

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 31, 2008

Ms. Gail Collins, MPA
Director Division of Program Implementation
Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services
1250 Maryland Avenue, SW – 8th Floor (Room 8362)
Washington, D.C. 20024

Dear Ms. Collins:

Enclosed for your review is the first semi-annual progress report for the California Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP). The report fulfills the requirement referenced in Section 5.4 of the federal Waiver Terms and Conditions. This report provides an overview of tasks, activities, and evaluation efforts for the period of July 1, 2007 through December 31, 2007.

If you have any questions or require further information, please contact Linne Stout, Chief, of the Resources Development and Training Support Bureau at (916) 651-6020 or Monisha Avery, Manager, Title IV-E Waiver Unit, at (916) 651-6024.

Sincerely,

Original Signed by Linne Stout

SUSAN NISENBAUM, Chief
Child Protection and Family Support Branch

Enclosure

c: Debra Samples, Region IX
James Bell Associates

California Department of Social Services
Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project
Semi-Annual Progress Report
January 31, 2008

This report covers the period from July 1, 2007 through December 31, 2007, and provides a status update on implementation and project activities for the California Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP) as required in Section 5.4 of the federal Waiver Terms and Conditions.

I. Overview

The CAP is a five-year federal waiver demonstration that provides participating counties with flexibility in their use of federal and state foster care maintenance and administrative funds that were previously restricted to payment for the care and supervision of children in out of home placements and administrative expenditures. Under the CAP, counties receive a capped allocation of their Title IV-E funds to provide direct services to children and families without regard to their federal eligibility or placement in out of home care. In addition, the State is required to conduct an independent, third party evaluation of the CAP. The evaluation consists of three components: a process study, an outcome study, and a cost study. The evaluation contractor is San Jose State University and Dr. Charlie Ferguson is the Principal Investigator for the project.

This flexible funding waiver demonstration project will support practice, program, and system improvements for early intervention, reunification efforts, and reduction in out of home placements. Foster care savings that occur as a result of the demonstration project will be reinvested by the counties in child welfare services program improvements. These foster care savings will support the counties in developing a broader and responsive service array to improve outcomes for children and families. Alameda and Los Angeles counties are participating in the CAP and implementation began on July 1, 2007. The two participating counties have nearly 25,000 children and youth in foster care and this represents about 37 percent of the caseload in California.

II. Activities to Implement Demonstration

During this period the California Department of Social Services (CDSS) cross-divisional implementation team performed the following implementation and oversight activities:

The remaining implementation of the fiscal system tasks/activities from the last reporting period has been completed. For the claiming system, development of the new IV-E Waiver database for combining administrative and assistance funding and producing output reports for the counties required considerable staff and information technology (IT) resources to complete. Late approval of the 2007-08 State Budget, hiring for new fiscal staff, the IT services request process, year-end closeout workload, and redirection of the database programmer to other Department IT priorities all impacted the timeline.

The CDSS Fiscal Workgroup provided assistance to staff in working through the details to split out a two county claiming system from the standard 58 county claiming system. Periodic conference calls with the counties were conducted to resolve any issues or problems. This access database application has now been tested; draft reports have been generated for review by the counties; the system is operational with manual process backup and any enhancements will be completed by end of the fourth quarter. A county demonstration session is scheduled for February 25, 2008. On-going activities include modifying and maintaining the database claiming systems.

The FC IV-E 1 Report was submitted via electronic submission (OLDC) on December 28, 2007, for the September 2007 quarter (July through September). The report included the first actual total costs for the CAP. The CDSS County Fiscal Letter (CFL) No. 07/08-36 Waiver Allocation Letter was issued January 18, 2008.

On-going program staff activities have included overall CDSS project management and coordination across divisions; participation in the CDSS Fiscal Workgroup; monthly conference calls with county waiver coordinators; resolving waiver related issues, gathering and reviewing project data; planning project meetings; program coordination and policy development for county projects; and support for the Residentially Based Services (RSB) Reform initiative implementation under the CAP.

Research and Evaluation Bureau (REB) staff activities have included monitoring and overseeing the evaluation contract and evaluator activities; review and approving invoices; researching outcome data source issues; participation in the CDSS Fiscal Workgroup and coordination of fiscal data sources for the evaluation; and support for the bi-monthly State/County Evaluation Workgroup meetings. This workgroup consists of CDSS staff, the evaluator, county representatives, and interested stakeholders.

In addition, REB participates in a joint conference call with program staff and the evaluator to discuss the status of ongoing project tasks and to resolve any issues. Specific discussion and follow-up have addressed the new federal CFSR composite measures and probation outcomes data source issues including the Probation Placement Monthly Caseload Statistical Report (FC23) and new probation data available in the CWS/CMS Dynamic Report System.

As reported in previous progress reports, due to administrative changes at Sonoma State University, the current evaluation contract will be terminate on February 28, 2008. A new evaluation contract with the San Jose State University (SJSU) Research Foundation will begin March 1, 2008. The termination and creation of these contracts created a sizeable workload for REB staff over the last six months. Dr. Charlie Ferguson remains the Principal Investigator and the scope of work and deliverables are the same as the initial evaluation contract. At SJSU the evaluation will be carried out under the School of Social Work. As a result of the extended timeframe for changing over the contract, the evaluator has scheduled out completing certain activities until the new contract is fully executed and the move to the SJSU location takes place.

The State of California is experiencing a budget deficit of approximately \$14 million. On January 10, 2008, the Governor proposed a General Fund reduction of 10 percent to all programs operated in the State. Based on this proposal, the two participating counties may have a reduction in their General Fund capped allocation. The loss of General Fund should not impact the State's ability to provide the required match for Title IV-E funding. As of this date, the California State Legislature is conducting Budget Balancing Reduction Hearings so the final General Fund reduction has not been determined. At this time, neither of the participating counties has stated that the loss of General Fund would prohibit the county from continuing in the waiver demonstration.

Updated Waiver Demonstration Key Tasks and Timeline

A. General Project Implementation

Tasks/Activities	Deliverables	Timeframe
Establish a support structure and implementation team for the waiver demonstration	<ul style="list-style-type: none"> CDSS established IV-E Waiver Unit 	Completed July 2004
	<ul style="list-style-type: none"> CDSS cross-divisional implementation team 	Completed January 2005
	<ul style="list-style-type: none"> Develop specialized workgroups with areas of responsibilities/ tasks 	Completed April 2006
Provide information to the general public, counties, public/private community partners, and stakeholder groups	<ul style="list-style-type: none"> CDSS documents (ACL, ACIN, CFL) CDSS - CFSD Webpage Email address established Conference calls and email communications Press releases and public presentations County Forums 	April 2006 and ongoing
Establish Operating Authority for the Waiver Demonstration	<ul style="list-style-type: none"> Inclusion of language in budget trailer bill 	Completed June 2006
Develop Cost Development Plan	<ul style="list-style-type: none"> Establish claiming codes for State and counties 	Completed May 2, 2006
	<ul style="list-style-type: none"> Submit Plan to DHHS 	Completed June 30, 2006
Initial Design and Implementation Report	<ul style="list-style-type: none"> Receive counties plan proposal summaries 	Completed July 21, 2006
	<ul style="list-style-type: none"> Submit IDI report to DHHS 	Completed August 11, 2006
State/County Memorandum of Understanding (MOU)	<ul style="list-style-type: none"> Develop provisions for State General Fund, opt-out, State waivers, and fiscal claiming 	Completed January 2007
	<ul style="list-style-type: none"> Complete Draft MOU 	Completed January 2007
	<ul style="list-style-type: none"> Issue MOU to counties 	Completed May 4, 2007
	<ul style="list-style-type: none"> Signed and executed MOU 	Completed June 2007
State Waiver Requests Under the State Demonstration Project Authority	<ul style="list-style-type: none"> Identify statutes/regulations to be waived from County Plans and any county waiver requests 	Completed May 2007
	<ul style="list-style-type: none"> Complete the formal order of the director 	Completed June 26, 2007
	<ul style="list-style-type: none"> Publish legal notice 	Completed June 30, 2007
	<ul style="list-style-type: none"> Notification to State Legislature 	Completed July 2007
Implement Waiver Demonstration	<ul style="list-style-type: none"> Verify all pre-implementation activities are completed 	Completed June 2007
	<ul style="list-style-type: none"> Confirm counties are fiscally and programmatically set-up to begin the county project implementation activities 	Completed June 2007
	<ul style="list-style-type: none"> Implement by July 1, 2007 	Completed July 1, 2007

