

# California - Child and Family Services Review

## System Improvement Plan

AUGUST 19, 2013 TO JANUARY 31, 2018



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## Introduction

The San Bernardino County 2013-2018 System Improvement Plan (SIP) is the final component in the County's review, assessment and plan for improvement of Child Welfare Services (CWS). This process has transitioned from a triennial (3-year) to a quinquennial (5-year) cycle and operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. San Bernardino County is in its third cycle of this process.

This process is mandated by California Assembly Bill 636 (effective January 2004), which created the Child Welfare Services Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR). The C-CFSR requires that for each period in the cycle, each county will complete a:

- County Self-Reassessment (CSR)<sup>1</sup> that includes a peer review,
- Five-year SIP, and
- Annual updates.

The San Bernardino County 2013-2018 SIP will be in place from August 2013 through January 2018.

Integrated into the C-CFSR since 2008 are the needs assessment and plan for the Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs. Overseen by the Office of Child Abuse Prevention, these programs are collectively referred to as the OCAP programs. OCAP programs provide services based on funding mandates that target need areas throughout the continuum of care from pre-placement preventative services to permanent placement and post-adoption services, and, consequently, positively impact a number of SIP Child Welfare Outcomes and Accountability measures.

The County lead agencies for the C-CFSR process are Children and Family Services (CFS) and the Probation Department (Probation). CFS is responsible for outcomes in all areas related to children who are receiving child welfare Title IV-B and IV-E funded services. Probation is responsible for outcomes related to foster children under its direct supervision that are receiving Child Welfare Services.

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<sup>1</sup> In the spirit of continuous quality improvement, San Bernardino prefers the term County Self-Reassessment (CSR) to County Self-Assessment (CSA) as promulgated in the State pronouncements. This is meant to emphasize that efforts are built upon each other and to ensure that the gains and lessons of the past are not lost with each new cycle. Otherwise, the terms are essentially synonymous.

The foundation of the 2013-2018 SIP is the 2009-2012 SIP and the CSR of 2012. The 2012 CSR comprehensively reviews the efforts and strategies made under the 2009 SIP and evaluates their level of implementation and, to the extent data allows, their impact on the C-CFSR Outcome measures. The CSR provides information and analysis of external drivers and demographic trends that influence program effectiveness. The CSR also includes the Peer Review, formerly called the Peer Quality Case Review, which brought in stakeholders and subject matter experts from other agencies and counties to focus on CFS's and Probation's case practices regarding reunification services.

The SIP is developed every five years by the lead agencies in collaboration with the larger C-CFSR team that includes:

- Local child abuse and neglect prevention partners,
- Community/Faith Based Organizations and Service Providers,
- Youth, parents, foster parents, guardians, adoptive parents, kin caregivers and other non-relative caregivers,
- Group home, Foster Family Agencies and Foster Care providers,
- Representatives of local Native American Indian Tribes,
- Juvenile Court,
- Other County departments and local public agencies.

Technical assistance is provided by the California Department of Social Services (CDSS). The SIP must be approved by the Children's Policy Council, the County Board of Supervisors and CDSS.

The purpose of the C-CFSR is to improve County performance and, thereby, improve outcomes for children in care and their families. Performance indicators have been developed to measure progress toward achieving specific goals. Those goals are:

- Protect children from abuse and neglect.
- Have children safely maintained in their own homes whenever possible and appropriate.
- Provide children permanency and stability in their living situations.
- Preserve the continuity of family relationships and connections for children.
- Enhance families' capacity to provide for their children's needs.
- Ensure children receive appropriate services to meet their educational needs.
- Ensure children receive adequate services to meet physical and mental health needs.
- Prepare youth emancipating from foster care to transition into adulthood.

In addition to requiring improvement of the outcomes for children and families, the C-CFSR holds CDSS and the counties accountable for the outcomes achieved.

The C-CFSR requires CDSS provides Quarterly Outcome and Accountability County Data Reports of key safety, permanence and well-being indicators. These quarterly reports provide summary level Federal and State program outcomes measures that serve as the basis for the C-CFSR and are used to track State and county performance over time. The Federal outcomes measures are defined by the Federal Child and Family Service Review (CFSR), an oversight system mandated by Congress and used to monitor the performance of the states.

Building on information gathered during the 2012 CSR the following two Federal outcomes measures were selected for inclusion in the 2013 SIP for improvement of County performance in its Child Welfare Services:

- **C1.3 – Reunification within 12 months (entry cohort)** - this measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.
- **C3.1 – Exits to Permanency (24 months in care)** – this measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

CDSS is required to monitor the completion of all activities under the C-CFSR for each county, including: ongoing tracking of county performance measures, reviewing county self-assessments for completeness, participation in the peer review, and review and approval of the county SIP. CDSS is required to provide guidance and technical assistance to counties during each phase of the C-CFSR process and ultimately track and report on progress toward measurable goals set by each county in its SIP.

## SIP Narrative

### SIP DEVELOPMENT PROCESS

The foundation of the 2013-2018 System Improvement Plan (SIP) is the preceding 2009-2012 SIP and the County Self-Reassessment (CSR) of 2012. The 2012 CSR comprehensively reviews the efforts and strategies made under the 2009 SIP and evaluates their level of implementation and, to the extent data allows, their impact on the C-CFSR Outcome measures. The CSR provides information and analysis of external drivers and demographic trends that influence program effectiveness. The CSR also includes the Peer Review (PR) which brought in stakeholders and subject matter experts from other agencies and counties to focus on CFS's and Probation's case practices regarding reunification services.

The cycle for this process formally began on February 13, 2012 with the County Self Reassessment Kickoff event held in the conference center at the Offices of the Bishop for the Roman Catholic Diocese of San Bernardino and Riverside Counties. Approximately 150 partners and stakeholders participated in the CSR Kickoff. Speakers discussed current and future external drivers that will affect the County, reviewed the County's performance data, recapped the improvements made since the previous County Self-Assessment and presented on the special needs related to specific groups. Eight focus groups were conducted, each with a different specific topic/focus on a particular aspect of the County's child welfare system.

Additional focus groups were held over the next few months with foster parents, Peer and Family Assistants (PFA), Parent Partners and service providers. The Parent Partner and PFA focus groups took place at the same time and location as the Peer Review (PR), formerly called

the Peer Quality Case Review. The PR was held from May 21, 2012 through May 25, 2012. Thirteen Social Workers and Probation Officers from other California counties along with two San Bernardino County DBH Clinical Therapists, one Tribal Member and two Court Appointed Special Advocates (CASA) administrators participated. The focus area, derived from the preliminary results of the CSR was timeliness to reunification. CFS, Probation and CDSS partnered in conducting this event and formulating the results.

With additional input from the SIP Oversight Committee workgroups, the CSR was approved by the Board of Supervisors and submitted to CDSS on February 5, 2013. Preparation immediately began to convene the C-CFSR team for development of the SIP. On March 26, 2013 at California State University San Bernardino (CSUSB), CFS and Probation hosted a convening of stakeholders and department representatives, the extended California Child and Family Services Review (C-CFSR) team, to continue the development of San Bernardino's SIP.

Representatives from Community and Faith Based Organizations, Service Providers, Healthcare agencies, Mental Health agencies, Student associations, Law Enforcement, CASA, the Policy Council, Juvenile Court, Education agencies, First 5, Foster Care and Group Homes, Training Centers, Tribes, Parent Partners, Peer and Family Assistants and County Departments participated in the presentations, focus groups and following workgroups.

The 135 individuals present were first provided with background information and a review of the C-CFSR to date which included a summary of the CSR and the PR. Presentations were made regarding:

- The CSR results and the County goals for the SIP,
- The outcome measures and data used to inform the process,
- Programs provided under the current SIP and their effectiveness and importance,
- Behavioral Health and Services to Families, and
- Updates from the SIP Oversight Committee workgroups.

Speakers included the Director, Deputy Directors, Managers and Supervisors of CFS, the Probation Division Director, a Deputy Director of the Department of Behavioral Health, a Peer and Family Assistant and a Parent Partner. Afterwards the team was divided into six (6) focus groups that discussed a variety of areas of potential improvement suggested by the CSR/PR.

The prioritized need areas identified in the CSR fell broadly under the two Child Welfare Outcomes and Accountability measures targeted for improvement:

**C1.3 – Reunification Within 12 Months (Entry Cohort)** – This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.

**C3.1 - Exits to Permanency (24 Months in Care)** – This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who have been in foster care for 24 months or longer.

Both these measures represent high need areas and encompass a large number of related strategies. Two measures from the 2009 SIP are being removed as priority need areas, C3.3 - In Care 3 Years or Longer (Emancipated/Age 18) and C4.3 - Placement Stability (At Least 24 Months in Care). Both actually showed improvement since 2009 and pose difficulties that make addressing them problematic. C3.3 will be strongly affected by the After 18 (Extended Foster Care) programs; C4.3 is seen by many as an inherently flawed measure.

Each focus group was given three topic questions to discuss, preceded by a preamble that reflected on CSR identified need areas and provided context for the discussion. The preambles and questions presented to the focus groups are contained in the following list, along with CSR references that support them as need areas:

- The legal time frame for the reunification of a child with their parent/s is limited to 6 months for an infant and no more than 12 to 18 months for children over three. Many parents, particularly those with substance abuse issues, delay getting involved with the services in their case plan and jeopardize their chance to reunify.
  - *What needs to happen for parents / caregivers to get involved with their case plans right away? Or How can we increase early participation between parent and child?*
  - Early engagement of families was a primary focus of the 2009 SIP. The Regional Lead Agency proactive engagement procedures, intake TDMs, partnering intake and carrier workers early in the court process, the provision of culturally competent services and encouraging early parent participation were elements of the 2009 SIP the County intends to continue. Despite these efforts, timeliness to reunification declined and therefore devising improved strategies to engage parents was seen as a priority need area.
- Immediate and extended family involvement is a key factor in promoting health and well-being for all children; yet many of our children have little experience with such a support system.
  - *How should we go about keeping children and youth out of placement?*
  - The CSR reports that, since 2011, the foster care entry rate has increased along with the number of allegations. Pre-placement preventative services are an essential mandate of the OCAP programs and an integral part of limiting placement. Probation has a number of programs meant to divert first-time offenders from the Juvenile Justice System, including Youth Accountability Boards, the Parent Project and the Interagency Youth Resiliency Team (IYRT) with DBH. Safely preventing placement and providing support for family maintenance are therefore seen as priority program areas.
- When CFS intervention is needed, both children and parents are suffering from the effects of substance abuse, neglect, unmet physical and emotional needs, domestic violence and other traumatic events.
  - *How can we better mitigate the obstacles to reunification?*
  - Provision of timely and appropriate service has been shown to positively impact reunification and permanency outcomes. The CSR also notes that trauma informed methods are an evidence-based practice shown to positively impact reunification and permanency and seeks to expand on them. Identifying the obstacles to reunification and tying them to needed services is seen as means of optimizing available resources.
- Different forms of trauma develop when a family system ceases to support its members - which tends to color or negatively distort the parent-child relationship.
  - *How can we improve the contact or visitation between parents and children?*
  - Enhancing the visitation experience for families, staff and others involved in the process was identified in the Business Redesign as an area requiring improvement. The Foster Parent focus group discussed at length the importance of providing quality visits with parents. The CSR concludes that: "The visitation environment, conditions and follow-up debriefings need to be improved. Family

visitation and support centers will provide a mechanism for early reunification services, a meeting place for birth parents and mentor parents and a natural setting for parents to learn about childhood development and practice their skills.”

- When a parent's children are removed from their immediate care, it is frequently difficult for them to accept the need for them to change, or that their life style and/or behavior is doing harm to their child... after all, they love them.
  - *What preparation will the parent need to assist with reunification other than completing the service plan?*
  - The use of Parent Partners and TDMs as approaches to reach parents and have them realize the importance of changing their behaviors is well-documented. Given these successes, the County seeks to explore parent-centered strategies that will help them appreciate their own strengths, the importance of completing their case plans and the need to change their behavior for the sake of their children.
  
- The parents of our youth, adolescence through teens, sometimes feel traumatized and worn out by the demands, power struggles and conflict they have experienced in their relationship with their child...even when they are the source of the abuse.
  - *It is important for families to remain invested and involved in working their case plans to achieve a positive result – what can we do to make that happen?*
  - The implicit direction of this question is toward improving social worker techniques in engaging parents and building their relationship. The CSR noted that this is a frequently identified problem. It was also noted that case plan development and changes can confuse parents. Parents are intimidated by CFS workers and improved communication between social workers and parents is still needed.
  
- Every family we work with at CFS is unique and poses unique challenges in terms of preserving and healing relationships while doing everything possible to keep the child safe from harm. Many of these challenges relate to the cultural background of the involved families. Maintaining or adapting programs and services that are culturally relevant and apply to the particular family being served has always been a challenge. There is not one script or plan that will work for everyone.
  - *How can we improve culturally competent reunification efforts?*
  - Despite the many positive efforts and gains made by CFS and Probation there was a continued and consistent message that additional culturally competent services and trainings are needed. A gap exists between the services needed by the children/families that come to the attention of CFS and the array/accessibility of culturally competent services currently offered. This is supported by the data that shows declines in Hispanic reunification and permanency indicators.
  
- CFS is a law and policy driven agency, and we are an arm of the Juvenile Court. While both the Court and the Agency seek to provide all families due process, meaningful and compassionate intervention and to keep children safe from harm, we approach these issues from different perspectives.
  - *How can we support social workers in their case planning and assessment to ensure children are returned safely ASAP?*
  - The CSR notes the current relationship between the Court, Children and Family Services and the Probation Department is positive, collaborative and supports a joint problem solving atmosphere. Collaborative efforts and improved processes,

such as the implementation of e-filing, were noted. There are many cases that reunify in the 13<sup>th</sup> and 14<sup>th</sup> month that might have been able to reunify within the 12-month timeframe by expediting any of a number of court processes. This question is also meant to examine the development of case plans using the available assessment tools in order to provide for timelier reunification.

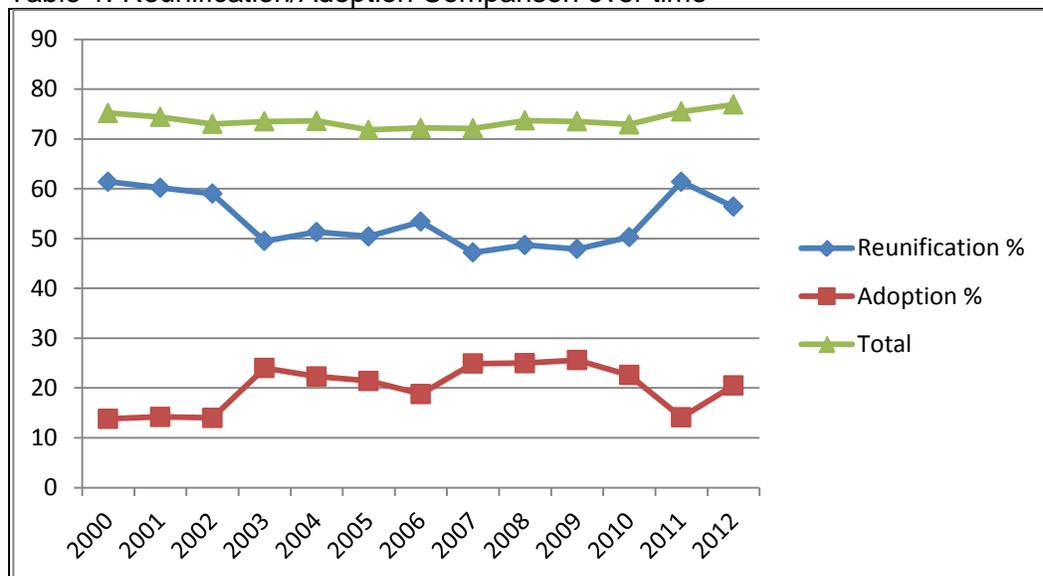
- Obtaining permanency for children and youth generally requires a team effort to prepare and stabilize them in a family setting and to help them know their value and worth as unique and valued human beings.
  - *What is the best way to optimize the role of resource parents and other stake holders to improve permanency efforts?*
  - Recruitment and training of foster parents was treated as both a systemic factor and a strategy of the 2009 SIP that supported reunification and permanency.
    - Reunification is one aspect of permanency. The County intends to continue its efforts to optimize the role of resource parents as mentors for reunifying parents. Though it is difficult to trace these specific mentoring efforts to program outcomes it is believed these mentoring efforts have, and will continue to accrue, positive effects. An identified need would be to establish a protocol to gauge program effectiveness. The CSR noted the importance good relationships between foster parents and birth parents because birth parents need role models. Foster parents need resources to help birth parents.
    - Providing more training, resources and support for resource parents was repeatedly noted as a means to improve their effectiveness. Improving the relationship between social workers and resource parents was also supported.
- Sometimes finding connections for our youth amounts to researching what we know about their family tree to locate extended family; and sometimes it is assisting the child / youth to develop new and lasting connections.
  - *How can we support and assist social workers in finding permanent connections for youth?*
  - The CSR notes: “When a child is brought into care, efforts need to be made to continue safe, positive relationships that already exist in the child’s life: school, health/dental provider (including treatments, etc.), Tribal connections/culture, family ties, friends, etc. While in care, efforts need to be made to ensure placement stability and minimal changes in caseworkers.”
- When seeking assistance in our communities – outside of CFS – to increase options for permanency, we are hoping to find those diamond in the rough families / organizations that will embrace large sibling sets, children with special needs etc.
  - *How do we increase capacity in the community for permanency?*
  - There has been a dramatic shift in the use of relative placements with an increase in the use of relative homes since July 2010. The use of county licensed foster homes has declined and now equals the declining number of children placed in group homes. Additionally, the use of Family Foster Agencies (FFAs) has increased over time, due to the FFA’s willingness to accept sibling groups and their ability to offer more services to higher level or special needs children. The County is seeking to redeploy its recruitment resources, expand its capacity and target recruitment based on the needs of children.

- The older the child the more memories they hold with their biological family – memories that sometimes make it very difficult for them to embrace a new family and call it home.
  - *What preparation activities and interventions would have value for a child or youth for their readiness for permanency away from parents –or to a least restrictive placement?*
  - The County is looking to establish child-centered practices that support permanent placements. Part of that is increasing relative and non-related extended family members (NREFMs) placements. It is also the intent to build on the progress made by efforts such as the Concurrent Planning Matching Team (CPMT). The CPMT process strives to match children with the best possible Concurrent Planning or Adoptive family. The 2009 SIP explored the idea of having a matching data base for children and foster parents. For a number of reasons it was not implemented, but the need to have child-centered placement practices still remains. Consequently, tools and practices need to be developed that assist the child in preparing for permanent placement.
  
- As our adolescent and teen youth approach adulthood, our goal is to assist them to gain the skills and the mindset to be able to reach out into the world – as young adults – to become increasingly more self-sufficient and begin to find their way in the world.
  - *Why do we need permanency?*
  - The ‘we’ in this question refers to young adults and older youth. The County’s success with children transitioning to self-sufficient adulthood was mixed with improvements for graduation, having housing arrangements for CFS and a permanency connection with an adult, while decreasing for employment and receipt of ILP services. Also, the County has solid participation in Extended Foster Care, with at least 60% of eligible young adults choosing to receive support. There is, however, no question that the needs of transitioning youth and young adults are best served in permanent placements and outside that, by maintaining permanent connections.
  
- The quality of our home life has a great deal to do with our preparation to move on in life, whether it has to do with a child’s ability to embrace a new family as home – or to gain the confidence in youth to begin to see a new future.
  - *What areas do we need to improve on with regards to training foster / resource parents when it comes to permanency? Do they have the sufficient tools / training to work with foster youth in a way that would support a more permanent family situation?*
  - The training regimen for resource parents was detailed in the CSR. Relative and Non-Relative Extended Family Members (NREFM) receive training and orientation in the form of the Relative/NREFM Caregiver Training Manual. Additional training provided by the local community colleges is also offered. Kinship Centers are available to provide support and training for relatives and NREFMs. Prospective adoptive/foster parents in San Bernardino County attend Parent Resources for Information, Development, and Education (PRIDE) classes based on a curriculum developed by the Child Welfare League of America. The adoption/foster parent social worker assesses applicants monthly and there are foster parent mentoring groups offered in the County by the foster parent associations. Children and Family Services (CFS) uses Special Care Increments (SCI) to support foster parents in a variety of ways. Foster parents are often invited to participate in Team Decisionmaking meetings especially regarding

placement changes. The purpose here is to modify or amend these training efforts to advance the cause of permanency.

- Data shows that relative placements have increased in San Bernardino County. We have not, however, made the step from turning those relative placements into permanent placements.
  - *How can we best transition relative placements into permanent placements?*
  - It is fairly well known among child welfare statisticians that reductions in reunification lead to increases in adoptions. This holds true for San Bernardino as the graph below indicates.

Table 1: Reunification/Adoption Comparison over time



Though the County certainly intends to continue its efforts to promote both reunification and adoptions, it appears that establishing guardianships and, possibly, more relative adoptions may be the best way to improve permanency outcomes. Exits to guardianship were comparatively lower in the county for all age groups. Regarding types of placements, a notable distinction between County Exits to Permanency and similar statewide figures show a smaller percent of guardianship exits. For those in kin placements, only 6.8% ended in guardianship though the statewide figure was 10.1%. Regarding adoptions however, the kin placements for San Bernardino resulted in 25.2% being adopted, while the matching state figure was only 18.2%. Nevertheless, it appears the transitioning of relative placements to permanent relationships, particularly guardianships, is a promising area to explore.

- Much like the reunification measures, permanency rates have declined by region and for Hispanics, though the totals have improved for African-Americans.
  - *What strategies could be used to stem some of these trends and improve permanency rates for all groups?*
  - The CSR reported that, much like the reunification measures, permanency rates have declined by region and for Hispanics, though the totals have improved for African-Americans. The data, however, is volatile on these measures and subject to significant fluctuations. The latest data shows reunification rates for African-American dropping precipitously. The permanency rates for African-Americans

also hit an enigmatic point where they exceeded the aggregate average for a brief period in 2011. Since then, and previously back until 2005, African-American permanency rates were lower than for the County as a whole. The aggregate figures show all regions experiencing a decline in permanency rates. Combining the need areas already identified for cultural competency and child-centered placement, the intent is to suggest strategies that mitigate both challenges.

The County provided a facilitator, scribe and at least two subject matter experts with each focus group to record and inform the discussion. Flip charts and recording devices were available in each room. The information garnered was consolidated and helped guide further development of goals and strategies under the SIP.

The following incorporates the suggestions, comments and remarks by all six groups and arranges them in a coherent fashion by subject material. The areas of discussion help to further define and designate the priority areas requiring improvement and suggest solutions to the problems identified for the plan to address. There is no sharp divide between those improvements that affect Reunification and those that affect Permanency. Many of the suggestions were meant to positively impact both areas and with Reunification being a type of Permanency, some overlap was inevitable.

