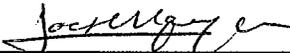
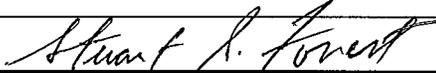


California Child and Family Services Review County Self-Assessment Cover Sheet	
County:	San Mateo
Responsible County Child Welfare Agency:	Children and Family Services
Period of Assessment:	March 2009 to March 2012
Period of Outcome Data:	Q4 2011 for recent performance, last SIP period for demographics
Date Submitted:	
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Submitted by each agency for the children under its care		
Submitted by:	County Child Welfare Agency Director (Lead Agency)	
Name:	Loc Nguyen	
Signature:		
Submitted by:	County Chief Probation Officer	
Name:	Stuart Forrest	
Signature:		
In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Beverly Beasley Johnson Human Services Agency Director	
County Child Abuse Prevention Council (PSSF Collaborative/CCTF Commission)	Renee Zimmerman CCAT/PSSF/CCTF Representative	
Parent Representative	Wanda Louis	
As Applicable		
County Adoption Agency (or CDSS Adoptions District Office)	Pravin Patel Human Services Manager	
Local Tribes		
Local Education Agency		
Board of Supervisors (BOS) Approval		
BOS Approval Date:		
Name:		
Signature:		



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
Human Services Agency



Date: October 4, 2012
Board Meeting Date: November 20, 2012
Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Beverly Beasley Johnson, JD, Director, Human Services Agency

Subject: County Self Assessment Report as part of the California Child and Family Services Review

RECOMMENDATION:

Adopt a Resolution authorizing execution of the County Self Assessment Report for March 2009 through March 2012.

BACKGROUND:

The implementation of California State Assembly Bill 636 in January 2004, heralded a new Child Welfare Services Outcome and Accountability System for California, known as the California Child and Family Services Review (C-CFSR). The County Self Assessment (CSA) Report is one component of the C-CFSR. The other elements of the C-CFSR include Quarterly Data Reports, Peer Review (PR) and the System Improvement Plan (SIP), which are each designed, guided and approved by the California Department of Social Services (CDSS).

The CSA is a focused analysis of child welfare and juvenile probation data, and incorporates results from the PR and input from various constituents to review the full scope of services provided within the county. The report includes a multi-disciplinary needs assessment to be conducted once every five years, and requires Board of Supervisors (BOS) approval.

The CSA is the basis for the final component of the C-CFSR, which is the SIP. The SIP is the operational agreement between the county and state, outlining how the county will improve its system to provide better outcomes for children, youth and families.

DISCUSSION:

San Mateo County's 2012 PR was conducted in June 2012 and the draft CSA was completed in October. The process was a collaborative effort between the Human Services Agency (HSA), Children and Family Services (CFS) and Juvenile Probation. The CSA includes documentation of the PR and the progress made by the County according to the priority service area of Permanence and Stability – that children have permanence and stability in their living situations without increasing entry into foster care.

Highlights of the CSA include:

- **System Strengths:** HSA's strong community partnerships and inter-agency collaboration between Children and Family Services, Juvenile Probation and Behavioral Health and Rehabilitation Services.
- **Professional Staff:** CFS staff present in a professional manner and are skilled in meeting the multicultural needs of children and families in San Mateo County. They are keenly aware of the placement needs of our children, adolescents and young adults (extended foster care) as well as the services needed to support them.
- **Use of Best Practices:** CFS's commitment to best practices such as Team Decision Making across the life of a case, early engagement in Family Finding, and the use of Psychiatric Social Workers for intensive visitation services.
- **Areas for improvement:** Social workers are not fully utilizing Team Decision Making services and Juvenile Probation needs training on family finding and engagement.

The CSA has been approved by the California Department of Social Services (CDSS) and we are asking for BOS approval as we move into the next phase of the process which is the development of our SIP. The SIP will be completed by March 2013 and will outline our specific strategies to meet performance improvement targets.

Approval of this CSA Report contributes to the Shared Vision 2025 outcome of a Prosperous Community by ensuring that through the comprehensive C-CFSR requirements, CFS is actively engaged in self-assessment practices. This process will enable CFS to ensure it is implementing best-practice models in working with vulnerable children and families. County Counsel has reviewed and approved the CSA Report and Resolution as to form.

PERFORMANCE MEASURE(S):

Measure	FY 2012-13 Actual	FY 2013-14 Projected
Increased Placement Stability	81.4%*	86%

* Based on Quarter 4, 2011 performances

FISCAL IMPACT:

There is no fiscal impact as a result of this item.

RESOLUTION NO. 072260

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

**RESOLUTION AUTHORIZING EXECUTION OF THE COUNTY SELF ASSESSMENT
REPORT FOR MARCH 2009 THROUGH MARCH 2012**

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, implementation of California State Assembly Bill 636 in January 2004 brought forth a new Child Welfare Services Outcome and Accountability System for California, known as the California Child and Family Services Review (C-CFSR), which is overseen by the California Department of Social Services (CDSS) Office of Child Abuse Prevention (OCAP); and

WHEREAS, the County Self Assessment (CSA) Report, a multi-disciplinary needs assessment, as well as a focused analysis of child welfare data, completed in collaboration with Juvenile Probation, is a mandatory component of the C-CFSR that requires each County's Board of Supervisors approval prior to submission to OCAP; and

WHEREAS, this Board determines it is in the best interest of the County to approve the CSA Report so as to remain in compliance with the CDSS comprehensive outcome and accountability process, as articulated in the C-CFSR; and

NOW THEREFORE, IT IS HEREBY DETERMINED AND ORDERED by the Board of Supervisors of the County of San Mateo that said Board of Supervisors hereby approves the CSA Report, as part of the Child Welfare Services Outcome and Accountability System for California, known as the California Child and Family Services Review, for the term of March 2009 through March 2012.

* * * * *

Regularly passed and adopted this 20th day of November, 2012.

AYES and in favor of said resolution:

Supervisors:

DAVE PINE

CAROLE GROOM

DON HORSLEY

ROSE JACOBS GIBSON

ADRIENNE J. TISSIER

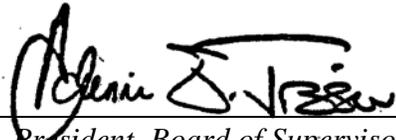
NOES and against said resolution:

Supervisors:

NONE

Absent Supervisors:

NONE



President, Board of Supervisors
County of San Mateo
State of California

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.



Rebecca Romero, Deputy
Clerk of the Board of Supervisors

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A. Introduction to the San Mateo County Self-Assessment

Background – Child and Family Services Review

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

California Child and Family Services Review (C-CFSR)

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

Quarterly Outcome and Accountability Data Reports

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR and are used to track performance over time. Data are used to inform and guide both the assessment and planning processes, and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and affords an opportunity for the quantitative analysis of child welfare data. Embedded in this process is the Peer Review (PR), formerly known as the Peer Quality Case Review (PQCR). The design of the PR is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those in which improvement is needed.

In June 2012, San Mateo County completed its third Peer Review. Though San Mateo County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and juvenile probation services provided within the county. The CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five years, and requires Board of Supervisor (BOS) approval. Largely, information gathered from both the CSA and the PR serves as the foundation for the County System Improvement Plan.

System Improvement Plan

Incorporating data collected through the PR and the CSA, the final component of the C-CSFR is the System Improvement Plan (SIP). The SIP is the operational agreement between the county and state, targeting each county's strategies to improve services that impact the lives of children and their families. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the BOS and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals

Guiding Principles

These guiding principles are intended to ground the CSA in common language and values. They can be used to orient staff and stakeholders to the values and principles that underlie the CSA, and should be referred to throughout the CSA process. They are also intended to assist in the integration of the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community-Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) needs assessment with the CSA process. This integration allows for the use of CAPIT/CBCAP/PSSF funding to address the unmet needs identified in the CSA and have direct impact in improving outcomes.

- The goal of the child welfare system is to improve outcomes for children and families in the areas of safety, permanency, and well-being.
- The entire community is responsible for child, youth, and family welfare, not just the child welfare agency. The child welfare agency has the primary responsibility to intervene when a child's safety is endangered.
- To be effective, the child welfare system must embrace the entire continuum of child welfare services, from prevention to aftercare services.
- Engagement with consumers and the community is vital to promoting safety, permanency and well-being.
- Fiscal strategies must be considered that meet the needs identified in the CSA.
- Transforming the child welfare system is a process that involves removing traditional barriers within programs, within the child welfare system, and within other systems.

B. County Self-Assessment Composition

B.1: Blue Ribbon Commission			
Name	Job Title	Agency/Department	Participation Requirement
Marsha Beaman	Social Work Supervisor	Human Services Agency, Children and Family Services	Core requirement
Patricia Bresee	Court Commissioner	Superior Court of San Mateo County	Core requirement
David Cherniss	Juvenile Mediation Program Manager	Superior Court of San Mateo County	Core requirement
Pat Darro	Representative	Court Appointed Special Advocates (CASA)	Core requirement
Kerry Doyle	County Liaison	Judicial Council of California, Administrative Office of the Courts (AOC)	Core requirement
Stuart Forrest	Chief Probation Officer	Juvenile Probation	Core requirement
Don Franchi	Family Law Judge	Superior Court of San Mateo County	Core requirement
Carole Groom	Supervisor	Board of Supervisors – District 2	Core requirement
Rod Hsiao	President of the Board of Education	San Mateo County Office of Education (SMCOE)	Core requirement
Beverly Beasley Johnson	Agency Director	Human Services Agency	Core requirement
Steve Joy	President of the Board of Directors	Court Appointed Special Advocates (CASA) of San Mateo County	Core requirement
Melissa Lukin	Executive Director	Community Overcoming Relationship Abuse (CORA)	Core requirement
Mike Massoni	Chief of Police	South San Francisco Police Department	Core requirement
Patricia Milijanich	Executive Director	Court Appointed Special Advocates (CASA) of San Mateo County	Core requirement
Bonnie Miller	Juvenile Defender	Pacific Juvenile Defender Center	Core requirement
Guillermo Morantes	Member of the Board of Directors	San Mateo County Office of Education (SMCOE) – Area 1	Core requirement
Pravin Patel	Human Services Manager	Human Services Agency, Children and Family Services	Core requirement
Reshmina Prasad	Member	California Youth Connection, Legislative Committee	Core requirement

Gina Quiney	Legislative Aide	Office of San Mateo County Supervisor Carole Groom	Core requirement
Monica Rands-Preuss	Program Coordinator	Superior Court of San Mateo County, Family Law Alternate Dispute Resolution (ADR) Program	Core requirement
Alba Rosales	Probation Services Manager	Juvenile Probation	Core requirement
Rebecca Ross	Juvenile Defender	Pacific Juvenile Defender Center	Core requirement
Bill Smith	CFS Attorney	County Counsel	Core requirement
Paul Sorbo	Deputy Director	Behavioral Health and Recovery Services (BHRS)	Core requirement
Linda Symons	Probation Services Manager	Juvenile Probation	Core requirement
Deborah Torres	Director of Collaborative Community Outcomes	Human Services Agency	Core requirement
Melissa Viscarra	Group Facilitator	Edgewood Center for Children and Families	Core requirement
Regina Wilson-Henry	Deputy Chief of Supervision Services	Juvenile Probation	Core requirement
Kathryn Yolken	Juvenile Defender	Pacific Juvenile Defender Center	Core requirement
Lauren Zorfias	Principal Attorney	Law Offices of Lauren Zorfias	Core requirement

B.2: Core County Self-Assessment Workgroup			
Name	Job Title	Agency/Department	Participation Requirement
Alba Rosales	Probation Services Manager	Juvenile Probation	Core requirement
Anessa Farber	Management Analyst	Juvenile Probation	Core requirement
Lisa Molinar	Consultant	Shared Vision Consultants	No requirement
Roy Romero	Probation Services Manager	Juvenile Probation	Core requirement
Marissa Saludes	Human Services Analyst	Human Services Agency, Children and Family Services	Core requirement
Jenell Thompson	Management Analyst	Human Services Agency, Children and Family Services	Core requirement

Sheryl Uyan	Social Worker	Human Services Agency, Quality Assurance	No requirement
-------------	---------------	--	----------------

B.3: Additional Contributors

Name	Job Title	Agency/Department	Participation Requirement
Becky Arredondo	Human Services Manager	Human Services Agency, Children and Family Services	Must be consulted/ represented
Natasha Bourbonnais	Social Work Supervisor	Human Services Agency, Children and Family Services	Must be consulted/ represented
Ayse Dogan	Social Work Supervisor	Human Services Agency, Children and Family Services	Must be consulted/ represented
Cindy Famos	Parent Representative (CWS)	Human Services Agency, Children and Family Services	Must be consulted/represented
Marnita Garcia-Fulle	Management Analyst	Human Services Agency, Financial Services	Must be consulted/ represented
Sofia Gomez	Management Analyst	Human Services Agency, Financial Services	Must be consulted/ represented
William Harven	Management Analyst	Human Services Agency, Business Systems	Must be consulted/ represented
Eric Alberto Torres Hernandez	Intern	Human Services Agency - Children and Family Services	
William Huffman	IT Analyst	Human Services Agency, Business Systems	Must be consulted/ represented
Laurel Laran	Social Work Supervisor	Human Services Agency, Children and Family Services	Must be consulted/ represented
Jessica Light	Management Analyst	Human Services Agency, Policy, Planning and Quality Management (PPQM)	Must be consulted/ represented
Victoria Smith	Social Work Supervisor	Human Services Agency, Children and Family Services	Must be consulted/ represented
Renee Vorrises	Educational Liaison	Human Services Agency, Children and Family Services	Must be consulted/ represented
Donna Woche	Human Services Manager	Human Services Agency , Administration and Information Services	Must be consulted/ represented

B.4: Peer Review Planning Participants

Name	Job Title	Agency/Department
Martin Barrett	Probation Officer	Juvenile Probation
Amabel Baxley	Social Work Supervisor	Human Services Agency, Policy, Planning and Quality Management (PPQM)
Gary Beasley	Human Services Manager	Human Services Agency, Children and Family Services

