



Semi-Annual Progress Report

October 1, 2015 – March 31, 2016

Title IV-E Waiver California Well-Being Project

California Department of Social Services

July 2016

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**California Department of Social Services
Title IV-E Child Welfare Waiver Demonstration
California Well-Being Project**

**Semi-Annual Progress Report
June 10, 2016**

I. Overview

The California Department of Social Services (CDSS) began operating a flexible funding child welfare demonstration project on July 1, 2007, with Alameda and Los Angeles Counties and continued under three short-term bridge extensions through September 30, 2014. On September 29, 2014, the Administration for Children and Families (ACF) approved a five-year extension and expansion of the project, now known as the Title IV-E California Well-Being Project (Project). The Project extension started on October 1, 2014, and will go through September 30, 2019. Under the expansion, the Project is implemented through partnerships with Alameda, Butte, Lake, Los Angeles, Sacramento, San Diego, San Francisco, Santa Clara, and Sonoma County child welfare and probation departments.

The Project provides participating counties the flexibility to invest existing resources more effectively and will examine whether flexibility in the use of Title IV-E funds prevents foster care placement and improve outcomes for children. The Project's county child welfare agencies have implemented Safety Organized Practice (SOP)/Core Practice Model (CPM) and probation departments implemented Wraparound as their primary interventions. In addition to the Project-wide interventions, each county may implement additional child welfare and probation interventions and services, at local discretion, that they feel will improve the safety, permanency and well-being of children in their respective counties.

This Progress Report is a synopsis of Project activities from October 1, 2015 – March 31, 2016.

II. Demonstration Status, Activities and Accomplishments

A. CDSS Activities

During the Project's current reporting period, CDSS and participating county child welfare and probation departments engaged in a variety of communication, implementation, technical assistance and evaluation activities.

1. Program:

The Project's programmatic activities included communication and implementation efforts. The Project involves extensive and on-going external and internal communication efforts. On-going external communication efforts included monthly individual county and quarterly all county programmatic calls with participating child welfare and probation department representatives, quarterly Project newsletters and the inaugural Project annual meeting. The CDSS also continued its partnership with the Chief Probation Officers of California (CPOC) organization to facilitate a monthly call with participating probation department representatives and discuss probation related topics. During this reporting period, CDSS began holding monthly county-specific calls and quarterly collective calls with Casey Family Programs (CFP) consultants to discuss topic areas pertinent to Project activities.

Internal communication efforts included on-going monthly meetings among internal Project team members and county consultants from the Children and Adult Programs Estimates Bureau, Financial Services Bureau, Fiscal Policy Bureau (FPB), Foster Care Audits and Rates Bureau, Office of Child Abuse Prevention, Outcomes and Accountability Bureau, Performance Monitoring and Research Bureau and the Resources Development and Training Support Bureau (RDTSB).

The CDSS also organized its first Project annual meeting, including representatives from Project child welfare and probation agencies, Regional Training Academy (RTA), the Resource Center for Family-Focused Practice (RCFFP), CPOC and the National Council on Crime and Delinquency (NCCD). Workshop topics included communication statements, evaluation overview, well-being domains and measurement, Title IV-E fiscal well-being, fiscal strategies, SOP/CPM implementation readiness assessment, Wraparound implementation, first-year implementation efforts and a celebration of first year achievements through a county poster session. The Project annual meeting also included a presentation from county representatives who attended the 17th Annual Child Welfare Waiver Demonstration Projects meeting in Washington, DC and presentations from county agencies implementing Functional Family Therapy (FFT), Triple P and Commercially and Sexually Exploited Children (CSEC) optional interventions.

The CDSS, with assistance from participating county partners, finalized the Initial Design and Implementation Report (IDIR), including SOP/CPM, Wraparound and Project outcome chains.

Project county child welfare agencies developed extensive SOP/CPM training and coaching partnerships with their respective RTA partners while probation departments received Wraparound training from the RCFFP. The CDSS, in partnership with the RTA, RCFFP and CFP provided opportunities for child welfare and juvenile probation leaders, managers, supervisors and field practitioners to engage in an on-going series of quarterly collaborative convenings. The SOP/CPM and Wraparound Collaborative series focuses on implementation and critical developments as well as cross-agency communication and collaboration while providing a platform for the formation of learning communities amongst Project counties. Learning communities promote information sharing as child welfare and probation teams engage in in-depth discussions regarding policy, best practice, training, implementation and coaching. The CDSS will continue to obtain participant feedback and plan accordingly.

The CDSS Program staff also began onsite Program Consultant Discussion visits with county program partners. The experiential goal behind the discussions is to engage in collaborative and constructive dialogue about the Project's programmatic matters such as:

- What aspects of implementation are working well?
- What are the immediate goals?
- Are there implementation barriers/challenges?
- How can the CDSS Program consultant assist?

The CDSS Program staff seek opportunities to engage child welfare staff, Probation Officers (POs) and have opportunities to observe stakeholders and service providers as time and availability allows. The CDSS Program staff visited Butte and Santa Clara Counties during the current reporting period.

The CDSS also drafted the semi-annual Progress Report template, vetted the document with participating county partners, submitted it to ACF for review, incorporated ACF's feedback and disseminated it accordingly.

2. Fiscal:

The CDSS continues to provide ongoing fiscal technical assistance to Project counties through a variety of avenues. One such avenue is CDSS's onsite fiscal monitoring reviews of Project counties. The FPB conducted three county onsite fiscal monitoring reviews for Child Welfare and Probation during this reporting period. Technical assistance and direction were given onsite with findings and quality improvement suggestions detailed in each county's post-review letter.

Another avenue of on-going fiscal technical assistance is regularly scheduled quarterly fiscal conference calls. For this reporting period, quarterly fiscal conference calls were held on November 10, 2015 and February 9, 2016. The topics covered during the calls included information on CDSS' onsite fiscal monitoring reviews, best practices and common observations during the reviews and updates to the Quarterly Fiscal Supplemental Form (QFSF), which is used to assist with tracking of expenditures tied to the specific interventions. These calls also allow the opportunity for CDSS to field county-specific questions from participants.

The CDSS also provides continued on-going technical assistance by responding to county fiscal questions that are submitted by Project county staff.

As stated previously, some of the discussions at the Project annual meeting focused on fiscal strategies, including the reinvestment of savings and ensuring the fiscal well-being of the Project.

Lastly, several written communications and fiscal reports were disseminated during this reporting period. The [County Fiscal Letter 15/16-36](#) for the FY 2015-16 Project allocation was released on December 17, 2015. The December 2015 Quarter CB-496 report was submitted to ACF on February 25, 2016. The CDSS' Allocations Unit provided expenditure detail of actual expenditures up to FY 2014-15 for the 2011 Realignment Report, which displayed expenditures for Project counties separately. Further, several revisions to the QFSF were made to more accurately account for county Project expenditures.

3. Evaluation:

The NCCD and subcontractor Westat, who together serve as the Evaluation Team, completed a competitive Request for Proposal (RFP) bidding process before being awarded the contract in September 2015. The CDSS has maintained a collaborative, developmental evaluation process with the Evaluation Team, counties, Children's Bureau and other Project stakeholders since executing the evaluation contract.

The CDSS hosted an Evaluation Kick-Off meeting on October 6, 2015. During the meeting, county staff and other stakeholders were able to meet and provide feedback to the Evaluation Team, while CDSS and the Evaluation Team presented all attendees with an overview of the evaluation plan and planned activities. The Evaluation Team conducted an Information Inventory process with counties to collect the information needed to guide final decisions on process, outcome and cost study measures/indicators, including data sources, target population identification, measurement frequency and organizations responsible for data collection. This process spanned over several months and provided the Evaluation Team with an in-depth view of the counties' internal data processes. Ideally, the Evaluation Team would like to build off of existing data sources, where applicable, as well as assist counties in building their internal data collection and monitoring capacity for long-term sustainability past the end of the Project.

In late October, the Evaluation Team turned their efforts towards refining the evaluation plan. With the assistance of CDSS, the below key evaluation questions were finalized:

- Does the demonstration improve the array of services and supports available to children, youth, and families involved in the child welfare and juvenile probation systems?
- Did counties implement the demonstration interventions with fidelity to model programs?
- Do the interventions selected by the demonstration counties achieve their intended outcomes?
- Does the demonstration project lead to an increase in child and youth safety; reduce the prevalence of subsequent reports of harm; decrease the use of out-of-home care; improve permanency rates; increase timeliness to permanency;

decrease juvenile justice system involvement; improve child, youth and family well-being?

- How does the use of out-of-home care impact the effect of the demonstration on child and youth safety?
- Do changes in “recidivism” (person's relapse into criminal behavior) differ for youth served by child welfare versus those just on probation?
- What are the costs of the demonstration, in comparison to costs prior to the demonstration?

The counties were given the opportunity to review the plan before it was submitted to the Children’s Bureau for approval in January 2016.

B. County Profiles

1. Alameda County

SOP

The Alameda County Department of Children and Family Services (DCFS) projects it will provide SOP services to 2,239 children age zero-17, inclusive, throughout the Project’s duration. However, the actual number of children served during this reporting period was zero. Alameda County began implementing SOP at the start of the extended Project and plan to utilize the first two years of the extension to prepare to sustain SOP.

Alameda County established a SOP Implementation Team (SOP IT) which meets twice per month. The county also established evaluation, marketing, strategy and training review task teams to complete specific tasks and make recommendations to the SOP IT. The county’s Strategy Task Team develops policy guidelines and recommendations for each SOP core component.

During the reporting period, Alameda County executed training contracts with the Bay Area Academy and the Children’s Research Council and established a training schedule for managers, supervisors and child welfare workers. Alameda County supervisors and managers attended the SOP Two-Day Overview training, three SOP training modules and one coaching session. Child welfare workers began attending the SOP Two-Day Overview

training in March 2016 and will also begin to attend SOP training modules. Alameda County also developed staff, parent and youth surveys to collect baseline data. In addition, the Strategy Task Team began developing recommendations for embedding SOP into current practice and supervisors began incorporating the “Three Question Framework” and “Three Column Map” into supervisions and unit meetings. The county also decided to provide additional support to their child welfare workers and hired two internal SOP coaches.

The SOP Evaluation Task Team (ETT) formed in May 2015 to make monitoring and evaluation activity recommendations to the SOP IT. The ETT is currently reviewing Case Review and Case Observation/Practice Checklists developed by the Northern California Training Academy (NCTA) and/or tools currently used by other jurisdictions. It is anticipated the ETT will recommend SOP fidelity review and monitoring tools and will also seek opportunities to integrate them into existing Continuous Quality Improvement (CQI) processes. The ETT will begin evaluating case review tools and other tools to track SOP delivery to children and families during the next reporting period.

Alameda County recently started training child welfare workers and the SOP IT has not formally submitted SOP documentation and integration recommendations to the DCFS Department Executive Team. The ETT will develop recommendations pertaining to staff fidelity assessments once SOP guidelines are identified.

Triple P (Positive Parenting Program)

Alameda County projects it will serve 400 families who are involved in child welfare with the Triple P intervention. The projected population age range is zero-17, inclusive. A

RFP to select a Triple P contractor was completed, and services are scheduled to begin in July 2016.

CSEC

Alameda County projected serving 37 children age 12-17, inclusive. The Alameda DCFS CSEC Program held 13 Multi-Disciplinary Teams (MDTs) and there were 98 youth who received services with the CSEC Special Project Code (SPC). Alameda DCFS contracted

CSEC advocacy, case management services and technical assistance with Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth, Inc (MISSEY) and served 83 youth who were seen by MISSEY Advocates at the Assessment Center and 37 foster youth seen by MISSEY Case Managers. The projected number of children to be served in the next reporting period is 38.

Implementation of CSEC services has continued to evolve concurrently with Senate Bill 855, Chapter 29, Statutes of 2014, updating the Welfare and Institutions Code (W&IC), Section 300(b), to include CSEC as a population falling under the jurisdiction of child welfare and establishing a state-funded county CSEC Program administered by the CDSS (W&IC Section 16524.6). To that end, an interagency Memorandum of Understanding was developed, signed and submitted to CDSS in October 2015, outlining CSEC protocols and procedures for CSEC youth entering child welfare. The protocols include first responder procedures, MDTs (immediate consult, initial, and on-going), screening tools and data collection. Currently, Alameda DCFS leadership is in consultation with Labor representatives regarding implementation of the CSEC protocol, with the intent of phasing in components throughout 2016 and fully operational as of January 2017.

The CSEC Steering and Executive Committee made the decision to fund the Young Women's Saturday Program, a program for system involved girls who are CSEC or at high risk of CSEC and implemented by the Alameda County District Attorney's Office. Alameda DCFS is utilizing the State CSEC funds received in October, 2015 for this program and is in the process of determining what other services to fund.

Alameda County is committed to working with labor partners at every phase of implementation to ensure optimal success and therefore must allow the process to proceed accordingly. Alameda County's approach continues to unify and leverage efforts wherever possible to meet expectations and goals in the most timely and efficient manner possible.

Alameda DCFS tracks this intervention through CSEC SPCs in Child Welfare Services/Case Management System (CWS/CMS), runs monthly reports and informs managers and supervisors about the numbers of CSEC and at-risk CSEC youth on their caseloads.

Incomplete activities include full implementation of the recently developed CSEC protocol. The anticipated timeline is for the initial phases of implementation to be completed by end of 2016 and for all phases to be operational by 2017.

Wraparound

The Alameda County Probation Department (ACPD) served 64 youth, age 12-17, inclusive; this number is slightly higher than their initial projection of 57. At any given time, 57 slots are available through Project Permanence and the program is typically at or close to capacity.

The Alameda County Behavioral Health Care Services (BHCS) executes a Wraparound service contract through the Lincoln Center. The Lincoln Child Center's Project Permanence utilizes the Wraparound service delivery model to provide intensive youth-centered, family driven services. Project Permanence staff attend weekly screenings for out-of-home placements and collaborate directly with Probation and Behavioral Health staff to determine whether individual youth would benefit from Wraparound services. Project Permanence staff also maintain a presence at the Juvenile Justice Center. Their participation in these activities ensures a strong relationship and collaboration between Project Permanence and ACPD staff.

The Wraparound intervention is an existing service in Alameda County. Alameda County utilizes this intervention model intentionally as an alternative to out-of-home placement and for aftercare services for youth returning home from placement when appropriate. The BHCS utilizes the Child and Adolescent Needs and Strengths (CANS) tool to track this intervention.

Incomplete implementation activities include calculating outcome measure data and the agency plans to provide quarterly updates moving forward. Accomplishments during this reporting period include identifying indicators and a QA methodology.

Project Permanence staff are required to complete a FTM within 30 days of the case opening and to engage families in the FTM on a monthly basis. This is measured and reported to Alameda County and staff on a quarterly basis. Additionally, Project Permanence staff is required to complete a safety plan at 30 days and revisit the

plan each month as part of the FTM. Safety plan completion is reported to the county and staff on a quarterly basis and a Youth and Family Satisfaction Survey is completed upon discharge. The survey measures whether the family's perception of having community supports has increased, that staff were respectful to their spiritual and cultural needs and staff engagement. Additionally, the program maintains procedures written for each phase of treatment that staff are expected to adhere to. Examples of the procedure include timelines for opening a case quickly, completing an initial assessment and treatment plan, amount of engagement activity required at each phase of treatment and clear instructions for determining case termination. The staff supervisor approves mental health notes. Supervised teaming meetings are to occur at each phase and staff documentation is utilized to ensure that client visits are occurring.

Leadership from the Probation Department, BHCS and Lincoln Center identified indicators and a methodology for QA to program fidelity and to monitor program outcomes. A program census has been added to the Waiver Executive Team data dashboard for monthly review of referrals, and as a result, the following outcomes have been added to Lincoln Center's contract:

- 70 percent of youth shall have no new sustained arrests during the time of treatment to be reviewed at discharge and six months post-discharge
- 70 percent of youth will be living at home or a home-like setting in the community and not in congregate care at discharge

Collaborative Court

The ACPD projected Collaborative Court would serve 60 youth age 11-17, inclusive; however county leadership requested the projection be revised from 60 to 50 youth. The ACPD met its estimate as it served 63 youth during this reporting period.

Collaborative Court is an existing service, offering case management services for youth with high mental health needs and emphasizes family engagement. Collaborative Court is a team approach involving key stakeholders that include the court, behavioral health care providers, POs and Intensive Case Management services delivered by a contracted community

provider. Services are aimed to reduce out-of-home placement for this specific population. The POs and clinicians are dedicated to providing community support and services for youth and provide critical input to the court on a weekly basis. Youth and families receive Intensive Case Management services for up to 12 months.

A total of nine youth graduated from Collaborative Court during this reporting period. These nine youth met all the terms of their probation, met treatment goals and were successfully dismissed from Juvenile Probation.

Parenting with Love and Limits (PLL)

The ACPD projected the PLL Re-Entry team would receive 60 referrals each year (ten referrals per cohort, with six cohorts). The ACPD also projected the PLL Alternative to Placement team will receive approximately ten referrals each month (120 referrals per year) starting with “high-end” youth.

The ACPD served 35 children age 12-17, inclusive, during this reporting period. However, it will be discontinued.

The PLL intervention strategy targeted youth at risk of out of home placement and youth returning home from placement. The ACPD contracted out PLL. However, the provider expressed cultural, therapeutic and practical concerns about the model and requested the contract be terminated. The ACPD will discontinue this intervention on June 30, 2016. There are no new referrals being made to PLL at this time; however, families currently receiving PLL services will continue to receive them until the end of their service period. The resources allocated toward PLL will be redirected and Alameda County’s Wraparound contract will be modified to accommodate additional slots. Additional information is outlined in the Extension Planning and Development section.

The ACPD reports Wraparound services are effective and expect the program to operate at full capacity. The Wraparound contract expansion will not require a new RFP, additional training or a lengthy implementation period.

Systemic Issues

Systemic issues impacting operations include data information systems. Alameda County DCFS reports the SOP IT is working diligently to identify data needs and how to capture data for internal tracking and evaluation. The ACPD is collaborating with the NCCD and the county's Information Technology Department to identify data for tracking and for the evaluation while also collaborating with BHCS to obtain CANS risk assessment data.

Alameda County DCFS and Probation Department also report challenges with the CQI case review system as they each have one case reviewer on staff; however, both departments plan to tackle this challenge by adding more reviewers. Alameda County DCFS anticipates hiring additional CQI case reviewers and the Probation Department will identify two additional staff to be certified by June 2016.

In addition, The ACPD identified the foster and adoptive parent licensing and recruitment and retention as a systemic issue. The ACPD has been in collaboration with two Foster Family Agencies (FFAs) for over one year. Their collaboration efforts include discussions pertaining to issues such as foster family recruitment and reviewing youth profiles.