### **Early Engagement, Service Array and Collaborative Efforts**

CFS and the Probation Department are both looking to improve their timeliness to reunification of separated families. One strategy in improving reunification time is to engage reunifying parents in services as soon as possible. It was maintained in a number of groups that the process of referring families for contracted services needs to be quicker to ensure reunifying parents do not waste time. Delay in accessing service is frustrating for the social worker and the reunifying parent, especially when the parent wants to get started immediately. It was recommended that the referral process be streamlined and the primary forms **the CFS 13.5e** form (Referral for Contracted Services) and **CFS 32 form** (Consent to Exchange Confidential Information / Protected Health Information) be revamped. Some suggestions included:

- A service voucher be used until the formal referral is processed
- A general "Consent to Exchange Information" form is created to expedite services. (It would still be necessary to clarify if general consents would be legally acceptable)
- Utilize a universal referral form
- Children ages 0-5 should be automatically referred to SART
- Any child in placement over 6 should be referred to Healthy Homes
- Provide immediate services to the family even if temporary to address the crisis
- Have a Carrier worker assigned at J/D, who will make referrals to families and follow up in two weeks after contact
- Always have a list of available resources to provide to the reunifying parent from the onset of CFS involvement to encourage early engagement.

The **Regional Lead Agency** model of processing referrals starts the process for most families getting community based therapeutic and family support services and is meant to enhance community partnerships. It was contended that there has been a delay in processing referrals from the Lead Agency to the provider and that this needs to be more efficient. Reunifying parents need to get services "when they first come in, when they hit the door". The Lead Agency protocol is meant to ensure that the family is referred to appropriate providers for appropriate services to address their needs. More than one group recommended that the Lead Agency

Model be evaluated to see if it is meeting the expected level of timeliness, efficiency and effectiveness and compared to alternative approaches.

It was reported that CFS is exploring why the process is taking too long for reunifying parents/guardians to begin their services and, beginning January 2014, there will be a **Service Coordinator** in each region to replace the Lead Agency. The Service Coordinators will set up appointments for families and contact the family with appointment time and location which should allow services to begin sooner.

There is a need to widen the array of available services and providers need to be more communicative with feedback. The new approach CFS is exploring will, essentially, fund current **Therapeutic Treatment Service (TTS)** providers with **Promoting Safe and Stable Families (PSSF)** and **Child Abuse Prevention, Intervention and Treatment (CAPIT)** funds. This will greatly expand the number of service providers supported by PSSF and CAPIT.

The need for **Medi-Cal** coverage was discussed. It would help if coverage was extended to reunifying parents on a presumptive/temporary basis even though the children are in placement. There is also a need for a method of approving providers that are not on the list.

The need for comprehensive progress reports from service providers in order to facilitate assessment of progress towards reunification was emphasized. Reports should specifically detail the:

- Kind of program/service the family is receiving
- Therapists qualifications
- That the program meets standards
- Progress to current measurable goals.

One of the core programs supported by PSSF and CAPIT funding are **parenting classes**. There were a number of suggestions to improve them, including:

- Make them available to Resource Parents
- Use them in conjunction with Parent Partners
- Have a mental health screening/services made available through them
- Make In-home counseling services available.
- Open classes for caregivers held at community colleges to reunifying parents so they can learn about nutrition, parenting skills and other important skills
- CFS staff should review lists of course offerings with reunifying parents so parents can choose which classes may be helpful for them
- Parenting classes are also offered at **CSUSB through a First 5 program**
- Parenting skills are taught through **Adult Probation** classes.

CFS embraces the notion that access to a comprehensive and broad array of therapeutic services and **community collaboration** are essential to improving outcomes for children and families. The **core practice model** is meant to integrate behavioral health services with CFS practice. Part of that is ensuring that placed children have strong ties to their communities so when they emancipate they have a strong support system. Some principles to guide further collaborative efforts include:

- CFS relationships with and in the community are important to cultivate in order to establish, for our youth and families, community based support.
- Peers throughout various agencies should get together on a regular basis to discuss how each operates and learn how they can better partner and support one another.

- CFS should examine resources other than the routine services, such as counseling and family support through religious institutions.
- Community connections are important to building a foundation for permanency. **Transitional conferences** help link children to the community. Children need their needs identified and assessed and the available community resources targeted.
- Fundamental to good service provision are the relationships we establish and cultivate in the community, with our professional partnerships and with our families and children.
- It is important that the CFS and the Probation Department place value on the continuity and stability of services to our children and families by being mindful of staff movement and changes because of the impact these changes have on those we seek to protect and serve.

With regard to specific services, a number of suggestions and comments were made regarding substance abuse services. The **Department of Behavioral Health Alcohol and Drug Services (DBH/ADS)** has drug and alcohol staff in CFS offices. A number of barriers to effective utilization and suggestions for improvement were noted, including:

- Many families that come to CFS's attention have had negative experiences with governmental agencies which can cultivate a culture of distrust. Reunifying parents should be asked what their needs are and how those needs might be met through the ADS/Provider. SW/PO's should help parents identify what they are willing to do and evaluate their level of buy-in and trust.
- ADS recommends that CFS gets consent from the reunifying parent for treatment earlier, possibly at the **Team Decisionmaking (TDM)** meeting. Parents should be encouraged to sign consent forms during the TDM when providers are in attendance. Consent for Healthy Homes should also be signed at the TDM.
- Create a program to address housing resources for reunifying parents leaving residential service. Many parents who leave residential have inadequate housing as they seek sobriety. This often sets them back in their efforts.

Besides early engagement of service, and as observed with regards to substance abuse treatment, some particular crossroads in the process of reunification are crucial to ultimate success and require additional care and resources. Social workers and service providers should help reunifying parents to prepare for the **homecoming** of their child. Specifically, the child that returns to their home may be significantly changed from when initially separated. Parents need to be prepared to help the child make the transition back into the home and for some probable "push back". The reunifying parent should make sure they have supports to call and know when to ask for help. Connections such as **Wraparound** should be handy and utilized by the parent. There is a need for parents to establish some life-long supports/connections that are not "system related".

**DBH/ADS Peer and Family Advocates** can be the first point of contact to prepare the home/family and establish trust. DBH trains staff in the **Trauma Resiliency Model. ACTS** is provided to children at Juvenile Hall to teach self-regulation skills. Methods such as **Trauma-Informed Parenting** teach reunifying parents and children how to self-regulate by recognizing signs/triggers and understanding the role of the child and what the child is going through. Family therapy should start before the child goes home to help process issues that are present, such as dealing with the child's behavior/anger issues before the child returns home. This makes it possible to transition incrementally. There is a need for more resources for providing family therapy. There was general support for the visitation centers and social workers should continue the child/youth's connections with the parents and family. A suggestion was made to make family therapy available at the visitation centers.

## Resource Parents: Their Role, Recruitment and Training

No group of people provides more service in more important ways than our Resource Parents (RP). In whatever services are provided and critical points of transition there may be, the role of the **Resource Parent/Foster Parent as mentor** and facilitator are often crucial to success. There is a need to enhance the role of caregivers in working with the reunifying parent to encourage the parent's timely completion of prescribed services. Resource parents and biological parents have misconceptions about each other that need to be clarified.

To address the need for enhanced relationships between resource parents and reunifying parents, a number of proposals were made:

- Provide supportive groups to foster parents and teach them to work with the reunifying parent in their case plan and become a mentor.
- Training of RPs should include how to:
  - Maintain connections and become an extended family member, regardless of reunification outcome
  - Embrace the child and their family
  - Mentor reunifying parents
  - Train resource parents to train others to mentor
- Icebreakers and similar efforts to exchange information between RPs and parents were mentioned repeatedly as a means to facilitate the mentoring role.
- Have culturally competent resource parent placement.
- Give equal consideration to resource and reunifying parents when scheduling child/parent visits.
- With **ICWA** children, provide information about the process, etc.

Of course, to have **culturally competent** placement one must have a recruiting strategy that emphasizes that particular need. It was suggested that CFS/Probation recruit more resource families from cultures and geographic areas that match our service population and that Foster Parent recruitment across all cultures.

Culturally competent recruiting was only one aspect of a suggested enhanced recruitment makeover.

- CFS/Probation should establish recruitment for foster homes that is community based, grounded in the assessed needs of our children (physical, emotional and cultural) and firmly rooted in the needs and expectations of the agency.
- CFS needs a full **recruitment campaign**. CFS should expand advertisements and target recruitment for specific groups, like Hispanics, or other hard to place children. African American resource parents can be recruited through faith based organizations.
- Current recruitment efforts are not resulting in sufficient foster homes. CFS needs to ask specific questions about what groups can be served.
- CFS relationships with and in the community are important to cultivate in order to establish, for our youth and families, community based support.
- Identifying what the child needs from a placement should be built into practice. Social workers need to be thinking about what their families need and provide feedback for recruitment efforts

The best marketing campaign is a reassuring **system of supports** and an atmosphere of trust and cooperation with the departments. Prior to the development of the **Central Placement Unit (CPU)** social workers were responsible for getting their own placements. Though CPU is viewed favorably, there is a loss of rapport and relationship that the social workers build with the

placements when they are not part of the recruitment process. Word of mouth is still important in recruitment. Support and rapport may be enhanced in many ways:

- Potential resource parents are deterred because of liability issues. Hi-end professionals with the capacity to provide solid foster homes fear even an accusation of impropriety which might bear on their professional licenses and undermine their families. Why should they take the risk?
- Provision of supports will help assuage fears and improve recruitment.
- The personal relationship in recruiting is important. The individual recruiter builds relationships and trust so that potential resource parents are reassured that they will be helped if there are problems. One person should recruit in one area or through CBOs / FBOs.
- Resource parents require more support, such as workshops, support groups and managing transportation needs.
- Incentives need to be provided to assist with recruitment including monetary supports. Respite should be part of the incentive package.

The **recruitment process** provides resources for the departments to meet specific needs and an opportunity to train and educate prospective foster parents. The County should:

- Consider assessing resource parents for compatibility by their strengths and utilize these results for specific populations of children.
- Consider a method of locating placements for children that is more sensitive to the special needs of children and more local, familiar and relationship-based.
- Recruit foster homes in the community of the foster child.
- Provide a better understanding for resource parents of their role. This needs to be explained and clarified through the application process and developed in trainings and workshops. Prospective resource parents might shadow current resource parents.
- The availability of family/conjoint therapy is also recommended depending on the dynamics and how this affects all the children in the home.

**Foster Family agencies (FFAs)** provide valuable resources to the department and are one of the main placement types being utilized. It is sometimes difficult to maintain a collaborative posture with FFAs. One group noted that FFAs do a good job of advertising the benefits of joining them. CFS needs to choose whether to compete against them or collaborate with FFAs regarding recruitment. When CFS loses resource parents, especially to an FFA, CFS should find out why they left and address that area.

Once they have their foot in the door **Resource Parent training** needs to be on-going and thorough. Resource parents and kin caregivers would benefit from continuous and specialized training, based on the age of the children in their home and their unique issues. Some suggestions for training needs not yet mentioned include:

- The importance of working with older youth, what developmental behaviors to expect and tolerate and how to address risky behaviors,
- Understanding legal/departmental timelines and clearly defined CFS expectations,
- Assessing the impact of placement on their own family's dynamics. Workshops or training may be needed because other children in the home may need support in dealing with a foster child.
- Training for the step down in placement from a group home, specifically on what to expect from a child that now wants/needs a freer environment.
- Distinguishing between aberrant or dangerous behavior and the normal range of behavior, especially for teenagers.

- Setting the bar higher and challenge foster children to go to college.
- Accessing additional resources for transportation and communication. Foster children need to be encouraged to participate in sports and other extracurricular activities.
- Mentoring children toward successful emancipation, and helping to provide youth a clear vision of what this look like, including assessing the youth's abilities and strengths, and developing a greater understanding of their role in the youth's education.
- Parenting sibling groups and parenting youth

**Relative Caregivers**, as the fastest growing placement type, have similar training needs and should also be:

- Given “What to expect” training tools
- Prepared to adequately raise traumatized youth
- Provided continuous parenting help
- Trained for targeted, individualized needs
- A model of honesty and transparency
- Informed on funding issues
- Provided information to understand teen(child) culture
- Provided information on Selfcare

A few creative suggestions were made regarding how to deliver these training services.

- Provide access to on-line training
- Include resource parents in Department training
- Workshops and support groups should be available
- Parenting classes should be available for resource parents.

The underlying theme in all this is that Probation and CFS should assess and remove the systemic obstacles to a more **child centered placement** practice and that recruitment and training of foster parents is necessary to promote more stable placements that assist with reunification, or failing that, a transition to other forms of permanency. In order to do that, the placement needs to match the proclivities and needs of the child or children being placed. To that end, social workers and Probation Officers need to understand that:

- The reassessment of placements is a regular and continuous process that needs to take place at least within 6 months of placement - and should be done with permanency in mind. A placement that is appropriate when a child first enters foster care may not be appropriate 6 months later.
- It is important that the resource parent is a good match for the child. If more consideration is given to matching the child to the resource parent it would help engagement. It is important for the child to *like* (and speak the same language as) the resource parent.
- Pre-placement visits may help with this matching and rapport building.
- It is more important to have a thoughtful placement than a fast placement. Having a child go where the interests, culture and concerns of the child match improves permanency. The placement should be kid-based: A hockey kid to a hockey family. Placements poorly planned will have problems.

The **Resource Parent-Social Worker/Probation Officer relationship** is essential for a successful placement that leads to reunification or permanency. To maintain a positive relationship, the social worker or Probation Officer should:

- Ensure resource parents get full disclosure on a child.
- Keep RPs informed on the reunification process and include them as part of the team.

- The FFA social workers are not always kept in the loop when it comes to case planning and service needs. FFA social workers have stated they find it difficult or impossible to get the parent's service plan or progress reports.
- Allow Relative Caregivers to get the same training as staff.
- Reframe or clarify the double message: offer permanency but support reunification.
- Know and identify the strengths and weaknesses of resource parents and their families. When, for example, placing sibling sets, it is important that the resource parent family be more cohesive and stronger than the influence of the sibling set.
- Go to the home to help the resource parent hang in there.
- Make in-home counseling services available.
- Listen to resource parents when told they are being too demanding on birth parents because this can lead to an adversarial relationship. This is another reason reassessment is important and the dynamic between the social worker and birth parent is part of that reassessment.
- Be a stronger source of support for the resource parent and the child - provide counseling and support for child care issues.
- Avoid labeling the child's behavior - such as calling them a fire setter, etc.
- Be there. It is important for the resource parent to trust the social worker. The more stable the social worker assignment the better. The concurrent planning worker should also be stable as should the licensing worker.

Along with the idea of matching children to an optimal placement, it makes sense that prior experiences not be lost for the next placement. It was suggested that the placement unit should **track the behaviors of the resource parents**. This will create a placement history for the resource parent and provide an empirical basis for further placements that will enhance permanency efforts.

**Relative/Kin placements** are by their nature predisposed to be child centered since, presumably, relatives have similar interests and cultural background to the placed child. A difficulty with these placements is the transition to permanency. Topical discussion on how best to transition from **relative placement to permanency** included:

- Educating kin caregivers on financial resources and addressing gaps in understanding regarding finances and services,
- Expanding the use of guardianship for permanency,
- Expanding tribal customary adoption (TCA) to non-tribal children (No rights termination),
- Use of transfer of custody orders,
- Giving relatives absolute disclosure,
- Exploring what permanency means to relatives and fully explore and address any resistance,
- Developing alternative identification means so that an undocumented, but appropriate, relative may take placement/permanency.

### Cultural Competence

The issue of cultural competence in service provision and placement has been discussed to some extent already, but there are a number of other areas where culturally competent and relevant approaches are pertinent. Some suggestions regarding culturally competent practices include:

- Hire staff that represent the demographic and culture of the families served.

- Create a bilingual unit and provide more compensation to those carrying bilingual case loads.
- Create cultural brokers to attend TDM's to ensure cultural issues are addressed. There appears to be a need for more male facilitators.
- Establish a clear consistent message from management on the importance of culture every day for every child.
- Ask the family about their cultural background on day-one and learn how they view their family structure.
- SSSP's/line staff need a forum/opportunity to discuss any biases.

Regarding services related to the **Indian Child Welfare Act (ICWA)** it was suggested it would be helpful to:

- Create ICWA experts within CFS, and
- Provide information about process, etc., as a tool for resource parents when ICWA children are placed with them.

Social Worker, Probation officer and staff training regarding culturally competent practices was a frequent topic. Some additional suggestions included:

- Use Safety Operating Practice (SOP) techniques to engage the families.
- Create guidelines that the SW can use for asking culturally competent question/ interviewing techniques.
- Train court personnel on culturally competent services and use of direct communication with the courts on cultural issues that create road blocks.
- Have regular meetings with court staff that include discussions about culture in court and culture in CFS so we learn from each other how each operates.

### **Social Worker and Staff Training Issues, Resources and Best Practices**

Virtually every topic thus far discussed has implications regarding staff training from provision of service to placement considerations and cultural competence. Some additional areas that were suggested for staff training include:

- Trauma and recognition of signs of trauma.
- Recognition of reunifying parent's emotions for what they are. Many feel angry, in denial, which can be interpreted by staff as uncooperative. Staff needs to validate their feelings and help them get through the grieving process.
- Directly addressing uncomfortable issues. SW's tend to avoid issues that stigmatize, for example Mental Health issues are ignored because SW's avoid confrontation. Therefore they miss valuable resources available to reunifying parents.
- Use of coaching techniques to help families learn new skills.
- Identifying the strengths of the reunifying parents and making them aware of these strengths because many times they do not know.
- The need to be cautious in labeling children to avoid unnecessary concerns and stigmatizing the child.
- Use **Safety Organized Practice (SOP)**.
- Kinship centers report that social workers can be very demanding on birth parents and this can lead to an adversarial relationship. This is an important reassessment issue: the dynamic between the social worker and birth parent.

The end purpose of training is to create more effective social work. Another means to make staff more efficient is to **improve technology**. Better software and more extensive internet access would make specific tasks easier to complete.

Another suggested way to accomplish this is to **reduce caseloads** which would allow for more engaging connections with families. Generally, that means more workers need to be hired which is not always possible. A more cost effective approach might be to increase the number of **support staff**. There is a need for more support staff especially on the front end (Intake). Increasing the support (clerical) staff would allow the social workers more time to provide case management services to the families on their caseload.

Support staff can also include **Parent Partners**. There should be more than one path available to help parents. Parent Partners could be trained in different areas to advocate and connect the reunifying parent with a system of supports. For instance, a Parent Partner could help with the trust issues parents may have with law enforcement (i.e. County Sheriff). Parent Partners help model parenting skills learned. There is a need for the immediate assignment of a Parent Partner, community advocate and peer support at the outset of a case. Parent Partners will need ongoing training to help with many of these matters and hiring more Parent Partners was recommended.

Parent Partners can help positively influence the relationship between the parent and the social worker or Probation Officer and assist reunifying parents in achieving their goals. Assisting the reunifying parent with time management and fulfilling their case plans is one of the social workers primary tasks. **Case plan requirements** often create dilemmas because there is much that they are expected to do in a limited time. There is a tendency for the parent to get overwhelmed and delay or give up. The social worker should assist the reunifying parent in the immediate managing of the parent's timeline while helping the parent to acquire ongoing **time management skills**.

Training is needed for staff and Parent Partners in **managing change**, emotional transition and transition in general. Workers should talk about trauma the families have experienced. This includes poverty, loss and mental health issues. CFS staff should take this into consideration when talking to reunifying parents. CFS staff should talk to parents about the possibility of delays in obtaining services and encourage them to engage immediately. The parent's support system should be identified and utilized to encourage and motivate the parent.

Social workers should help parents to understand that the steps to reunifying with their child may be different from the steps another set of parents are expected to complete before getting their children back. Parents sometimes compare their social worker's expectations of them with the expectations of another social worker for another set of reunifying parents. Social workers and providers should explain to the parent what services are needed, why those services are needed, what progress is expected and when that progress should be achieved in order to reunify with their children.

The bar set by the social worker for parent progress in their services should not constantly be raised; the bar should be set realistically from the start. If further expectations are imposed ("piled on"), social workers should help the reunifying parent understand the holistic reason the expectations have changed. A suggestion was made that it would be better to overstate steps needed and then reduce the number of steps as progress is achieved as opposed to understating the steps and then increasing the steps later. A reminder was shared that substance abusers will use their substance to cover the pain of failure felt when steps are increased. Case plan/services should be broken down into phases so that the reunifying parent can be motivated by experiencing a series of successes along the way.

To summarize, **Service plans** need to:

- Be more reasonable and achievable
- Fit the families personal needs - Case plans should be more individualized.
- Be clear about what their services mean to the reunifying parent and how things will look in the future if successful.

Clarity and consistency are important in case and service plans and also in **court reports**. Social workers need to be consistent in what they tell reunifying parents and what gets put in the report. There should never be information in a report that is a surprise to the parent. Social workers and Probation Officers should empower reunifying parents, help them feel supported from the very beginning, show them what to do, and acknowledge for them what they are doing that works well.

An issue related to consistency addressed in a number of groups was the **reassignment of social workers**. Changes of assigned social workers should be kept to a minimum because it impacts the progress of the parent in their reunification efforts. Case hand-off should occur in a meeting between the parent and the social workers involved (meet and greet). The message from the previous and new or the assigned and substitute social workers must be consistent and maintain continuity through the reunification process.

It is important for staff to work together as a team within the Department during case transitional phases. Stability in social work handling cases is optimum, but because changes in assignment are inevitable, it is important that the transition of cases to a new social worker be smooth and that the child be connected to the community.

Case transitions and community connections are often captured in Team Decisionmaking meetings. **TDMs** need to have more community attendance and also include more providers of resources. Providers present should be those that can immediately address the issues leading to CFS involvement. TDMs should include resource parents, relatives, new initiative supervisors and youth-identified supporting individuals (adult connections for youth). All required TDMs should be conducted. Likewise, because community connections are important to building a foundation for permanency, **transitional conferences** help link children to the community. Children/youth should have their needs identified, assessed and the available community resources targeted.

Another important **Family 2 Family** best practice is **Family Finding**. Family finding should be done earlier in the process. This will make contact and transitions easier and help with ongoing reassessments. Family finding should begin at the beginning of CFS legal intervention. The child's contact with family should be continuous if possible. This practice needs to be continuing and ongoing and will positively impact permanency. Family finding progress should be required in court reports.

Many times youth already have the contact information of their extended family members, friends and non-relatives who are permanent connections for them. Social workers and Probation Officers should ask the youth for the information and document the contact information provided.

To assist further with Family Finding, CFS/PD should also expand use of the following:

- Community Based Organizations
- Bachelors of Social Work Interns
- Internet sites such as Google, Facebook and Genealogy databases

- Collaboration with Law Enforcement in the sharing of databases/information as LE might have knowledge of the family members' whereabouts.
- Support staff for family finding.

A practice suggested by one group was for **90 Day Review (Non Court) "Super Family Meeting"** to include the social worker, SSSP, family, etc. Discussion in this meeting would focus on:

- Keeping families engaged in the process and staying conscious of the timelines
- Redefining what needs to be achieved in order for children to return home
- Having clear communication with families

Instead of creating another group/tool, staff could utilize the TDM, FGDM and Wraparound to facilitate the review meeting. This could begin as a pilot with FR cases. These review meetings could be located in places other than the CFS office

Another novel suggestion was when services are terminated an unbiased panel should review a case to see what further services might have been helpful. Much like the idea of reviewing Resource Parent placement results, this kind of review might provide informed perspective on pitfalls to avoid and approaches to be pursued.

