the statewide performance. While the county has seen a decrease in first placements with relatives, the significantly higher point-in-time relative placement rate indicates that county staffs work to move children with kin when possible. This continues to be an area that the county is not satisfied with and wants to significantly improve over the next years.

4B –Least Restrictive (Point-In-Time Placement: Foster)

The state has seen a decrease in the use of county licensed foster homes from the baseline, while the county has seen an increase from the baseline. Performance data shows that the state has seen a percentage change of -3% from 9.1% to 8.8%, while the county performance data shows that we have experienced a percentage change increase of 11% from 8.8% to 9.8%.

4B-Least Restrictive (Point-In-Time Placement: FFA)

Both the state and the county have seen a decrease in the use of FFA licensed foster homes from the baseline. The state has seen a percentage change of -2% from 25.7% to 25.3% and the county has seen a percentage change of -1% from 34.6% to 34.3%. The county's use of FFA placements is 9% higher than that of the state as whole.

4B-Least Restrictive (Point- In-Time Placement: Group Home)

Performance data shows an increase use of Group Home placements for the state and county form the baseline on this Point-In-Time measure. Statewide performance has seen a percentage change of 3% from 6.0% to 6.2%, as the county has seen a percentage change of

39% from 3.1% to 4.3%. Even though the group home rate has increased, the county's percentage of group home placements is 2% below the statewide rate.

5F-Authorized For Psychotropic Medication

This report provides the percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication.

Baseline (Jul 1, 2013 to Sep 30, 2013)

Current (Apr 1, 2015 to Jun 30, 2015)

Performance data shows an increase for both the state and county from baseline on this measure. Statewide performance has seen a percentage increase of 11% from 11.4% to 12.7%, while the county has seen a percentage increase of 39% from 9.7% to 13.5% which is now higher than the statewide percentage by .8%.

6B-Individualized Education Plan

This report provides the number of children in out-of-home placements who have ever had an IEP.

Baseline (Jul 1, 2013 to Sep 30, 2013)

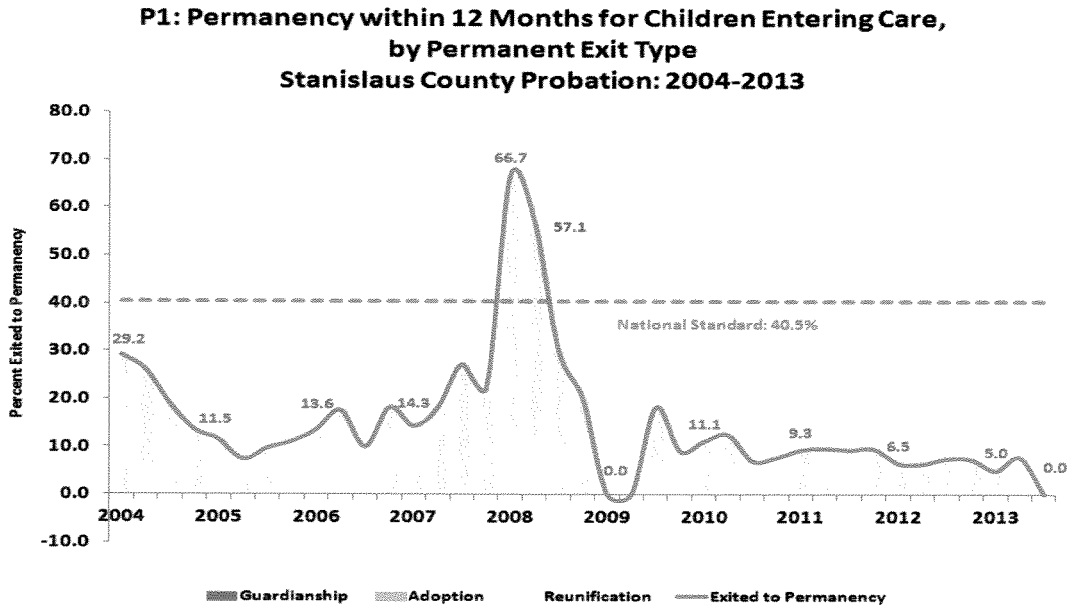
Current (Apr 1, 2015 to Jun 30, 2015)

Performance data shows a decrease from the state's baseline, while the county has shown an increase from the county's baseline on this measure. Statewide performance has seen a percentage change of -28% to 6.5%, while the county performance has seen a percentage change of 16% to 9.6% which is higher than the state by 3.1%.

PROBATION

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR #1

3-P1 Permanency in 12 months			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Apr 2012 – Mar 2013	6.4%
Current Performance	Q1-2015	Apr 2013 – Mar 2014	0%
National Standard			>40.5%



Data Analysis of Priority Outcome #1

Reunification within 12 months continues to be a challenge for all Probation Departments. Despite the numerous strengths which the peer review recognized in the Juvenile Probation Division, the circumstances and needs of youth who can remain under local supervision are much more complex and challenging than five years ago. Youth are often committed for serious offenses that involve sex abuse, gang associations, long histories of substance abuse and, serious behavioral health issues. Matching the needs of the youth with a treatment program generally requires placement in a specialized program out of county and frequently, out of state. The commitment to engage parents and family members through a variety of means including SKYPE, supporting (financially) travel arrangements, structured orientation, and support groups throughout the placement of the youth and in preparation for the youth's return home, is intended to reduce or eliminate some of the obstacles to successful

reunification while reinforcing linkages between the youth and his/her family while in placement.

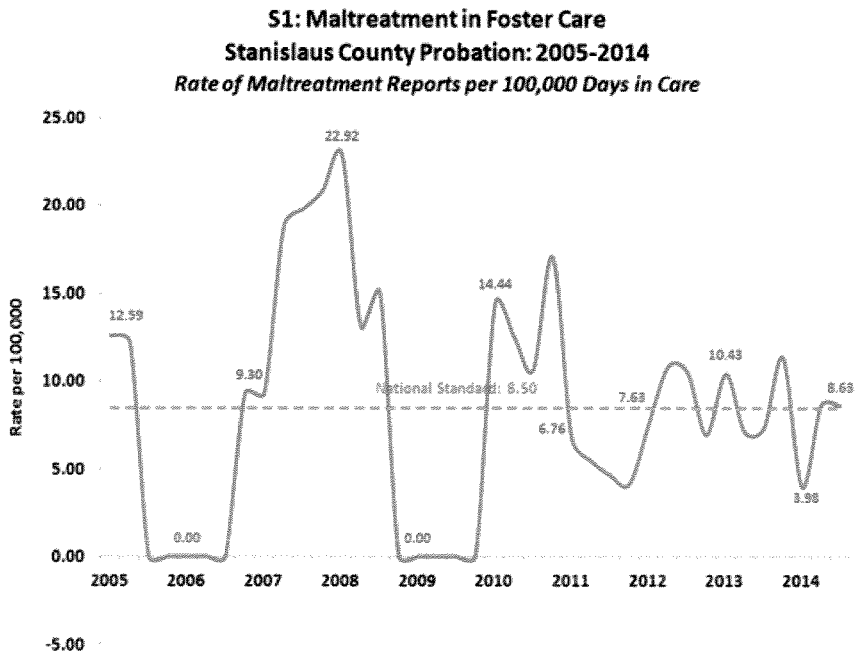
The level of placement also impacts reunification time, specifically in the case of sex offenders where 18 -24 months is often required to complete the therapeutic program. In some cases, time in placement is extended due to unavailability of family to reunify with the youth.

Measure Improvement Targets and Goals

THE NATIONAL STANDARD IS SET AT 40.5%.

PROBATION NON SIP PRIORITY OUTCOME MEASURES PERFORMANCE: STATE/NATIONAL STANDARDS

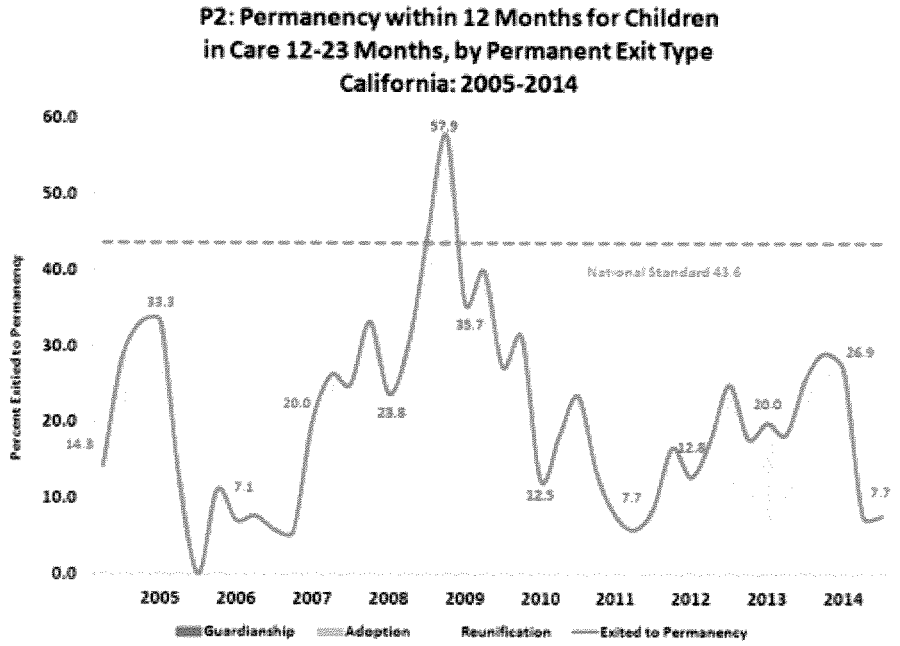
S1-Maltreatment in Foster care			
	Reporting Quarter	Data Time Period	Per 100K days
Baseline Performance	Q3-2013	Oct 2012-Sep 2013	6.92
Current Performance	Q1-2015	April 2014-Mar 2015	8.63
National Standard			<8.50



Data Analysis of Non-Priority Outcome Measure or Systemic Factors

It should be noted Probation does not have access to specifics as it relates to the reported information within Community Service Agency (CSA). There were two incidents reported and Probation will work with CSA in identifying both youth to determine and monitor the reported maltreatment.

