



Agenda

FAMILY AND HUMAN SERVICES COMMITTEE

September 21, 2009

1:00 P.M.

651 Pine Street, Room 101, Martinez

Supervisor Federal D. Glover, District V, Chair

Supervisor Gayle B. Uilkema, Vice Chair

Agenda Items:

Items may be taken out of order based on the business of the day and preference of the Committee

1. Introductions
2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

DISCUSSION

3. #95 – Child Welfare System Improvement Plan- Update
Presenter: Valerie Earley, Children and Family Services Bureau, EHSD
4. #93 – ILSP Program – Annual Update
Presenter: Valerie Earley, Children and Family Services Bureau, EHSD

☺ *The Family and Human Services Committee will provide reasonable accommodations for persons with disabilities planning to attend Committee meetings. Contact the staff person listed below at least 72 hours before the meeting.*

📁 *Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Family and Human Services Committee less than 96 hours prior to that meeting are available for public inspection at 651 Pine Street, 10th floor, during normal business hours.*

✉ *Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.*

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Glossary of Acronyms, Abbreviations, and other Terms (in alphabetical order):

Contra Costa County has a policy of making limited use of acronyms, abbreviations, and industry-specific language in its Board of Supervisors meetings and written materials. Following is a list of commonly used language that may appear in oral presentations and written materials associated with Board meetings:

AB	Assembly Bill	HCD	(State Dept of) Housing & Community Development
ABAG	Association of Bay Area Governments	HHS	Department of Health and Human Services
ACA	Assembly Constitutional Amendment	HIPAA	Health Insurance Portability and Accountability Act
ADA	Americans with Disabilities Act of 1990	HIV	Human Immunodeficiency Syndrome
AFSCME	American Federation of State County and Municipal Employees	HOV	High Occupancy Vehicle
AICP	American Institute of Certified Planners	HR	Human Resources
AIDS	Acquired Immunodeficiency Syndrome	HUD	United States Department of Housing and Urban Development
ALUC	Airport Land Use Commission	Inc.	Incorporated
AOD	Alcohol and Other Drugs	IOC	Internal Operations Committee
BAAQMD	Bay Area Air Quality Management District	ISO	Industrial Safety Ordinance
BART	Bay Area Rapid Transit District	JPA	Joint (exercise of) Powers Authority or Agreement
BCDC	Bay Conservation & Development Commission	Lamorinda	Lafayette-Moraga-Orinda Area
BGO	Better Government Ordinance	LAFCo	Local Agency Formation Commission
BOS	Board of Supervisors	LLC	Limited Liability Company
CALTRANS	California Department of Transportation	LLP	Limited Liability Partnership
CalWIN	California Works Information Network	Local 1	Public Employees Union Local 1
CalWORKS	California Work Opportunity and Responsibility to Kids	LVN	Licensed Vocational Nurse
CAER	Community Awareness Emergency Response	MAC	Municipal Advisory Council
CAO	County Administrative Officer or Office	MBE	Minority Business Enterprise
CCHP	Contra Costa Health Plan	M.D.	Medical Doctor
CCTA	Contra Costa Transportation Authority	M.F.T.	Marriage and Family Therapist
CDBG	Community Development Block Grant	MIS	Management Information System
CEQA	California Environmental Quality Act	MOE	Maintenance of Effort
CIO	Chief Information Officer	MOU	Memorandum of Understanding
COLA	Cost of living adjustment	MTC	Metropolitan Transportation Commission
ConFire	Contra Costa Consolidated Fire District	NACo	National Association of Counties
CPA	Certified Public Accountant	OB-GYN	Obstetrics and Gynecology
CPI	Consumer Price Index	O.D.	Doctor of Optometry
CSA	County Service Area	OES-EOC	Office of Emergency Services-Emergency Operations Center
CSAC	California State Association of Counties	OSHA	Occupational Safety and Health Administration
CTC	California Transportation Commission	Psy.D.	Doctor of Psychology
dba	doing business as	RDA	Redevelopment Agency
EBMUD	East Bay Municipal Utility District	RFI	Request For Information
EIR	Environmental Impact Report	RFP	Request For Proposal
EIS	Environmental Impact Statement	RFQ	Request For Qualifications
EMCC	Emergency Medical Care Committee	RN	Registered Nurse
EMS	Emergency Medical Services	SB	Senate Bill
EPSDT	State Early Periodic Screening, Diagnosis and treatment Program (Mental Health)	SBE	Small Business Enterprise
et al.	et ali (and others)	SWAT	Southwest Area Transportation Committee
FAA	Federal Aviation Administration	TRANSPAC	Transportation Partnership & Cooperation (Central)
FEMA	Federal Emergency Management Agency	TRANSPLAN	Transportation Planning Committee (East County)
F&HS	Family and Human Services Committee	TRE or TTE	Trustee
First 5	First Five Children and Families Commission (Proposition 10)	TWIC	Transportation, Water and Infrastructure Committee
FTE	Full Time Equivalent	VA	Department of Veterans Affairs
FY	Fiscal Year	vs.	versus (against)
GHAD	Geologic Hazard Abatement District	WAN	Wide Area Network
GIS	Geographic Information System	WBE	Women Business Enterprise
		WCCTAC	West Contra Costa Transportation Advisory Committee

Schedule of Upcoming BOS Meetings

September 15, 2009

September 22, 2009

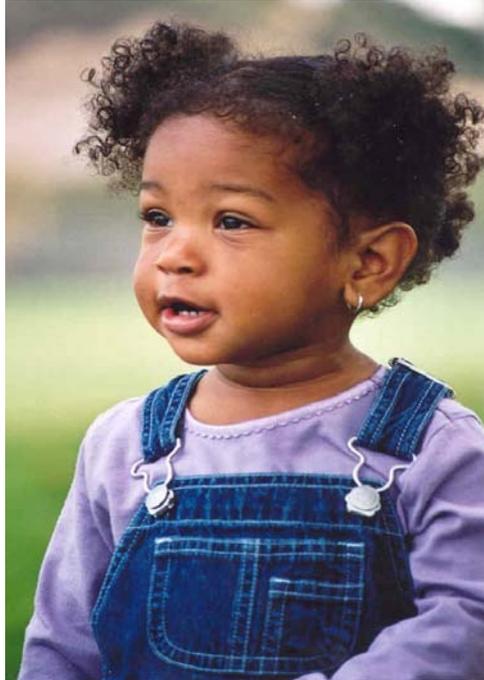
October 6, 2009

baseline) in 7, no change in 2, and some decline in performance in 2 areas. For the two areas in which we have shown some decline in performance (timely investigations of 10-day referrals and timely monthly social worker visits) our worsening performance is a reflection of the reduction of staffing we experienced. During the period examined we lost approximately 40% of our case-carrying staff due to layoffs. We expected that contact compliance would drop. Of the 5 areas that have national standards/goals, we are meeting or exceeding the standard in 2 of these measures and are very close to meeting the standard in two others (rate of child abuse/neglect in foster care and length of time to reunification. This report will highlight some of our outcomes but the full report is captured in the attached SIP update of March 09.

Summary/Conclusion

Overall, the CFS Bureau continues to work towards improving services in order to meet Federal and State performance expectations and goals. We have sustained our Redesign efforts by utilizing funding from a variety of sources: State Redesign Pilot allocation, State Family Preservation, Promoting Safe and Stable Families, Federal System of Care, and smaller grants from the Stuart Foundation and Hedge Funds Care. Ensuring the ongoing funding and support of our Child Welfare Redesign strategies will remain both a priority and a challenge. The reduction in funding to the department has impacted the way in which services are provided to families and children. Some of those changes have been positive but all have come with challenges.

With the Board's continuing support and the commitment of our CFS staff, we are confident that Contra Costa can lead Child Welfare System changes that will positively impact outcomes for children and families.



Contra Costa County
Children & Family Services
A Bureau of the
Employment & Human Services Department

System Improvement Plan
March 2007 – February 2010

Annual Update, March 2009

Introduction and Overview

Contra Costa continues work on the 11 areas selected as the focus of the March 2007 Systems Improvement Plan. This annual report places Contra Costa at the 2/3 mark of the SIP; progress made to date has been significant though the results of the current budget environment are definitely diverting the department's focus towards core services instead of enhancements as proposed in many SIP activities.

Contra Costa's overall performance, while not as strong as the past reporting period, continues to generally show improvement from baseline measurements. The PQCR is underway and will be completed next month. Preliminary planning has already begun for the Self Assessment to be started late Summer, early Fall. Contra Costa is already thinking about those outcomes where continued focus may support performance improvement.

Budget Deficit Impact to Children Services

As of last summer, Contra Costa considered itself a model county for performance, innovative use of best practices, focus on Quality Control and Assurance, and staff participation in planning and implementing.

Beginning early last Fall, it became apparent that Contra Costa would be severely impacted by the recent national and statewide budget crisis. Reduction in contract services, elimination of vacant positions, review and reduction of costs and services were all avenues that were taken to try to address the county's cost overmatch in Children's Services.

By the end of November, it was clear that more drastic measures were needed to bring the Children Services costs more into alignment with the funding allocations.

With very little time for planning and noticing of staff, 36% of Contra Costa's Children Services staff were laid off or demoted effective January 1st. Compounded with the reduction in available services and support staff, this was time for drastic measures, indeed.

With this drastic cut, the Children Services Management team took immediate action to review and evaluate how work could continue under these new staffing constrictions. The best scenario to assure Emergency Response could continue at a high staffing level and still leave Continuing Services workers with reasonable caseloads was to eliminate the specialized Court Workers who handled the cases between Intake and Continuing from the time of petition through Disposition. This change involved the shifting of many of the remaining staff to new assignments. Ultimately, over 1000 children had a change in worker during the month of January.

The impact of this disruption and the subsequent decline in staff morale has caused a significant downturn in performance. Through all of this, the primary focus was been and continues to be safety of children and training and support for staff has immediately focused on safety.

With the transition of staff to new assignments and the necessary focus on safety, inputting information to CWS/CMS in a timely manner has declined as staff acquaint themselves with policy and procedures in their new roles.

Contra Costa created a strong supportive training environment positioning Staff Development trainers in each office for on sight mentoring and training. This has been successful and we are seeing the results of the retraining as staff have begun to settle into the new assignments.

Still, we anticipate the impact expressed in outcome measurement will continue over the next few months. Evaluation of Outcomes for this report and over the next year will give better insight into the severity of impact of this forced reduction and staff shift on performance.

As can be imagined with the focus on core services and reorganization, there was little emphasis on the fine-tuning of performance measures through the various SIP activities. However, from the beginning of the SIP period, Contra Costa showed a strong approach to addressing SIP activities and much progress has already been made; this has supported our positioning at the 2/3 mark for the SIP. This report documents strong progress made to date and those areas where activity will still be required to finish all of the areas Contra Costa chose to address.

At this point, Children Services awaits the release of each budget update with trepidation. It is hoped that we have reached a point of stabilization.

Summary of Selected Outcomes and Progress to Date

For the 11 SIP outcomes we are currently focusing upon, we have shown improvement (from baseline) in 5, no change in 3, and some decrement in performance in 3 areas (see the summary table on the next page). For the three areas in which we have shown some decrement in performance, both the recurrence of maltreatment and the rate of child abuse/neglect in foster care show very small decreases of 1% or less (see the detailed information later in the report). Our decrease in timely social worker visits (going from above the State goal to just under) is likely a reflection of the budgetary difficulties we have experienced. During the period examined we had lost some staff due to layoffs, were in a hiring freeze – with future layoffs looming, and had decreased visit exceptions for foster care cases – all of this leading to a significant increase in the number of overall visits per social worker per month. We expected that contact compliance would drop somewhat and even expect a worsening of this measure for the next several reporting periods as our staffing has decreased even further. Of the 5 areas that have national standards/goals, we are not meeting or exceeding the standard in any of these measures. The specific outcome areas are listed in the table below.

The following table summarizes Contra Costa’s performance at the end of the 3rd quarter of 2008 – the latest data available from CDSS at the time of this report (note that some outcomes have more recent data).

Outcome	Improvement from Baseline?	Meeting National Standard?
Recurrence of Maltreatment	Worsened	No
Rate of Child Abuse/Neglect in Foster Care	Worsened	No
Referrals by Time to Investigation	Improved	N/A
Timely Social Worker Visits	Worsened	N/A
Multiple Foster Care Placements	No change	No
Length of Time to Reunification	Improved	No
Siblings Placed Together	Improved	N/A
High School Degree or GED	No Change	N/A
Exit to Permanency (24 Months in Care)	Improved	No
Disproportionality of Removals	No change	N/A
Foster Home Recruitment/Retention	Improved	N/A

Status of SIP Activities

The following table displays progress on activities. “Completed” indicates planning for the activity and full implementation has been accomplished. In most instances, the activity itself continues with the expectation that it has become integrated into standard practice.

4 of the activities (6%) have been dropped due to changes in policy which eliminates need, change in circumstances which make project no longer cost or work quality effective.

63% of the projects are completed, 6% have been dropped. 31% are either progressing or on hold. This is a good position as Contra Costa is 2/3 through the 3 year SIP period.

<i>Outcome or Systemic Factor</i>	<i># of Activities</i>	<i>Completed</i>	<i>Dropped</i>	<i>In Progress</i>	<i>Not Yet Started</i>
Recurrence of Maltreatment	10	7	0	3	0
Rate of Child Abuse/Neglect in Foster Care	7	6	0	1	0
Referrals by Time to Investigation	4	3	0	0	1
Timely Social Worker Visits	3	3	0	0	0
Length of Time to Reunification	14	4	2	7	1
Multiple Foster Care Placements	4	2	0	2	0
Siblings Placed Together	3	2	0	1	0
Transition to Self-Sufficiency	6	3	2	1	0
Exit to Permanency (24 Months in Care)	4	3	0	1	0
Disproportionality of Removals	7	6	0	0	1
Foster Home Recruitment/Retention	3	2	0	1	0
Total	65	41	4	17	3
Per Cent of Total		63%	6%	26%	5%

Changes from Original Plan

Over the past few months, the Project Management Team has reviewed and updated SIP activities. As stated above 63% are complete. Of those remaining, timelines have been reviewed and adjusted to accommodate a hiatus during this period of re-organization. Those changes to timelines are reported in Part 2 of this report in the detail for each activity.

4 of the activities (6%) have been dropped due to changes in policy which eliminates need or changes in circumstances which make project no longer cost or work quality effective.

Communication and Organizational Structure

As stated in the past annual report, many of the SIP activity workgroups have been led by line Supervisors or SW's. This strategy has infused new energy and creativity to much of the work for this SIP. This is again reflected in the **Lessons Learned During Second Year of This SIP – What's Working** portion of this report.