### Probation Strategies

The Probation Department had separate focus groups. Where applicable, ideas and strategies that could be useful for Probation Officers as well as social workers were noted in the previous discussion. The first question addressed was on Reunification: *How should we go about keeping children and youth out of placement?*

The following resources should be considered to help children and youth remain with their families:

- Wraparound
- Therapeutic Behavior Services
- Children's Intensive Services
- IYRT
- Early Family Engagement
- Using a thorough Family Assessment Tool identifying needs and deficiencies
- Using a "TDM" approach with families (confrontation comes from within the family and not Probation Officers)
- Parent Partners/Successful families

It was then additionally asked: *How can we improve the contact or visitation between parents and children?*

Some of the suggested strategies were:

- Visitation/contact between parents and children can be improved by meeting with the families while the child is incarcerated.
- Using visitation centers that are in closer proximity to the child's home
- Using community resources for transportation
- Agency to agency collaborations
- Using a "TDM" approach
- Using Wraparound with the minor and other family members while a child is detained and/or placed so that change is not solely incumbent on the minor
- Parents involved in MDTs

- Utilize Parent Partners/family advocates

Regarding Permanency the question was: *How can we increase early participation between parent and child?*

Early participation can be increased by ensuring the child is in a safe environment. Should there be any indication of inappropriate or abusive language or behavior, the child must be separated from the situation immediately to prevent further trauma.

Therapeutic interventions for both the child and parent (abuser) must occur prior to any visit. The parent must be willing to admit their abusive behavior. There will, however, be circumstances where visitation is simply not appropriate.

## Court

Court provides the supporting legal framework for all social work activities for CFS and Probation and, consequently, the relationship between the worker (PO or SW) and the court is essential to their activities. It was noted that social workers need to present the true facts to court and should make recommendations based on observed behaviors and objective assessments of the child's and family's needs, avoiding reliance on subjective impressions. The integrity and effectiveness of the process also hinges on the acceptance of all court officers and attorneys (parents and minors) of **our shared interest: To return children home safely.**

The court authorized **case plan** provides the practical framework for continuing service for the families. It was observed that the social worker must share their expertise with the court regarding the effects and signs of trauma in order to develop effective case plans. Court processes should facilitate implementation of the case plan whenever practical. It was suggested that because the packet process takes too long, the social worker should be given discretion to liberalize visits (unsupervised, overnights, weekends and extended visits) by Informational rather than Approval packet. Furthermore, court could grant social workers the authority to add service objectives and components to case plans to address issues that arise during the case, without the need for an Approval packet. Court could also allow workers to revamp current case plans to make them simpler and concise optimally providing reunifying parents with a one page case plan.

In innumerable ways the relationship between the social worker and the reunifying parents or guardians begins in court. The court time frames also govern the sequence of events and the court authorizes the family's case plan. At this juncture, and in all their interactions with reunifying parents, it was acknowledged that the social worker should **cultivate a supportive, strength based relationship** with birth parents, perhaps with the aid and support of Parent Partners.

CFS should develop specific concrete ways to explain and reinforce court timeframes to reunifying parents in a manner that makes sense to them. Social workers should give concrete examples of what progress the parent have to show by a certain time. Social workers should help the reunifying parents to take ownership of their timeline and understand the need to stay on it. Owning, understanding and staying on their timeline are important strategies as they persevere to complete their service plan. Parents should be helped to recognize how they are progressing on their timeline. A new tool, a visual hand-out, needs to be developed and distributed to parents to assist them in understanding the specific events and sequence that is included in their case plans.

It was recognized in a number of groups that **early engagement** in the service plan was essential to meeting case plan goals and reunification timeframes. A novel suggestion was that a “Services Kiosk” be made available at Court. The kiosk would be:

- Staffed as an SSP position that will need to know availability of immediate services
- Begin service at the Detention Hearing
- Provide assessment of immediate needs and provide general resource referrals for parent/guardians
- Assist with making intake appointments, phone calls, provide maps, bus pass/schedule, or gas script, etc. and,
- Utilize phone # 211 resource information to access service.

The implications and practicality of this approach will need to be further developed, but there is a general consensus that the sooner effective services begin the more likely reunifying parents are to achieve case plan goals.

### **Summary of the SIP Convening Focus Groups**

It is a fair judgment that the discussions were generally robust, frank and depicted a common outlook on the roles of social workers and Probation Officers and their shared goals in dealing with children and families. Many topics were addressed in different groups and, by and large, similar conclusions were reached, though in nuanced terms that reflected differing perspectives. There was a thorough understanding of internal processes presented and a desire to replicate and expand on small successes. The SIP convening was a successful step in the process of developing best practices and moving continuously forward with high quality improvements. Whether a suggested reform is ultimately included in the final SIP depends on a number of pragmatic factors including the availability of adequate resources and supports that allow for implementation.

The next step was to review the information provided in the SIP convening and the CSR and crystallize them into specific strategies with identifiable benchmarks to be achieved over time. The Prioritization sections will detail the strategies for Reunification, Permanency, Probation and the OCAP programs and their rationale.

### **Supporting and Concerted Efforts**

As reported in the CSR, CFS initiated its Business Redesign project in February 2012. The primary focus of the project has been the overall organizational structure and the internal processes of service delivery. Information gathered from that process is being used to inform SIP development and some of the initiatives supported by the Redesign will work in concert with the SIP.

Surveys and focus groups conducted under the auspices of the Redesign have already been used to inform the CSR/SIP. These include the:

- Foster Parent Focus group of June 9, 2012
- Parent and Social Worker surveys completed in 2012
- Service Provider Focus Group

In the Foster Parent Focus Group a number of claims and suggestions that corroborate the statements made in the SIP convening were reported, including:

- Foster parents expressed a need for training on preparing for visits and promoting interaction between the child and parents. They also would welcome strategies for

improving relationships between foster parents and parents so that there is mutual respect for the role each plays in the lives of the children.

- A neutral place should be selected for visitation where a safe, positive environment will facilitate positive visits. Specifically, the group recommended a supervised visitation center where family members can interact.
- More complete information about the children and parents from the moment the children are brought to the foster home should be provided. Particularly, mental health issues should be diagnosed prior to placement and foster parents given this information.
- Foster parents want training on how to help some children understand that they can never return home and deal with the grief and loss.
- Foster parents expressed frustration with the frequent change in social worker assignments which results in delays in communication, response to requests for help and progress towards reunification or permanency.
- Online technology should be used to provide foster parents and parents with chat lines and resources for addressing the needs of children.
- A 24/7 link to a social worker standing by to field questions and provide guidance when routine issues or critical issues arise and the assigned social worker should be available.

The survey of parents conducted for the Business Redesign reinforces many of the points made during the SIP convening, including:

- Parents were split when asked if they had a positive relationship with their social worker (57% agree or strongly agree), though about 70% indicated that their SW was supportive
- Over 70% said the SW explained the Court Report and court plan, but under 50% said the SW answered all their questions
- Only about 50% of parents said they participated in a TDM, though about 70% indicated they were asked about relatives or family/friend connections
- About 75% knew or were introduced to the Caregiver

Some of the processes, programs and initiatives suggested by the Redesign will interlace and support similar efforts in the SIP. These include:

- Manpower adjustments and the hiring of more staff, including clerical and support staff.
- Expand the Parent Partner program by enhancing roles and responsibilities of Parent Partners and adding more Parent Partners.
- Increase the capacity of PFAs, bilingual workers and PHNs and evaluate if additional hiring is required.
- Provide additional training on current risk and safety assessment tools and continue to emphasize their importance in support of risk assessment, decision making and caseload management.
- Prioritize and increase the number of TDMs being performed.
- Enhance data analysis to continue to drive decisions and strategic planning.
- Open visitation center(s) while simultaneously continue to use current space to meet the needs of children and families.

The Business Redesign is a major CFS initiative that will positively impact the selected SIP Outcome measures. Members of the SIP Oversight Committee and the C-CFSR team will also be working directly on the Redesign. It is expected that these two streams of activity will work conjointly and support each other's efforts.

## PRIORITIZATION OF OUTCOME MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

As previously noted, the prioritized need areas identified in the CSR were:

- C1.3 – Reunification Within 12 Months (Entry Cohort) and
- C3.1 - Exits to Permanency (24 Months in Care)

CFS and Probation both favored continuing with the two measures from the 2009 SIP because of the essential importance of those measures and the desire to build on our previous efforts and maintain continuous quality improvement. Some measures do show greater decline than the two selected. For example, adoption measure C2.3, Adoption within 12 Months (17 Months in care), is moving in the wrong direction; however, 4 out of 5 adoption measures under the same composite (Permanency 2) are trending strongly positive. In addition, the number of adoptions had dropped significantly.

The Safety Measures were also positive or above the established standards. Safety 1 - Children are first and foremost protected from abuse and neglect and the related sub-measures were all trending positively. The process measures under Safety 2 – Children are safely maintained in their homes whenever possible and appropriate, were either positive or if trending down, remained above the established standard. CFS is providing training using the Safety-Organized Practice techniques promulgated by the University California, Davis, Center for Human Services. It is believed the approaches in this practice model will improve safety and other Child Welfare Outcomes and Accountability measures.

Even if the County had been starting from scratch the Reunification Permanency Composite 1 was a clear need area with 3 of 4 measures running negatively. If the strategies for C 1.3 are effective it is expected that they will also improve C1.1 Reunification within 12 months (exit cohort) and C1.2, Median Time to Reunification (exit cohort).

The measures on transitioning youth were mixed; however, with the implementation of extended foster care (EFC or After 18) it is thought these needs will be addressed. It was also thought that the measures themselves may undergo some revision.

Permanency Composite 3 deals with various aspects of permanency, was part of the 2009 SIP and has been a major focus of County efforts. Data had shown some positive trending until the recession hit full force in 2008/09. The County intends to continue the focus on permanency though measure C3.3, In Care 3 Years or Longer (Emancipated/Age 18), was dropped because of the uncertain impacts of EFC and because it was trending positively.

The most recent quarter does show measure C3.1 trending in the right direction:

- Baseline - 24.1
- Q3 2012 - 22.9
- Q4 2012 – 26.2.

This is a fairly substantial increase; however, since this measure has been a consistent problem, the County prefers to take the long view. Looking at the measures quarter by quarter depicts fluctuations, but CFS and Probation want to drill down for long term progress. Of course, the County intends to monitor and see if the recent uptrend can be sustained over time;

but even if the general upward trend endures, children in Group Homes, African-Americans and those ages 11-17 have had difficulty achieving sustainable gains in permanency.

Permanency composite 4 which deals largely with placement stability, was trending positive and measure C4.3, Placement Stability (at least 24 months in care), was dropped. The process measures regarding Sibling and least restrictive placements were trending positive. Placement Stability is a focus area for the California PIP but is not seen as a need area for San Bernardino.

The well-being measures were reviewed and it was thought that some strategies related to improving information and training for relative placements might positively affect the figures not trending in the right direction. The County anticipates improvements in these measures but chooses to focus on the more concrete quantitative, well-established measures listed above. Similarly Probation understands that the figures related to Timely Visits could be improved but expects that since the Probation Information Services Department is actively working to develop and interface between Caseload Explorer and CWS/CMS, this will alleviate dual data entry issues and provide more accurate reporting.

No additional measures have fallen below the standards since last reviewed. Regarding systemic factors, the strategies detailed below will identify the various impacts expected and resources utilized in support of the strategy.

The following then will review the strategies selected to address the Reunification and Permanency measures. Strategies for the Probation Department will be delineated separately. Where appropriate and the data allows, impact of a particular strategy on outcomes will be discussed. All of the strategies listed are supported by the CSR and the preceding section on SIP development. The OCAP programs plan will be addressed in detail in the section on Prioritization of Direct Service Needs.

## **Reunification Strategies**

### **Strategy 1: Increase Team Decisionmaking Meetings (TDMs) to enhance early engagement of parents.**

A crucial step in reunifying children within 12 months of foster care entry is early engagement of parents. San Bernardino County has embraced the Family to Family model of Team Decisionmaking meetings (TDMs) to assist the parents in understanding the risk and safety issues for their children. Initial TDMs ideally have birth parents, staff, relatives, community partners, service providers and potential caregivers in attendance. Part of the strategy to improvement is ensuring that Parent Partners participate as well as those currently providing service, when appropriate. If an initial TDM operates as planned the parents will understand why their children entered care, who the children will be placed with and the steps they need to take in order to reunify with their children.

The department views TDMs as important step in assisting parents in their reunification efforts. It is thought that staffing and caseload issues tied to temporary budget issues were the primary reason TDMs did not continue to expand in the last few years. Currently the regions do not have enough full time facilitators to provide TDMs for every staff member that would like to have them. All regions have implemented all types of TDMs. Overall the number of TDMs has declined since 2010. There has been a sharp decline in Emergency Placement and Placement Preservation TDMs. The decline in the number of TDMs continued into 2012. However, the Central and North Desert regions did increase their total TDMs conducted, from 296 in 2011 to

312 in 2012 and from 177 in 2011 to 182 in 2012, respectively. Recent changes in regional practice led to a decline in the number of TDMs in 2011. In order to improve the number of TDMs held in the county, there needs to be an increase in TDM facilitators. The Parent Survey correctly reflects available data indicating only about half of the eligible clients participate in TDMs. In addition, it is important to re-train staff on the importance and their roles in the TDMs to ensure quality TDMs.

From 2010 through 2012 there was an increasing trend towards inviting community partners, school staff, mental health staff, Alcohol or Other Drug staff, medical staff, regional center staff and youth advocates. Although the percentage of birth parents, relative and family supports attending decreased since 2011, the percentages are greater than in 2010. The percentage of foster parents/FFA parents attending TDMs continued to decline.

The intent of the SIP is to Provide TDMs for every case in which a child is at risk of removal or has been removed within one week of detention; and at every major decision point in the case. Facilitators have been trained for each region and CFS intends to provide regular trainings to maintain these levels. CFS will continue to engage community partners and relative supports and increase the numbers of mentoring resource parents and parent partners.

TDM data will be tracked via the ETO TDM database, and linked to CWS/CMS to identify reunification outcomes. Data from the CSR indicates that the families that had TDMs in the first 30 days of a case reunified 2.1 months earlier than those families who did not, which indicates this strategy positively impacts this outcome measure. As TDMs expand the intent is for this reduction in engagement times to extend to all regions and for all services.

### **Strategy 2: Increase and enhance the role of Parent Partners in early engagement.**

The Parent Partner program in San Bernardino County has been one of the more successful strategies for early reunification implemented in the prior System Improvement Plan. The Parent Partner program has been in operation since July 2011, and steps to professionalize the program have been implemented: making Parent Partners full time employees, standardizing training, and developing a tracking tool for Parent Partner activities.

In addition, Parent Partners are hired to engage birth parents early on through contact with birth parents at TDMs and at Court. Countywide efforts need to be made to increase the awareness of the Parent Partner program and their role in early reunification. Currently, there are 5 Parent Partners, one in each region and their caseload is capped at 35 parents. There has been a demonstrated need for more Parent Partners in the regions. The intent is to increase the number of Parent Partners within a year. In addition, the Parent Partner/Peer Family Assistant training is scheduled to be completed by September, 2013.

The Parent Partner database and CWS/CMS will be used to monitor the success of the families that have utilized the Parent Partner program. The CSR noted that 92% of cases that closed that were identified as having a Parent Partner achieved permanency, with 94% in FR (family reunification) reunifying. The intent is to maintain that result but expand the number of families affected.

The intent of the SIP is also to target the use of Parent Partners where they will be most effective. This means increasing Parent Partners' availability at Court to assist parents. Parent partners will facilitate the Court Orientation, and remain available to meet with parents during

the morning Court sessions. They currently attend orientations frequently and this would allot them an expanded role.

Increasing Social Worker awareness of Parent Partners accessibility and their role in assisting in early reunification countywide, through unit meetings, flyers, Orientation and Induction training, and other outreach will help ensure that Parent Partners are utilized whenever appropriate. Currently, Parent Partners are listed as a support for Residential Based Services, Wraparound and other placements. The role of Parent Partners needs to be clarified and formalized in order to expand and better target their utilization.

### **Strategy 3: Safety Organized Practice (SOP)**

CFS is implementing Safety-Organized Practice (SOP), and providing training to Managers, Supervisors, and staff throughout 2013 and 2014. Safety-Organized Practices are child welfare approaches focused on the safety of the child within the family system. The SOP methodology is informed by a variety of best- and evidence-informed practices, including group supervision, Signs of Safety, Motivational Interviewing, and solution-focused treatment. Safety-organized practice brings a common language and framework for enhanced critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues.

SOP is a best practice approach to casework designed to encourage all stakeholders involved with the child (parents, social workers and supervisors, attorneys, the extended family, and the child) to focus on assessing and enhancing child safety at all points in the case process. This approach emphasizes developing good working relationships, working as a team with the family, use of critical thinking with decision support tools, and creating detailed plans for enhancing child safety.

SOP works well with the CFS's assessment tool (CAT) as well as our practice of Team Decisionmaking and building support for the family in the community. These combined practices and tools will enhance the social worker's ability to provide thorough assessments and plans for reunifying children as soon as it is safe to do so.

SOP was influenced by and uses techniques derived from Motivational Interviewing, among other models, which has consistently showed positive impact on clients in the area of substance abuse (Lundahl, B.W., Kunz, C., Brownell, C., Tollefson, D. & Burke, B.L. (2010). A [meta-analysis](#) of Motivational Interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20*, 137-160).

The preliminary goal is to complete the training phases, particularly the 'train-the-trainers' segments, roll out training using the 12 modules, then review the effects of the practice. The operation is being done in two phases because it is hoped the second phase will capture all those unable to complete the first phase. The modules build in sequence and one is not allowed to skip a class and make it up later.

A means to discern impacts will need to be developed to ascertain the utilization of these techniques and their effects on particular groups. General aggregate information can be garnered by comparing the case results for those staff that completed the training to those that have not completed it.

### **Strategy 4: Increase training and support to parents, relatives and caregivers.**

CFS has recently contracted with agencies to develop and run three visitation centers for parent-child visits. The need for improved visitation sites was noted in the CSR, the Business Redesign and the SIP convening focus groups. The training for staff will be completed by May 2013 and the first referrals will be processed in June, 2013. SWs will be tracking the date of referral in CWS/CMS which will identify those families that utilize this service. This will provide a cohort for comparison of reunification times.

Once the initial phase of implementation has passed, approximately six months of operation (January, 2014), the SIP Oversight workgroup felt that the visitation centers could be further utilized as a "one stop" shop and provide training to the birth parents, resource parents, kin caregivers and community partners. Ideally, the visitation centers could be places where the resource parents could mentor the birth parents in a non-threatening environment.

The best and most efficient means to increase support and outreach to kin caregivers is to optimize the training resources that are currently available. The Placement Resources Division (PRD) will make PRIDE training available to relative caregivers and provide information regarding courses that are currently available at local Community Colleges. Relative caregivers can be referred to the Kinship Centers in their area which provide mentoring, respite, counseling and other means of support. Flyers and other marketing tools can be utilized to apprise relatives of these opportunities when SWs conduct their regular contacts.

In addition, the workgroup felt that that a parental support group would be extremely helpful in assisting birth parents with reunification. Again, in January 2014, the Child Abuse Prevention and Treatment Services regimen will go on-line. CFS can then implement and promote accessibility of parent support groups, through CAPTS service providers, and other contracted providers. The support group could be held at the visitation centers once they are fully operational. Support groups are funded through the OCAP programs. With the reforms to those programs, demand is meant to generate service; that is, with a vastly expanded provider array, the task of the Service Coordinator is to find services based on the referrals made. Support groups are the least utilized of OCAP services though they have been around for many years. Part of the implementation process for the new protocol will be to make staff aware of the available services.

The role of the Resource Parent/Foster Parent as mentor and facilitator cannot be overstated and was mentioned in group after group. There is a need to enhance the role of caregivers in working with the reunifying parent to encourage the parent's timely completion of services. That resource parents need to resolve their misconceptions about biological parents, understand their role to both support reunification and assist with alternative means of permanency, be provided with additional supports and training were all very clearly established. CFS intends to redeploy its resources regarding resource parent recruitment and training. The focus of this redeployment will be the development of child-centered placement strategies that ensure children are placed in culturally competent settings that best suit the child's needs and inclinations. This development of this redeployment is outlined further under Permanency strategy number 2.

CFS will continue to provide orientation to parents at the detention hearing. From that point on, CFS intends to implement bridging meetings between social workers, parents and caregivers. These bridging meetings are meant to incorporate some of the principals from the moribund 'icebreakers' initiative. Building rapport between the resource parent and reunifying parent is essential to enhancing the resource parent's role as mentor.

To further improve the social worker's understanding of the resource parents' perspective, CFS will train and inform social work staff on the PRIDE training and exercises provided to caregivers to enhance support to children, parents and caregivers. This will give social work staff a better understanding of how resource parents see their roles and a common language to discuss important aspects of particular family.

CFS will also explore providing training to relative caregivers, comparable to PRIDE. PRIDE trainings themselves will initially be made available and, depending on the response, a curriculum for relative caregivers may be developed. It is unclear how receptive relative caregivers will be to this opportunity.

The visitation data will be tracked in CWS/CMS. Participation and utilization of support groups through the OCAP programs can be tracked using the designated ETO database. Participation of relative caregivers at Kinship Centers and in PRIDE training can be accomplished by monitoring attendance.

**Strategy 5: Emphasize reunification planning to facilitate early transition of children to parents' home.**

In working with families, sometimes there is a tendency to slowly increase the bar for reunification by adding additional case plan goals and activities. Court, Children's Attorneys, and staff need to be trained on what is the appropriate level of improvement for the parents to reunify. Safety Organized Practice and re-training of staff to simplify case planning should address this issue and help create individualized case plans. SOP training provides participants with concrete skills to both receive necessary information from clients for case/safety planning but also to engage and empower the reunifying parent to direct their own change process while in the child welfare system. The Organized Risk Assessment training will be completed in November, 2013 and should also help address some of these issues.

Another crucial step in early reunification is the parents' understanding of the timelines for reunification. Currently, CFS utilizes a Court Video that helps the birth parents to understand the timelines for reunification. The Parent Survey for the Redesign indicated that most parents did think they were well informed about court processes, but there was, nevertheless, significant room for improvement. There is, then, generic information regarding the workings of the courts and the timeframes for court-related events available and the County has taken important strides in improving parent's awareness. The workgroup would like to take this one step further and provide the reunifying parent with a reunification tool that would clearly state the next important court dates and the reasons for each court hearing. This will take some time to develop and can be based on some existing tools, but a prototype should be in use by the end of the year.

Finally, to ensure a successful transition of the children to the parents, the family needs to be aware of community resources and supports. CFS provides a wide variety of resource lists but they require frequent updating and reformatting for dissemination. CFS will continue building community connections to support parents post reunification in their communities. Lasting community connections will be developed when engaging families at TDMS, Visitation Centers or at regular contacts.

It was previously suggested that Court processes should facilitate implementation of the case plan whenever practical. This included reviewing and, perhaps, revising how packets are submitted. CFS will initiate and continue discussion with Court and Attorneys to address issues related to early reunification, during monthly Court Coordination and Bench Bar meetings.

The Court Orientation attendees are tracked in CWS/CMS. Distribution of the timeline tools and revised resource lists can be done during the orientation.

## Permanency Strategies

### **Strategies 1: Expand and optimize mentoring programs for children/youth in care over 24 months. Programs: IYRT, TAY, ILP/PFA, Wraparound and CASA**

It could not be more clearly stated that programs to mentor children and youth are essential to their ability to achieve permanency, and beyond that, success in their lives. San Bernardino has both well-established programs and new initiatives that can be accessed to provide mentoring services. An established and recurring need area is permanency for older youths.

Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care. Though well-established and regarded, there are times when the program is not fully utilized. Notification about the availability of this service can be made known to social workers when slots are available. Wraparound can particularly assist youth that have identified emotional, behavioral or mental health difficulties.