P2-Permanency in 12 Months for Children in Care for 12-23 Months			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2012-Sept 2013	17.9%
Current Performance	Q1-2015	April 2014-Mar 2015	7.7%
National Standard			<43.6%

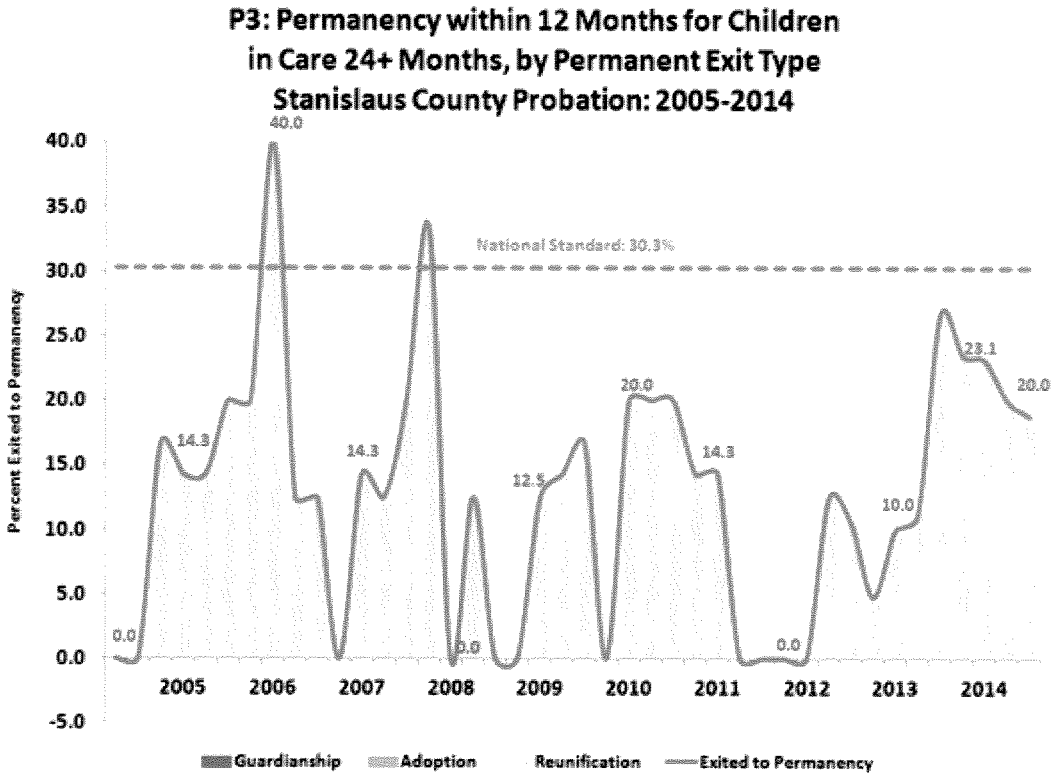


Data Analysis of Non-Priority Outcome Measure or Systemic Factors

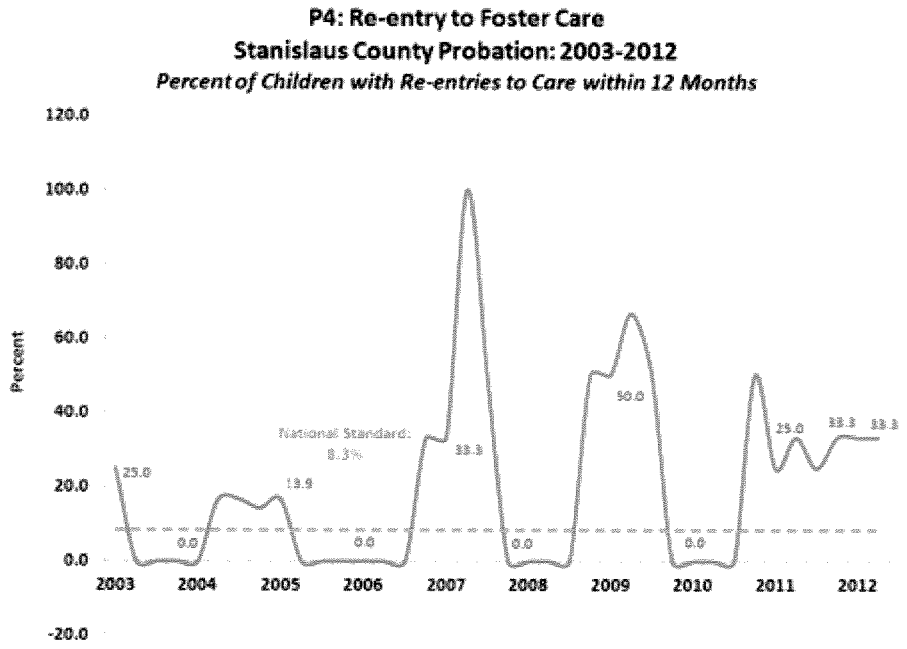
It should be noted probation youth are often committed for serious offenses that involve sex abuse, gang associations, long histories of substance abuse and, serious behavioral health issues. Matching the needs of the youth with a treatment program generally requires placement in a specialized program requiring longer treatment as case-plan objectives and goals are commonly not met within the 12 month period; therefore, requiring additional time in care.

Also, it should be noted due to higher risk youth in care we often met with the obstacle of youth absconding from treatment. Additionally, sex offender program historically require a longer period exceeding the 12 month period.

3-P3 Permanency in 12 months for children in Foster Care 24 months or more			
	Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2012 - Sept 2013	4.8%
Current Performance	Q1-2015	Apr 2014 - Mar 2015	20.0%
National Standard			>30.3%



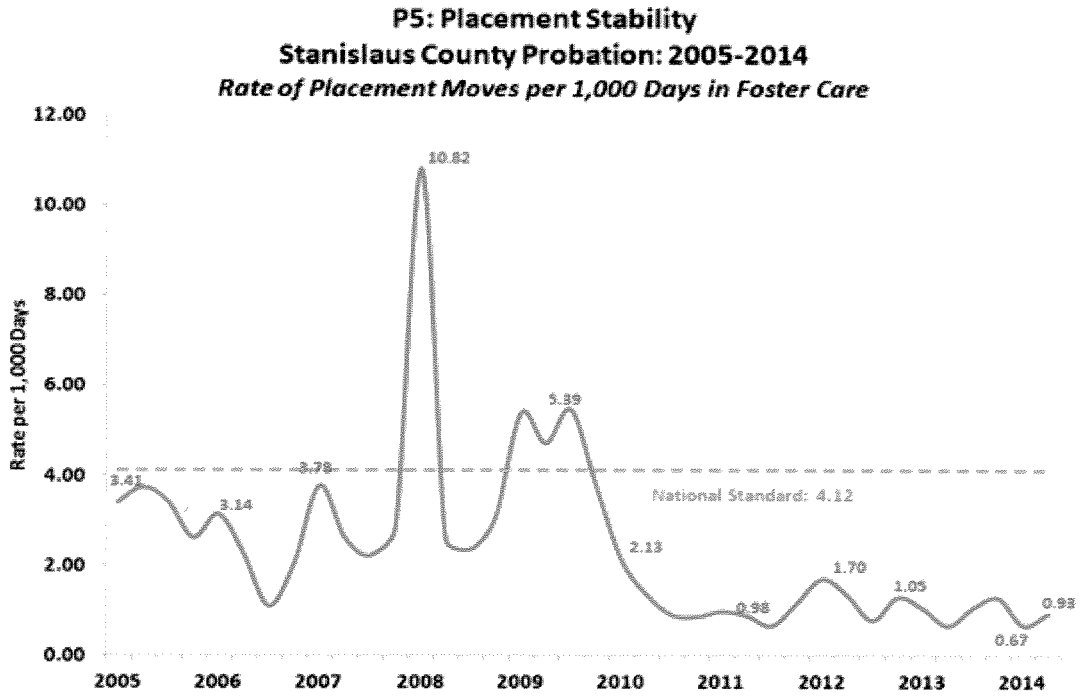
P4-Re-entry to foster care			
	Reporting Quarter	Data Time Period	Percent
Baseline Performance	Q3-2013	Oct 2011 - Sept 2012	25%
Current Performance	Q1-2015	Apr 2012 - Mar 2013	33.30%
National Standard			<8.3%



Data Analysis of Non-Priority Outcome Measure or Systemic Factors

For data purposes a total of three cases were reported for re-entry to foster care during the reported time period. It should be noted one of three cases re-entered foster care. Due to low reported numbers the percentages are misrepresented.

P5-Placement Stability			
	Reporting Quarter	Data Time Period	Per 100k days
Baseline Performance	Q3-2013	Oct 2012-Sep 2013	1.29
Current Performance	Q1-2015	Apr 2014-Mar 2015	0.93
National Standard			<4.12



Data Analysis of Non-Priority Outcome Measure or Systemic Factors

The National Standard baseline for this performance is 4.12%. The Stanislaus County Probation's baseline performance on this measure was 1.29%. Its current performance is at .93%. It should be noted we are exceeding the National Standard for placement stability.

The Stanislaus County Probation Department has had success with placement stability due to the process utilized in using the Juvenile Assessment Inventory Systems risk/needs tool to determine the appropriate needs as well as the risk factors of the youth as well as maintaining regular contact with the placement facilities and continuous monitoring of the youth to ensure the treatment plan and case-plan objectives are successfully being met.

CWS

STATUS OF STRATEGIES

Strategy 1: Full Implementation of Structured Decision Making 3.0 (SDM).

Analysis

Stanislaus County Child & Family Services began implemented SDM in April 2011. New staff receives training on the philosophy of SDM assessments via the Central Valley Regional Training Academy. Our goal for SDM was to use the tools to guide our safety and risk decision-making 90% of the time by January 2020. We monitor progress via SafeMeasures reports.

The use of the required use if SDM tools are as follows:

The Hotline tool (extract date 09/30/1)5 used by the Social Workers receiving telephone calls on child abuse and neglect hotline are being completed at a rate of 90.8% which meets our goal of 90%. This is a decrease of 5.1% from September 2014.

The Safety Assessment is used by the assigned Emergency Response social worker to help determine the safety of the child(ren) in the home. According to the September 2015, data (extracted on 10/28/15), shows a 74.2% Safety Assessment Completion rate (a decrease of 23.1% from September of 2014). As further data showed, 49.8% of those Safety Assessments were completed on-time (an increase of 4.2% from September of 2014). An on-time Safety Assessment is an assessment which is completed within 48 hours of the first child contact.