The organizational structure put in place 2 years ago at the outset of the plan period continues. Over the past several months, many meetings have been cancelled or delayed to accommodate the focus on the most critical needs of the restructure of Children's Services. Three months into the reorganization, Contra Costa is ready to re-engage around the SIP activities but with a more thoughtful approach that matches the current budget structure and loss of and reorganization of staff.

The following committee structure continues to support communication and cross project management for the many SIP outcomes and activities.

Program Committee

Program Committee membership consists of a broad representation of CWS staff and programs as well as Program Analysts and Staff Development trainers. The role of Program Committee is to establish projects, work issues, and recommend changes to the Administrative Team. The committee also serves as a forum for reviewing some of the strategies and activities in the SIP prior to finalization and implementation.

Children's Leadership Team

To implement projects at the practice level it was determined that increased involvement and accountability was needed at the Supervisor level. Their expertise in how to translate new initiatives and/or projects into everyday practice is essential for successful operations. The team that is most able to implement practice changes includes the voice of managers, supervisors, and analysts and that is the Children's Leadership Team.

Project Management Team

The Project Management team provides ongoing monitoring and coordination of projects and activities, hears bi-monthly updates from managers in each outcome area and addresses resource needs for project development. The team consists of the Director, Managers, Parent Partners, and the Research and Evaluation Manager. Work has included determining the definition of a project, categorizing projects, monitoring through operationalization, and assigning responsibility for project activities. Lead Supervisors and staff participating on workgroups report to this team on an ad hoc basis.

Children's Services Administrative Team (CSAT)

The Administrative Team, the Director and Managers including the Research and Evaluation Manager, looks at every day administration and policy, provides oversight on policy, and resolves and responds to high level policy questions from the committees. This committee is under the leadership and direction of the Director, meets weekly and rotates between each District Office to have a "presence" in each district.

Lessons Learned During Second Year of This SIP – What's Working

Supervisors as Team Leaders

Again, Contra Costa boasts of the strong leadership provided by line Supervisors for many of the activities. The ideas presented and work accomplished by team leads has been remarkable, bringing a fresh innovative approach that closely aligns changes with work already required so that activities are doable. With the increased span of control of supervisors since January 2009, there may be less time available for these specialized projects. This is regrettable because the work was great and the opportunity for Supervisors to serve in a leadership capacity in project planning and management brought them job satisfaction as well as supporting secession planning.

Case Review Meetings

Though not officially a group created for SIP activity monitoring, one of the arenas that naturally arose from SIP activities was the creation of a forum for discussing and reviewing specific case activities. This has proved to be a valuable Quality Assurance tool. A specific topic that appears to have varying opinions and approaches is set, managers select cases from each office for discussion. Managers and/or Supervisors and/or line staff are presented with a real life case scenario and asked how they would respond. Discussion has been lively and enlightening and presents an arena to correct policy interpretation, identify training needs, and address personal biases.

Use of Data in Decision Making and Connection to Data

Use of data, not only in evaluating outcomes but also in determining/confirming best practices, has supported the workgroup's recommendations for policy/practice changes. In addition, with the Research and Evaluation Manager has been able to be responsive to Supervisor lead workgroups further solidifying the connection of practice and performance to outcomes.

Challenges

Budget Constraints

Contra Costa has prided itself in its forward thinking approach to the business of Children Services. Though the budget environment does present some opportunities to examine and question the current business processes and move to more efficiency in practice, there are definitely limitations on what can be done with reduced staff, reduction in support services , and less money for innovative endeavors.

Low Staff Morale

As expected, staff morale has been impacted by the recent reductions. The focus now is to stabilize operations and practice and retrain staff in new assignments. Following this, the challenge will be to energize staff to a renewed sense of job satisfaction and enrichment.

Juggling Time to Include Project Planning

With the inclusion of supervisors now chairing workgroups along with managers, there is a greater awareness of the impact of juggling the necessary and job enriching Project Management efforts with the tasks already required of managers and supervisors.

Part 2, Detail of Performance and Activities

The following Tables document performance measurement and provide detailed updates for each of the activities in the SIP areas selected by Contra Costa for this SIP period.

<i>Measure Number</i>	
S1.1	No Recurrence of Maltreatment
<i>County's Baseline Performance</i>	
For the base period Oct 1, 2004 to Sept 30, 2005 (the latest available data from UCB at the time of the SIP which allows 12 month follow-up) there was a 7.8% recurrence of abuse. This is a decrease from 13.3% for the base period Oct 1, 2003 to Sept 30, 2004.	
<i>Revised Baseline Performance</i>	
This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is S1.1 – No recurrence of Maltreatment. The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of no recurrence of maltreatment within 6 months of a previous substantiated allegation is 94.6%. This is equal to the national standard/goal.	
<i>Improvement Goal</i>	
Decrease recurrence of maltreatment by an additional 25% to less than 6% for the base period Oct 1, 2007 through Sept 30, 2008 (the latest period which will allow Mar 2010 reporting).	
<i>Revised Improvement Goal</i>	
Increase the percentage of no recurrence of maltreatment to 95% or greater. This is above the national standard/goal for this outcome.	
<i>Performance Update</i>	
For the period 1 Oct 2007 – 31 Mar 2008, the percentage of no recurrence of maltreatment within 6 months of a previous substantiated allegation is 93.6%. This is slightly below our baseline and the national standard/goal.	

<p>Strategy</p> <p>Improve use of existing resources such as Differential Response, the Child Abuse Prevention Council, Team Decision Making and the Comprehensive Assessment Tool to engage families, educate reporters, assess families, plan for safety and prevent recurrence of maltreatment.</p>	<p>Strategy Rational</p> <p>By ensuring maximum use of available resources, staff will have better information for decision making, families will have access to more supportive services and incidences of recurrence of maltreatment will decrease.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Re-Engage/ Re-Refer at DR	<p>1. Review DR Policy and revise to allow re-engagement and to allow for data collection on engagement, re-engagement and service outcomes (re-referrals).</p> <p style="text-align: right;">Redesign Div Manager</p>	<p><i>Status</i> Completed</p> <p><i>Start</i> April 2007</p> <p><i>Finish</i> June 2007</p>	<p>The policy was reviewed and was revised to ensure feedback for data collections and engagement as follows.</p> <p>Follow-up information from Community Engagement Specialists (CES) regarding engagement to Path 1 Differential Response services and any information from Community Services or Health Care providers to be reviewed. CES follow up with families who don't engage in services and work to help them engage in voluntary prevention services.</p> <p>Revised policy published.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
	<p>Provide training to Community Engagement Specialists, screening staff, Managers, ER staff and community providers regarding the re-engagement process.</p> <p><i>Adoptions/Homefinding Div Manager</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Sept 2007</i></p>	<p>Revised policy discussed with staff at Division Meetings. Community Engagement Specialists trained to new policy.</p> <p>DR Path 1 community providers trained to new policy at monthly meeting. Re-enforcement training/discussion to be provided at monthly meetings.</p>
DR Database	<p>2. Develop a DR database for tracking engagement and service outcomes.</p> <p><i>Research & Evaluation Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Jan 2009</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>Work continues with Efforts to Outcomes vendor to design database for use by DR Providers. Referrals will be generated from EHSD, tracking and feedback entered by Provider. Questionnaire and assessment documents to be completed by providers.</p> <p>The database is completed and providers are entering live data. Phase I of training has been completed (introduction to data entry) and Phase II starts this Friday (training on data structure of the DR database). All assessments are completed and in place.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
CAT – Full Utilization	<p>3. Reassess the use of CAT and develop a plan for full utilization of the CAT in practice, via management accountability reports and supervisory tracking systems.</p> <p style="text-align: right;"><i>Administrative Team Redesign Program Analyst</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>April 2007</i> <i>Finish</i> <i>May 2009</i></p>	<p>Management Reports have been developed by the CAT Management Reports Workgroup. All assessment instruments have been implemented and are being utilized, though work continues for consistent use in Continuing Services. New interface designed but implementation in Contra Costa delayed due to January 2009 staff reductions and transitions. Anticipate going forward with new interface Fall 2009.</p>
	<p>Provide training to all staff to ensure full implementation of the CAT.</p> <p style="text-align: right;"><i>Redesign Program Analyst</i></p>	<p><i>Status</i> <i>Completed</i> <i>Started</i> <i>June 2008</i> <i>Finish</i> <i>Sept 2008</i></p>	<p>All staff trained. New interface designed but implementation in Contra Costa delayed due to January 2009 staff reductions and transitions. Anticipate going forward with new interface Fall 2009.</p>
Streamline Screening Workflow	<p>4. Establish screening work group to map the screening workflow process including staffing, clearances, CAT, reviewing and recording CWS history. Develop and implement a plan to streamline the process.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>April 2007</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>Administrative Team has met with Screening Supervisor and screeners. Detailed list of tasks for streamlining screening identified. Tasks assigned to various managers & staff and progress being tracked by Case Review Team. Plans underway to contract for services to map screening work flow to support identification of most efficient operations.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
CWS/CMS Referral History	<p>5. Develop a best practice policy for recording CWS history in the screener and investigative narrative.</p> <p><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> April 2007 <i>Finish</i> June 2007</p>	<p>A policy was developed that identified a procedure that the screeners would copy and paste the investigation narrative section from prior referrals into the "Prior CWS history" section of the new referral. This ensures that emergency response social workers are able to see prior history at a glance and incorporate this information into their current investigation. This policy has been implemented and is currently be used.</p>
	<p>Train screening and ER staff (including after hours and ER back-up staff) on the requirements for recording and reviewing child welfare history for all referrals.</p> <p><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> April 2007 <i>Finish</i> June 2007</p>	<p>Staff were trained to this new policy in their unit meetings. Supervisors review and approve referral narratives to ensure they are comprehensive for any future referrals.</p>
Expand TDM's	<p>6. Explore the expansion of TDMs across the county, revise policy, train staff and implement changes.</p> <p><i>County Wide Prog Div Mgr</i> <i>SOC Proj Supervisor</i></p>	<p><i>Status</i> Completed <i>Start</i> April 2007 <i>Finish</i> June 2008</p>	<p>Plan for expansion of TDM's presented to Children's Services Administrative Team and Project Management Group. TDM's expanded from Removal & Risk of Removal to include Placement, Permanency Planning & Exit TDM's. With recent new federal CAPFO grant, TDM's now offered to all CAPFO families regardless of other eligibility criteria.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
VFM	<p>7. Revise Voluntary Family Maintenance and TDM Policy and develop a new plan for eligibility for VFM.</p> <p style="text-align: right;"><i>Redesign Div Mgr SW Supervisor</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Sept 2007</i> <i>Finish</i> <i>Apr 2008</i></p>	<p>Workgroup met to review existing policy for establishing VFM services. The workgroup recommended a change in policy to indicate VFM cases can be initiated by Team Decision Making Meeting, Dispositional Review Team, or Juvenile Court recommendation. Their recommendation was excepted and the revised Voluntary FM policy was completed March, 2008.</p>
Mandated Reporter Training	<p>8. Review the training curriculum for mandated reporters provided by the Child Abuse Prevention Council (CAPC), and staff.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>April 2007</i> <i>Finish</i> <i>Jan. 2008</i></p>	<p>The training curriculum has been reviewed and revised.</p>
	<p>Develop updated mandated reporter training curriculum and provide training for the Mandated Reporter Speakers Bureau.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>April 2007</i></p>	<p>New curriculum provided to all staff who represent CWS in Mandated Report training. Completed and ongoing.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Mandated Reporter Training – Med/Dental	<p>9. Coordinate with Health Services and CAPC to develop a training plan for medical and dental providers regarding recognizing and reporting abuse and neglect.</p> <p style="text-align: right;"><i>CWS Director</i></p>	<p><i>Status</i> Completed <i>Start</i> April 2007 <i>Finish</i> June 2008</p>	<p>Over the last year approximately 85 medical providers have been trained. They include new public health nursing staff, general nursing staff and doctors at the local hospitals. CAPC and CFS will continue to coordinate and develop mandated reporter training targeting medical professionals. Completed and ongoing.</p>
Train Mandated Reporters	<p>10. Provide new mandated reporter training curriculum to mandated reporters county-wide using teams of trained staff, community members and medical professionals. Explore ways to include information about Disproportionality in the training</p> <p style="text-align: right;"><i>Staff Dev Oversight Div Mgr</i></p>	<p><i>Status</i> In progress <i>Start</i> April 2008 <i>Finish</i> Jan 2009</p>	<p>See Activities 8 & 9 above.</p> <p>The department has just begun to develop ways in which the issues of Disproportionality in child welfare are being included in meetings and trainings.</p>

Describe systemic changes needed to further support the improvement goal.

Revise policy for engagement in the Differential Response program and develop a data base to track the changes. Streamline the Response Determination program.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Train staff and community partners in engagement strategies and new procedures for Differential Response. Train all staff in Comprehensive Assessment Tool. Develop mandated reporter training curriculum.

Identify roles of the other partners in achieving the improvement goals.