Evaluation

This reporting period, county evaluation staff have supported efforts of the statewide evaluator and provided information and feedback on the statewide evaluation plan and specific measurement tools by obtaining information for the data systems inventory and participating in the Evaluation Steering Committee (ESC) Fidelity Measurement Workgroup. The ESC meetings conflict with Alameda County DCFS' regularly scheduled SOP IT meeting; however, NCCD makes audio recordings of the meetings available so that Alameda County evaluation staff can stay updated and provide feedback outside of the monthly call. The ACPD also participated in the Family Engagement and Well-Being and Trauma Measurement Workgroups.

A logic model and theory of change for Alameda County's SOP implementation was developed by the county's Evaluation Task Team. These will be modified, if necessary, once a decision has been made about which SOP elements will be required and which

will be available to staff to use as best practices. Based on several indicators identified to track elements in our theory of change, several baseline measures were proposed by the Evaluation Task Team and have subsequently been approved and implemented.

The baseline measures include a baseline survey of Child Welfare Supervisors, which was conducted at the beginning of their SOP Two-Day Overview training. The second measure is a baseline survey of Child Welfare Worker skills, knowledge and attitudes related to family engagement. The Child Welfare Worker survey is being implemented as training has begun. Alameda County also implemented Family Maintenance (FM) and Family Reunification (FR) surveys for parents along with a survey of youth 12 and older currently in FM, FR, Permanent Placement (PP) and Supportive Transition service components.

No evaluation activities have yet been conducted for the optional child welfare interventions.

2. Butte County

SOP

The Butte County Department of Employment and Social Services projects it will provide SOP services to 100 children and their families during the reporting period. However, the actual number of children and their families served during this reporting period was 318.

Butte County's Child and Family Team (CFT) Meetings continue to be held for all children and their families involved in the child welfare system, including voluntary cases. Consultation and Coaching in the Principles of SOP officially began February 1, 2016. Coaching activities completed during the report period included a one day planning overview for supervisors, followed by a two day SOP Coaching institute for supervisors. Butte County's coaching plan will support supervisors first then move to line staff. This will reduce the re-entries into foster care and decrease the length of time in care. Foundational SOP training continued to be provided for new and existing social workers, as well as group supervision training for supervisors.

A key decision of Butte County is to put the utilization of their internal SOP Case Review Tool on hold due to time constraints and the need for additional training on how to use the tool. There are no barriers to implementation.

A contract for Butte County's SOP Coaching was completed and fully executed February 1, 2016. The monthly reports from service providers have been updated to better capture CFT meetings held for families receiving services voluntarily. There were no barriers to implementation.

Butte County's CFTs are contracted out and are an integral part of effectively joining and partnering with the family to establish common goals concerning safety and the family's needs. Their CFT meetings are held for all children and their families involved in the child welfare system. Butte County contracts with two partner agencies to provide six full-time facilitators and two part-time scribes to schedule, coordinate and facilitate CFTs. Consultation and Coaching Services in the Principles of SOP are contracted with the NCTA. The purpose of the contracted service is to provide consultation and technical assistance to Butte County child welfare social workers, supervisors and program managers relating to SOP strategies, tools and best practice implementation of SOP.

Butte County utilized tools addressing all aspects of CQI, including analysis of data reports from CWS/CMS, SafeMeasures, California Child Welfare Indicators Project (CCWIP) data, contractor reports, case reviews, surveys and interviews.

The NCTA completed a SOP fidelity assessment and evaluation and provided its findings and recommendations in a report which will be reviewed and addressed by the Program Manager and Assistant Director. Butte County's Policies and Procedures continue to be updated to include the use of SOP principles in social work practice. A contract for Butte County's SOP Coaching was fully executed February 1, 2016. Coaching support will begin first with supervisors. During the reporting period, Butte County's SOP Coaching contractor facilitated a Coaching for Supervisors planning overview meeting as well as a two day Coaching Institute for Supervisors. Butte County's staff continues to be trained in Foundational SOP and supervisors continue to be trained in Group

Supervision. The CFT meetings continue to be held for families voluntarily receiving services.

Butte County is monitoring fidelity among their agency staff for: engagement; assessment of needs and strengths; teaming; identification of needs and strengths; identification of support networks; case plan goals and transition planning. Methods employed to assess fidelity among Butte County agency staff include: case reviews; analysis of data from CWS/CMS; SafeMeasures; CCWIP data; surveys and interviews (engagement, assessment of needs and strengths, teaming, identification of support networks, case plan goals and transition planning). Findings from the Federal Child and Family Services Review (CFSR) case reviews and the SOP Case File Reviews are shared with Butte County's management level staff and supervisors. Findings from individual CFRS case plan reviews are shared with the primary social worker(s) on each case.

Methods employed to assess fidelity among service providers in Butte County include monthly reports from agencies facilitating CFT meetings (engagement, teaming, identification of support networks, case plan goals, transition planning) and quarterly reports from the contractor providing SOP Coaching (engagement, assessment of needs and strengths, teaming, Identification of support networks, case plan goals, transition planning). Butte County expects that as a more detailed SOP coaching plan is developed and implemented, efforts to measure fidelity in the components of SOP will be clearer and easier to monitor and measure.

The CFRS case reviews completed by Butte County have built in fidelity measurements for engagement, assessment of needs and strengths, teaming and case plan goals. As part of the CQI process, SOP strategies are identified in Butte County's System Improvement Plan.

Kinship Support Services Program (KSSP)

Butte County projects it will provide KSSP services to 35 children age zero-17, inclusive, and their caregivers throughout the Project's duration. However, the actual number of children and their caregivers served during this reporting period is 19. Butte County's projected number of children and their caregivers was not served

due to the extensive work needed to develop and implement the KSSP intervention; including developing a referral and recruitment process and training social workers on the newly developed practices.

Family Wraparound

Butte County's second optional intervention is Family Wraparound and was originally planned as a three-year intervention. Butte County projects it will serve six children age zero-17, inclusive, during this reporting period. There were a total of seven children served since the intervention was implemented on July 1, 2015. This intervention for Butte County was changed to begin serving families prior to child welfare intervention to include participants on a voluntary basis. The original Butte County plan submitted stated 37 families in the Dependency Court System would be served.

Butte County's original county plan submitted stated the intervention would be the expansion of the Supporting Our Families in Transition (SOFT) Program to include key Wraparound principles and prevention focus to the existing program. In year two of the Project, Butte County decided instead to amend the existing SB 163 Wraparound Services contract to include Wraparound prevention services for families prior to child welfare intervention (voluntary). However, a RFP for the SOFT Program was issued in March 2016 and potential changes may be made based on the results of the RFP process.

Butte County's original county plan submitted stated in year three 25 families prior to Child Welfare intervention would be served. Butte County decided to change the timeline of serving these families to begin in year two. Butte County achieved this by amending the current SB163 Wraparound Services contract to include providing services to families prior to Child Welfare intervention.

Butte County's SB 163 Wraparound Services are contracted out, as the service provider has the specialized knowledge and experience to provide high fidelity SB 163 Wraparound supports and services to children and families receiving voluntary FR or FM services. The SOFT Program will be contracted out with the purpose of providing supportive services to families as they transition from FR to FM.

Preventative Wraparound services were implemented effective July 1, 2015, by amending Butte County's existing SB163 contract. To date seven children and their families have received voluntary wraparound services.

Butte County utilizes all aspects of CQI including analysis of data reports from CWS/CMS, SafeMeasures, CCWIP data, contractor reports, case reviews, surveys and interviews.

Wraparound

The Butte County Probation Department projected serving 17 children between the ages 12-17, inclusive. The actual number served during this reporting period is 12. The actual number served since the implementation is 15. There are 12 children projected to be served in the next reporting period.

Initially, family engagement was difficult for the Butte County Wraparound population. Butte County has since modified the referral process and improved communication regarding program objectives with all potential and participating families.

For this reporting period, Butte County has completed one cycle of Strengthening Families, and they were currently in the ninth week of another 14 week cycle of Strengthening Families. To date, all of the seven families graduated Strengthening Families in November 2015, and one participant remains in transitional services within the Project (therapeutic sessions, probation support/contact). Currently, six families are participating in Strengthening Families and the program has had 100 percent attendance thus far. Butte County families are engaged and observing incremental improvements within those families. Additionally, the family participants have verbally expressed their feelings of improved emotional connection and communication within the family and look forward to attending weekly sessions, including weekly therapy and visits with probation staff.

Butte County made improvements to and streamlining of the referral process. Butte County's improved communication of program objectives to all participants has increased buy-in and overall participation. Butte County's Therapeutic Services/Wraparound Services are contracted with Awakening Solutions Counseling Services.

The tools utilized to track this intervention are Butte County's CMS, which captures various data including client contact, treatment team meetings/notes, CFT Meeting attendance/outcome, and weekly Strengthening Families attendance.

Butte County is monitoring fidelity among their agency staff for: engagement, assessment of needs and strengths, teaming, identification of support networks, case plan goals and transition planning. Their methods employed to assess fidelity among agency staff include: case reviews, clinical notes and review of data entry in CMS, as well as supervisor oversight. Butte County's findings from case plan reviews and information gleaned from the CMS are shared with all program staff on a regular and consistent basis. The methods employed to assess fidelity among service providers include weekly clinical notes/reports regarding individual and family sessions, as well as monthly CFT Meetings. During this reporting period, Butte County has found assessing fidelity can be difficult.

The Federal CF SR Case Reviews completed by Butte County have built in fidelity measurements for engagement, assessment of needs and strengths, teaming and case plan goals. As part of the CQI process, Wraparound with the Strengthening Families as an integrated component is one of the strategies identified in Butte County's System Improvement Plan. Child Welfare will be responsible for any CF SR selected for review that is a Probation case.

Systemic Issues

Butte County reported no system issues during the current period.

Evaluation

The Butte County Department Employment Social Services and Probation Department participated in monthly ESC calls as well as collaborated with NCCD to create a data inventory system for the county. During this reporting period, Butte County participated in two measurement work groups with NCCD: Family Engagement and Well-being and Trauma Exposure.

Data collection on the usage of SOP tools by social workers continues to be a challenge (i.e. how to track the use of tools to

capture the child's voice, and whether or not case plans are behaviorally based) as much of this information is not tracked electronically. Information on the usage of SOP tools by social workers is primarily available via the hard copy case file. Documentation of SOP is seldom available through ad hoc or vendor reports. The Butte County Probation Department held additional calls with NCCD to review financial information and to discuss an appropriate fidelity tool to measure the treatment of provider's performance.

3. Lake County

SOP

The Lake County Department of Social Services, Child Welfare Services (CWS) projected serving 515 children ages zero-17, inclusive. A total of 480 children received SOP interventions. The CWS projects it will serve 480 children in the next reporting period. All children in the Lake County child welfare system during the reporting period received SOP interventions, but investigated referrals were fewer than projected. Four hundred investigated referrals were projected for a one half year period and 321 were actually investigated.

During this period, the CWS increased or maintained use of their SOP core elements with the expectation of improved short-term outcomes for families including:

- Screening of all referrals through the Review, Evaluate and Direct team on a daily basis.
- Increased use of SOP Three Houses to include the child's perspective during investigations and in court.
- Mandatory use of SOP three columns with parents during their monthly contact and documentation of use in CWS/CMS.
- Mandatory use of Family Team Meetings (FTMs) to create case plans.
- The NCTA coaching services with a focus on Group Supervision and facilitation.
- Implementation of SOP Group Supervision in the FM, FR and PP units.

At this time, Lake County's progress toward short term goals through these SOP interventions has not been quantitatively

documented; however, qualitatively, there is evidence of increased family engagement, integration of the child's voice, enhanced critical thinking by staff and collaborative partners; increased family networks of support and safety networks and increased collaboration in case planning.

A key decision of Lake County was to contract with the NCTA to interview all social workers to determine their level of competence with SOP. The CWS is using the information gathered and will develop staff training plans for each social worker and social worker supervisor. The Lake County CWS also decided to use the NCTA's SOP file review tool in conjunction with Federal Case Reviews and periodic Quality Assurance (QA) checks.

The agency will implement the SOP Supervisors' Fidelity tool in the next reporting period. Supervisors will complete the tool with social workers and QA staff will review a sample of each social worker's caseload using the SOP file review tool and the Structured Decision Making (SDM) review tool annually.

CWS also decided to work with fiscal and information systems staff to revise procedures and to develop software to better track direct service costs in order to monitor changes in service delivery.

One barrier impacting Lake County's Project implementation is staff turnover and influx of new staff in need of training. Another barrier is the 2015 fires that impacted Project implementation by shifting leadership resources towards fire relief efforts. This resulted in training delays for staff and interfered with coaching. Lake County holds training and coaching contracts with the NCTA; the agency also holds a contract with a local evaluator for help with data collection and analysis.

CWS utilized a CWS/CMS SPC for FTMs. However, after discovering the CWS/CMS SPC was insufficient to track use of other SOP interventions, the agency began to develop CWS/CMS Family Engagement Effort codes. Time study codes for specific SOP interventions in Lake County are being used to measure social workers' frequency of use and fidelity to the SOP model.

The advanced SOP training of social workers has not progressed as planned. The SOP Foundation Training is now scheduled for

June 1-2, 2016. The agency is also developing individual and advanced SOP training plans for each social worker.

There are several accomplishments and there is much progress in Lake County's implementation. The CWS built the infrastructure to support SOP practice; coaching is embedded and well received by staff and is creating a positive learning environment. Social workers are feeling confident about their work with families, they want to use SOP tools, and have embraced SOP practice without resistance. During the reporting period, a trend towards increased FM cases was noted, most likely due to improved up-front assessments and family engagement through the use of SOP.

Lake County is monitoring fidelity including engagement, FTM's, assessment of needs and strengths, SDM and teaming (RED Teams and case staffings). Fidelity is assessed through coaching, staff supervision and the QA process. Results are shared with staff through training and dissemination of new processes and tools, such as checklists and narrative templates.

The CWS is incorporating fidelity monitoring into QA processes by incorporating NCTA's SOP file review and found evidence that full documentation of SOP interventions did not occur in every case. As a result, relevant findings about fidelity during the reporting period include the need for additional SOP training and tracking, the creation of some tools such as checklists and narrative templates to assist social workers with documentation of SOP interventions and the advantages of documenting SOP in CWS/CMS with Family Engagement Effort codes instead of SPCs.

Family Wraparound

Lake County CWS projected 30 children and their caregivers between the ages of zero-17, inclusive, to be served by Family Wraparound during this reporting period. The actual number of children served during this reporting period is 47. The services provided address progress towards the short term outcome of increasing protective factors for families, including improving or increasing parental resilience, social connections, knowledge of parenting and child development, concrete supports and social and emotional competence of children.

The CWS provides this service through a contracted provider, serving families with child welfare referrals to prevent removal of children and to families transitioning from FR services to FM when their children return home. The number of families and children served has exceeded expectations. The CWS and its Wraparound providers streamlined the referral process and quickly implemented a trained and experienced team for the Project. The CWS and the providers did not anticipate providing services for families in less than three to six months; however, some Family Wraparound cases addressing short term issues such as housing and access to community resources were completed in a shorter amount of time than was initially expected. This allowed the CWS to fill and re-fill slots and serve more families than anticipated.

Some key decisions in Lake County were to institute monthly case management meetings with the Family Wraparound team staff and social workers, and to incorporate SOP three columns to report case updates and progress with the families participating in the program. Also, the Wraparound Executive Committee decided that wraparound reinvestment funds would be used to purchase services for Family Wraparound participants.

Thus far, no barriers have impacted Lake County's project implementation, and more families and children have been served than had been expected. The CWS provides case management while the contractor provides the Wraparound services. Additionally, a contract with a local evaluator assists with collecting data and developing tools for measuring program effectiveness.

The Wraparound contractor utilizes the Wraparound Fidelity Index (WFI) and Family Advocacy Support Tool (FAST) scoring to show family progress. The CWS staff track families and children on a spreadsheet showing the referral date, referral disposition, abuse type, dates of entry and exit from the Family Wraparound program and periodic FAST scores as the family progresses through the program. The spread sheet will be used to review the families' outcomes for recurrence of maltreatment and permanency measures.

The Lake County CWS contractor developed a second Family Wraparound team, increased caseloads, and implemented completion of the WFI every six months. One innovative activity or

use of funds is that families received housing assistance. The CWS also provided preventative services in-home, supporting the families in areas of concern beyond the initial allegations.

Historically, the CWS provided nominal preventative services through the Differential Response (DR) program where the social worker closed the referral and referred the family to DR services. While this model worked well with low risk families, it left a gap for high risk families. With the provision of Family Wraparound, in-home services are more intense and comprehensive, spanning from two weeks to six months. During this time, the team meets regularly with the family and provides hands on support with a focus on improving safety and mitigating risk.

Wraparound

The Lake County Probation Department (LCPD) projected serving 11 children ages 12-17, inclusive. The number of children served during this reporting period was 13.

Early in the implementation of Lake County's program, it was identified that parenting classes were needed. Officers and the provider were trained in Nurturing Parenting and classes were started. Families involved in the program have been referred to Nurturing Parenting classes and anger management classes. Additionally, minors are participating in local job fairs, sports, health fairs, the Teen Spirit Project, a weekly exercise program, activities at the local youth center, Trunk or Treat, Thanksgiving celebration at the youth center, Bonsai Money Management, Hero Project and Mindfulness based recovery. Weekly CFT Meetings take place. The families are also working on dietary plans and a Plan of Care (POC) created by the family.

A key decision made by the LCPD was deciding to include Nurturing Parenting classes for parents with adolescent children. One implementation change is therapy is being conducted in-house with the provider because of the lack of therapists available through the Behavioral Health Department.

Barriers to Lake County's implementation are the lack of dual parent participation in two-parent households, a shortage of available therapists and psychiatrists and an inadequate number of substance abuse counselors.

The services contracted out include Probation and CWS' contracts with Redwood Community Services for Family Wraparound services. The Lake County CWS and Probation Department track Wraparound with PACT, FAST, and scaling tools and are incorporating fidelity monitoring into QA processes through their provider's WFI activities.

Accomplishments include:

- Six families completed the program successfully.
- The minors completed their probationary period and have not reoffended.
- Four parents completed the Nurturing Parenting class.
- Three families were assisted in finding permanent housing.

The service provider is going to start a teen substance abuse program to help supplement the need for substance abuse treatment in the county beginning in August 2016. They are initially starting with one youth who has had issues. There is also a need for youth to obtain additional individual living skills and job skills. As a result, a quarterly Life Skills day will begin in May 2016. This class will have the same curriculum each session and will include ten-12 youths. Topics will include how to dress for a job, social media presence when looking for a job, employers giving advice on how to present oneself, how to obtain identification and birth certificates, and mock interviews. Additionally, a summer program is being developed for ten-12 youths. This class will occur two days per week. The first day will have a focused independent living skills topic. The second day each week will consist of a field trip in Lake County to demonstrate fun and pro-social activities available.