Transitional Age Youth (TAY) programs include a drop-in facility that provides short term crisis housing and services for youth who need assistance in becoming independent. This program provides a safe environment for youth to set goals and succeed in life and serves young adults from ages 16-25.

Independent Living Skills Training services are available for ILP eligible foster youth in a series of contracted and community college based classes that offer skill building and one day workshops/conferences/special events that, available on specific topics. Educational support programs also include contracted tutoring sessions in mathematics, reading, writing and language arts to a limited number of ILP youth. A contracted tutoring provider works with the ILP Coordinator, the Social Workers (SW), CFS Educational Liaisons (EL), foster parents, group home providers and others to provide a maximum of six (6) one-hour sessions to eligible ILP youth.

Peer and Family Assistants (PFAs) are former foster youth that work with CFS social workers to encourage youth who may not wish to participate in various CFS activities, such as transitional conferences. PFAs provide peer counseling and service to help other youth in the foster care system. PFAs understand their concerns firsthand, provide linkages to services and help recruit foster youth into the Independent Living Program. PFAs have been effective in supporting and motivating families.

Court Appointed Special Advocates (CASA) program helps children transition back home. The SIP of 2009 had a goal to train staff to access and use Court Appointed Special Advocates (CASA) and other culturally competent community services that provide mentoring services to youth. . CASA training was offered in January 2011 to all social workers countywide. CFS has an on-going collaborative relationship with the CASA director and staff. CASA has 4 full-time volunteer coordinators serving over 120 youth.

CASA uses Family Search and Engagement (FSE), a process derived from the California Permanency for Youth Project (CPYP) pilot, which is a permanency strategy that also serves the purposes of cultural competence. Since July 1 2012 CASA has provided FSE services to 42

youths. CASA maintains a waiting list, currently at 182, but is striving to reduce the number waiting and increase the provision of FSE services. CASA is a good example of service that has been optimized and effective.

The Interagency Youth Resiliency Team (IYRT) was developed because many youth in long term foster care need to strengthen permanent connections and develop life skills needed for successful transition to adulthood. CFS in collaboration with the Department of Behavioral Health and Probation Department developed a mentor based permanency readiness project for youth in long term foster care. IYRT provides mentor services, peer counseling, leadership development and associated support and therapeutic services for youth in long term foster care for more than three years without legal permanence between the ages of 13 and 21. The goal is to build skills and readiness behaviors in the identified goal areas and to assist the youth to discover or reclaim lost relationships that can develop into healthy, enduring connections for the foster youth as they transition into adulthood.

This multi-year project is currently in operation with three contracted service providers. The project seeks to demonstrate effective case management strategies for achieving the specific project objectives with foster youth. The project uses trauma informed methods and permanency readiness strategies such as family search and engagement and the 3-5-7 model.

The project outcome evaluation will focus on various improved well-being indicators, enhanced permanency indicators and increased numbers of enduring connections.

CFS intends to increase awareness of these programs in the first year of the SIP by revising and circulating flyers, Brown Bag Trainings, and conducting a number of outreach fairs. Community based resource fairs and Regional staff fairs are scheduled for the coming year. The contracted service provider vendor fairs are an annual series of events usually held in September in all the regional offices that provide an opportunity for social work staff to become familiar with local service providers. Community events, presentations and workgroups will also be open to providers of these services.

The ILP Facebook page is the department's preliminary attempt to utilize social media to provide information regarding available services. It is thought that this approach can be used and replicated to inform current and former foster youth of available programs.

These, and potentially other services, will also be made accessible by having the pertinent providers attend TDMs and Transitional Conferences. It is expected that the increase in TDM facilitator staff will expand TDM usage for all cases at all decision points of the case. This will in turn provide opportunities for service providers to connect with potential clients. All of these initiatives combined should result in increasing referrals and utilization of programs to improve engagement and participation.

CFS will continue to utilize the Child Welfare Services/Case Management System (CWS/CMS) to track participation in programs and services provided to children and parents. Special project codes (SPC) in CWS/CMS are used to track children's participation in Wraparound and CASA. In addition, CWS/CMS is used to capture ILP services provided to youth.

In addition, CFS will continue to use other available databases and computer applications to capture relevant information. For instance, JNET is used to obtain additional CASA data. Wraparound data are also captured in MS Excel spreadsheets, MS Access database, and Wrap Track. Wrap Track is a database maintained by the University of Washington and captures

information from the Wraparound Fidelity Index (youth and caregiver interviews to assess providers' fidelity to Wrap model).

Since IYRT is relatively new, methods to capture information about the program are still under development. CFS, Probation and LRU are working with DBH to develop methods to obtain participation and outcomes data for IYRT. In addition, data from the Child and Adolescent Needs and Strengths (CANS) tool for youth in IYRT will be obtained from DBH's Objective Arts (OA) database (LRU will have access). The OA database will also be used to get CANS data for youth in Wraparound. A tracking method will need to be developed for monitoring TAY participation and results.

**Strategy 2: Expand and optimize mentoring programs for parents and caregivers of children/youth in care over 24 months. Programs: IYRT, Wraparound, CFS Parent Partners, Kinship Centers, Visitation Centers and Preschool Services**

Wraparound was designed with a parent/caregiver component and IYRT contracted providers have developed caregiver and mentoring training curriculums and are participating in a client outcome study to evaluate the effectiveness of the project.

There are two agencies that operate three Kinship centers in the county. Among the services provided by these agencies include parenting classes and training, workshops and legal assistance, respite and child care, mentoring and tutoring, and Life skills classes. Kinship centers serve the Western, Central and North Desert regions. Kinship centers have provided workshops and information to kin caregivers on establishing guardianships.

Outreach via social media and to other community based agencies, such as Family Resource Centers, can engage resource parents and provide assistance and guidance to resource parents in establishing permanency.

Emphasis can be placed on the importance of permanency in standard trainings and convenings that have already been instituted. For example, focus groups of foster parents were held at the most recent Foster and Kinship Appreciation Picnic and helped inform the County Self-Reassessment. Foster Parent Association meetings, the Sports Faire and other events for youths, Family-2-Family meetings and PRIDE trainings can all be utilized to reinforce the resource parent role as mentor.

SPCs are also used to track Parent Partners assigned to work with a parent on a case. When Visitation Centers start in June 2013, CWS/CMS will be used to document referrals to centers and visits that occur at centers.

A database to capture Parent Partner information is also under development. This database will provide information on Parent Partners' activities and contacts with the parents. Methods to track information related to the following programs need to be developed and/or improved:

- Kinship Centers accumulate and report encounter statistics, but do not have a system accessible to the County
- Preschool Services

**Strategy 3: Increase and enhance transition from group home to less restrictive settings.**

Though CFS and Probation have improved the measures related to less restrictive settings, primarily by diverting children at-risk of group home placement with such programs as Wraparound, it has been noted that the transition from group homes to less restrictive alternatives needs improvement.

The first step is increasing awareness and understanding of step down services by foster parents who have children placed immediately after group homes. Materials supporting this transition can be made available during PRIDE and other caregiver training, and refresher materials provided prior to placement. Particular materials still need to be developed but would include information on how to provide sufficient structure, but allow for assimilation to freer conditions. This might also mean targeting particular homes as step-down homes. Training materials are expected to be available by the end of 2013.

Search and Engagement trainings by the University of California, Davis, have been scheduled for the coming year. These trainings can be used to increase awareness and provide practical training for appropriate step-down. Search and Engagement should increase the number of family and community based options available for appropriate step-down.

A parallel approach is to continue the diversion from group homes. Under the 2009 SIP, CFS began operating a multi-year Residentially Based Services (RBS) pilot demonstration project to further the transition from the system of long-term group home care for youth with complex needs to a system of youth and family centered services that provide a continuum of care focused on readiness for permanency. The natural successor to the RBS is the Children's Residential Intensive Services (ChRIS) to be operated through DBH. ChRIS expands the number of available providers, applies to more levels of care than RBS and increases the number of available beds. ChRIS will be available by July, 2013 for CFS referrals. The same concurrent step-down Intensive Treatment Foster Care (ITFC) placement process incorporated into the RBS pilot that allowed for maximum flexibility in managing the placement needs of enrolled children and transitioned them to lower levels of community care with maximum support from the providers and the community should be available under ChRIS.

Improving the timing and use of existing services is an effective and efficient means to improve permanency. By involving Wraparound 30/45 days prior to a placement move in or out of group home diversion will be increased and the transition out of group homes will be made more smoothly. Again, the UC Davis trainings can be used to promulgate this practice. Wrap services representative and Care Coordination Teams are available in all regional offices and can increase awareness of the need to use Wrap services at this juncture in the progress of the case.

CFS intends to apply the principles of the Core Practice Model to the engagement and coordination of mental health services, partnering extensively with the Department of Behavioral Health, and ensuring children are provided high quality, integrated services. An example of early partnering between DBH and CFS is the Healthy Homes program, a collaborative effort in which DBH clinicians conduct assessments and initial psychosocial screenings that identify problem areas and treatment needs for children in out-of-home care. Due to resource issues Healthy Homes screenings have declined in recent years. With the fiscal situation improving and the possibility of accessing SB 785 funds, it is expected that Healthy Homes screenings can return to their previous levels and be made more available for residents of group homes.

When first implemented, the Healthy Homes program had regular collaborative meetings. Reestablishing some version of these meetings needs to be explored in order to help revitalize this collaborative program. There also needs to be more follow through by social workers in

reviewing and addressing the implications of the Healthy Homes reports. Part of case conferencing should include reviewing the Healthy Homes screening results.

In conjunction with the previously detailed strategy on providing TDMs for every placement change, with regard to those at-risk of group home placement, conduct a TDM as soon as placement is in question. That would include those who have just stepped-down from group home placement. Again, this is just a matter of making social workers aware that arranging a TDM at this juncture is appropriate.

With regards to tracking program results and outcomes for some programs the County will utilize established databases and tracking methods, while others will need to be developed. At this time, CFS will continue to utilize Special Project Codes in CWS/CMS to track Healthy Home (HH) assessments. HH assessments will eventually be tracked in the new Developmental & Mental Health Screenings, Referrals and Treatment page in CWS/CMS. The Efforts to Outcomes (ETO) Team Decisionmaking (TDM) database will continue to be utilized to track all information related to TDMs.

Methods to track information related to the following programs/activities need to be developed and/or improved:

- ChRIS
- Involvement of Wraparound providers at 30-45 days prior to movement out of group home
- Social workers' follow through with HH recommendations
- Placements in Intensive Treatment Foster Care (get workers to utilize "Placement Program" data field in CWS/CMS which allows them to specify if child is placed in ITFC home).

**Strategy 4: Improve accuracy of CWS/CMS data entry of Non-Related Legal Guardian/Service Only Guardian (NRLG/SOG) placements to exclude them from measure C3.1.**

Data from the University of California, Berkeley (UCB), shows that children in care for 24 months or longer and in Guardian Homes are the least likely to exit to permanency when compared to children in other placement types. The latest data for C3.1 (Jan. 1, 2012-Dec. 31, 2012) shows that 93.3% of children in Guardian Homes are still in care by the end of the reporting period. This rate is higher than that for children in group homes (82.6%). It is suspected that these are non-dependent guardian placements, in which case they should not be included in this measure. According to the UCB's Notes on Data Source (<http://cssr.berkeley.edu/cwscmsreports/noteOnDS.html>), "Children in non-dependent guardian placements are excluded [from federal measures]." For this reason, CFS plans to implement a data cleaning strategy to assure that non-dependent guardian placements are being coded correctly in CWS/CMS and consequently excluded from this measure.

LRU has, and will continue to, compile lists by CFS region of children in Guardian Home placements that are missing the CWS/CMS entries needed to be excluded from this measure:

- Guardian legal authorities (Probate NRLG or Guardian Non-Relative), and/or
- Voluntary court status.

Either the social workers or clerical staff in CFS regions will then research cases and correct legal authority and/or court status as appropriate. It is expected that this will be well underway

by the end of August 2013 and should largely be completed by the end of the year. LRU will then continue to follow-up and provide data clean-up reports to maintain these gains.

**Strategy 5: To better match children/youth to foster homes which increases the likelihood of permanency**

CFS, for many of the reasons identified in the CSR and SIP convening, intends to implement a major redeployment of resources for foster parent recruitment and training. Furthermore, the current practice of casting a wide net appears to be ineffective and inefficient as currently employed. There were 2,647 “households” that applied to be foster parents/adoptive parents in 2012. Of the 2,647 households:

- 9.2% were assigned a home study worker (244 “households”)
- 8.9% were assigned a licensing worker (235 “households”)
- 4.6% were licensed (121 “households”)
- 5.7% are still in the licensing process (152 “households”)

Substantial resources are utilized to recruit resource parents and these results suggest that a more efficient practice is worth exploring. Approximately 90% of families engaged in 2012 are no longer in line to be licensed for foster/adoptive placement. This does not necessarily mean that Taking Care of Business Days will be completely eliminated, but instead may be used as one component in a larger recruitment strategy.

Redeploying these resources is a major undertaking and will require detailed planning and effective project management. These plans are very much in the beginning stages of development but the parameters of this undertaking are taking shape. These would include:

- A shift from the general recruitment of the Taking Care of Business Day, to a targeted, community based approach, grounded in the assessed needs of the children to be served (physical, emotional and cultural) and firmly rooted in the expectations of the agency.
- Develop a method to profile the population to be served to facilitate recruitment targeting including building in the identification of the child’s placement needs into social work practice.
- Research foster homes and training/recruitment methods in other counties.
- Explore the necessary elements for a thorough and cost-effective recruitment campaign. The goal would be to expand overall capacity and target recruitment for specific groups, such as African-Americans who are disproportionately represented in foster care placement, or other hard to place children.
- Cultivate community relationships to establish community based support for recruitment efforts.
- Provide supports and incentives to make application for a foster care license more attractive and improve foster parent retention.

The first phase would be the development of the project plan and review of available information and program needs. The Placement Resources Division (PRD) would then be responsible for developing an implementation strategy including phase in and roll out timeframes.

The County will utilize established databases and tracking methods to determine outcomes and penetration rates. The Efforts to Outcomes (ETO) Recruitment Development and Support (RDS) database will continue to be utilized to track recruitment efforts. As needed, tracking methods will be developed to improve methods to track outcomes and penetration rates.

**Strategy 6: Continually and systematically reassess parents, relatives and supports for return and/or placement of children in care longer than 24 months.**

Continual reassessment of placements is a regular process that needs to take place at least within 6 months of placement and at regular intervals during the life of a case, and should be focused on permanency. Reassessment reviews all aspects of the case including such things as the relationship between the social worker and the caregiver or parents. A placement that is appropriate at intake may not be appropriate 6 months later.

Increase utilization of assessment methods such as Children's Case Assessment Forums (CCAF) and establish countywide guidelines as to frequency and content of these meetings. The use of Family Search and Engagement either separately or in collaboration with CASA, ChRIS, IYRT and Wrap needs to be increased and optimized. This includes continued use of Trauma informed approaches and accessing available resources, such as the Permanency Toolbox. Utilizing Safety Organized Practice will also work in conjunction with these other approaches.

In the initial stages of a case, social workers need to identify relative and non-relative supports to the child/youth and document in a designated area of CMS. SWs then need to continue to add new information as it becomes known throughout the duration of the case. As previously noted, acquiring that information from the child(ren) on the case is often just a matter of engaging the child and asking appropriate questions.

Documentation in the Collaterals section of CMS needs to become a regular practice. Case conferencing and supervisory coaching needs to emphasize use of this entry to track Search and Engagement results. Reminder flyers will be circulated to emphasize their importance. Exploring the use of mid-assessment meeting that gather parties and reviews status and progress of parents, specifically engaging court personnel was a suggested practice change that might prove beneficial.

Once family supports are identified it is important to engage them and keep them involved in the case. Increase attendance/involvement of child and family supports during initial and ongoing face to face contacts, family meetings, TDMs and TCs.

## **Probation Strategies**

### **Strategy 1: Provide parents and the youth, at the onset, with training and resources**

It is expected that reductions in the number of youth sent to out of home placement will allow resource focus on those most needing reunification services. In an effort to reduce the percentage of juvenile probationers sent to out of home placement, probation will provide the parents of 1st time offenders, as they enter the juvenile justice system, with parenting skills. Specifically, the parents of youth placed on formal probation will be referred to the Parent Project courses offered by the probation Department. By providing parents with parenting skills at an early stage, the parent could effectively assist their child in refraining from criminal activity and assist them in complying with terms and conditions as ordered by the Court. The referral to the Parent Project will be included in the case transfer checklist to ensure officers and supervisors are making and documenting the referrals. It is hoped by June 2014 referrals to the Parent Project will be become the norm rather than the exception and that all parents will be referred. In August 2013, a baseline for referrals will be established. The goal by June 2014 is to improve the baseline referral rate by 10%. The goal for each successive year through 2018 will be a 10% improvement from the previous year.

The youth will also be provided with guidance and mentoring via the IYRT mentoring program. Many times our youth feel disconnected and isolated due to their involvement in the criminal justice system. The IYRT program pairs youth with adult mentors, many of whom have been through the system, with the goal of helping the youth, strengthening the family unit, building a better community and ensuring that families thrive. Youth entering the juvenile justice system at the formal probation stage will be referred to the IYRT mentoring program. It is hoped coupling the youth with a mentor while also providing the parent with parenting skills will further assist the youth to refrain from criminal activity and assist them in complying with terms and conditions as ordered by the Court. By August 2013, each youth exiting foster care will be referred to IYRT for a 100% referral rate. By June 2014, Probation expects to have a 100% referral rate for all eligible youth entering the juvenile justice system.

As previously mentioned, methods to capture information about IYRT are still under development. CFS, Probation and LRU are working with DBH to develop methods to obtain participation and outcomes data and data from the CANS tool for youth in IYRT will be obtained from DBH's Objective Arts (OA) database.

### **Strategy 2: Increase use of the Wraparound program**

The use of the Wraparound Model in the Juvenile Probation Division will help to provide families with the tools needed to address delinquent behavior through community resources identified by the Wraparound Team while children remain in the home. With help from facilitators, family specialists, parent partners, and other community resources, the family is "wrapped" in services that promote their well-being. Continuous evaluation, identification and use of family strengths, support persons, and community programs are key components the Wraparound Team utilizes with families to create success in the home, school and larger community. Probation Officers trained in the Wraparound methodology work closely with the team and families to ensure juveniles comply with the terms and conditions of probation as set forth the by the Court. The collaborative efforts of families, Wraparound Teams and Probation Officers have an overall goal of promoting positive behavior, reducing recidivism and out of home removals, and maintaining intact families in San Bernardino County.

Probation will attempt to reduce the percentage of juvenile probationers sent to out of home placement by increasing the use of community resources, specifically the Wraparound Program. Probation will designate a single officer whose primary job function will be screening existing medium supervision cases for Wraparound, completing the paperwork and presenting the findings to the Interagency Placement Committee. Probation will provide training for the Wraparound screener, develop a protocol and provide the necessary resources. By increasing the number of youth and families participating in the Wraparound program the number of youth sent to out of home placement will decrease. During FY 2012-13, 117 probation youth entered the Wraparound program. Probation hopes to increase the number of youth entering the Wraparound program by 10% during FY 2013-14.

Wraparound data is captured in spreadsheets, Access databases, and Wrap Track. Wrap Track is a database maintained by the University of Washington and captures information from the Wraparound Fidelity Index. The OA database will also be used to get CANS data for youth in Wraparound.

### **Strategy 3: Increase family participation at MDT's for all youth pending placement and in custody over 60 days**

For probation youth, being removed from the home of their parent/guardian can be a very traumatic event. For those also pending out of home placement, the timeframe for returning home can be 6-24 months. The long-term goal for the majority of youth sent to placement is for them to return home. To facilitate the return home, family therapy is offered to the youth and the parent once placed. For those youth remaining in juvenile hall beyond 60 days, the opportunity for family therapy is extended beyond a reasonable period. Therefore, Probation will attempt to work with the Department of Behavioral Health in providing therapists to all youth pending placement and in custody over 60 days and deemed difficult to place. Difficult to place is defined as youth with serious crimes, severe mental health needs or a pattern of difficulties in foster care. These therapists would assist in mental health issues, trauma and abuse recognition, anger control, sex offender therapy, and other problems that these youth encounter. Once placed, the placement program could build on the existing foundation developed while in custody.

In addition, youth pending placement and in custody over 60 days will be assigned to a Multi-Disciplinary Team which will focus not only their behavior in custody but also on the long term goals and family reunification. Clergy, extended family and their family support systems would be encouraged to attend both the therapy and MDT's. The goal is to increase the percentage of youth returning to the home from which he/she was removed by improving family therapy and parent/child relationships at an early stage.

#### **Probation Strategy 4: Utilize family findings to locate extended family members for potential placement**

Utilizing family findings to locate extended family members for potential placement advances the goal of decreasing the number of youth sent to out of home placement by increasing the use of placement with extended family members. To facilitate the goal, Probation will develop protocol and implement the use of family findings. Probation will train all juvenile Probation Officers in how to conduct family findings. Family findings would be completed on youth entering the juvenile justice system and at risk for out of home placement or removal from parents home. In doing so, youth unsuccessful in the home of the parent/guardian could then be placed with willing and fit relatives. By completing family finding at an early stage, Probation could reduce the time spent in custody pending placement and decrease the number of youth sent to out of home placement.

## **PRIORITIZATION OF DIRECT SERVICE NEEDS**

The County has been aggressively exploring a variety of initiatives since the 2009 SIP that should support improvement in the outcome measures. The most substantial revision in service delivery is the reform of the OCAP programs which expand the provider array, provide service coordination in-house and reform the ETO database and Quality Assurance processes. Supporting information was derived from the CSR, the surveys of Parents and Social Workers, the SIP convening focus groups and workgroups under the SIP Oversight Committee. Fiscal, Policy Council, Program Development and Human Services Contracts personnel were included in the committee that suggested the revisions and is transitioning to the new protocol.

### **OCAP PROGRAMS PLAN AND STRATEGY**

#### **Background**

The Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs (collectively referred to as the OCAP programs) provide a variety of services to at-risk children and families in the County of San Bernardino and those involved with Children and Family Services (CFS). OCAP program services both positively impact a number of SIP outcome measures and are required to provide services based on the funding mandate.

San Bernardino County initiated a number of reforms with the procurement of 2010 in response to the recent County Self-Assessment (CSA) and System Improvement Plan (SIP) and other emergent needs. The primary changes to the OCAP programs for the procurement of 2010/11 were:

- Establishing a Regional Lead Agency (RLA), with a network of service providers, as the primary means to provide treatment services;
- Changing from cost reimbursement to a modified fee for service structure for the RLA contract;
- Routing CFS referrals through the Regional Budget Committees (RBC) to review, approve and account for expenditures;
- Requiring proactive engagement of clients and timely information on initial appointments;
- Focusing the service regimen on core and essential services;
- Requiring that 70% of clients be CFS referred; and,
- Expanding the funding sources.

The RLA maintains a network of providers that offer the services to all regions of the county. The RLA had the responsibility to process referrals, input ETO entries, assign services and submit billing. Currently, Bilingual Family Counseling Services, Inc., (BFCS) is the RLA for the county and contracts with about a dozen agencies to provide the required services.

The Core Services provided by the RLA and their subcontractors are:

- Individual, Family and Group Therapeutic Counseling, including,
  - Domestic Violence Counseling for victims and offenders
  - Sexual Abuse Counseling
- Parenting Classes
- Anger Management Classes
- Life Skills classes
- In-Home Services, and
- Support Groups

The County prefers use of evidence-based/informed services and reviews the level of model fidelity when monitoring contractors. Under the new protocol this practice will continue and social workers and Service Coordinators will be able to identify which models are being used by a particular provider.