The Risk Assessment SDM Tool (Sept 2015, data, extract 10/28/2015), used to help the Social Worker assess the level of risk was completed at the rate of 48.7%; a decrease of 45.6% over the last year during this time period (data extract on 10/28/2015). A review of Risk Assessment Tool completion for referrals closed in September 2015 with a finding of substantiated shows a completion rate of 90.6% (a decrease of .6%) and 81.8% for referrals finding of inconclusive, (an increase of 1.4%). It is important to note that when we looked at the Safety and Risk Assessment Completion at referral closure, the completion rate is at 94.3% which meets our goal. So social workers are completing the assessments, however, it may not be within the timeframes suggested by the SDM manual.

The Initial Family Strengths and Needs Assessment (FSNA) (September 2015) is used by the Social Worker to help identify the highest needs for intervention in ongoing services. The FSNA's were completed at a rate of 81.3% (an increase of 4.7% over last year same time period). Some of the Initial Family Strengths and Needs Assessments that were not completed were pending or not completed due to case closure. Of those not completed, 3 case plans were created without a FSNA and 3 cases ended without an FSNA.

The Risk Assessment is expected to be completed within 30 – 60 days before Case Closure (extract 10/28/2015). A review of tool completion timeliness indicated that 45.2% of these Risk

Assessments were completed at the appropriate time. Of the 42 case closures in September 2015, 19 were within 30-60 days, 7 were between 66-180 days, 14 were more than 180 days, and 2 were closed with incomplete assessments.

The Safety Assessment is expected to be completed within 30 – 60 days before Case Closure (extract 10/28/2015). A review of tool completion timeliness showed that 61.9% were completed at the appropriate time. Of the 42 case closures in September 2015, 26 were within 30-60 days, 1 was more than 180 days, and 15 were closed with no safety assessment completed.

Action Step Status

The management team has reviewed the completion of SDM assessments utilizing the SafeMeasures reports on SDM compliance on a quarterly basis and presented the results to Supervisors to follow up on missing or late assessments with their line staff.

The management team has conducted a case review and has revised the County's Safety Plan document to strengthen the use of safety assessments and safety plans as a result of the review.

The National Council on Crime & Delinquency (NCCD), the organization that created the SDM assessments following validity and reliability studies. NCCD has upgraded/revised the SDM tool applying the moniker SDM 3.0 and upgraded the WebSDM applying the moniker WebSDM 4.0. The enhancements will begin implementation on November 1, 2015.

The following is the timeline for implementation of SDM 3.0/WebSDM 4.0 implementation:

1) March 2015 Core Team review/decisions regarding SDM 3.0
2) April – June 2015 T4T scheduling and revisions to Basic Orientation curriculum
3) July-September 2015 3-Day T4T/1-Day Experienced Trainer updates
4) August/September 2015 Dissemination Planning by counties/RTAs
5) July – October 2015 County training and preparation of experienced staff
6) November 1, 2015 SDM 3.0 goes live in WebSDM
7) November 1 and beyond County trainers will conduct training on a continual basis to train current staff and capture new staffs that are hired subsequent to November.

Stanislaus County sees the changes to the SDM assessments as an opportunity for strengthening the use of SDM assessments for families and an opportunity for better

SDM/practice model integration through training process and the development of an ongoing training regimen.

Method of evaluation and/or Monitoring

The CWS supervisors and managers are monitoring SDM assessment completion using SafeMeasures and reviewing SDM assessment tools at each SDM completion interval. The System Improvement Manager will continue periodic monitoring of outcome data via the SafeMeasures application. There have not been any significant changes as it has been less than a year since the systems improvement plan was submitted. The goal is to show positive changes on outcome data during the next reporting period.

Additional strategies (when applicable)

None.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

Our plan is to instill a routine ongoing training on SDM as we have new staff hired and on board. The only challenge is that our turnover has been consistent which will make it difficult to be consistent with the completion and utilization of the SDM tools.

Strategy 2: Restoration of Team Decision Making (TDMs) to Facilitate Placement Stability, Relative Placements, and Reunification

Analysis

Not Applicable

Action Step Status

Work has not begun on this strategy beyond the approval of the two full time Social Worker IV/V positions needed to fill the TDM positions. We have adjusted our implementation planning start date to February 2016 to allow us time to look out our options for filling these positions.

Step A action of convening a workgroup to plan implementation of the TDM was postponed to February 2016.

Step B action of reviewing the current policy and procedures to ensure consistency with TDM principles and that related policies are complimentary was postponed to May 2016 with a completion date of November 2017.

Step C action of the workgroup beginning implementation and the agency collaborates with the Central Valley Regional Training Academy for developing a training schedule for TDM is was postponed and is set to begin May 2016.

Step D action of commencing the training was postponed to February 2017 and will be ongoing.

Step E action of monitoring of the training regime for staff and supervisors is set to begin July 2017 and will also be ongoing.

Step F entails monitoring the outcome data to begin on January 2017 and ongoing through January 2020.

Method of evaluation and/or Monitoring

We will monitor the effectiveness of TDM's after the implementation by monitoring the following outcomes:

- ☐ 3-S2 Recurrence of maltreatment
- ☐ 3-P1 * Permanency in 12 months for children entering foster care
- ☐ 3-P2 * Permanency in 12 months for children in foster care 12-23 months
- ☐ 3-P3 * Permanency in 12 months for children in foster care 24 months or more
- ☐ 3-P4 * Re-entry to foster care
- ☐ 3-P5 * Placement stability
- ☐ 4B * Least Restrictive (PIT Placement)

Additional strategies (when applicable)

None.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

The two Social Worker IV/V positions scheduled to implement TDM's in Stanislaus County were approved by the Stanislaus County Board of Supervisors in January of 2015. Due to our staffing challenges and social worker turnover, particularly in Family Reunification and Emergency Response has forced us to focus our hiring to fill those positions that are related to child safety prior to filling the non-case carrying TDM facilitator positions. We have not been able to fill them at this time.

Strategy 3: Implement Parent Partners Program

Analysis

There will be 2 parent partners placed in both the Family Reunification Unit and the Family Maintenance Unit. Workgroups (Managers, Supervisors and Social Workers) have been formed in both units to begin to develop policies and procedures around the creation of the Parent Partner Program. These workgroups meet twice a month. Research from different counties, states and organizations within Stanislaus County has been conducted to review best practices, different formats, and how challenges have been overcome. The funding for these positions has been approved. Management is currently working on the position description and recruitment strategies with the goal of having these positions staffed by February 2016.

Action Step Status

Step A development of a workgroup with has begun was postponed from January 2015 to July 2015 and a completion date of November 2015 which has been met. This step has been completed.

Step B's development of an implementation plan for the program implementation and competition date has been postponed due to the obstacles listed below to ..... This step has also been completed.

Step C of developing policies and procedures for the program implementation and completion dates has been postponed to ....

Step D's action of staff training, implementation and completion date has been postponed and updated to March 2016 and June 2017 respectively.

Step E's the review implementation of program implementation and completion dates are January 2017 and March 2017 respectively.

Step F's survey of families on impact of the program implementation and completion dates are January 2018 and January 2020 respectively.

Step G's review of the outcome date implementation of ongoing monitoring is set to begin in January 2018 and completion date is January 2020.

The county is currently working on the flyer, scope of work, and minimum qualifications for the parent partner positions.

Method of evaluation and/or Monitoring

We will monitor the effectiveness of the parent Partners Program after the implementation by monitoring the following outcomes:

- ☐ 3-S2 Recurrence of maltreatment
- ☐ 3-P1 * Permanency in 12 months for children entering foster care
- ☐ 3-P2 * Permanency in 12 months for children in foster care 12-23 months
- ☐ 3-P3 * Permanency in 12 months for children in foster care 24 months or more
- ☐ 3-P4 * Re-entry to foster care
- ☐ 3-P5 * Placement stability

The county is planning on creating an ongoing system for the parent partners to debrief and get consistent supervision for them. This consistent supervision will assist the county in ensuring the consistency of services to our families.

Additional strategies (when applicable)

None.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

There have been a few barriers for implementing the Parent Partners Program. One is due the State implementing a multitude to new programs (RFA, Katie A, CSEC, QPI, Case Review, and Psychotropic Medication Reconciliation) that has draw time, attention and resources away from working on this program. Also there have been some struggles around the position classification that the Parent Partners positions were approved under. The classification was under a clerical position and requires transition to another classification. This process has halted the hiring process so that we can complete the lengthy process to complete the transition.

Strategy 4: Develop and Implement the Resource Family Approval Program (RFA)

Action Step Status

Step A-We have organized a Resource Family Approval steering committee composed of Child Welfare and Probation leadership team and staff, and community partners to discuss and provide leadership to RFA completion. The implementation date was updated to July 2015 an the completion date was updated to March 2016.

Step A-1-We have convened a workgroup of managers, supervisors and social workers to discuss the RFA implementation plan and strategies for recruitment, support, and retention of caregivers. We have organized several workgroups composed of managers, supervisors, staff, and community partners to review the CDSS written directives and develop strategies for implementation. The county submitted our initial implementation plan to CDSS in October of

2015. The implementation date was updated to July 2015 with a completion date of March 2016.

Step B-The county begun the process of looking at the handbook sections on policies and procedures to integrate the new RFA process that will include prior approval, initial approval, renewals, roles and responsibilities, complaints, investigations, and grievance hearings in October 2015 and the planned completion date is February 2016.

Step C-The county has received that comprehensive implementation plan back with some comments from CDSS and is currently working on completing the edits that are needed as well as attending the 2nd cohort convening, Orange County 11-17-15. The completion date for this action step has been updated to March 2016.

Step D-The county has updated the implementation date to February 2016 for developing RFA orientation training on Resource Family Approval for staff and stakeholders and the completion date is February 2016 as the plan is to be ready for full implementation in April.

Step E-The county is currently working with the local community college Foster and Kinship Care Education program to develop and provide professional training to all resource families. The number of training cohorts will be increased and the training will be revised so that a cohort can complete on an average of 4 weeks (a month). Although the full implementation date for RFA is April 2016, the first cohort to begin the new training iteration will begin with the new class starting in January 2016.

Step F- The county wants to improve the percentage of kinship placements as well as downshift the level of care for those children who are in higher levels of care. Stanislaus County wants enhance the development and implementation of a recruitment, retention, support program for resource families to improve the county's current process. The county added two full time positions, approved by the Board of Supervisors called Relative Approval Specialists to assist in the county's efficiency for location, orientation, and approval of relative or extended non-relative caregivers. County recently submitted a comprehensive foster parent recruitment, retention, and support funds to the CDSS that will assist the county to enhance our current efforts.

Step H-The county is focused on the RFA program fully implementation by April 2016 and the plan is for the database to be completed by April 2016 utilizing the month of March 2016 to Beta test the database and make sure it is ready for use in April.