B. Allocation, Claiming, and Reporting Procedures

Tasks/Activities	Deliverables	Timeframe
Develop Federal and State Allocations for Participating Counties	<ul style="list-style-type: none"> Agreed upon federal allocation DHHS approval for federal allocation Agreed upon proposed State allocation subject to State budget process Release allocation letters to counties 	<p>Completed February 2007</p> <p>Completed June 2007</p> <p>Completed December 2006</p> <p>Completed January 18, 2008</p>
State/County Claiming and Reporting Policy and Procedures	<ul style="list-style-type: none"> Develop county claiming and reporting procedures Complete State reconciliation to allocations Quarterly federal reporting 	<p>Completed January 2008</p> <p>Completed August 2007</p> <p>Completed June 2007</p>
Cost Allocation Plan Amendment (As Required)	<ul style="list-style-type: none"> Prepare amendment to State Cost Allocation Plan for any IV-E waiver demonstration Submit any amendments to DHHS for approval 	No amendment needed.

C. County Selection and County Implementation

Tasks/Activities	Deliverables	Timeframe
Solicit County Interest in Waiver Demonstration	<ul style="list-style-type: none"> Issue initial ACIN to solicit interested counties Receive Letters of Interest Hold interested counties forum and conference calls 	Completed April 2006
Solicit Letter of Intent from Counties	<ul style="list-style-type: none"> Issue ACIN providing information and intent submission requirements Receive Letters by due date 	<p>Completed June 30, 2006</p> <p>Completed July 21, 2006</p>
County Five Year Implementation Plans	<ul style="list-style-type: none"> Provide instructions and technical assistance to intent counties for developing County Five Year Plan Due date for final plan submissions to CDSS Review and approve plans 	<p>Completed August 2006 through March 2007</p> <p>March - April 2007</p> <p>Completed May 2007</p>
County Training and Technical Assistance	<ul style="list-style-type: none"> Conference Calls Fiscal training as needed Individual county technical assistance consultation Field site visits as requested 	<p>August 2006 and ongoing</p> <p>June 2007 and ongoing</p> <p>April 2007 and ongoing</p> <p>April 2007 and ongoing</p>
Implementation Start Date	<ul style="list-style-type: none"> County-level project implementation begins State project monitoring begins 	<p>July 1, 2007</p> <p>July 1, 2007 and ongoing</p>

D. Evaluation

Tasks/Activities	Deliverables	Timeframe
Initial Evaluation Plan	<ul style="list-style-type: none"> Plan submitted to DHHS 	Completed February 3, 2006
Evaluation Contractor Specifications	<ul style="list-style-type: none"> Submit specification for contractor agreement to DHHS for approval 	Completed May 30, 2006
Evaluator Contract	<ul style="list-style-type: none"> Executed Evaluator Contract 	Completed October 23, 2006
Final Evaluation Plan	<ul style="list-style-type: none"> Evaluator consultation with participating counties Evaluator to finalize the evaluation plan incorporating the County Five Year Plans Submit final evaluation plan to DHHS for approval DHHS plan approval 	December 2006 and ongoing Completed April 20, 2007 Completed June 18, 2007 Completed June 29, 2007
Initiate County Evaluation Activities	<ul style="list-style-type: none"> Site Visits to Counties County TA and Training to initiate evaluation activities Baseline Data Collection Complete Institutional Review Board Submissions (CHHSA and Sonoma State University-SSU) Bi-monthly State/County Evaluation meetings 	December 2006 and ongoing Completed April - June 2007 January - June 2007 CHHSA exemption request approved April 2007. SSU request approved June 2007. December 2006 and ongoing
Observation Data Collection	<ul style="list-style-type: none"> Data Collection Begins 	July 1, 2007 and ongoing
Interim Evaluation Report	<ul style="list-style-type: none"> Submit interim evaluation report 60 days after the 10th quarter 	December 1, 2009
Final Evaluation Report	<ul style="list-style-type: none"> Submit final evaluation report six months after project ends 	December 30, 2012

E. DHHS Submissions

Tasks/Activities	Deliverables	Timeframe
<u>Quarterly Report Submissions</u>		
IDI Report – 1 st Quarterly Progress Report	<ul style="list-style-type: none"> Submit IDI Report within 120 days 	Completed August 2006
2 nd Quarter Progress Report (Period 8/06 – 9/06)	<ul style="list-style-type: none"> Submit quarterly report 	Completed October 30, 2006
3 rd Quarterly Progress Report (Period 10/06 – 12/06)	<ul style="list-style-type: none"> Submit quarterly report 	Completed January 30, 2007
4 th Quarterly Progress Report (Period 1/07 – 3/07)	<ul style="list-style-type: none"> Submit quarterly report 	Completed April 30, 2007
5 th Quarterly Progress Report (Period 4/07 – 6/07)	<ul style="list-style-type: none"> Submit quarterly report 	Completed July 30, 2007
Semi-annual Progress Report Submissions Beginning July 1, 2007	<ul style="list-style-type: none"> Upon implementation submit reports twice a year 	Completed January 31, 2008 (Period 7/1/07 -12/31/07)

III. STATUS OF THE DEMONSTRATION

Alameda County

A. Overview

Under the CAP, Alameda County Social Services Agency, Department of Children and Families Services (DCFS) and Probation Department will utilize spending flexibility for a series of proactive reinvestment strategies to better direct resources to prevention, early intervention, and long-term family-based support strategies that serve youth and their caretakers with localized, familial, and neighborhood-based supports.

Alameda Five-year Improvement Goals:

- Reduce new entries to foster care by 25 percent.
- Increase percentage of children whose first placement is in a relative/NREFM home by 50 percent.
- Increase the percentage of children in relative/NREFM placements at any given point in time by 25 percent.
- Decrease the percentage of children in group home placements at any given point in time by 50 percent.
- Increase percent of children who reunify with their family within 12 months of first entry to 60 percent.
- Decrease children who re-enter foster care after reunification by 20 percent.
- Increase the percent of children adopted within 24 months by 20 percent.
- Increase the percent of children that exit to guardianship within 24 months by 20 percent.

During the initial phase Alameda County will implement the following five strategies based on outcome improvement and cost effectiveness: 1) One Child, One Placement - Child Welfare Workers Relative Approvals and placement, 2) enhanced Family Finding, 3) expand Reunification Team Decision Meetings, 4) expand CalWORKS – Child Welfare Services Linkages Pilot Project, 5) implement Permanency Concurrent Planning Team Decision Meetings, and 6) expand the Alternative Road to Safety (ARS) Program to ages 0-18 and countywide.

B. Administrative Activities

The DCFS within the Alameda County Social Services Agency has established two workgroups that each meets once a month to discuss waiver implementation strategies:

The Implementation Team plans and implements waiver activities in the Department and Division and consists of the Department's senior managers and representatives from finance, data and research, and probation.