Differential Response community partners to assist in the development and implementation of the DR changes. Child Abuse Prevention Council and selected mandated reports to assist in the development and delivery of the mandated reporter training curriculum.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

<p>Measure Number S2.1 No Maltreatment in Foster Care</p>	
<p>County's Baseline Performance</p> <p>For the period Oct 1, 2005 through Sept 30, 2006 (the latest available data from UCB), the percentage of substantiated cases of maltreatment by a foster parent was 0.51%.</p>	
<p>Revised Baseline Performance</p> <p>This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is S2.1 – No Maltreatment in Foster Care. The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of children in care who were not maltreated was 99.59%. This is slightly below the national standard/goal of 99.68%.</p>	
<p>Improvement Goal</p> <p>Decrease child abuse and/or neglect in foster care by 50% to 0.25% or less for the period Oct 1, 2008 through Sept 30, 2009 (the latest period which will allow Mar 2010 reporting).</p>	
<p>Revised Improvement Goal</p> <p>Increase the percentage of children in care who are not maltreated to 99.68% or greater – thus meeting or exceeding the new national standard/goal.</p>	
<p>Performance Update</p> <p>For the period 1 Oct 2007 – 30 Sep 2008, the percentage of children in care who were not maltreated was 99.23%. This is slightly below our performance in the baseline period and is also below the national standard/goal of 99.68%.</p>	

<p>Strategy</p> <p>Establish comprehensive system to record and respond to allegations of child abuse and neglect in out of home care.</p>	<p>Strategy Rationale</p> <p>A comprehensive response system will ensure children in out of home care are safe from abuse and neglect while providing supportive, preventive and ameliorative services for substitute care providers.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Out of Home Abuse Policy and Training</p>	<p>1. Establish work group to clarify policy and practice for documenting and investigating allegations of abuse and neglect in out of home care.</p> <p style="text-align: center;"><i>County Wide Prog Div Mgr Adoptions/Homefinding Div Mgr Policy Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>April 2007</i> <i>Finish</i> <i>April 2009</i></p>	<p>Out of Home Policy manual section approved and published. The policy documents procedures which centralizes all Out of Home abuse referrals investigations. Implementation and training to commence upon approval of policy.</p>
	<p>Train staff and implement practice change in recording allegations of abuse and neglect in out of home care.</p> <p style="text-align: center;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>July 2008</i> <i>Finish</i> <i>April 2009</i></p>	<p>Training completed for required staff. Additional training to be offered on an As Needed basis. Completed and ongoing.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Homefinding Process Workgroup	<p>2. Establish work group comprised of foster parent liaison, licensing staff, foster parents and Parent Partner to review current Homefinding procedures including the licensing home study to reflect strength based language and assessments of the caretaker’s ability to work with children placed in the child welfare system and their birth families.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Aug 2007</i> <i>Finish</i></p>	<p>Workgroup of licensing staff, foster parents, foster parent liaison, and recruitment staff formed and met to develop new licensing home study.</p> <p>Parental assessment tool developed, SAFE home study adapted for use in conjunction with foster care home study to improve placement matching and stability.</p> <p>Contact with birth families by Resource Home families assessed and recommended to encourage Icebreakers, placement stability, visitation in a foster home setting to increase reunification rates.</p> <p>Licensing home study revised to reflect strength based language and caretaker assessment.</p>
Geo-Assignments for Licensing Staff	<p>3. Explore staffing concerns, barriers and potential gains associated with geographic collocation, of licensing social workers in the district offices.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Jan 2008</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Teams of adoption, licensing and foster parents are attending quarterly unit meetings in the districts to train on cross program issues, such as transitioning children while in placement and review of licensing regulations that address complaints. Communication between districts has improved. Specific dates to meet in the districts to present information and address barriers appear to be more beneficial than co-location of staff in district offices.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Dual Licensure Cross Check	<p>4. Establish and implement procedure for dual licensure cross checking prior to licensure/placement</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Sept 2007</i></p> <p><i>Finish</i> <i>Sept 2007</i></p>	<p>Licensing home study, application and case tracking protocol all require cross reporting to Community Care Licensing to determine if home is a dual licensed foster/child care home and if there are any previous or current complaints.</p> <p>Memo by Department of Social Services, dated October 7, 2007, outlines key tips and additional recommendations for effective communication and coordination between community care licensing for child care homes and foster homes (dual- licensure).</p>
Clinic & Pharmacy for FC	<p>5. Coordinate efforts with Public Health to provide specialized medical and pharmacy services for children and youth in foster care via specified health clinic days for foster children and youth in three geographic locations across the county.</p> <p><i>Adoptions/Homefinding Div Mgr</i> <i>East County Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Apr 2007</i></p> <p><i>Finish</i> <i>Jan 2009</i></p>	<p>Process and policy completed, tools designed and protocols in place, and an intake process established for the foster care clinics. To date a foster care clinic has opened in one part of the county. Additionally, CFS is working with the Health Department to enhance access to urgent care services during evening hours for foster youth. This will result in working with a specialty clinic for after hour needs which are not life threatening.</p> <p>Contract written, procedures in place, and implementation completed for emergency pharmacy services for foster children.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
FP Mentor Program	<p>6. Define the parameters of a formalized foster parent mentor program in partnership with the Foster Family Network including Memorandum of Understanding, expectations, roles and responsibilities.</p> <p><i>Adoptions/Homefinding Div Mgr Foster Parent Steering Committee</i></p>	<p><i>Status In progress</i> <i>Start June 2007</i> <i>Finish Dec 2009</i></p>	<p>Foster parent mentoring program workgroup developed and meeting regularly. Along with CFS the Foster Family Network has taken on the role of mentor coordination and mentor development. Roles and responsibilities are being drafted, reviewed and training assessed for mentors. Contract in place with the FFN so MOU not necessary. Steps to formalize this process continue.</p>
	<p>Train all staff on the Foster Parent Mentor Program and implement mentor program.</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status In progress</i> <i>Start Jan 2009</i> <i>Finish Jan 2010</i></p>	<p>Training will commence upon review and acceptance of Foster Parenting Mentoring Program protocol.</p>
Mandatory Training for Foster Parents	<p>7. Establish a policy and procedures for enforcing, prioritizing and monitoring the 8 hours per year of mandatory training for foster parents to include prioritizing areas of training to be emphasized.</p> <p><i>Adoptions/Homefinding Div Mgr Policy Div Mgr</i></p>	<p><i>Status Completed</i> <i>Start July 2008</i> <i>Finish July 2009</i></p>	<p>Tracking of training by foster parents now in place via the Home finding database. Letter to foster parents to outline tracking of mandatory training to be sent June 2008 with full implementation of monitoring training hours by July 2009. Letter to be sent annually in July of each year to continue to monitor and track compliance.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Mandatory Training for Foster Parents	Continue coordination of foster parent training with Community Colleges and Staff Development. <i>Adoptions/Homefinding Div Mgr</i>	<i>Status</i> Completed <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i>	Quarterly meetings with Community Colleges review training needs and plan for ongoing training.
<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Establish and implement procedure for dual licensure. Develop and implement foster parent mentor program. Assign licensing workers geographically. Coordinate specialized medical and pharmacy services for children and youth in foster care in three geographic locations across the county.</p>			
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>Provide training to appropriate staff on policy for dual licensure.</p>			
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>Foster Parent Network to participate in the development of the Foster Parent mentoring program.</p> <p>Partner with Health Services to develop the three geographic locations across the county that provide specialized medical and pharmacy services for children and youth in foster care.</p>			
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None needed.</p>			

<p>Measure Number 2B</p>	<p>Child Abuse and Neglect Referrals by Time to Investigation</p>
<p>County's Baseline Performance For 2nd quarter 2006 (the latest data period UCB at the time of the SIP), the timely response for immediate and 10-day referrals was 96% and 90.3%, respectively.</p>	
<p>Revised Baseline Performance Not applicable as this measure has not changed.</p>	
<p>Improvement Goal Maintain timeliness of immediate and 10-day referrals at or above 90%.</p>	
<p>Revised Improvement Goal Not applicable as this measure has not changed.</p>	
<p>Performance Update For 3rd quarter 2008 (the latest period for which we have data from UCB), the timely response for immediate and 10-day referrals was 97.2% and 96.1%, respectively. We are currently meeting our improvement goal for this measure. We have slightly improved our timeliness of responses to immediate referrals and significantly improved the percentage of timely responses to 10-day referrals for this time period – compared to baseline.</p>	

<p>Strategy</p> <p>Review staffing strategies, work-flow procedures, use of data, and training plans to ensure screening and emergency response units are fully functional at all times.</p>	<p>Strategy Rational</p> <p>Fully staffed screening and emergency response units with strategic procedures will run smoothly to ensure children receive a timely response.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Safe Measures - Referrals	<p>1. Consistently use Safe Measures and provide ongoing training to staff and supervisors to enhance use of Safe Measures by staff as a tool to assess ongoing compliance.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> Mar 2007</p> <p><i>Finish</i> Ongoing</p>	<p>Practice implemented during last Systems Improvement Plan period continues. Managers review Safe Measures with Supervisors at monthly conferences. Review of District totals occurs monthly at Administrative Team Meeting on third Tuesday of month.</p> <p>Research & Evaluation Manager monitors and brings reports for county wide trends to share periodically. There are continued efforts to monitor and encourage use of Safe Measures by Supervisors. District CWS/CMS Application Trainers/Mentors (ATM's) provide one on one training and support use of Safe Measures.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
ER Geo Assignment	<p>2. Continue to monitor geographic assignment of ER staff. Consider refinement to address work flow and different requirements in different geographic areas (i.e.: TDM, DR).</p> <p style="text-align: right;"><i>Operation Div Mgrs</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Geographic assignment of ER staff for referral investigation implemented under previous SIP. Districts implemented differently based on geography and community identification. East County assigns by neighborhood, Central and West County by school district. Districts continue to monitor for equitable assignments of referral investigations.</p> <p>Evaluation of timely investigations shows no negative impact of geographic assignment; advantages identified in staff and community satisfaction.</p>
ER Workgroup	<p>3. Form an ER work group to address consistency of practice countywide. Establish and implement a plan for responding to work flow variations in ER and screening.</p> <p style="text-align: right;"><i>Operational Div Mgrs</i> <i>SW Supervisor</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>May 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	<p>Workgroup formed; policy and procedures developed to move staff to an Off Assignment Board status on a regular basis to assure referral investigations and dispositions completed timely. District Supervisor use Safe Measures to monitor for 90% case compliance.</p> <p>Systems review of Screening recommendations is ongoing. Case review sessions created by Director for cross district discussions of screening and ER decisions evaluating for consistency in policy implementation and removal decisions.</p> <p>Following January 2009 cut-backs, policy needs revisiting.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
After Hrs Workgroup	<p>4. Complete a work process map for the After-Hours program and implement changes to After Hours program as needed to enhance safety of children served.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>On hold</i> <i>Start</i> <i>Jan 2009</i> <i>Finish</i> <i>Jan 2010</i></p>	<p>Review and revision of After Hours procedures scheduled to begin January 2009, however, this discussion has been delayed due to staff reductions and transitions. Anticipate starting this project Summer/Fall 2009.</p>

<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Develop an Emergency Response Strategic Plan to establish and implement a plan for responding to work flow variations and consistency of practice.</p> <p>Develop and implement modifications to the After Hours Program as needed to enhance safety of children served.</p>
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>Provide ongoing training in Safe Measures.</p> <p>Provide training to the identified back up ER staff.</p>
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>None needed.</p>
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None needed.</p>

Measure Number

2C

Timely Social Worker Visit with Child

County's Baseline Performance

For 2nd quarter 2006 (the latest data period from UCB at the time of the SIP), timely social workers visits were at slightly more than 95%.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Maintain compliance at 90% or higher.

Revised Improvement Goal

Not applicable as this measure has not changed.

Performance Update

For 3rd quarter 2008 (the latest period for which we have data from UCB), timely social workers visits were approximately 89.5%. This is below our baseline level, above last years SIP update, and slightly below our goal of maintaining timely visits at or above 90%.

<p>Strategy</p> <p>Use policy development and data review to resolve barriers to increasing compliance with timely social worker visits.</p>	<p>Strategy Rationale</p> <p>Safe Measures data and clear policy expectations support worker accountability.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Safe Measures - Contacts	<p>1. Consistently use Safe Measures and provide ongoing training to staff and supervisors to enhance use of Safe Measures by staff as a tool to assess ongoing compliance.</p> <p style="text-align: right;"><i>Operational Div Mgr Research & Eval Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Activities implemented in previous SIP continued. Monthly, supervisors review compliance with workers, Div Mgrs review with supervisors, Administrative Team and Director reviews with Div Mgrs.</p> <p>Issue with Safe Measures not crediting completion of staff visits for staff other than SW resolved. Safe Measures Navigation Tool revised.</p> <p>CWS/CMS form for contacts revised for SW's who write out contacts for clerical input.</p> <p>Statistical Data to be reviewed every six months to determine how many waiver/exceptions are in place and assessment of workload impact if policy for waivers modified.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Guardian Visits Policy & Trng	<p>2. Finalize policy regarding visits to children in probate guardianships.</p> <p><i>Policy Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> Apr 2007 <i>Finish</i> Apr 2008</p>	<p>Quick Guide and a sample of screen prints for creating a Non Dependent Guardian Case Plans and for updating case status from Dependency to Non Related Guardianship completed.</p> <p>Manual section on Guardianship Policy being finalized.</p>
Guardian Visits Policy & Trng	<p>Train staff, including Social Casework Assistants on policy changes and implement policy regarding visits to children in probate guardianships.</p> <p><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> May 2008 <i>Finish</i> Sept 2008</p>	<p>Training completed Fall 2008.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
<p>Contacts, Waivers, Exceptions</p>	<p>3. Develop policy recommendations regarding waivers/exceptions, including the philosophy of waivers/exceptions and when they are appropriate.</p> <p style="text-align: right;"><i>Central County Div Mgr SW Supervisor</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Aug 2007</i> <i>Finish</i> <i>Mar 2008</i></p>	<p>County, state, & federal policy & regulations reviewed in anticipation of federal regulation eliminating waivers in 2011. Current practice in each district compared; research requested and CWS/CMS data reviewed to consider impact of reducing use of exceptions now in anticipation for 2011 federal policy eliminating waivers.</p> <p>Policy manual section finalized and published. Training completed Fall 2009. Policy:</p> <ul style="list-style-type: none"> • No new waivers/exceptions granted • No monthly waivers/exceptions for youth 17 and older. • Continuation of existing waivers will be for 3 months not 6 months. • All waivers must be discussed and agreed by child and care provider, must be recorded and approved in case plan, must be reviewed and re-approved every 6 months at case plan renewal. • Waivers/exceptions will not be approved during an “in effect” case plan period. • Out of state placements and Non-Dependent Non-Related Legal Guardianship cases are excluded from above.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Contacts, Waivers, Exceptions	Develop policy for waivers/exceptions. <i>Administrative Team</i>	<i>Status</i> Completed <i>Start</i> Jan 2008 <i>Finish</i> June 2008	See above.
	Train all staff on the changes to the policies regarding face to face contacts and waivers/exceptions. <i>Adoptions/Homefinding Div Mgr</i>	<i>Status</i> Completed <i>Start</i> July 2008 <i>Finish</i> Sept 2008	See above.
	Implement contacts policy and waiver/exceptions policy. <i>Operational Div Mgrs</i>	<i>Status</i> Completed <i>Start</i> Sept 2008 <i>Finish</i> Nov 2008	Policy implemented.

Describe systemic changes needed to further support the improvement goal.
 None needed.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.
 Provide ongoing training in Safe Measures. Provide training regarding waiver/exceptions, probate guardianships and contacts.

Identify roles of the other partners in achieving the improvement goals.