Natasha Bourbonnais	Social Work Supervisor	Human Services Agency, Children and Family Services
Mieke Bryant	Social Worker Supervisor	Human Services Agency, Administration and Information Services
Ventura Cortez	Training Coordinator	Bay Area Academy
John Echarte	Social Worker Supervisor	Human Services Agency, Children and Family Services
Anessa Farber	Management Analyst	Juvenile Probation
Sofia Gomez	Management Analyst	Human Services Agency, Financial Services
Korena Hazen	Agency Liaison	California Department of Social Services (CDSS)
Darlene Hill	Training Specialist	Bay Area Academy
Lisa Molinar	Consultant	Shared Vision Consultants
Roy Romero	Probation Services Manager	Juvenile Probation
Alba Rosales	Probation Services Manager	Juvenile Probation
Theresa Sanchez	OCAP Consultant	CDSS Office of Child Abuse Prevention (OCAP)
Jenell Thompson	Management Analyst	Human Services Agency, Children and Family Services
Donna Woche	Human Services Manager	Human Services Agency, Administration and Information Services

B.5: Peer Review Stakeholder Meetings

Meeting Title	Date Held
Blue Ribbon Commission, Part 1	April 20, 2012
Blue Ribbon Commission, Part 2	May 18, 2012
Children and Family Services, Social Workers	May 31, 2012
Children and Family Services, Youth	May 31, 2012
Children and Family Services & Juvenile Probation, Supervisors	May 31, 2012
Children and Family Services, Relative Caregivers & Foster Parents	June 12, 2012
Juvenile Probation, Drug & Alcohol	June 12, 2012
Juvenile Probation, Placement Unit Workers	June 12, 2012
Juvenile Probation, Youth	June 14, 2012
Juvenile Probation, Biological Parents	June 20, 2012
Group Home Providers	June 20, 2012
Prevention Partners	June 21, 2012

Behavioral Health, Children and Family Services, and Juvenile Probation	June 21, 2012
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C. Demographic Profile and Outcomes Data

This section provides an introduction to the County Data Report and Children's Report Card, which serves as the basis for the CSA. In addition, this section contains a description of the demographics of San Mateo County, including families, children, and youth. The demographic information provides the reader with an understanding of the context in which San Mateo County's child welfare services are provided.

County Data Report

Quarterly Outcome and Accountability Data Reports published by the CDSS, in collaboration with the University of California, Berkeley, provide federal and state program measures that serve as the basis for CSA reviews. These measures are used to track performance in child welfare services over time. The intent of the system is for each county, through their self-assessment review, to determine the reasons for their current level of performance and to develop a plan for measurable improvement.

The measures within the report are grouped into four general categories of outcome measures. The categories include child welfare services participation rates, outcome indicators, process measures, and caseload demographics.

The data source for these reports is the Child Welfare Services/Case Management System (CWS/CMS). The accuracy of the information derived from CWS/CMS is continuously improving.

C.1: General Population

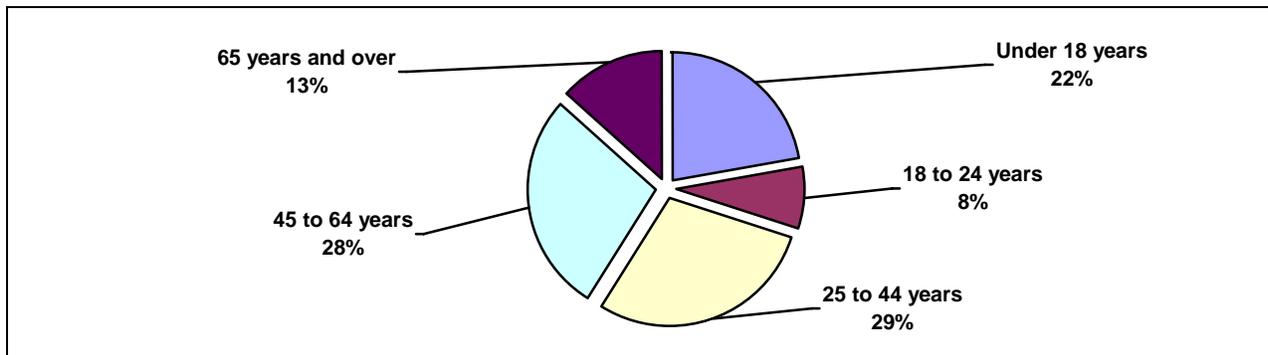
Table 1: General population of San Mateo County, 10-year change ¹

	2000	2010	Percentage Change
San Mateo County	707,161	718,451	+1.59%
California	33,871,648	37,253,956	+9.98%

Table 2: Demographics of general San Mateo County population, by age and gender ²

	Male and Female	Male	Female
Under 18 years	159,772	81,639	78,133
18 to 24 years	55,127	29,257	25,870
25 to 44 years	207,434	104,180	103,254
25 to 34 years	99,334	50,469	48,865
35 to 44 years	108,100	53,711	54,389
45 to 64 years	199,856	97,179	102,677
45 to 54 years	110,669	54,336	56,333
55 to 64 years	89,187	42,843	46,344
65 years and over	96,262	40,913	55,349
65 to 74 years	49,985	22,692	27,293
75 to 84 years	30,973	12,983	17,990
85 years and over	15,304	5,238	10,066
Total population	718,451	353,168	365,283

Chart 1: Demographics of general San Mateo County population, by age ³



¹ US Census Bureau, 2010 Census

² US Census Bureau, 2010 Census

³ US Census Bureau, 2010 Census

Table 3: Demographics of general San Mateo County population, by race/ethnicity⁴

	Total population
Caucasian/White	383,535 (53.38%)
Black/African American	20,436 (2.84%)
American Indian/Alaska Native	3,306 (0.46%)
Asian	178,118 (24.79%)
Native Hawaiian/Other Pacific Islander	10,317 (1.44%)
Other race	84,529 (11.77%)
Multiracial	38,210 (5.32%)
Total population	718,451

There has been a slight increase in the general population of San Mateo County in the last ten years of 11,288 people. The demographics of the population have remained consistent, with a slight increase in Asian/Pacific Islander births from 25.1% to 27.9%, as well as a slight decrease in Caucasian/Latino births from 33.6% to 29.8% and a decrease in Hispanic/Latino births from 33.9% to 29.1%.

The CSA stakeholders did not note any changes in service delivery or gaps in service delivery as a result of the demographics of the population.

Table 4: Demographics of live births in San Mateo County, by race/ethnicity^{5 6}

	Percentage of births				
	2006	2007	2008	2009	2010
Black/African American	1.9%	1.9%	1.7%	1.6%	1.6%
Asian/Pacific Islander	25.7%	26.5%	27.4%	27.9%	28.2%
Caucasian/White	30.8%	30.7%	29.3%	29.8%	29.5%
Hispanic/Latino	32.4%	34.4%	33.1%	29.1%	27.5%
American Indian/Alaska Native	0.2%	0.2%	0.1%	0.1%	0.2%
Multiracial	1.6%	1.7%	1.7%	2.3%	2.5%
Unknown	7.4%	4.7%	6.6%	9.1%	10.6%

⁴ US Census Bureau, 2010 Census

⁵ The data reflects the mother's county of residence, not the county in which the birth occurred.

⁶ Centers for Disease Control and Prevention, Wide-ranging Online Data for Epidemiologic Research (WONDER) Online Database, 2010

C.2: Licensed Child Care**Table 5: Number of licensed child care facilities in San Mateo County, by type of facility ⁷**

	2002	2004	2006	2008	2010
Child Care Center	263	267	267	258	255
Family Child Care Home	643	607	676	641	688
Total	906	874	943	899	943

Table 6: Number of child care slots in licensed facilities in San Mateo County, by type of facility ⁸

	2002	2004	2006	2008	2010
Child Care Center	15,489	16,292	16,931	16,264	16,431
Family Child Care Home	6,464	6,110	6,742	6,446	6,904
Total	21,953	22,402	23,673	22,710	23,335

Child care slots have increased in San Mateo County due to multiple factors. Though there have been budget cuts at both the county and state levels, San Mateo County absorbed costs to maintain and even increase the number of child care slots available for youth in the county due to reductions in child care slots at the state level. There are currently child care waiting lists, with priority given to court-ordered families. We currently do not have access to the total number of children on child care waiting lists.

⁷ California Child Care Resource & Referral Network, The California Child Care Portfolio, 2011

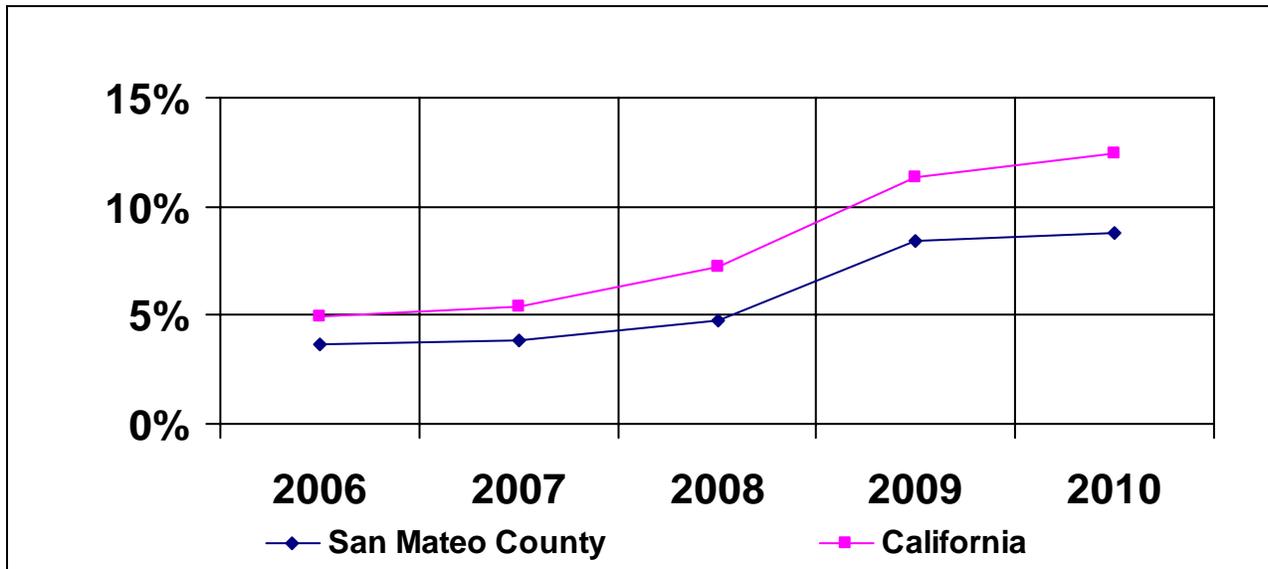
⁸ California Child Care Resource & Referral Network, The California Child Care Portfolio, 2011

C.3: Unemployment

Table 7: San Mateo County unemployment rate, compared to state amounts, 5-year change ⁹

	2006	2007	2008	2009	2010
San Mateo	3.7%	3.8%	4.8%	8.4%	8.8%
California	4.9%	5.4%	7.2%	11.3%	12.4%

Chart 2: San Mateo County unemployment rate, compared to state amounts, 5-year change ¹⁰



⁹ California Employment Development Department, via U.S. Bureau of Labor Statistics

¹⁰ California Employment Development Department, via U.S. Bureau of Labor Statistics

C.4: CalWORKS Case Totals

The California Work Opportunity and Responsibility to Kids Program (CalWORKS) is a welfare program by the state of California which provides cash aid and services to eligible, needy California families. San Mateo County processes a number of CalWORKS cases per year, with cases differentiated in two different ways: child-only cases and family cases.

- **Child-Only Case:** A case where only the child is receiving aid. There could be a variety of reasons why the adult in the family is not eligible for aid; for example, the caretaker of is a non-needy relative, the parent of the child is sanctioned for not participating in Welfare-to-Work activities, or the parent has received over 48 months of CalWORKS assistance, has been timed out, and is no longer eligible for services.
- **Family Case:** A case where there is an aided adult in the family. Most families are required to participate in Welfare-to-Work activities. There are exemptions from participation; for example, a family member who is being aided is pregnant with a doctor/physician letter stating that the adult cannot work or participate in Welfare-to-Work activities, the family member becomes a parent/caretaker of an infant.6 months or under, or recently becoming a parent/caretaker of another infant. These exemptions are considered on a case-by-case basis.

Table 8: Quantity of cases in the CalWORKS system, by type of case ¹¹

	2010	2011
Child-only	1,369	1,349
Family	1,671	1,687
Total cases	3,040	3,036

¹¹ CalWIN System

C.5: Child Population

Table 9: Demographics of San Mateo County youth population, by age and gender ¹²

	Male and Female	Male	Female
Under 1 year to 4 years	46,360 (29.02%)	23,652	22,708
5 years to 9 years	44,729 (28.00%)	22,820	21,909
10 years to 13 years	33,944 (21.25%)	17,391	16,553
14 years to 17 years	34,739 (21.74%)	17,776	16,963
Total population	159,772	81,639	78,133

Approximately 40% of children who are referred to CWS services in San Mateo County are ages 0 to 5. In addition, approximately, 35% of children who are in care by CWS are ages 0 to 6. The gender distribution of children in care is even, with 50% of children who are receiving care male, and 50% of children receiving care female.