Lake County's is monitoring fidelity in engagement, assessment, identifying support networks, case plan goals and transition planning. These are measured through monitoring of the scaling responses by the family, by looking at the evolution of the POC through the life of the family's case, the number of support networks at the beginning and the end of the case, the change in the Positive Achievement Change Tool needs and risk scores, and a change in the top three criminogenic needs. Each component is monitored every 30 days through the 90-120 days of the case. Additionally, all referrals to the program are monitored by the Probation Supervisor to ensure criteria for applicability is uniform.

Referrals for services are also monitored to make sure the referral is consistent and appropriate.

A review of the assessments is done to ensure consistency. After completion of the program, the provider follows up with the family to make sure stability continues. Results are shared with staff and the provider at bi-weekly meetings. Reviews show that while the needs in successful cases increase, risks consistently decrease.

Systemic Issues

Lake County CWS reported several systems issues. Lake County's CWS/CMS is not designed to document specific SOP interventions; thus, capturing data on the use of specific interventions and relating them to child and family outcomes has been difficult. Using CMS SPCs failed to produce child and family specific data. Instead, CWS is exploring the use of Family Engagement Effort codes. Also, a crosswalk between Family Engagement Effort codes and SOP elements needs to be developed.

Lake County relies on the state licensing office nearly three hours away for their Foster and Adoptive Parent Licensing, Recruitment and Retention. The hardship this poses results in nearly all local homes being certified through FFAs. The shortage of local placement options hinders making suitable matches between caregivers and children and potentially impacting the Project's SOP outcome goal of decreasing group home care. This issue also impacts Lake County's out-of-county placement figures and the overall time children are in care. To mitigate this issue Lake County CWS is developing a plan of action for implementation of the Resource Family Approval program.

Lake County has ongoing issues around staff, care giver and service provider trainings due to recruitment and turnover. Of 24 full time social worker positions, during the reporting period, Lake County CWS hired six new social workers and lost six others. Six vacancies remained unfilled prior to and throughout the reporting period. Of the 18 positions filled, eight have been in their position less than one year. Additionally, of six Lake County social worker supervisor positions, two remain unfilled and three have been supervisors for less than one year, though they do have extensive experience as social workers. Because so many staff

members are new (less than one year), they are often away to meet Core training requirements, which impact workloads. To ensure all staff receive SOP training, their CWS is creating individualized SOP training plans for each social worker and is working with the NCTA to present some courses locally

Although agencies are generally cooperative with Lake County's CWS needs, the service array is sometimes limited by staffing issues and regulations. For example, Lake County Behavioral Health lacks a staff psychologist or psychiatrist and relies instead on telephone psychiatric services. Therapists are understaffed as well. Even when therapists are available, CWS parents often do not qualify for services, so addressing their mental health issues is difficult.

Another continuing challenge for Lake County is housing. While always problematic, the fires in 2015 exacerbated the situation due to the destruction of over 1,000 units. Many families were displaced to campgrounds which closed during the winter. A housing shortage now exists and the prices of existing homes have increased dramatically.

The LCPD also has Management Information concerns as it began using Caseload Pro as an information management system on November 1, 2015. It has taken several months to complete entry of all minors and families into the system. Additionally, officers are still learning how to use the system and information is not always entered consistently. Training continues to help ensure the system is completely accurate and up to date.

The LCPD has a difficult time recruiting and obtaining foster homes in the county as foster parents are hesitant to take a minor referred by Probation.

The LCPD staff, caregiver and service provider training is ongoing. One officer and one supervisor will attend the Partnerships for Well-being Institute in June 2016. Issues arise related to officer retention and turnover. In the past six months, Probation has hired six officers, and three are no longer with the department. Officers do not always stay in the department because the pay is lower than surrounding counties. Once officers have received the necessary training, other departments pursue them for employment.

As to Lake County's agency collaboration, Probation and CWS meet regularly. They experience difficulty with their Behavioral Health Department. The Behavioral Health Department provides individual counseling and medication referrals, and also provides substance abuse counseling. The Behavioral Health Department is constantly understaffed, so Lake County families have experienced long delays in obtaining an appointment. The Behavioral Health Department has not been able to keep a psychiatrist on staff, so medication referrals are hard to obtain. Because of staffing issues, the staff-members that do stay are often moved from office to office, resulting in families not receiving consistent treatment.

Evaluation

Lake County representatives participate in ESC collaborative efforts including meetings and conference calls.

4. Los Angeles County

CPM

Los Angeles County Department of Children and Family Services (DCFS) projects it will provide CPM services to 36,500 children age zero-17, inclusive, throughout the Project's duration. However, the actual number of children served during this reporting period was 14,500. The projected number of children to be served in the next reporting period is 24,000.

The DCFS has committed to implement a series of strategies and steps that include: use of Multidisciplinary Assessment Teams (MATs); use of Medical Hubs to examine newly detained children for their initial examinations; use of Mental Health Screenings; use of Coaching; the expansion of Wraparound Services; reduced number of young children in group homes; reduced child welfare caseloads to a level conducive for social workers and their supervisors to adopt the daily elements of practice change envisioned by CPM. These include child and family engagement; identification of strengths and needs; meaningful teaming with formal and informal support systems, particularly for participation in CFT; increased Placement Resource Capacity to support placement stability and permanency in homelike settings within a child's community. Placement resources include the homes of relatives as well as state-licensed foster

homes, trained and supported to meet the placed child's unique needs; improved access to mental health services, particularly for Katie A. subclass members and primarily through the expansion of Intensive Care Coordination and Intensive Home Based Services (ICC/IHBS). These services should also incorporate substance abuse interventions for those youth with co-occurring disorders.

The quality and intensity of these services should be at a level that promotes safety, permanency, and well-being; increased Training and Coaching capacity to accelerate CPM implementation; enhanced Quality Improvement Process focused on evaluating and advancing practice, which is consistent with CPM principles. The Quality Services Review (QSR) will continue to serve as the primary vehicle to measure quality improvement. Measures might include standards related to safety and permanency, numbers of children receiving ICC/IHBS and the more specific impacts of these services on the rates of removing children from their birth homes; placing children with relatives whenever possible or in home-like settings within community of origin and on reducing the number of a child's replacements.

Los Angeles DCFS recognized the urgency for practice change with regards to its work with children, parents and families who need both child welfare and mental health services and supports. DCFS and the Department of Mental Health (DMH) outlined a strategy by which significant progress can materialize in a relatively short period of time. In September 2015, Los Angeles County implemented a plan to integrate CPM into the day-to-day social workers' and supervisors' practice, as well as those professionals who provide mental health services, through an approach known as Immersion. This approach also allows DCFS to develop the mental health resources necessary to support the shared goals of child safety, permanency and well-being.

In order to begin testing the Immersion Strategy in both the Compton and Van Nuys Regional Offices with existing staffing, placement and ICC/IHBS resources, the Los Angeles DCFS and DMH completed a data match to identify potential Katie A. class and subclass members being served through each office, based on criteria established through Los Angeles County and California settlements. The Immersion soft launch methodology is comprised of selecting a total of 32 identified potential subclass children/youth,

16 served by each of the two Immersion Offices, eight of whom are placed in a group home and eight of whom are not currently linked to a mental health provider. The goal is to effectively engage the child and family, form a well-functioning CFT and establish procedures to access and provide quality ICC\IHBS.

The Los Angeles DCFS Service Linkage Specialist will take lead responsibility, in partnership with administration, regional office supervisors, and DMH Specialized Foster Care Co-located staff, as needed, to review the list of potential subclass members who are not currently linked to a mental health provider and, in partnership with the responsible Los Angeles DCFS Supervising Children's Social Worker (SCSW) and Children's Social Worker (CSW), the Service Linkage Specialist will annotate the list with any barriers to an immediate referral to an Intensive Mental Health Service program which can provide the necessary ICC and IHBS services. The Immersion hard launch is scheduled to begin on April 1, 2016.

For those subclass members placed in a group home and not within 30 days of transitioning to a home-based setting, the assigned Los Angeles DCFS SCSW (in the process of being or already certified as a CFT Facilitator) will partner with the child and family to form and facilitate a CFT meeting that will enable the youth to return to a home-based setting and be referred to a Mental Health Service program.

During the Immersion – Phase One soft launch period, Los Angeles DCFS continued to provide supportive training to staff through a CPM Coaching Workshop, which includes 20 short supportive training modules. These modules were co-created by the County-wide coaching team, who will 'train the trainers' over the next two years during regularly scheduled monthly coaching roundtables. Los Angeles DCFS has developed an updated Training Academy Curriculum, which integrates CPM components into the learning opportunities provided to new hires. Coaching and training will be interspersed to allow Los Angeles DCFS staff to learn, practice what they learn, reflect on their practice and incorporate improvements into their practice. There will be regular meetings with leadership to assess progress, identify challenges, problem solve and engage in mutual learning.

The Los Angeles DCFS Training Section has partnered with the Coaching Section and implemented a plan to build CPM training capacity. A county-wide Coach Developer has been assigned to the Training Section to provide CPM Training for Trainers, as well as shadowing experiences, with the expectation that all training staff will be able to train the CPM. Trainers will also be expected to shadow and facilitate CFTs, as well as participate in coaching roundtables to deepen their knowledge and skills. Coaching and training will be interspersed to allow staff to learn, practice what was learned, reflect on their practice and incorporate improvements into their practice. There will be regular meetings with leadership to assess progress, identify challenges, problem solve and engage in mutual learning.

The roll-out of Los Angeles' CPM was slower than projected as philosophical differences emerged between certain aspects of the Coordinated Services Action Team (CSAT) processes. This process ensures the consistent, effective and timely screening and assessment of mental health needs across all populations served. Accordingly, Los Angeles DCFS continued exploring or implemented options to more closely align CSAT processes with CPM. For example, to address multiple CFTs being formed for the same family, communication with Wraparound agencies was improved so that DCFS social workers fully participate in all steps of wraparound-agency led CFTs.

Also under consideration are modifications to the MAT process including requiring the clinician who administers the MAT assessment to also deliver the recommended services to the child. At a minimum, the county may require the clinician who administers the MAT assessment and the therapist who delivers the recommended services to work for the same provider. These modifications would promote continuity of care for the child and family, allowing more of the child/family voice to be heard while also promoting staff engagement prior to the CFT meeting. This approach would also assist families who choose to include the MAT assessor or therapist in their support team.

Los Angeles County has also engaged labor support throughout its CPM implementation. On December 21, 2015, the Services Employees International Union (SEIU) Local 721 Executive Leadership issued a Memorandum of Support to Los Angeles

DCFS expressing conceptual support for implementation of practice change through the CPM and specifically through the vehicle of the child and family teaming process. Between December 2015 and February 2016, Los Angeles DCFS Executive Leadership continued to participate in a series of monthly Meet and Confer meetings with represented members of Local 721 to discuss the language in the draft DCFS CFT Procedural Guide. Throughout the Meet and Confer meetings, participating SEIU members expressed concerns related to worker safety in the field, practice fidelity specifically related to Emergency Response (ER) compared to Continuing Services phases of service delivery and the ability of bilingually certified line staff to accurately chart strengths and needs in the child's/family's language rather than in English. These Meet and Confer meetings will continue.

Los Angeles DCFS maintains contracts with Tricia Mosher Consulting (TMC) for its CPM leadership, supervision, implementation team and coach development services in some regional offices. Additionally, the DCFS contracts with the NCCD Children's Research Center to expand and deepen coaching skills and practices for coaches and training staff. The contracting period is from April 2016 through September 2016.

Los Angeles County is utilizing several tools to track the interventions. Los Angeles DCFS implemented the QSR as a means to incorporate fidelity monitoring into CQI. The QSR is a methodology to assess and evaluate current practices, a direct measure of CPM. The QSR uses a combination of record reviews, interviews, observations and deductions made from fact patterns gathered and interpreted by certified reviewers regarding children and families receiving services in a specific service area and at a given point in time.

The Katie A. settlement mandates ten QSRs are to be completed per month in only one regional office. The two Immersion offices implemented "mini-QSR"; each Immersion office has a QSR on ten cases per month. Expanding the "mini-QSR" to all regional offices is being considered.

In CPM Immersion offices, Los Angeles DCFS is implementing a deeper and more focused ongoing teaching and coaching process. The DCFS anticipates that an approach that provides continuous

learning opportunities about how QSR scores are established will ultimately yield significantly greater improvements in service delivery and child and family outcomes. The targeted ongoing training and coaching will focus on four major QSR indicators: Engagement, Teamwork, Assessment and Understanding and Long-term View. In preparation for an expanded scale of the QSR, Los Angeles DCFS will assign additional co-located coaches and trainers who will provide ongoing training and coaching to focus on CPM Practice Behaviors and the QSR Practice Indicators.

Regional Office leadership will concurrently continue practicing the focused ongoing learning on the four indicators in preparation for the QSR. With additional staffing resources, Los Angeles County is considering expanding the QSR sample from the current ten cases per month/per regional office to a total of 15 cases per month/per regional office. Building internal capacity at the office level will be instrumental in embedding the practice and improving scores during full QSR events. To ensure that the entire department benefits from this process, the data gathered from the cases will be shared by office leadership with staff and executive level leadership. Cases selected for discussion at the monthly departmental data state meeting will be selected from the pool of reviewed cases for the month. Aggregate data will also be shared by the office leadership at the departmental monthly CPM Implementation Team meetings. As Immersion rolls out countywide, the co-located QSR staff will move to the new Immersion Offices to offer the same training and coaching support.

In addition to the QSR, Los Angeles DCFS launched the CFT tracking system on January 15, 2016, to monitor the effectiveness and efficiency of the program to capture all four steps of the CFT process: staff engagement, family engagement, CFT meetings and debrief. The tracking system is still in the testing phase and adjustments are being made as needed.

Time away from Los Angeles County CSW's caseloads for training remains an issue that contributes to incomplete activities. Los Angeles DCFS is working with DMH to allow for training on the Los Angeles County Training site, The Learning Net. In addition, Los Angeles DCFS is beginning to explore CPM training with Dependency Court Judges, County Counsel, the child's attorneys and parents' attorneys.

Some accomplishments include the use of implementation teams (design teams) which help to anchor CPM. This practice allows for local teams to meet often, in small groups, to attend to the needs of the individual office. The needs vary from one regional office to another due to their respective community's diverse needs. Individual offices have implemented support groups that include both leadership and CSWs. One office has implemented "Early Adapters"; a group of CSWs and SCSWs to support CPM implementation their office. In addition, to ensure all staff in the two Immersion Offices are implementing CPM to fidelity, all staff must attend the first module of CPM training. To build CPM capacity, a coach was assigned to the training section and new hires are engaged in the CPM when they are being trained. Los Angeles DCFS and DMH now use the same basic shared CPM training video to build a consistent foundation for both Los Angeles DCFS and DMH.

Los Angeles County utilizes many CPM fidelity indicators to monitor these interventions. To assess fidelity and growth among staff, the staff with a caseload are encouraged to advance in the ranks of becoming a certified facilitator, certified coach and certified coach developer to demonstrate the degree to which they are able to facilitate CFT meetings and address the underlying needs of the families so case plan goals can be successfully established. Each level of certification requires more interactions with families through CFTs and a deeper practice of CPM in which all of the core practice strategies are targeted and observed. Every CFT ends with a debriefing session, which allows for the meeting facilitator to not only discuss the outcomes and action items of the session, but to also provide staff with feedback and recommendations for CQI of engagement and interactions with the family.

The results of the fidelity assessments are shared among the Fidelity Assessment Team during a debriefing session after the CFT meeting ends to ensure inter-rater reliability and to provide feedback to the raters on how they may be able to enhance their CFT observational skills. This emphasizes ongoing engagement and an understanding of the family's culture, strengths and underlying needs. Aggregate-level results are shared during management and staff unit meetings at the regional office level for those offices participating in the fidelity assessments. The purpose

of this sharing is to keep staff informed about the progress being made with the families they serve and to practice CQI. This ensures they are providing effective and caring services to families, engaging and teaming with families at every key decision point and improving the well-being of children by keeping them safe. Los Angeles County is currently not assessing fidelity among their providers.

Some relevant findings about fidelity learned during this reporting period include:

- Most families have demonstrated a clear understanding/or have clear communication about the safety and permanency issues addressed in the meeting (51.9 percent).
- Families have discussed supportive relationships with people that support the child (39.0 percent).
- Most families are having extensive discussions around what's working well, not working well and what needs to happen (52.4 percent).
- More work is needed around the family team incorporating the child and family's cultural values, traditions and beliefs in team planning and discussion.

Prevention and Aftercare Population

The Los Angeles County projects the number of children and families served is 10,960, although, they were unable to stratify the number of children who received services. The actual number of children and families served age zero-17, inclusive, during this reporting period is 9,931. The projected number was not achieved as a whole because 2015 was the first year of Prevention and Aftercare services and there were start-up issues that impacted how quickly the services started.

Many agencies had difficulty implementing their plans until very late in the year, due to widespread issues with insurance for subcontractors. Los Angeles County has requirements for liability insurance that pose a challenge for some small sub-contractors to secure. This issue was remedied as the Community Based Support Division team consulted with the Chief Executive Office Risk Management Branch and provided guidance to the

contractors. Moreover, definitions for the data collected were not uniform, therefore creating discrepancy.

The Prevention and Aftercare intervention provides a core group of services including case navigation, Emergency Basic Support Services and community outreach and capacity building. This intervention provides services through eight Service Planning Area (SPA) community networks as well as two countywide networks which provide culturally based child abuse prevention services to American Indian/Alaskan Native and Asian Pacific Islander families. These agencies use innovative strategies to increase the protective capacities of the families that they service. Some of these innovative strategies include community action groups empowering families to take on community improvement leadership roles; community theater groups which assist families within housing projects to write and perform a play, thereby creating social connections for the families; and facilitating lending circles which create economic opportunities for the families who have gone on to use the funds to start their own small businesses.

The wide variety of programs and activities implemented included: family visitation centers; traditional parenting and domestic violence classes; foster care recruitment in the Asian/Pacific Island communities; family and community gardening projects; Effective Black Parenting; financial literacy and credit improvement programs; Native American cultural activities; job placement and yoga classes.

Using case navigation and linkages, the program is the entry point to a county-wide network of public and private agencies that are dedicated to the elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, CQI and implementation of best practice. These various services and activities operationalize several CPM core components as agencies engage families and assess needs while supporting voice and choice. The services then work to further increase the family's support networks, which should lead to prevention of child abuse and neglect.

Key decisions made from October 1, 2015, to March 31, 2016 included revamping the "Monthly Service Counts" report that each agency must complete and submit with their monthly billing

invoices. The Monthly Service Counts report has clarified and defined each service component, streamlining the categories of services in an effort to provide uniformed delivery by the agencies. In addition, it was decided that Los Angeles DCFS clients would only be referred through the Family Centered Services Portal in order to ensure that they could accurately capture data on Los Angeles DCFS clients served for outcome and other tracking needs. An informational staff bulletin detailing this protocol was distributed to staff on March 3, 2016.