The Executive Team monitors the implementation process, the budget, and addresses barriers to implementation and consists of the Department Head, Agency Director, Finance Director, Probation Chief, Assistant Chief and Department Division Directors.

The Implementation Team is working with the Casey Family Programs to determine the level of support needed to develop a data warehouse as well as staff liaisons within Probation and DCFS. Additionally, the Alameda DCFS has put together a series of dashboards to assist in monitoring the effectiveness of the planned activities as well as monitoring the overall caseload and placement numbers.

C. Implemented Strategies and Expenditures

As part of the waiver, Alameda DCFS has taken on the funding of the existing Another Road to Safety (ARS) program, at an annual cost of \$1.5 million. It is in the process of determining how to expand this preventive program to more children in more parts of the county. It is also looking at ways to extend the ARS model to allow better support for reunified families, and thereby reduce the number of re-entries into the system.

DCFS is in the process of bringing on five new staff members to support more intensive efforts to locate kin when children are still in the assessment center (first 23 hours after removal), and thereby better support the goals of making (a) fewer placements per child per year, and (b) making a higher percentage of our placements with extended family members. Also in support of these goals, DCFS has purchased Accurant search software to aid in family finding efforts.

Third, DCFS has used waiver funds to support the expansion of County Counsel activities, with the goal of reducing the time children are in care by assuring DCFS is able to engage in court processes at the earliest appropriate moment.

Fourth, DCFS has entered into an agreement to support voluntary diversion of children to non-child welfare relative guardianships. The costs that will be associated with this are fees paid to Legal Assistance Services, a community based organization.

Finally, DCFS has created a waiver coordinator position (at the Division Director level) to take the lead on waiver planning and system re-design efforts.

Los Angeles County

A. Overview

The CAP provides Los Angeles County the financial flexibility to make strategic investments in structural and programmatic reforms that are needed to better serve

children and families in a cost neutral manner. These reform efforts build on the significant systems improvement efforts already underway among County Departments and their community partners in Los Angeles County.

The County has identified universal and specific service needs and requirements for dependent and delinquent youth. Efforts made to improve outcomes have targeted specific foster care populations, which are identified in the implemented strategies. Both county departments will operate under a sequenced implementation of service delivery enhancement based on feasibility and speed of implementation, target population, and breadth of estimated impact.

The Los Angeles Department of Children and Family Services (DCFS) identified three first sequence priorities:

1. Expansion of Family Team Decision-Making (FTDM) Conferences;
2. Focused Family Finding and Engagement through Pilot Specialized Permanency Units at 3 Regional Offices; and,
3. Up-front Assessments on High-Risk Cases for Domestic Violence, Substance Abuse and Mental Health Issues.

In the County's June 2007 Implementation Plan, the Probation Department identified two first sequence implementation priorities:

1. Enhanced Cross-Systems Case Assessment and Case Planning
2. Expansion of Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)

Two additional efforts identified in Probation's overall five-year plan are also underway:

3. Restructure of Placement Services
4. Utilization of Aftercare Support Services

B. Administrative Activities

Both DCFS and Probation have established Title IV-E Waiver Teams led by Waiver Coordinators. The Teams work in concert with one another and participate in bi-weekly Waiver Management Team meetings to provide project coordination and updates and discuss next steps. Both Departments attend monthly implementation meetings with Casey Family Programs and monthly County Steering Committee meetings with the Chief Executive Office (CEO) and have made numerous presentations to the Board of Supervisors, Board of Supervisors Justice and Children's Deputies, Children's Commission and CEO. On July 27, 2007, the Departments jointly sponsored a community stakeholder meeting providing their staff, other County participants, and community stakeholders and partners with a CAP update.

In addition to these joint efforts, DCFS is involved in the following planning/oversight efforts specific to its project priorities:

Monthly Waiver Coordinator Call with CDSS - The DCFS Waiver Coordinator participates in monthly conference calls with Alameda County's Waiver Coordinator and CDSS Waiver Project Manager.

DCFS Executive Team - The team is led by the Director and meets on a weekly basis; the Waiver Coordinator provides an update, and upper level administration discusses CAP activities, status and challenges.

DCFS Waiver Team meets on a regular basis to discuss progress of CAP initiatives and day-to-day operations.

State/County IV-E Fiscal Workgroup - Periodic conference calls led by CDSS with Los Angeles and Alameda Counties are held to discuss fiscal areas and issues related to CAP implementation.

Family Team Decision Making Roundtable – The TDM Manager meets on a monthly basis with TDM facilitators countywide to address policy, practice and operational issues and may use the process as a vehicle to address the implementation of permanency planning conferences.

Youth Permanency Implementation Workgroup meets bi-weekly to address policy and practice issues and expedite implementation of the Permanency Units. Two subcommittees, addressing Training and Data Outcomes specific to the Permanency Units, also meet on a regular basis.

Up-front Assessment meetings take place with the Compton Office and Shields for Families to address the implementation of up-front assessments, data collection and outcomes evaluation.

Residentially-Based Services (RBS) Workgroup meets monthly to discuss reform of residential care, including efforts to reduce the length of stay, for DCFS and Probation youth; a subgroup, the RBS Collaborative, meets semi-monthly to create a redesign plan for residential care for DCFS and Probation youth. These efforts provide a forum to update RBS providers and receive feedback on barriers, successes and opportunities.

Other Meetings are ongoing with the Children's Commissioners, Board Offices, and CEO budget analysts specific to DCFS project components.

Probation has facilitated the following project planning/oversight meetings specific to its project priorities:

Weekly Probation Title IV-E Management Meetings to help guide implementation of the CAP Plan and ensure fidelity to the Plan.

Quarterly Group Home Provider Meetings to facilitate communication of the CAP Plan to Probation's group home providers and provide feedback on barriers, successes and opportunities.

Bench Officers Meeting to inform Delinquency Bench Officers of the CAP Transition Services Unit and solicit their help in transitioning minors from group homes to evidence based programs (EBP), i.e., MST and FFT. EBP providers gave a presentation to the

bench officers on the specific components of each program and how the EBP teams will work with Probation youth and families.

CAP Stakeholder's Steering Committee (Probation-Specific) consists of representatives from group home providers, Children's Commission, bench officers, school districts, Public Defender's Office, Department of Mental Health and Probation, and has been charged with assisting Probation's efforts to align its foster care Placement Operation with the CAP plan and planning and implementation of CAP programs and services.

Other Meetings are ongoing with the Children's and Probation Commissioners, Board Offices, and CEO budget analysts specific to the Probation project components.

In addition to the State evaluation of the CAP, DCFS and Probation have begun discussing with Casey Family Programs more local evaluation opportunities of first sequence CAP initiatives, and has involved the Los Angeles Inter-University Consortium Children and Families Research Consortium (CFRC).

DCFS has begun to track baseline data for the new indicators for California Child Welfare Outcomes and Accountability System (previously called AB 636). The CWS outcome data is tied to the federal Child and Family Service Review process and the federal outcomes and indicators. DCFS is also developing a Data Dashboard, which will allow for real time tracking of CAP data. The Dashboard is being developed by prioritizing and aligning the Dashboard with the CAP indicators.

DCFS has also begun to analyze foster care caseload movement and expenditures, monitoring caseloads and average cost per case for each placement type. This will allow DCFS to better track the reduction in placement expenditures and the effectiveness of the CAP initiatives in meeting CAP goals such as reduced caseloads and length of stay in congregate care.