Chart 3: Demographics of San Mateo County youth population, by age group ¹³

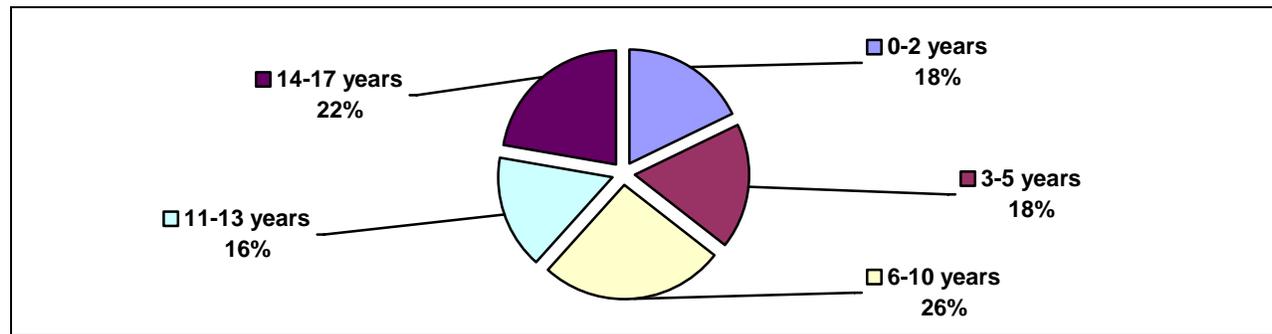


Table 10: Demographics of San Mateo County youth population, by race/ethnicity ¹⁴

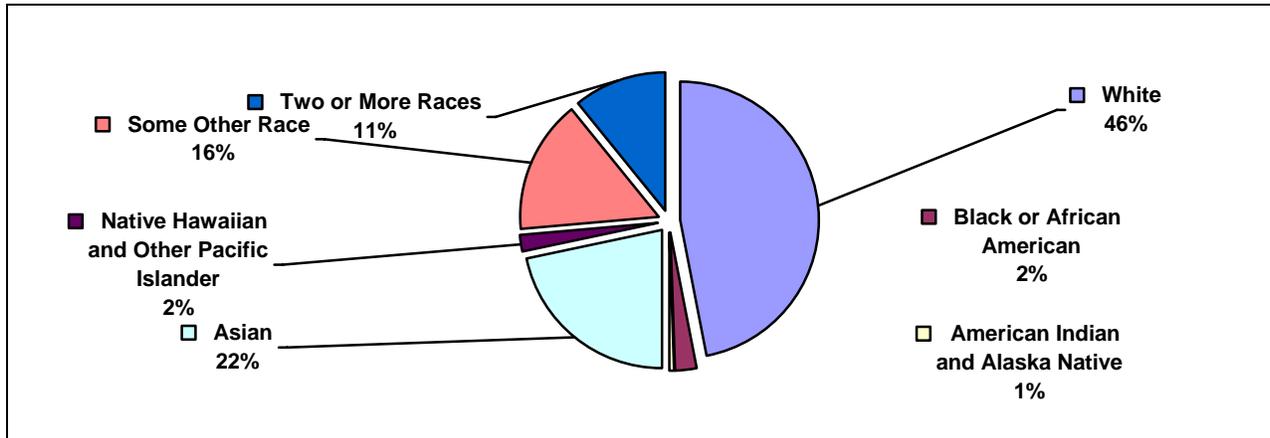
	Population Count
Caucasian/White	75,225
Black/African American	3,946
American Indian /Alaska Native	803
Asian	34,539
Native Hawaiian/Other Pacific Islander	2,916
Other race	25,038
Multiracial	17,305
Total population	159,772

¹² US Census Bureau, 2010 Census

¹³ US Census Bureau, 2010 Census

¹⁴ US Census Bureau, 2010 Census

Chart 4: Demographics of San Mateo County youth population, by race/ethnicity ¹⁵



Although the general population saw a slight increase in the last decade, the child population in San Mateo County declined by 1.3%. There was a slight decrease in African American children from 3.2% to 2.1% and Caucasian children from 38.7% to 32.8%, while Hispanic children increased in population from 31.1% to 34.5% and Asian children increased in population from 20.6% to 22.8%.

Table 11: Number and percentage of families living below the poverty level in San Mateo County in the years 2005-2009, compared to statewide amounts, by race/ethnicity ^{16 17}

	San Mateo County	California
White	28,678 (6.8%)	2,632,319 (12%)
Black/African American	3,007 (15.2%)	437,531 (20.5%)
American Indian/Alaska Native	359 (13.2%)	56,188 (20.5%)
Asian	8,499 (5.0%)	492,797 (10.5%)
Native Hawaiian/ Pacific Islander	1,129 (12.2%)	16,898 (12.3%)
Some other race	5,605 (12.2%)	1,114,044 (20.9%)
Two or more races	1,467 (5.2%)	170,168 (12.7%)

¹⁵ US Census Bureau, 2010 Census

¹⁶ Data is defined as the percentage of children ages 0-17 living in families with incomes below the federal poverty level, by race/ethnicity. In 2009, a family of two adults and two children was considered in poverty if their annual income fell below \$21,756. Percentages are relative to the total state and county reported population of their respective demographic. Hispanic/Latino is not listed, as they have been combined with other ethnicities listed since the 2010 Census reporting period.

¹⁷ US Census Bureau, 2010 American Community Survey Five-Year Estimates

C.6: Child Education**Table 12: Educational attainment estimates in San Mateo County, by age group and gender** ¹⁸

	Male and Female	Male	Female
Population 18 to 24 years	56,081	29,651	26,430
Less than high school graduate	13.5%	16.7%	9.8%
High school graduate (includes equivalency)	25.5%	29.2%	21.4%
Some college or associate's degree	45.2%	43.7%	46.9%
Bachelor's degree or higher	15.9%	10.4%	22.0%
Population 25 years and over	504,566	242,862	261,704
Less than 9th grade	6.4%	6.5%	6.4%
9th to 12th grade, no diploma	5.4%	6.0%	4.9%
High school graduate (includes equivalency)	17.1%	17.7%	16.6%
Some college, no degree	20.4%	19.6%	21.1%
Associate's degree	7.6%	7.3%	7.9%
Bachelor's degree	26.4%	25.1%	27.6%
Graduate or professional degree	16.6%	17.8%	15.5%
Percent high school graduate or higher	88.2%	87.5%	88.8%
Percent bachelor's degree or higher	43.0%	42.9%	43.1%

Table 13: San Mateo County educational enrollment totals, by academic year ^{19 20}

	07-08	08-09	09-10	10-11
Individuals enrolled in K-12 education	88,974	89,971	91,371	92,097
Individuals enrolled in special education	10,337	10,437	10,325	10,186

The San Mateo County public school system is made up of 91 elementary, 29 middle and 23 high schools. Six continuation schools, mostly high school level, five adult education centers, five community schools, and two court schools serve students with alternative approaches to better meet their needs. During the 2010-2011 academic year, the total system enrollment was 92,097 students, which has remained stable, increasing slightly each year since 2007.²¹ The average class size is 24.3 students, which falls just over the state average class size of 24.2.²²

¹⁸ US Census Bureau, 2010 American Community Survey One-Year Estimates

¹⁹ The California Department of Education, Special Education Division, generates a report at a cycle every December; therefore, the count for the 2011-2012 school years is unavailable.

²⁰ California Department of Education, Educational Demographics Office

²¹ San Mateo County Office of Education, 2011 Annual Report to the Community

²² California Department of Education, Educational Demographics Office

The socioeconomic makeup of students mirrors the diversity of the general population. The ethnic composition of schools has changed in the last decade, with the percentage of Caucasian students significantly declining, while the percentages of other ethnicities have been increasing.²³

Table 14: Demographics of students in San Mateo County schools and in California for the 2010-2011 academic year, by race/ethnicity²⁴

	San Mateo County	California
Hispanic/Latino	33,934 (36.85%)	3,197,384
Native American	228 (0.25%)	43,552
Asian	10,952 (11.89%)	529,510
Pacific Islander	2,295 (2.49%)	35,787
Filipino	6,964 (7.56%)	159,038
African-American	2,593 (2.82%)	416,098
White	26,581 (28.86%)	1,655,598
Two or more races	5,241 (5.69%)	112,788
Not reported	3,309 (3.59%)	67,247

Nearly 20% of students are English Language Learners. The trend in the last decade demonstrates declining growth in Spanish speakers and total English Language Learners in comparison to the rate of enrollment.

Table 15: Student demographics in San Mateo County Schools, by primary language spoken²⁵

	2000-2001	2005-2006	2010-2011	5 Year Trend	10 Year Trend
Spanish as Primary	17.7%	16.8%	14.0%	-2.8%	-3.7%
Tagalog as Primary	1.0%	1.2%	1.5%	0.3%	0.5%
All Other Non-English Speaking	4.5%	3.8%	4.2%	0.3%	-0.3%
Total Enrollment	91,205	88,350	92,097	4.2%	1.0%

Although San Mateo County has a median income of \$85,648,²⁶ the growth of poverty is evidenced by the increased participation in the national reduced price/free school lunch program among students. In 2009-2010, 35.6% of students in San Mateo County Schools participated in this program.²⁷

²³ California Department of Education, Educational Demographics Office

²⁴ California Department of Education, Educational Demographics Office

²⁵ California Department of Education, Educational Demographics Office

²⁶ US Census Bureau, 2010 Census

²⁷ San Mateo County Office of Education, 2011 Annual Report to the Community

Table 16: Percentage of students participating in the National Free and Reduced-Price Lunch Program, by academic year ²⁸

	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
San Mateo	32.0%	31.7%	32.9%	33.7%	35.6%
California	51.1%	50.7%	50.9%	53.5%	55.9%

Table 17: High school dropout rate for the 2009-2010 academic year in San Mateo County, by race/ethnicity ²⁹

	Dropouts from County	County cohort	County dropout rate	State dropout rate
American Indian/Alaska Native	15	28	53.6%	20.7%
Asian	41	901	4.6%	6.2%
Native Hawaiian/Pacific Islander	35	214	16.4%	17.5%
Filipino	41	615	6.7%	6.7%
Hispanic/Latino	359	2,267	15.8%	17.7%
Black or African American	41	242	16.9%	24.7%
White	140	2,084	6.7%	8.9%
Two or More Races	19	343	5.5%	11.2%
None Reported	14	51	27.5%	30.0%
Overall dropout rate	705	6,745	10.5%	14.4%

Table 18: High school dropout rate for the 2009-2010 academic year in San Mateo County, by student characteristics ³⁰

	Dropouts from County	County cohort	County dropout rate	State dropout rate
English Learners	225	1,169	19.2%	24.9%
Migrant Education	15	141	10.6%	17.3%
Special Education	91	804	11.3%	18.4%
Socioeconomically Disadvantaged	433	2,961	14.6%	17.7%
Overall dropout rate	705	6,745	10.5%	14.4%

²⁸ San Mateo County Office of Education, 2011 Annual Report to the Community²⁹ Ed-Data: Fiscal, Demographic, and Performance Data on California's K-12 Schools³⁰ Ed-Data: Fiscal, Demographic, and Performance Data on California's K-12 Schools)

Special Education

Of all children enrolled in San Mateo County schools, 10,186 students aged 0-22 received instruction through special education. The three most prevalent categories of disability were a specific learning disability (3,815), a speech or language impairment (2,975), and autism (962)³¹.

Academic Performance in Federal Guidelines (Adequate Yearly Progress)

Among all schools in San Mateo County, 71.3% of elementary schools, 56% of middle schools, and 28.6% of high schools met their Adequate Yearly Progress (AYP) for 2011, which includes proficiency criteria for English/Language Arts and Math. Eight school districts ranked in the top 100 school districts in the state in 2011.

English-language proficiency has increased across most ethnic groups since 2008; however, results are generally weaker among English learners.

Overall, San Mateo County students outperform their peers statewide on the California Standards Test (CST).^{32 33}

Table 19: California High School Exit Examination (CAHSEE) results in San Mateo County for the 2010-2011 academic year, by race/ethnicity³⁴

	English/Language Arts	Math
Asian	92%	97%
Caucasian/White	95%	95%
Filipino	89%	93%
Black/African American	74%	70%
Hispanic/Latino	76%	78%
Pacific Islander	72%	75%
Overall pass rate	86%	87%

Table 20: CAHSEE results in San Mateo County for the 2010-2011 academic year, by student characteristics³⁵

	English/Language Arts	Math
English Learners	46%	62%
Socioeconomically Disadvantaged	72%	76%
Special Education	45%	46%
Overall pass rate	86%	87%

³¹ Special Education Division, California Department of Education, December 2010

³² San Mateo County Office of Education, 2011 Annual Report to the Community

³³ Ibid

³⁴ San Mateo County Office of Education 2011 Annual Report

³⁵ San Mateo County Office of Education 2011 Annual Report

Longitudinal student-level data was incorporated into the graduation rate calculations in 2010, and the new data reveals higher numbers of dropouts before high school graduation. Transfer students were often not tracked to enrollment in another public school, which gave the appearance that completion of studies had occurred.³⁶

Table 21: Graduation rates in San Mateo County for the 2010-2011 academic year, by race/ethnicity³⁷

	Graduates from County	County Cohort	County	State
American Indian/Alaska Native	*	28	32.1%	68%
Asian	843	901	93.6%	89.7%
Native Hawaiian/Pacific islander	164	214	76.6%	74.3%
Filipino	562	615	91.4%	89.0%
Hispanic/Latino	1,686	2,267	74.4%	70.4%
Black/African American	165	242	68.2%	62.9%
Caucasian/White	1,870	2,084	89.7%	85.5%
Two or More Races	316	343	92.1%	81.5%
None Reported	30	51	58.8%	48.6%
Overall graduation rate	5,645	6,745	83.7%	76.3%

Table 22: Graduation rates in San Mateo County for the 2010-2011 academic year, by student characteristics³⁸

	Graduates from County	County Cohort	County	State
English Learners	789	1,169	67.5%	60.3%
Migrant Education	108	141	76.6%	71.9%
Special Education	543	804	67.5%	59.1%
Socioeconomically Disadvantaged	2,247	2,961	75.9%	70.0%
Overall	1,686	2,267	74.4%	70.4%
All Students in Cohort	5,645	6,745	83.7%	76.3%

³⁶ Ibid

³⁷ Ed-Data: Fiscal, Demographic, and Performance Data on California's K-12 Schools

³⁸ Ed-Data: Fiscal, Demographic, and Performance Data on California's K-12 Schools

C.7: Child Health**Table 23: Number of child care and kindergarten-aged children vaccinated in San Mateo County**

	Child care children ³⁹ vaccinated	Total enrollment	Kindergarten children ⁴⁰ vaccinated	Total enrollment
2011-2012	2,547/2,660 total	95.75%	8,586/9,419 tot.	91.16%

Table 24: Percentage of mothers in San Mateo County receiving prenatal care, by race/ethnicity⁴¹

	African-American	Asian	Latino	White	Other
2008 (end of 2 nd trimester)	98%	99%	98%	99%	100%
2010 (end of 1 st trimester)	81%	87%	81%	92%	84%

Table 25: Percentage of children in San Mateo County with health insurance, by race/ethnicity⁴²

	African-American	Asian	Latino	White	Other
2008	100%	100%	100%	99%	64%
2010	N/A	100%	96%	100%	100%

³⁹ Defined as children in child care programs aged two to four years, eleven months old.