None needed.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

Measure Number C4.1	Multiple Foster Care Placements
<p>County's Baseline Performance</p> <p>For the 12 month entry cohort period between Jul 1, 2004 and Jun 30, 2005 (the latest UCB data available at the time of the SIP), 72% of the children had no more than two placements.</p>	
<p>Revised Baseline Performance</p> <p>This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is C4.1 – Placement Stability (8 days to 12 months in Care). The baseline period, as gathered from UC Berkeley, is from the latest period available before our current SIP – July 2005 – June 2006. The percentage of children with two or fewer placement settings during the year was 85.9%. This is slightly below the national standard/goal of 86%.</p>	
<p>Improvement Goal</p> <p>Increase children with only 1 or 2 placements after 12 months to 75% for the entry cohort between Jul 1, 2007 and Jun 30, 2008 (the latest period which will allow Mar 2010 reporting).</p>	
<p>Revised Improvement Goal</p> <p>Increase the percentage of children with two or fewer placement settings during the year to 86% or greater. Thus, our goal is to meet or exceed the national standard/goal for this outcome.</p>	
<p>Performance Update</p> <p>For the period 1 Oct 2007 – 30 Sep 2008, the percentage of children with two or fewer placement settings during the year was 85.6%. This is essentially the same as our baseline and slightly below the national standard/goal of 86%.</p>	

<p>Strategy</p> <p>Use strategic planning process to incorporate all available resources in a comprehensive placement stability system.</p>	<p>Strategy Rationale</p> <p>Use of placement resources will provide the best support to foster parents to maintain children in the least restrictive, stable placement.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
SOC Multiple Placement Tool	<p>1. Complete development of System of Care multiple placement assessment tool.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Jan 2009</i></p>	<p>Baseline study completed to identify children referred for foster home placement who may be at risk for placement instability. Results of study suggest early identification of children at risk for placement instability is possible and a standardized assessment can be developed and used for this purpose. Final report provided. Placement History of study population to be reviewed.</p>
Placement Preservation Resource	<p>2. Assess and evaluate current placement preservation resources for coordination of services, overlaps and gaps in services, including mental health services available to preserve placements.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i></p> <p><i>Start</i> <i>Jan 2008</i></p> <p><i>Finish</i> <i>Jan 2009</i></p>	<p>Authorized Administrative Services payments analyzed to determine use of services and to evaluate appropriate provider and impact of services on outcomes. Mental health liaisons located at district CFS offices. Kinship Programs support is available at district CFS offices.</p> <p>Additional placement preservation resources include Therapeutic Behavioral Services (TBS), Wraparound, Mobile Response Team, TDM, Case Conferences, and Placement Resource Team staffing.</p>

Permanency and Stability
Measure Number C4.1 Multiple Foster Care Placements

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Placement Move TDM's	<p>3. Continue to provide Team Decision Making meetings to children at highest risk of placement disruptions.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>TDM training and provision of TDM has expanded so that TDM is utilized prior to unplanned moves and placement disruptions.</p> <p>A bimonthly Resource Family Newsletter has been utilized to educate and engage caregivers in participating in TDM in order to avoid 7-day placement termination notices.</p> <p>A countywide case review process was evaluated, as part of Family to Family Anchor Site activities, to insure that the needs and placement change circumstances of children enduring numerous placement disruptions are systemically reviewed. These reviews included TDM meetings.</p> <p>As a F2F Anchor Site, we continue to improve upon this strategy to ensure ongoing full utilization.</p>

Permanency and Stability
Measure Number C4.1 Multiple Foster Care Placements

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Resource Homes Support Plan	<p>4. Develop a systematic plan for supporting relative, NREFM and licensed caregivers which may include a mentoring program, linkages to Kinship Resources, use of TDM's and referrals to community resources.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Dec 2008</i> <i>Finish</i> <i>May 2009</i></p>	<p>District offices have focused on Icebreakers as a support for children in placement and Resource Home providers.</p> <p>The Foster Parent Steering Committee (Foster Parents, Homefinding and Licensing staff, Eligibility staff, etc.) has agreed on "Top Ten Expectations" and best practice guidelines for both Foster parents and social workers. This has been implemented. Two part time relative liaisons hired to support Kinship homes.</p>

<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Develop a systemic plan for supporting relative, NREFM and licensed caregivers including a mentoring program and a link to the Kinship Program including use of TDM and community resources.</p>
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>Train staff regarding coordination of placement resources.</p>
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>Incorporate Kinship Program in the systemic plan to coordinate placement resources.</p>
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None.</p>

Measure Number

C1.3

Length of Time to Exit Foster Care to Reunification

County's Baseline Performance

For the 12 month entry cohort period between Jul 1, 2004 and Jun 30, 2005 (the latest UCB data available at the time of the SIP), 43.6% of the children reunified within 12 months.

Revised Baseline Performance

This outcome has changed due to the change in the Federal and State Outcome Measures. The new Federal and State Outcome Measure is C1.3 – Reunification Within 12 Months (Entry Cohort; First Entries to Care, 8 Days or More in Care) . The baseline period, as gathered from UC Berkeley, is from the latest entry cohort period available before our current SIP – January 2005 – June 2005. The percentage of children who entered in the designated 6 month period who were reunified within 12 months was 43%. This is below the national standard/goal of 48.4%.

Improvement Goal

Increase children who reunify within 12 months to 48% (a 10% increase), for the entry cohort period between Jul 1, 2007 and Jun 30, 2008 (the latest period which will allow Mar 2010 reporting).

Revised Improvement Goal

Increase the percentage of children who reunify within 12 months to the national standard/goal of 48.4%.

Performance Update

For the entry cohort period April 2007 – September 2007 (the latest period reported), the percentage of children who reunified within 12 months was 45.1%. While this is an improvement from our baseline, we will need to continue to work in this area to meet the national standard/goal of 48.4%..

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

<p>Strategy</p> <p>Improve provision of individualized, culturally competent reunification services with coordination of reunification efforts.</p>	<p>Strategy Rationale</p> <p>Families who receive culturally competent individualized services with access to multiple support systems will reunify faster.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Early Reunification Analysis	<p>1. Define resource barriers to early reunification by conducting an analysis of a sample of cases in which families took over 12 months to reunify.</p> <p style="text-align: right;"><i>Research & Evaluation Mgr</i></p>	<p><i>Status</i> <i>On hold</i></p> <p><i>Start</i> <i>May 2009</i></p> <p><i>Finish</i></p>	Data evaluation to begin end of May 2009.
Housing Services Resources	<p>2. Define potential community partnerships and resources for housing services for families in need of housing.</p> <p style="text-align: right;"><i>Policy Div Mgr</i> <i>SW Supervisor</i></p>	<p><i>Status</i> <i>In progress</i></p> <p><i>Start</i> <i>May 2007</i></p> <p><i>Finish</i> <i>Sept 2009</i></p>	<p>Workgroup established including Parent Partner and a former Housing Liaison; charged with providing guidance and protocol for staff when they need to seek/access housing resources.</p> <p>The group is gathering resource information county wide including utilizing a Housing Resource Guide booklet developed in East County, working with CalWORKs, Stand, and other agencies that support housing resources.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Housing Svcs for Early Reunification	<p>3. Establish early reunification housing service support system in partnership with homeless service agencies and the Housing Authority.</p> <p><i>Policy Div Mgr SW Supervisor</i></p>	<p><i>Status</i> Dropped <i>Start</i> <i>Oct 2007</i> <i>Finish</i></p>	<p>Director has discussed the possibility of a special program to enhance housing options for reunifying families with the HUD director. At this time it is not felt this is a viable option to get federal approval. This may be a possibility for future discussion as a result of ARRA stimulus funds.</p>
Childcare Resources	<p>4. Partner with other county agencies to establish childcare resource priority system for families who could reunify faster if they had quality childcare services available.</p> <p><i>Policy Div Mgr Administrative Support Analyst</i></p>	<p><i>Status</i> Completed <i>Start</i> <i>Mar 2008</i> <i>Finish</i> <i>Sept 2008</i></p>	<p>Childcare council, Community Services Bureau, and Childcare staff at Employment and Human Services Department have been invited to attend an CWS Administrative Team meeting for a strategic planning/brainstorming session on how to establish a priority system for families in FR status, ready for reunification if childcare was available.</p> <p>Different funding streams being explored and referral form being revised to help identify appropriate provider/prioritization of referrals.</p> <p>Childcare council has sent list of the children referred by CWS and asked for priorities.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Linkages	<p>5. Continue linkages with CalWorks and develop partnerships for streamlining specific services for families preparing to reunify.</p> <p><i>Policy Div Mgr</i></p>	<p><i>Status</i> <i>In</i> <i>Start</i> <i>progress</i> <i>Finish</i> <i>Mar 2007</i> <i>Ongoing</i></p>	<p>Linkages supervisors in CalWORKs and CFS in East County district have been oriented to identify the AB 429 cases and have worked out a protocol to ensure that when a Welfare-To-Work eligible family has a Family Reunification plan, the CalWORKS case be served in the Assessed for Intensive Services unit for closer coordination with CWS.</p> <p>County plan being finalized; exploring other options for sharing resources and services between CalWORKS and CFS.</p>
Earley Reunification Resources	<p>6. Orient staff to online and published resources for families to facilitate early reunification.</p> <p><i>Administrative Team</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Oct 2007</i> <i>Finish</i> <i>Oct 2008</i></p>	<p>Desk Guide for Supervisors that assists with determining factors for Early Reunification/Early case closure has been created and placed on website for staff access. Other online resources provided to staff.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Individualized Case Plans	<p>7. Develop a protocol to ensure provision of individualized, culturally competent case plans, including linkages and engagement of parents and youth in the case planning process. Train staff in the case planning process and monitor changes.</p> <p style="text-align: right;"><i>Policy Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>In</i> <i>Start</i> <i>progress</i> <i>Finish</i> <i>Mar 2007</i> <i>Dec 2009</i></p>	<p>Project was originally assigned from Oversight for Cultural Competency committee. SW Supervisor has drafted training material to support staff in using CWS/CMS Case Plan functionality while still focusing on individualized, culturally competent case plans. Areas stressed:</p> <ul style="list-style-type: none"> • Limit number of responsibilities to those that are significant for meeting case plan goals. • Focus on language for case plan and other client documents and reports such as Court Reports to be strength based, clear, and concise. • Use free-form text fields in CWS/CMS case plan to customize parent action items. • Engage parents, youth, providers in planning and evaluation process; consider reasonable family alternatives that meet objectives rather than require adherence to standard language on case plans. <p>Linkages project addressing CFS and CalWORKS linked case planning.</p>
Promote Early Reunification	<p>8. Explore already existing tools, guidelines and policies that promote early reunification.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> <i>In</i> <i>Start</i> <i>progress</i> <i>Finish</i> <i>May 2008</i> <i>Sept 2008</i></p>	<p>Administrative Team exploring strategies to promote early reunification. Case Review meetings to focus on staff discussions in this area.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Legal Ad Hoc	<p>9. Continue collaboration with the court system through the Legal Ad Hoc Committee.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>Dropped</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	<p>Collaboration between CFS and Juvenile has included various resources including an annual training.</p> <ul style="list-style-type: none"> • A resource binder/carousel was developed for each court house out of this group. • An introduction to court video script was also developed but has yet to be produced. • Collaborative presents an annual cross training addressing issues court report delivery and any problems in collaboration. • An annual conference is presented every year followed by the production of a white paper about the training. This year’s conference is “The Impact of Trauma on Child Development”. Activities will facilitate a working relationship between CFS staff and the juvenile bar. <p>With the budget cuts effective January, 2009, CFS is unable to continue the payment for training. The group continues to meet to insure continued collaboration on practice areas.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
AOD Residential Treatment Programs	<p>10. Assess the practice and policy to ensure continuity of practice across the county regarding children returning to care of their parents while in AOD residential treatment programs.</p> <p><i>Administrative Team</i></p>	<p><i>Status</i> <i>On hold</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>Future topic for discussion at Case Review meeting.</p>
	<p>Publish guidelines for children returning to the care of their parents while in AOD residential treatment programs. Train all staff and supervisors on the guidelines.</p> <p><i>Policy Div Mgr</i></p>	<p><i>Status</i> <i>On hold</i> <i>Start</i> <i>Mar 2008</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>Policy to be published following review of practice and policy.</p>
Ice-breakers	<p>11. Develop and finalize a plan to address barriers towards full implementation of Icebreakers.</p> <p><i>Operational Div Mgrs</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Mar 2008</i></p>	<p>Icebreakers is a meeting with Social Worker , birth parents, and Resource Home parents at the time a child is removed. Purpose is to share information about the child and to build teamwork to make the transition easier for child.</p> <p>Implemented county wide.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Parent Partner Program	<p>12. Maintain Parent Partner program and explore broadening the membership.</p> <p><i>Parent Partner Coordinator</i></p>	<p><i>Status</i> Completed <i>Start</i> Mar 2007 <i>Finish</i> Ongoing</p>	<p>Parent Partner program continues; use of Parent Partners expanded with implementation of federal Comprehensive Assessment grant to connection with limited number of families during Investigation.</p>
Incarcerated Parents	<p>13. Develop specific roles, expectations and procedures for engaging incarcerated parents and reassessing what services are offered to incarcerated parents.</p> <p><i>Parent Partner Coordinator</i></p>	<p><i>Status</i> In progress <i>Start</i> Apr 2007 <i>Finish</i> Sept 2009</p>	<p>Visitation criteria for incarcerated parents finalized by Parent Partner Coordinator and Visitation Workgroup. Policy drafted. Parent Partner training Navigation Orientation to Incarcerated Parents planned following policy implementation.</p>
Best Practice for Visitation	<p>14. Develop a best practice policy regarding visitation for parents and children to include transitioning from supervised to unsupervised visitation, extended overnight visits, visit logistics including maximization of transportation services, and social casework specialists regularly supervising visits.</p> <p><i>Policy Div Mgr</i> <i>SW Supervisor</i></p>	<p><i>Status</i> In progress <i>Start</i> June 2007 <i>Finish</i> Dec 2009</p>	<p>Visitation Workgroup explored evidence based practice guidelines for visitation; county policy and procedures reviewed to determine where visitation protocol needs to be revised. Focus is on family engagement, cultural sensitivity, and the federal outcomes of safety, stability and permanence. The draft policy addresses visitation issues from removal through reunification and/or adoption, including social worker visits to children as well as visitation with case plan participants, siblings, grandparents (as applicable), CASA's, etc.</p>

Permanency and Stability

Measure Number C1.3 Length of Time to Exit Foster Care to Reunification

Describe systemic changes needed to further support the improvement goal.

Establish early reunification housing service support system in partnership with homeless service agencies and the Housing Authority. Revise policy to ensure continuity of practice across the county regarding child placement in AOD residential treatment programs with their parents. Implement Icebreakers. Establish visitation policy for parents and children.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Train staff regarding online and published resources related to early reunification. Train staff in the engagement component of the case planning process. Train staff regarding visitation policy for parents and children.