Probation is working with its internal IT experts and Casey Family Programs to identify and/or develop technological systems to address project needs. As a result of Probation's inability to access CWS/CMS and because juvenile justice systems have not historically warehoused needed project evaluation data, technological system enhancements are necessary and will promote the ability to draw down baseline and outcome data. Additionally, Probation is working toward enhancing communication tools to maximize information sharing and expedite programmatic enhancements that will ultimately support outreach efforts and data collection.

C. Implemented Strategies and Expenditures

DCFS

1. Expansion of Family Team Decision-Making (FTDM) Conferences

DCFS will increase the number of FTDM facilitators available to hold biannual multidisciplinary team conferences for children placed in group homes and children in

foster care for two years or longer with no identified permanency resource. Holding mandatory Permanency Planning Conferences (PPCs) every six months for these priority target populations will ensure that the multi-disciplinary team of professionals, family members and caregivers meets regularly to focus on the urgent need of the child for permanency.

FTDM facilitators have been selected for nine of the fourteen specialized positions, and five are in place. Five DCFS offices have not yet selected their facilitators due to a shortage of qualified candidates in their area or the need for Spanish-speaking facilitators. Comprehensive training is provided to the new facilitators through California State University, Long Beach. As additional facilitators come on board, projected to be completed by March, they will receive this training as well. Priority will be given to PPCs with youth in lower level group home placements in an effort to carefully assess their needs and move them out of congregate care to the most appropriate, least restrictive setting.

2. Focused Family Finding and Engagement through Pilot Specialized Permanency Units at Three Regional Offices

Specialized Permanency Units will target the most challenging youth in each office, categorized as high-need, who have no permanency resources and may have the following characteristics: no or limited family connections, multiple recent replacements, heavy substance abuse, recent psychiatric hospitalization and repeat runaways. Workers in these units will have reduced caseloads and extensive training and will utilize family finding and engagement strategies, to best serve the permanency needs of these high-need youth.

Two of the three regional offices, Metro North and Pomona, have identified and assigned staff for their Permanency Units, and plans are underway for a third office. Expert consultants are providing training for staff in these identified offices to provide a framework of tools on reconciling loss, rebuilding relationships, and supporting belonging, and all staff in the two offices are being trained on permanency for older youth. Expert case consultation and high level support have also begun to be provided to the Permanency Units as well. The Youth Permanency Implementation Workgroup, delegated to move this effort forward, meets regularly to discuss case criteria, policy and protocols for the Permanency Units.

3. Up-Front Assessments on High Risk Cases for Domestic Violence, Substance Abuse and Mental Health Issues

This strategy seeks to prevent unnecessary foster placements through more thorough investigation and assessment of Child Protection Hotline (Hotline) high-risk referrals of alleged child abuse and neglect that require special expertise involving substance abuse, domestic violence and/or mental health issues. These assessments are conducted on the target population of families in the Compton Office service area with such high-risk Hotline referrals. Experts in substance abuse, domestic violence and/or

mental health involvement provide immediate, comprehensive assessments and connect families to treatment and ancillary services in the community, allowing Emergency Response Social Workers to make more informed case decisions, and in many cases, allowing children to remain safely in their homes.

As of October 1, 2007, DCFS has contracted with Shields for Families to provide up-front assessments for our Compton Office. Data regarding the number of up-front assessments completed and the outcomes of those assessments are expected to be available by the end of January 2008. DCFS is finalizing Shields' contract for its up-front assessment work, and remaining budgeted dollars will be used to expand up-front assessments for the Department's Emergency Response Command Post (ERCP) which responds to child abuse and neglect referrals after regular business hours. Since many removals, approximately 35%, occur after hours, 24/7 assessment availability for domestic violence, substance abuse and mental health issues is paramount.

Probation

1. Enhanced Cross-Systems Case Assessment and Case Planning

Probation is working to enhance its placement case assessment and case planning process. This will aid in connecting Probation youth with the most appropriate setting at the onset of their foster care experience, taking into consideration their mental health, educational, medical and behavioral issues. Cross-systems case assessments, case planning, and appropriate placement recommendations will be provided by Probation in conjunction with the Department of Mental Health (DMH) contracted Education Specialists. This initiative will promote appropriate placement decisions and collaboration; enhance case planning efforts; increase placement stability and decrease delays in critical treatment during the transition from detention to out-of-home care.

Probation has experienced delays implementing enhanced cross-systems due to DMH's need to extend the timeline to hire three DMH staff and contracting issues related to the educational component. Probation and Casey Family Programs are working together to develop an approach that will address the educational component until these issues are resolved.

2. Expansion of Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT)

Probation has adopted MST and FFT as first line treatment approaches to serve youth at risk of removal from home and youth returning from congregated care. These services are delivered in the home rather than in a clinic or residential treatment setting. Probation has leveraged existing MST and FFT resources and is utilizing a blended funding stream strategy (grant funds, IV-E reinvestment dollars, and Medi-Cal) to provide the expansion of MST and FFT services to Probation Placement youth.

Since the implementation of the CAP, Probation has provided MST and FFT services to approximately 97 youth. The project has focused MST and FFT services on Probation

Placement youth. Youth identified for program participation were Probation Placement youth previously residing in congregate care who were released to the care and custody of their parents with MST or FFT services. The average length of stay in care for these youth was approximately five months. It has been projected that the average length of stay in congregate care for Probation Placement youth prior to the Waiver was twelve months. It would be premature to provide baseline projections at this early stage.

3. Restructure of Placement Services

Probation has begun to restructure its Placement Services Operation and has developed a Steering Committee comprised of relevant County Departments and various community stakeholders. The Steering Committee has established three workgroups, corresponding to the CAP first sequence initiatives and efforts: Cross-Systems/Case Assessment Planning; Residential Based Services Treatment; and Transition and Aftercare.

4. Utilization of Aftercare Support Services

To improve the quality of aftercare supervision provided to Probation youth, provide critical overall support to the youth and families that are enrolled in FFT and MST, and ensure that youth have a seamless transition from the group home to the home and community, the Placement Services Bureau has established the Placement Aftercare Community Transition Services (PACTS) operation. PACTS Deputy Probation Officers (DPO) carry reduced caseloads and work in concert with MST and FFT providers. In addition, a Group Home Liaison position was developed to assure a seamless feedback mechanism with Residential-Based (Placement) DPOs, treatment service providers, group home providers and DCFS specifically in the areas of transition and transition/discharge planning.

DCFS has not yet provided direct services to children and families under the expansion of TDM and Permanency Units. However, as stated, extensive planning and efforts have taken place and these initiatives should be underway shortly serving the target populations of children in group homes, children in foster care for two years or longer with no identified permanency resource, and high-need youth with no identified permanency resource. Data on the number and outcomes of up-front assessments completed in the Compton Office since CAP implementation should be available shortly. As stated, up-front assessments are expected to be expanded to the Command Post, targeting families for whom allegations of child abuse or neglect involving substance abuse, domestic violence and/or mental health issues are investigated countywide outside of regular business hours.

Probation has identified two evidenced-based practices, FFT and MST, as a program priority and has already expanded their population to include Placement youth. To date, these programs have been working with 97 Placement youth and their families. PACTS has been implemented and is serving these same youth and families to further support reunification efforts. It is anticipated that Placement supervision DPOs will be trained in

the promising practice of FFP within this fiscal year to support the transition from congregate care to the home and community.

Barriers Encountered

Both counties identified barriers related to full implementation of the fiscal systems for the waiver. Specifically, an increased workload has been generated by having to use manual systems to capture and track data and funding sources pending the completion of the CDSS payments database system. Additional challenges were identified by Los Angeles County in the areas of staffing and probation data.