Though generally satisfied with the efforts of BFCS, the standardization of the referral process and the move to Fee for Service, a number of concerns were raised when the RLA was first instituted. Some of the concerns that have, to varying degrees, materialized include:

- BFCS lacked experience in procurement and monitoring of contracts and misjudged the staffing and resource requirements contract administration entail;
- The RLA will be another layer of bureaucracy between the service provider and the Social Worker and there may be delays in submitting reports/attendance;
- The RLA may distribute referrals contrary to the social worker's (SW's) preference;
- A new layer of bureaucracy will mean an additional series of steps related to protecting Personally Identifying Information (PII), or Protected Health Information (PHI); and,
- The County may be called on to resolve disputes between the Contractor and its subcontractors.

There is little questioning that BFCS and the RLA network has done well when it comes to the area of service provision. As reported in the County Self-Reassessment (CSR), PSSF/CAPIT programs have been providing effective and continuing support to mitigate the adverse effects of child maltreatment for many years and in many different ways. Reunification efforts, permanency, placement stability and other measures of well-being are all enhanced through these services. The Core and Essential Service regimen is effective and well-established. The concern is the processes of referral and client engagement, not the end-use service.

Bilingual Family Counseling Services is to be commended for their role as the Regional Lead Agency (RLA) for the past 3 years. BFCS for years has been recognized as one of the County's foremost providers of therapeutic services. Many of the administrative tasks created by the RLA model were largely new to BFCS and CFS recognizes that BFCS worked diligently to try and establish these processes, even though they were outside the standard niche for this agency.

There is another means CFS currently uses to procure therapeutic services. San Bernardino County contracts with fee for service providers of Therapeutic Treatment Services (TTS). The TTS contractors administer psychological tests, perform psychological evaluations and assessments, conduct individual, group and family therapy sessions, and engage children and adults in innovative counseling techniques. CFS contracts with over 75 providers including CBO/FBOs and private practices and serve 500-600 clients annually. Services are procured using an on-going Request for Qualifications (RFQ), meaning that the total number of available providers varies over time.

After consideration of comparative advantages, CFS will be moving to an alternative process that would:

- Bring most of the service coordination functions under the RBC of CFS,
- Use the Therapeutic Treatment Services (TTS) vendors as a provider network,
- Expand the service regimen to include all the OCAP services,
- Update the RFQ template to accommodate the new process and
- Return the contract monitoring responsibilities to Human Services Administration (HS).

It is believed that this program, now called CAPTS for Child Abuse Prevention and Treatment Services, would improve engagement times, quality assurance and make more funds available for direct services.

Bringing the process in-house is not a commentary on the services provided by BFCS but recognition by CFS that a community based organization is not the optimal venue for these kinds of administrative and case management services and supports.

### **Addressing Identified Needs**

During the System Improvement Plan (SIP) convening on March 26, 2013, it was contended in focus groups that there has been a delay in processing referrals from the Lead Agency to the provider; this needs to be more efficient. More than one group recommended that the Lead Agency Model be evaluated to see if it is meeting the expected level of timeliness, efficiency and effectiveness compared to alternative approaches.

CFS has been investigating the engagement process and, beginning January 2014, there will be a “Services Coordinator” position created in each region to replace the Lead Agency. The Service Coordinators will set up appointments for families and contact the family with appointment times and locations, which should allow services to begin sooner.

There was also an identified need to widen the array of available services, and for providers to be more responsive with feedback. The new approach CFS is exploring will, essentially, fund current Therapeutic Treatment Service (TTS) providers with Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) funds, along with Child Welfare Services (CWS) and Wraparound Reinvestment funds. This will greatly expand the number of service providers supported by PSSF and CAPIT. It is expected that timely reporting will improve under the in-house Service Coordination model.

### **Volume of Service and Referrals**

The number of referrals and amount of service provided are direct indicators of needs these programs must address. The volume of service has been increasing under the RLA since it was instituted in July of 2010. In total, 3625 intake entries were made in the Efforts-to-Outcomes (ETO) database for RLA services in 2010/2011, while 3839 were input by BFCS in 2011/12. Intakes are sometimes done on a family basis so an intake may represent more than one individual who receives service. The RLA served approximately 5500 children, parents and caregivers in 2011/12, up from the previous year’s total of 4250.

Referrals from CFS represent a substantial portion of those receiving service. The total fiscal year-to-date through December 2012 referred is 3863, 1956 of whom have services invoiced. Before 2010 there was no system in place to track referrals. Information on the number of referrals and the kinds of services requested prior to that time is not available. Consequently there was also no information on the referral attrition rate, engagement rates or the typical times for CFS staff to receive feedback on referrals. Furthermore, not all services are provided to CFS clients. The ETO database indicates less than 2900 of those that had an intake completed were identified as CFS referred. The remaining program participants were community or self-referred referred by other agencies or did not identify a referral source. This is in keeping with the program mandates to provide pre-placement preventative services through community based organizations.

It should also be noted that one of the identified issues that led to change in 2010 was the 'crowd-out' of CFS clients by the walk-in population. An on-going difficulty in administering these programs has always been that the amount of need has outstripped the available resources. To address this, the county instituted the '70/30' rule which required the RLA to serve at least 70% of CFS clients. Until recently, this has not been enforced or subject to disallowance, however recent information indicates it will be necessary to restrict public access to these programs in order to ensure all CFS clients willing to participate receive service.

### At-Risk Groups

Who then are the 'at-risk' groups in San Bernardino that would require pre-placement services? CFS clients have demonstrable need, but it is a reasonable assumption that there are many future CFS clients that have attempted to contact CFS or have actually been visited by a Social Worker as a result of a referral made to CFS only to be 'evaluated out' as not requiring services. The new protocol will allow Social Workers to provide authorization for these individuals and families to receive services without continued formal involvement by a CFS social worker.

Though most adoptions work out well, many do have on-going issues and could potentially benefit from OCAP program services. Post adoption workers have always had the option to refer to these services, but staffing will be provided to promote expanded use.

Of course, cultural competence and fairness/equity issues were identified as on-going challenges for San Bernardino. By expanding the provider array, more services should be available to more groups and in harder to serve areas. In addition it is important that open access be given to those that experience the most extreme trauma, particularly the victims of Sexual Abuse and Domestic Violence.

The goal for the new protocol with regard to volume and service penetration is to:

- At least maintain service levels in the first year and expand thereafter;
- Target community clients that have contact with CFS including those that:
  - Call the Child and Adult Abuse Hotline (CAAHL) requesting service, but do not generate a referral,
  - Are referred but evaluated out,
  - Are receiving post-adoption services,
  - Identify as having a need for Sexual Abuse or Domestic Violence services and contact any provider;
- Expand service availability in remote regions
- Ensure all groups receive service based on both their entry rates into CFS and the general population of the County.

### Engagement Times and Referral Attrition

It was maintained in the SIP convening focus groups that the process of referring clients for contracted services needs to be quicker. It was stated that it sometimes takes long times to get to the contractor. Delays in initiation of services are frustrating for the social worker and the client, especially when the client wants to get started immediately. It was recommended that the referral process be streamlined.

Examining the data, from July of 2011 through June of 2012, 6318 individuals were enrolled in intake in the ETO database. Of those, 4067 are listed as having received at least one service. The median time from intake to the receipt of first service was approximately 14 days for those

clients that were successfully tracked and received service. This is an area that may be improved under the new protocol.

Regarding initial engagement times, there is still a data gap in date of referral generation to date of intake. With the process being brought in-house there will be more accurate tracking of the date of initial referral. This should provide more relevant engagement time from date of service request to date of initial service. It is expected that with the expanded provider array the time of assignment to a provider and the time from intake to service will both improve. Also, since the referrals will skip the step of being routed to the RLA for assignment, it should take less time for the provider to receive a referral.

That 2251 clients were entered into intake but did not receive even one session of service is certainly a concern. According to BFCS's procedure, entries into the intake program of ETO were made when the referrals were received. There may be many reasons why after that entry clients were not engaged or did not attend service:

- The client declined service,
- The client was diverted to other services (TTS clients are not currently tracked on ETO),
- Some change in the case made service inappropriate or unnecessary,
- The provider was unable to contact them because contact information was inadequate or the client relocated,
- The client was unable to attend services.

There is no evidence that the RLA and its providers did not follow the contracted requirement to proactively engage clients, or that large numbers of referrals were not acted upon. There is also no evidence that significant numbers of CFS referred clients who genuinely desired service and were able to attend were not provided with service. That 35.6% of clients referred did not participate in PSSF/CAPIT service may be the result of service diversion or an attrition rate that reflects upon the inherent characteristics of CFS-client interaction.

Nevertheless, it is believed that this is an area where improvements can be made. CAPTS clients will now be tracked under the new protocol improving the overall participation rates and capturing those that may have previously been missed. The in-house Service Coordinators will be tasked with ensuring clients are engaged in service promptly and that service assignment is suitable based on client location, language and other characteristics.

#### Improving the Provider Array and the Service Process

Currently there are three methods of having clients receive therapeutic services: Medi-Cal covered services (frequently through DBH), the RLA process and the TTS process. The new protocol would eliminate the RLA process and use PSSF and CAPIT funding to support TTS services, now called CAPTS. Current RLA providers, if not already qualified, would be given the opportunity to apply for CAPTS during the transition phase through the end of 2013. The covered services would be expanded to include all those services now covered under PSSF/CAPIT and TTS.

Under the new approach a Request for Qualifications (RFQ) will be released on a regular basis, opening the funding stream to a wide variety of providers. This option became clearly available when SB 1013 eliminated the CAPIT requirement for competitive bids (WIC Sections 18960, 18961, 18962). RFQ applications are screened and reviewed by Human Services Contracts to ensure qualifications are met, and then the applicant will be placed on a provider list. Currently there are about 75 providers on the TTS list. It is assumed that there is untapped capacity that will be made available through this process and, that with more funding available, more

agencies will have incentive to apply. The original intent of the RLA in fact was to open access to a larger number of providers, but because RLA agencies did not have experience in contract procurement or management they were unable to fulfill this goal.

The in-house Service Coordination model would add five new Service Coordinators, one each for the operational regions (Central, Eastern, North Desert and Western) and one in a location to be determined. Services will be accessed through the CAPTS contracts, which will be amended to reflect the ETO reporting requirements and to incorporate the additional array of services (Parent Education, Anger Management, and Domestic Violence Classes).

This model will be a collaborative process between the Service Coordinator (Fiscal Specialist), the CFS Social Worker, the client, and the CAPTS Provider. The added benefit with this model is having the Service Coordinator and the CFS Social Worker in the same region/office. The intent is to provide better communication and faster responses and turnaround times which should result in better and timelier services for the CFS clients.

The process is staffed under the Regional Budget Committees and will use fiscal staff for support. With some exceptions the in-house Service Coordinator performs most of the functions previously performed by the RLA. Some additional/complementary duties include:

- Receiving the approved Referral – (CFS 13.5E Referral) from the Fiscal Assistant (FA),
- Intake – meet with the CFS Social Worker if appropriate to discuss any special needs/requests of the client/social worker regarding services, i.e., provider preference, appointment times, etc.,
- Work with the CAPTS provider and the client to make sure that an appointment is scheduled in a timely manner,
- Notify the CFS Social Worker of all case related information in a timely manner,
- Provide guidance to Fiscal Assistants as to the appropriate funding stream to use when paying invoices,
- Ensure that all data is correctly input into the ETO database,
- Follow up to ensure client's attendance,
- Follow up on progress reports and requests for renewal of services,
- Provide all relevant information to the social worker regarding client services.

Fiscal Assistants will provide additional support by:

- Uploading information into ETO and other forms of reporting for tracking, assessing program outcomes and payment,
- Ensure the 13.5E Referral, as well as any other necessary paperwork, is on file and logged in,
- Obtain client's Intake Form from CAPTS Provider with the first invoice for services,
- Upload client's Intake Form into ETO.
- Process invoices for payment and log into RBC database.

The Fiscal Office Assistant III will be responsible for the following:

- Send a reminder phone call to the client(s) one (1) days before the client(s) first appointment,
- Input all data into ETO that is unable to be uploaded electronically.

The need for comprehensive progress reports from service providers in order to facilitate assessment of progress towards reunification was emphasized during the SIP convening focus groups. Reports should specifically detail the:

- Kind of program/service the client is receiving,

- Therapists qualifications,
- That the program meets standards,
- Progress to current measurable goals.

It is expected that the Service Coordinators will be able to obtain needed reports more quickly than under the current RLA model.

### Improved Quality Assurance and Case Reviews

BFCS was very much new to the processes related to contract management and used their county contracts and monitoring reports as a guide to their processes. Contract management and monitoring includes:

- A contract procurement process.
  - BFCS had not gotten to the point where they were evaluating competitive bids. Many of their current subcontractors were providers under the pre-RLA contracts.
  - Subcontracts awarded to new contractors were recruited based on their ability to provide service in relatively remote or underserved areas.
- Contract maintenance and monitoring. This includes,
  - Developing templates, storing and filing documents
  - Case Reviews and On-site visits
  - Drafting comprehensive reports which are subject to county review.

There is no question that these processes were never fully developed under the RLA. Adequate contract monitoring would have required additional training and staff to be properly performed. Latitude was initially given the RLA as even larger community based organizations do not have separate contracting staff. Utilizing the in-house Service Coordination model will mean bringing contract monitoring back under Human Services administration.

Currently, TTS contracts are not subject to the monitoring procedures that apply to other contracts under CFS. This is largely because these are county funded services that are not tied to funding sources with specific quality assurance and case review requirements. PSSF and CAPIT funds, however, do have quality assurance and case review requirements, though there is a fair amount of flexibility on how each county approaches this requirement.

Title IV-B regulations require that counties utilize quality assurance to regularly assess the quality of services under the state of California's Child and Family Services Plan and assure there will be measures to address identified problems. Counties must also have a Quality Assurance (QA) system that meets federal expectations of the State of California. Furthermore, each county agency must ensure effective fiscal and program accountability for the CAPIT and PSSF vendor/ contractor activities. This process must be specific to CAPIT and PSSF programs and not limited to a general description of current county policies.

Currently the ETO database addresses some QA issues by providing corroboration of service engagement and program effectiveness. It also provides a pool of cases for review that can be matched against case files to ensure the integrity of tracking methods. Under the new in-house Service Coordination model, an improved Quality Assurance and Case Review protocol will be implemented. This new QA/CR will include:

- A tiered approach, applying more stringent monitoring to cases that receive the most service or otherwise indicate greater risk
- A mix of review methods based on these tiers that will include:
  - Desk Audits using current available reports and matching information between databases
  - On-site visits and Case Reviews

- Review of attendance reports and sign-in sheets
- Review of Manuals, Curriculum and Policy and Procedure
- Fiscal sampling
- Matching of site information to billing
- Compliance with Personally Identifiable Information (PII) and Health Insurance Portability and Accountability (HIPAA) compliance
- Reviews and Reports monitored will also be tied back to the various goals and outcomes outlined in this planning document, e.g., improvement in engagement time frames, reduction of referral attrition, etc.
- Reviews of Exit Assessments, program completion rates and the ability of clients to integrate skills into their lives
- Customer Satisfaction surveys.

There is no escaping that shifting the primary monitoring responsibilities back to Human Services administration and the Program Development Division creates substantial workload and increases costs for those Human Services divisions. Currently, only the RLA is monitored with a review made of their monitoring activities. Expanding to a substantially larger number of contractors means more monitoring, site visits and case reviews.

In the final analysis the in-house Service Coordination model may increase the county costs for quality assurance, but that is largely because the current case review and quality assurance process is inadequate. The in-house Service Coordination model will likely improve the QA/CR processes, apply them to more providers and obtain more feedback regarding possible means to program improvement than under the RLA model.

This approach will also improve PII/HIPAA safeguards by eliminating the extra step of forwarding referrals from one contracted agency to its subcontractors. Though there were no identified breaches in that process, given the sensitive situation of many clients, there was a risk inherent in the referral exchange.

#### Management Information System (MIS) Upgrade

There have been a number of problems with the Efforts-to-Outcomes database. CFS is currently exploring if those problems can be resolved under the current configuration or if extensive upgrades might be necessary. The County has engaged Social Solutions in discussions regarding upgrades to functionality, simplifying the data entry process and improving the reports that are created.

There may be one-time costs to system upgrades, though no long term additional costs are anticipated. It is not expected there will be any additional equipment costs as ETO is a web-based program that county information systems currently support. There may be costs for additional licenses if each region is required to have their own user site. That would be approximately 4 sites with 25 user accounts (log-on) to complete this process.

#### Administrative Performance

Analysis by CFS fiscal indicates that contracted feedback is not being received in a timely manner by the RBC. Of the 3863 referred CFS clients, 1956 are in services and 627 have been reported back as not participating. This leaves 1280 clients, about 33%, for whom an update has not been received. It is not known if these clients have been engaged nor assumed that they have not been engaged, one way or another, only that the timely reports on their status

have not been received. BFCS has frankly stated that, given some other administrative issues that have been time consuming, particularly recent difficulties with the ETO database, they have been unable to provide these updates as thoroughly as hoped.

According to a recent report compiled by the Legislation, Research and Quality Support Unit, the median time from referral (referral meaning child abuse and neglect referral, not “service referral”) to services is 31 or 36 days, depending on the particular cohort addressed. This would not include those who received no services. These figures may serve as a baseline for future comparisons. The current contract states first appointments are to be within 3 weeks of the initial (service) referral. The most recent monitoring report, which included case reviews, does show these engagement times have improved.

### **Summary of anticipated improvements**

There are a number processing advantages for the in-house model:

- Dual entry into databases for tracking should be reduced
- Quicker resolution of problem referrals and less time ‘on-hold’ waiting for responses
- Reduced time in transferring information to SWs when received
- Reduced PII/HIPAA risks with transfer of information within the county instead of between agencies
- Reduced time on processing renewal requests
- Expansion of the service array should reduce the time obtaining an initial appointment
- Improved appointment times may reduce the number of problem calls. Also, all such calls from CFS staff would be more quickly resolved.

Ultimately the goals of the new model are to:

- Increase the timeliness of services being delivered to children and their families
- Produce accurate documentation of referrals and appointments being scheduled in the appropriate time frame.
- Ensure maximum engagement of clients in the process of obtaining services
- Improve tracking instances where clients are not engaged
- Improve quality assurance and case review processes
- Hire new staff as service coordinators and optimize existing staff and processes.

Expedient engagement of clients is seen as a primary means to improve reunification time frames, one of the identified need areas for the county in the recent County Self-Reassessment. Most of the potential disadvantages to this approach are presumptive. There will be ‘learning curve,’ start-up costs and impact related to training new staff. CFS staff will need to be trained on the new approach. TTS providers will require technical assistance with some of their new tasks and current RLA providers will also need to make adjustments to their service delivery and documentation processes.

Expansion of the service array holds promise as a key to both improving engagement times and improving quality of service. The RLA capacity to contract was improving but clearly has limits. An expansion to a broader array of service providers should improve engagement times, customer satisfaction and improve the quality of service.

### **Direct Services and Hard Goods**

Community Action Partnership of San Bernardino County is to be commended for their services in providing direct services and hard goods over the past years. CFS, however, has recently

reviewed available financial processes and staff resources and believes that these same goods and services can be procured less expensively using the in-house process. PSSF and CAPIT funds will no longer be used to support the procurement of these services and items. It is expected that approximately \$200,000 will be saved by using the in-house process.

### **Anticipated Challenges**

The in-house approach proposes a more restricted identification of community clients. Initially, referrals will be made by the Child and Adult Abuse Hot Line and Social Workers that ‘evaluate out’ clients from the child welfare process. Currently about 59% of service is provided to designated CFS clients, according to the billing through December, 2012.

<b>Table 2: PSSF/CAPIT 70/30 units</b>				
	<b><u>CFS Units</u></b>	<b><u>Non CFS Units</u></b>	<b><u>Total Units</u></b>	<b><u>% CFS</u></b>
<b>Jul-12</b>	2028	1886	3914	51.81%
<b>Aug-12</b>	2847	1657	4504	63.21%
<b>Sep-12</b>	2573	1565	4138	62.18%
<b>Oct-12</b>	2845	1932	4777	59.56%
<b>Nov-12</b>	2558	1564	4122	62.06%
<b>Dec-12</b>	1885	1652	3537	53.29%
<b>YTD Totals</b>	14736	10256	24992	58.96%

It should be noted that non-CFS units include continuing services for CFS clients that have not renewed their referrals and services that may have begun for CFS clients, but for some reason the CFS case was closed. Non-CFS units, therefore, are not solely community referrals. It is anticipated then that the total numbers of genuine community referrals will decline. The hope is that a better targeting of community referrals will result in the neediest clients receiving services.

The County is not anticipating substantial overall cost savings, though the shifting of administrative and case management costs should favorably impact service availability. CFS will likely incur costs to other allocations related to:

- The 5 new full-time Service Coordinator positions and other support and administrative staff (Note: total FTEs committed to RLA administration and case management came to approximately 15000/year),
- Implementing the revised Quality Assurance and Case Review procedures,
- Training of social workers/staff on the new procedures,
- Upgrades of the ETO database.

Under the RLA \$613,930 was allocated to cover administrative and case management costs. None of the above listed items will now be funded using PSSF/CAPIT funds. This should free up funds to directly support services. Some savings will also be achieved because unit costs paid for RLA services are higher than the costs of the CAPTS fees in some important instances. For individual therapy the RLA cost is \$10/unit of service higher. The estimated savings at current utilization with the new fee structure would be \$15,100 per year.

With a straight fee-for-service approach and some reduced costs/unit service, fewer funds will be directly available for overhead and administrative costs to Community Based Organizations and other providers. This will be mitigated somewhat by allowing reimbursement for ETO intake

forms and exit assessment completion (one each per client). Some providers will need to adapt their business practices to accommodate this direct fee-for-service approach. It is expected that the expanding of available funds for direct services and expanded provider eligibility will improve the county's overall capacity to provide services.

CDSS has explicitly stated that, "[PSSF/CAPIT] funds are to be used to build capacity of communities to strengthen families, keep children safe, and provide a continuum of quality family services, supports, and opportunities." The question is how much additional capacity is available and how much needs to be built? It may have been that some TTS providers, with lower units of service costs, were supporting services to CFS clients with excess capacity. Many TTS providers are private therapists and may have been taking some small number of CFS clients to supplement their larger private base because their private clients, presumably paying a higher rate, actually supported their overhead. Some agencies, particularly smaller offices may already be working at capacity.

Though it has yet to be demonstrated that current TTS providers have additional capacity to absorb new clients, it is not unreasonable to assume there are some untapped resources and that they are fairly substantial. Availability of these untapped reserves, however, may be unevenly distributed and may not naturally be allocated in the areas of highest need. It is expected that, with additional funds available and the use of an RFQ, more agencies, particularly in areas with many CFS clients, will apply to qualify for funding.

### **Strategy Implementation**

For the first six (6) months of the fiscal year 2013-2014 the RLA under BFCS will be in effect. The amended contract amount is \$1,670,000 and runs until 12/31/2013. During that time and in various stages, CFS will be making the necessary changes to go live with CAPTS on January 1, 2014.