Los Angeles County DCFS has implemented an online referral and tracking system for Prevention and Aftercare services to alleviate workload and improve efficiency. The CSWs are now able to create and complete a Prevention and Aftercare referral online through the Family Centered Services/Family Preservation link on the Los Angeles DCFS intranet. The online system allows Los Angeles DCFS to follow up on the status of the referrals while permitting the contracted agencies the ability to document their efforts in engaging and enrolling clients.

Some barriers to implementation of Prevention and Aftercare services include CSW/SCSW knowledge of the service. As of late 2015, the Prevention and Aftercare team has been presenting on Prevention and Aftercare to the Los Angeles DCFS regional offices, explaining the program, demonstrating how to make a referral and providing education around the importance of using Prevention and Aftercare services. Further, the Prevention and Aftercare contracted agencies have been advertising their services to Los Angeles DCFS staff at monthly staff meetings allowing staff to ask questions about the enrollment process as well as the offered/available services. With the increased awareness and increases in referrals, some agencies are now voicing that they are encountering capacity issues that they are working through.

All Prevention and Aftercare Services are handled by ten primary contractors throughout Los Angeles County. Several dozen other agencies are subcontracted by the primary agencies. These are all experienced community agencies with established track records of service in specific areas.

For the Prevention and Aftercare Services Program, Los Angeles County DCFS program staff completed on-site technical reviews of

the contracted community-based agencies. Los Angeles DCFS program staff completed two technical reviews during the 2015 calendar year. The first review process included the completion of an extensive technical review tool which covered the contract requirements. The second review process was qualitative as it included a technical review tool designed to learn about the level of partnership and collaboration within each agency's network and the quality of service being provided. Some of the agencies opted to include families who had participated in the services to talk about their experience with the agency. Los Angeles DCFS program staff also review the monthly expenditures, associated invoices and monthly program summaries for each agency.

Given that the 2015 calendar year was the first year of the program, many of the tools connected with the program were designed to ensure the program was implemented as envisioned (and contractually required) and to increase the participation in the programs by Los Angeles DCFS families.

The plan for the Prevention and Aftercare second review is still in progress. The Department would like for the second review to be a more formal qualitative review. To that end, the second review will adapt processes from the QSR currently in effect for Los Angeles DCFS offices. The current contract language states that a formal qualitative evaluation process will be in effect following the end of the second year. The Department will make every effort to begin the QSR with the Prevention and Aftercare Service contracted agencies before the end of the second year.

Partnership for Families

This intervention will be implemented on January 1, 2017.

Wraparound

Los Angeles County Probation Department (LACPD) projects serving 265 children ages zero through 17.5 during this reporting period. The actual number of children served during this reporting period is 262. The projected number of children served was not achieved due to disenrollment, graduations, family refusals of services and minors moving out of Los Angeles County.

Los Angeles County has a dedicated Wraparound data system to better manage payments and youth information and the county is currently enhancing the system's reporting functions. Since the implementation of the program, mental health assessments, linkages to services within the community, medication support and providers' continuity of care has improved. The LACPD continues to strive for ongoing improvements in assessments and monitoring of Wraparound youth to address the risk factors for increased well-being and stability in the home.

Key decisions are oversight of the Los Angeles County Wraparound contracts which are transitioning from Los Angeles DCFS to DMH. Los Angeles DCFS, DMH and Probation have implemented a pilot program in SPA three to change the referral process for Wraparound. The DMH will triage all referrals in SPA three in order to determine the most appropriate service for each youth. The plan is to expand this process to other SPAs as the Wraparound program transitions to DMH. An implementation change in Medi-Cal eligibility will now allow 790 deferred entry-of-judgment youth to qualify for Wraparound services.

Los Angeles Probation Department has four Probation Liaisons who provide services and follow up for all eight SPAs within the county. This two to one ratio limits the availability of each Probation Liaison to serve the youth and to be responsive to Deputy Probation Officers and providers. Los Angeles Probation Department is also in the process of revising the current contract to ensure that Wraparound services can be provided to an at-risk population and is working closely with DMH and DCFS to move this forward.

The Wraparound program is contracted to 49 providers county-wide. Wraparound provides services that include, but are not limited to; mental health services, community based programs, parenting classes, drug programs, sex offender programs, gang deterrent programs, teen group programs/counseling and housing programs.

The LACPD utilizes the Los Angeles Risk and Resiliency Checkup (LARRC) as an assessment and screening tool for criminogenic risks and needs that may place a minor at risk of removal from home. The LARRC is used as a tool to indicate behaviors and risk areas for a minor, and supports the determination of specific

intervention needs for each youth. For all Wraparound youth, the contracted providers must use the WFI and Child and Adolescent Functional Assessment Scale (CAFAS). Contracted providers also use the POC and case plan documentation to track and update youth and family progress.

The Wraparound program oversight transition from Los Angeles DCFS to DMH remains incomplete. This is a collaborative effort between Los Angeles DCFS, DMH, Probation, the Board of Supervisors and the Chief Executive's Office. The plan was to transition the program by June 30, 2016. However, due to limited resources and time needed to evaluate the program needs, the transition date is pending. Los Angeles DCFS, DMH and Probation will continue to work together to plan a smooth transition.

Los Angeles County reports, as of April 1, 2016, the Los Angeles DCFS, DMH and the Probation implemented a pilot program in SPA three to change the Wraparound referral process. Previously, Wraparound referral went to the Los Angeles DCFS Wraparound liaison to review and assign the case to providers based on SPA and rotation.

The LACPD monitors engagement, assessment, teaming and identification of support network, case plan goals and transition planning. In order to assess fidelity among staff, POs review the completed POC and Safety Crisis Plan as evidenced by its approval by 30 days and every six months thereafter. Case consultation, Notice of Intent for disenrollment and graduation are reviewed to ensure that case notes are documented in the Probation CMS and reflected on monthly reports to management.

In addition, the POC and Safety Crisis Plan address all components listed above. If any of the components are missing, the Interagency Screening Committee will address the issue with the Wraparound team assigned to the case. The POC and Safety Crisis Plan are subject to approval or deferment. If there are concerns with the POC, the Probation Liaison or provider will request a consultation. The results of fidelity monitoring efforts are shared at the Probation Liaison monthly staff meeting, Wraparound Lead agency meeting; Wraparound quarterly meeting with Los Angeles DCFS, DMH, and Probation and Wraparound operational collaborative meeting among the three departments. The LACPD also has direct

oversight during the POC and Safety Crisis Plan reviews, case consultation, processing the requests for disenrollment and graduation where the fidelity of the services provided to the youth is assessed.

The LACPD Placement Permanency Section and QA Division staff hold monthly meetings with Probation Directors and DCFS Outcomes and Accountability managers to plan the incorporate fidelity monitoring into a CQI process. They also have the monthly CQI statistics meeting with Los Angeles DCFS to discuss the trend, predictions and findings related to CQI.

FFT

The LACPD projects serving 200 children age 11-17.5, inclusive during this reporting period. The actual number of children served was 200.

The FFT is an evidence-based prevention and intervention program that involves family focused, home based services utilizing the following five phases: engagement, motivation, relational assessment, behavior change and generalization. This multi-phase intervention map provides a framework for clinical decisions at each phase of treatment to obtain specific goals. The FFT focuses on the strengths found in the family, community, school and neighborhoods, is designed to increase the family's motivation to change and tailors interventions to each family's unique risk and protective factors.

The LACPD will continue to utilize the FFT Monthly Stats Report, an in-house data reporting form, despite staffing changes at the management level. This will ensure that there is no disruption to the monitoring of the caseloads and adherence to fidelity standards.

The data reporting form known as the Monthly Stats Report was revamped to allow staff the ability to track fidelity measures more closely. These reports now include more staff-level fidelity indicators to help inform performance evaluation with regard to FFT model adherence, such as session completion rates, graduation rates, face to face contacts and frontloading. The FFT team also develops data discrepancy reports on a regular basis in order to alert the teams to verify data entry accuracy. The LACPD

continues to use the Clinical Services System (CSS) website which allows staff to conduct case reviews.

The LACPD FFT staff noted in-house referral rates have been decreasing and believe this is due to staffing needs. The in-house FFT teams do not have adequate Spanish-speaking therapists to handle the excess cases in SPAs two and three. Currently there is one therapist for each SPA, and supervisory staff indicated that two therapists serving each SPA would be ideal. To mitigate this concern, the LACPD contracted with external provider agencies, Star View and Shields for Families, to provide FFT services for referrals not able to be served in-house. The LACPD also hopes to serve more youth and families by increasing staffing of Deputy Probation Office therapists once the new FFT supervisor is fully trained. The decrease in referrals could also be attributed to staffing changes in camps and other referral sources that result in a lack of awareness of the FFT program among new staff members. The LACPD intends to initiate recruitment activities among Probation camps and area offices and increase the level of FFT knowledge.

The LACPD tracks youth and parent well-being through the Youth Outcome Questionnaire (YOQ) and YOQ-Satisfaction Report. The agency utilizes the Outcome Questionnaire, which is completed by the family, to track family well-being. The Monthly Stats Report tracks fidelity measures to determine how well the therapists are adhering to the model requirements in terms of frequency of visits, graduation rates and other factors. The LACPD also utilizes the LARRC to determine well-being in terms of youths' risk and protective factors.

The LACPD has one Supervising Deputy Probation Officer who will receive FFT training in May, 2016, and will provide oversight of the therapists in order to ensure adherence to the FFT model. One new therapist will complete training in May, 2016. These two staff will provide services in SPA one, the Lancaster/Antelope Valley area.

Another accomplishment reported is FFT continues to meet the model's high standards. For example, the graduation rates for youth with closed cases for this reporting period are at 80.2 percent, meeting the FFT model fidelity criteria. Data collection

processes also continue to be improved in that individual therapist reports are run regularly to enable FFT therapists to detect any discrepancies and correct them. The tracking of frontloading has also been implemented for higher risk clients being seen three times within the first ten days from referral, and should increase the likelihood of successful outcomes.

Functional Family Probation (FFP)

The LACPD projected serving 376 youth age 11-18, inclusive during this reporting period. The actual number of youth served was 300. Some possible reasons the projected number of youth were not served may include service referrals not meeting eligibility criteria, such as age, Welfare and Institutions Code legal status or referrals that should be handled by specialized units such as Gang Unit or Dual Supervision Unit.

The FFP is a family-focused case management model for Deputy Probation Officers to more effectively work with youth on probation. The FFP targets obstacles experienced by youth and family with respect to risk factors and helps them access the necessary services in order to decrease the risk factors and improve the protective factors. This is done through the model's three phases of engage and motivate, support and monitor and generalization. While the family and therapist work through these phases, they assess needs, identify goals, link the family to necessary services and continually assess for progress towards goals.

One key decision was to implement the use of the Juvenile Field Case Plan, which will systematically improve the documentation of data, particularly with regards to family-focused interventions. This process will be implemented in April, 2016. In addition, the LACPD began enforcing the use of the Probation CMS supervision modules which will greatly facilitate supervisors' access to various information including education, service linkages and drug test results for youth.

The LACPD also reports a lack of services geared towards juveniles, such as the substance abuse treatment services needed in SPA seven. The LACPD intends to initiate recruitment activities among Probation camps and area offices to raise the level of

knowledge about FFT and to continue to identify connections to services in areas where they may be lacking.

Tools utilized to track FFP include the monthly statistics report, which measures fidelity criteria such as frequency of visits. The LARRC tracks the risk and protective factors of minors and assists in the case planning and service referrals.

The LACPD FFP staff is waiting for the next sessions of booster training. The California Institute of Behavioral Health Services (CIBHS), a consultant for FFP, is still developing the schedule for the booster trainings. In addition, The LACPD has been waiting for CIBHS to schedule the training for the CSS, which is the data entry system which FFP practitioners use to track process and outcome data. The use of CSS will greatly enhance the ability to track fidelity measures. The CSS is currently undergoing modifications and once they are finalized CIBHS will commence the CSS training for Probation FFP staff, which is projected to be in the fall of 2016.

Another accomplishment reported is the hiring of an additional Deputy Probation Officer, which has contributed to the department being 100 percent compliant in administering drug tests to youth. The FFP team also implements the Global Rating Measure, an assessment that supports and improves FFP model adherence, with one team achieving 57 percent "Well" and 43 percent achieving "Very Well" ratings.

Although FFP is not specifically a trauma-focused intervention, a majority of the youth served may have gone through some type of trauma, whether it be domestic violence, gang violence, commercial sexual exploitation or other trauma. The staff asks about these issues and refers youth to mental health services as needed; however staff do not utilize trauma screening tools nor are they mandated to undergo specialized trauma training.

Systemic Issues

Los Angeles DCFS has developed a web-based CFT tracking system, which is currently in beta testing.

Regarding their Foster and Adoptive Parent Licensing, Recruitment and Retention, Los Angeles County has a continued need to increase placement resource capacity. Foster parent recruitment

and retention continues to be challenging for children zero-five, years old and children with mental health disabilities.

As to the training of staff, caregivers and service providers, Los Angeles County has a county-wide Coach Developer, who has been assigned to the Training Section to provide CPM Training for Trainers, as well as shadowing experiences, with the expectation that all Training staff will be able to train the CPM. In September 2015, the Resource Family Unit began planning six all day CPM 3.0 In-service trainings for up to four hundred Resource Families (License, Foster Parents, Relative Caregivers, Non-Related Extended Family Members and Adoptive Parents) and was completed on March 29, 2016. For agency collaboration, Los Angeles DCFS and Probation Department continue to improve its agency collaboration. Los Angeles DCFS is beginning to engage community partners with implementation of CPM and CFTs.

The LACPD has some systems issues around Foster and Adoptive Licensing, Recruitment and Retention, and is currently working toward a recruitment plan to obtain and retain foster and adoptive parents.

For service array, Los Angeles County has a need for improved access to mental health services and substance abuse services.

Los Angeles DCFS is the lead agency for CPM and Wraparound QA. The LACPD has begun to initiate a quality improvement process for those providers serving Probation youth. During this reporting period, Los Angeles DCFS had QSRs for 30 cases in three regional offices and 24 cases for the Children and Services Review.

Evaluation

Los Angeles County DCFS will be participating in the cost sub-study for the statewide evaluation.

Los Angeles DCFS reports it does not have a local evaluation plan; however, local evaluation will be explored during the Project's third year of implementation.

5. Sacramento County

SOP

The Sacramento County Department of Health and Human Services (DHHS) projected serving 14,709 children age zero-17, inclusive, throughout the Project's duration. This projection was made using a rolling average of the number of children served by the Child Protective Services (CPS) during the five years prior to the Project. The actual number of children served during this reporting period was 3,890 or 26 percent. The target population is children and families receiving CPS services and who are involved in a referral or a case due to child abuse and/or neglect. Sacramento County recognizes there may be a need to further define a measurable target population.

The projected number of children was not served because the implementation plan was interrupted when internal resources were redirected for roughly six months to address key issues related to court mandates. In August 2015, Sacramento County commenced work with the NCTA and conducted SOP Case File Reviews and the Supervisor Checklist to identify trends in SOP and establish a baseline of SOP to guide further implementation efforts.

Based on the current implementation progress, it is anticipated 12,351 children will be served in the next reporting period.

Sacramento County has made significant progress in the implementation of SOP. Sacramento CPS established a SOP Steering Committee to direct implementation as well as internal and external training efforts. Internal training efforts included mandatory training for Family Service Worker Supervisors and Clerical Supervisors and provided updated information regarding the agency's SOP implementation and the Coaching Model, emphasizing the similarities and small differences between Signs of Safety and the expectations under SOP. Sacramento DHHS also distributed division-wide memorandums informing staff of SOP implementation and the expected improvement of outcomes for children and families.

Sacramento County will receive SOP training and coaching from the NCTA throughout the duration of the Project. Training and coaching efforts are aimed at improving engagement and working relationships with families, strengthening critical thinking skills, creating behaviorally based cases plans and increasing safety networks. The training plans include SOP training for all social

workers, supervisors and managers. Sacramento CPS anticipates staff will complete the SOP two-day training by June 2016.

Sacramento County also added three external SOP coaches, each providing 25 hours of coaching per month. Introductory meetings to discuss the coaching process and expectations occurred in January 2016. In February 2016, coaches began monthly meetings with supervisors to support the development of goals within their units and to assist in the development of structured strategies, tools and techniques to coach their teams toward the successful implementation and deepening of SOP.

Sacramento CPS completed SOP Case Reviews and the SOP Supervisor's Checklist to determine a SOP baseline. Further, the county is creating documentation standards and expectations regarding how SOP will be included in court reports and forms. The county is also developing SOP toolkits for each regional office, as well as SOP informational boards with forms and resources to support additional learning within programs.

Sacramento CPS is monitoring staff fidelity to SOP components including needs and strengths assessments, teaming and the identification of support networks. The agency measures strengths and needs assessments through SDM tools completion and teaming through a SPC and the Efforts to Outcomes database. Staff identification of support networks is measured through case review tools. Sacramento CPS is sharing the results of fidelity monitoring efforts with staff through a variety of forums.

The NCTA surveyed supervisors regarding social workers' integration of SOP strategies with families in November, 2015. In addition, Sacramento County partnered with the NCTA to complete case reviews and interviews with social workers to identify their current level of SOP (i.e. "Emergent", "Accomplished" or "Distinguished Practice").

Sacramento CPS reports continuous staff turnover and competing demands for resources were barriers to implementing SOP within the initial timeframe. These barriers required increased focus on stabilizing resources and hiring new staff. Limited staff resources also caused gaps in SOP training and coaching, thus resulting in a decreased use by experienced staff that previously received

SOS/SOP training and were practicing these interventions at varying levels.

Case reviews and social worker surveys revealed many experienced staff had reverted to former practices which did not include the integrated SOP intervention with families. Further, newly hired staff has little to no exposure to SOP resulting in the need to provide foundational training. There have been barriers to training all social workers and supervisors, in that the NCTA initially canceled numerous training dates, which delayed foundational training for staff. Sacramento County is also experiencing a barrier with coaching staff availability, however is working on a solution to this obstacle.

Sacramento County plans to form work and focus groups to provide feedback loops; these activities are in the development stages as the SOP Steering Committee has been working towards establishing the necessary groups. As part of a larger agency-wide process, Sacramento County also plans to develop written implementation and monitoring policies and procedures. Although policies outlining SOP procedures have not yet been generated, the DHHS has developed and trained staff on its SOP Safety Plan policy.

The Sacramento CPS progressed toward short-term intervention goals despite barriers. Information derived from the SOP Case File Reviews highlights the use of SOP interventions by social workers has improved family engagement, increasing parental participation and the parent's ability to learn necessary skills to improve functioning and parenting. Intermediate and long-term goals to keep children safe at home and reduce re-entry rates are currently in progress.