Step I-Beginning in June/July 2016 the RFA Steering Committee, on an ongoing basis, will review implementation and outcomes for continuous improvement.

Method of evaluation and/or Monitoring

Stanislaus County Child & Family Services Division management team and supervisors are reviewing the status of workgroups and implementation at the regular twice a month joint management supervisor meetings as well as the weekly management meeting.

We will monitor the effectiveness of the Resource Family Approval program after the implementation by monitoring the following outcomes:

- ☐ 3-S2 Recurrence of maltreatment
- ☐ 3-P1 * Permanency in 12 months for children entering foster care
- ☐ 3-P2 * Permanency in 12 months for children in foster care 12-23 months
- ☐ 3-P3 * Permanency in 12 months for children in foster care 24 months or more
- ☐ 3-P4 * Re-entry to foster care
- ☐ 3-P5 * Placement stability
- ☐ 4B * Least Restrictive (PIT Placement)

In addition to the aforementioned outcomes, the county will be collecting qualitative data from the resource families that complete the pre-service training, monitor how long it takes for a resource family to become completely certified (goal of less than 90 days), monitor how long it takes for a resource family to be certified between an emergency placement and certification, and utilize the database that is being created to gather data on the number of exemptions and denials being processed.

Additional strategies (when applicable)

Pursuant to the Budget Act of 2015 (Senate Bill 97, Chapter 11, Statutes of 2015), Stanislaus County has decided to submit a request and plan for additional funding to support our efforts to recruit, retain, and support relative and non-related foster caregivers.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

There are no identified barriers or obstacles for this strategy at this time.

Strategy 5: Develop an Ongoing Social Connections Support and Aftercare Services System

Analysis

Stanislaus County already has a robust Family Resource Center network, however, this strategy will serve as an expansion and an enhancement of this support network. In the meantime, the other strategies will have overlapping effects of strengthening social supports for families. With the full implementation of Pathways to Well Being (Katie A.), the Child and Family Team process is one such vehicle for creating that social support network as the family and child's voice and choice over who they consider as a natural support are invited to be a part of the process. In addition, the County's embracing of the Strengthening Families philosophy and its implementation over the next year has a firm basis in the belief that building of the social support network as a clear protective factor in prevention of abuse and neglect.

Action Step Status

The Child & Family Services Management Team reviewed the six strategies and the current mandated initiatives that we are currently working on. With this information in mind, the Stanislaus County Child & Family Services Management Team re-prioritized the strategies and updated the timelines for the strategies to reflect the added workload and the aforementioned obstacles and barriers to implementation.

Step A of a workgroup being formed to identify priority areas for development of a Support/Aftercare Services System has been updated to begin January 2017.

Step B-The workgroup will review data on expected use of the Support/Aftercare System, has been updated to an implementation date of April 2017 and completion date of June 2017.

Step C-Coordinate and facilitate focus group of parent consumers has been updated to an implementation date June 2017 and completion date of September 2017.

Step D-The workgroup will develop policies and procedures to implement the program has been updated to September 2017 with a completion date of November 2017.

Step E-The workgroup will develop a formal and informal referral system for the use of this program and create a clear delineation of roles and responsibilities has been updated to begin implementation on May 2018 with a completion date of June 2018.

Step F-Reconvene workgroup and review progress on plan and make revisions as necessary has been updated to an implementation of December 2018 and a completion date of January 2020.

Step G-The review of outcome data that the county believes will be improved by this strategy is ongoing but will be viewed specifically for this strategy has been updated to begin January 2017 and a completion date of January 2020.

Method of evaluation and/or Monitoring

When this strategy is enacted, the Child &Family Services Managers and Supervisors will review the following CFSR Outcomes:

- ☐ 3-S2 Recurrence of maltreatment
- ☐ 3-P1 * Permanency in 12 months for children entering foster care
- ☐ 3-P2 * Permanency in 12 months for children in foster care 12-23 months
- ☐ 3-P3 * Permanency in 12 months for children in foster care 24 months or more
- ☐ 3-P4 * Re-entry to foster care
- ☐ 3-P5 * Placement stability

In addition, Step F is to reconvene the workgroup and regular intervals to review the progress on the plan and make revisions as necessary.

Additional strategies (when applicable)

None.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

There are not current obstacles that are foreseen for the timeline on this strategy.

Strategy 6: Develop an Enhanced Family Reunification Model utilizing a Multi-Disciplinary Team and Develop an Intensive Family Maintenance Program.

Analysis

Intensive Family Maintenance Program

Two workgroups were formed in March 2015 which included Management, Supervisors, and Social Workers. One workgroup is focusing on policy and procedures. This work group has worked through improving case transferring from Emergency Response to Family Maintenance, updated forms for Family Maintenance Assessments and is currently finishing up on increasing in home visits to increase engagement with the families, model and assess learned skills from services, and assess for safety and risk. This workgroup was meeting monthly until October 2015 and has increase to meeting every other week. The other workgroup is working on developing an interactive resource database for services in the community. Social Workers all carry an IPAD that would be able to access the database to find local services, find information on what the services are teaching to better engage the family, and have contact information. This group meets once a month and have developed a framework for the database as well as collected resources in different cities in Stanislaus County. Currently, this group is waiting for IT to be assigned to begin to build this application and test it.

The contract to hire a new nurse has been completed and funding has been approved. Family Maintenance has had a nurse embedded in the unit but this person was promoted. A new nurse was hired and has been trained as of October 2015.

For the Adult Mental Health position, in conjunction with the Family Reunification unit, the funding has been approved and workgroups are working towards finalizing a contract and a scope of practice.

Action Step Status

Step A has been completed. Both the Enhanced Family Reunification Model and the Intensive Family Maintenance Program have initiated workgroups that have collected information about multi-disciplinary programs and have begun to work on policies and procedures. "begin to develop policies and procedures" was added to Step A to show the work that has been done.

Step B's competition date has been postponed to March 2016 due to the obstacles listed below.

Step C's competition date has been postponed to June 2016 to allow time to fully evaluated policies and procedures in enhancing and intensifying programs.

Step D "Develop a base line and outcomes as well as a process on gathering data to support each outcome." has been added to develop a process to meet the needs of Step G. Outcome data will be used to track the success as well as monitor the programs to adjust as needed.

Step E's Implementation and competition date has been postponed to allow time for the program to be finalized before training begins.

Method of evaluation and/or Monitoring

We will monitor the effectiveness of the Intensive Family Maintenance and Enhanced Family Reunification programs after the implementation by monitoring the following outcomes:

- ☐ 3-S2 Recurrence of maltreatment
- ☐ 3-P1 * Permanency in 12 months for children entering foster care
- ☐ 3-P2 * Permanency in 12 months for children in foster care 12-23 months
- ☐ 3-P3 * Permanency in 12 months for children in foster care 24 months or more
- ☐ 3-P4 * Re-entry to foster care
- ☐ 3-P5 * Placement stability

Additional strategies (when applicable)

None.

Program Reduction

No reduction in program funding for this fiscal year.

Obstacles and Barriers to Future Implementation

Intensive Family Maintenance Program (IFM)

There have been several barriers for implementing IFM. One is the availability of nurses to fill the open position. The one nurse that was embedded in Family Maintenance (FM) left around June 2015. FM went without a Nurse for a few months, using Health Services Agency to cover our families. We were able to hire one back but are still waiting on another nurse to become available. Another barrier is staffing. Due to continued attrition in the Emergency Response Unit and Family Reunification unit, the FM unit has been enlisted in helping out other units, increasing case loads and limiting time to put towards IFM. Also the State has implemented a multitude to new programs (RFA, Katie A, CSEC, QPI, Case Review, and Psychotropic Medication Reconciliation) that has draw time, attention and resources away from IFM. Finally, change itself has been a barrier. In utilizing staff and supervisors in the process of intensifying FM, there has been a lot of time spent on engaging staff to think "outside of the box". Though this is put as a barrier, ultimately it is believed that this program will become more effective as staff buy in to the mission and create a solid foundation to this program.

PROBATION

3-P1* Permanency in 12 months for children entering foster care.

Analysis:

The Juvenile Stanislaus County Probation Department's goal is to strengthen working with families to improve timely reunification by strengthen parental engagement in case planning and preparing for a successful reunification focusing on prevention and exit planning.

Action Step Status:

Steps A, B and C, to convene a work group with Juvenile Justice Behavioral Health staff to assess the obstacles to timely reunification focusing on the role of parents with special focus emphasized on case planning for parent involvement, orientations, exit plans and parental support groups. Also, implemented was a monthly collaborative meeting involving placement officers and Juvenile Justice Behavioral health to identify challenges and work on solutions. Collaborations with Juvenile Justice Behavioral Health (JJBH) have been initiated to begin orientations for parents to occur prior to the minor entering placement. The orientation will provide the parent with information regarding the facility the minor will be placed in, sign any necessary paperwork, review expectations for both parent and the minor, develop a contact list for probation and most importantly develop a plan for the minor's successful reunification with the parent.

A development of a work group was postponed from January 2015 to June 2015. Collaboration with JJBH with focus placed on support for parents was also postponed from January 2015 to June 2015.

Step D's development of presenting the implantation plan to management completion date has been postponed to February 2016.

Step E's development of an Implementation of action steps, training required, and evaluation strategies implementation date has been postponed to March 2016 and completion date has been postponed to July 2016

Step F's action of training staff on improving engagement with families based on the implementation plan development implantation date has been postponed to June 2016 and completion to August 2016.

Step G's action of modifying training, team meeting procedures, placement policy and case planning if necessary implementation and completion dates have been postponed and updated to August 2016 and August 2017

Step H's action to reconvene the work group to review and update all placement policies, including assessments of placements, policies, procedures for the transporting of youth placement and maintaining family connections by using SKYPE as part of the case plan when appropriate development and completions dates have been postponed to August 2017 and August 2018.

Step I's action to continue group home compliance checks to ensure compliance with policies and procedures and to ensure programs are working on reunification efforts have been postponed to February 2016 and January 2020.

Step J's of completing on-going evaluations as identified in the implantation plan, buy using surveys, focus groups, and any other methods identified and/or suggested changes implementation date has been postponed to August 2016 and completion January 2020.

Step K's plan to convene a workgroup quarterly to review the progress of each project and necessary modifications, implement and review implementation date has been postponed to begin in August 2016 and the completion date is January 2020.