Those changes will include:

- Hiring and training the Service Coordinators
- Establishing a new provider array
  - Revising the RFQ
  - Conducting Bidder's Conferences in various regions
  - Procuring new providers and transitioning RLA providers
- Revising policy and procedure for
  - Referral processing
  - Contract monitoring
- Training staff on:
  - New Procedures for CAPTS and working with Service Coordinators
  - Referring non-CFS clients to services
  - Referring through post-adoption services
- Implementing ETO improvements
- Developing new tools and forms as needed
- Seamlessly Transitioning RLA clients to CAPTS
- Providing technical assistance to CAPTS contractors
- Customer Satisfaction Surveys

The new process will begin on January 1, 2014. The RLA process has established some preliminary baselines for purposes of comparison:

Table 3: PSSF/CAPIT Baselines

<b>Measure</b>	<b>Source</b>	<b>Baseline</b>
<i>Volume of service (# of clients annually)</i>	ETO	7141
<i>CFS service referrals</i>	ETO	3839
<i>Referral Attrition Rate (# initial intake/# served at least one session)</i>	ETO	64.4%
<i>Time from Child Abuse and Neglect Referral to Service</i>	CWS/CMS and ETO	36 days
<i>Time from Service Referral to Service</i>	ETO	14 days
<i>Program meets clients' needs</i>	ETO – Exit Assessment	88.83%
<i>Client Acquire Basic Concepts</i>	ETO – Exit Assessment	55.04%
<i>Client Acquire Competency</i>	ETO – Exit Assessment	41.62%
<i>Skill incorporation Rate</i>	ETO – Exit Assessment	46.55%
<i>Program Completion Rate</i>	ETO – Exit Assessment	55.42%
<i>Reunification/Family Stabilization Rates for those that complete service</i>	CWS/CMS and ETO	95.7%
<i>Permanency Rates for those that complete service</i>	CWS/CMS and ETO	98.1%

CFS is optimistic that the new process, in time, will be able to improve on these baselines and provide better service for San Bernardino’s children and families more efficiently and effectively.

The OCAP Plan has three SIP strategies related to improving reunification and permanency outcomes:

- Expand the number and variety of service providers funded by OCAP programs
- Use in-house Service Coordinators to ensure engagement is prompt and track referrals and attendance
- Revise the Quality Assurance and Case Review protocols to apply review standards to the new process and upgrade the Efforts to Outcomes database.

It is also expected that these strategies will positively impact other outcome areas and systemic factors:

- Develop the Array of Services by:
  - Expanding services in remote and hard to serve areas
  - Expanding the availability of culturally competent services
  - Optimizing Collaboration with contracted partners
- Improve management information system for tracking program utilization and results
- Improve Quality Assurance and Case Review process for Therapeutic Treatment Services and OCAP program service providers. The system will be capable of matching clients directly to services provided by funding source and track for outcomes and other results.

## State and Federally Mandated Child Welfare/Probation Initiatives

Regarding mandated programs, the two applicable to San Bernardino County are Katie A. and Extended Foster Care/After 18. The *Katie A. v. Bonta* decision has brought to light the need for a comprehensive approach to the provision of mental health services for those in care or at-risk of foster care placement that may have a mental illness or condition. CFS and DBH have begun the process of implementing system reforms, including better collaboration among their agencies and providers, developing individualized service arrays focused on keeping children and youth in their homes, and accessing new Medi-Cal cost-sharing by the Federal government, to achieve improved outcomes for families and youths. The long-term collaborative goal is to establish a shared management “structure” to develop policy and program direction consistent with the Core Practice Model designed to provide child welfare and mental health services to foster children and at-risk youth in a coordinated, comprehensive and community-based fashion.

Collaborative efforts to identify children in placements with mental health needs in order to link them firmly to necessary mental health services and other efforts that serve as a foundation for continued efforts, include the:

- Healthy Homes program (HH)
- Screening, Assessment, Referral, and Treatment Program (SART) which is an evidence based program designed to improve the social, developmental, cognitive, emotional and behavioral functioning of high-risk and multiple-risk children from birth through age 5.
- Intensive Treatment Foster Care (ITFC)
- Children’s Residential Intensive Services (ChRIS)
- Juvenile Court Behavioral Health Services (JCBHS). JCBHS is a DBH program, in collaboration with CFS, Probation, Public Health, and the Juvenile Court, where a team of therapists, and DBH staff meet to ensure foster and probation youth are receiving proper and appropriate psychotropic medications.
- Psychotropic Medication Court Desk (PMCD) which serves as a centralized point of entry to the court for required requests for psychotropic medication for all San Bernardino County out-of-home dependents
- CFS has a Memorandum of Understanding with DBH Alcohol and Drug Services to provide substance abuse services and treatment to CFS clients.

Training on Katie A. and the Core Practice Model is currently under review and is expected to be completed by May of 2014.

Regarding EFC, the County has fully implemented policy and procedure, established an EFC Coordination Committee to oversee program efforts and has designated EFC social workers in all regions. Approximately 78% of all youth eligible for EFC are enrolled with most completing their High School Diploma or equivalent and almost half engaged in vocational education or college. Most participants were engaged in more than one activity. Placement preference has been for FFAs (34%) and relative/non-related family members (33%). The County expects to continue these efforts and refine its processes in the coming years.

## Acknowledgements

The County of San Bernardino would like to express our gratitude to those who assisted in the development of the 2013 – 2018 System Improvement Plan. Without the invaluable input of our partners and their genuine commitment to improving the lives of children and families this undertaking would not be possible.

Last Name	First Name	Agency/Category	Function/Title
Abram	Leslie	CFS SRD CTU	CFS CTU Mentor
Adams	Steve	CFS Administration	Administrative Supervisor II
Alexander	Diana	Preschool Services	PSD Director
Anderson	Jennifer	CSUSB – Sociology	CSUSB
Anderson	Kevin	CFS Eastern (SIP Workgroup Leader)	CFS SSSP
Arellano	Liza	HS – Performance Education Resource Center	PERC SW Trng & Dev Specialist
Ashlock	Leann	SB CFS 2	SSP
Avey-Motikeit	DeAnna	CFS Administration	CFS Director
Bailor	Loraine	CFS Training Unit	CFS SSSP
Banks	Nicole	CSUSB – Sociology	CSUSB
Banton	Christa	CFS PRD (SIP Workgroup Leader)	CFS SSSP
Bautista	Dan	Probation – Juvenile Services Division	Probation Division Director II
Belle	Robin	Morongo Basin Counseling and Recovery Center	MBMH Coordinator
Benton	Holly	Probation Administration	Deputy Chief Probation Officer
Berst	Mary	Morongo Basin Counseling and Recovery Center	MBMH Clinical Program Manager
Birdwell	Gloria	CSUSB – Sociology	CSUSB
Bowden	Ann	Probation	Probation – Office Assistant III
Brown-Osborne	Celeste	Placement Resources Division	Peer and Family Assistant
Bryant	Sean	Probation	Probation Officer II

Burgamy	Kristine	CFS NDR	CFS CWSM
Burnette	Julie	Hearts and Lives	H&L Director of Case Management
Burns	Tonya	Victor Valley Community Support Services	Assistant Director of Business and Program Development
Buyco	Michele	Bilingual Family Counseling Service, Inc.	Clinic Manager
Cabrera	Caroline	Lutheran Social Services	Barstow Area Coordinator
Camarillo-Dievendorf	Claudia	211	211
Cassell	Myrtle	Mental Health Systems	Program Manager
Chavez	Armando	DBH Alcohol & Drug Services	DBH Supervising Social Worker
Chenault	Jeanine	Program Development Division	Deputy Director
Childs	Diane	HS Program Development Division	PDD Supervising PS
Chronopoulos	Ana	SB CFS 1	SSP
Cooke	Bruce	CYCS-CCIMS	Clinical Therapist II
Coulson	Tyiesha	ASPIRAnet	Program Supervisor
Cousineau	Amy	Children's Network	Network Officer
Crockett	Shannine	CSUSB – Sociology	CSUSB
Cross	Kelly	HS Legislation Research Unit	LRU Statistical Analyst
Cufone	Rhonda	CFS Eastern	CFS SSP
Cunningham	Allison	DBH	Clinical Supervisor
Dalton	Regina	Human Services Administration (Contracts)	Staff Analyst II
Davis	Laura	Probation – Juvenile Services Division	Probation Division Director I
d'Escalis	B.J.	CFS	CFS Supervisor
Dickerson-Sims	Debora	First 5	Administrative Supervisor
Doneza	Diana	Bilingual Family Counseling Service, Inc.	Case Manager
Drury	Kim	Probation	Supervising Probation Officer
Dumas	Phillis	Victor Valley Community Support Services	Wraparound Supervisor
Egan	Janet	SB CFS 1	SSSP

Elinsky	Lori	CFS Educ Liaison Supervisor	CFS SSSP
Elliott	Teri	CFS SRD	CFS CWSM
Ellis	Anne-Michelle	Children's Network	CASE Coordinator
Evey	Darryl	Family Assistance Program / Our House	Executive Director
Fabricatore	Vanessa	CFS Western	CFS SSP
Farrar	Cathy	CFS Eastern	CFS SSSP
Ferris	Shawn	Morongo Basin Family Resource Center	NCTI Program Coordinator
Flint	Donna	CFS Western	CFS CWSM
Flores	Maria	CFS SRD	CFS Program Specialist I
Frame	Mary E.	Walden Family Services	Director of Quality Assurance / Aftercare Supervisor
Franklin	Terri	DBH Juvenile Justice Program	Program Manager II
Fuentes	Nadia	CFS Central	CFS SSP
Gam	Nellie	CFS SRD (Fontana)	Parent Partner
Gardner	Chris	Public Defender	Assistant Public Defender
Garot	Chris	HSS Auditing	Supervising Fiscal Clerk II
Giardina	Kimberly	San Diego State University	PCWTA – Inland Training Center
Gonzales	Nick	Probation – Juvenile	Supervising Probation Officer
Granillo	Olga	CFS PRD	CFS CWSM
Graybill	Janis	Victor Valley Community Support Services	Janis
Guisa	Amy	SB CFS 2	SSP
Hackett	Nicky	CFS NDR	CFS Deputy Dir
Haire	Phalos	Preschool Services	Program Manager
Harris	Jatori	Rancho CFS	Peer and Family Assistant
Hendricksen	Trisha	CASA	CASA Staff
Hendrix-Beauchamp	Edwina	Probation – ILP/Aftercare	Probation Officer III
Henry	Hope	Victorville CFS	CFS CWSM
Herrmann	Faye	DBH Administration	DBH Clinic Supervisor

Hill	Karen	CFS PRD	CFS CWSM
Hofer	Eileen	Lutheran Social Services	Clinic Director
Hollis	Jim	CFS – Western	CFS Deputy Director
Hougen	Tim	DBH Administration	DBH Program Manager II
Howard	Betty	Probation	Office Assistant III
Huaman	Kathleen	Probation Juvenile Services Division	Supervising Probation Officer
Hunter	Kara	CASA	Executive Director
Jones	Joyce	CFS Eastern (SIP Workgroup Leader)	CFS CWSM
Jones	Valoria	CFS Western	CFS SSP
Kaye	Jeffrey	DBH Adult Residential Svs	Clinical Therapist I (pl)
Kimball	Christina	Lutheran Social Services	LSS Administrative Assistant/Facilitator
Klopfner	Lory	HS Program Development Division	PDD Program Manager
Lang-Townsend	Monique	Rancho CFS	SSSP
Lange	Christopher	HS Administration	Staff Analyst II
Lee	Laura	CFS Eastern	CFS Deputy Director
Lee	William	District Attorney	Supervising Deputy District Attorney – Juvenile
Leslie	Charlie	CFS Eastern	CFS CWSM
Lidot (Tlingit)	Tom	Tribal Representative (Tlingit)	Tribal Star – Curriculum Coordinator
Lomeli	Robert	Sheriff's Department	Sheriff's Sergeant
Long	Mariella	CSUSB – Sociology	CSUSB
Long	Vanessa	DPH Administration	DPH Program Manager
Lopez	Alice	Court	Director of Court Operations
Madrigal	Maria	CFS Central	CFS SSP
Marshall	Honorable Christopher	Court	Presiding Judge – Juvenile Court
Martinez	R.V. Bobbi	Lutheran Social Services	LSS Program Coordinator
Mathew	Cyriac	CFS Central	CFS SSSP
Mathews	Lindsay	CSUSB – Sociology	CSUSB

Mathis	Bernard	CFS PRD	CFS SSP
Mathis	Latricia	CFS Eastern	CFS SSSP
McMane	Gary	Catholic Charities	Director
Meadors	Megan	Bear Valley Community Healthcare District	Director, Mom and Dad Project
Mendoza	Maria	EMQ Families First	EMQFF Regional Parent Involvement Coordinator
Miles	Renee	CFS Western	CFS SSSP
Moore	Mia	CFS Western	CFS SSSP
Moret	Jeff	County Counsel	Deputy CC V
Morris	Desiree	CFS SRD	CFS SSP – Court Officer
Moser	Bambi	CFS Administration	Staff Analyst II
Muga	Tony	CFS/SRD Automation / Outcomes & Accountability	CFS Staff Analyst II
Muir	Sheila	CFS PRD	CFS SSP Wraparound Coordinator
Munoz-Cardenas	Theresa	CFS Western	CFS SSSP
Navarro	Frank	Sheriff's Department	Deputy Sheriff
Ogunrinde	Akin	Program Development Division	Supervising Program Specialist
O'Handley	Crystal	CSUSB – Sociology	CSUSB
O'Handley	Rod	HS Program Development Division	PDD Program Specialist II
Orrantia (Yaqui)	Rose Margaret	Tribal Representative (Yaqui)	Tribal Star – Program Manager
Parks	Makeba	CFS Eastern	CFS SSSP
Parrott	Helen	CFS PRD	CFS Deputy Director
Passarella	Laurie	CFS Central (SIP Workgroup Leader)	CFS SSSP
Percer	Julie	CFS Central	CFS SSSP
Perez	Gloria	Admin – Human Services (Contracts)	Staff Analyst II
Phillips	Denise	EMQ Families First	EMQFF Associate Director
Phillips	Michelle	Program Development Division	Program Specialist II
Pickering	Brian	HS Legislation Research Unit	Administrative Supervisor I

Pinchback	Bernadette "Bunny"	Education County Schools	Manager – Foster Youth Services
Revoner	Linda	Placement Resources Division	SSSP
Rigot	Tanya	Group Home	Inland Empire
Roberts	Lavada	CFS Eastern	CFS SOS
Runnels	Michelle	San Diego State University	PCWTA – Inland Training Center
Rutledge	Wayne	Victorville CFS	SSSP
Salgado	Heather	Morongo Basin Family Resource Center	Program Coordinator
Schertell	Michael	DBH Administration – Children's Services	DBH Deputy Director
Schulz	Randall	CFS Administration	Assistant Director
Scott	Deborah	Knotts FFA	Administrator
Scott-Jones	Elizabeth	CFS Administration	Administrative Supervisor I
Self	Teri	CFS SRD	CFS Deputy Director
Sequeira	Anjali	DBH Administration	DBH Clinical Therapist I
Sequeira	Hernaldo	CFS PRD	CFS CWSM
Sharifi	Mozafar	HSS Auditing	Supervising Accountant III
Sittig	Carol	CFS SRD	CFS CWSM
Smith	Cynthia L.	CFS SRD	Staff Analyst II
Smith	Jane	DBH	Clinic Supervisor
Smith	Rhoda	CSUSB – School of Social Work	CSUSB Field Instructor
Smith-Bunn	Deeya	CFS	OA III
Spriggs	Jesse	CSUSB – Sociology	CSUSB
Steigerwalt	Beth	County Counsel	Deputy CC V
Stoever	Mary Anne	CFS/SRD Automation / Outcomes & Accountability	CFS SSSP
Suarez	Ramon	CSUSB – Sociology	CSUSB
Taylor	Savannah	SB CFS 2	SSP
Texera	Jean	CFS Central (SIP Workgroup Leader)	CFS CWSM
Tromblay	Amanda	SB CFS 2	SSSP

Vandom	Meri	CFS PRD (Victorville)	CFS SSP
Wakcher	Sandra	HS Legislation Research Unit	LRU Statistical Analyst
Walker	Katherine	CFS Central	CFS SOS
Washington	Alicia	CFS PRD	Peer and Family Assistant
Wazdatskey	David	Fontana CFS	SSSP
Webster	Lisa	Probation	Probation Officer II
Weidner	Judy	CFS SRD	CFS Parent Partner
West	Judy	CFS PRD	CFS SOS
Wilson	Julie	Probation	Supervising Probation Officer
Wright	Damion	CFS PRD	CFS SSSP
Wright-Ervin	Tina	HS - Performance Education Resource Center	PERC SW Trng & Dev Specialist
Young	Stuart	HS - Performance Education Resource Center	Training & Development Supervisor

## ATTACHMENT A

### 5 – Year SIP Chart

**Priority Outcome Measure or Systemic Factor: C1.3 - Reunification Within 12 Months (Entry Cohort) -**

This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.

**National Standard:** 48.4%

**Current Performance:** 38.3% (down from baseline of 41.6%)

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final 2 years for a total of 3.25% over 5 years.

**Priority Outcome Measure or Systemic Factor: C 3.1 - Exits To Permanency (24 Months in Care) -** This

measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

**National Standard:** 29.1%

**Current Performance:** 22.9% (down from baseline of 24%)

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final year for 3.25% over 5 years.

<b>OCAP Strategy 1: Expand the number and variety of Service Providers funded by OCAP programs.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting Adoptive Families with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by                             <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for former TTS and OCAP program service providers</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input checked="" type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Extend current contracts to end of year	April 23, 2013 to Board of Supervisors	Human Services contracts
<b>B.</b> Develop transition plan for clients currently under service	August 2013 - November 2013	Children and Family Services (CFS) - Fiscal
<b>C.</b> Draft and release Request for Qualification (RFQ) for Child Abuse Prevention and Treatment Services (CAPTS)	August 2013 - September 2013	Human Services contracts
<b>D.</b> Develop policy and procedure for program processes including more referrals for adoptive families.	August 2013 - October 2013	Program Development Division (PDD)
<b>E.</b> Accept and approve RFQ applications	November 2013 - December 2013	Human Services contracts
<b>F.</b> Assign clients to services	January 1, 2014 - January 2018	CFS - Systems Resources Division (SRD)

<b>OCAP Strategy 2: Use in-house Service Coordinators to ensure engagement is prompt and track referrals and attendance.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input checked="" type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Extend current contracts to end of year	April 23, 2013 to Board of Supervisors	Human Services contracts
<b>B.</b> Develop transition plan for clients currently under service	August 2013 - November 2013	CFS Fiscal
<b>C.</b> Hire/train In-house staff for program support. Staff adoption workers regarding availability of services.	August 2013 - October 2013	CFS Fiscal
<b>D.</b> Develop Policy and Procedure for program processes	August 2013 - October 2013	PDD
<b>E.</b> Assign clients to services	January 1, 2014 - January 2018	CFS - SRD
<b>F.</b> Begin use of improved/upgraded Efforts to Outcomes (ETO) database	January 1, 2014 - January 2018	Human Services Legislation and Research Unit (LRU)

<p><b>OCAP Strategy 3: Revise the Quality Assurance and Case Review protocols to apply review standards to the new process and upgrade the Efforts to Outcomes database.</b></p>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by                             <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for TTS and OCAP program service providers</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input checked="" type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Contact ETO and review upgrade needs. Explore options and review potential costs.	July 2013 - August 2013	CFS - SRD
<b>B.</b> Develop transition plan for clients currently under service	August 2013 - November 2013	CFS - Fiscal
<b>C.</b> Draft and Release RFQ for CAPTS which includes new QA and ETO protocols	August 2013 - September 2013	Human Services contracts
<b>D.</b> Purchase upgrades or revise current database for new requirements.	September 2013 - November 2013	CFS - SRD
<b>E.</b> Develop a training plan for staff assigned to ETO input	September 2013 - November 2013	CFS - Fiscal
<b>F.</b> Hire/train In-house staff for program support, specifically on ETO input.	August 2013 - October 2013	CFS - Fiscal
<b>G.</b> Develop Policy and Procedure for program processes	August 2013 - October 2013	PDD

<b>H.</b> Assign clients to services/enter into the new system	January 1, 2014 - January 2018	CFS - SRD
<b>I.</b> Begin use of improved/upgraded ETO database	January 1,2014 - January 2018	LRU
<b>J.</b> Conduct first round of program monitoring (Quality Assurance, Desk Audits, and OSVs)	April 2014 – June 2014	Human Services contracts and PDD Contracts Support
<b>K.</b> Complete Annual Report (PSSF/CAPIT)	October 2013/14/15/16/17	PDD Contracts Support

<b>Reunification Strategy 1: Increase TDMs to enhance early engagement of parents</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Staff, caregiver and service provider training</li> <li>• Agency collaboration</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Provide Team Decisionmaking Meetings (TDMs) for every case in which a child is at risk of removal or has been removed within one week of detention; and at every major decision point in the case.	August 2013 – August 2014	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee
<b>B.</b> Ensure Parent Partners, Community Partners and Service Providers are invited to attend TDMs.	August 2013 – August 2014	Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee
<b>C.</b> Provide TDM refresher trainings for all staff to build value for this practice.	January 2014 to December 2014	UC Davis, Performance, Education and Resource Centers (PERC), Regional Managers
<b>D.</b> Ensure that training for TDM Facilitators and Back-Up Facilitators is available a minimum of twice per year.	August 2013 – January 2018	PERC, Regional Managers, New Initiative Supervisors
<b>E.</b> Track and monitor outcomes with <i>ad hoc</i> , quarterly and annual reports, and make recommendations for programmatic changes.	August 2013 to January 2018	TDM Countywide Strategy Committee, LRU

<b>Reunification Strategy 2: Increase and enhance the role of Parent Partners in early engagement.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• Staff, caregiver and service provider training</li> <li>• Service array</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase the number of parent partners; develop policy to define and enhance their role in early engagement.	August 2013 – August 2014	CFS - SRD, CFS Executive Team, PDD
<b>B.</b> Invite parent partners to participate in Team Decisionmaking Meetings (TDMs), when planning for safety and exit from placement; or upon request when parent partner issues match the parent's.	August 2013 – December 2014	CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee
<b>C.</b> Implement training for parent partners, including through the Regional Training Academy	September 2013 – January 2018	CFS - SRD, Public Child Welfare Academy (PCWTA)
<b>D.</b> Develop a database to track parent partner's activities with specific clients. Implement and utilize this database.	February 2013 – June 2013  July 2013 – January 2018	CFS - SRD, LRU
<b>E.</b> Increase Parent Partners' availability at Court to assist parents. Parent partners will facilitate the Court Orientation, and remain available to meet with parents during the morning Court sessions.	August 2013 – January 2018	CFS - SRD

<p>F. Increase Social Worker awareness of Parent Partners accessibility and their role in assisting in early reunification countywide, through unit meetings, flyers, Orientation and Induction training, and other outreach.</p>	<p>January 2014 – December 2014</p>	<p>CFS - SRD, PDD, PERC</p>
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<b>Reunification Strategy 3: Safety Organized Practice (SOP)</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to reunification (C1.3)</li> <li>• Staff, caregiver and service provider training</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Conduct Training for Trainers, to prepare CFS Supervisors to train and mentor staff on Safety Organized Practice.	Current to June 2013	CFS - SRD, Regional Managers and Supervisors, PERC, and PCWTA
<b>B.</b> Complete first phase of Safety Organized Practice training for 50% of Supervisors and line staff. Training includes 12 modules.	Current to December 2013	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA
<b>C.</b> Continue with second phase of Safety Organized Practice training to achieve full implementation.	November 2013 to December 2014	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA
<b>D.</b> Utilize Safety Organized Practice to enhance risk assessment in Risk Assessment Meetings (RAMs) and Team Decisionmaking Meetings (TDMs)	August 2013 - January 2018	CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee
<b>E:</b> Implement Safety Organized Practice (SOP) in all regions throughout the life of the case. Social Workers will incorporate SOP in their practice and interactions with families	January 2015 – January 2018	Regional Managers, Supervisors, Social Workers