Prevention Initiative

Sacramento County CPS projected serving 450 children age six-17, inclusive, during this reporting period. The actual number of children served was 1,433. Services are provided in nine areas within the community that have been identified through an analysis of various data points such as substantiated reports (e.g. lack of prenatal care: low birth weight; calls from schools and other sources.) Services contracted out include the contracts in place

with the Child Abuse Prevention Council (CAPC) to administer funding for preventative services and provide program evaluation.

For this reporting period, the CAPC Liaison, who is out-stationed with the Sacramento CPS ER Hotline, received 178 referrals and made contact with and provided links to services for 72 families. It is important to note the Liaison position has been vacant since December, 2015, and there is no service figures reported from January through March. The CAPC hired a new Liaison who is currently in training. The Family Resource Center (FRC) referred 1,433 (159 percent of the contract target goal) families to Parenting Education Workshops; 385 (86 percent of the contract target goal) unduplicated parents have participated in Parent Education Workshops; 248 (69 percent of the contract target goal) unduplicated pre-assessment surveys were completed and 214 (79 percent of the contract target goal) post-assessment surveys were completed; 927 (103 percent of the contract target goal) youth have participated in age appropriate youth activities at the FRCs; 314 unduplicated parents (174 percent of the target goal) were served by FRC home visitors; 2,459 home visits occurred (62 percent of target goal); 41 (91 percent of target goal) unduplicated families received joint visits; 72 unduplicated families were referred for Aftercare services will be contacted, 16 (22 percent of target goal) unduplicated families were referred to Aftercare; 180 unduplicated children were provided referrals, age appropriate learning activities and school support and 336 (187 percent of the target goal) unduplicated children were provided age appropriate learning activities.

Key decisions made by Sacramento CPS and CAPC were to add domestic violence services at each of the Birth & Beyond (B&B) FRC sites to provide domestic violence interventions such as counseling and education to the families served through the nine sites. Additionally, the decision was made that all sites would use Nurturing Parent Program school age and teen curriculum with families having children ages six to eighteen.

In the current contract entered into with CAPC there is a requirement that CAPC subcontract with three local domestic violence agencies (Women Escaping A Violent Environment, My Sister's House or A Community for Peace) and each site can choose which agency they will partner with to provide on-site

services for domestic violence. Additionally, all sites have begun using the Nurturing Parent Program for School Age Children Curriculum and are implementing the Nurturing Parent Program Teen Curriculum.

Current vacancies in staffing have affected workload and may contribute to a challenge in submitting DR referrals to B&B FRCs for services. Engaging families in voluntary Aftercare services continues to present a challenge and staff is receiving Aftercare training to assist in their family engagement.

The sites in Sacramento County track this intervention through an online data entry system for all Nurturing Parent Program classes and home visits. Sacramento County, CAPC and the B&B Collaborative continue to expand services to families with children six years of age and older. The B&B FRCs completed extensive outreach to schools, community providers and county agencies to increase referrals. The B&B continues to develop new ways to engage families, refine data tracking tools and establish and/or refine policies and procedures as part of its program improvement and QA process. The program is fully implemented and demonstrating successful outcomes.

Family Finding and Kinship Support

Sacramento County projected serving 50 children age zero-17, inclusive in year two. Year one was identified as “none” due to planning, hiring and start-up time. There are 75 children projected to being served in the next reporting period. The two contracted providers submitted data reports; the latest data indicate a total of 416 youth received identified services between the time periods of January 2015 to February 2016. This far exceeds the projected number submitted in the initial plan.

Services focus on finding legal and relational permanency for children/youth placed in foster care and who have one or more barriers to permanency. Services are provided in multiple ways such as identification of barriers, Family/Non Related Extended Family Member finding and engagement, family recruitment, and preparation and support for pre and post adoption services. In addition, services are geared to support current relative caretakers via education, support groups, and “navigation services” linking

families to supports that prevent youth from entering or re-entering the system.

Sacramento County expanded contracts with each Family Finding and Kinship Support provider due to the number of children receiving services. In addition, Sacramento County added a specific focus on serving and supporting the African American youth population as they are disproportionately in case loads.

Implementation changes were minor and primarily related to clarifying data elements, referral processes and procedures. The county is currently revisiting the criteria for one specific contractor in an effort to increase service referrals and align with identified needs. Implementation barriers include staffing changes at the county level and ability for collaborative line level teams to schedule joint case staffing and meetings. Sacramento County has developed strategies to address these issues, including inviting providers to participate in the New Hire Training Plan and adding a section on Family Finding and Kinship Support in the core training curriculum. The first training for new cohorts was held on March 30, 2016 and additional trainings are being scheduled. Other strategies include co-location of provider staff in each region to enhance collaboration; joint meetings to staff cases to discuss new referrals; and on-going supervisory meetings with providers to embed, deepen and sustain the practice.

Tracking and oversight has been a key focus of implementation. A Permanency Steering Committee meets one time per month and includes Division Managers as well as Executive Directors. Each contractor is required to submit quarterly reports that include successes. Sacramento County worked with their providers and collaboratively developed the data tracking elements, format of the quarterly reports and a process to track long-term success of finalized adoptions, guardianships, youth placed in relative care and placement stability.

Sacramento County had significant accomplishments with their interventions. It should be noted that both family finding and transition to family can take time so outcomes are not reflected in the short-term. Despite this, since January of 2015, the contractor Sierra Forever Families accomplished the following: 79 youth have families identified; 61 youth have been introduced to family; 54

have established ongoing family connections; 18 clients have been referred to the Adoptions Unit and ten adoptions have been finalized. The Lilliput Children's Services accomplished the following: 315 youth received family finding, navigation services and relative certification (includes both dependent and non-dependent youth); 14 children were placed with relatives; and eight Finalizations for Relative Certification and Navigation.

In addition to the highlighted success, Sacramento County identified additional partnership opportunities with both contractors. One key opportunity is to include contractors in the agency's Permanency Case Reviews. Each Permanency Team reviews five cases per month per region for youth in care two years or more and develops an identified plan for the youth to achieve permanency. Referrals to agencies may be part of the action plan; however the county will decide whether or not to invite the agencies to participate in this meeting.

Wraparound

During this reporting period the Sacramento County Probation Department (SCPD) projected serving 50 youth and their families ages 12-17, inclusive; the actual number served was 44. The projected number served was not achieved because referrals for Wraparound did not reach contracted capacity until December 2015. Implementation occurred quickly, but building and refining the referral process with providers took time. The original projections were an estimate of approximate youth to be served throughout each year of the Project. The referral process is now operational and Wraparound is functioning at full contracted capacity.

Activities include CFTs, Case Staffings between provider staff and POs, enrollment of youth up to contracted service limitations and monthly management meetings between providers and probation for operational and oversight purposes. Progress on goals includes linkages to additional/continuing services and family stability among graduates. Long range and intermediate outcomes are being tracked.

Key decisions include the involvement in well-being definition discussions and collaboration with CDSS and NCCD on outcome

measures and evaluation planning. The SCPD also identified a need for oversight of flex funding usage by providers and began working on flex fund policy development. The SCPD excluded non-citizens during the reporting period per federal requirements.

Challenges impacting the Project implementation included hiring and training new staff, staff participation in training components outside of the Project and provider staff turnover. New staff in the Project Unit had to be trained in CFT attendance and intervention expectations. Two Project Unit staff had availability issues during their training as they were also participating in an arming training component for the Department. These challenges did not stop the Project implementation.

The SCPD executed Wraparound service contracts with the River Oak Center for Children (River Oak) and Stanford Youth Solutions (SYS). Wraparound Services are very intensive, child-focused and family centered, providing the following:

- Access to no-cost individual and family therapy, as needed
- Psychiatric evaluations and medication management
- Attendance at court dates, Individualized Education Plan meetings, Student Study Team meetings, and Team Decision Making (TDM) meetings with CPS
- Linking to community-based resources for food, clothing and shelter
- Access to Family Partners and Youth Peer Mentors
- Assistance with arranging or providing transportation, for a variety of needs, including but not limited to traveling with youth to relocate to live with family, as well as medical, psychiatric, education or employment needs.

Wraparound Services provide an effective alternative to costly residential and out of state treatment. Services are individualized and range from 24-hour crisis intervention to weekly meetings in the home setting. The program's goal is to support the youth's ability to remain in the home setting by engaging a team including a facilitator, social worker, PO, psychiatrist and therapist along with the minor's natural support system including family, friends and teachers.

The SCPD utilizes Excel spreadsheets, Criminogenic Risk/Needs Assessments, YOQ, the CANS Assessment, the WFI fidelity tool, Weekly Census Emails, Monthly Invoicing and the Department Case Management System. The SCPD also utilizes internal records and databases such as the Probation Information Program (PIP), Juvenile Arrest and Referral System (JARS), the Booking, Intake and Classification System (BICS) and the CWS/CMS. These tools will show measurable outcomes which can be tracked with either a pre and post observation or long-term outlook.

The Sacramento County Wraparound providers utilize a high fidelity model which requires the use of the WFI instrument to gauge fidelity. Fidelity information will be reported to staff as youth progress through the program. The intervention was completed with fidelity for participating youth and their families.

The SCPD staff participates in bi weekly case staffing meetings where aspects of the Wraparound model are discussed and processed. The staff also periodically observes the CFT Meetings to provide accountability and model fidelity. Staff and management from all involved agencies also participate in monthly manager meetings where issues with model fidelity and implementation can be discussed and corrected if necessary.

Seventeen youth graduated from Wraparound and the SCPD reports that their monthly management meetings and the collaboration with provider agencies were the most impactful Wraparound activity. This collaboration provided a forum to discuss operational issues and policy that could affect Wraparound, allowing all parties to tackle difficult situations as they arose.

Multisystemic Therapy (MST)

The SCPD projected serving 25 youth age 12-17.5, inclusive, during this reporting period and provided services to a total of 67 youth.

Activities for MST include bi-weekly Case Staffings between provider staff and POs, enrollment of youth up to contracted service limitations and monthly management meetings between providers and probation for operational and oversight purposes. Progress on goals includes linkages to additional/continuing services and family

stability among graduates. Long range and intermediate outcomes are being tracked.

The SCPD adjusted the population to exclude non-citizens per federal requirements. There was staffing availability barriers, as two staff from the Unit had to participate in an arming training component for the Department, impacting their availability during training. The SCPD also reports turnover in staffing with providers, which impacted training time and referral capacity; however, Project implementation was not impacted.

The SCPD currently contracts with River Oak Center for Children, the only locally certified MST provider. Therapists at River Oak Center for Children have small caseloads of four to six families, work as a team, are available 24 hours a day, seven days a week and provide services at times convenient to the family. The MST therapists concentrate on empowering parents and improving their effectiveness. Specific treatment techniques used to facilitate these gains are integrated from those therapies that have the most empirical support, including behavioral, cognitive-behavioral and pragmatic family therapies. This family-therapist collaboration allows the family to take the lead in setting treatment goals.

The SCPD Department tracks MST with tools such as Excel Spreadsheets, Criminogenic Risk/Needs Assessments, YOQs, CANS Assessments, Weekly Census Emails, Monthly Invoicing and Department CMS. The SCPD will also use internal databases such as the PIP, JARS, the BICS and DHHS databases such as CWS/CMS. River Oak Center for Children will supply short term outcome information via its MST Program Implementation Reviews. The River Oak Center for Children has internal fidelity and QA measures in place in connection with routine data submissions to its parent organization, MST Services, Inc. All of these tools and systems will show measurable outcomes which can be tracked with either a pre-post observation or long term outlook.

There were ten Preventative MST graduates during this reporting period. The most impactful activity for MST has been participation in monthly management meetings and the collaboration with provider agencies.

FFT

The SCPD projected serving 40 youth age 11-17.5, inclusive, during this reporting period and provided services to 98 youth.

Activities for FFT include: Bi-weekly Case Staffings between provider staff and POs, youth enrollment and monthly management meetings for operational and oversight purposes. The SCPD is tracking linkages to additional/continuing services, family stability among graduates, long range and intermediate outcomes.

The SCPD adjusted the population to exclude non-citizens per federal requirements. The SCPD faced staff availability issues, but overcame these challenges and Project implementation was not impacted. FFT services are provided through a contract with Stanford Youth Solutions, a well-established local community based organization.

Tools utilized to track this intervention include: Excel, Criminogenic Risk/Needs Assessment, YOQs, CANS Assessment, Weekly Census Emails, Monthly Invoicing and the Department CMS. Databases such as the PIP, JARS and the BICS and Sacramento County DHHS databases such as CWS/CMS are also utilized.

The SCPD measures changes in thinking and behavior through the YOQ, YOQ Self Reporting and How I Think Questionnaire. Stanford Youth Solutions has internal fidelity and QA measures in place in connection with routine data submissions to its parent organization FFT, LLC. All of these tools and systems will show measurable outcomes which can be tracked with either a pre-post observation or long term outlook.

There were 12 Preventative FFT graduates during this reporting period. The SCPD reports its most impactful FFT activity has been the participation in monthly management meetings and the collaboration with provider agencies.

Systemic Issues

Sacramento County DHHS has several systems issues. The Management Information System's issues include the Statewide CWS/CMS system is not set up to capture specific SOP components. Although counties are able to upload or add information regarding SOP implementation and use of the practice, there is not an easy or efficient way to aggregate such data.

For Sacramento County's Foster and Adoptive Parent Licensing, Recruitment and Retention, Caregiver recruitment remains a challenge for county foster homes and Foster Family Agency homes but this is not directly related to the Project. Sacramento County is participating in the Foster Parent Recruitment, Retention and Support program and has received a state allocation to implement several strategies aimed at moving youth from congregate care to lower levels of care with emphasis on addressing disproportionality. These strategies include a foster parent recruitment campaign, increasing Intensive Treatment Foster Care homes and placements, providing respite care for county foster homes and increasing Wraparound services. Recruitment and retention of Sacramento County family members and quality caregivers are critical to ensuring lowest level of care, improving placement stability and decreasing length of time in foster care.

Sacramento County's agency collaboration has been great with the contracted providers implementing programs with Project funding. Sacramento County established a Permanency Steering Committee to review data, address barriers and celebrate successes. Sacramento County also attends Executive Director Meetings that include the CAPC, our Family Resources Center Providers and First 5. Sacramento County also has a strong partnership with the Probation Department and collaborates to leverage each other's expertise and resources.

Evaluation

Sacramento County is working in conjunction with NCCD to develop tracking methods. Such methods include continued case reviews, documentation guidelines and key participant surveys. Representatives from Sacramento County collaborate in the ESC, evaluator calls and participated in a SOP/CPM Fidelity Workgroup with NCCD.

Sacramento County has provided NCCD with data dictionaries and the necessary glossary of terms to initiate the process of data sharing. Challenges with data reporting include documentation guidelines regarding interventions and a need for a more integrated data collection and reporting system that can monitor both process and outcome measures.

6. County of San Diego

SOP

The County of San Diego Child Welfare Services (CWS) projected serving 6,168 families in year two of the project. For the current reporting period, 39 percent of families/children have evidence of SOP interventions/tools documented. The county is extremely close to the projected 40 percent goal and anticipates achieving its goal during the next progress report.

The County of San Diego is using SOP to improve key practice components such as mental health, visitation and family finding. To date, the county is on target with its goals. In regards to using coaching to increase the accuracy of SDM, San Diego noticed a county wide trend that supervisors are not using SDM as intended. Advanced SDM training will be offered to all supervisors in the spring of 2016. The county also elected to provide Safety Planning for Families with Infants training as a way to strengthen staff capacity to work with infants.

On March 21, 2016, the County of San Diego issued policy requiring the use of various SOP tools. Social workers are not required to utilize every tool with every family but must demonstrate and document they are utilizing key components of SOP. This policy is a shift in practice as the use of SOP tools is no longer voluntary. The County of San Diego identified appreciative inquiry, behavioral language in safety plans, cultural responsiveness, family centered meetings (Mappings, TDM and CFT meetings), harm and danger statements, identification of family networks (use of networks when writing safety/case plans), independence mappings, voice of the child (Three Houses or Safety House), solution focused questions, three questions and visitation plans as key components. These components align with those identified in the statewide logic model. In addition, the County of San Diego is revising CWS referral forms for community partners to include harm and danger statements, updating safety planning policy and document and providing templates to improve consistent documentation of SOP. However, the lack of a fully developed case review tool has been a barrier in attempts to collect consistent data.

San Diego contracted Kinship Support Services (KSS) and SOP coaching with CWS managers and supervisors through the Public Child Welfare Training Academy. The county's intent is to provide more financial and emotional support to informal caregivers through its KSS contract. The Public Child Welfare Training Academy contract delivers SOP coaching for managers and supervisors. The County of San Diego is tracking SOP progress through case and referral review tools with specific questions rating the use of specific SOP tools and interventions identified in each case and based on CWS/CMS documentation. The county utilizes SharePoint to track SOP components identified and addressed by social workers and their respective coaches. Management and executive staff receive monthly coaching reports outlining what is working well in practice, areas for improvement, suggested next steps and identified practice trends.

Supervision and coaching efforts around progressive visitation activities are incomplete and scheduled to be completed during the second year.

The County of San Diego completed several activities during the current reporting period including targeting CWS managers coaching to infuse SOP tools into their management style and began training social workers in SOP reunification/visitation and permanency modules. Due to the fact that all staff has not taken these courses, the County of San Diego will continue to provide these trainings while also targeting supervision and coaching efforts around safety planning on safety threats. The County of San Diego's internal coaches provide group sessions with units to ensure that safety plans are more behaviorally specific. Supervision and coaching efforts targeted the family service referral process to help workers prioritize the timing and sequencing of referring families to services that will address their specific needs. San Diego CWS internal coaches attend unit meetings and coach the unit's social workers on how to write behaviorally specific case plans as it is believed when social workers focus on behaviors they can prioritize the families' services and needs with greater ease.

The County of San Diego also targeted supervision and coaching efforts on utilizing tools for permanency. These efforts focused on youth participating in Extended Foster Care who have children, Residential and Adoption workers. The coach works with staff on

permanency mappings which focus on the youth's needs, rather than the adults dictating what the youth's needs are.

The County of San Diego's coaching efforts also aim to increase the accurate use of SDM, identifying harm and danger statements and establishing safety goals. Internal coaches support new social workers within their respective region and provide group coaching sessions to CWS units. Although this goal has been accomplished, the County of San Diego found that supervisors are not using SDM as intended and will be rolling out SDM supervisor training in the spring and summer of 2016.

The County of San Diego established a Kinship Support contract with the Young Men's Christian Association in April 2014 and the contractor is now offering more support groups and financial assistance to informal caregivers. The County of San Diego also increased family centered meeting facilitators and added five CFT facilitators as CFTs are considered family centered meetings. The county expects family centered meeting facilitators to develop networks and safety plans.