Method of evaluation and /or Monitoring:

Stanislaus County Probation Department's Placement Unit Supervisor and Deputy Probation Officer III will monitor the effectiveness of the parent orientations, work groups, and use of SKYPE in the case plan by monitoring the following outcomes:

Stanislaus County Probation Department intends to create evaluation process to track the progress or success of parent orientation meetings and parent support groups.

Program Reduction

Not Applicable

CWS

Obstacles and Barriers to Future Implementation

Throughout the agency and county we have been experiencing a significant amount of staff turnover. We are not unique in staff turnaround. Our Central Valley Region is experiencing the same concerns. Smaller rural counties are particularly having a difficult time. What we are seeing is an increased demand for MSW's in the mental health system, the health care system, the education system and other government agencies.

Since Fiscal Year 2010/2011, Stanislaus County CSA has experienced an average of 4 FTE under what was budgeted and peaking in fiscal year 2014/2015 at under by 5 FTEs. The agency has not been "fully staffed" over the last 5 fiscal years.

We continue to explore ways to increase our recruitment and retention efforts in our County. In partnership with our CSA Human Resources team, the Chief Executive Office and the Board of Supervisors, a more streamlined recruitment process is in place as well as the new Social Worker V classification. There is a continuous recruitment for Social Worker IV and V positions and we are currently working on a continuous recruitment for Social Worker III's. A continuous recruitment allows for ongoing interviews as applicants apply versus having an established list which generally is in place for six (6) months or more before another recruitment occurs.

PROBATION

Obstacles and Barriers to Future Implementation

There have been several barriers for implementing the actions steps toward improving timely reunification by strengthening parental engagement in case planning and preparing for a successful reunification. One of the most significant barriers has been multiple staffing transfers and vacancy issues. The Probation Placement Unit has typically consisted of a Supervising Probation Officer, a Deputy Probation Officer III and four Deputy Probation Officer I/II positions. However, in January 2015, the unit Supervising Probation Officer was on an approved leave of absence and as a result the DPO III was assigned as the acting Supervisor for approximately three months, in addition to her assigned duties. During this time an experienced and trained placement officer was transferred out of the unit and newly promoted DPO I assigned to the placement unit was released and transferred. Although the first vacancy was filled the second vacancy remains unfilled, causing disruption and changes within the existing caseloads. In April 2015 a new supervisor was assigned to the Placement Unit. The newly assigned Placement Officer has completed Placement Core training and the Supervising Probation Officer is scheduled for both Supervisor and Placement CORE training.

Furthermore, the unit has been challenged with adapting to new requirements to include; the Resource Family Approval (RFA) process, Commercially Sexually Exploited Children (CSEC), Continuum of Care Reform (CCR) and the Psychotropic Medication Reconciliation. Probation has been working closely with CSA by participating in a sub-committee and attending on-going meetings to assist with the implementation and protocol process. Probation has also played a key role by participating and attending on-going meetings with our collaborative county partner agencies and in addition Probation attends multi-disciplinary team meeting to identify and to better serve CSEC youth.

PROMISING PRACTICES/ OTHER SUCCESSES

CWS

Stanislaus County Child Welfare provides innovative, progressive child welfare services. One of the building blocks in creating and maintaining best practice standards within our agency has been strong collaboration and partnerships. We share many customers in common with other agencies and we share values such as the importance of a safe and healthy community. These shared values and collaborative relationships assist Child Welfare to provide services to children and families that are consistent with the high standards of the profession. All staff support collaboration and partnership daily through their positive and professional interactions with the public, with CSA customers, and with community-based agencies.

CSA staff providing child welfare services also have the opportunity to support partnership and collaboration by acting as a liaison to a designated community-based agency. Child Welfare Services (CWS) liaison responsibilities vary but usually include attending meetings or staffings and supporting information exchange, communication and problem resolution on a consistent basis.

Each employee is an important part of CSA and the broader community network whose purpose it is to help children and families reach positive outcomes. Listening, being responsive to others' needs, treating all persons with dignity and respect, and consistently making efforts to link customers with needed resources is critical to providing excellent customer service.

A. Strength-Based Listening, Honest Feedback, and Inclusion in Planning and Decision-Making

Customer service starts with proactive listening. Whether you are interacting with internal or external customers, it is important to express interest in what others have to say and seek to understand their point of view. Listen carefully, ask open-ended questions, and be willing to offer your perspective in an honest, straightforward, and professional manner. Positive communications which recognize others' strengths, are sensitive to cultural differences, and which maintain the self-confidence and self-esteem of others is critical. When providing

services to families, identify clearly any concerns you have for the child's safety and permanency, as well as child and family well being. Finally, involve others in planning or decision-making whenever they are likely to be impacted. Stanislaus County has many multi-disciplinary and team decision-making processes which are available to support this practice.

B. Customer Feedback

Customer feedback is received in a variety of ways, including telephone calls and letters to individual Social Workers, Supervisors, Managers, Assistant Directors, Director, Board of Supervisors, Legislative Representatives, and the State Department of Social Services. Customer feedback may express appreciation for special effort or outstanding service delivery, or may express dissatisfaction or concerns with agency actions or decisions.

Staff are encouraged to share any thank you's, kudos or letters of appreciation received with their Supervisor, Manager and/or Assistant Director. These notes and letters of special recognition may also be forwarded to CSA Human Resources for placement in the employee's personnel file.

For complaints received at the Social Worker, Supervisor and Manager levels, it is important to advise your Supervisor and work together to resolve the customer's issue immediately. It is often helpful to offer the customer the opportunity to have a meeting to discuss the issue, and to provide a written response to the customer within 30 days if the complaint was made in writing (see section V below regarding customer inquiries and complaints).

Written complaints received by the Assistant Director and the Director are tracked in order to ensure the situation is responded to effectively and promptly. A tracking log is maintained which indicates when the complaint was received, the response time and the disposition.

Stanislaus County Child Welfare has a focus on early intervention and providing preventative pre-placement services prior to removing children from their home of origin.

Stanislaus County Child Welfare

Robust Family Resource Center network in each community in Stanislaus County that Child Welfare refers families to without opening a Child Welfare investigation to provide early intervention services to families preventing the need to open a Child Welfare case.

Multiple agencies Child Welfare collaborates with to provide substance abuse treatment. Parental substance abuse has a high level of co-morbidity with child abuse and neglect in Stanislaus County.

Stanislaus County has had the practice of collaboration with community based and other Stanislaus County agencies to provide services to our families and children. One of the

highlights that the county is proud of is the co-location, for the last 15+ years, of Stanislaus County Behavioral Health Substance Abuse Counselors and Mental Health Clinicians. This practice has allowed the county to screen 100% of the children/youth who become dependants of Stanislaus for mental health needs.

When the mandate from the Katie A. lawsuit required the mental health and child welfare agencies to work together to ensure that children open to child welfare are having their mental health needs attended to, Stanislaus County was uniquely positioned to implement the requirements with fidelity. Stanislaus County, after an extensive process, has recently begun the implementation along with Behavioral Health and Recovery Services and the Board of Supervisor recognized our accomplishments in September 2015 with the competitive Effective Partnership Award.

Stanislaus County Child Welfare utilizes a Microsoft Application called Youth Connections that to document and track the search and approval activities for relative placements that all social workers have access to as the case moves through the system.

Child Welfare has successfully issued a Request For Proposal (RFP) and opened an Independent Living Skills Center in the community providing a place that is accessible for our foster youth to receive the services, support, and training they need to become independent adults.

Child Welfare has an ongoing relationship with a local community college to provide ongoing pre-licensing and ongoing training relevant to parenting children that have experienced the trauma of child abuse and neglect.

Stanislaus County Child Welfare maintains a high rate of adoption finalizations by maintaining the practice of focusing on the placement of children in concurrent homes prior to entering family reunification and assigning an adoption social worker early after first placement to work on completing the psychosocial assessment prior to parental rights being terminated. This practice expedites permanency for children.

CWS

Case Review:

The goal of child welfare is to promote, safeguard and protect the overall well-being of children and families, to intervene on behalf of the children who have been abused or neglected, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential. The Quality assurance (QA) and Continuous Quality Improvement (CQI) activities are vital to ensure that the above goal is carried out and ensure that safety, permanence, and well-being of children and families.

In August 2012, the federal Children's Bureau of Administration for Children and Families (ACF) issued Information Memorandum ACYF-C-IM-12-07 with the goal of strengthening the state's quality assurance (QA) processes through the **model of continuous quality improvement (CQI).**

In November 2014, ACL No. 14-84 provided additional details about the implementation of qualitative case reviews and the associated change to the 2014-2015 Budget Act providing staff resources for this purpose. The California Department of Social Services (CDSS) will be using the qualitative case reviews conducted by counties to meet the case review requirements. Five counties were selected as early implementers (Butte, El Dorado, Madera, Monterey and San Francisco).

In March 2015, ACL No. 15-34 disseminated information to counties about implementing a qualitative case review process for CWS by child welfare and probation agencies. Qualitative case reviews are an important way to gather data about the "how" and "why" questions associated with CQI.

Stanislaus County began planning for implementation of the Quality Case Review process by utilizing the allocation provided for hiring two supervisory level staff persons to be certified case reviewers. In addition, Stanislaus County Staff Developer and case reviewers provided a case review orientation to all Child & Family Services and Probation Staff. Stanislaus County's System Improvement Manager, Staff Developer, and Manager IV are all certified case reviewers and the two newly promoted case reviewers are in the process of becoming certified through the Regional Training Academy. The target implementation date is October 1st, 2015.

Pathways to Well Being

The Katie A. Lawsuit was a Federal class action lawsuit filed against the State of California Department of Social Services (CDSS) and California Department of Health Services (CDHS) and Los Angeles County. The plaintiffs' allegations were: Failure to assess foster children for their mental health needs, inadequate mental health services, and placement disruptions. The Los Angeles County settled its portion of the lawsuit in 2003 and CDSS and DCHS settled their portion in 2011. The settlement of Katie A. (now called Pathways to Well-Being) ensures the delivery of mental health services and other integrated services to class and sub-class members and jointly implementation by Child Welfare and Mental Health of Katie A. deliverables and Core Practice Model.