<b>Reunification Strategy 4: Increase training and support to parents, relatives and caregivers.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to reunification (C1.3)</li> <li>• Foster and adoptive parent licensing, recruitment and retention</li> <li>• Staff, caregiver and service provider training</li> <li>• Agency collaboration</li> <li>• Service array</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Initiate and establish Visitation and Family Support Centers. Train Social Worker staff and begin referral process.	May 2013 – December 2013	Improving Quality System-wide Advisory Board (IQSAB), CFS Executive Team, PDD, Regional Managers, HS Contracts
<b>B.</b> Explore expanded role of Visitation and Family Support Centers in parent support and training, mentoring and training of the resource parents, kin caregivers and training of community partners.	January 2014 – December 2014	IQSAB, CFS Executive Team, PDD, Regional Managers
<b>C.</b> Implement and promote accessibility of parent support groups, through CAPTS service providers, and other contracted providers.	January 2014 – January 2018	PDD, Regional Managers, Supervisors and Social Workers, Service Providers
<b>D.</b> Increase support and outreach to kin caregivers and optimize training resources. Provide training and information regarding classes available through PRIDE, Community Colleges and Kinship Centers.	September 2013 – January 2018	CFS - Placement Resource Division (PRD), Kinship Centers, Community Colleges
<b>E.</b> Develop training for caregivers to mentor birth parents	December 2013 – January 2018	Placement Resource Division

<b>F.</b> Continue to provide orientation to parents at the detention hearing.	April 2013 – January 2018	CFS - SRD
<b>G.</b> Implement bridging meetings between social workers, parents and caregivers.	January 2014 – January 2018	Regional Supervisors, Social Workers, CFS - SRD, F2F Steering Committee
<b>H.</b> Train and inform social work staff on the PRIDE training and exercises provided to caregivers to enhance support to children, parents and caregivers.	January 2014 to December 2014	CFS - PRD, Regional Managers, Supervisors and Social Workers
<b>I.</b> Explore providing training to relative caregivers, comparable to PRIDE	January 2014 – December 2014	CFS - PRD, Regional Managers, Supervisors and Social Workers

<b>Reunification Strategy 5: Emphasize reunification planning to facilitate early transition of children to parents' home.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>Improve timeliness to Reunification (C1.3)</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Re-train staff to simplify and individualize case planning, through county wide trainings and case conferencing.	January 2014 – December 2016	CFS - SRD, Regional Supervisors and Managers, PERC
<b>B.</b> Develop and implement individual reunification timeline tool, to ensure parents have more specific information on their case plan timeframes.	July 2013 - December 2013	PDD, Regional Managers and Supervisors, Social Workers
<b>C.</b> Initiate and continue discussion with Court and Attorneys to address issues related to early reunification, during monthly Court Coordination and Bench Bar meetings.	August 2013 – January 2018	CFS - SRD, Regional Managers, Deputy Directors, Social Workers and Supervisors, CFS Court Staff
<b>D.</b> Utilize Safety Organized Practice in assessment and case planning.	January 2014 – January 2018	Regional Social Workers and Supervisors
<b>E.</b> Continue building community connections to support parents post reunification in their communities.	June 2013 – January 2018	CFS - PRD, New Initiative Units, Regional Social Workers
<b>F.</b> Ensure parents understand court timelines and processes related to reunification. Utilize Court Orientation, Court Video, Parent Partners, Reunification Timeline Tool and Case Plan.	June 2013 – January 2018	Regional Social Workers, Supervisors, and Court Staff
<b>G.</b> Track and monitor parents' reunification efforts through ad hoc, quarterly and annual reports.	June 2013 – January 2018	LRU, Timely Reunification Workgroup

<b>Permanency Strategy 1: Expand and optimize mentoring programs for children/youth in care over 24 months. Programs: IYRT, TAY, ILP/PFA, Wraparound and CASA</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Service Array/Collaboration</li> <li>• Management Information Systems</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase awareness of programs; by revising and circulating flyers, Brown Bag Training, having Community based resource fairs, Regional staff fairs, and Vendor fairs; Use of ILP Facebook page and exploring further use of social media; thereby, increasing referrals and utilization of programs to improve engagement and participation.	August 2013 - August 2014	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community Providers
<b>B.</b> Increase full time TDM facilitator staff, increase TDM usage for all cases at all decision points of the case.  Increase attendance at community events to recruit community partners. Team with service providers to include in TDMs, TCs, Community events, presentations and work groups	August 2013 - August 2015	PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community, ILP, Wraparound, CASA
<b>C.</b> Utilize established tracking methods and database to determine outcomes (ILP, Wraparound, CASA).	August 2013 - January 2018	LRU
<b>D.</b> Develop and improve data component and tracking method (TAY, IYRT).	August 2013 - February 2014	CFS, LRU, Department of Behavioral Health (DBH)

<p><b>Permanency Strategy 2: Expand and optimize mentoring programs for parents and caregivers of children/youth in care over 24 months. Programs: IYRT, Wraparound, CFS Parent Partners, Kinship Centers, Visitation Centers and Preschool Services</b></p>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Service Array/Collaboration</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<p><b>Action Steps:</b></p>	<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Increase awareness of mentoring programs with DYK flyers, training, presentations, provide training hours, resource fairs, ILP Facebook page, foster parent association meetings, Parent Partners, reach out and engage other community based centers such as Family Resource Centers; thereby, increasing referrals and utilization of service capacity and improve engagement and participation.</p>	<p>August 2013 – August 2014</p>	<p>PDD, CFS - PRD, Regional CFS staff, Family Resource Centers, Service Providers</p>
<p><b>B.</b> Utilize established tracking methods and data bases to determine outcomes (Wraparound, PP, Kinship, and Visitation Centers).</p>	<p>August 2014 – August 2015</p>	<p>PRD, LRU</p>
<p><b>C.</b> Develop an improve data component and tracking method for all programs other than wrap ( IYRT, Preschool Services, Family Resource Centers).</p>	<p>August 2013 - January 2018</p>	<p>PRD, LRU</p>

<b>Permanency Strategy 3: Increase and enhance transition from group home to less restrictive setting</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Foster Parent Training</li> <li>• Social Worker Training</li> <li>• Collaboration</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase awareness to social workers and understanding of step down services by increasing training strategies to facilitate transition. Develop and expand ChRIS program (from RBS) and revised ITFC contracts. Begin referring to ChRIS and ITFC and increase referrals to wraparound and IYRT.	July 1, 2013 – July 2015	Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)
<b>B.</b> Involve wraparound 30/45 days prior to placement move in or out of group home. Use upcoming provider and staff training refresher courses to institute this practice. Regional offices currently have a wrap services representative at their offices to give 1:1 support to workers. Provide DYK flyers, if appropriate. Utilize Care Coordination Team (CCT) to have providers in regional offices.	July 1, 2013 – July 2015 Inform staff and past providers by 2013 Increase compliance by December 2014	Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)
<b>C.</b> Utilize integrated practice approach when engaging and referring children for mental health services. Increase Healthy Homes referrals and improve collaboration to increase Healthy Home referrals and follow through with recommendations; revitalize collaboration process with DBH.	August 2013 – February 2015	CFS Regional Staff, DBH

<b>D.</b> Conduct a TDM at every decision point.	August 2013 – August 2015	CFS Regional Staff, Community, Service Providers
<b>E.</b> Utilize established tracking methods and database to determine outcomes ( Healthy Homes, Wraparound, TDM).	August 2013 – January 2018	LRU, CFS
<b>F.</b> Develop and improve data component and tracking method for ChRIS and ITFC.	July 1, 2013 – July 2015	LRU, CFS, DBH

<b>Permanency Strategy 4: Improve accuracy of CWS/CMS data entry regarding NRLG (aka, Services Only Guardianships or SOGs)</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Social Worker training</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Provide list of children/youth in NRLG with incorrect legal authority(WIC 300)	June 2013 - December 2013	CFS Supervising Office Specialists (SOS), LRU
<b>B.</b> Research and correct legal authority and/or placement status	June 2013 - December 2013	CFS Regional SWs and Clerical staff

<b>Permanency Strategy 5: To better match children/youth to foster homes which increases the likelihood of permanency.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Foster Parent Recruitment and training</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Develop project plan and timelines for transition from broad to targeted, child-centered recruitment strategy.	September 2013 - January 2014	CFS – PRD, PDD
<b>B.</b> Explore caretaker evaluation process and assess recruitment needs.	September 2013 - January 2014	CFS - PRD, LRU
<b>C.</b> Research foster homes and training/recruitment in other counties	January 2014 - May 2014	CFS - PRD, PDD
<b>D.</b> Finalize project plan to target specific populations and recruit resource parents, including phase in and program targets	January 2014 - June 2014	CFS - PRD
<b>E.</b> Implement the targeted strategy and increase foster care capacity	June 2015 - January 2018	CFS - PRD

<b>Permanency Strategy 6: Continually and systematically reassess parents, relatives and supports for return and/or placement of children in care longer than 24 months.</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Social Worker training</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Increase utilization of Children’s Case Assessment Forums (CCAF) by establishing countywide guidelines as to frequency and content of meeting.	August 2013 – March 2014	CFS management
<b>B.</b> Increase the use of family search and engagement. Provide UC Davis training, implement ChRIS, increase referrals to CASA, wraparound, IYRT and ChRIS.	June 2013 – January 2018	CFS management
<b>C.</b> In the initial stages of a case, identify relative and non-relative supports to the child/youth by document in a designated area of CMS family information and continue to add new information as it becomes known throughout the duration of the case through training, case conferences, DYK and supervisory coaching.	August 2013 – August 2014	Intake and Carrier SW’s and Sups
<b>D.</b> Explore use of mid-assessment meeting that gather parties and reviews status and progress of parents, specifically engaging court personnel.	November 2013 - December 2013	CFS management/SIP Oversight
<b>E.</b> Train, implement and utilize Safety Organized Practice.	April 2013 - December 2014	PCWTA, CFS Trainers and SW’s
<b>F.</b> Increase attendance/involvement of child and family support through initial and ongoing face to face contacts, family meetings, TDMs and TCs.	Begin: August 2013 – August 2014	CFS SW’s and Sups, Community

<b>Probation Strategy 1: Provide parents and the youth, at the onset, with training and resources</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Reduce percentage of juvenile probationers sent to out of home placement.</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Refer parents of youth on formal probation and 1 <sup>st</sup> time offenders, at the earliest entry into the juvenile justice system, to Parent Project	August 2013 - June 2014	Probation Investigations/CST
<b>B.</b> Refer an increased number of youth on formal probation, to IYRT mentoring or similar programs	August 2013 - June 2014	Probation Investigations/CST
<b>C.</b> Develop and improve data component and tracking method or utilize established tracking methods and database to determine outcomes and generate reports as needed.	August 2013 – February 2014	Probation/LRU

<b>Probation Strategy 2: Increase use of the Wraparound program</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Reduce percentage of juvenile probationers sent to out of home placement</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Assign and train a Wraparound screener	October 2013 - January 2014	Probation – Wraparound screener
<b>B.</b> Develop procedures and guidelines for Wraparound screening	September 2013 - January 2014	Probation – Wraparound screener
<b>C.</b> Screen existing medium supervision wardship cases for the Wraparound program	January 2014 - January 2015	Probation
<b>D.</b> Utilize established tracking methods and database to determine outcomes; Provide reports as needed	February 2014 – January 2018	Probation/LRU

<b>Probation Strategy 3: Increase family participation at MDT's for all minor's in custody over 60 days</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Increase percentage of minors returning to the home from which he/she was removed by improving family therapy and parent/child relationships</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Assign therapist to conduct family therapy/reunification for all youth detained longer than 60 days awaiting placement and deemed difficult to place.	January 2014 - June 2015	DBH and Probation
<b>B.</b> Allow clergy, extended family members and other family support systems to attend therapy/reunification/MDT's	September 2013 - June 2015	DBH and Probation
<b>C.</b> Develop and improve data component and tracking method	January 2014 – January 2018	Probation/LRU

<b>Probation Strategy 4: Utilize family findings to locate extended family members for potential placement</b>	<input checked="" type="checkbox"/> <b>CAPIT</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• C3.1 – Exits to Permanency (24 months in care)</li> <li>• Decrease the number of youth sent to out of home placement; increase use of placement with extended family members</li> </ul>
	<input type="checkbox"/> <b>CBCAP</b>	
	<input type="checkbox"/> <b>PSSF</b>	
	<input type="checkbox"/> <b>N/A</b>	
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
<b>A.</b> Train all juvenile services Probation Officers in family findings	January 2014 - July 2014	Probation
<b>B.</b> Conduct family findings on youth entering the juvenile justice system and at risk for out of home placement or removal from parents home	July 2014 - June 2015	Probation
<b>C.</b> Develop guidelines and protocol for family findings	September 2013 - January 2014	Probation
<b>D.</b> Develop and improve data component and tracking method	January 2014 – January 2018	Probation/LRU

ATTACHMENT B

**SAN BERNARDINO COUNTY SYSTEM IMPROVEMENT PLAN - ATTACHMENT B**

(1) DATE SUBMITTED: 8/19/13		(2) VERSION: 1		(3) COUNTY: San Bernardino		(4) PERIOD OF SP: 8/19/13 thru 1/31/18		(5) YEAR: 6/13-12/13		(6) Other Funds: Wrap Reinvestment, Kinship								
(6) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):				CAPIT: \$ 656,812	CBCAP: \$0	PSSF: \$1,864,981	Other Funds: \$160,000											
No.	Title of Program	Function of Program	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES		NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time-Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount to be spent on PSSF activities (Sum of columns G1-G6)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)		
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I	
1	Individual, Group and Family Counseling	Provide Therapeutic services to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$259,941	x	\$0	\$0	\$194,278	\$273,500	\$336,428	\$81,920	\$886,126	x	\$0		\$1,146,067	
2	Parent Education	Provide Parenting classes to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$64,723		\$0	\$0	\$58,350	\$15,193	\$0	\$0	\$73,543		\$0		\$138,266	
3	Anger Management (Adult and Teen)	Provide Anger Management classes to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$35,166		\$0	\$0	\$21,446	\$15,225	\$0	\$0	\$36,671		\$0		\$71,837	
4	Sexual Abuse Services	Provide Sexual Abuse to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$65,625		\$0	\$0	\$7,050	\$0	\$17,565	\$0	\$24,615		\$0		\$90,240	
5	Domestic Violence Services	Provide Domestic Violence to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$3,300		\$0	\$0	\$7,855	\$0	\$7,900	\$0	\$15,755		\$0		\$19,055	
6	Support Groups	Provide Support Groups to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$4,773		\$0	\$0	\$3,150	\$49,334	\$29,345	\$0	\$81,829		\$0		\$86,602	
7	Basic Life Skills	Provide Basic Life Skills classes to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$0		\$0	\$0	\$849	\$0	\$0	\$0	\$849		\$0		\$849	
8	Home Visits	Provide Therapeutic services, parenting classes and other family skill building services to County and 'at-risk' families in their homes	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$51,752		\$0	\$0	\$7,272	\$0	\$0	\$0	\$7,272		\$0		\$59,024	
1	Floorplay	Provide PCIT and Floorplay therapy to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$8,469		\$0	\$0	\$1,342	\$0	\$0	\$0	\$1,342		\$0		\$9,811	
2	Floor Time	Provide PCIT and floorline therapy to County and 'at-risk' families	Regional Lead Agency - Bilingual Family Counseling Services and provider network	CAPTS network, February 1, 2014	\$39,045		\$0	\$0	\$4,650	\$0	\$4,556	\$0	\$9,206		\$0		\$48,251	
3	Adoption Info and Referral	Provide Resources and information	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$40,000	\$40,000		\$0		\$40,000	
4	Adoption Advocacy	Aid pre- and post-adoptive families in resolving conflicts	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$91,980	\$91,980		\$0		\$91,980	
5	Adoption Crisis Counseling	Aid pre- and post-adoptive families in resolving conflicts and behavioral issues	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$37,500	\$37,500		\$0		\$37,500	
6	Post Adoption Support Group	Support for Post-Adoption families	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$2,500	\$2,500		\$0		\$2,500	
1	Sp. Needs Asst - AAP	Obtain Services and Documentation for children's special needs	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$2,500	\$2,500		\$0		\$2,500	
2	Adoption Outreach/Event	community outreach and public information activities, and support for annual finalization event	County of San Bernardino Placement Resources Division		\$0		\$0	\$0	\$0	\$0	\$0	\$16,500	\$16,500		\$0		\$16,500	
3	Kinship Youth classes/family	Primarily Independent Living Skills for youth	Westside Kinship and Mental Health Systems		\$50,590		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$68,495		\$119,085	
4	Respite	Respite and childcare for KSP participants	Westside Kinship and Mental Health System		\$30,735		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$39,260		\$69,995	
5	Permanency Promotion	Services to promote and assist Permanency including guardianship	Westside Kinship and Mental Health System		\$19,870		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$23,261		\$43,131	
7	Mentoring	For Kin Caregivers and Youth, to support and guide	Westside Kinship and Mental Health System		\$5,655		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$7,901		\$13,556	
8	Tutoring	Individual homework assistance and instruction	Westside Kinship and Mental Health System		\$17,168		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$21,083		\$38,251	
9					\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0		\$0	
<b>Totals</b>					<b>\$656,812</b>		<b>\$0</b>	<b>\$0</b>	<b>\$306,242</b>	<b>\$353,252</b>	<b>\$395,794</b>	<b>\$272,900</b>	<b>\$1,328,188</b>		<b>\$160,000</b>		<b>\$2,145,000</b>	
									23%	27%	30%	21%	100%					

ATTACHMENT C-1

Service	Agency	Description		
<b>Individual, Family or Group Therapeutic Services</b>	<b>Advanced Counseling/ New Horizons</b>	Individual, Family and Group counseling using Cognitive Behavioral Therapy. In Yucca Valley, Thinking for a Change (T4C) is an integrated, cognitive behavioral change program for offenders that include cognitive restructuring, social skills development, and development of problem solving skills.  Family Integrated Therapy (FIT) provides enhanced services to mothers struggling with methamphetamine abuse. Enhanced services include care coordination, therapy and parent education. (Twenty-nine Palms)		
	<b>Target Pop./ Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF-TLR CAPIT
	<b>Asante</b>	Cognitive Behavioral Therapy.		
	<b>Target Pop./ Region</b>	San Bernardino Inner City	<b>OCAP Funding</b>	PSSF – FP; TLR CAPIT
	<b>Bilingual Family Counseling Services &amp; Catholic Charities</b>	Counseling Services will be provided for San Bernardino County residents in multiple sites throughout San Bernardino County. These agencies will use licensed Marriage and Family Therapists (MFT) and Licensed Clinical Social Workers (LCSW), Registered MFT Interns and Master of Social Work (MSW) Associates under weekly supervision by Board of Behavioral Sciences licensed supervisors.		
	<b>Target Pop./ Region</b>	West end; Hispanic/Spanish	<b>OCAP Funding</b>	PSSF – FP; TLR; FS
	<b>Center for Healing Childhood Trauma</b>	Adult Peer Group Therapy is a context shared by 3-8 persons that presented with the same role in the family of abuse, i.e., Non-protective Parent, Offender, Adult Molested when A Child. This therapeutic context allows effective opportunities for the client to address the issues, such as, Responsibility/Accountability, Empathy for the Child, Warning Signs and Prevention of future abuse, building Safe Support Systems and Resources. A curriculum of therapeutic issues is utilized to ensure that each client entering the “open-ended” groups have opportunity for therapeutic time on each issue.		
	<b>Target Pop./ Region</b>	Sexual Abuse perps/non-offending parents	<b>OCAP Funding</b>	CAPIT
	<b>Center for Healing</b>	Children Peer Group Therapy is for victims and siblings ages 3-17. The groups of 3-6 children meet weekly for one (1) hour. A 12-week		

	<b>Childhood Trauma</b>	<p>curriculum of treatment issues is utilized on a rotating session plan which allows for the open-entry groups to cover the issues of</p> <p>greatest therapeutic concern, and gives a structure that guarantees each child receiving the</p> <p>necessary applications. Because the curriculum rotates, the child is given opportunities to continue working on the issues and integrating them into their psychological self. Issues, such as, Personal Safety Plan, “No-Fault”, Boundaries, Self-Esteem and Positive Empowerment, Behavior Regulation, Emotional Regulation, Stress (fear) Regulation techniques are examples of issues covered.</p>	<b>OCAP Funding</b>	CAPIT
	<b>Christian Counseling Service</b>	<p>Parent Child Interactive Therapy. Evidence based treatment model which focuses on the relational and behavioral interactions between parent (or caregiver) and child. PCIT has been shown to be extremely effective in changing parent-child relationship dynamics, problem behavior in children, establishing effective and healthy parenting techniques and establishing a safe environment for at risk families. In addition, PCIT is extremely effective in establishing a stable environment for families in the process of adoption or foster care by facilitating positive relationships and discipline techniques while taking into account individual child differences.</p>	<b>OCAP Funding</b>	CAPIT PSSF – FP, TLR, Adoptions
	<b>High Desert Center</b>	Solution Focused and Cognitive Behavioral Therapy	<b>OCAP Funding</b>	PSSF – TLR
	<b>Lutheran Social Services</b>	<p>Weekly Psychotherapy sessions may involve work with current problems, immediate crisis, or long-term difficulties. For children ages 4-12 Play therapy is the preferred method of treatment. Play therapy provides the opportunity for children to express their issues or concerns in play; gain mastery over a troublesome situation; replay trauma and verbalize feelings; improve parent/child communication, the modeling of parent/child interaction.</p>	<b>OCAP Funding</b>	CAPIT
	<b>Pacific Lifeline</b>	Cognitive Behavioral Therapy	<b>OCAP Funding</b>	CAPIT

	<b>Target Pop./ Region</b>	West End/DV victims	<b>OCAP Funding</b>	CAPIT
	<b>Dr. Julie Rice</b>	Private Individual and family therapy tailored to client needs.		
	<b>Target Pop./ Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF - FP
	<b>Rim Family Services</b>	Adult, child, and/or family therapy/counseling services provided once per week for 12 weeks or as recommended by the referring social worker and the attending therapist.		
	<b>Target Pop./ Region</b>	Mountains	<b>OCAP Funding</b>	CAPIT
<b>Parent Education</b>	<b>Asante</b>	STEP Parenting classes		
	<b>Target Pop./ Region</b>	San Bernardino Inner City	<b>OCAP Funding</b>	PSSF – FP CAPIT
	<b>Catholic Charities</b>	The Cooperative Parenting program is presented as a 10 week, 2 hour per session, course. The model has received praise over the past 11 years as a comprehensive, interactive, and real life model that has demonstrated evidence of efficacy. Client satisfaction surveys and outcome measures demonstrate that this model has tremendous impact on family health. Cooperative Parenting is a highly structured program which meets the requirements of Welfare & Institutions Code 16507.7. A comprehensive Instructor’s Manual insures consistency from course to course regardless of the facilitator. This standardization of course structure and content insures a quality of service that is vitally important to the agency and undoubtedly important to CFS personnel, and particular CPS workers		
	<b>Target Pop./ Region</b>	Countywide	<b>OCAP Funding</b>	CAPIT PSSF – FP, FS
	<b>Center for Healing Childhood Trauma</b>	<p>Parent Education and Parent Coaching is a 40 hour curriculum of parent skills training for parents, kin caregivers and foster parents parenting children of families where abuse has occurred, or is at-risk for occurring. The course is 14 sessions long, and participants are expected to complete the course within six months and make up any topic session missed. This is a <b>strength-based</b> training with the curriculum of:</p> <ul style="list-style-type: none"> <li>• Building self-esteem;</li> <li>• Training parent on how to build positive esteem of their child;</li> </ul>		