The County of San Diego utilizes the Strengths and Difficulties Questionnaire and screens all youth age zero-17, inclusive, in a new case. There were 484 children and youth, ages six through 17 screened during this reporting period.

Children and youth are referred out to community based organizations for well-being/trauma assessments utilizing tools such as Child and Adolescent Measurement System, Children's Functional Assessment Rating Scale, Ages and Stages Questionnaire-Social Emotional and others. Children and youth receive a variety of trauma-focused evidence based treatments. Specific treatment modalities are not currently available as these treatments are provided by Behavioral Health Services (BHS). There is currently no mechanism to track positive functioning reports at follow-up.

Even though the Family Strengths and Needs Assessment is not an official screening tool, it is used on each family and assists with assessing trauma for the parent(s). Information regarding clinicians trained in trauma-focused Evidenced Based Interventions (EBIs) will be collected from county BHS partners.

The County of San Diego will be monitoring fidelity for engagement, assessment of needs and strengths, teaming/family centered meetings, identification of support networks, case plan goals/behaviorally based case plans and transition planning.

The County of San Diego conducts monthly case file reviews to assess fidelity with each of the SOP components. Reviews are completed by CQI staff representing all regions of CWS. Case and referral review tools have been developed to capture the critical elements of SOP. Reviewers have been trained to use the tools to promote inter-rater reliability. The CQI team will continue to assess for inter rater reliability. The goal is to review 28 referrals and 28 cases per month. The County of San Diego's internal coaches work with staff daily on the various SOP components and use Share Point to track which component they are working on, noting review trends, champions for each component, and what needs improvement.

The CQI team has recently outlined a plan to share data with the regional managers via email by providing feedback from the referral and case reviews and putting SOP into practice by sharing feedback through the following three questions:

- What is working well?
- What are the worries? (What are the areas for upgrade?)
- Recommendations

In addition, coaches provide monthly coaching reports to regional managers and Deputy Directors. These coaching reports include the number of coaching sessions and the number of staff who came to coaching as well as information on using the Three Questions to discuss trends for the region. Coaches also suggest next steps to improve practice fidelity.

The County of San Diego identified two relevant findings during this reporting period: (1) Thirty nine percent of cases reviewed reflected fidelity to the SOP model; and (2) cases reviewed also indicated SOP model fidelity was found more often in on-going cases than in those in the referral process' investigation phase. The county focused on FR cases and will include more transition planning (Permanency Planning cases) in its future reviews.

The County of San Diego intends to fully integrate fidelity monitoring into its CQI process and developed referral and case review tools to capture all aspects of the SOP model.

Family Visit Coaching

The County of San Diego projected serving 50 families with children age zero-17, inclusive. The county provided Family Visit coaching to 74 parents within a four month period. San Diego estimates it has reached more than half its goal.

The Family Visit Coaching intervention is contracted out to four different contractors, each covering one to two regions. Implementation including contract revisions and procurements took longer than expected. As a result, the county delayed its start date by three months. Additionally, launching training with the creator of the Visit Coaching model took longer than expected.

Initially, the county allotted one family visit coach per region, but effective January 1, 2016, it added another family visit coach per region. The county also created and began distributing a brochure for internal and external stakeholders and is in the process of establishing policy for this intervention. The county utilizes an Efforts to Outcomes database to collect data.

The County of San Diego implemented visit coaching to provide parents with concrete skill building during visitation and created uniform tools and forms to create consistency countywide. The county also partnered with the Public Child Welfare Training Academy and developed an e-learning for all staff and partners. Other accomplishments include presenting a synopsis of their Family Visit Coaching implementation during the state-wide SOP Convening on March 16, 2016.

The County of San Diego's goals include utilizing the Visitation Plan (04-36) to help social workers and parents develop a common understanding of visitation expectations and targeting supervision and coaching efforts around progressive visitation. The county also plans to ensure parents and children are prepared for and debriefed after visitation but has not added this piece to other supervised visitation activities.

Another goal is to conduct CQI reviews and identify successful visitation strategies and efforts. This effort will occur by using the CFSSR case review process which assesses visitation. The County of San Diego plans on hiring additional staff in the next six months so it can meet its CQI goals.

Permanent Connections

The County of San Diego projected serving 500 children ages zero to 17, inclusive, however the contract was not effective until May 1, 2016.

Implementing Permanent Connections has been challenging due to the length of time for contract procurement. This service has been contracted out and the contract was awarded to the Young Men's Christian Association (YMCA).

Tools have not been created for this intervention. The county has expanded Permanency Round Tables from Residential Services to include adoption youth and plans to expand the use of Permanency Round Tables to all "long stayer" youth. There are also plans to develop regional permanency experts to identify services in the community that support finding permanency for youth. San Diego's contractor will ensure family members who are identified are engaged, invited to family centered meetings and have visits with the children/youth. The county also plans to expand the use of mappings and Family Group Conferences for establishing permanency.

Wraparound

The San Diego County Probation Department (SDCPD) projected serving 50 youth age 12-17, inclusive, during the Project's second year. The department is on track to meet this goal, it served 24 youth during this reporting period and projects it will serve 26 youth in the next reporting period.

The SDCPD commenced services to their designated Wraparound population on October 1, 2015. The county has two short-term goals: Expanding the Probation Case Management System (PCMS) and Community Resource Directory (CRD) data system to more robustly capture data; and reviewing their provider's fidelity measures/processes and comparing them to the Wraparound

Fidelity Index, Short Version (WFI-EZ). San Diego County plans to examine the information gathered from this comparison and determine whether it is necessary to implement the WFI-EZ fidelity tool. San Diego County's long term goal is to more specifically identify the data necessary and relevant to the evaluation outcomes and measures.

San Diego County contracts its Wraparound services through the county's BHS Agency. San Diego County tracks referrals, accepted cases, denials and program completions and failures through their PCMS and CRD data collection system. San Diego County plans to track outcomes and establish data points for future reference through these two systems and is currently refining their CRD process to track data effectively.

San Diego County's accomplishments include providing Wraparound services to youth in their target population and developing a method for tracking those youth. San Diego County also modified its Wraparound referral form, adding a designator for those youth who fall under the target population.

All wraparound services are currently contracted and delivered through third party providers. However, San Diego County works closely with its providers while also providing on-going training to the entire Juvenile Division on the components of Wraparound, with special emphasis on engagement. San Diego County's goal is for POs to be more effective when presenting the Wraparound option to families. The department understands that "buy in" and engagement is critical for the process to move forward successfully.

The SDCPD, BHS and Wraparound providers are currently reviewing the WFI-EZ fidelity tool and determining how it will be implemented with the providers and how the tool components can be used for internal QA process and outcomes.

Permanent Connections

The SDCPD projected serving ten youth age 12-17, inclusive; however the contract was implemented on May 6, 2016.

The most challenging barrier in implementing Permanent Connections has been the length of time it has taken to procure the contract. The Permanent Connections contract, which is held by

the CWS, has been signed. This service has been contracted out and the contract was awarded to the YMCA. It is anticipated services will commence on August 1, 2016.

Systemic Issues

The San Diego County CWS sites data information systems as a systemic issue. Specifically, the CWS/CMS system limits data availability.

The SDCPD partners report issues and challenges with their county case review system, such as numerous review tool revisions. Another issue is foster and adoptive parent licensing, recruitment and retention. According to the SDCPD, FFAs have been reluctant to accept juvenile probation involved youth.

The SDCPD also reports challenges regarding the joint utilization of the use of the county's CRD for the tracking and data collection of referrals. Concerns, from the contract holder BHS, regarding the utilization of the CRD for these purposes stem from beliefs this practice would have a negative workload impact and decrease the productivity of the service providers. This requires further analysis and may require a contract amendment and additional funding. The SDCPD is holding discussions to mitigate this issue and possibly augment the providers' Scope of Work.

Evaluation

San Diego County has been an active participant in statewide evaluation efforts as it participates in the ESC, provides feedback on the statewide evaluation plan and participates in the Family Engagement, SOP Fidelity and Well Being and Trauma Measurement Workgroups. In addition, San Diego County recently hired a local evaluator and is developing an evaluation plan for the Family Visit Coaching and Permanent Connections interventions.

7. San Francisco County

SOP

San Francisco County Human Services Agency (SFHSA) projected served approximately 3,400 youth during the reporting period. The SOP is an agency-wide strategy targeting all children. The number of children served during the current reporting period is 1,700. The

target population is all children who are reported for maltreatment and youth served in foster care;

The SFHSA integrated SOP specific language into policy, as well as specific casework tools such as the Investigative Narrative, visitation documentation forms and the Hotline Screener Narrative.

The SFHSA contracts SOP training, coaching and consultation services with the Bay Area Academy (BAA). The county also hired internal Family and Children Services (FCS) coaches. These newly hired internal coaches are receiving training to help integrate SOP tools and CPM behaviors into daily practice. The SFHSA emphasis is on working directly with the supervisors and teaching them to be grounded in the behaviors so they, in turn, disperse them to their staff.

The SFHSA provided training for 200 staff and a large majority of staff have received both training and ongoing coaching. In 2015, the county established a SOP/CPM implementation workgroup with representatives from across the agency. In the next two months, this workgroup will use the NCTA's fidelity tool to conduct an agency wide evaluation of SOP fluency. The SFHSA will administer the tool with program directors and supervisors throughout the agency, beginning with supervisors in the ER section. Results will be compiled for evaluation and shared with staff in aggregate form. This evaluation will inform training and coaching plans and will enable the agency to identify barriers to full implementation and target training and coaching where it is most needed. The workgroup has also developed subgroups to address safety planning and define actions required throughout the life of a case. The SFHSA has not yet developed a fidelity monitoring plan for its providers.

The visitation workgroup, whose membership consists of county staff and community based agencies involved in visitation supervision, informed the development of this training and many members, in addition to other staff and partners, attended the training. The visitation workgroup also integrated SOP language into visitation documentation and additional training is planned for May 2016.

The SOP workgroup convened and a charter was developed with members electing to use the NCTA fidelity tool with program directors and supervisors. The SFHSA reports that implementation barriers are currently unknown; however, it is likely there is variation in fidelity at the social worker and supervisor level.

The BAA tracks SOP module completion, graduation and coaching and provide the data to SFHSA. Data from the fidelity tool will be tracked once it is finalized. Subsequently, SFHSA plans to share this data with NCCD and is working with them to develop an appropriate methodology to link it to outcomes.

Family Wraparound

The SFHSA projected serving 21, children age zero-17, inclusive, for the reporting period. The agency served 48 children during this reporting period; three of which were children age zero-five. The low number of young children served is partly because children age zero-five will receive services through clinically based Wraparound program for young children. This Wraparound service will be provided through a Community Behavioral Health Services (CBHS) contract with the Instituto de la Raza (Instituto) and the program is beginning to take referrals.

The SFHSA issued a new RFP for Wraparound in spring of 2015, and subsequently awarded a new contract to the previous provider, Seneca, in July 2015. Seneca subcontracts with St. Vincent's and Edgewood to provide Wraparound to a limited number of children, often youth those agencies are serving and who are stepping down from their residential programs.

The new contract expanded Wraparound services to include younger children, children not at risk of group care, and non-court cases including voluntary, Kinship Guardian Assistance Payment Program and guardianship cases. The SFHSA also designated funding for the CBHS Wraparound program. During the reporting period CBHS finalized its contract with Instituto to offer this clinically-focused intervention and began program development. This program focuses on specific housing sites within San Francisco, and has designated ten slots for child welfare families.

Together with its county partners in the San Francisco Juvenile Probation Department (SFJPD), CBHS and Seneca, SFHSA

revised the contracted rate structure based on historical data, anticipated trends and fiscal analysis. The SFHSA is using a SPC and a separate spreadsheet to identify Wraparound cases not in CWS/CMS (e.g., guardianship cases). These cases can then be matched to the CWS/CMS data to determine outcomes including re-entry.

The SFHSA has accomplished a variety of activities in their Wraparound implementation as it met with SFJPD, CBHS, Seneca, and Seneca's subcontractors to clarify expectations and ensure consistent communication and practice. The SFHSA also conducted three focus groups, two with child welfare staff and one with SFJPD staff, Seneca and Wraparound subcontractors to gather input and insight into Wraparound services. Based on the focus group feedback, Seneca developed training materials for staff including information on Wraparound team roles and begun meeting with child welfare units to share the information.

The SFHSA issued updated policy regarding the expanded Wraparound population. The FCS Wraparound manager participated in planning meetings with CBHS and the Instituto to prepare for early implementation of zero-five clinical Wraparound intervention and gathered data to inform this discussion. In addition, together with Seneca and county partners, the SFHSA began reviewing and updating the annual Wraparound evaluation plan.

Wraparound

The SFJPD projected serving 16 youth age 12-17, inclusive, for the reporting period. The agency served 13 youth during this reporting period. The SFJPD is on track to meet its annual goal as it continues to work on referrals and enrollment.

The juvenile population in San Francisco County has decreased as has the number of youth involved in probation. Expansion to the population served through the Project required ramp up including training, identification of cases and development of a referral process. The expansion targets youth deemed incompetent and those who are pre-adjudicated and the number of those youth has decreased significantly since the planning period.

The SFJPD worked with SFHSA and CBHS in developing the expanded Wraparound contract which was awarded to Seneca in July 2015. Seneca subcontracts with St. Vincent's, Edgewood and the Center of Juvenile and Criminal Justice. The new contract expanded Wraparound to include probation youth deemed incompetent and those who are pre-adjudicated. The SFJPD will continue to review and update the implementation plan as additional information and outcomes are gathered. The SFJPD assisted its county partners SFHSA, CBHS and Seneca, in revising the contracted rate structure based on historical data, anticipated trends and fiscal analysis.

Barriers to implementation include data entry as the SFJPD lacks staff capacity to manage data entry and evaluation, including the need to establish a separate tracking process for Wraparound cases not in the CWS/CMS system. The SFJPD is mitigating this barrier by partnering with Seneca and SFHSA and utilizing the SPC and an additional spreadsheet.

The SFJPD needs to develop a systematic process to identify when Wraparound is appropriate for families at various points along the life of the case as the family situation changes. The agency also wants to incorporate the Youth Services Survey/Case Mix Index more specifically as an assessment tool in proactively identifying cases for Wraparound.

The SFJPD affirms that extending services to the expanded population was the current reporting period's primary activity. The SFJPD also established a subcontractor meeting with SFHSA, CBHS, Seneca, Center of Juvenile and Criminal Justice, St. Vincent's and Edgewood to clarify expectations and ensure consistent communication and practice. The SFJPD was also active in gathering input and insight regarding Wraparound and partnered with SFHSA in conducting three focus groups, two with child welfare staff and one with SFJPD staff. Seneca utilized the feedback to develop training materials for staff including information on Wraparound team member roles. The SFJPD is also partnering with the SFHSA and Seneca in reviewing and updating Wraparound's annual evaluation plan for Fiscal Year 2015-16; this evaluation will be conducted after each fiscal year is completed.

Seneca's annual evaluation will include placement stability and permanency outcomes and mental health needs and strengths as identified by the CANS assessment. Seneca will use the CWS/CMS system as well as the Department of Public Health's database, Avatar. Seneca will also gather aggregated statistical and demographic data for all Wraparound clients. The standardized instruments utilized include the WFI-EZ, the CANS and the Peabody Consumer Satisfaction Survey (which is now incorporated into the new WFI-EZ for caregivers and clients).

The SFJPD works collaboratively with the SFHSA and CBHS to ensure appropriate implementation and review. In addition, SFJPD, in partnership with SFHSA and the Child Health and Disability Prevention program, will hold a Wraparound contract site review in May 2016.

Parent Partners

The SFJPD projected serving 50 children, age 12-17 inclusive, and their families with the Parent Partner intervention annually. There were no families served during the current reporting period as activities involved preparation for referrals.

The Parent Partner program contract is held by the SFHSA and it required an extensive ramp up period. Implementation barriers included Parent Partner hiring and significant contract delays. It was also necessary to develop a referral system, related forms, information materials and a tracking system. The SFHSA contracted with A Better Way to provide the Parent Partner program.

The SFJPD trained the A Better Way's peer parents; in turn, A Better Way trained SFJPD's staff. The SFJPD will begin implementation in its Juvenile Collaborative Re-entry Unit and plans to expand as implementation gets underway.

Parent Partner targets families with youth in placement, as well as families with youth at risk of placement during the adjudication phase and/ or returning from placement. The SFJPD would like to include youth in custody in the Project's target population as it cannot bill Medi-Cal and the Aid to Families with Dependent Children program for these services.

In spite of the implementation barriers noted, there were notable accomplishments such as hiring two peer parents, identifying the Parent Partner job scope, developing informational brochures, referral documents and other materials and mutual trainings between SFJPD and the provider on their programs. The SFJPD is starting to refer clients to their Parent Partner program, including case identification numbers linking each referral to the data system for analysis.

Systemic Issues

The SFHSA found that the expanded population served through Wraparound need to be tracked separately, as not all cases are in CWS/CMS (e.g., guardianship cases).

Both the SFHSA and the SFJPD increased their service array to offer Wraparound and parent supports to an expanded client population. These agencies face significant limitations in establishing mental health services for their Wraparound clients due to consent and confidentiality issues, access to mental health services in out of county placements and analyzing mental health data.

The SFJPD's capacity to enter RFA related data is limited given its statutory requirements, which are different than the SFHSA's. The SFJPD continues to develop tracking systems for Project clients when they are not in CWS/CMS. Unlike SFHSA, SFJPD does not have an identified position to assist with this task. For the Project, clarity is still needed on what needs to be tracked, and then ensuring understanding of that decision and related capacity to execute.

The SFJPD is also seeking to improve its limited staff capacity to conduct extensive CQI efforts. The SFJPD works collaboratively with SFHSA and CBHS on joint projects to ensure appropriate implementation and review.

Evaluation

The SFHSA and SFJPD collaborate with NCCD and participate in Project ESC activities including meetings, conference calls and evaluation planning. The SFHSA also informs NCCD with their fidelity monitoring planning. In addition, SFHSA discussed a

potential visitation program sub-study as it has already developed a preliminary implementation plan.

The SFHSA and SFJPD collaborate in their Wraparound implementation and the statewide evaluation activities. Both agencies reviewed and revised Seneca's Wraparound evaluation plan and shared it with NCCD, as there are plans to streamline Seneca's evaluation activities to avoid duplication with NCCD's efforts. The only evaluation update specific to SFJPD is the agency is working on further specifying how CANS scores are used to identify the target population.

The SFHSA received several SOP training data extracts from the BAA and plan to share them, as well as the fidelity data, with NCCD. Unfortunately, the BAA's SOP training database poses a challenge as analysts have to take a great deal of time to prepare the data each time and it requires substantial reconfiguration before data is useful for analysis. The SFJPD reports a challenge with the lack of staffing as they do not have a dedicated analyst to report and analyze data and rely on the CCWIP website for data extracts.