The mission of Stanislaus County's Pathways to Well-Being (PWB) program is to ensure that all eligible children in Foster Care and in Family Maintenance programs will receive mental health services leading to safety, stability, permanency and well-being. Stanislaus County has implemented all the mandated deliverables of PWB (Katie A.). The Stanislaus County's Board of Supervisor approved additional staffing for both Child Welfare and Mental Health to meet the mandates of PWB. There is a strong partnership between Child Welfare and Mental Health in Stanislaus County. The implementation team meets twice a month and is composed of leadership and staff from Community Services Agency (CSA) Child Welfare and Behavioral and Recovery Services (BHRS/Mental Health). Several workgroups were organized to develop strategies and procedures. Several trainings were provided jointly to Child Welfare and BHRS/Mental Health staff and community partners that included: Katie A. Orientation, Core Practice Model, Screening Tools, Child and Family Team (CFT), Trauma-Informed Practice and Confidentiality. On-going training is also provided to new staff. Several tools were completed namely: Sub-class Eligibility Assessment, Screening Tools for ages 0-5, 6-17 and 18-21 (Non Minor Dependents), Quarterly Progress Report, Confidentiality Protocol/Grid and orders, CFT service plan and quarterly newsletter. 100% of children entering the Child Welfare court system are referred by social workers for mental health assessment. In 2014, 294 children were referred and since January 2014, 208 mental health screenings were completed. A comprehensive data base that would include outcomes and data was developed and currently being tested by staff. AspiraNet, a human services agency was selected as provider to schedule and facilitate the CFT Meeting via Request for Proposal (RFP). The CFT meeting started in May 2015 and to date 52 CFTS's have been completed. AspiraNet provides the Intensive Care Coordination (ICC) and Intensive Home Based services (IHBS). Intensive mental health services

were provided to an average of 100 children. The Board of Supervisor recognized our accomplishments in September 2015 with Effective Partnership Award.

Resource Family Approval

The Resource Family Approval program, pursuant to Welfare and Institutions Code, Section 16519.5, requires the California Department of Social Services (CDSS), in consultation with county child welfare agencies, foster parent associations, and other interested community parties, to implement a unified, family friendly, and child-centered resource family approval process. This new approval process will replace the existing processes for licensing foster family homes, approving relatives and non-relative extended family members as foster care providers or legal guardians, and approving adoptive families by combining elements of all the processes into a single approval standard. Resource Family Approval – also known as RFA – is a method of approving caregivers to foster, adopt, or provide legal guardianship for the care and supervision of children, youth, and young adults in the child welfare and probation systems. RFA creates a platform for all Resource Families to receive the same information, training, and opportunity for support. Stanislaus County has elected to be in the 2nd cohort of Resource Family Approval (RFA) Counties. Stanislaus County submitted its RFA Implementation Plan on (insert date here) indicating that the implementation start date is April 2016. A Steering Committee was formed including Child & Family Services Division, Probation, Family Connections Adoptions Agency, and Modesto Junior College Foster Kinship Care Education Program meeting for the first time on July 14, 2015.

Quality Parenting Initiative

In 2007, the Youth Law Center (YLC), a public interest law firm that works to protect children in the nation's foster care and justice systems from abuse and neglect, created the Quality Parent Initiative (QPI) in response to a widespread lack of foster homes and unacceptable outcomes for foster youth in Florida. The primary goal of QPI is to ensure that every child in foster care is placed with a skilled, nurturing foster family while maintaining the child's connections with his or her own family. QPI is based on the tenets that as the people who spend the most time with the children while they're in care, the foster parents are the most critical element of success for the child and family receiving services, and that a high level of skill is necessary to be a quality foster parent. QPI recognizes that the traditional foster care "brand" has negative connotations, and this deters potential foster parents from participating. QPI is an effort to rebrand foster care, not by simply changing a logo, but by changing the core elements underlying the brand. Therefore, there are two major facets of QPI: the marketing and rebranding of foster care to *recruit* skilled, quality foster parents, and the reframing of the infrastructure of a participating county's foster care system to *retain* quality foster parents. The major successes of QPI in Florida (the first QPI Child Welfare System) have been in system change and improved relationships, in addition to measureable improvement outcomes such as

reduction in the amount of placement changes, reduction in the use of group homes for placement, and more reunifications that are successful.

Strengthening Families

Mission Statement: The mission of the Child Abuse Prevention Council is to actively develop, support, and coordinate community efforts and awareness to prevent child abuse and heal its effects.

Stanislaus County Child Abuse Prevention Council (CAPC) has adopted Strengthening Families and the Protective Factors as an initiative to embed this framework throughout Stanislaus County with regards to child abuse and neglect. In 2013, after attending a Strengthening Families conference, the CAPC leadership expressed an interest in learning more and the possibilities for Stanislaus County. A Steering Committee was developed and in 2014, CAPC held three community events exploring the framework, interest in the community, and developing workgroups. Three workgroups emerged; Professional Development-create and sustain a county wide orientation/training plan to develop a training group and provide trainings in the community, Parent Engagement-create and sustain a county wide orientation/training plan in developing a leadership group to provide community Parent Café, and System/Policy to work on the MAPPing process and map resources in the community.

Improving Safety for Children in Foster Care receiving Psychotropic Medication

Psychotropic Meds: From January 2015 to June 2015 we viewed the documentary produced by San Jose Mercury News titled: Drugging Our Kids that highlights the alarming use of psychiatric medication in California's foster care system. This documentary was shown to Foster Family Agencies, Mental Health and Social Worker's which sparked discussions on how we can improve this process in our county.

We have had a successful collaborative relationship with our county Mental Health for many years. We are fortunate that they are co-located near our division which allows for constant communication and collaboration between our departments. This was also evidenced by our recent award for Effective Partnership through our work in implementing Pathways to Wellbeing.

We were also able to obtain funding to a Public Health Nurse (PHN) who will be working closely with social worker's and foster parents to participate in the medical care planning and coordination for a child, to monitor and oversee the child's use of psychotropic medications. Fortunately in our county, we already have a Psychiatric Nurse that works with our county Psychiatrist who prescribes medication. Her role is to follow up with youth and caregivers to monitor how effective the medications are and if any adjustments need to happen due to side effects. She also follows up to make sure any lab work is up to date as well. We have formed a work group to develop the scope of work for the PHN in conjunction with the Psychiatric Nurse through Mental Health. We have identified a PHN is needed to monitor those youth placed out of county, in group homes or who have been prescribed psychotropic meds through their Primary Care Physician (PCP), and are not open to our county Mental Health.

In order to improve the JV 220 process, another work group was formed to look at our current process for JV 220's and to identify any other gaps in our current system. Inputting current JV 220 information into CWS/CMS has not been consistent, and we have received assistance of our PHN's who will receive a copy of every JV 220 and ensure the information is inputted into CWS/CMS and follow up with the doctor, caregiver and social worker regarding the adverse effects if the youth isn't receiving services through our county mental health.

NYTD

We have two full time Independent Living Skills (ILP) interviewer's who administer the NYTD survey. One does the initial survey at 17 and the other one administers it to the 19 & 21 year olds. The interviewer's have been very successful and creative in tracking down these youth. Fortunately with Extended Foster Care (EFC), a large majority of these older youth are still in our system and are participating in services. We currently have 12 youth who are 19 that are due to complete a survey during this current cohort.

Regarding ILP Delivered Services: In October 2015 we provided training to social workers on what ILP Delivered services are and where to document these in CWS/CMS when they meet with their youth monthly.

CC 3.0

Development and implementation of California's Common Core Curricula (Core) for child welfare workers was mandated by California's Program Improvement Plan (PIP) as part of the 2003 Federal Child and Family Services Review. The current Core was developed in 2005 after a multi-year statewide collaborative effort to develop standardized curricula for California's newly hired child welfare supervisors and child welfare social workers.

Although evaluation of the current version of Core indicates that child welfare social workers and supervisors gain knowledge however struggle to transfer what is leaned during training to their every day practice. By integrating tools into the curriculum and adding field activities, social workers are given the opportunity to practice and reinforce the skills learned in the classroom. A large scale revision of Core has been developed and it has been named Common Core 3.0 (CC3.0).

Stanislaus County will be responsible to provide field advisors to trainees. Field advisors will be responsible for arranging, discussing, observing, and completing documentation on specific field experiences for trainees. As part of CC 3.0, there will be tools to support field advisors which will include a field guide with descriptions of the field activities and step-by-step instructions for completion. There will be a field advisor curriculum providing an overview of the concepts in CC 3.0 and skill building opportunities in coaching. Each CC3.0 field advisor will receive training specific to the role of the CC 3.0 field advisor. Counties will ensure that

trainees have time and support to complete non-classroom content. As part of the CC 3.0, trainees will designate time for completion of approximately 26.5 hours of technology based modules and time with their field advisor to complete 20 field activities.

SDM 3.0

The Structured Decision Making® (SDM) model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision. The SDM model additionally includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls. The model consists of several assessments that help agencies work to reduce subsequent harm to children and to expedite permanency.

The National Council on Crime & Delinquency (NCCD), the organization that created the SDM assessments following validity and reliability studies. NCCD has upgraded/revised the SDM tool applying the moniker SDM 3.0 and upgraded the WebSDM applying the moniker WebSDM 4.0. The enhancements will begin implementation on November 1, 2015.

Commercially Sexually Exploited Children

As human trafficking has become a more recognized and visible problem throughout the world, political leaders and legislators have responded with new laws, initiatives and conventions to define human trafficking, enhance awareness, provide supports and services, criminalize traffickers, and track progress.

Recently, the CDSS issued an All County Letter to provide information to counties regarding recent legislation (SB 855, Chapter 29, Statutes of 2014) that amended the Welfare and Institutions Code (WIC) section 300 to clarify that under existing law, commercially sexually exploited children (CSEC) whose parents or guardians failed or were unable to protect them may fall within the description of 300(b) and be adjudged as dependents of the juvenile court. The Legislature also amended the WIC (commencing with section 16524.6) to establish a state-funded county CSEC Program to be administered by the California Department of Social Services (CDSS) that counties may opt to participate in.

Stanislaus County has had a human trafficking workgroup, Human Exploitation and Response Team (HEART), led by the District Attorney's Office for the past two years. As a subgroup of the HEART Committee the agencies that work with minors began to meet in January 2015 to develop investigative protocols and services for commercially sexually exploited children. Child Welfare has taken the lead in this subgroup. Also on the steering committee are

representatives from law enforcement, probation, county mental health, Haven Women's Center (Domestic Violence Services), Without Permission (services for sex trafficked victims), Stanislaus Family Justice Center, Hutton House Teen Shelter, youth drug treatment programs, non-profit providers of mental health services, foster care and group home agencies. Stanislaus County also has a Child Abuse and Neglect Protocol that was developed almost 15 years ago which outline how agencies are to work together in times that children are abused/neglected. It provided the outline and partnerships for developing these interagency protocols.