Identify roles of the other partners in achieving the improvement goals.

Partner with Housing Authority, Community Services and CalWORKS to streamline services to support reunification. Continue relationship with legal community. AOD partners will assist in streamlining policies related to residential treatment.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

Measure Number 4A	Siblings Placed Together
<p>County's Baseline Performance</p> <p>In July 2006 (the latest UCB data available at the time of the SIP), 59.9% of those with siblings were placed with some or all of their siblings.</p>	
<p>Revised Baseline Performance</p> <p>Not applicable as this measure has not changed.</p>	
<p>Improvement Goal</p> <p>Increase siblings placed together with some or all of their siblings to 65% by Jul 1, 2009 (the latest period which will allow Mar 2010 reporting).</p>	
<p>Revised Baseline Goal</p> <p>Not applicable as this measure has not changed.</p>	
<p>Performance Update</p> <p>For October 2008, the most recent data available, 64.1% of those with siblings were placed with some or all of their siblings. This is a significant improvement from our baseline.</p>	

Strategy	Strategy Rationale
Continue to improve sibling placement policies and practices and increase the number of licensed foster homes.	Maintenance of the sibling relationship is significant to child well-being.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Sibling Placement Protocol	1. Review policies related to placement and develop a placement policy, including reserving multiple vacancies in specific homes for placement of sibling groups, use of FFA placements for sibling groups. <i>Benefits/Systems Sup Div Mg SW Supervisor</i>	<i>Status</i> <i>In</i> <i>Start</i> <i>progress</i> <i>Finish</i> <i>May 2007</i> <i>Dec 2009</i>	Siblings Placed Together Workgroup reviewed methodology for outcome measurement and reviewed performance. Policy created for a staff focus on placing sibs together. Strategies include better identification and tracking of siblings, questioning reason sibs not placed together at strategic points in case development, more efforts to get agreement from placement home providers to accept siblings, and transfer of cases when possible for one worker for all siblings. Remaining activities include focused clean-up of CWS/CMS relationship table, more efficient procedures for identification and tracking of siblings during referral and investigations, scheduling training.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Identify Sibs Not Placed Together	<p>Publish a Sibling Placement Policy Protocol defining resources for sibling placements, priorities and paths to accessing sibling placements.</p> <p style="text-align: right;"><i>Benefits/Systems Sup Div Mgr SW Supervisor</i></p>	<p><i>Status</i> <i>In</i> <i>Start</i> <i>progress</i> <i>Finish</i> <i>Mar 2008</i> <i>Dec 2009</i></p>	In progress, nearing completion.
Identify Sibs Not Placed Together	<p>2. Establish an accountability system for identifying siblings not placed together, convening a review of those placements and developing a plan to move siblings together.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Jan 2008</i> <i>Finish</i> <i>May 2008</i></p>	The Placement Notebook will be used to track cases where decisions are made to not place sibs together. A new protocol will specify when sibling placements are reviewed. Plan to co-locate siblings with cautions against disrupting viable placements addressed in policy; support increased visitation of siblings in Foster Homes to encourage Resource Parents of one sibling to accept placement of other sibling(s) in their home also addressed in policy.
Streamline ESC/Homefinding	<p>3. Complete a process map for the current procedures in the coordination of ESC and homefinding.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Apr 2007</i> <i>Finish</i> <i>Apr 2008</i></p>	With transition of management of Emergency Shelter Care to Homefinding Division, greater coordination and communication established between two groups.

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
	<p>Implement a plan to streamline work practices in coordinating ESC and homefinding.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Sept 2007</i></p> <p><i>Finish</i> <i>May 2008</i></p>	<p>Streamlined policy and practice between Receiving Center, Emergency Shelter Care, Home Finding, Adoptions, etc. now in place.</p>

<p><i>Describe systemic changes needed to further support the improvement goal.</i></p> <p>Establish an accountability system for identifying siblings not placed together. Coordinate Emergency Shelter Care and Homefinding.</p>
<p><i>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</i></p> <p>None needed.</p>
<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>None needed.</p>
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None needed.</p>

Measure Number

8A

Number of Children Transitioning to Self-Sufficient Adulthood

County's Baseline Performance

For the latest reporting period (Oct 1, 2004 through Sep 30, 2005), 98 youth received a high school degree or GED. While we have reported data on this element we are not sure of the accuracy of the data. Additionally, we do not have accurate information on housing after emancipation for our youth.

Revised Baseline Performance

Not applicable as this measure has not changed.

Improvement Goal

Increase the number of youth who have graduated from High School or have received a GED.

Revised Improvement Goal

Not applicable as this measure has not changed.

Performance Update

For Oct 1, 2007 through Sep 30, 2008, the most recent data available, 89 youth received a high school degree or GED. This is a slight decrease in the number of youth, but there are data collection issues related to this outcome measure.

<p>Strategy</p> <p>Gather baseline information on the number of youth emancipating with a high school diploma and increase that number.</p>	<p>Strategy Rationale</p> <p>Emancipating youth with high school diplomas have been shown to have better well-being outcomes.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
P2P	<p>1. Continue providing transitioning planning meetings (in the TDM style) for youth in preparation for emancipation, including assessing educational needs of youth.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Beginning 9/1/07, all 17 year olds must have Exit TDM's prior to emancipation. All staff trained and implemented Countywide. Reminder system developed and implemented.</p> <p>The Exit TDM Action Plan will be updated to reflect the proposed new Transitional Independent Living Plan (TILP)</p>
THP & Emancipation Services	<p>2. Provide training to staff on existing services for emancipating and emancipated youth, including THP/THP+ plan.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> In progress</p> <p><i>Start</i> <i>July 2007</i></p> <p><i>Finish</i> <i>July 2009</i></p>	<p>Staff trained to emancipation services in July and August 2007. Additional training on Emancipation services is being planned; completion date tentative for 2009. This will include training on TILP and completion of ILSP services needs and delivery into CWS/CMS to meet new state mandates.</p>

Child and Family Well Being
Measure Number 84A Number of Children Transitioning to Self-Sufficient Adulthood

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
ILSP Binder	3. Provide staff training on ILSP resource binder. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Completed <i>Start</i> Nov 2007 <i>Finish</i> Jan 2009	Resource Binder developed as a tool for emancipating Foster Care youth to gather and store important documents. Policy completed and Emancipation Services training listed above will revisit Binder policy.
Expand ILSP Services	4. Explore expanding ILSP services in Richmond and Far East County. Implement these services as appropriate based on need. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Completed <i>Start</i> Dec 2007 <i>Finish</i> June 2009	ILP workshops being held in all three areas of the county. Though there have been difficulties in locating space in East County, there is a plan now to resolve those issues.
ISLP ID Card	5. Revise proof of dependency ID card policy, procedure and system. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Dropped <i>Start</i> Apr 2007 <i>Finish</i> June 2008	W&I Code 391 was amended to require Foster Care Verification Letter be completed at termination of jurisdiction. Updated policy in process.
ILSP Database	6. Complete development and implement ILSP data base, including accurate tracking of educational outcomes for youth. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Dropped <i>Start</i> Mar 2007 <i>Finish</i> Jan 2009	With implementation of the new ILSP Services reporting requirements and the transition of ILSP staff from contract to county positions, entry of ILSP information is now recorded directly into CWS/CMS. Creation of a new database has been dropped.

Describe systemic changes needed to further support the improvement goal.

Expand ILSP services in Richmond and Far East County as appropriate. Complete development and implement ILSP data base and other methods of tracking educational outcomes for youth

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Train staff on ILP resource finders.

Identify roles of the other partners in achieving the improvement goals.

None needed.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

<p>Measure Number C3.1</p>	<p>Exits to Permanency (24 Months in Care)</p>
<p>County's Baseline Performance</p> <p>For all children in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2005/2006), 12.6% were discharged to permanency in less than 12 months and prior to their 18th birthday.</p>	
<p>Revised Baseline Performance</p> <p>Not applicable as this measure has not changed.</p>	
<p>Improvement Goal</p> <p>Increase the percentage of youth in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2008/2009; the latest period which will allow Mar 2010 reporting) who were discharged to permanency in less than 12 months and prior to their 18th birthday to 15%.</p>	
<p>Revised Improvement Goal</p> <p>Increase the percentage of youth in child welfare supervised foster care for at least 24 months prior to the start of the federal fiscal year (2008/2009; the latest period which will allow Mar 2010 reporting) who were discharged to permanency in less than 12 months and prior to their 18th birthday to 15% (measure C3.1). This goal is below the national standard/goal of 29.1%.</p>	
<p>Performance Update</p> <p>For all children in child welfare supervised foster care for at least 24 months prior to the start of the period October 2007 – September 2008, 19.7% were discharged to permanency in less than 12 months and prior to their 18th birthday. This is an improvement from our baseline and we are meeting our improvement goal. We are still below the national standard/goal of 29.1%.</p>	

Permanency and Stability
Measure Number C3.1 Exits to Permanency (24 Months in Care)

<p>Strategy</p> <p>Incorporate permanency in all aspects of practice in order to allow more children to achieve permanency.</p>	<p>Strategy Rationale</p> <p>Children and youth who are discharged from foster care to a permanent family prior to emancipation have been shown to have better well-being outcomes.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Define Permanency/Due Diligence	<p>1. Define permanency and redefine due diligence for the agency, utilizing CPYP (California Permanency for Youth Project) principles and integrating permanency efforts.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> July 2007 <i>Finish</i> Sept 2009</p>	<p>Pathways 2 Permanency has completed the Permanency Definition for the agency. It was reviewed by parents, youth, and CSAT.</p>

Permanency and Stability
Measure Number C3.1 Exits to Permanency (24 Months in Care)

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Expand CPYP Countywide	<p>2. Integrate permanency efforts countywide to include principles of CPYP in the current P2P committee.</p> <p style="text-align: right;"><i>County Wide Prog Div Mgr</i></p>	<p><i>Status</i> Completed <i>Start</i> July 2007 <i>Finish</i> Jan 2009</p>	<p>Have continued to use CPYP Technical Assistance and have help monthly meetings with supervisors to discuss permanency related case issues since October 2007. Staff continue to attend CPYP Northern California multi-county meetings. Held “Preparing children/youth for Permanency” with keynote Darla Henry for staff and community partners (group homes providers, foster parents, FFA staff, mental health staff). Identified Project youth continue to be tracked and data is sent to CPYP regularly.</p> <p>Permanency Case Conference meetings continue. Family Finding workgroup formed to assist in ongoing process.</p>
Case Review Systems	<p>3. Explore, refine and redesign case review systems (PRT, AR, PP Review, Dispo) to define when staff are to use case reviews, the purpose of the various case reviews and the cultural component of case reviews.</p> <p style="text-align: right;"><i>Administrative Team</i></p>	<p><i>Status</i> In progress <i>Start</i> Oct 2007 <i>Finish</i> Oct 2009</p>	<p>Protocols for case review systems (PRT, AR, PP review, Dispo) are being reviewed at the Administrative Team level. Form to be designed that incorporates auto-populated information from CWS/CMS; format to be used for all Case Review forums.</p>

Permanency and Stability
Measure Number C3.1 Exits to Permanency (24 Months in Care)

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Internet Search Engine	4. Establish contract with internet database search engine to search for relatives. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Completed <i>Start</i> Mar 2007 <i>Finish</i> Jan 2008	Contract with LexusNexus established.
	Expand training to all staff. <i>County Wide Prog Div Mgr</i>	<i>Status</i> Dropped <i>Start</i> Jan 2008 <i>Finish</i> Jan 2009	Limited number of staff trained to use LexusNexus. In current environment, this is not a priority for staff training. The training that staff will receive focuses more on communication with family members.

Describe systemic changes needed to further support the improvement goal.

Establish contract with internet database search engine to search for relatives. Redesign case review systems.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Train staff regarding CPYP principles, permanency, case review systems.

Identify roles of the other partners in achieving the improvement goals.

None needed.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

<i>Systemic Factor Outcome</i>	Disproportionality of Removals for African American Youth
<p><i>County's Baseline Performance</i></p> <p>The calendar year 2006 incidence rate for first time removals of African American youth is 6.6/1000.</p>	
<p><i>Revised Baseline Performance</i></p> <p>This measure is changed to reflect new CA Department of Finance Population Projections as well as the methodology associated with the new State and Federal outcome measures which counts removals lasting 8 days or more – rather than a removal of any length no matter how short, as an entry into foster care. In addition, in order to fairly determine incidence rates for entries into foster care, we will report on all removals rather than only first time removals. The calendar year 2006 incidence rate for removals of African American youth is 11.2/1000 (266 African American children removed; total African American population under age 18 is 23,729).</p>	
<p><i>Improvement Goal</i></p> <p>Reduce the incidence rate of first time removals for African American youth by 15% to 5.6/1000 or less for calendar year 2009.</p>	
<p><i>Revised Improvement Goal</i></p> <p>Reduce the incidence rate of removals for African American youth by 15% to 9.5/1000 or less for calendar year 2009.</p>	
<p><i>Performance Update</i></p> <p>The calendar year 2008 incidence rate for removals of African American youth is 11.9/1000 (266 African American children removed; total African American population under age 18 is 22,283). This is slightly worse than our baseline. While the total number of African American children removed is the same, the population is reportedly decreasing, thus resulting in an increase in incidence rate.</p>	

<p>Strategy</p> <p>Utilize Differential Response and Team Decision Making and other culturally competent engagement strategies to decrease the number of first time removals for African American youth.</p>	<p>Strategy Rationale</p> <p>Use of culturally competent engagement strategies will assist families to build on their strengths and link families with community leaders and resources.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
DR Re-Engagemnt	<p>1. Review DR Policy and revise to allow re-engagement and to allow for data collection on engagement, re-engagement and service outcomes.</p> <p style="text-align: right;"><i>Redesign Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Sept 2007</i></p>	<p>Differential Response policy reviewed to determine appropriate action following family engagement or failure to engage and following feedback from service providers. Policy now allows request for re-request for engagement for DR services and referral as appropriate based on information collected.</p>
TDM – AA Under 5	<p>2. Continue provision of TDM services for all African American children under age 5 at risk of removal.</p> <p style="text-align: right;"><i>SOC Proj Supervisor</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>TDM services for all African American children under 5, and all of their siblings, at risk of removal continues.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Disproportionality Conversations	<p>3. Develop conversation guides for supervisors to lead staff in discussions of disproportionality at all unit and review meetings every other month.</p> <p><i>Administrative Team</i> <i>CWS Leadership Team</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>June 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Discussion led by CWS Director at County Leadership Team meeting regarding ongoing discussions for awareness of Disproportionality and improvement in practice in providing culturally competent services.</p> <p>Managers and supervisors to continue discussions at Division and Unit meeting levels. Managers and Supervisors presented creative ideas in raising staff's awareness to cultural issues.</p>
Health Srvc Referral Protocol	<p>4. Continue working with Public and Private Health Services to assist with the review and use of Health and Safety Code 123605. Explore use of protocols currently in place by hospitals in the county.</p> <p><i>CWS Director</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Apr 2007</i> <i>Finish</i> <i>Dec 2008</i></p>	<p>Review of hospital protocols for Positive Tox reporting initiated by CWS Director and Contra Costa Regional Medical Center. CFS is working with CHDP, the County Hospital and Perinatal Services to develop an assessment protocol based on AB 2669. In addition, the Perinatal Substance Abuse Partnership committee has developed a "marketing" tool to attract moms who are pregnant and using substances to see the doctor and to engage in prenatal care.</p>