Los Angeles County highlighted the following barriers in implementing the CAP:

DCFS

- Difficulty in the timely hiring and reporting of allocated staff for Team Decision Making and Permanency Units due to County budgeting and hiring requirements.
- Shortage of staff required to monitor and oversee all aspects of up-front assessment implementation.
- Lack of automated system to track expenditures; therefore, DCFS must create separate spreadsheets to accurately identify and manually track data and different funding sources.
- Revenue tracking difficulties as the State does not have a system designed to capture both CAP and Non-CAP program costs, it becomes labor intensive to capture both revenue manually.

Probation

- Inability to timely reconcile Probation records and CWS/CMS data due to Probation's inability to access CWS/CMS and electronically access Delinquency Court minute orders.
- Inability to warehouse and access foster care data for the mandatory State evaluation. Probation cannot readily access foster care data with its current technology.
- Lack of an automated system to track Probation Placement expenditures. Probation must create separate spreadsheets to accurately identify and manually track data for each Placement case and all case activity to identify projected assistance payment costs and/or reductions as well as numerous trend data.

New Initiatives and Pilot Programs

Residentially Based Services (RBS) Reform

On October 11, 2007, Governor Schwarzenegger signed Assembly Bill (AB) 1453 (Chapter 466, Statutes of 2007) into law as the first step in statewide group home

reform. This bill directs the CDSS to convene a workgroup of specified public and private stakeholders to develop an operational plan to transform California's current system of group care for foster children or youth, and for children with serious emotional disorders, into a system of RBS. This new legislative initiative will allow both CAP counties, at their option, and two other counties or consortium of counties to enter into voluntary agreements with private nonprofit agencies to transform all or part of an existing group home into an RBS program and test RBS models to be implemented concurrently with the plan.

RBS are defined as behavioral or therapeutic interventions delivered in non-detention group care settings. It further specifies that RBS are most effective when used as intensive, short-term interventions when children have unmet needs that create conditions that render them or those around them unsafe, or that prevent the effective delivery of needed services and supports provided in the children's own homes or in other family settings, such as with a relative, guardian, foster family, or adoptive family. RBS interventions includes environmental; intensive treatment; parallel, pre-discharge, and community-based interventions; and follow-up post discharge support and services.

Additionally, under AB 1453, CDSS may approve up to five models of alternative funding for participating counties; requires that the alternative funding model be cost neutral on an annual basis; and limits voluntary agreements to a maximum of five years starting January 1, 2008. The bill also requires CDSS to report during its legislative budget hearings regarding the status of county agreements and the development of the statewide RBS program. The plan is due to the Legislature by January 1, 2011, must be based on previous RBS reform legislative reports, and use the experience of the RBS models that will be tested by participating counties.

Los Angeles County is the only CAP county participating in RBS reform at this time. The Los Angeles County DCFS and Probation are working on RBS demonstration project designs to pilot alternative program designs and funding models. DCFS plans to submit a letter of intent proposal to CDSS in accordance with the draft All County Information Notice distributed on December 3, 2007. The required letter of intent from a single county or a consortium of counties is due to CDSS by March 28, 2008. County selection, development of RSB plans, and authorized agreements including regulatory and fiscal waivers for the plans will be completed by October 2008. Program implementation will begin July 2008 through January 1, 2009, in the selected counties.

Los Angeles County Intensive Treatment Foster Care (ITFC) Pilot Program

Under the CAP, Los Angeles County DCFS received approval from CDSS for a State Waiver request to allow foster family agency (FFA) rate flexibility to provide innovative services under the project. The program will develop ITFC beds for 72 children with ITFC FFA's implementing specific trauma-focused evidence based treatment models and Multi-dimensional Treatment Foster Care (MTFC) beds for 60 children. Contracts with five providers were signed by January 2008.

IV. EVALUATION STATUS

Activities Completed

Process Study

The process study has two components: implementation and county services. The implementation component has two phases: planning and implementation. In this progress report, general process study activities are described first and then followed by a description of activities specific to the component or phase.

Site visits that included key informant interviews and focus groups were conducted in Alameda County and Los Angeles County during this reporting period, as were key informant interviews with CDSS staff. The Los Angeles County site visit was held from July 8, 2007 through July 12, 2007. During the site visit, the evaluator conducted key informant interviews and focus groups with administrators and staff from the Department of Children and Family Services (DCFS) and Probation. Additional Los Angeles County key informant interviews were conducted at other times via the telephone between July 2007 and October 2007 due to the number of interviews and the limited amount of time of the site visit. Focus groups were held during site visits in Alameda County in July and September with the DCFS and Probation, respectively. Alameda County key informant interviews were conducted in-person between July 2007 and October 2007. Key informant interviews were also conducted with staff from the CDSS between September 2007 and November 2007.

Focus groups were conducted with frontline staff (child welfare workers and deputy probation officers), supervisors (child welfare supervisors and supervising probation officers), and managers (child welfare program managers and probation managers/directors). Focus groups were approximately two hours in length. County key informant interviews were conducted with upper-level county department administrators (program and fiscal) and with individuals who had played key roles in the CAP planning process in a county. The CDSS key informant interviews were conducted with staff responsible for the program and fiscal oversight of the planning and implementation of the CAP. Key informant interviews took approximately sixty minutes.

The process of transcribing the focus group conversations and the key informant interviews from the audiotapes began during this reporting period. The process of coding the transcripts for analysis also began during this reporting period.

The process study activities during this reporting period have gone well. Liaisons from the county departments were crucial in organizing the site visits and making staff available for the focus groups and key informant interviews. Participants in the county focus groups and the county and state department interviews were enthusiastic and provided well-considered responses to questions.

The evaluator and county child welfare and probation liaisons have begun preparations for the round of site visits that will occur during the next reporting period. The focus of those site visits for both the key informant interviews and the focus groups will be on the implementation of the CAP since July 1, 2007. It is anticipated that those site visits will occur sometime between March 2008 and May 2008.

A. Implementation Component

Planning Phase

The purpose of the key informant interviews conducted during this reporting period was to collect information regarding the planning for the CAP at the counties as well as at the CDSS. The main categories of questions were (a) planning process, (b) implementation requirements, (c) expected impacts, and (d) contextual factors. Interviews were semi-structured and the protocol used to guide the interviews can be found in Attachment A. The number of interviews by affiliation is shown in Table 1.

Table 1: Number of Interviews by Organization

Organization	Department	Number of Interviews
Alameda County	Child Welfare	5
	Probation	4
Los Angeles County	Child Welfare	7
	Probation	3
California Department of Social Services		8

Relevant planning documents were also collected during this reporting period. These include meeting minutes/notes, county CAP plans, and county publications.

Implementation Phase

The evaluator began working with county staff to implement a survey that will collect information regarding frontline/supervisor staff perspectives on the CAP in both child welfare and probation. The survey focuses on staff's understanding of the CAP, their attitudes toward the CAP, and the impact the CAP has on their work with children and families (Attachment B). County child welfare liaisons from both counties have indicated implementing the survey should be a relatively straightforward process. The survey can be uploaded to the county's intranet and made available to frontline/supervisor staff on their terminals, the responses stored through an automated system (e.g., Survey Monkey), with the resulting database forwarded to the evaluator for analysis. Both counties probation departments lack a technological structure that would allow for a similar survey implementation process to take place. As a result, the evaluator is working with the county probation liaisons to develop an alternative for conducting the survey. It is anticipated that the survey will be conducted in March and April 2008.

The evaluator participated in a number of implementation workgroup meetings, primarily those related to the evaluation and to the fiscal component of the CAP, during the reporting period. Information gathered at those meetings, as well as other related documents, will be used to inform the implementation phase of the process study.