Stanislaus County has a culture of working together to serve the community. As we developed procedures to identify, prevent and treat human trafficking victims we again utilized this same partnership approach. In January 2015 we met with community partners that had already working with CSEC as well as providers who addressed the CSEC risk factors. The steering committee met two times a month to develop a protocol for investigations, services for the victims and their families, and identify gaps that needed to be worked on. As this group has discussed some actual cases to develop protocols, it confirmed that the victims are coming into contact with multiple agencies. We are committed to work together to serve victims and their families.

5 – Year SIP Chart

Priority Outcome Measure or Systemic Factor: Recurrence of maltreatment within 12 Months (3-S2) ~~No recurrence of maltreatment (S1.1)~~ **National Standard: <=9.1% with recurrence** ~~94.6%~~ **CSA Baseline Performance: January 2013 (13.3% with recurrence)** ~~(CSA 90.2%)~~ **Target Improvement Goal: <= 12.3% with recurrence (96 fewer allegation recurrences in a 12-month period)** ~~94.6% (11 more children avoiding recurrence of maltreatment per year)~~
Priority Outcome Measure or Systemic Factor: Permanency in 12 months for children entering foster care (3-P1) ~~Reunification within 12 months (entry cohort) (C1.3)~~ **National Standard: >= 40.5%** ~~48.4%~~ **CSA Baseline Performance: January 2013 (30.2% with permanency in 12 months)** ~~(CSA 13.7%)~~ **Target Improvement Goal: 31.6% (29 more children with permanency within 12 months of entering foster care)** ~~48.4% (8 more children reunifying within 12 months per year)~~
Priority Outcome Measure or Systemic Factor: Permanency in 12 months for children in foster care 24 months or more (3-P3) ~~Exits to Permanency (24 months in Care) (C3.1)~~ **National Standard: >= 30.3%** ~~29.1%~~ **CSA Baseline Performance: January 2013 (23.4%)** ~~(CSA 23.2%)~~ **Target Improvement Goal: >= 24.4% (6 more youth achieving permanency prior to their 18th birthday)** ~~29.1% (1 more youth exiting to permanency prior to 18th birthday per year)~~
Priority Outcome Measure or Systemic Factor: Re-entry to foster care following reunification or guardianship (3-P4) ~~Re-entry following reunification (C1.4)~~ **National Standard: <= 8.3%** ~~9.9%~~ **CSA Baseline Performance: January 2013 (4.0% with re-entries)** ~~(CSA 7.9%) [Current performance 15%, 6/30/13]~~ **Target Improvement Goal: <= 4.5%** ~~Reduce the re-entry rate from the most recent 15% to the national Standard 9.9%.~~ ~~(2 less children reentering following reunification per year)~~

Priority Outcome Measure or Systemic Factor: Point in Time Least Restrictive Placement-Kinship **National Standard: None** **CSA Baseline Performance: October 2013 = 16.8%** **Target Improvement Goal >= 21.8%**
Priority Outcome Measure or Systemic Factor: Permanency in 12 months for children entering foster care (3-P1) PROBATION ~~(Reunification within 12 months (C1.3)~~ **National Standard: >= 40.5% ~~48.4%~~** **Probation Baseline Performance: 6.5% ~~6.7%~~** **Target Improvement Goal: >= 11.5% ~~48.4% (1 more youth reunified within 12 months per year)~~**

CWS SIP STRATEGY CHART

Strategy 1: ~~Full Implementation of SDM~~ Full Implementation of SDM 3.0	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Permanency in 12 months for children entering foster care (3-P1). ~~Reunification within 12 Months (entry cohort) (C1.3) 5.4 months (CSA 13.7%)~~ ☐ Recurrence of maltreatment within 12 months (3-S2). ~~No Recurrence of Maltreatment within a specific 6 month period (S1.1) 94.6% (CSA 90.2%)~~ ☐ Management Information Systems ☐ Staff Training ☐ Quality Assurance System
	CBCAP	
	PSSF	
	N/A	

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. ~~Workgroup will~~ Leadership team will review data on current use of SDM.	February 2015	March 2015	CFS Management Team CFS Supervisors
B. Meetings with supervisors and social workers in different units to assess their use of SDM.	March 2015	~~June 2015~~ Ongoing	CFS Management Team
C. Training needs will be identified for staff and supervisors including 1:1 and small group coaching	June 2015	August 2015	System Improvement Manager
~~**D.**~~ **D.1** Training will be scheduled and completed for all staff.	~~August 2015~~ November 2015	February 2016	System Improvement Manager ~~Central California Regional~~

			~~Training Academy~~
D.2 Schedule ongoing SDM 3.0 training.	November 2015	Ongoing	System Improvement Manager
E. Measures will be monitored to evaluate ~~effectiveness~~ tool fidelity, implementation, and training needs	~~January 2016~~ February 2016	Ongoing	System Improvement Manager
F. Outcome data will be reviewed for ~~C1.3~~ 3-P1 and ~~S1.1~~ 3-S2 on an ongoing basis to determine if families are reunifying faster or there has been a reduction in the reoccurrence of maltreatment.	January 2016	January 2020	System Improvement Manager

Strategy 2: Resume and expand use of TDMs throughout the agency	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Re-entry to foster care following reunification or guardianship (3-P4). ~~Re-entry following reunification(C1.4): 9.9%~~ ~~(CSA 7.9%) [Current performance 15%, 6/30/13]~~ Recurrence of maltreatment within 12 months (3-S2). ~~Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%)~~ ☐ Staff Training ☐ Agency Collaboration
	CBCAP	
	PSSF	
	N/A	

Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene workgroup to plan implementation of TDM throughout the agency.	~~February 2015~~ February 2016	~~March 2015~~ March 2016	CFS Management Team
B. Review current policy and procedure to insure consistency with TDM principles and that related policies are complimentary.	~~May 2015~~ May 2016	~~November 2016~~ November 2017	CFS Management Team CFS Supervisors
C. Workgroup begins implementation, collaborating with Central CA Regional Training Academy on Advanced training and coaching schedule.	~~May 2015~~ May 2016	~~November 2016~~ November 2017	System Improvement Manager Staff Development Supervisor Central CA Regional Training Academy
D. Train supervisors in coaching to improve impact of TDMs with Central CA Regional Training Academy trainers, as necessary.	~~February 2016~~ February 2017	~~June 2016~~ June 2017	System Improvement Manager Staff Development Supervisor Central CA Regional Training Academy
E. Monitor total training of staff and supervisors.	~~July 2016~~ July 2017	Ongoing	System Improvement Manager Staff Development Supervisor
F. Outcome data will be reviewed for ~~C1.4~~ 3-P4 and ~~S1.1~~ 3-S2 on an ongoing basis to determine if re-entries have been reduced or there has been a reduction in the recurrence of maltreatment.	~~January 2016~~ January 2017	January 2020	System Improvement Manager

Strategy 3: Implement Parent Partners Program	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Permanency in 12 months for children entering foster care (3-P1). ~~Reunification within 12 Months(C1.3): 48.4% (CSA 13.7%)~~ ☐ Re-entry to foster care following reunification or guardianship (3-P4). ~~Reentry following reunification (exit cohort) C1.4: 9.9% (CSA 7.9%)~~ ☐ Recurrence of maltreatment within 12 months (3-S2). ~~No Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%)~~ ☐ Staff and Provider Training ☐ Service Array	
	CBCAP		
	PSSF		
	N/A		
Action Steps:	**Implementation Date:**	**Completion Date:**	**Action Steps:**
A. Form a workgroup with the specific goal of collecting information about Parent Partners as a best practice. ~~and as implemented in other counties including gathering data on what effect Parent Partners have had on CFSR outcomes.~~	~~January 2015~~ July 2015	~~March 2015~~ November 2015	**A.** Form a workgroup with the specific goal of collecting information about Parent Partners as a best practice. ~~and as implemented in other counties including gathering data on what effect Parent Partners have had on CFSR outcomes.~~
B. Develop an implementation plan for the program.	~~April 2015~~ October 2015	~~June 2015~~ November 2015	**B.** Develop an implementation plan for the program.

C. Develop policies and procedures to implement the program including recruitment, screening, training, referral process development, target population, case support, and agency support with emphasis on parental self sufficiency.	~~April 2015~~ October 2015	~~October 2015~~ February 2016	**C.** Develop policies and procedures to implement the program including recruitment, screening, training, referral process development, target population, case support, and agency support with emphasis on parental self sufficiency.
D. Train staff, parent partners, and providers on their role in supporting the child welfare system, communication, and supportive strategies.	~~October 2015~~ March 2016	~~October 2016~~ June 2017	**D.** Train staff, parent partners, and providers on their role in supporting the child welfare system, communication, and supportive strategies.
E. Review implementation of program including obtaining feedback from parents, partners, staff, and providers on timely reunification.	January 2017	March 2017	**E.** Review implementation of program including obtaining feedback from parents, partners, staff, and providers on timely reunification.
F. Survey families on impact of program including improving access to services, understanding of court procedure, and family stability.	January 2018	January 2020	**F.** Survey families on impact of program including improving access to services, understanding of court procedure, and family stability.
G. Outcome data will be reviewed for ~~C1.3~~ 3-P1, ~~C1.4~~ 3-P4, and ~~S1.1~~ 3-S2 on an ongoing basis to determine if placement changes have been reduced, reunifying timeframes have been reduced, or there has been a reduction in the reoccurrence	January 2018	January 2020	**G.** Outcome data will be reviewed for ~~C1.3~~ 3-P1, ~~C1.4~~ 3-P4, and ~~S1.1~~ 3-S2 on an ongoing basis to determine if placement changes have been reduced, reunifying timeframes have been reduced, or there has been a reduction in the reoccurrence

of maltreatment.			of maltreatment.