⁴⁰ Defined as kindergarten children in schools aged four to six years old.

⁴¹ 2008 Children Now California County Scorecard of Children's Well-Being, San Mateo County; 2010 Children Now California County Scorecard of Children's Well-Being, San Mateo County

⁴² 2008 Children Now California County Scorecard of Children's Well-Being, San Mateo County; 2010 Children Now California County Scorecard of Children's Well-Being, San Mateo County

Table 26: Number and percent of live births to teen mothers and low birthweight births in San Mateo County, compared to state amounts, by year ⁴³

	2006	2007	2008	2009	2010
Live births to teen mothers in SMC ⁴⁴	472	470	449	438	351
% of live births in SMC	4.80%	4.70%	4.60%	4.60%	3.80%
Live births to teen mothers in CA	52,770	53,393	51,704	47,811	43,127
% of live births in CA	9.40%	9.40%	9.40%	9.10%	8.50%
Low birthweight births in SMC	580	648	692	667	683
% of live births in SMC	5.70%	6.40%	6.80%	6.60%	6.90%
Low birthweight births in CA	33,196	33,859	35,659	36,481	37,653
% of live births in CA	6.30%	6.40%	6.60%	6.70%	6.90%

⁴³ California Department of Public Health, Office of Health and Information Research

C.8: Federal Tribes

There are no federal tribes located within San Mateo County.

C.9: Child Welfare Service Participation Rates**Table 27: Referral rates to child welfare in San Mateo County, compared to state amounts, measured by incidence per 1,000** ^{44 45}

	2009	2010	2011	Trend	Percent Change
California	47.2 <i>N=486,418</i>	51.6 <i>N=471,873</i>	51.2 <i>N=479,672</i>	Increase	8.4%
San Mateo County	23 <i>N=3,779</i>	23 <i>N=3,678</i>	26.7 <i>N=4,267</i>	Increase	16%

Table 28: Substantiation rates in child welfare in San Mateo County, compared to state amounts, measured by incidence per 1,000 ⁴⁶

	2009	2010	2011	Trend	Percent Change
California	9.3 <i>N=92,676</i>	9.6 <i>N=88,858</i>	9.1 <i>N=84,756</i>	Decrease	-2.2%
San Mateo County	2.4 <i>N=394</i>	2.5 <i>N=393</i>	2.6 <i>N=422</i>	Increase	8.3%

Table 29: Entry rates in child welfare in San Mateo County, compared to state amounts, measured by incidence per 1,000 ⁴⁷

	2009	2010	2011	Trend	Percent Change
California	3.2 <i>N=31,765</i>	3.3 <i>N=30,750</i>	3.2 <i>N=29,695</i>	No Change	0%
San Mateo County	0.8 <i>N=136</i>	0.8 <i>N=130</i>	1.0 <i>N=167</i>	Increase	25%

⁴⁴ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2012). Child Welfare Services Reports for California. Retrieved 7/26/2012, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

⁴⁵ Referral rates for a given year are computed by dividing the unduplicated state/county count of children with a child abuse/neglect referral allegation by the child population and then multiplying by 1,000. Substantiation rates for a given year are computed by dividing the unduplicated state/ county count of children with a substantiated allegation by the child population and then multiplying by 1,000. Entry rates for a given year are computed by dividing the unduplicated count of children entering foster care by the state/county child population and then multiplying by 1,000.

⁴⁶ Child Welfare Services Reports for California. Retrieved 7/26/2012, from University of California at Berkeley Center for Social Services Research website

⁴⁷ Child Welfare Services Reports for California. Retrieved 7/26/2012, from University of California at Berkeley Center for Social Services Research website

Table 30: In care rates in child welfare in San Mateo County, compared to state amounts, measured by incidence per 1,000 ^{48 49}

	2008	2009	2010	2011	Direction	Change
California	6.5 <i>N=72,339</i>	5.9 <i>N=59,405</i>	5.9 <i>N=54,992</i>	5.8 <i>N=53,688</i>	Decrease	-10.8%
San Mateo	2.4 <i>N=387</i>	1.8 <i>N=298</i>	1.7 <i>N=279</i>	1.8 <i>N=288</i>	Decrease	-6.5%

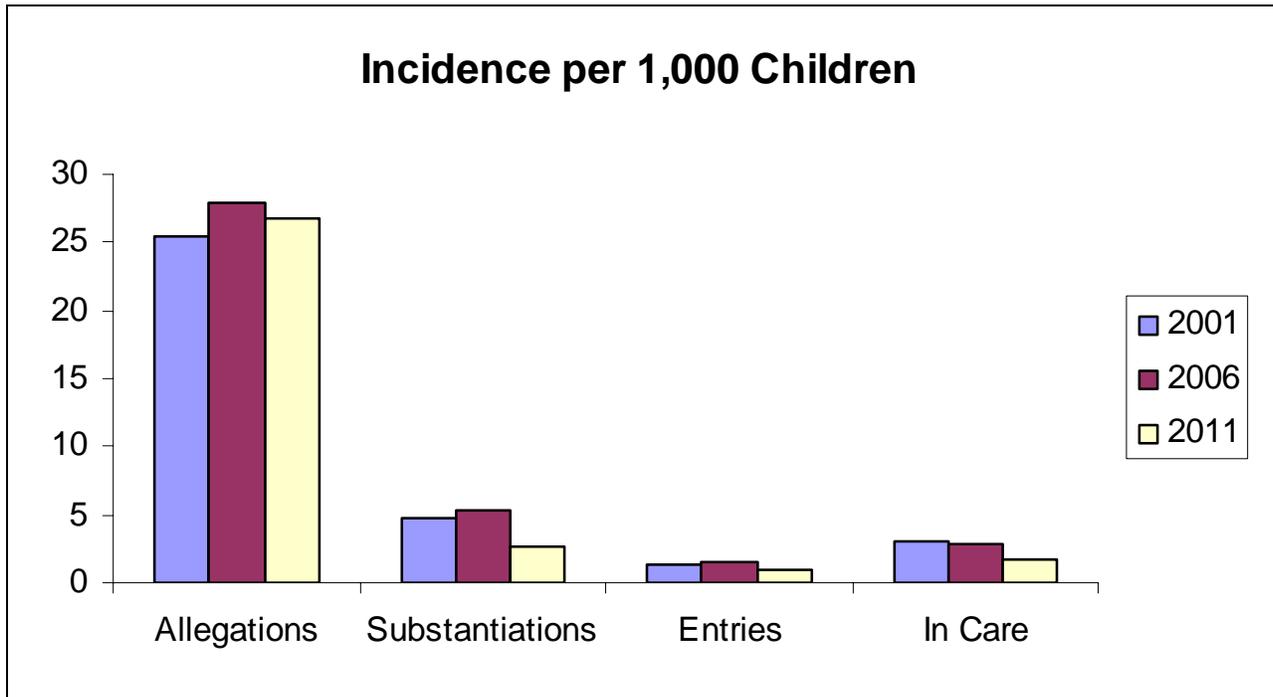
In relationship to the total child population, foster care placement is not common. In 2011, 2.7% of children came to the attention of Child Welfare as a result of a child abuse or neglect report, of which about .3% of children were a subject of a substantiated report, and .2% of San Mateo County's children enter foster care.

The rates of children with a referral, substantiated referral, entries and/or are in care have declined in the last ten years. A discussion on the impact of DR on referral rates is reported in section G.5.D.

⁴⁸ Child Welfare Services Reports for California. Retrieved 7/26/2012, from University of California at Berkeley Center for Social Services Research website

⁴⁹ Entry Rates for a given year are computed by dividing the unduplicated count of children entering foster care by the state/county child population and then multiplying by 1,000.

Chart 5: Incidence of child welfare per 1,000 children in San Mateo County, measured by type of occurrence ^{50 51}



With the declining substantiation and entry rates, caseload size has dropped. The number of children in foster care has been declining, a phenomenon not unique to San Mateo County. Since the year 2000, there has been a 45% drop in the share of California children in the foster care system. In 31 of California's 58 counties, the number of children in foster care declined by 10% or more between 2000 and 2009 even as the population of children in the state increased from 9.3 million to 10 million. The rest of the nation saw a decline of less than 5% from 2000 to 2007.⁵² In San Mateo County, the number of children in care fell by 38% compared to 2006.

Declining number of children in care

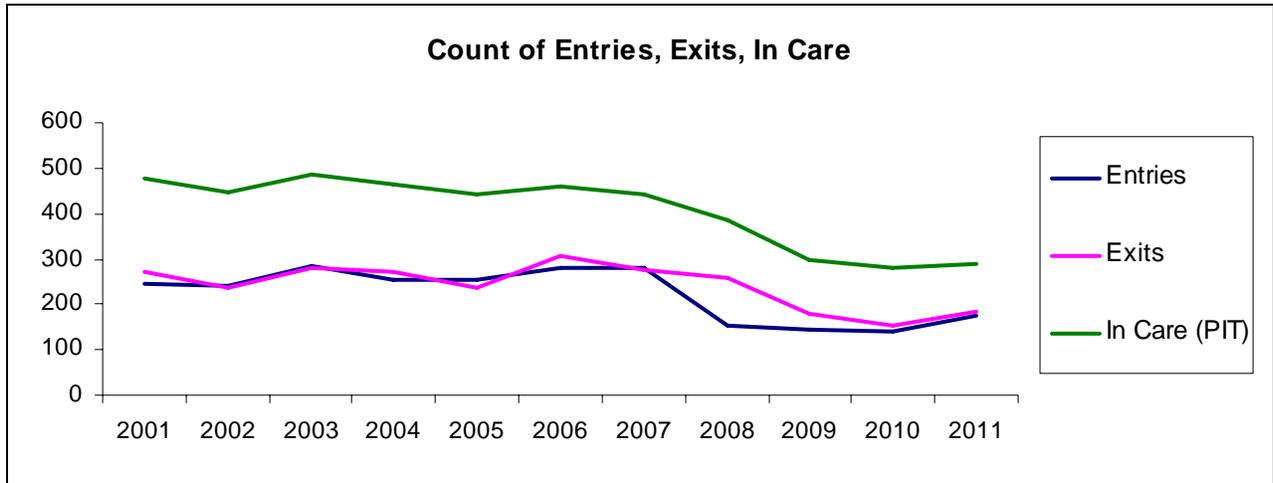
There are many factors that have contributed to the decline in children in care. One contributor is that the number of children leaving foster care has consistently exceeded the number entering. As long as exits continue to outpace entries, caseloads will continue to drop. In San Mateo County, this has been especially true in the last four years.

⁵⁰ Child Welfare Services Reports for California. Retrieved 7/26/2012, from University of California at Berkeley Center for Social Services Research website

⁵¹ Entry Rates for a given year are computed by dividing the unduplicated count of children entering foster care by the state/county child population and then multiplying by 1,000.

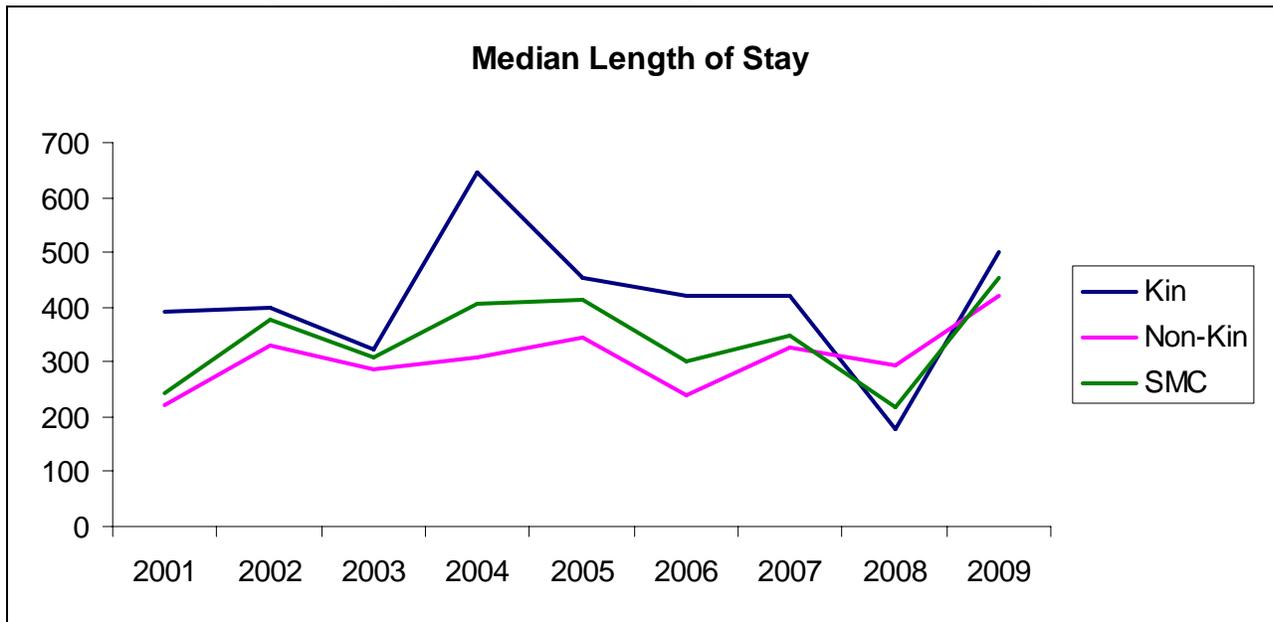
⁵² Foster Care in California Achievements and Challenges." Caroline Danielson, Helen Lee. Public Policy Institute of California May 2010

Chart 6: Count of entries and exits in care from the child welfare system in San Mateo County



Another factor is the reduction in long stays in foster care.⁵³ In San Mateo County, the length of stay in foster care for children entering a placement episode lasting 8 days or more showed a considerable drop in 2008 compared to 2005, but has increased in 2009.