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
AODS Referral Practice	<p>5. Assess practices to determine if referrals related to Alcohol and Other Drugs are entered appropriately in CWS/CMS and if policy and practice are consistent with one another.</p> <p><i>Administrative Team</i></p>	<p><i>Status</i> <i>On hold</i> <i>Start</i> <i>June 2009</i> <i>Finish</i> <i>Dec 2009</i></p>	<p>Forum for these discussions will be Case Review Team meetings. Item is agenda'd for future meeting focus.</p>
CCOC – Practice Issues	<p>6. Continue to use the Cultural Competency Oversight Committee to establish a culturally competent agency, considering training and practice integration. Provide direction on moving change to the practice level to address Disproportionality.</p> <p><i>CWS Director</i> <i>Operational Div Mgrs</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>CCOC continues to meet monthly. Recent training sessions developed and presented to staff on “Words Mean Things” to promote strength based, culturally competent language in discussion, documentation, and reports for families and children served.</p> <p>Committee continues to address policy and procedure changes to integrate cultural competent principles and training concepts into practice.</p> <p>Completed and ongoing.</p>
Data to Staff & Community	<p>7. Continue to gather data to present to staff and community partners in the districts around causes for and responses to Disproportionality.</p> <p><i>Research & Eval Mgr</i></p>	<p><i>Status</i> <i>Completed</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Ongoing</i></p>	<p>Quarterly data presentations at Community Group Meetings in East, West, and Central County share process and participation data as well as regular updates on Disproportionality.</p> <p>Completed and ongoing.</p>

Describe systemic changes needed to further support the improvement goal.

Revise policy for engagement in the Differential Response program and develop a data base to track the changes. Review protocols' on when and where to record positive toxicology reports reported to CFS.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Develop conversation guides for supervisors to lead conversations in unit meetings.

Identify roles of the other partners in achieving the improvement goals.

Confirm with hospitals that they are following Health and Safety Code 123605 and collaborate together to address any necessary revisions in practice.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None needed.

Systemic Factor

Outcome

Foster Home Recruitment and Retention

County's Baseline Performance

The percentage of youth placed in foster homes as of Mar 29, 2007 is 18.5%.

Revised Baseline Performance

The percentage of youth as placed in foster homes of Mar 29, 2007 is 18.5%. At the end of calendar year 2006, there were 104 foster homes in our identified target zip codes. For first placement types during the period 1 July 2005 – 30 June 2006, 16.6% were Kin, 54.7% were foster, 14.7% were FFA, 9.4% were group, and 4.6% were Guardian.

Improvement Goal

Increase the number of available foster homes for youth to allow them to be placed within their own community and stay in the same school they were in at the time of removal.

Revised Improvement Goal

Increase the number of available foster homes for youth to allow them to be placed within their own community and stay in the same school they were in at the time of removal. In addition, continue utilizing foster homes when a less restrictive placement with relatives or with a guardian is not available. Increase the ability to gather valid information from our RDS database.

Performance Update

As of 18 May 2009, there were 202 foster homes in our target zip codes – an increase of 23 homes. As of 1 October 2008, the percentage of youth in foster homes was 17.3 percent – showing relative stability in the percentage of youth we have placed in foster homes. For first placement types during the period 1 October 2007 – 30 September 2008, 30.4% were Kin, 36.4% were foster, 19.5% were FFA, 7.9% were group, and 5.8% were Guardian/Other. Thus, for a child’s initial placement a higher percentage of kin, FFA, and guardian homes were used in the latest reporting period, and a smaller percentage of group homes, and foster homes were used. We are making progress in increasing the number of foster homes – especially within our targeted areas. In addition, we are actively working to update our RDS database in order to facilitate analysis of progress.

Systemic Factor
Foster Home Recruitment & Retention

<p><i>Strategy</i></p> <p>Increase recruitment and retention of Foster Homes.</p>	<p><i>Strategy Rationale</i></p> <p>Increase the number of available foster homes for youth to allow them to be placed within their own community and stay in the same school they were in at the time of removal.</p>
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	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Recruitment Plan	<p>1. Review and revise a plan for recruiting foster homes including a focus on high removal neighborhoods, sibling groups, and homes for older youth and bilingual foster homes.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Continual evaluation of data to determine high removal rates by zip codes so that recruitment can focus in appropriate areas. Recent changes in rates indicate need to refocus in Martinez.</p> <p>RDS (Recruitment, Development and Support) team meetings continue to strategize and implement recruitment strategies at monthly meetings.</p> <p>Regular orientation meetings scheduled. With reduction to Licensing and Recruitment staff, less orientation sessions now presented than previously. Orientations continue to be offered in English and in Spanish in areas of high Hispanic populations.</p> <p>Brochures/ recruitment materials translated into Spanish</p> <p>Participation in events in all areas such as fairs, meetings, support groups and educational events continue.</p>

Systemic Factor
Foster Home Recruitment & Retention

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Increase # of Resource Homes	<p>2. Implement plan to increase the number of licensed foster homes and retain them for local placements.</p> <p style="text-align: center;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> Completed</p> <p><i>Start</i> <i>Mar 2007</i></p> <p><i>Finish</i> <i>Ongoing</i></p>	<p>Foster parent/social worker feedback forms provide information on successes and areas for improvement in placement issues. There is a need to develop improved communication loop on problematic issues (staff and resource families).</p> <p>Emergency Shelter Care database allows search for homes with vacancies by zipcode. ESC procedures are to search for homes in zipcode of home of removal first to focus on local placements for children.</p> <p>Completed and ongoing.</p>

Systemic Factor
Foster Home Recruitment & Retention

	<i>Activity & Project Lead</i>	<i>Status & Timeframes</i>	<i>Progress to Date</i>
Internal Teamwork/Coordination for RDA	<p>3. Develop an internal process to communicate and address licensing regulation concerns within the county to increase understanding of licensing guidelines and protocols, and implement a teamwork approach of communication and coordination to improve recruitment and retention of foster parents.</p> <p style="text-align: right;"><i>Adoptions/Homefinding Div Mgr</i></p>	<p><i>Status</i> <i>In progress</i> <i>Start</i> <i>Mar 2007</i> <i>Finish</i> <i>Jan 2009</i></p>	<p>Action items planned and in progress:</p> <ul style="list-style-type: none"> • Review ALL forms used by state/ counties and CFS on complaints, investigations for clarity and understanding of use. • Develop a guide for when to initiate a CPS referral versus licensing complaint- in progress – BASA agenda January 2008 • Develop log to track completion and feedback to staff/resource family on “licensing issues” and complaints investigated. • Review Licensed Home retention, determine issues, and develop strategies to increase retention based on reasons, i.e. training, communication, lack of knowledge of child placed • Train staff and resource families to process/protocol., enhanced communication procedures.

Describe systemic changes needed to further support the improvement goal.

Review and revise a plan to ensure that there are available foster homes for children and youth to remain placed in their own community.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

None needed

<p><i>Identify roles of the other partners in achieving the improvement goals.</i></p> <p>Assistance from the Foster Parent Network in providing input in to strategies to recruit and retain foster parents.</p>
<p><i>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</i></p> <p>None needed</p>



CHILD WELFARE SELF ASSESSMENT & SYSTEM IMPROVEMENT PLAN ANNUAL UPDATE

Joe Valentine, EHSD Director

Valerie Earley, CFS Bureau Director

Sept. 21, 2009

CONTRA COSTA COUNTY

Continues as ...

- One of eleven funded pilot counties in California to lead child welfare redesign efforts
- A leader in Annie E. Casey Family to Family strategy

and

Awardee of a national child welfare “Comprehensive Family Assessment Grant”

Target of Federal and State Outcomes

❖ Is to Improve:

- Child Safety
- Child Well-being
- Child Permanency



Summary of Outcomes

Outcome	Improvement from Baseline?	Meeting National Standard?
Recurrence of Maltreatment	Improved	Yes
Rate of Child Abuse/Neglect in Foster Care	No Change	No
Referrals by Time to Investigation	Immediate – Improved; 10-Day - Worsened	N/A
Timely Social Worker Visits	Worsened	N/A
Multiple Foster Care Placements	Improved	Yes
Length of Time to Reunification	Improved	No
Siblings Placed Together	Improved	N/A
High School Degree or GED	No Change	N/A
Exit to Permanency (24 Months in Care)	Improved	No
Disproportionality of Removals	Improved	N/A
Foster Home Recruitment/Retention	Improved	N/A

Performance Outcomes 2007- 2010

Safety Outcomes

- Continue to decrease the re-occurrence of maltreatment of children investigated by Children & Family Services.
- Maintain social worker visits compliance at 90% or above.
- Maintain timely response compliance on 10-day referrals at 90% or above.

No Recurrence of Maltreatment

Improvement Goal

Decrease recurrence of maltreatment by an additional 25% to less than 6% for the base period Oct 1, 2007 through Sept 30, 2008 (the latest period which will allow Mar 2010 reporting).

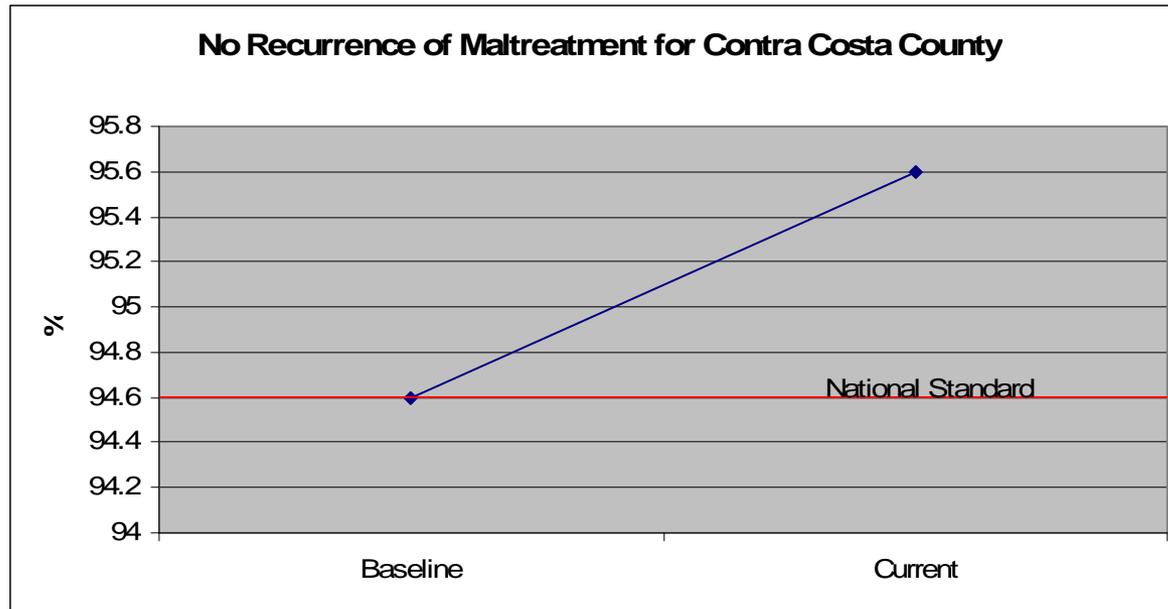
Revised Improvement Goal

Increase the percentage of no recurrence of maltreatment to 95% or greater. This is above the national standard/goal for this outcome.

Performance Update

For the period 1 July 2008 – 30 June 2009, the percentage of no recurrence of maltreatment within 6 months of a previous substantiated allegation is 95.6%. This is above our baseline and the national standard/goal.

Percent of Children with No Recurrence of Maltreatment (Fed)



Percent of children with substantiated allegation in first 6 months, and another substantiated allegation in next 6 months

Time to Investigation

Improvement Goal

Maintain timeliness of immediate and 10-day referrals at or above 90%.

Performance Update

For 2nd quarter 2009 (the latest period for which we have data), the timely response for immediate and 10-day referrals was 96.1% and 78.0%, respectively. We are currently meeting our improvement goal for this measure for immediate referrals, but have dropped significantly in our timely response to 10-day referrals. Note that this drop in timely responses to 10-day referrals has come after our decrease in social worker staffing and change in emergency response worker duties regarding court reports.