Strategy 4: ~~Implement a structured Family Find System~~ Develop and Implement the Resource Family Approval Program (RFA)	CAPIT CBCAP	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Permanency in 12 months for children entering foster care (3-P1). ~~Reunification within 12 months (C1.3): 48.4% (CSA 13.7%)~~ ☐ Re-entry to foster care following reunification or guardianship (3-P4). ~~Reentry Following Reunification (C1.4): 9.9 % (CSA 7.9%)~~ ☐ Recurrence of maltreatment within 12 months (3-S2). ~~Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%)~~ ☐ Increase Relative/NREFM placements (4B) ☐ Placement Stability 3-P5 ☐ Staff and Provider Training ☐ Resource family recruitment and retention	
	PSSF N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

A. Organize a RFA steering committee composed of Child Welfare and Probation leadership team and staff, and community partners to discuss and provide leadership to RFA implementation. ~~to discuss and review our current Family Finding System.~~	~~January 2015~~ July 2015	~~March 2015~~ March 2016	~~CFS Management Team~~ ~~CFS Supervisors~~ ACFSD Management team and Supervisors
A1. Convene a workgroup of managers, supervisors and social workers to discuss the RFA implementation plan and strategies for recruitment, support and retention of caregivers.	July 2015	~~January 2016~~ March 2016	~~CFS Management Team~~ ~~CFS Supervisors~~ ACFSD Management team and Supervisors
~~**B.** Workgroup will review and revise the RFA Directives and Resource Family Approval Specialist job description. of the Relative Search Specialist and devise implementation plan for the family finding system.~~ A1.organize several workgroups composed of managers, supervisors, and staff and community partners to review the CDSS written directives and develop strategies for implementation.	~~January 2015~~ October 2015	~~July 2015~~ February 2016	~~CFS Management Team~~ ~~CFS Supervisors~~ ACFSD Management team and Supervisors

~~C. Develop policies and procedures for implementation of the Relative Search Specialist position and structured Family Finding RFA Program.~~ B. Revise the County's handbook on policies and procedures to integrate the new RFA process that include prior approval, initial approval ,renewals, roles and responsibilities, complaints, investigations, grievance hearing.	~~January 2015~~ October 2015	~~July 2015~~ February 2016	~~CFS Management Team~~ ~~CFS Supervisors~~ ACFSD Management team and Supervisors
~~D. Develop a plan for training, coaching, and data collection, including training for the full use of the CWS Youth Connections RFA Database.~~ C. Submit the comprehensive plan to CDSS and MOU	~~August 2015~~ February/March 2016	~~October 2015~~ March 2016	~~System Improvement Manager~~ ~~Staff Development Supervisor~~ RFA Manager IV and RFA Manager III
~~E. Implement policy, procedure, and practice changes~~. D. Develop Training on RFA for staff and other stakeholders.	~~November 2015~~ February 2016	~~November 2015~~ February 2016	~~CFS Managers~~ ~~CFS Supervisors~~ RFA Manager IV and III, Staff development Supervisor, RFA Supervisor and RFA unit

~~F. Reconvene workgroup and review impact of policy, procedure, and practice changes and make further revisions as necessary. Outcome data will be reviewed for C1.3 3-P1, C1.4 3-P4, and S1.1 3-S2on an ongoing basis to determine if reunifying timeframes have been reduced, a reduction in foster care re-entry, or there has been a reduction in the recurrence of maltreatment.~~ E. Develop and provide professional training to all resource families.	~~January 2016~~ February/March 2016	April 2016	Modesto Junior College and ACFSD RFA unit
F. Develop and implement recruitment//retention/support for Resource Families to Improve current county's process.	January 2016	February 2016	ACFSD Management team and Supervisors
G. Develop a RFA data base and outcome measures	April 2016	April 2016	Systems Improvement Manager and Data Analyst SW IV
H. Implement the RFA program and RFA data base	April 2016	April 2016	ACFSD Management team and Supervisors
I. RFA Steering committee reviews implementation and outcomes for continuous improvement.	June/July 2016	July 2016	RFA Manager IV and Manager III

Strategy 5: Develop Ongoing Social Connections Support and Aftercare Services System (Family Resource Centers, Faith Based Community, and other Informal Social Connections Support)	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Permanency in 12 months for children entering foster care (3-P1). ~~Reunification within 12 months (C1.3): 48.4% (CSA 13.7%)~~ ☐ Re-entry to foster care following reunification or guardianship (3-P4). ~~Reentry Following Reunification (C1.4): 9.9 % (CSA 7.9%)~~ ☐ Recurrence of maltreatment within 12 months (3-S2). ~~Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%)~~ ☐ Service Array ☐ Agency Responsiveness to the Community
	CBCAP	
	PSSF	
	N/A	

Action Steps	Implementation Date:	Completion Date:	Person Responsible:
A. Workgroup will meet to identify priority areas for development of a Support/Aftercare Services System.	~~January 2016~~ January 2017	~~March 2016~~ March 2017	CFS Management Team CFS Supervisors
B. The workgroup will review data on expected use of the Support/Aftercare System. Special attention will be paid to identifying the target population for these services, including impact on child welfare practices	~~April 2016~~ April 2017	~~June 2016~~ June 2017	CFS Management Team CFS Supervisors

C. Coordinate and facilitate focus group of parent consumers.	~~June 2016~~ June 2017	~~September 2016~~ September 2017	CFS Management Team CFS Supervisors
D. The workgroup will develop policies and procedures to implement the program.	~~September 2016~~ September 2017	~~November 2016~~ November 2017	CFS Management Team CFS Supervisors
E. The workgroup will develop a formal and informal referral system for the use of this program and create a clear delineation of roles and responsibilities.	~~May 2017~~ May 2018	~~June 2017~~ June 2018	CFS Management Team CFS Supervisors
F. Reconvene workgroup and review progress on plan and make revisions as necessary.	~~January 2015~~ December 2018	January 2020	CFS Management Team
G. Outcome data will be reviewed for ~~C1.3~~ 3-P1, ~~C1.4~~ 3-P4, and ~~S1.1~~ 3-S2 on an ongoing basis to determine if placement changes have been reduced, families are reunifying faster, or there has been a reduction in the reoccurrence of maltreatment.	~~January 2016~~ January 2017	January 2020	System Improvement Manager

Strategy 6: Develop an Intensive Family Maintenance and Enhanced	CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): ☐ Permanency in 12 months for

Family Reunification Models utilizing a Multi-Disciplinary Team.	CBCAP	children entering foster care (3-P1). ~~Reunification within 12 months (C1.3): 48.4% (CSA 13.7%)~~ ☐ Re-entry to foster care following reunification or guardianship (3-P4). ~~Reentry Following Reunification (C1.4): 9.9 % (CSA 7.9%)~~ ☐ Recurrence of maltreatment within 12 months (3-S2). ~~Recurrence of Maltreatment (S1.1): 94.6% (CSA 90.2%)~~ ☐ Agency Collaboration Systemic Factor ☐ Service Array Systemic Factor	
	PSSF		
	N/A		
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Form a workgroup with the specific goal of collecting information about multi-disciplinary programs as a best practice as well as begin to develop policies and procedures. ~~including gathering data on their affect on CFSR outcomes.~~	January 2015	~~April 2015~~ December 2015	CFS Management Team CFS Supervisors
B. Develop an implementation plan for the funding, recruitment, and formalization of the programs.	January 2015	~~July 2015~~ ~~December 2015~~ March 2016	CFS Management Team
C. Develop policies and procedures to implement the program including screening, referral process development, and target	August 2015	~~November 2015~~ ~~December 2015~~ June 2016	CFS Management Team CFS Supervisors System Improvement Manager

populations.			
D. Develop a base line and outcomes as well as a process on gathering data to support each outcome.	July 2016	December 2016	System Improvement Manager CFS Management Team CFS Supervisors IT staff
E. Training will be scheduled and completed for all staff.	~~December 2015~~ ~~February 2016~~ June 2016	~~May 2016~~ August 2016	System Improvement Manager Staff Development Supervisor Central California Regional Training Academy
F. Programs will be monitored to evaluate effectiveness, implementation, and training needs	October 2016	January 2020	System Improvement Manager
G. Outcome data will be reviewed for ~~C1.3~~ 3-P1, ~~C1.4~~ 3-P4 and ~~S1.1~~ 3-S2 on an ongoing basis to determine if families are reunifying faster, reduction in re-entry, and/or there has been a reduction in the reoccurrence of maltreatment.	May 2017	January 2020	System Improvement Manager

PROBATION

Strategy 7: JUVENILE PROBATION DEPARTMENT Strengthen Probation Department working with families to improve timely reunification	☐ CAPIT ☐ CBCAP	Applicable Outcome Measure(s) and/or Systemic Factor(s): Permanency in 12 months for children entering foster care (3-P1).

by strengthening parental engagement in case planning and preparing for a successful reunification.	☐ PSSF ☒ N/A	~~Reunification within 12 months (C1.3): 48.4% (6.7 % CSA)~~	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene a workgroup to identify and assess obstacles to timely reunification focusing on the role of parents. Review the CSA including the Peer Review, with special attention to case planning, parent orientation meetings, and discharge planning	~~January 2015~~ June 2015	~~January 2015~~ Completed	Placement Supervisor
B. Probation Officers on the workgroup to meet monthly to identify challenges, strengths, and work on solutions	~~January 2015~~ August 2015	~~June 2015~~ On-Going	DPO 3
C. Collaboration with Juvenile Justice Behavioral Health (JJBH) to include parents with youth in probation in ongoing parent support groups, with special attention to Spanish Speaking parents.	~~January 2015~~ February 2016	~~June 2015~~ May 2016	DPO 3
D. An implementation plan is developed based on the challenges identified. Plan is presented to management.	~~August 2015~~ February 2016	~~December 2015~~ March 2016	DPO 3
E. Implementation Plan including action steps, training required, and evaluation strategies are finalized.	~~August 2015~~ March 2016	~~December 2015~~ July 2016	DPO 3
F. Train staff and supervisors on improving engagement with families based on the implementation plan that was developed	~~January 2016~~ June 2016	~~March 2016~~ August 2016	Placement Supervisor & DPO3
G. Modify training, team meeting procedures, placement policy and case planning as necessary	~~March 2016~~ August 2016	~~March 2017~~ August 2017	DPO3
H. Reconvene the work group to review and update all placement policies, including assessment of placements, policies, and procedures for the transporting of youth placement and maintaining family connections, incl. use of SKYPE as part of the case plan where appropriate.	~~April 2017~~ August 2017	~~April 2018~~ August 2018	DPO3
I. Continue group home compliance check to ensure compliance with policies and procedures and to ensure that programs are	~~January 2015~~ February 2016	~~January 2020~~ February 2020	Placement Officer or Probation Officers who have

working on reunification			participated in Placement Core Training
J. Complete ongoing evaluation as identified in the implementation plan, by using surveys, focus groups, and other methods identified. Make additional changes suggested**.**	~~January 2016~~ August 2016	~~March 2020~~ January 2020	DPO3
K. Convene workgroup quarterly to review progress on each project and make necessary modifications, implement, and review.	~~January 2016~~ August 2016	January 2020	DPO3