Chart 7: Median length of stay in the child welfare system in San Mateo County



Another factor that is widely received as a reason for shorter stays in foster care is the Kinship Guardianship Assistance Payment Program (KinGAP). The program provides financial

⁵³ Ibid

assistance to caregiver relatives who assume responsibility for children within the foster care system and who then go on to become their legal guardians. However, not all children in KinGAP could have been assumed they left the foster care system under the program; some children could have been reunified or adopted. The conservative estimate of KinGAP's contribution to the decline is 20% of the overall caseload. San Mateo County has 40 children in KinGAP as of June 2012. With the conservative estimate of 20%, the effect of KinGAP in the caseload is 8 children.

Child Welfare Reform

In the last decade, California has made some remarkable advances in child welfare. In 2009, the Blue Ribbon Commission on Children in Foster Care released recommendations to improve the courts' role in foster care. In 2006, the Child Welfare Council, a permanent advisory group, developed recommendations for improved collaboration and coordination across the courts, agencies, and departments that serve children. The introduction of KinGAP was meant to increase the share of foster children permanently placed with relatives. Another major change included the move toward outcome-based reporting. Although many advances were made in child welfare, California failed to meet the federal standards in its first and second review.

San Mateo County has also gone through several initiatives, some driven by the state, and others driven by county policy. These initiatives include Family to Family, Team Decision-Making (TDM), Differential Response (DR), and adoption of a Safety and Risk Assessment Tool. Other additions were the Family Resource Centers (FRC), which began in the 1990's, and flourished in the early 2000's when the Human Services Agency (HSA) of San Mateo County added staff and expanded to the coastal and other unincorporated regions of the county.

In 2008, HSA became the first public agency to be fully accredited by the Council on Accreditation (COA), symbolizing third party recognition of meeting or exceeding national standards of excellence. COA-accredited agencies and organizations are recognized for the quality of their services, a strengths-based focus on the individuals/families served, a collaborative relationship with the community and with other organizations within the community, a respect for diversity and the assumption of responsibility to provide service in a culturally-competent way, and a commitment to producing positive outcomes and to accountability to those who purchase and use their services.⁵⁴

However, the challenge with implementing several prevention and early intervention strategies is isolating which strategy worked best. HSA does not currently have a way to quantify how many families were diverted from the child welfare system due to these prevention and early intervention strategies.

⁵⁴ COA Standards and Self-Study Manual (For Private Not-for-Profit and For-Profit Organizations), 7th edition

C.10: Juvenile Probation Participation Rates

Currently, there are 159,772 children in San Mateo County under the age of 18. Of that number, there are 24 youth who are in placement for probation. The age range for the number of youth in placement is between 14 and 18 years of age. The ethnicity spread is diverse, with the distribution including Caucasians, Hispanics, African Americans, Filipinos, and those who declared "other race/ethnicity."

Of the 24 youth in placement, there are 6 (26%) Caucasian, 8 (33%) African American, 8 (33%) Hispanic, 1 (4%) Pacific Islander (Filipino) and 1 (4%) other. The data reported indicates that disproportionality in juvenile probation placements exists.

D. Public Agency Characteristics

D.1: Size and Structure of Agencies

D.1.A. County-Operated Shelter

San Mateo County Children and Family Services (CFS) provides emergency shelter care services to children who are removed from their home by CFS due to abuse or neglect. Emergency shelter services are provided from a centralized unit located at a new, state-of-the-art Children's Receiving Home which opened in March 2009.

A 12-bed, state-licensed facility, the Receiving Home houses adolescents aged 12-18 for whom no emergency foster/shelter home can be identified. The Receiving Home has multidisciplinary staff working around the clock to provide for the emergency needs of the youth, in close concert with the assigned social worker.

The average length of stay is approximately 40 days. This length is a result of requests by attorneys for youth to remain at the Receiving Home, and the Court orders to support that. In addition, there have been significant delays in getting jurisdictional/dispositional orders due to increased numbers of contested hearings. Another factor that may contribute toward extended stays in the Receiving Home may be any delays that occur in receiving results from Live Scan requests.

The Receiving Home is designed to provide a variety of amenities and services to incoming youth:

- A warm homelike setting for children 12-18 years of age, for whom no emergency foster home is available.
- Appropriate physical, mental health, social, emotional and psychiatric assessments and treatment.
- A safe environment.
- Attention to academic needs.
- An opportunity to participate in appropriate vocational, educational, social and cultural activities.

All youth that enter the Receiving Home receive a mental health assessment, are provided crisis counseling, and when needed, psychiatric services by clinical staff from Behavioral Health and Recovery Services (BHRS). Youth are seen by staff within 2-3 days of intake (unless there is a more specific need, in which case youth are seen more quickly by a physician, public health nurse, and/or crisis counselor). Referrals and follow-ups are provided for dental, orthodontic and optometry services, and the youth may receive educational tutoring, school enrollment assistance or special education referrals.

The facility contains a well-stocked library, and participation in cultural activities is fostered. There is also an onsite game room and fitness center. Recreational sports and fitness activities are planned and/or encouraged. Youth may attend religious services of their choice. The Receiving Home is American with Disabilities Act (ADA)-accessible and is an environmentally-friendly, certified Green facility.

D.1.B. County Licensing

HSA has a Memorandum of Understanding (MOU) with the CDSS to operate as a foster care licensing agency. As of May 2012, San Mateo County provided support to 112 licensed foster

homes. In addition, HSA is a licensed foster family agency, providing foster care for 15 to 20 children in therapeutic foster homes.

The CFS Homefinding Unit conducts a variety of recruitment, training, foster care licensing, adoptive home study, and placement support services. Placement support services include Shelter Care Counselors, who work closely with both the youth and caregiver to ensure that a placement remains stable and all necessary services are in place. For medically fragile infants (MFIs), our MFI Coordinator (who is a licensed clinical social worker) coordinates service delivery with the caregiver and child. Both Shelter Care Counselors and the MFI Coordinator are supplements to the traditional social worker case management services provided to youth and families. CFS also utilizes the services of Public Health Nurses (PHNs) to support the caregivers as needed.

Four social work staff, one supervisor and one program manager are assigned to the unit. Two social workers are primarily responsible for completing foster home licensing and adoptive home study activities, while the other two social workers serve the following roles:

- One social worker is a relative assessment worker, who is responsible for completing a process similar to foster home licensing for prospective relative and unrelated caregivers.
- Another social worker is a recruitment specialist, who is responsible for coordinating a wide variety of community-focused media campaigns and conducts informational meetings and orientation training for prospective licensees and adoptive families throughout the County. In addition, the social worker coordinates the Resource Parent Training program. No PSSF Adoption Promotion and Support funds are used for this activity.

D.1.C. County Adoptions

The San Mateo County State-Licensed Adoptions Program is dedicated to the protection and welfare of children. The post-adopt program is based on the practice of concurrent planning, parallel case management and teamwork. PSSF Adoption Promotion and Support funds are used to support HSA staff in providing adoptive parents education and support groups.

The Adoptions unit is comprised of one Supervisor, four Adoption Social Workers, two Adoption Assistance Program (AAP) Social Workers, and one Post-Adoption Contact Social Worker. For concurrent planning cases, Adoption Social Workers are secondary workers who assess the children's needs, the children's attachment to their parents and siblings, and search for the most appropriate family, while the primary case-carrying Social Workers provide the ongoing case management services. Following the termination of parental rights, Adoption Social Workers assume primary case management responsibilities until the adoption process is finalized and the case is closed.

Adoptions staff work to facilitate a healthy transition and adjustment and to maintain support services and supervision for each child until his or her adoption becomes finalized. The child must be newborn to 18 years of age and alleged to be the victim of abuse, neglect, or exploitation, and/or have been voluntarily relinquished, safely surrendered or have been made a dependent of the court. The Adoptions program is funded through federal, state and county funding allocations.

Pre-adoption services include:

- Counseling services for voluntarily relinquishing parents.

- Safely surrendered infants.
- Emergency shelter foster care for abandoned or relinquished children.
- Search for and placement of children in foster-adopt homes.
- Counseling, medical, cultural and other necessary services for children during the permanency process.
- Referrals for home studies.
- Adoptability assessments.
- Compilation of natural parent study.
- Prospective foster-adopt family training and other support services (mentoring program, monthly education group meetings, ongoing education, recognition events, information and referral).

Adoptions program social workers collaborate with many community agencies in providing services to children, biological families and adoptive families. Some of these agencies include the San Mateo County Health System, hospitals, law enforcement, the County Counsel and the Courts, the Bay Area Supervisors of Adoptions, California Kids Connection and private adoption agencies.

Post-adoption services include:

- General counseling about program services.
- Release of non-identifying information.
- Exchanges between birth and adoptive families or adoptee.
- Post-adoption contacts.
- Assistance with contacts between the adoptee and birth family, including counseling.
- Information on birth siblings in accordance with regulations.
- Financial assistance through the Adoptions Assistance Program (AAP).
- Assistance in placing the adoptee in residential care.
- Referrals to other agencies for additional services.
- Monthly education group.
- Placement services, if needed.
- Assistance with the California Medi-Cal program.

D.2: County Government Structure

San Mateo County is an ethnically diverse community. Geographically, the county covers 455 square miles and it stretches from the Pacific Ocean to San Francisco Bay. San Mateo County encompasses urban centers, isolated rural communities, redwood forests, coastal ranges and miles of coastline.

The county's 2011-2012 \$1.8 billion budget helps provide social services, health care, housing programs, law enforcement, environmental protection, and a host of other public services. The San Mateo County government is currently made up of 5,310 full-time employees.

The HSA and the Juvenile Probation Department are two of approximately 26 departments in the County government structure. San Mateo County is governed by a five-member Board of Supervisors. Supervisors are elected in a countywide vote, but each must live within a separate geographic district. The Board of Supervisors appoints the County Manager to carry out the Board's policies and goals. The County Manager is responsible for overseeing a proper and efficient administration of the County government. The departments in the county are governed by directors appointed by the County Manager.

The mission of San Mateo County government is "to protect and enhance the health, safety, welfare and natural resources of the community and to provide quality services that benefit and enrich the lives of the people in the community." San Mateo County Government is committed to the "highest standards of public services, a common vision of responsiveness, the highest standards of ethical conduct, and treating people with respect and dignity."⁵⁵

D.2.A. Human Services Agency

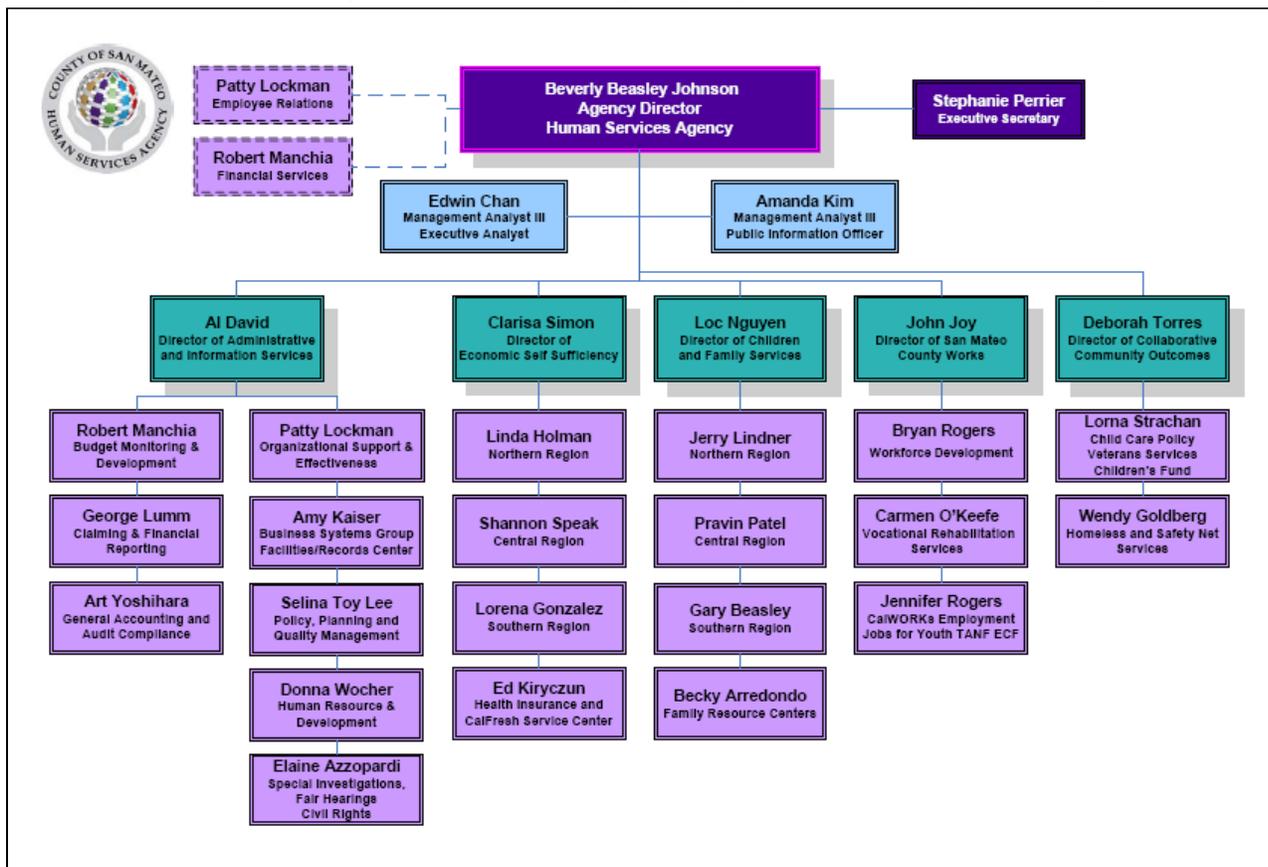
HSA provides integrated services to an estimated 100,000 clients annually through CFS, Employment and Financial Assistance, Housing, and Health Insurance Assistance. Regional offices are located in the Northern, Central, and Southern regions of the county, and are divided based on geographic location. The Regional Directors are responsible for the operational management of offices within their regions and also maintain program area responsibility. An integrated service model allows clients served by CFS greater access to services that support family self-sufficiency and stability. Additional, regional offices provide services that address the specific needs of the community in which they are located.