Timely Social Worker Visit with Child

Improvement Goal

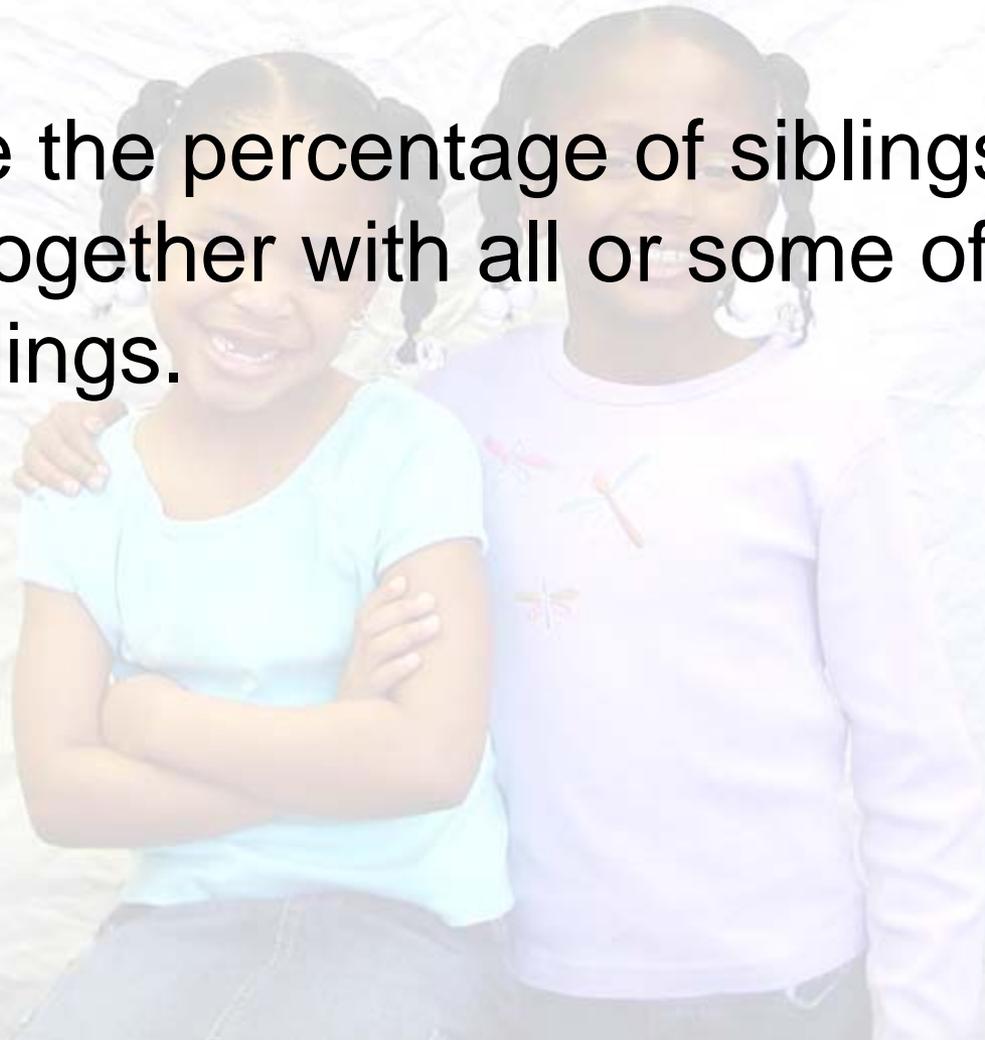
Maintain compliance at 90% or higher.

Performance Update

For 2nd quarter 2009 (the latest period for which we have data), timely social worker visits were 76.7%. This is a significant drop that is likely reflective of the fact that Contra Costa County has reduced the number of social workers who were carrying continuing services cases by approximately 40% from a year ago.

Well-Being Outcomes

- Increase the percentage of siblings placed together with all or some of their siblings.



Siblings Placed Together

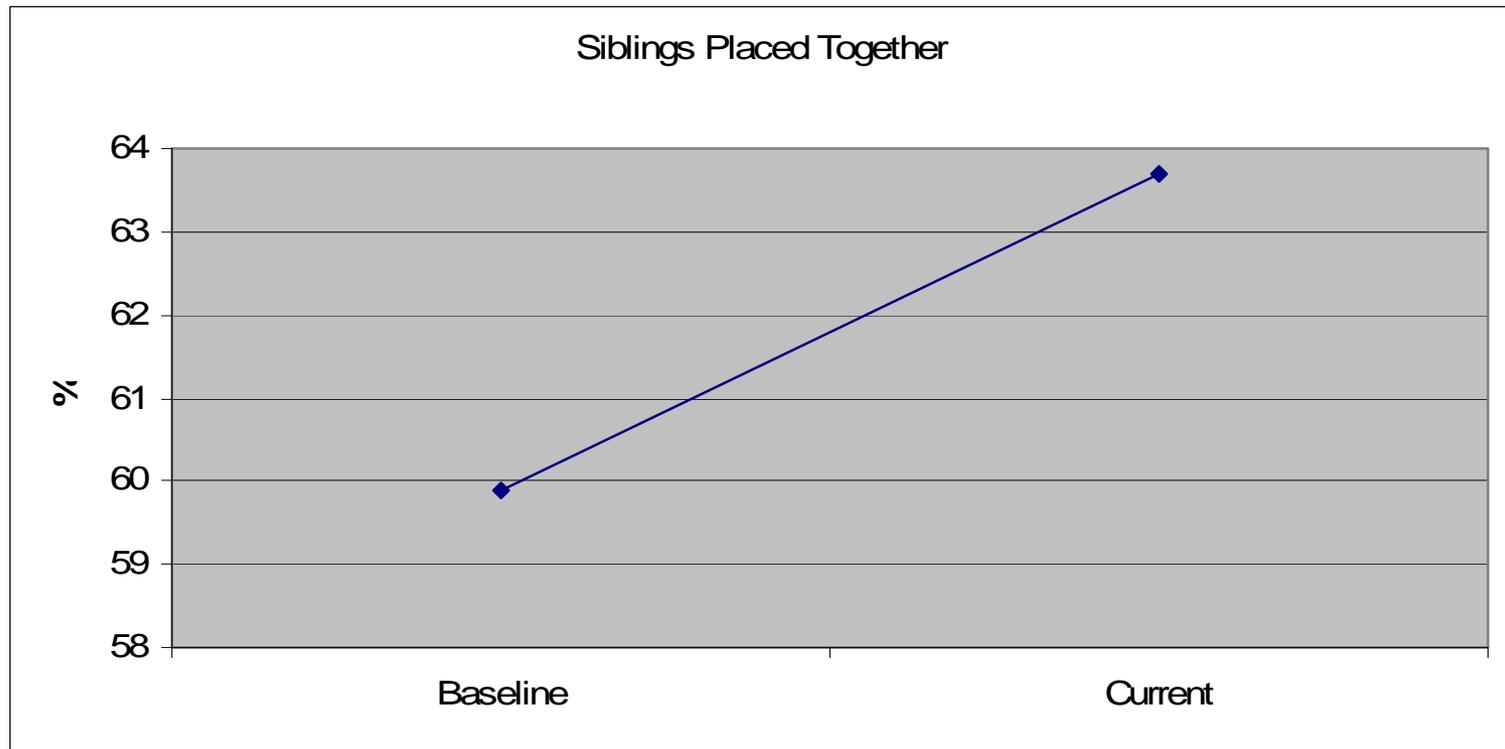
Improvement Goal

Increase siblings placed together with some or all of their siblings to 65% by Jul 1, 2009 (the latest period which will allow Mar 2010 reporting).

Performance Update

For January 2009, the most recent data available, 63.7% of those with siblings were placed with some or all of their siblings. This is a significant improvement from our baseline.

Percent of Children with Some or All of their Siblings





Strategic Outcome

- Reduce the rate of first time removals for African American youth by 15%.

Disproportionality of Removals for African American Youth

Improvement Goal

Reduce the incidence rate of first time removals for African American youth by 15% to 5.6/1000 or less for calendar year 2009.

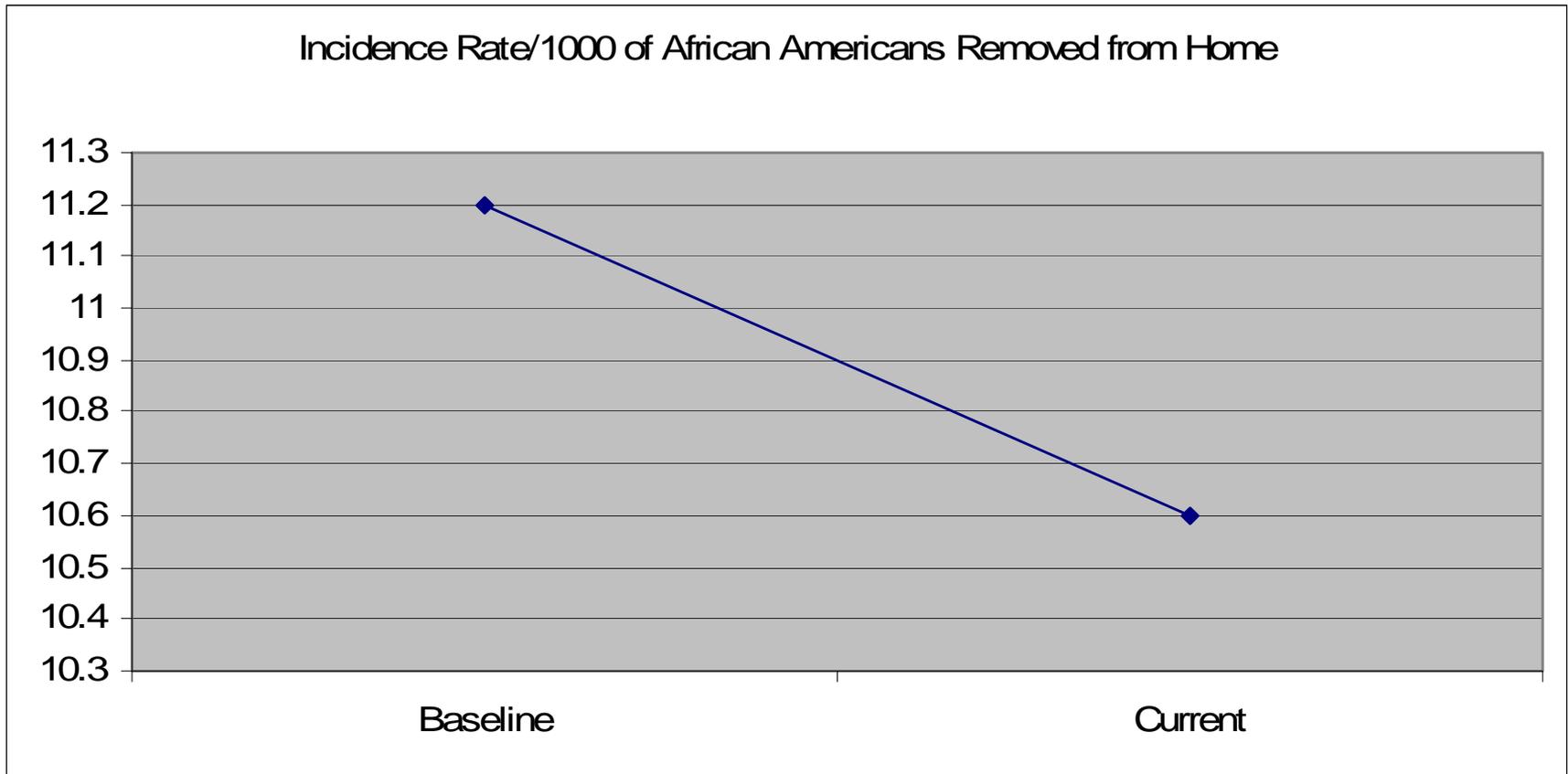
Revised Improvement Goal

Reduce the incidence rate of removals for African American youth by 15% to 9.5/1000 or less for calendar year 2009.

Performance Update

The annualized incidence rate for removals of African American youth for the first 6 months of 2009 is 10.6/1000 (115 African American children removed; total African American population under age 18 is estimated to be 21,661). This is an improvement from our baseline. The annualized number of African American children removed is 36 less than our baseline. The estimated population of African Americans under the age of 18 is reportedly decreasing – with an estimated decline of 2068 children from 2006.

Incidence Rate of Removals of African American Children



Questions?



**EMPLOYMENT AND HUMAN SERVICES
CONTRA COSTA COUNTY**

TO: Family and Human Services
Committee Members
David Twa

DATE: September 21, 2009

FROM: Joe Valentine, Director, Employment & Human Services Department
Valerie Earley, Director, Children & Family Services Bureau

SUBJECT: Independent Living Skills Program (ILSP)

Recommendation

Accept this report from the Employment & Human Services Department; and continue to support the Children & Family Services Bureau efforts to serve foster youth in the ILSP program.

Background

In 1999, the Foster Care Independence Act was passed by the Federal government. This legislation, sponsored by the late Senator John Chaffee, doubled funding for state-wide independent living (IL) programs. There was overwhelming evidence emerging that youth leaving foster care were in need of greater support from foster care into adulthood. Foster youth nationwide were found to have increased likelihood of early parenting, instability in relationships, not graduating from high school, lower school performance, increased health and mental health problems, homelessness, substance abuse, and a higher rate of unemployment.

For the past ten years the Children & Family Services Bureau of the Employment & Human Services Department has expanded the scope of services that the Independent Living Skill Program offers for 16 to 21 year old foster and emancipated youth as a result of this new legislation. The ILS program has received recognition throughout the State of California and nation for its activities and youth services.

The IL Program is staffed by an ILSP Coordinator, Assistant Coordinator and four ILSP Specialists. Over this decade the staff size has ranged from as small as two staff to as high as 20 staff. ILSP is funded by the federal Title V-E dollars with a 20% State match towards administrative costs. Prior to 2008 staff working in the program were contractors; in 2008 all ILSP staff became Contra Costa County employees.

Progress to Date:

Each year ILSP offers a variety of skill building and youth engagement activities. This past year, the model for providing the core ILSP skills building classes was changed. At the state, federal and local levels, more emphasis has been placed on providing hands-on, experiential learning experiences, reducing class sizes, and covering four core areas, called the Four Pillars. The Four Pillars consist of Education, Employment, Housing and Well Being. ILSP has been a forerunner in providing experiential learning experiences, so no change was necessary in this area. Due to decreases in the ILSP allocation and increased staffing costs, the class sizes could not be reduced. However, the biggest change was the program's focus on the Four Pillars. They provided programming in each of these areas weekly in all three regions of the County – East, West, and Central.

This past year, 330 foster youth were served both individually and in group settings (i.e. workshops, classes, etc.) Six hundred and twenty three (623) emancipated youth were served in the ILSP Aftercare program.

Housing

Transitional housing for foster youth and emancipated foster youth continues to be delivered in Contra Costa County. Two providers served the in-care foster youth age 16-18 in transitional housing, called THPP. Five providers served emancipated youth, aged 18-24, transitional housing called THP+. This past year, 17 foster youth were served in THPP and 60 emancipated youth were served in THP+. Housing continues to be a significant challenge for foster youth as they emancipate. The Housing Continuum that Children & Family Services has created has improved the numbers of youth being served, but it is only a drop in the bucket.