B. County Services Component

The purpose of the focus groups conducted during this reporting period was to gain an understanding of county services and service delivery in child welfare and probation at the time of the onset of the CAP. This understanding will effectively serve as the county services component "baseline." The liaisons in both departments in both counties were usually able to provide at least one worker from the range of programmatic activities in that department (for example in child welfare: emergency response, family maintenance, family reunification, adoptions) to ensure representation of county activities.

The protocols used to guide the child welfare and probation focus groups can be found in Attachment C. The questions were organized by the following topic areas:

<u>Child Welfare</u>	<u>Probation</u>
Internal case management	Children in the system
Court involvement	Caseflow
Service array	Case management
Targeting	Services
External case management	Caseload
Provider competition	Staffing
Finance methods	Court
Utilization review	Contracting
Quality assurance	Collaboration
Expenditures	
Revenue	
Morale	
Leadership	
Interagency collaboration	
Community well-being	

Not all questions were discussed in each focus group and questions were organized to cover subjects not previously discussed in an earlier focus group. For example, if certain categories were not covered in the first focus group with child welfare workers, then an attempt was made to cover those categories with the second focus group with child welfare workers. This process did not apply in the case of probation where there was one focus group per category of staff. In Alameda County, the relevant probation manager was interviewed as there was not enough relevant management staff to form the focus group. Table 2 shows the number of focus group participants by department and county.

Table 2: Number of Focus Group Participants by Organization

County	Department	Number of Participants
Alameda	Child Welfare Workers (2 groups)	21
	Child Welfare Supervisors (2 groups)	16
	Child Welfare Managers (1 group)	8
	Deputy Probation Officers (1 group)	9
	Supervising Probation Officers (1 group)	4
Los Angeles	Child Welfare Workers (2 groups)	21
	Child Welfare Supervisors (2 groups)	20
	Child Welfare Managers (1 group)	10
	Deputy Probation Officers (1 group)	10
	Supervising Probation Officers (1 group)	10
	Managers (1 group)	10

Documents related to county services were also collected during this reporting period. These include descriptions of services as well as evaluation reports.

An additional data collection process was added during this reporting period. In an attempt to align current Title IV-E Child Welfare Waiver Demonstration Project evaluations where possible, the evaluator adapted a survey developed by the evaluators of Florida’s waiver demonstration project. The Baseline Services Survey contains questions about baseline services offered in the areas of prevention/diversion, reducing length of stay, and engaging families in service planning (Attachment D). It also contains an inventory of existing services. It is expected that the survey will be administered bi-annually in the spring and fall. By the end of this reporting period, Alameda County child welfare and probation, and Los Angeles County child welfare will have completed the survey. Los Angeles County probation expects to complete the survey in the next reporting period. Information from the surveys will be analyzed during the next reporting period.

Additional Process Study Activities

In November 2007, the evaluator participated in a panel discussion with evaluators from Ohio’s Title IV-E Child Welfare Waiver Demonstration Project evaluation at the Association for Public Policy Analysis and Management (APPAM) conference in Washington, D.C. Based on his experience with both of California’s Waiver Demonstration Project evaluations, the evaluator presented a paper entitled: “Planning for the Implementation and Evaluation of a Federal Child Welfare Demonstration Project: Experiences in California.” The interviews necessary for the completion of the “planning for the implementation” portion of the paper were not transcribed, coded, and analyzed by the time of the conference so that section was not included in the paper. The paper focused on describing the first Waiver Demonstration Project, the planning for the CAP evaluation, and the challenges encountered in evaluating Waiver Demonstration Projects in California. The three major areas of challenge faced in

California are (a) the shared governance structure that exists in child welfare between the State and the counties, (b) the inclusion of probation in Waiver Demonstration Projects, and (c) contextual factors in California such as its geographic and demographic diversity, the role of advocacy organizations, and the role of new legislation.

Fiscal Study

The primary activity in the fiscal study portion of the evaluation during this reporting period has been to determine the best sources of fiscal data. Determining data sources has been a challenge given the complexity of the fiscal process in California and the use of multiple sources to fund child welfare and probation activities. The main data source for the fiscal study will be the IV-E Waiver Database developed by the CDSS that encompasses the fiscal processes for the county expense claim (CEC) and assistance payments. Data provided by the counties from existing fiscal tracking processes will augment the data available from the State as well as data from any new tracking processes developed by the counties in response to the CAP.

Outcome Study

The activities conducted for the outcome study during this reporting period focused on tracking the changes in the California Child Welfare Outcomes and Accountability System. These changes in the California measures used were the result of changes made at the federal level for the second round of Child and Family Service Reviews (CFSR). On-going consultations took place with the Principal Investigator and project director of the California Child Welfare Performance Indicators Project at the University of California at Berkeley to understand the changes and ensure data consistency and availability over time.

Work also continued toward securing the necessary outcome data from the probation system in both counties. Probation data became available through the California Child Welfare Outcomes and Accountability System during this reporting period despite probation's lack of direct access to CWS/CMS. Consultation between the principal investigator and the CDSS continued to determine the source of the probation data in the system.

Interim Findings

There are no interim findings available for inclusion in this progress report.

KEY INFORMANT INTERVIEWS PLANNING PHASE QUESTIONS

1. Planning Process

- 1.1 What has been the organizational structure used for the planning process?
- 1.2 Planning Group
 - 1.2.a Who makes up your planning group?
 - 1.2.b How was membership selected for your planning group?
 - 1.2.c Did the planning group exist prior to planning for the CAP?
 - 1.2.d What was the mission of the planning group?
 - 1.2.e How does the planning group function (i.e., process of decision-making)?
 - 1.2.f Who does the planning group report to?
 - 1.2.g Is the planning group involved in planning for other initiatives in your county?
 - 1.2.h Have there been any changes in the membership of the planning group since planning began for the CAP?
 - 1.2.i What has been the role of the Court in the planning process?
 - 1.2.j What has been the role of related agencies (e.g., mental health, education) in the planning process?
- 1.3 Planning Status
 - 1.3.a Where are you in the planning process?
 - 1.3.b When did the planning for the CAP begin?
 - 1.3.c How often do you meet to plan for the CAP?
 - 1.3.d How many meetings have been held to date?
- 1.4 Planned Interventions/Service Activities
 - 1.4.a How did you select the various interventions/activities outlined in the CAP plan?
 - 1.4.b How did you select the various target populations outlined in the CAP plan?

1.5 Planning Process Facilitators and Barriers

1.5.a What facilitators to the planning process have been encountered?

1.5.b What barriers to the planning process have been encountered?

1.5.c How have those barriers to the planning process been overcome?

1.5.d Has the planning process been successful?

2. *Implementation Requirements*

2.1 What do you see as the necessary implementation requirements for the CAP?

2.2 Education and Training

2.2.a What has been the process for educating county staff on the CAP?

2.2.b What has been the process for educating outside organizations on the CAP?

2.2.c Has any new training been necessary (program and/or administration/finance)?

2.3 Staffing Structure

2.3.a (Program) Do you anticipate that there will be staffing changes required (i.e., new staff and/or restructuring)?

2.3.b (Administration/Finance) Do you anticipate that there will be staffing changes required (i.e., new staff and/or restructuring)?

2.4 Oversight and Monitoring

2.4.a How do you plan to supervise and monitor your CAP implementation?

2.4.b Will this differ from how you have supervised previous programs?

2.4.c What staff will you use to supervise the CAP implementation?

2.5 Problem Resolution

2.5.a Do you think the plans for this project are realistic and/or practical?

2.5.b Have you encountered (or anticipate)any problems during the planning phase of the CAP?

2.5.c How did you (or plan) to solve those issues?