⁵⁵ County of San Mateo, 2011-2011 Profile Report

Table 31: Regions of San Mateo County

Northern Region	Central Region	Southern Region
Brisbane	Belmont	Atherton
Broadmoor	El Granada	East Palo Alto
Burlingame	Foster City	La Honda
Colma	Half Moon Bay	Menlo Park
Daly City	Hillsborough	Pescadero
Millbrae	Montara	Portola Valley
Pacifica	Moss Beach	Redwood City
San Bruno	San Carlos	San Gregorio
South San Francisco	San Mateo	Woodside

Chart 8: San Mateo County Human Services Agency organizational chart, as of August 2012



D.2.A.i: CFS Staffing Characteristics

As of July 30, 2012, the total number of CFS staff positions is 193, of which 99 are social worker positions. Currently, 181 of the 193 positions are filled, of which 95 are social worker positions. Of the 99 filled social worker positions, 76% are case-carrying staff. The remaining 24% are non-case-carrying staff, which includes screeners, post-adoption inquiry social workers, court officers, receiving home staff, TDM facilitators, and Homefinding workers.

Table 32: Current CFS staffing breakdown, as of July 2012

Emergency Response	
Intake	38
Investigations	10
Continuing	
Family management, family reunification, and permanent placement (FM/FR/PP)	14
Adolescent Services	
Permanent placement	7
Adoptions	
Fost-adopt	4
Adoptions Assistance Program (AAP)	2 (+ 1 Post Adoption Contact Social Worker)
Total count	76

CFS has historically been generously staffed using a combination of state allocation and county General Fund dollars, which has supported more staff than is justified using either the state or the SB 2030 minimum/maximum caseload standards. However, due to the economic crisis and a change in financial stability of funding, continued staffing will no longer remain at the same level. Over the past two years, CFS has lost approximately 30 filled and unfilled social worker positions and multiple support staff positions.

The San Francisco Bay Area is nationally renowned for its high cost of living, which has a negative impact on staff recruitment and retention. The median household income in San Mateo County was \$85,648 versus California's statewide average of \$60,883. The median home price was \$784,800, compared to the state average of \$458,500.⁵⁶

Retaining qualified staff is a high priority. Examples of county strategies developed to promote staff retention include employee development programs, alternative work hours, a county child care center, elder care assistance, employee assistance programs, cash bonuses for hard-to-fill positions, voluntary time off, deferred compensation, a dependent care program, and a health care flexible spending account.

D.2.A.ii. Private Contractors

CFS establishes contracts with providers to ensure that services are available and accessible to children and families in their own communities. Contracts are developed with the goal of supporting the SIP priorities of Safety, Permanence and Well-Being, and are tracked by a CFS Contracts Analyst according to the SIP area with which they are aligned.

⁵⁶ US Census Bureau, 2010 Census

Table 33: Currently active contracts with CFS and costs for Fiscal Year 2011-2012

Area	Services	# of Contractors	FY 11-12 Amount	
Safety	Child abuse prevention and intervention	8	\$ 499,000	
	Differential response (DR)	2	\$ 805,000	
	Domestic violence prevention and intervention	1	\$ 90,000	
	School-based educational support and community development	2	\$ 213,676	
	Kinship support services	1	\$ 307,627	
	Medical evaluations	1	\$ 30,000	
	Mandated reporter training	1	\$ 15,100	
	TOTAL SAFETY			\$ 1,960,403
Permanence	Post-adoption support services	2	\$ 2,700	
	Anger management, batterer intervention, domestic violence	3	\$ 12,445	
	Drug testing and treatment	3	\$ 150,345	
	Educational case management	1	\$ 101,970	
	Foster parent education, support and advocacy	7	\$ 55,049	
	Temporary shelter	2	\$ 193,579	
	Interpretation services	4	\$ 28,428	
	Psychiatric evaluations	11	\$ 184,908	
	Sex offender treatment	1	\$ 5,000	
	Social worker training and support	3	\$ 211,875	
	Tutoring	1	\$ 76,706	
	TOTAL PERMANENCE			\$ 1,023,005
	Well Being	Adolescent services	1	\$ 1,375,889
Housing for aged-out youth		1	\$ 253,800	
Independent Living Skills (ILP) program		1	\$ 105,000	
Social Security Income (SSI)		1	\$ 56,340	
TOTAL WELL BEING				\$ 1,791,029
Administration	Facilitation, consultation, information technology (IT) support	9	\$ 300,193	
TOTAL ADMINISTRATION			\$ 300,193	
TOTAL CFS CONTRACTS		67	\$ 5,074,630	

D.2.A.iii: Worker Caseload by Service Program**Table 34: Average caseload sizes compared to State and SB 2030 standards between June 2011 and May 2012**

	Average in the last 12 months			Caseload amount standards				
	Avg FTE	Avg case load	Avg case load/FTE	COA	HSA	SB 2030 Minima	SB 2030 Optima	State
Referrals	23	307	13.3	15	13	13.03	9.88	15.8
Voluntary FM	4	89	20.1		25			
FM/FR	11.8	237.3	20.1	30 / 25	25 / 25	14.18 / 15.58	10.15 / 11.94	34.97 / 27.00
PP	3.3	61.3	18.6	20	30	23.69	16.42	54.00
Adoptions	3.8	101.3	26.4	25				

D.2.A.iv: Children in Care**Table 35: Children in care based on point-in-time data within the last five years**

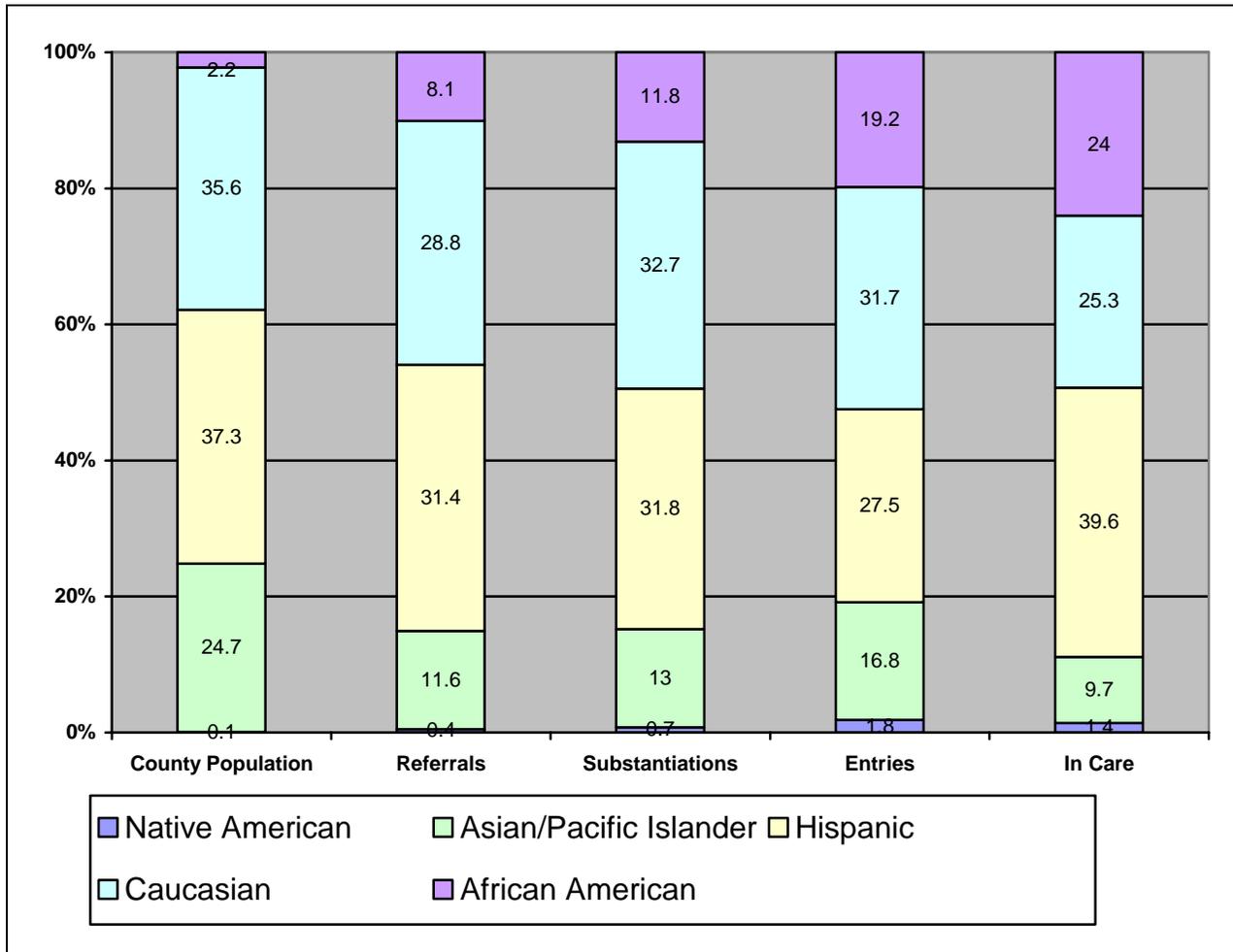
	2006	2007	2008	2009	2010
Number of children in care	461	443	387	298	279
% change from year before	4.3%	-3.9%	-12.6%	-23.0%	-6.4%

D.2.A.v: Disproportionality

The over-representation of African American children in the Child Welfare System is both a local and national issue. Data gathered internally from January 2007 to December 2007 indicated that African American children were significantly overrepresented in referrals to child welfare services. At that time, only 3% of the child population was African American, yet they made up 12% of referrals to CFS and 29% of children in care. There are a number of factors contributing to disproportionality both locally and nationally; among them are social and economic disadvantages, isolation from supportive networks and resources, and institutional and social bias.

Correcting disproportionality is an enormous systemwide undertaking. However, HSA has a strong commitment to challenging this disparity. Through ongoing training, process analysis and program enhancements, CFS has reduced the representation of African American children in referrals to 8% and children in care to 24% over the last four years. This is a significant achievement for any child welfare agency.

Chart 9: Ethnicity and path of youth in the child welfare system in San Mateo County, by percentage ⁵⁷



D.2.A.vi: Bargaining Unit Issues

CFS social workers and supervisors are represented by the American Federation of State, County and Municipal Employees (AFSCME) Union. In order to foster open communication between AFSCME and CFS management, labor/management meetings are held every six weeks. In these meetings, staff members and/or union representatives have the opportunity to raise issues and express concerns directly to CFS managers. This forum allows for open discussion to take place and expedites CFS management’s ability to address issues within the agency.

⁵⁷ Center for Social Services Research, University of California, Berkeley, School of Social Welfare (Year 2011)

Workload

Over the past two years, Due to state and county budget cuts as well as funding realignment, CFS lost approximately 30 filled and unfilled social worker positions. In addition, support staff positions have been eliminated. To compound the reduced staffing, as of Jul 2012, there are six social workers on leave with five pending and five support staff who are on a temporary leave of absence.

This led CFS management to hire five extra help social workers in April 2012 who serve as floaters. The extra help social workers cover for staff who are on a leave of absence or assist units that are experiencing an increase in workload. In June 2012, approval was given to recruit for four additional permanent social worker positions.

Weekend/Evening Hours

Since all CFS social work supervisors were included in the rotation to cover weekend and evening hours in October 2011, issues with schedule and pay have come to light. One issue is that the 5% intake salary differential is not applied when it overlaps with the staff's regular work hours. Another is when supervisors are pulled from the rotation, which shortens the time between the assignment rotations for the existing supervisors.

All social workers began covering evenings and weekends in early 2012. As with supervisors, exempting social workers from covering the evenings/weekend shifts means a shorter time between assignments.

One of the challenges with having supervisors and case carrying social workers cover evenings and weekends is fatigue. Supervisors are required to work Saturday to Tuesday morning in addition to their regular schedule and duties. Social workers serve as back-up for 8-16 hours and are still required to show up to work on their assigned workload. Since case-carrying social workers have visits or court hearings scheduled in advance, they do not have the flexibility to change their hours.

D.2.A.vii: Financial Material and Resources

CFS is funded by a wide variety of allocations and revenue streams. These include the allocations for Adoptions; AFDC Foster Care; CalWORKS; CAPIT; Child Welfare Services; Foster Home Recruitment and Licensing; Adolescent Services; Kinship Support Services; PSSF; Realignment; Targeted Case Management; and Wraparound Services (SB163).

In addition to the required county match in the CFS program, San Mateo County makes a significant contribution of county funds. These county funds are used to the fullest extent possible to draw down Federal Title IV-E funds. Also, CFS operates its own Foster Family Agency that funds the provision of enhanced services to a limited number of children. Partnership agreements with city and school districts in the county help to fund prevention and early intervention services provided by community-based FRCs. CFS provides funding to the school districts in order to fund a portion of the FRCs community schools' site coordinator's salary.

While CFS, in collaboration with its partners, has developed a weave of funding sources to support an extensive network of collaborative and integrated services, two specific financial issues negatively impact funding and CFS' ability to achieve positive outcomes for children. First, traditional federal funding sources may only be used in a very limited way for the provision of prevention and early intervention services. Secondly, many allocations do not account for the differing cost of doing business in this county. There has not been a cost of living increase in the

past four years. Such allocations distribute a statewide budget appropriation as if a dollar of allocation would buy the same amount of services in each county, when in a county where the standard of living is higher such as in San Mateo, each dollar is worth considerably less. Although changes were made due to AB 118, realigning state funding for most CFS programs may help with these issues.

In addition to CAPIT/CBCAP/PSSF funding, San Mateo County blends the Children's Trust Fund and Kid's Plate revenue to fund prevention/early intervention services. These funds promote safety and stability with services that range from information and referral to counseling. CCAT distributed thousands of marketing and educational materials, such as 'onesies', bilingual flyers and magnets to hospitals and various agencies. CCAT has also partnered with HSA in providing Mandated Reporter Training to child care providers, teachers, and law enforcement.

D.2.A.viii: Political Jurisdictions**School districts and local education agencies**

HSA has developed strong partnerships with several school districts in San Mateo County.