	<ul style="list-style-type: none"> <li>• Developing effective stress management skills;</li> <li>• Positive and effective discipline and behavior management;</li> <li>• Effective anger management and problem-solving skills;</li> <li>• Developmental stages related to safety, nutrition and health;</li> <li>• Development of awareness on what constitutes abuse and neglect;</li> <li>• Awareness of the boundaries of permissible sexual conduct by parents/adults with regard to children.</li> </ul>		
<b>Target Pop./ Region</b>	Sexual Abuse perps/ Non-offending parents	<b>OCAP Funding</b>	CAPIT
<b>High Desert Center</b>	This class is designed to teach adult clients the skills to control emotions that can lead to destructive behavior and find productive outlets to manage anger		
<b>Target Pop./ Region</b>	High Desert/North Desert Region	<b>OCAP Funding</b>	PSSF – FP
<b>Lutheran Social Services</b>	The Parenting Instruction group course fully meets the requirements of Welfare and Institutions Code, Section 16507.7, and is comprised of independent modules to facilitate the “any time” enrollment.		
<b>Target Pop./ Region</b>	High Desert/North Desert Region and mountains	<b>OCAP Funding</b>	CAPIT
<b>New Horizons</b>	Nurturing Parents/Nurturing Skills for Families (Child/Parenting Abuse)		
<b>Target Pop./ Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF - FP
<b>Pacific Lifeline</b>	Active Parenting		
<b>Target Pop./ Region</b>	West end, DV victims	<b>OCAP Funding</b>	CAPIT
<b>Rim Family Services</b>	Parents as Teachers program. A home visitation program for parenting and child development education. The certified Parent Educator also monitors child development and parent interaction. The program also includes parent group meetings for support and education. Services are provided one to four times per month, based on the recommendation of the Parent Educator and referring Social Worker.		
<b>Target Pop./ Region</b>	Mountains	<b>OCAP Funding</b>	CAPIT

<b>Adult Anger Management</b>	<b>Advanced Counseling/New Horizons</b>	Anger Management Groups (Yucca Valley)		
	<b>Target Pop./Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF-Family Preservation CAPIT
	<b>Asante</b>	21 <sup>st</sup> Century Anger Management		
	<b>Target Pop./Region</b>	San Bernardino Inner City	<b>OCAP Funding</b>	PSSF – FP CAPIT
	<b>Catholic Charities</b>	This 16 week evidence-based psycho-educational group for adults is primarily designed to serve families with a Family Reunification Plan that requires anger management services but may serve non-mandated persons as well. These groups began at the agency in 1999at the request of CPS supervisory staff and have been revised in 2007 to address substance abuse issues. These groups were not designed to meet the requirements of court-mandated domestic violence programs but are specifically focused on caregivers whose behavior may contribute to an unhealthy parent-child dynamic that may lead to abuse.		
	<b>Target Pop./Region</b>	Countywide	<b>OCAP Funding</b>	CAPIT PSSF – FP, FS
	<b>Christian Counseling Services</b>	Anger/Stress Management Groups		
	<b>Target Pop./Region</b>	Central Region	<b>OCAP Funding</b>	CAPIT PSSF – FP, Adoptions
	<b>High Desert Center</b>	Parents experiencing the stress of raising children are encouraged to enroll in a class addressing the real issues facing parents today. The group covers all areas required by the State of California for court referral parenting classes, including child safety, child nutrition and child development.		
	<b>Target Pop./Region</b>	High Desert/North Desert Region	<b>OCAP Funding</b>	PSSF – FP
	<b>Lutheran Social Services</b>	Offers Anger Management, Anger Diversion, Teen anger management and NCTI-Teen Groups (the curriculum is provided by the National Curriculum and Training Institute (NCTI) and is a behavior modification course for youth experiencing problems with Anger Management, Substance Abuse, Truancy, Shoplifting/Petty Theft, and Basic Life Skills).		

	<b>Target Pop./ Region</b>	High Desert/North Desert Region and mountains	<b>OCAP Funding</b>	CAPIT
	<b>Rim Family Services</b>	Anger Management Groups		
	<b>Target Pop./ Region</b>	Mountains	<b>OCAP Funding</b>	CAPIT
<b>Teen/Parent Anger Management</b>	<b>Catholic Charities</b>	The 8-week Teen/Parent Anger Management Groups was designed to provided teens and their caregivers the same information in separate groups that meet weekly at the same time. Teenagers cannot receive services without caregiver participation. These groups began as a pilot project in 2002 and have proven to be tremendously popular and effective. The groups use a format that is similar to the Adult Anger Management Program but appropriate for adolescents.		
	<b>Target Pop./ Region</b>	Countywide	<b>OCAP Funding</b>	CAPIT PSSF – FP, FS
	<b>Center for Healing Childhood Trauma</b>	Teen Anger Management is a 10-week course giving skills and options for non-violent problem-solving and effective stress management. Early identification of signs of stress and developing successful strategies to plan and choose behaviors that lead to effective non-disruptive outcomes is a focus. Concepts from “WhyTry” and T-S-R (Thought-Stopping-  and Replacement) are examples of materials utilized. Parents are asked to attend two (2)  of the sessions with their child/adolescent.		
	<b>Target Pop./ Region</b>	Sexual Abuse victims	<b>OCAP Funding</b>	CAPIT
<b>Sexual Abuse Services</b>	<b>Advanced Counseling/New Horizons</b>	Individual treatment and Sex Offenders classes		
	<b>Target Pop./ Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF-TLR CAPIT
	<b>Catholic Charities</b>	Individual treatment for victims		
	<b>Target Pop./ Region</b>	Countywide	<b>OCAP Funding</b>	CAPIT PSSF – FP, FS, TLR

	<b>Center for Healing Childhood Trauma</b>	Individual treatment and Groups for Victims, Sex Offenders, Juvenile Offenders and Non-Offending Parents.		
	<b>Target Pop./Region</b>	Sexual Abuse victims/perps/non-offending parents	<b>OCAP Funding</b>	CAPIT
	<b>Christian Counseling Services</b>	Sexual Abuse Treatment for victims.		
	<b>Target Pop./Region</b>	Central Region, victims of sexual abuse	<b>OCAP Funding</b>	CAPIT PSSF – FP, TLR,
	<b>Lutheran Social Services</b>	Group: Separate programs are offered for parents, partners, victims and youth offenders. Typically the Sexual Abuse Treatment groups are divided by gender as well as age bracket. Child victims and their parents/caregivers attend one-hour groups. Adult and youth offenders and their partners/parents attend one-half-hour groups. These groups are facilitated by licensed clinicians or pre-licensed professionals under the direct supervision of a licensed clinician.		
	<b>Lutheran Social Services</b>	Individual: Separate programs are offered for parents, partners, victims and offenders. Clients are evaluated on an individual basis as part of needs assessment and evaluation. Child victims (ages 4–11) are generally scheduled for one-hour sessions and Play Therapy/Activities/ Arts & Crafts are used as techniques for treatment.		
	<b>Target Pop./Region</b>	High Desert/North Desert Region and mountains; Victims of Sexual Abuse  Parents/non-offending parents	<b>OCAP Funding</b>	CAPIT
	<b>Rim Family Services</b>	Individual treatment for victims.		
	<b>Target Pop./Region</b>	Mountains	<b>OCAP Funding</b>	CAPIT
<b>Domestic Violence</b>	<b>Advanced Counseling/New Horizons</b>	Services for Perpetrators, Batterers Treatment and Batterers Treatment for Women.		
	<b>Target Pop./Region</b>	Yucca Valley	<b>OCAP Funding</b>	PSSF-TLR CAPIT
	<b>Asante</b>	Domestic Violence Groups using the federally mandated Domestic violence		

		curriculum.		
	<b>Target Pop./ Region</b>	San Bernardino Inner City	<b>OCAP Funding</b>	PSSF – FP; TLR CAPIT
	<b>Christian Counseling Services</b>	Domestic Violence Perpetrator Groups and Victims Groups.		
	<b>Target Pop./ Region</b>	Central Region	<b>OCAP Funding</b>	CAPIT PSSF – FP, TLR
	<b>Lutheran Social Services</b>	Weekly Psychotherapy sessions may involve work with current problems, immediate crisis, long-term difficulties with the effects of past abuse, poor partner choice, need for clarification or health and reciprocity of relationships and understanding of how abuse affects entire families. Batterers Intervention services are also offered.		
	<b>Target Pop./ Region</b>	High Desert/North Desert Region and mountains; Victims of domestic violence	<b>OCAP Funding</b>	CAPIT
<b>Support Groups</b>	<b>Center for Healing Childhood Trauma</b>	Parents United Services		
	<b>Target Pop./ Region</b>	Parents of victims of Sexual Abuse	<b>OCAP Funding</b>	CAPIT
	<b>Christian Counseling Services</b>	Women’s Groups		
	<b>Target Pop./ Region</b>	Central Region	<b>OCAP Funding</b>	CAPIT PSSF – FP, TLR, Adoptions
	<b>Pacific Lifeline</b>	Support group counseling including tutoring , career and budget counseling, Life skills workshop		
	<b>Target Pop./ Region</b>	West End/DV victims	<b>OCAP Funding</b>	CAPIT
	<b>Children and Family Services – Placement Resources</b>	Referral to Support groups designed to assist adoptive families with issues related to adoption.		

	<b>Division</b>		
<b>In-Home Services</b>	<b>BFCS &amp; Catholic Charities</b>	In-home therapeutic and life skills services are provided when clients are demonstrably unable to attend at a congregate or centrally located setting.	
	<b>Target Pop./ Region</b>	West end; Hispanic/Spanish	<b>OCAP Funding</b> PSSF – FP; TLR; FS
<b>Life Skills Classes</b>	<b>Catholic Charities</b>	The course consists of four units: 1) Social Skills: Communication as a parent, with community resources (medical benefits, housing, jobs, and dealing with employers. 2) Decision Making Skills: Solving problems, maintaining a good attitude, adapting to change. 3) Money Management: Using bank vs. Check Cashing Center, How to save money, creating a budget. 4) Family Responsibilities: How to run a house - getting everyone on the job (cooking, cleaning, making medical appointments, keeping involved with children's school and activities, and negotiating transportation).	
	<b>Target Pop./ Region</b>	Countywide	<b>OCAP Funding</b> PSSF – FS
	<b>Center for Healing Childhood Trauma</b>	Family Living skills	
	<b>Target Pop./ Region</b>	Parents of victims of Sexual Abuse	<b>OCAP Funding</b> CAPIT
<b>Adoption Services</b>	<b>Children and Family Services – Placement Resources Division</b>	Advocacy and Crisis Counseling: The provision of services to aid pre- and post-adoptive families in resolving conflicts and behavioral issues to expedite and facilitate adoption. This may include temporary out-of-home placement and referral to counseling services. Services go to families that have children with severe emotional problems and/or other disabilities. Clients with these issues usually require services that go on over years. It is usual when clients are in crisis to utilize specialized services provided by other agencies. Clients receive Advocacy and Crisis Counseling services at an on-call basis, and are provided information and referrals as needed.	
	<b>Children and Family Services – Placement Resources</b>	Special Needs – Adoption Assistance Program: Helping Families Obtain Services and Documentation for their children’s special needs and for AAP changes, and assessing and recommending AAP	

	<b>Division</b>	Special Needs Grants.
	<b>Children and Family Services – Placement Resources Division</b>	Finalization Event: Events that incorporate expedited finalization of the adoption process, formally presided over by a Judge of competent jurisdiction, and celebrate this new arrangement. Also, serves to provide information for supportive resources and as a tool for community outreach.
	<b>Children and Family Services – Placement Resources Division</b>	<p>Outreach: Includes community outreach and public information activities. Outreach lets adoptive parents, potential adoptive parents and others know that PAS services are available.</p> <p>The agency's efforts to recruit adoptive parents for children whom the agency is placing for adoption include:</p> <ul style="list-style-type: none"> <li>• Contact with other private and public adoption agencies</li> <li>• Presentation of information regarding the child on television and/or other media outreach programs, if appropriate</li> <li>• Presentation of information concerning the child at exchange meetings of agencies</li> <li>• Participation in the state photo-listing album of children, as appropriate, and</li> <li>• Contact with parent groups regarding specific children.</li> </ul> <p>Specialized ethnic recruitment in specific communities are being developed in order to increase the number of adoptive homes available to children of all races and ethnic backgrounds,</p> <p>and to minimize adoptive placement delays.</p>
<b>Kinship Services</b>	<b>Westside Kinship and Mental Health Systems, Inc.</b>	<p><b>Independent Living Skills (ILS) for Adolescents</b></p> <p>ILS are everyday skills a young person (14 - 18years of age) needs to acquire in order to successfully live on her/his own in the community.</p> <p>Independent living skills classes deal with such topics as:</p> <ol style="list-style-type: none"> <li>1. Daily living skills (grocery shopping, cooking, hygiene, appropriate boundaries, etc.)</li> <li>2. Money management</li> <li>3. Decision making</li> </ol>

#### 4. Building self-esteem

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#### 5. How to apply for financial aid for college/vocational schools

#### 6. How to locate appropriate, affordable housing

#### 7. How to find and keep a job

M. Individual Encounter – The unduplicated number of times an agency has

### **Family Support Services**

Activities designed to assist families in utilizing available resources and opportunities in their community. These services include, but are not limited to, counseling, self-sufficiency training, referral and linkage, mediation and conflict resolution.

### **Respite and Childcare**

Kinship contractors are required to provide respite services for kin caregivers and may provide childcare for those participating in services at the Center.

### **Permanency Promotion**

Kinship centers are required to provide services to promote and assist in permanency for kin children.

### **Counseling Services**

Includes mental health assessments and service, substance abuse counseling and referrals as needed.

### **Mentoring**

Mentoring Services (for kin-caregivers) – Services designed to match an experienced kin-caregiver (mentor) who has risen above challenges of raising kin-children with a less experienced kin caregiver (mentee) for the purpose of befriending, supporting and guiding the mentee through difficult care giving experiences and educating him or her on (parenting) issues related to kin care giving.

Mentoring Services (for kin-children) – Services designed to match older volunteers with kin-children for the specific purpose of building a relationship of trust and respect. Mentors often work together with program staff to provide support and guidance to mentees by integrating a variety of themes into the program, such as conflict resolution, goal setting, tutoring, involvement in sports, etc. Mentoring programs must screen, train, and monitor all mentors accepted into the program.

### **Tutoring/educational support**

Individual homework assistance/skills instruction for a kin-child. May include Academic Support, career guidance, financial aid counseling

## ATTACHMENT C-2

### **PSSF/CAPIT PROGRAM EVALUATION AND DESCRIPTION** *COMMON ELEMENTS*

Along with the detailed program descriptions in Appendix C-1, the following provides a description of those elements or processes that apply to all or most programs funded through PSSF/CAPIT. They include the identified priority need from the County Self-Reassessment, the Timeline, Program Outcomes, Quality Assurance and Methods/Tracking tools, and measures for Client Satisfaction.

#### **Priority Need from CSR**

The Child Welfare Outcomes & Accountability measures emerging from the CSR findings are:

C1.3 – Reunification Within 12 Months (Entry Cohort) – This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.

C3.1 - Exits to Permanency (24 Months in Care) – This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who have been in foster care for 24 months or longer.

These two measures represent high need areas and encompass a large number of related program services under OCAP. Reunification efforts, permanency and placement stability are all enhanced through appropriate individual, group and family counseling services that address trauma and the on-going family condition. Parenting and anger management classes address the root causes of abuse and neglect and provide techniques to prevent maltreatment, limit further incidents and pave the way for Reunification. Support groups, in-home support services and life skills classes help strengthen the parents' or caregivers ability to cope and parent more effectively.

OCAP program services both positively impact a number of SIP outcome measures and are required to provide services based on the funding mandate. That is to say not every service provided under the OCAP programs is directly related to the SIP outcomes, but addresses a variety of need areas throughout the continuum of care from pre-placement preventative services to permanent placement and post-adoption services. For that reason, specific programs and service plans all tie back to the targeted needs of the funding mandate, but do not always necessarily tie back to permanency or reunification.

## **Timeline**

The in-house Service Coordination model is expected to be fully implemented on January 1, 2014. The transition process from the current RLA model is already underway with the extension of the current contract and is expected to be complete by the end of the year. The milestones for this transition that most reflect on program services are:

- Hiring and training the Service Coordinators by November, 2013
- Revising the RFQ by August, 2013
- Conducting Bidder's Conferences in various regions by October, 2013
- Procuring new providers and transitioning RLA providers by November 2013
- Revising policy and procedure by October, 2013 for
  - Referral processing
  - Contract monitoring
- Training staff by October, 2013 on:
  - New Procedures for CAPTS and working with Service Coordinators
  - Referring non-CFS clients to services
  - Referring through post-adoption services
- Implementing ETO improvements by January 1, 2014
- Developing new tools and forms as needed (TBD)
- Seamlessly Transitioning RLA clients to CAPTS by January 1, 2014
- Providing technical assistance to CAPTS contractors
- Customer Satisfaction Surveys by March, 2014

## **Program Outcomes**

Children and Family Services (CFS) of San Bernardino has contracted with Social Solutions to implement an Efforts-To-Outcomes (ETO) system that will thoroughly, comprehensively and expeditiously capture information and produce usable reports. ETO is a multi-layered, comprehensive data collection and evaluation system that tracks engagement, short, intermediate, and long-term outcomes. After completion of services and at periodic intervals, cohorts of clients identified in the ETO database are data matched to the CWS-CMS system to track for AB 636 outcomes.

Additional program outcomes tracked against baseline measures were described in the narrative section on the OCAP program strategy. They included measures related to volume, service engagement and effectiveness of service.

## **Quality Assurance and Methods/Tracking Tools**

Currently the ETO database addresses some QA issues by providing corroboration of service engagement and program effectiveness. It also provides a pool of cases for review that can be matched against case files to ensure the integrity of tracking methods. Under the new in-house Service Coordination model, an improved Quality Assurance and Case Review protocol will be implemented. This new QA/CR will include:

- A tiered approach, applying more stringent monitoring to cases that receive the most service or otherwise indicate greater risk
- A mix of review methods based on these tiers that will include:
  - Desk Audits using current available reports and matching information between databases
  - On-site visits and Case Reviews
  - Review of attendance reports and sign-in sheets
  - Review of Manuals, Curriculum and Policy and Procedure
  - Fiscal sampling
  - Matching of site information to billing
  - Compliance with Personally Identifiable Information (PII) and Health Insurance Portability and Accountability (HIPAA) compliance
- Reviews and Reports monitored will also be tied back to the various goals and outcomes outlined in this planning document, e.g., improvement in engagement time frames, reduction of referral attrition, etc.
- Reviews of Exit Assessments, program completion rates and the ability of clients to integrate skills into their lives
- Customer Satisfaction surveys.

The County has shown commitment to supporting evidence based or informed practice in the past by having contractors identify their therapeutic or instructional model during the Request for Proposal process. Now that CFS has moved to an RFQ, it is expected that a wider variety of services will be made available. This will provide the opportunity to track the results and compare to other programs. Contractors will be required to identify what evidence-based or informed techniques they will be using.

## **Client Satisfaction**

The county will be utilizing a two-pronged approach to assessing client satisfaction with all programs. All service recipients will be given surveys at the completion of their services or at regular intervals while receiving service. Return envelopes will be provided and the results of the survey will be anonymous. For those with internet access, a web-based survey will be available

Survey questions still need to be drafted but will be based on the recent phone survey. Additional questions will focus on service access and timeliness to engagement.

# ATTACHMENT D

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY    CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPENDIX D: BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES  
FOR   SAN BERNARDINO   COUNTY**

**PERIOD OF PLAN : 08/19/2013 THROUGH: 01/31/2018**

## DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Children and Family Services as the public agency to administer CAPIT and CBCAP.

**W&I Code Section 16602 (b)** requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Children and Family Services as the local welfare department to administer PSSF.

## FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute<sup>1</sup>:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services  
Office of Child Abuse Prevention  
744 P Street, MS 8-11-82  
Sacramento, California 95814

County Board of Supervisors Authorized Signature	Date
Print Name	Title

<sup>1</sup> Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.dss.cahwnet.gov/cfsweb/PG2287.htm>

Rev. 2/2013

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ATTACHMENT E

# California – Child and Family Services Review Signature Sheet

<b>County</b>	<b>SAN BERNARDINO</b>
<b>CSA Period Dates</b>	November 7, 2008 – February 5, 2013
<b>SIP Period Plan Dates</b>	August 19, 2013 – January 31, 2018
<b>Outcome Data Period</b>	Quarter 2, 2012
<b>County Child Welfare Agency Director</b>	
<b>Name</b>	<b>Deanna Avey-Motikeit, Director</b>
<b>Signature*</b>	
<b>Phone Number</b>	(909) 388-0242
<b>Mailing Address</b>	Children and Family Services – Administration 150 South Lena Road San Bernardino, CA 92415-0515
<b>County Chief Probation Officer</b>	
<b>Name</b>	<b>Chief Michelle Scray Brown</b>
<b>Signature*</b>	
<b>Phone Number</b>	(909) 387-5692
<b>Mailing Address</b>	Probation Department - Administration 175 West 5 <sup>th</sup> Street, 4 <sup>th</sup> Floor San Bernardino, CA 92415
<b>Board of Supervisors (BOS) Signature</b>	
<b>BOS Approval Date</b>	
<b>Name</b>	
<b>Signature*</b>	

\*Signatures must be in blue ink

<p>Mail the original Signature Sheet to:</p>	<p>Outcomes and Accountability Bureau Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814</p>
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California - Child and Family Services Review

## Contact Information

Child Welfare Agency	Name	Teri Elliot
	E-mail address	<a href="mailto:telliott@hss.sbcounty.gov">telliott@hss.sbcounty.gov</a>
	Phone Number	(909) 388-0242
	Mailing address	Children and Family Services – Juvenile Dependency Court 860 East Gilbert Street San Bernardino, CA 92415-0911
Probation Agency	Name	Laura Davis, Division Director I
	E-mail address	<a href="mailto:Laura.Davis@prob.sbcounty.gov">Laura.Davis@prob.sbcounty.gov</a>
	Phone Number	(909) 383-2738
	Mailing address	Central Juvenile Services San Bernardino County Probation Department 150 West 5th Street San Bernardino, CA 92415
CAPIT Liaison	Name	Teri Self
	E-mail address	<a href="mailto:tself@hss.sbcounty.gov">tself@hss.sbcounty.gov</a>
	Phone Number	(909) 386-8396
	Mailing address	Children and Family Services – Administration 150 South Lena Road San Bernardino, CA 92415-0515
CBCAP Liaison	Name	N/A
	E-mail address	
	Phone Number	
	Mailing address	
PSSF Liaison	Name	Teri Self
	E-mail address	<a href="mailto:tself@hss.sbcounty.gov">tself@hss.sbcounty.gov</a>
	Phone Number	(909) 386-8396
	Mailing address	Children and Family Services – Administration 150 South Lena Road San Bernardino, CA 92415-0515