- 2.5.d Have you developed a mechanism for inter-organizational problem resolution?
- 2.6 Attitudes
 - 2.6.a What are the attitudes of the program staff towards the CAP?
 - 2.6.b What are the attitudes of the administration/finance staff towards the CAP?
- 2.7 Leadership
 - 2.7.a What kind of leadership will be necessary for a successful implementation of the CAP?
 - 2.7.b What will be the necessary source(s) of leadership for a successful implementation of the CAP?
- 2.8 Are there any additional implementation requirements not previously mentioned?
- 3. *Expected Impacts*
 - 3.1 What are the expected impacts of the CAP implementation on the organization?
 - 3.2 Are there concerns about the long-term viability of operating in a capped allocation environment?
- 4. *Contextual Factors*
 - 4.1 Are there any political issues that might impact your ability to implement the CAP?
 - 4.2 Are there any mandated requirements that might impact your ability to implement the CAP?
 - 4.3 How does your agency's relationship with CDSS potentially influence your implementation of the CAP?
 - 4.4 How does your agency's relationship with your Board of Supervisors potentially influence your implementation of the CAP?
 - 4.5 How does your agency's relationship with your Courts potentially influence your implementation of the CAP?
 - 4.6 Are there any other political forces that might have an impact on your ability to implement the CAP, such as organized labor, the media, or advocacy groups?

- 4.7 Are there any unique demographic factors (e.g., language needs, etc.) of your client population that might impact your ability to implement the CAP?
- 4.8 Are there any social/economic factors in your county that might impact your implementation of the CAP?

PROCESS STUDY: CHILD WELFARE WORKER/SUPERVISOR SURVEY

Thank you for participating in this brief survey. The following questions concern the Capped Allocation Project (CAP) taking place in your county and the responses to the survey will be included in the evaluation of the CAP. Your responses are confidential.

Please select the one best response for each question.

1. Are you a
 - Child Welfare Worker
 - Child Welfare Supervisor

2. Which of the following categories best represents the majority of your day-to-day work?
 - Emergency Response
 - Family Maintenance
 - Family Reunification
 - Permanency Placement
 - Other

3. How would you rate your knowledge of the CAP that is taking place in your county?
 - 1 No knowledge of the CAP
 - 2 Limited knowledge of the CAP
 - 3 Some knowledge of the CAP
 - 4 Knowledgeable of the CAP
 - 5 Very knowledgeable of the CAP

4. How would you rate the CAP's overall influence on your day-to-day work with children and families?
 - 0 Not able to determine
 - 1 No influence on day-to-day work
 - 2 Limited influence on day-to-day work
 - 3 Some influence on day-to-day work
 - 4 Regular influence on day-to-day work
 - 5 A lot of influence on day-to-day work

5. Do you feel the CAP is having a positive effect on the child welfare environment in your county?
- Not able to determine
 - Yes
 - No
6. Do you feel a wider array of services for your clients have become available within the last six months?
- Not able to determine
 - Yes
 - No

Thank you for participating!

PROCESS STUDY: PROBATION OFFICER/SUPERVISOR SURVEY

Thank you for participating in this brief survey. The following questions concern the Capped Allocation Project (CAP) taking place in your county and the responses to the survey will be included in the evaluation of the CAP. Your responses are confidential.

Please select the one best response for each question.

1. Are you a
 - Probation Officer
 - Supervising Probation Officer

2. Which of the following categories best represents the majority of your day-to-day work?
 - Emergency Response*
 - Family Maintenance*
 - Family Reunification*
 - Permanency Placement*
 - Other*

3. How would you rate your knowledge of the CAP that is taking place in your county?
 - 1 No knowledge of the CAP
 - 2 Limited knowledge of the CAP
 - 3 Some knowledge of the CAP
 - 4 Knowledgeable of the CAP
 - 5 Very knowledgeable of the CAP

4. How would you rate the CAP's overall influence on your day-to-day work with children and families?
 - 0 Not able to determine
 - 1 No influence on day-to-day work
 - 2 Limited influence on day-to-day work
 - 3 Some influence on day-to-day work
 - 4 Regular influence on day-to-day work
 - 5 A lot of influence on day-to-day work

5. Do you feel the CAP is having a positive effect on the probation environment in your county?
- Not able to determine
 - Yes
 - No
6. Do you feel a wider array of services for your clients have become available within the last six months?
- Not able to determine
 - Yes
 - No

Thank you for participating!

INITIAL SITE VISIT GUIDE—CHILD WELFARE FOCUS GROUPS

1. Internal Case Management

1.a Screening process

- 1.a.1 Describe process from call/referral to opening of case:
- 1.a.2 What are the criteria used by DCFS to screen out at the initial referral?
- 1.a.3 Does DCFS have a screening tool that is used to systematically determine whether a case should be opened?
- 1.a.4 Is there designated screening staff?
- 1.a.5 If so, what are the qualifications of the staff that screens cases?
- 1.a.6 Is data on all referrals/calls (and their disposition) systematically kept in an automated system?

1.b Intake/Investigation

- 1.b.1 Describe intake/investigation function.
- 1.b.2 Are cases distributed by geographic area?
- 1.b.3 For what cases do you use SDM (or another risk-assessment tool)?
- 1.b.4 When you do a risk assessment, do you ever use an abbreviated version of the SDM tool?
- 1.b.5 In addition to (or in place of) SDM, do you complete any other assessment tool?
- 1.b.6 When did you initiate the risk assessment process?

1.c Unit structure (Verify DCFS unit structure)

- 1.c.1 What is *current* DCFS unit structure for bulk of cases?
- 1.c.2 When was the most recent change in unit structure?
- 1.c.3 Do you have any specialized unit to serve different populations (beyond usual units for adoption, home finding, etc).

1.d Caseload Analysis

- 1.d.1 Are you using any caseload analysis (data trends) in your case management processes?

2. Court Involvement

- 2.a How would you describe DCFS's relationship with the Court?
- 2.b Are there specific issues? (e.g., not dismissing, ordering particular services)

3. Service Array

- 3.a What are three services that are most sufficient in your county (can access whenever needed)?
- 3.b What are three services that are most problematic to access for your clients?
 - 3.a.1 Service Gaps: How are these services insufficient?
 - 3.a.2 How do you deal with the insufficiency?
- 3.c New services: In the last year or two, what new services (internal and external) have been developed in your county?
- 3.d Have there been changes in the way you are using particular services (e.g. using family preservation now more as prevention effort, rather than last effort to prevent placement)?
- 3.d Has DCFS consciously shifted service focus (of services provided to DCFS clientele) in the last 3 years?
 - 3.d.1 If yes, in what direction (prevention, placement, permanency)?
- 3.e How is this shift in service focus reflected in internal staffing and in contracting?
- 3.f How geographically accessible are DCFS services (direct or contract provided) to families? How has this been addressed (e.g. transportation, community-based branch)? Describe improvements or issues that need to be addressed.
- 3.g Generally, who decides what services a family receives (Family Involvement)?
- 3.h Generally, who decides what providers serve a family (Family Involvement)?
- 3.i How much discretion do workers have in what services to provide to a family?

4. Targeting

- 4.a Is PCSA providing services (directly or by contract) to a demographic/cultural subgroup? If yes, what subgroup is targeted?
- 4.b What unique services are provided to these special populations (dedicated unit, dedicated services)?

- 4.c What services are not sufficiently available for this population?
- 4.c What are your plans for change in the area of population targeting?

5. External Case Management

- 5.a Who carries case management responsibility?
If yes, at what stages of case moving through the system does the CM change (internal and external transfers)?