HSA partners with the Redwood City School District (RWCSD) to provide coordination and administrative support to interagency school-based FRCs located at Taft, Fair Oaks, Hoover and Kennedy schools. These school-based centers offer a range of prevention and early intervention social services, educational support and community development activities to approximately 3,000 residents. The primary goal of FRCs is to increase parent involvement in their children's education, with the objectives of improving the health, safety, academic, and social and emotional success of children.

Cañada College and the HSA have a MOU in providing education and training opportunities to foster parents and kinship care providers in San Mateo County to assist them in meeting the multifaceted needs of the children in their care.

HSA has a contract with the San Mateo County Office of Education (SMCOE) to fund two educational liaisons that are located in the Receiving Home. The educational liaisons provide educational services for children in the foster care system such as monitoring each student's academic progress, attending IEP, and facilitating the transfer of student records.

The College of San Mateo (CSM) has a contract with HSA to provide the Independent Living Skills Program classes in a college setting. CSM develops the curriculum collaboratively with CFS that covers the core life skills needed to be a self-sufficient adult. These life skills include training in daily living skills, money management, finance and taxes, decision making, building self-esteem, financial assistance with college or vocational schools, educational resources, housing (transitional housing), and employment.

Law enforcement agencies

Approximately 15% of incoming referrals to CFS are from law enforcement. Slightly over half of the referrals from law enforcement are immediate, and the remainders are 10-day referrals.

HSA signs MOUs with San Mateo County's law enforcement agencies, including local police departments, and the County Coroner. The MOUs outline jurisdiction, proper investigation protocols, reporting procedures and documentation, and information sharing. The MOUs outline general duties and responsibilities such as:

- Maintaining a 24-hour social service response system that includes law enforcement's evaluation of reported abuse and department appropriate actions.
- 24-hour emergency services that provide protection to children.
- Assistance with potentially dangerous situations.

HSA/CFS also has a Drug Endangered Children (DEC) MOU and protocol with law enforcement. This MOU defines the roles and responsibilities of law enforcement, HSA/CFS, medical personnel and the District Attorney's Office in working together to establish and maintain response teams to improve San Mateo County's response drug endangered children.

CFS and Juvenile Probation have a current 241.1 Welfare & Institutions Code (WIC) protocol and have conducted joint training regarding the management of these in-common cases. The protocol addresses time frames, social worker and probation officer responsibilities, investigation and court reports, case management for dual status minors, out-of-county cases,

joint planning meetings and reports, report distribution, notices of hearings, pre-trial conferences and the Joint Planning and Review Committee (JPRC).

Tribes

CFS follows detailed procedures in order to protect the best interest of Native American children and to promote stability, and security of Native American tribes and families. The specific standards that must be met before a Native American child may be removed from his or her family or placed in an adoptive or foster care placement are clearly outlined in CFS' Indian Child Welfare Act (ICWA) policy.

Generally, San Mateo County does not have a high volume of cases eligible under ICWA. In the last year, San Mateo County has had an average of 3 open cases.

Staff is instructed to inform the supervisor if there is a case where ICWA may potentially apply. The supervisor then informs the program manager and the designated CFS ICWA representative. All staff is trained on related policy and the designated representative acts as the subject matter expert.

CFS policy defines the terms and emphasizes the need to consider the prevailing social and cultural conditions and way of life of the child's tribes. All available resources are being utilized, including the extended family, the child's tribe, and Native American social services located in neighboring counties such as the Intertribal Friendship House in San Francisco and the Native American Health Center in Oakland. Duties to inquire at screening, intake and ongoing are outlined, and forms are explained. Documentation requirements are listed as are noticing requirements, including who must be notified, frequency of notification, and procedures for notifying. A section in the policy on case planning discusses active efforts to provide services designed to prevent the separation of Native American families and to ensure that the level of services being rendered is culturally appropriate.

Cities

In the city of Daly City, the Daly City Peninsula Partnership Collaborative was formed in 1995 to promote and facilitate collaborative efforts to ensure that young children and their families have access to the health, education, and social services to the local community. Representatives from over 60 agencies and institutions meet on a bi-monthly basis to share information and to develop joint programs. Working collaboratively helps to reduce duplication of services and maximizes available resources.

Collaborative subcommittees have developed multiple programs and services to meet the needs of the community. Our Second Home, an early childhood family support center, works with families and caregivers of children, prenatal through five year of age, to promote healthy development, academic readiness and safety for young children in Daly City and northern San Mateo County. Elementary school-aged programs include literacy tutoring, homework assistance, enrichment classes and kindergarten readiness programs at all 15 public elementary schools in Daly City. Adolescents are assisted in their transition from middle school to high school through a collaborative program. Programs such as Positive Youth Media Blitz and the After School Safety and Education for Teens (ASSETs) help youth build their competencies and self-esteem. The Collaborative also provides services to senior adults in multicultural community.

In the city of Redwood City, Redwood City 2020 (RWC 2020) is a community partnership designed to support the success of youth and families and to engage and strengthen the

community. This collaboration is comprised of the City of Redwood City, the Redwood City Elementary School District, the Sequoia Union High School District, San Mateo County, John W. Gardner Center for Youth and Their Communities at Stanford University, the Sequoia Health Care District, Cañada College, Kaiser Permanente, Shinnyo-en Foundation, and the Silicon Valley Community Foundation.

The RWC 2020 partnership has established a network of schools co-located with FRCs. Services expand and broaden the school day with social, emotional and educational resources for youth. Family services include adult education, health screening, benefits determination, and leadership and community organization. As youth transition to high school, RWC 2020 provides early intervention and crisis management of medical services through the Teen Resource Center.

This community partnership contributes to improved outcomes for children and families by co-locating services in their school communities, allowing easy access and therefore yielding greater participation and response to service needs. The partnership is a recognized best practice of neighborhood services in that this method of service integration is generally culturally sensitive to the community and better able to respond to the needs of the individual and the family.

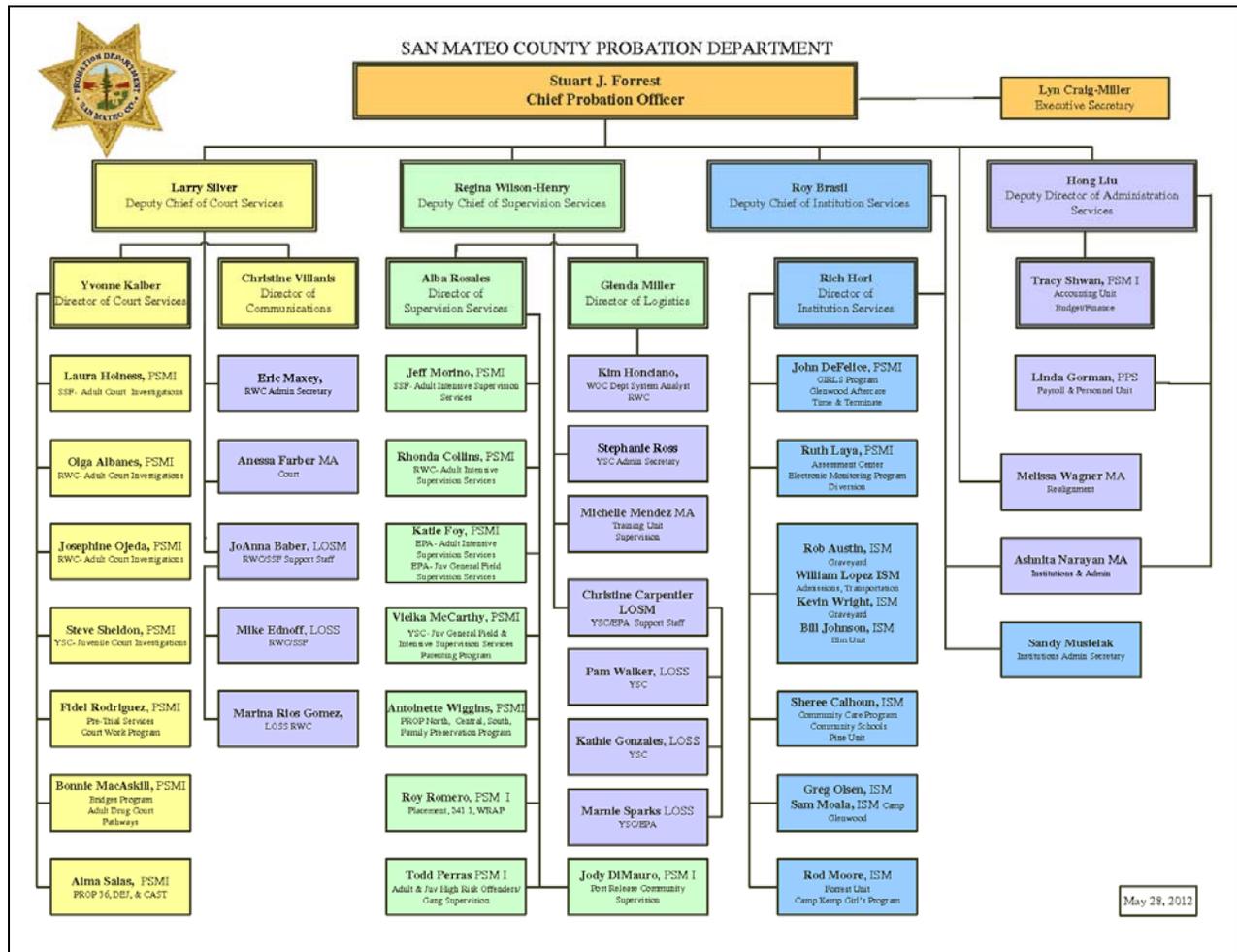
D.2.B. Juvenile Probation

While there are several units in the San Mateo County Juvenile Probation Division that perform functions in the CFS program area, the majority are performed by the Placement Unit, which is comprised of one Probation Services Manager, five Deputy Probation Officers and two Legal Office Specialists.

The Probation Department's Placement Unit assesses the individual needs of each youth ordered into out-of-home placement by the Juvenile Court. Based on case needs, the unit identifies a placement that will provide appropriate treatment and supervision to the youth. On average, the unit manages approximately 40 cases at any given time in various stages of placement. These stages include pre-placement, placement and aftercare. Additionally, there are approximately 20 cases supervised in the unit receiving wraparound services or under dual jurisdiction with CFS.

State standards are used to determine approval of all placements. Placement unit standards also adhere to Federal Title IV-E regulations.

Chart 10: San Mateo County Probation Department organizational chart, as of May 2012



D.2.B.i. Financial Material and Resources

The Juvenile Probation Department receives general funds to support the Placement Unit. Although the procedures of that unit are governed by Division 31, Juvenile Probation does not receive the same level of reimbursement for services, such as family reunification and family maintenance, when other agencies are reimbursed for such services. Lack of reimbursements for service funded activities under Division 31-315.4 results in an inability to meet certain goals, such as regular parental facility visits. When a child leaves the welfare arena and enters the juvenile justice system, welfare services are reduced or eliminated. Limited Child Welfare Services Outcome Improvement Program (CWSOIP) funds are used where possible and appropriate. These funds are used for transportation for the family, hotel rooms, gas cards, bus passes and maintaining the Assessment.com tool. During the last fiscal year, there were approximately 100 youth under the supervision of the Probation Placement Unit, which includes aftercare, while the youth transition back to the family home. Currently, Juvenile Probation does not access any CAPIT/CBCAP funding.

E. Peer Review Summary

In an effort to ensure continuous quality improvement for children, youth and families in the child welfare and juvenile probation systems, San Mateo County conducted its PR (formerly PQCR) on June 25, 2012 to June 28, 2012.

Throughout the planning and the PR event itself, San Mateo County was committed to the principle that the PR is an informative process that assists in drilling more deeply into practice areas which address the needs of the children, youth and families they serve. This commitment led to the desire to learn more about two areas:

- CFS examined placement stability of children in its care.
- Juvenile Probation examined timely reunification.

In an effort to gain knowledge from county peers, staff from San Francisco, Alameda, Marin, Solano, Los Angeles, Sacramento, and Santa Cruz counties were invited to participate on interview teams and provided insight and recommendations on child welfare and juvenile probation practices. These counties were selected due to their excellent outcomes in these areas or because of promising practices that had been observed by San Mateo County CFS staff.

Background & Methodology

In 2011, 4,267 families came into contact with CFS and 294 children were in supervised foster care. Of the 174 children removed from their homes, approximately 85% were removed for neglect-related reasons. Of the 131 who entered foster care for the first time, 54% were age 5 or younger.

In the PR, there were a total of three teams; within each team, there were three members, comprised of:

- 2 staff representing CFS.
- 1 staff representing Juvenile Probation.

CFS selected its cases using the following methodology:

- There was a random selection of 20 cases from 129 child welfare cases that had multiple placements over 24 months in care.
- Factors that were considered in case choices include a balance of age, number of placements, placement type, and assigned worker.
- There were a control group (children with two or fewer placements) and a non-control group (children with three or more placements).

In 2010-2011, Juvenile Probation provided services to approximately 1,400 youth and their families. 200 parents served in formal Juvenile Probation parenting programs. There are currently 34 youth in placement.

The average time to transition home from placement is currently 18 months, while the federal standard is 12 months or less.

The concern is that youth are in placements for too long and are not reunifying back to family in a timely manner. The PR was used to identify general trends and develop a baseline understanding of issues impacting transition success.

Juvenile Probation utilized a convenience sample to select its cases. Cases included successful and unsuccessful outcomes and transitions, as well as the length of stay in placements.

Summary of Practice

The PR is a process that surfaces a large quantity of information which both CFS and Juvenile Probation have attempted to synthesize and organize in the Summary of Practice. Throughout the PR process, learning occurred; promising practices were identified or reinforced and in some instances quickly implemented. This section is a summary of the practices that were found in the completed process and is intended to be presented in a manner that concisely explains the trends found throughout the focus groups, interviews and process debriefs.