San Francisco County does not have a local evaluation plan that departs from the statewide evaluation of SOP or Wraparound. However, a number of other interventions are underway and they each have varying degrees of evaluation planning and activities associated with them. For example, SFHSA has a draft implementation plan for visitation and is also implementing performance based contracting with placement providers, which in itself is a CQI-driven evaluation process.

In addition, the CQI Unit is in the process of structuring their work and functions as relates to evaluation activities. Those staff will be available to assist with fidelity monitoring, data collection and analysis after the process is complete.

8. Santa Clara County

SOP

The Santa Clara County Department of Family and Children's Services (DFCS) projected serving 2,058 (a 2.5 percent decrease from year one), children age zero-17, inclusive, in the second year

of the project. The actual number of children served from October 2015 to February 2016 is 1,988.

Santa Clara County has been fortunate to have been one of the CAPP counties, enabling them to partake in the design and implementation of Child and Family Practice Model (CFPM) and SOP. Santa Clara DFCS is working towards creating an organization where reflective coaching as well as coaching to competency is practiced by Executive Management all the way to the social workers in a parallel process. Two external coaches have supported supervisors to build their capacity to coach their staff.

Santa Clara County's Child Abuse and Neglect Center serves as the entry point into the system, screening nearly 22,000 calls reporting suspected child abuse. The Child Abuse and Neglect Center is dedicated to creating a trauma informed practice through critical incident stress management. This has been achieved by (1) Improving quality of calls by creating a learning environment through reflective practice supervision, and most recently (2) Ensuring consistent assessment of referral by incorporating SOP into a standardized screener narrative. Furthermore, the Child Abuse and Neglect Center supports diverting families from the system by assuring they get DR services for families that would normally be evaluated out. The ER investigative narrative includes sections on complicating factors, Family Strengths, Risk Assessment and Harm/Danger Statements.

Dependency Investigations utilize safety mapping to collaboratively identify the harm and danger, complicating factors, and what is going well in the families Safety as well as family strengths. The Continuing Services Bureau utilizes coaching, safety mapping labs, teaming, SDM and Joint Decision Making meetings that support the family with communication challenges and connecting the dots with support for a family. Santa Clara DFCS also utilize community supports such as the Fatherhood Collaborative to help reunify single fathers.

Key decisions made by Santa Clara County include the use of their structure of committees of key stakeholders that help inform design, implementation, and QA. Each subcommittee (Program, Fiscal, Communications and Data and Evaluation) meet monthly to inform

their design and delivery. These subcommittees make recommendations to their Steering Committee where final decisions are made around significant issues. The key decisions to date include: (1) The decision to contract with *ie* Communications to support the development of their messaging; (2) The decision to contract with Chapin Hall to design their QA system; and (3) Supporting the development of new family supports and revisions to existing internal supports.

Santa Clara County has an Implementation Barriers Workgroup that meets to address the following system barriers that interfere with implementation: (1) High caseloads; (2) Lack of updated technology; (3) Issuance of, and policies regarding bus passes; and (4) Court reports not aligned with CFPM/SOP language.

In addition, Santa Clara DFCS expanded or redesigned existing services. For example, the agency plans to minimize general neglect referrals by (1) Re-designing the staff training to increase understanding for the meaning of “general neglect” and ensuring alignment with the SDM training; (2) Creating an Informational Document on general neglect that supports both the staff and community partner trainings; and (3) Creating two to three short video vignettes that puts into practice a scenario that can potentially be misconstrued as general neglect.

The Santa Clara DFCS also expanded the Parent Advocacy model in Gilroy, a geographic area within Santa Clara County that is disproportionately represented in the system. Santa Clara DFCS plans to complement existing advocacy to follow the client upon leaving the system and supporting them with services to prevent re-entry. Santa Clara County expanded its DR slots and providers with significant wait lists will receive priority.

The component used to monitor fidelity among Santa Clara agency staff are Fidelity Assessments which take place at six and 12 months after case-carrying social workers complete the CFPM training, and then annually thereafter. One child/family per practicing caseworker will be selected and an observation of a FTM for the child/family will occur.

The Santa Clara DFCS implements a staff Fidelity Assessment process. Staff selects one case per practicing caseworker and

observes a family meeting. In addition, a non-case specific survey will be periodically given to each implementing social worker as part of the process. Clear protocols are written for the various steps of the process including (1) Case selection; (2) Team identification; (3) Team meeting observation (4) Execution of the system support survey and (5) Scoring and data for improvement.

The Fidelity Assessment Debrief is key to providing constructive feedback to the social worker and/or Supervisor. The information taken from assessments helps Santa Clara DFCS determine and improve the consistency of their interactions with families. Specifically, it will inform improvements to support coaching training and skill building; and it can be used continually to assure the practice model remains consistent and effective over time. Additionally, strengths are identified and areas of improvement are discussed.

Nearly 20 guided questions are provided to help move the debrief discussion and keep it constructive. Santa Clara DFCS plans that information obtained will facilitate system and organizational changes at all levels including (1) Feedback loops between practitioners and leadership and (2) Business practices that facilitate access to resources, supports and services to address each family's underlying needs. At this point, Santa Clara County's fidelity assessment is designed to review a FTM involving DFCS staff as providers. There is no system in place to implement a fidelity assessment among providers.

Participation of the Santa Clara County case carrying workers in Fidelity Assessments has been done on a voluntary basis. Santa Clara County DFCS conducted four Fidelity Assessments during this reporting period. One of the Fidelity assessments was conducted in Spanish, which was a first for Santa Clara County. Santa Clara County has learned that addressing a couple of continuing units at a time yield positive results for getting the Fidelity Assessments scheduled, but it is not a realistic on-going plan. Additionally, a Debrief Fidelity Assessment Coaching Tool has been developed by the Fidelity Assessment Platform Work Group in response to a request from social workers for more information regarding the fidelity assessments. This tool has been put into practice and Santa Clara County will gather feedback from

the staff regarding the tool and if it fulfills their need. This tool is in alignment with the coaching practices.

Santa Clara County is fully committed to integrating and refining their Fidelity monitoring as it develops its CQI process.

Wraparound

The Santa Clara County Probation Department (SCCPD) projected a two year plan to serve up to 30 pre-adjudicated youth age 12-17, inclusive, with this intervention during this reporting period. The SCCPD continues to utilize the Wraparound services delivery model for three target populations: (1) Pre-adjudicated youth who are high need and moderate or high risk of escalating within the juvenile justice system and; (2) Adjudicated youth who are moderate or high risk to re-offend and are at imminent risk of removal to out of home care. There were 171 referrals for 133 unique youth who were served during this reporting period. Out of 171 referred youth, 59 (34 percent) were pre-adjudicated youth, 84 (49 percent) were adjudicated youth, and 28 (16 percent) were Ranch re-entry youth.

The SCCPD's short term goal is to increase youth and family engagement in family driven, youth centered services while youth are residing at home. The long term goal is avoid placing youth in out of home congregate care or high level of care settings. In addition, the SCCPD developed a Wraparound Logic Model and a Title IV-E Well-Being Project Cross Cutting Logic Model to assist in reaching these goals.

The SCCPD served 47 youth (35 percent) who were pre-adjudicated and high or moderate risk to re-offend. It was also determined approximately 25 percent of those youth were pending competency hearings. Lastly, Santa Clara DFCS monitors the Wraparound contracts with five providers.

While the initial plan was to expand Wraparound services only to pre-adjudicated youth, The SCCPD found that expanding and offering services to all three populations continues to reduce the number of youth in out of home care.

One large recognizable barrier was identified through reviewing local data that indicates 29 percent of youth who experienced a

closed episode to services were closed due to a subsequent arrest for violation of probation or new law violation that resulted in a detention stay in juvenile hall. Of those youth who were closed due to being in custody, the majority of youth were detained due to a technical violation. Approximately half of these youth spent less than eight days in juvenile hall prior to being re-referred. This interruption in service can be impactful to youth as this is a time when youth and families tend to need additional supports to address triggers and re-entry planning. This issue is currently being resolved through funding and local policy revisions. The SCCPD plans to submit a plan modification and outline a sustainable solution once this issue is completely resolved.

Currently, the SCCPD is utilizing the Juvenile Assessment and Intervention System to track risk level. Additionally, most Wraparound providers are utilizing the CANS tool. The SCCPD planned to expand the number of slots served by the Project to an increased number of pre-adjudicated youth. However, the existing contracted slots were not at capacity therefore the need for an expansion was not necessary. The SCCPD will continue to monitor the existing slots, and a request for an expansion will be made once enrollment is close to capacity.

Another incomplete activity is the development of a probation Wraparound database, an internal database constructed with the primary CMS to allow for easier data extractions and Wraparound. This database is expected to be in production by the end of summer 2016.

The SCCPD is excited to announce that the Family Preservation Unit became a full unit of eight POs during this reporting period. All POs in this unit have attended training in Understanding the Critical Element of Wraparound offered by the RCFFP. In addition, a PO and a supervising PO attended the Wraparound Train the Trainer. These two staff are in the process of developing on-going training for Santa Clara County staff, Wraparound providers, community based organizations and stakeholders.

The SCCPD reports various activities and accomplishments within each of their providers. Rebekah Children's Services (RCS) assessed 58 youth for trauma through the CANS, which is completed in the initial 30 days of treatment and every six months

thereafter while the youth participates in mental health services within the agency. Star View Children and Family Services (Star View) screened 37 youth for trauma in Life Events Checklist-5-Pain, Health and Nutrition Screening-Dangerous Behavior Screening Columbia Suicide Severity Rating Scale and the CANS. Seneca screened 35 youth, while Eastfield Ming Quong Families First (EMQFF) screened 38 youth, both agencies utilized the CANS.

All youth served by EMQFF's Wraparound programs for at least 60 days receive a complete comprehensive mental health assessment, which in addition to a diagnosis and mental status exam, describes psychosocial history including individual and family history of mental illness, prenatal/developmental histories, co-occurring issues/needs and cultural considerations to fully explore the impact of trauma. Additionally, staff engage in ongoing assessment through prompts within their electronic health record to report new traumatic events with each service. Staff also utilize the CANS at admit, every six months and at discharge. The CANS is completed at the time of admission and identified 13 youth served as having an inferred link at program entry between trauma and their behavior identified through this multisystem assessment.

The providers also referred youth to trauma-focused EBIs. The RCS reported all 58 youth received services through the lens of Seeking Safety. This model is implemented as a broad-scope intervention method, with a modality that assists youth and families in maintaining safety as an overarching goal. Star View reported eight youths receiving Seeking Safety and Trauma-Focused Cognitive Behavioral Therapy.

Seneca reported all youth enrolled receive motivating interviewing, risk screening, triage to different levels and types of intervention, systematic assessment, engagement/addressing barriers to service-seeking, psycho-education about trauma reminders and loss reminders and psycho-education about post-traumatic stress reactions and grief reactions. Seneca provides training in emotional regulation, maintaining adaptive routines, parenting skills and behavior management. In addition, Seneca constructs a trauma narrative, teaches safety and relapse prevention skills, advocates on behalf of the client and monitors client progress to evaluate their treatment's effectiveness.

The EMQFF utilizes Managing and Adapting Practice, which provides a comprehensive framework to address Anxiety (including traumatic stress), depression and disruptive behaviors. Managing and Adapting Practice is designed to coordinate and supplement the use of EBIs for children's mental health. The 13 youth identified received a combination of the following EBIs: Activity section, Assertiveness Training, Psycho-education/Anxiety, Psycho-education/Depression, Cognitive Restructuring/Anxiety, Cognitive Restructuring/Depression, exposure, problem solving, relationship/rapport building, relaxation and self-monitoring.

The Wraparound providers also reported positive functioning among children receiving trauma-informed EBIs. The RCS reported 16 percent of youth in the program continued to have emotional or behavioral needs related to trauma, but none of the youth assessed during this period showed increase in need. In addition, 37 percent of the youth showed a decrease in emotional and behavioral needs after receiving EBIs while the remaining 47 percent of the youth did not show emotional and behavioral needs related to trauma during their initial assessment; this remained consistent throughout treatment and suggests that the EBIs acted as a protective factor during the treatment. In total, 84 percent of youth receiving EBIs showed a decrease of symptoms or continued to show no emotional or behavioral needs related trauma.

The Star View reported improvement based on CANS scores. For youths with Reassessment/Discharge CANS during the reporting period, four out of five (80 percent) youth with reported trauma needs from a prior CANS, reported positive results (only matched pairs included in this tally). The EMQFF reports youth improved or maintained (to non-actionable level zero, one) based on paired CANS data (N= four) in the following areas. Note that due to the limited timeframe, the N is very small; however, data suggests that improvement was occurring in a variety of areas for all youth:

- The Youth Behavioral/Emotional Needs domain in Anxiety two (50 percent), in Oppositional one (25 percent), in Conduct three (75 percent), and in Anger Control two (50 percent).
- The Youth Risk Behavior domain in Social Behavior three (75 percent).

- The Life Domain Functioning in Family three (75 percent), in Living Situation is three (75 percent), in School Behavior is three (75 percent), in Social Achievement is two (50 percent), and in School Attendance is one (25 percent).

For parents/caregivers screened, assessed and/or treated for trauma, the RCS used the wraparound process to identify trauma for all caregivers. If caregiver trauma is disclosed or discovered, the Wraparound Facilitator or Parent Partner assists the caregiver in accessing trauma treatment by providing local resources to the caregiver. The Star View screened 37 caregivers for trauma via CANS. Seneca does not have a formal screening or assessment in place for caregivers. As part of the treatment model, all parents receive some of the above listed EBIs as the services include the entire family.

The EMQFF does not specifically assess parents and caregivers for trauma; however, their histories are incorporated in the youth's mental health assessment. Parents/caregivers are an integral part of EBI's provided in Managing and Adapting Practice as treatment interventions are targeted or distinctly formulated to target the young person or parent/caregiver. The EBI's implemented with parent/caregivers include communication skills/basics, communications skills/advanced, goal setting, modeling, caregiver psycho-education/anxiety, psycho-education/depression, caregiver psycho-education/disruptive behavior, praise and time out.

The SCCPD monitors engagement, teaming, case planning and transition planning component fidelity. The supervising PO is involved in the observation of engagement in regard to all components of family dynamic, including engagement with Wraparound providers, tertiary providers, immediate and extended family members that are sources of support and possibly even the youth's peer network. The supervising PO then provides feedback to staff regarding engagement and how to improve if needed.

The primary objective behind teaming is "to come together as a team with a common goal" to keep the youth in the home. The POs continue to have constant communication with each other regarding cases as well as staffing with the supervisor resulting in a more cohesive team, and to have a better understanding of what is expected. The POs attend each other's CFT and TDM sessions to

offer additional support. Supervisors and providers collaborate and provide another layer of support and brainstorm ideas with respect to complex cases.

The POs attend MDTs, CFTs, and TDM sessions at the beginning phase to provide input in the youth's case plan. Having a youth and family's voice in the process creates buy in and allows their voices be heard in the process. Case plan goals are regularly reassessed and modified as needed every six months. Case plans are reviewed and approved by the oversight RISC Committee every six months.

Transition planning must be evident prior to closing Wraparound services. The SCCPD ensures case plans indicate whether services will be step downs to lower level of services such as Support Enhanced Services, Full Services Partnership or System of Care for additional support or whether the youth will be referred to community resources such as Independent Living Program, housing, etc.

The SCCPD's fidelity assessment methods consist of training and feedback loops. The POs attended Critical Elements of Wraparound, Wraparound Train the Trainer, Wraparound Resurgence and Renewal training. Methods for ensuring fidelity include supervisor's engagement observations. Supervisors provide feedback during individual fidelity meetings. There are also periodic "fish bowl" discussions to allow open dialogue and problem solving for common issues/difficulties that arise in the Wraparound process. The results of fidelity monitoring efforts are shared with staff in case conferencing and monthly unit meetings. Input and sharing of information are important in order to assess further need for change in program development.

To monitor and assess fidelity among providers, RISC representatives attend monthly oversight meetings with all providers to review and approve case plans. There are on-going informal meetings with providers to allow open discussion and feedback in regard to interventions and their alignment with the SCCPD's mission statement. Those discussions are shared with staff to improve the overall process and fidelity.

The relevant findings are fidelity requires constant observation and feedback loops. The SCCPD will continue to have on-going site reviews with providers to review their charting, record keeping, case plan, treatment plan and billing services to match service deliverables. The SCCPD will share results with staff and providers and develop an improvement plan.

The SCCPD, DFCS and Behavior Health also conduct an annual review for each provider. During this process, all aspects of the Wraparound model are reviewed, including case plans, treatment plans and safety plans. A feedback report is drafted and shared with each provider. Consideration is being given to modifying the current contracts to include implementation of a Wraparound Fidelity tool.

Systemic Issues

There are several Management Information Systems issues in Santa Clara County. With the aging Legacy statewide system in use and frequent changes to service delivery practice, Santa Clara County is continually facing challenges of identifying needs and issue and providing Information Technology solutions through in-house development or vendor management.

In January 2004, CDSS began the California- Child and Family Services Review (C-CFSR) and Santa Clara County partakes in the process. The CDSS identified four child welfare outcomes including safety, permanency and stability, family relationships and connections, and well-being. A critical component of the C-CFSR is the development of a System Improvement Plan. Identified as a contributor to Santa Clara County's child welfare outcomes are the Child and Family Practice Model, participation in the Project and use of SOP, utilization of reflective practice and supervision, utilization of coaching supports and moving to become a trauma informed system.

The challenge in ensuring that Santa Clara County practice improvements match their goals lies in the case review portion of this process. While Santa Clara County has six staff assigned part-time to the review process, not all are fully trained to conduct the review. The challenge in conducting the case reviews is that these six individuals have other jobs, so finding time to actually conduct

the reviews is difficult. New positions on this function are pending approval.

With Santa Clara County transitioning to SDM, a new system of case reviewing will need to occur by supervisors, thus increasing their workload and likely needing a Meet and Confer with the union before implementation can occur. Case reviewing is a process Santa Clara County hopes to institutionalize as one component of a greater QA system.

Regarding the Foster and Adoptive Parent Licensing, Recruitment and Retention, the RFA was officially launched in Santa Clara in July 30, 2014. While the new RFA process is intended to reduce paperwork, expedite eligibility of caring lifelong relationships with caregivers and accelerate the process to permanency, the transition has been challenging and confusing for those relative caregiver or non-related extended families. These families are at different points in the system and are required to have additional training for adoption.

Santa Clara County is data rich and set up to evaluate the effectiveness of their interventions. However, Santa Clara County does not have a formulized QA system in place to proactively use data to affect changes in services which may lead to better outcomes. As a result, CFP is partnering with Santa Clara County by providing technical assistance support from Chapin Hall. Collectively, Santa Clara County will reassess data dashboards and mainstream different data sets. Most importantly, Chapin Hall will support Santa Clara County in designing a QA system that involves all internal bureaus that support the Project.