Current efforts are underway to develop housing options in the community (i.e. rooms for rent) through collaborations with community based organizations and faith based organizations and individual citizens with resources to offer. The long term goal in this area is to develop more permanent housing options for youth. For example, discussions are being held with the Housing Authority to determine if foster youth can receive Section 8 vouchers. Additionally, the contracted providers, such as the county's Homeless Programs and First Place for Youth, work diligently to develop more permanent housing options and advocate for improved housing options for foster youth. (See Table 1)

Employment

There are numerous endeavors underway in the area of employment. First, for the past year, the ILSP staff has been collaborating with county departments to develop an employment program called Project YES. Project YES was developed to employ Contra Costa county emancipated foster youth in county department positions. Through this pilot program, there have been 6 young people employed by various county departments. Over this past summer, Project YES collaborated with the Workforce Development Board's Summer Youth Employment program to link foster youth with county departments. Over 100 foster youth were employed in the community, with 17 being placed in Project YES positions. Most recently, ILSP has been collaborating with the Workforce Development Board to work towards co-locating a WIA case manager at ILSP to enroll foster youth into WIA and help provide employment related courses to the entire ILS program. This past year, ILS provided employment workshops such as interviewing, resume writing, and dress for success for over 500 youth. (See Table 1).

Education

This past year over 150 youth aged out of foster care, with 92 graduating from high school. All the graduates were honored at a Recognition Night where 29 scholarships worth tens of thousands, were awarded. In addition to providing workshops on financial aid and tours of college campuses, ILSP has collaborated with the Assistance League of Diablo Valley to develop a Senior Sponsorship Program. As there are few funding streams to support extracurricular activities and expenses for foster youth, the program was designed to help enable graduating seniors to partake in the typical events that are often difficult for caregivers to afford. The Senior Sponsorship program funds such things as senior pictures, year books, prom tickets, and caps and gowns. It is well documented that foster youth are undereducated and often drop out of high school and lack basic educational skills. In collaboration with the community colleges, youth who attend the four pillar workshops receive concurrent enrollment credits. This past year 26 youth received these credits. Supporting our foster youth to stay in school through such programs helps assist youth strive to achieve graduation. (See Table 1)

Well-Being

Youth in foster care often do not experience childhood in the way most children do who live with their families of origin. They have suffered child abuse and neglect, been removed from their families and many older youth

spend the remainder of their childhood moving from home to home. The foster care system is designed to fund board and care and basic needs, and even this is woefully underfunded. Youth in foster care miss out on participating in sports, arts, birthday parties, spending the night at friend's homes, and the like. They are in turn exposed to the sub-culture of foster care. They learn the survival skills needed to cope with placement changes, rejection for foster parents, and the grief of not being with their families. Instead of developing positive social skills, for instance, some are learning to cope with living in a group setting with other foster youth who are struggling with their own issues. ILSP provides activities and supportive services to help encourage positive social development and exposure to typical childhood activities. Through excursions to A's and Raiders games and field trips to bowling or swimming, foster youth are able to experience fun activities that the typical teenager might, but are also mentored in developing positive social skills and are further engaged in the ILS program. The State of California Department of Social Services has emphasized the importance of supporting the well being of foster care and ILS is the perfect mechanism to provide this intervention. The ILS staff is trained in an approach called Positive Youth Development. This approach enables them to engage youth and motivate them to strive to improve their lives. (See Table 2 and 4)

Aftercare

Each year, between 100-150 foster youth age out of foster care at age 18 or 19 years old. At that point, they are on their own to support themselves. A few foster youth are fortunate to remain with their foster parents or relatives other youth are able to participate in the Transitional Housing Program, but most are literally pushed from care as soon as the foster care checks end. The State funds counties to provide supportive services to emancipated foster youth up to age 21 years old. This past year, over 600 emancipated youth were served by ILSP. The needs of emancipated youth are severe. They often call in crisis, homeless and in need of basic things like food and shelter. Even the foster youth who go off to college, struggle at holiday breaks and summer, when the dorms are closed. The Aftercare program provides emancipated foster youth supportive housing, employment, educational, and crisis services.

In a recently completed research study of emancipated foster youth in Contra Costa County, UC Berkeley researchers found that 88% of the sample population (N=86) received ILSP services and 95% stated they would recommend ILSP. The results of this study indicated that foster youth could use more support with education and finances, as well as help accessing physical and mental health care.

Leadership Development

ILSP promotes the development of leadership in foster youth through their support of the Contra Costa County California Youth Connection (CYC) chapter. CYC is a statewide advocacy organization specifically geared towards developing leadership in foster youth and advocating for the needs of foster youth. This past year ILSP supported the CCC CYC chapter in applying for support from the Orinda's Women's Club. They were awarded \$10,000 to support their chapter and events. (See Table 4). Additionally, each year ILSP trains foster youth to participate in a leadership group called the Speaker's Bureau. These youth are trained in public speaking and work with ILSP to speak to community groups, advocate for legislation at the State capital and be the youth voice in the child welfare system. This past year, 25 youth were trained in the Speaker's Bureau.

Summary/Conclusion

Youth who emancipate from foster care are expected to become self-sufficient at age 18 or 19 years old. This entails the ability to maintain stable housing, maintain employment, and maintain one's physical health. Research on the outcomes of emancipated foster youth indicates that these tasks are difficult for this population. Rates of homelessness for emancipated foster youth has been found to be as high as 42% and housing moves are generally related to poverty and lack of stable family relationships. Foster youth also have high rates of incarceration, especially when they have experienced multiple placements and episodes in foster care. Some of the current information states that 72% of prisoners were once in foster care

ILS programs have been implemented by child welfare programs in order to help prevent these negative outcomes. The Contra Costa County ILSP serves upwards of 900 youth each year and endeavors to fill the void the foster care system does not address. Despite a reduction in staff and funding over the past several years, the ILS program continues to strive to improve the lives of at-risk foster youth. Much of the work of the ILSP Coordinators is to cultivate collaborative partnerships with community based organizations and other foster youth serving groups. With the recent passage of a 10% cut to child welfare allocations including the ILSP program and the THPP, the ILS program is even more necessary. Their expertise in engaging youth and motivating them to stay in school, graduate, and get life sustaining employment is critical right now. With the Board's continuing support and

commitment to the ILS program, foster youth will continue to be provided quality skill building workshops, social skill development and improved transitions into adulthood.

Table 1 - Workshops Pillars: Housing, Employment, Education

Number of Times Workshop/Activity Offered	Workshop/Activity Name	Number of Youth Served
2	Senior Night	62
6	Employment	104
5	Employment Interviewing	138
4	Resume Writing	123
4	Dress for Success	96
4	Housing Resources	89
4	Housing Interview Workshop	116
2	Senior Scholarship Workshop	46
1	Senior Financial Aid/Chaffe Workshop	22
6	Money Management	136
2	Vocational/Technical Training	57
4	THPP/THP Plus Housing Services	128

Table 2 - Workshop Pillar: Well-Being

Number of Times Workshop/Activity Offered	Workshop/Activity Name	Number of Youth Served
4	Cooking Class	80
2	Art Expression	46
3	Sexual Exploitation Workshop	38
3	Men's Group	22
1	College Luncheon	17/4 Alumni
4	Healthy Bodies	73
1	Hip Hop – Beyond the Rhymes	28
2	Sexual Responsibility/STI's	56

Table 3 - Leadership Development/California Youth Connection Activities

Meetings and Events	Number of Youth Who Attended
24 CYC Meetings held	15 Youths per meeting
CYC Day at the Capital	6
CYC Statewide Conference San Diego	4 youth /1 Supporter
CYC Statewide Conference Chico	6 youth /2 Supporters
CYC/CASA Training	6 youth
Assembly Member Tom Torlakson Community Forum on Caseload Management	3 youth served on panel
CYC Presentation – Orinda Women’s Club	2 youth/2 supporters
Speaker’s Bureau – Public Speaking Training	25 youth

Table 4 - Positive Youth Development Activities

Activity	Number of Youth Who Attended
Oakland A’s vs. Texas Rangers	38
Oakland A’s vs. Seattle Mariners	12
Raider’s Fun Day/Game vs. New Orleans Saints	25
ILSP Fall Retreat	30
Wrap it up Workshop	42 Youth and Toddlers
Candy Creation Workshop	24
Holiday Network Event	78
Foster A Dream Senior Photo/Make up Session	26

CONTRA COSTA COUNTY
INDEPENDENT LIVING
SKILLS PROGRAM
(ILSP)

2008/2009

PROGRAM REPORT

*FAMILY AND HUMAN SERVICES
COMMITTEE*

Who are the Foster Youth Served by ILS?

- Children who have been removed from their family's custody due to neglect and abuse.
- Children who have not reunified with their family nor have they found a permanent home (i.e. adoption)
- Children who may have grown up in foster care or just entered as adolescents.
- Youth who are also involved with Probation

What is the Need?

- Children who emancipate from the foster care system face higher rates of:
 - ~ Unemployment
 - ~ Lower Educational Attainment
 - ~ Incarceration
 - ~ Dependence on public assistance
 - ~ Substance abuse
 - ~ early childbirth
 - ~ Other high-risk behaviors



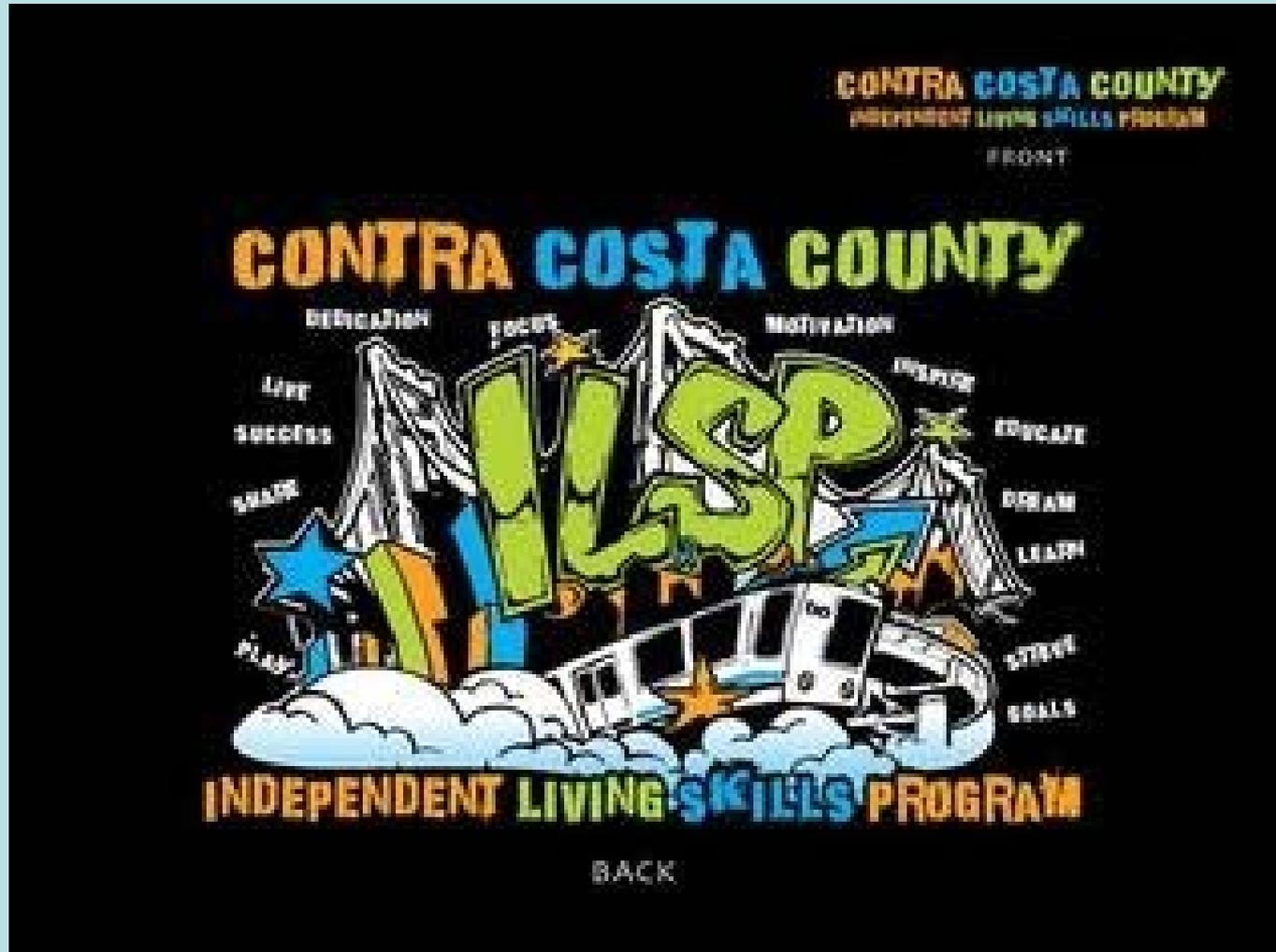
What's the Future?

- 70% of all State Penitentiary inmates have spent time in foster care
- 51% of youth are unemployed within 2~4 years of emancipation and earn significantly lower wages.
- Former foster youth are found to suffer from post-traumatic stress disorder (PTSD) at 2 times the level of U.S. war veterans.
- The average age that a young person is completely on their own is 23~26 years old; foster youth are on their own at 18 or 19 years old.

What is ILSP?

- Programming to support foster youth age 16 to 21 years old to become self-sufficient through skill building, supportive services and positive youth development.
- Funded by State and Federal government via the Chaffee Foster Care Independence Act in 1999.

“We Deal in Futures”



The ILSP Program

- Staff – ILSP Coordinator, Assistant Coordinator and 4 ILSP Specialists
- Serve all foster youth placed in Contra Costa County
- Located in the ILS Youth Center opened in 2001
- Serve foster and probation youth age 16-21 years old.

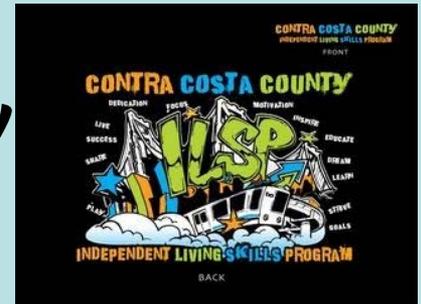


Programming and Services

- Independent Living Skills Workshops – The Four Pillars
 - *Housing*
 - *Employment*
 - *Education*
 - *Well-Being*
- Aftercare program for emancipated youth
- Leadership Development



2008/2009 Summary



- 330 youth attended ILS workshops
- Over 600 emancipated youth were served in the Aftercare program
- 60 emancipated youth were housed in transitional housing (THP+); 17 foster youth were placed in THP
- 92 youth graduated High School
- 162 youth attended New Youth Orientation

ILSP Recognition Night



Projects and Collaborations

- Project YES – Employment program
 - Place foster youth in County positions
- Senior Scholarship Program
 - Provide financial assistance for graduating seniors
- Pathways Program
 - Educational program for out of school youth to improve basic skills and encourage higher education



Future Plans

- Continue to expand Employment continuum
 - Expand focus on Well-Being
 - Increase Housing Options
- Secure external funding to support program