6. Provider Competition

- 6.a What proportion of services that clients obtain through the DCFS (excluding cm) currently come through contract vs. direct provision by DCFS?
- 6.b Has that pattern changed in the last 12 months?
- 6.c To what extent do providers use subcontractors?
- 6.d Any changes made in the last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?

7. Finance Methods

- 7.a Any capitated or case rate contracts by DCFS (alone or as part of interagency effort where DCFS has committed funds)?
- 7.b Extent to which capitated contractor has discretion over how to use funds
- 7.c What are your plans for changes in the future in capitation financing arrangements (changes to existing or new plans)?

8. Utilization Review

- 8.a How does DCFS oversee/monitor use of OOH placements?
Pre-placement review process?
Periodic reviews during placement?
 - 8.a.1 How long has the process(es) been in place?
 - 8.a.2 How much has it reduced placement use?

8.b Does DCFS operate with any *formal* limitations on number of placements (planful use of placements)?

8.b.1 How long have these limits been in place?

8.c Does DCFS use any types of rational decision rules to control access to services (at management level)?

8.d What plans for changes in UR activities?

8.e How would you describe DCFS's automated MIS capacity?

8.f What plans for changes in MIS capacity?

9. Quality Assurance

9.a What types of quality control (*compliance*) does DCFS use with foster care providers?

9.b What types of quality *enhancement* does DCFS use for child welfare workers?

10. Expenditures

10.a Who has control over where to spend money and how agency changes program direction?

10.b Availability of flexible funds:

10.c Access to flexible funds:

11. Revenue

11.a Has the department had access to non-categorical funds in the last 3 years: levy, donations, etc.? (decrease, increase, no change)

11.a.1 What has the DCFS been able to do with the funds?

11.b How important are Medicaid funded services for DCFS kids?

11.c How much consideration does DCFS give to Medicaid match, in making service decisions?

11.d Have there been issues accessing Medicaid funding?

12. Morale

12.a Worker Morale

- 12.a.1 Staff feel supported by supervisor?
- 12.a.2 Administration shares information and is trusted?
- 12.a.3 Staff understand and agree with vision/direction of agency?
- 12.a.4 Staff have input into developing agency policy?

12.b Supervisor Morale

- 12.b.1 Staff feel supported by supervisor?
- 12.b.2 Administration shares information and is trusted?
- 12.b.3 Staff understand and agree with vision/direction of agency?
- 12.b.4 Staff have input into developing agency policy?

13. Leadership

- 13.a How important is leadership in the successful operation of the department?
- 13.b What forms of leadership are important to the successful operation of the department?

14. Interagency Collaboration

- 14.a Strength of relationship between DCFS and mental health board/its providers
- 14.b Strength of relationship between DCFS and juvenile court:
- 14.c In addition, any collaborative efforts to develop programs/services to improve service delivery?

15. Community Well-Being

- 15.a What community factors affect the work of the department?

INITIAL SITE VISIT GUIDE—PROBATION FOCUS GROUPS

1. Children in the System

- 1.a Who are the children in the Suitable Placement/Foster Care (SP/FC) Program?
- 1.b What kinds of activities/behaviors bring children to the attention of the SP/FC Program?

2. Caseflow

- 2.a How do children come into the system?
- 2.b What are the possible placement pathways for children in the system (e.g., placement changes)?
- 2.c How do children exit the system?
- 2.d What are the permanency goals?
- 2.e What kinds of strategies are used to control caseflow in some way (i.e., reducing the number of kids in the system by preventing entry and encouraging exit—or reduce placement moves)?

3. Case Management

- 3.a How does the case management function work?
- 3.b What is the role of the DPO? SDPO?
- 3.c Does it vary by placement type (group home, relative, foster home)?
- 3.d What (if any) standardized decision-making tools are used?
- 3.e What are the guiding principles in the SP/FC (e.g., safety, stability, permanency, well-being)?
- 3.f What does case planning look like?
- 3.g Are families involved in the decision-making and/or the case planning process?

4. Services

- 4.a What kinds of services are typically necessary?
- 4.b What kinds of service gaps are there (services you wish you had access to)?

4.c Is it an environment that is open to new kinds of services and approaches?

5. Caseload

5.a What is the relationship between workload and total caseload?

5.b What kinds of things create workload issues?

6. Staffing

6.a What does the staffing structure look like (various roles)?

6.b What is the difference between regional and on-site supervision?

6.c How much of an issue is staff attrition?

6.d What are the various reasons for attrition?

7. Court

7.a What is the relationship with the Court?

7.b What are the particular issues that affect the process?

8. Contracting

8.a How is contracting structured with service providers (e.g., group homes)?

9. Other Topics

Collaboration

Monitoring of caseloads

CAP EVALUATION BASELINE SURVEY QUESTIONNAIRE

I. Agency Respondent:

Title of the Person(s) responding to Survey:

II. Baseline Strategies

This survey is used to gather information on intervention strategies available in the county just prior to the onset of the CAP (i.e., Pre-CAP strategies). In this context, the term “strategy” is used to refer to either (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers). It is recognized that the CAP implementation will not be an “all at once” endeavor and that some strategies may be phased in. Responses can be inserted into this document or attached.

1. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

2. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

3. Please provide specific examples of any strategies currently (i.e., just prior to the onset of the CAP) employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

III. Inventory of existing services (See Excel File: Baseline Services Survey Table)

For each of the services in the table, please indicate if it is available in your county. The list is long, but is intended to be inclusive of various services and supports that can be provided to families. Feel free to add in any additional services that were inadvertently omitted from this inventory. Also, feel free to alter any “closely-named” items from the list to reflect your county’s current activities.

The table refers to services that the child welfare agency or contractors provide. It does not include services referred to or that are provided by other (non-contracted) agencies.

CAP Evaluation Baseline Services Survey Table

Services/Programs	Available (Y/N)	Service/Program Title (if applicable)	Accessible to Entire County (Y/N)	Contracted (C) or Provided by Public Agency (PA)
Adult education (including GED classes)				
Alternative Response				
Assessments and evaluations				
Behavior management				
Camp(s)				
Crisis Intervention services				
Crisis Stabilization Unit				
Culturally-specific services				
Dependency shelter facility				
Dependency shelter homes				
Diversion and coordination services				
Domestic violence advocacy				
Domestic violence services (perpetrator)				
Domestic violence services (victim)				
Early intervention services (0-5)				
Educational and training services				
Educational stabilization				
Emergency cash assistance				
Employment services				
Family counseling				
Family Group Decision Making				
Family planning services				
Family preservation services				
Family support services				
Family therapy				
Father-specific groups/services/supports				
Food bank(s)				
Housing services				
Independent and transitional living services				
Individual counseling				
Individual therapy				
Information & Referral Services				
Kinship support services				
Mobile crisis services				
Outreach to families				
Parent support and advocacy				

CAP Evaluation Baseline Services Survey Table

Parent training and support				
Parenting groups				
Post-reunification supervision				
Pregnancy and parenting services for young parents				
Psychiatric hospital				
Public transportation				
Residential group care				
Respite care for foster parents				
Respite care for other caregivers				
Sexual abuse counseling (perpetrator)				
Sexual abuse counseling (victim)				
Specialized after school programs				
Specialized trauma counseling				
Structured Decision Making				
Subsidized childcare				
Substance abuse outpatient				
Substance Abuse Treatment Center				
Supervised Independent Living				
Team Decision Making				
Therapeutic foster care				
Therapeutic Group Home(s)				
Therapeutic recreation				
Transportation services				
Trauma/recovery services				
Tutoring				
Utility assistance				
Visitation support				
Youth mentoring services				
Other:				
Other:				
Other:				