Evaluation

Santa Clara County representatives participate in ESC collaborative efforts including meetings and conference calls.

9. Sonoma County

SOP

Sonoma County Human Services Department (SCHSD) projected serving 500 children, age zero-17, inclusive. The actual number of children served during the reporting period was 676 and the

projected number of children to be served in the next reporting period is 1500.

The SCHSD's Family, Youth and Children's Division (FYCD) trained 80 percent of social work staff in SOP and integrated harm and danger statements, safety goals (where appropriate) and the child's voice into the Screener and Investigative Narrative templates utilized in the ER Unit, each with a space allotted to describe each of the core SOP elements. Harm and danger statements and safety goals are also printed on the top of the case plan and incorporated into the court hearing documents as the reason for the agency's involvement with the family. The ER social workers also utilize SOP engagement tools such as the Three Houses and the Safety House to engage children and hear their perspective. FTMs are held for all circumstances in which child removal is being considered and when children are placed in the emergency county shelter or in residential treatment. Social workers also hold FTMs to develop the case plan which is then aligned with the harm and danger statements and safety goals. All case plans include verbiage on objectives that is behaviorally specific and observable.

The FYCD utilizes a variety of tools to track SOP including Three Houses, and have sections on their screener and investigative narratives for harm, danger, complicating factors, child's voice and networks of support. Harm and danger statements and safety goals are printed on every case plan and court hearing report and FTMs are recorded in a secondary data system called Apricot.

The SCHSD contracts with the BAA for SOP training and coaching services. Staff receive three days of coaching from the BAA per month, involving unit safety mapping, professional development of line supervisors and SOP case consultations. The FYCD is developing a more reliable way to track and build upon a family's network of support. This has been identified as a priority area for FTMs in order to ensure those meetings are well attended by non-professionals.

The FYCD decided on a goal of utilizing supervisors as SOP coaches and is working with the RTA to build the capacity of supervisors to take on this task. The FYCD also decided to implement SOP on new investigations and cases rather than cases

that were already in existence prior to SOP unless determined to be appropriate.

The SCHSD reports that tracking SOP dosage is a challenge. Tracking SOP dosage in CWS/CMS or another identified data system has not been completed. Utilization of SOP for long-term foster care cases has not yet been blueprinted.

Now that training is nearly complete, FYCD has shifted its focus to consistent implementation, moving from an expectation to “try it on” to one of uniform utilization. The SOP utilization at the Hotline and ER is estimated to be at 50 percent and utilization in dependency investigations and FR is estimated to be at 75 percent of incoming cases. The SOP is only sporadically utilized in long-term foster care cases.

The SCHSD defines SOP components as the activities that produce engagement, assessment, teaming/support networks, case plan goals and transition planning. The SOP core components are defined as: obtaining the child's perspective (child's voice), harm and danger statements, safety goals, behaviorally specific case plans, CFTs and staff/supervisor/unit coaching to reinforce learned principles in practice. The various SOP tools such as Three Houses, Safety House and safety mapping are utilized as means to hear the child's perspective and create harm/danger/safety goals. The agency utilizes supervision and coaching to monitor fidelity to the assessment and engagement activities previously listed. In many instances, when referrals are reviewed and approved by supervisor, especially those with safety threats, safety mapping is done on the spot during supervision or case consult to ensure fidelity to the SOP model. Supervisors review case plans before approving them to ensure that case plan goals are behaviorally specific. All case plans are required to be developed by means of a facilitated FTM and this is monitored by supervisors and through a special data system, Apricot, that tracks services provided to families. The level of FTM participation, such as the number of meeting participants by type (formal vs. informal) is tracked on a quarterly basis and discussed in the TDM Steering Committee.

Sonoma County has not yet begun using the fidelity case review tool because staff have not yet been instructed to implement SOP

in every referral or case. Several units in ER and PP are either in a “practice” phase or have not yet identified how SOP will be integrated into their daily practice. This is excepting case plans and FTMs, both of which were implemented prior to rolling out SOP.

Behavioral Health Treatment Liaison

This intervention will be implemented in FY 2016-17.

Wraparound

The Sonoma County Probation Department projected serving 45 youth, age 13-17, inclusive, during this reporting period. The agency, which contracts its Wraparound services with Seneca, provided Wraparound services to 35 youth.

The Sonoma County Probation Department experienced a period of new referrals to their Intensive Case Management program coupled with the stability of youth already receiving Wraparound services, keeping the number of youth served fairly constant.

The Sonoma County Probation Department reports issues with Juvenile Records System (JRS) case management Title IV-E tracking and is currently collaborating with internal partners in the Information Systems Department to resolve the issues by May 31, 2016.

The Wraparound intervention is tracked through Seneca’s Wraparound reports, CANS, Positive Achievement Change Tool and the JRS. The agency is tracking success, risk levels and referrals.

Family Finding

No activities reported.

Systemic Issues

The SCPD is still pending implementation of case management Title IV-E tracking through their local case management system, JRS. Implementation of Title IV-E tracking has been delayed due to information technology issues. Sonoma County is working with their Information Systems Department to fix the issues and hopes to implement tracking by May 31, 2016.

Evaluation

The SCHSD reports it has not used a SPC thus far. The agency also reports not receiving information regarding which SOP components will be tracked for state evaluation and how county should be documenting in a data system.

III. Project Evaluation Status

A. State-Wide Activities

Please see Appendix A

IV. Recommendations and Planned Activities

A. Planning and Development

1. Alameda County Probation Department

The ACPD modified its County Plan and opted to terminate the PLL intervention. The PLL service provider requested to terminate the contract due to cultural, therapeutic and practical concerns about the model. The ACPD submitted a letter requesting a County Plan modification on March 25, 2016 and is planning to redirect resources to Wraparound and increase service capacity.

B. Planned Activities (April – September 2016)

The CDSS anticipates continuing external communication efforts with Project partners. The CDSS partners with CFP and *ie* communications in developing quarterly newsletters and briefing documents. The CDSS schedules visits with county Program partners and partners with the RTA and RFFP in coordinating SOP/CPM and Wraparound Collaboratives. The CDSS is also coordinating a SOP Executive Series beginning in June 2016. The SOP Executive Series will include facilitated sessions addressing SOP integration into current work and initiatives such as Continuum of Care Reform, Pathways to Well-Being (formerly Katie A) and other county individualized initiatives.

The CDSS provides fiscal technical assistance and will conduct four county onsite fiscal monitoring reviews and two quarterly fiscal conference calls with Child Welfare and Probation. The CDSS will continue to provide detailed onsite technical assistance and will conduct meetings with both Child Welfare and Probation, and will follow-up with post-review letters detailing findings and quality improvement suggestions. Additionally,

CDSS will be disseminating and collecting county intervention expenditure data through the QFSF and will continue to provide county-specific technical assistance by researching and responding to fiscal questions submitted by Project county staff.

The CDSS will collaborate with NCCD's Evaluation Team as it prepares to submit data collection protocols to the California Committee for the Protection of Human Subjects, an in-house Institutional Review Board for the State of California that ensures all processes of conducting research are ethically sound and do not harm any participants. The protocols are submitted in two phases: the first phase includes review of the Child Welfare Services/Case Management System and the process study methodology (focus groups, interviews, staff and leadership surveys), and the second phase includes the family engagement survey and county probation data. Approval for both phases is expected to occur in April and June, 2016, respectively.

Initially, the Evaluation Team presented counties with readiness criteria for participation in sub-studies and allowed them to volunteer with proposed studies of their choice. Discussions with counties have continued as timelines and preparation for sub-study implementation come to fruition. Currently, six counties have tentatively agreed to possible sub-studies.

Before the data collection process can begin, the Evaluation Team must also execute data sharing agreements with the counties. The CDSS previously established data sharing agreements with the evaluator and with counties, but the evaluator must also have data security assurances with additional data they are obtaining directly from counties. Once the agreements are executed, Institutional Review Board approval is acquired and the evaluation plan is approved, the Evaluation Team will begin collecting data from counties beginning with site visits to each county in June 2016. These site visits will be conducted annually along with the staff and family engagement survey.

Appendix A

I. State-Wide Evaluation Activities

The National Council on Crime and Delinquency (NCCD) and Westat (hereafter referred to collectively as the “evaluation team”) are relying on a developmental evaluation framework to plan and carry out process, outcome, and cost studies of the demonstration project. Developmental evaluations are appropriate for the study of innovations and efforts that require system-level responses, and they support the study of implementation within complex systems. The demonstration project is occurring in nine California counties and involves implementation of at least two interventions with interdependent and dynamic elements in child welfare and probation departments. Characteristics of the child welfare and probation systems, as well as local conditions or policy changes, will impact implementation in unanticipated ways. As a result, the innovations will likely continue to develop throughout the waiver period, and departments may need to make implementation adjustments.

The goal of a developmental evaluation is to produce real-time feedback that will facilitate continuous improvement of the innovation. The evaluation team plans to provide feedback to implementation stakeholders through the Evaluation Steering Committee (ESC). The ESC consists of participating county agency managers and staff with key responsibilities for facilitating implementation of the demonstration project. The purposes of the ESC are to give input toward finalizing the evaluation plan and data collection tools, to collaborate with the evaluation team to implement the evaluation plan and data collection, to help relay critical information about the evaluation plan to county leadership, and to help build support for the evaluation within the county agencies. The evaluation team and the ESC will work together to monitor implementation fidelity, identify implementation problems, facilitate development of corrective actions, and assess the success of each action. The underlying objective is to help participating agencies in demonstration counties develop and strengthen fidelity assessments and implementation of waiver activities, and to enable sustained improvement in child and youth outcomes.

The evaluation of the demonstration project consists of a process evaluation, an outcome evaluation, and a cost study. Implementation of waiver activities and the timeline of implementation vary by county agency. Therefore, evaluation planning began with county-specific data collection efforts. During this period of initial evaluation planning, the

members of the evaluation team familiarized themselves with state and county concerns, developed an understanding of the status of data in each county, and designed an evaluation of the interventions through a developmental approach with the California Department of Social Services (CDSS) and participating counties. The team also obtained approval from the Committee for Protection of Human Subjects, Institutional Review Board (IRB) for phase I data collection efforts that include collection and analyses of child welfare outcome data and the majority of process evaluation data. Additionally the team began a submission for IRB approval of Phase II activities, which include a request for county fiscal data, probation agency outcome data, and a parent/guardian feedback survey to inform the process evaluation. Data collection can begin in May 2016.

The evaluation includes two outcome sub-studies and one cost sub-study to enable a more thorough examination of the impact of selected interventions on children, youth, and families as well as the interventions' costs. A future amendment will address these studies after approval by participating counties, CDSS and the Administration for Children and Families.

Although all counties are implementing Safety Organized Practice/Core Practice Model (SOP/CPM) in child welfare and Wraparound in probation, the focus of the evaluation is counties' use of flexible funding rather than evaluation of these target programs. Most of the counties are implementing additional interventions. Evaluating the use of flexible funding will render a comprehensive picture of counties' utilization of resources and engagement in sustainable practice improvements. Assessment of the use of flexible funding will allow for a delineation of and support for a systems perspective across counties.

Although many agencies opted to implement additional interventions as part of the demonstration project, SOP/CPM and Wraparound are the required interventions and thus the focus of the evaluation's fidelity assessment. The evaluation team will evaluate each county's fidelity to SOP/CPM and Wraparound, in child welfare and probation agencies, respectively. Consistent with the goal of a developmental approach, the team is actively engaging counties to identify:

- Measurable and meaningful indicators of milestones and successful implementation of Wraparound (in accordance with the National

Wraparound Initiative) and SOP/CPM, the target interventions of the demonstration project common to all counties.

- Measurable and meaningful indicators of the proximal and distal outcomes of SOP/CPM and Wraparound.
- Measures and tools that support implementation fidelity and outcome assessment, with priority given to existing measures and tools.

To the degree that they are available, fidelity assessments of additional interventions will be included into the evaluation of the demonstration project.

II. Review of Data Collection Efforts

The first step in finalizing data collection methods was collecting the information needed to guide final decisions on process, outcome, and cost study measures/indicators, including data sources, target population identification, and measurement frequency, as well as organizations responsible for data collection (completed in December 2015 and January 2016). Collected information informed the final evaluation plan (February to March 2016), which was presented to CDSS, the counties, and the Children's Bureau in March 2016.

To collect the additional information described previously, the evaluation team collaborated with CDSS and the demonstration counties to convene ESC meetings, conducted an information inventory, finalized the SOP/CPM and Wraparound logic models, and held measurement workgroup meetings. Evaluation team researchers administered an information survey to key agency program, fiscal, and research staff during phone interviews to obtain and verify this information.

Finalization of the evaluation logic models occurred during the January and February ESC meetings and helped the evaluation team make final decisions about data collection. These logic models describe the intervention's objectives and specify detailed and falsifiable goals. A falsifiable logic model includes "intermediate outcomes that must be realized by the members of the treatment group in order for the program to succeed."

The ESC members also participated in measurement workgroups during December and January. The goals of the measurement workgroups were to operationalize SOP/CPM fidelity, family engagement, well-being, and trauma concepts for the purposes of the project; identify measures common across counties, if possible; and gather information on the timing

of measurement administration in order to determine whether any subpopulations would be excluded from an identified measure. For example, most counties use the Child and Adolescent Needs and Strengths (CANS) assessment or the Structured Decision Making® (SDM) Child Strengths and Needs Assessment (CSNA), thus they were potential sources for proxy well-being measures. However, the CANS and CSNA are typically administered for open cases only. This means SOP/CPM children and youth who were involved in an unsubstantiated or inconclusive child welfare investigation would not have CANS or CSNA data.

III. Continuing Efforts

The evaluation team is currently in discussion with representatives from counties that have expressed interest in an outcome sub-study or a cost sub-study. During these discussions, the evaluation team is learning more about proposed focal interventions and reviewing sub-study readiness criteria. The information collected for each county's information inventory will also inform whether a rigorous design can be conducted within the scope of this evaluation.

Information on implementation assessment, the stage and sustainability of implementation and the status of implementation drivers will be collected from county managers and directors during annual focus groups and interviews conducted on-site if possible. Additional information about the demonstration project's implementation fidelity will be gathered from stakeholders (such as judges, district attorneys, guardians ad litem, parent mentors and other court staff, legislative representatives, public and private providers, former foster youth and families who received services, mental health administrators, and education and other community partners) through an annual web-based survey conducted in years one through four of the evaluation (years two through five of the demonstration project). Lastly, a survey of parents and guardians involved with demonstration project interventions will be distributed annually every fall during the same years. Information gathered through this survey and the onsite meetings will enable a qualitative, cross-site comparison of implementation methods and findings.

Appendix B

Acronyms List

Acronym	Definition
ACF	Administration for Children and Families
ACPD	Alameda County Probation Department
BAA	Bay Area Academy
BHCS	Behavioral Health Care Services
BHS	Behavioral Health Services
BICS	Booking Intake & Classification System
B&B	Birth and Beyond
CAFAS	Child and Adolescent Functional Assessment Scale
CANS	Child and Adolescent Needs and Strengths
CAPC	Child Abuse Prevention Council
CBHS	Community Behavioral Health Services
CDSS	California Department of Social Services
CCWIP	California Child Welfare Indicators Project
CFSR	Child and Family Services Review
C-CFSR	California-Child and Family Services Review
CFP	Casey Family Programs
CFPM	Child and Family Practice Model
CFT	Child and Family Team
CPM	Core Practice Model
CPOC	Chief Probation Officers of California
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRD	Community Resource Directory
CSAT	Coordinated Services Action Team
CSEC	Commercially Sexually Exploited Children
CSS	Clinical Services System
CSNA	Child Strengths and Needs Assessment
CSW	Children's Social Worker
CWS	Child Welfare Services
CWS/CMS	Child Welfare Services/Case Management System
DCFS	Department of Children and Family Services
DFCS	Department of Family and Children's Services
DHHS	Department of Health & Human Services
DMH	Department of Mental Health
DR	Differential Response
EBI	Evidence Based Intervention
EMQFF	Eastfield Ming Quong Families First
ESC	Evaluation Steering Committee
ETT	Evaluation Task Team

Acronym	Definition
FAST	Family Advocacy Support Tool
FCS	Family and Children Services
FFA	Foster Family Agency
FFP	Functional Family Probation
FFT	Functional Family Therapy
FM	Family Maintenance
FPB	Fiscal Policy Bureau
FR	Family Reunification
FRC	Family Resource Center
FTM	Family Team Meeting
FYCD	Family Youth and Children's Division
ICC/IHBS	Intensive Care Coordinator/Intensive Home Base Services
IDIR	Initial Design and Implementation Report
IRB	Institutional Review Board
JARS	Juvenile Arrest & Referral System
KSS	Kinship Support Services
KSSP	Kinship Support Services Program
LACPD	Los Angeles County Probation Department
LARRC	Los Angeles Risk and Resiliency Checkup
LCDSS	Lake County Department of Social Services
LCPD	Lake County Probation Department
MAT	Multidisciplinary Assessment Team
MDT	Multi-Disciplinary Team
MISSEY	Motivating, Inspiring, Supporting & Serving Sexually Exploited Youth, Inc.
MST	Multisystemic Therapy
NCCD	National Council on Crime and Delinquency
NCTA	Northern California Training Academy
PCMS	Probation Case management System
PIP	Probation Information Program
PLL	Parenting with Love and Limits
PO	Probation Officer
POC	Plan of Care
PP	Permanent Placement
QA	Quality Assurance
QFSF	Quarterly Fiscal Supplemental Form
QSR	Quality Services Review
RCFFP	Resource Center for Family-Focused Practice
RCS	Rebekah Children's Services
RFA	Resource Family Approval
RFP	Request for Proposal
RTA	Regional Training Academy
RDTSB	Resources Development and Training Support Bureau

Acronym	Definition
SCCPD	Santa Clara County Probation Department
SCHSD	Sonoma County Human Services Department
SCPD	Sacramento County Probation Department
SCSW	Supervising Children's Social Worker
SDCPD	San Diego County Probation Department
SDM	Structured Decision Making
SEIU	Service Employees International Union
SFHSA	San Francisco Human Service Agency
SFJPD	San Francisco Juvenile Probation Department
SIP	Systems Improvement Plan
SOFT	Supporting Our Families in Transition
SOP	Safety Organized Practice
SOP IT	Safety Organized Practice Implementation Team
SPA	Service Planning Area
SPC	Special Project Code
SYS	Stanford Youth Solutions
TMC	Tricia Mosher Consulting
YMCA	Young Men's Christian Association
YOQ	Youth Outcome Questionnaire
WFI	Wraparound Fidelity Index
WFI-EZ	Wraparound Fidelity Index Short Version