Child Welfare – Background

In a literature review regarding placement stability by the Northern Training Academy,⁵⁸ a summary of findings include:

- Both descriptive and controlled (rigorously designed) studies find that child behavior problems, especially aggressive behavior, is a strong predictor of placement disruption and a common reason that foster parents request that the child be removed from the home.
- High rates of case turnovers are related to increases in children experiencing multiple placements.
- The type of placement is importantly related to placement stability, with kinship care and treatment foster care being related to increased stability.
- The first 6 months of initial placement is the greatest time when children experience disruption, with 70% of disruptions occurring during this time and infants experiencing more disruptions during the first month of initial placement.
- As the number of placements increases for children, the likelihood increases that they will experience later placement disruptions. This is true even for children who were not initially identified as having behavioral problems. In fact, children who experience multiple placements can begin to exhibit behavior problems, which lead to more displacements, creating a dysfunctional cycle.

⁵⁸ Placement Stability in Child Welfare Services: Issues, Concerns, Outcomes and Future Directions Literature Review, The Center for Human Services , UC Davis, Extension, University of California, August 2008

<i>Strengths</i>	<i>Challenges</i>
Case Management and Concurrent Planning	
<p>Social workers are flexible, motivated and knowledgeable about the children and families on their case load.</p> <p>Children are placed with family/relatives regularly.</p> <p>Children are placed with siblings, which is a value of CFS and has created stability.</p>	<p>Due to budget cuts, there are limitations for support staff to assist with transportation and this falls to the social worker to complete.</p> <p>If a child is placed with a relative, there was frequently no concurrent plan in place, regardless of whether that relative was willing to provide permanency.</p> <p>The Court did not place the same emphasis on permanency as the social worker and did not support the social workers' recommendation of concurrent planning/permanency.</p>
<i>Strengths</i>	<i>Challenges</i>
Engagement	
<p>Siblings are routinely placed together.</p> <p>Social workers are very engaged with everyone on the case, including the family, service providers, collaterals, team, and other individuals involved.</p> <p>Social workers had the flexibility of modifying their schedule to meet the needs of the families.</p>	<p>It was difficult for social workers to engage with the child when placement occurred outside of the county or state.</p> <p>There are language barriers between all parties; biological and foster family; biological family and social worker; social worker and foster family.</p> <p>The family immigration status limited their ability to access resources.</p>
<i>Strengths</i>	<i>Challenges</i>
Assessment and Services	
<p>There is a strong team of multidisciplinary providers to provide services.</p> <p>The child was able to receive extracurricular activities as part of their services.</p> <p>The social worker is able to access psychological evaluations if warranted.</p>	<p>There are a lack of services and an inability to access them out of county and out of the state.</p> <p>There are gaps in Medi-Cal coverage when the child is placed out-of-county, impacting their ability to access mental health services consistently.</p> <p>For some families, there is a stigma with receiving mental health services based on their culture.</p> <p>Families are not interested in participating in mental health services with the children.</p>

<i>Strengths</i>	<i>Challenges</i>
Caretaker Support and Services	
<p>There is a great natural support for families from their extended family and their church/religious communities.</p> <p>Relatives come forward and want the child to be placed with them.</p> <p>It is the social worker's philosophy that relatives are the first choice in placement and foster homes are secondary.</p>	<p>There is limited intracounty and intercounty transportation.</p> <p>Families are unable to commit to permanency due to financial constraints (AAP & KinGAP).</p>

<i>Strengths</i>	<i>Challenges</i>
Placement Changes	
<p>When children are placed early with relatives and they have a connection, this may be the only placement that they need.</p> <p>Siblings placed with their siblings tended to be more stable.</p> <p>When the child and family were included in the placement decision, this strengthens placement stability.</p>	<p>If the caregiver is unaware of the needs and challenges of the child, it is difficult for them to provide appropriate care.</p> <p>Parents are frequently reluctant to share family information with the social worker.</p> <p>In cases where children are separated from their siblings, the likelihood of the child remaining stable is significantly reduced.</p>

<i>Strengths</i>	<i>Challenges</i>
Training	
<p>There is ongoing training regarding permanency.</p> <p>Social workers are open to attend training.</p>	<p>Social workers attended permanency trainings, but could not be specific about what the training was about.</p> <p>There is a need for joint training between social workers and the Courts regarding permanency.</p>

<i>Strengths</i>	<i>Challenges</i>
Documentation Trends	
<p>Social workers use CWS/CMS on a regular basis.</p> <p>The information in CWS/CMS is very detailed and paints the picture of the family.</p>	<p>There are many documents that are redundant and the social workers do not need more new tools.</p> <p>There is a need for more updated technology, such as iPads/Android Phones, for real-time documentation.</p>

Areas needing state technical assistance

There is a need for immediate access to Medi-Cal from one county to the next.

There is a need for assistance around the Interstate Compact on the Placement of Children, (ICPC) as other states are denying placements.

Juvenile Probation – Timely Reunification

<i>Strengths</i>	<i>Challenges</i>
Youth and Family Characteristics	
<p>In families where the parents wanted to reunify with their child, this in itself was seen as beneficial.</p> <p>Keeping the extended family involved in the youth's life is beneficial.</p> <p>The youth maintaining contact with their siblings and continuing that relationship helps in the reunification process.</p> <p>The youth's commitment to rehabilitation is valuable.</p>	<p>When the youth is placed out-of-county, it is difficult for the family to work on reunification.</p> <p>When there are significant mental health issues for both the youth and/or the parents, it hinders the ability to create progress.</p> <p>There are significant alcohol and drug issues for both youth and/or the parents.</p>
<i>Strengths</i>	<i>Challenges</i>
Assessment and Case Management	
<p>The program in which the youth was placed provided opportunities for family involvement.</p> <p>The Probation Officer approved three home passes a month and encouraged frequent family contact.</p> <p>The Probation Officer makes face-to-face contact with service providers regularly.</p> <p>The Ansel-Casey online ILP assessment has been found to be a very helpful tool to assist with case management.</p>	<p>It is a challenge locating and engaging extended family members in the youth's life.</p> <p>The Public Health Nurse (PHN) is frequently the possessor of mental health information while the youth is on psychotropic medication. This disconnect can affect mental health services.</p> <p>If the group home placement is not meeting the youth's needs, this extends the time to reunification.</p>
<i>Strengths</i>	<i>Challenges</i>
Placement Matching/History	
<p>It was found to be helpful when the youth was matched with a placement that is accommodating with transportation and welcomed the family to participate in treatment.</p> <p>When the youth's needs are considered in finding an appropriate placement, it leads to one placement and gives the youth stability.</p> <p>When the Probation Officer was available to visit the youth more frequently as the youth was placed in close geographical proximity, it allowed for more consistent assessment of youth progress.</p>	<p>When the placement cannot be made in county as there are no placements to meet the youth's needs, this impacts the parent's ability to see the youth, especially during the workweek.</p> <p>The youth's behavioral issues can prolong the need for placement and affect reunification.</p>

<i>Strengths</i>	<i>Challenges</i>
Services	
<p>There is a strong multidisciplinary team (CASA, teacher, mental health providers) to provide necessary services.</p> <p>The youth is able to receive mental health and substance abuse services while in placement, and are active in receiving and utilizing those services.</p>	<p>A lack of engagement with the biological family prevents effective services being rendered.</p> <p>Families that have an undocumented immigration status are barred from accessing federal and state resources.</p> <p>The Probation Officer is restricted from referring the minor to a group home that would better suit the needs of the child.</p>
<i>Strengths</i>	<i>Challenges</i>
Visitation	
<p>Parents and youth continue to have frequent contacts and visits.</p> <p>Visits were consistent and based on the youth's progress in the program.</p> <p>The group home placement assisted with transportation to encourage visitation.</p> <p>The group home and probation facilitated hotel accommodations and transportation for visits.</p>	<p>When a youth is placed out-of-county, distance and lack of transportation is an issue to consistent visitation.</p> <p>There is a lack of supervision by parents during home passes that may not help the youth's treatment plan.</p> <p>When the youth is absent without leave (AWOL), visitation cannot occur.</p>
<i>Strengths</i>	<i>Challenges</i>
Family Engagement	
<p>The programs the youth are active in engage the family.</p> <p>When the parent located other family members and gave that information to the Probation Officers, this promotes the progress the youth is making.</p> <p>Probation Officers ensure that fathers are engaged.</p>	<p>The Probation Officer was not aware of any extended family or how to locate or access extended family.</p> <p>There was limited effort made by the Probation Officer to research and find extended family.</p> <p>When the youth is AWOL, they are difficult to engage.</p>
<i>Strengths</i>	<i>Challenges</i>
Reunification	
<p>When the youth and parents have a strong desire to reunify.</p> <p>When there are post-treatment services for the youth after reunification.</p>	<p>Parents lack suitable housing that would allow the minor to return home (such as a shared rental).</p> <p>When the youth is constantly AWOL, this affects the time to reunification.</p>

<i>Strengths</i>	<i>Challenges</i>
Training	
<p>Most Probation Officers get on-the-job training and their experience in working with youth over time assists them.</p> <p>Trainings such as placement CORE, Family Finding, and AB12/212 have been helpful.</p>	<p>Training is needed in understanding how trauma that youth has experienced may result in acting out behavior and mental health issues.</p> <p>Training is needed on how to support transitioning youth to return home or become independent.</p>
<i>Strengths</i>	<i>Challenges</i>
Documentation Trends	
<p>Probation Officers have the ability to access historical information and learn patterns of behavior.</p> <p>The documentation regarding what services have been offered was adequate.</p>	<p>There is too much paperwork and it is often duplicative.</p>
Areas needing state technical assistance	
<p>There is a need to address the fact that undocumented families are unable to access services such as housing.</p> <p>There is a need to provide financial assistance for families to facilitate reunification, such as housing, transportation, and treatment.</p> <p>There is a need to develop a way to monitor the quality of providers in order to assess the needs of the youth consistently and adequately.</p>	

F. Child Welfare & Juvenile Probation Outcomes and C-CFSR Data Indicators⁵⁹

Time periods for current performance analysis: Q4 2011 (most recent performance), Q4 2008 (baseline performance)

Time period for demographics analysis: since the last SIP period (average from January 2008 – December 2008 to January 2011 – December 2011)

F.1: Safety 1: Protection of Children from Abuse and Neglect

Children are, first and foremost, protected from abuse and neglect.

F.1.A: S1.1: No Recurrence of Maltreatment

This measure answers the question: Of all children who were victims of a substantiated maltreatment allegation during the six-month period, what percent were not victims of another substantiated maltreatment allegation within the next six months?

Juvenile Probation refers all allegations of child abuse and neglect to CFS for investigation; therefore, Juvenile Probation does not track this measure.

County's Current Performance:

From January 1, 2011 to June 30, 2011, 94.8% of children with substantiated maltreatment within the six-month period did not have another substantiated maltreatment allegation within the next six months.

Table 36: Safety outcome measure 1.1 – no recurrence of maltreatment within a six-month period

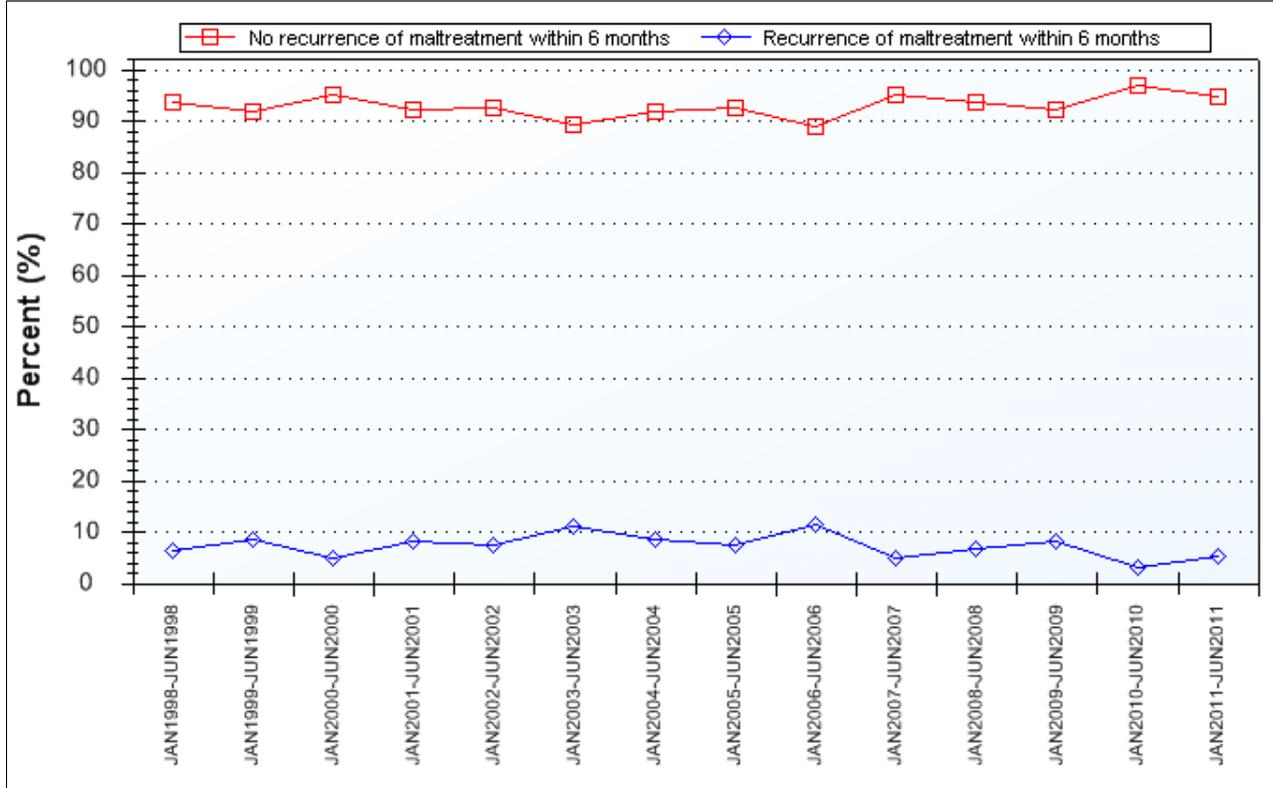
Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	6/30/11	184	194	94.8%	Yes	1.3%

From the baseline of January 1, 2008 to June 30, 2008, the percentage of children with substantiated maltreatment within the six-month period did not have another substantiated maltreatment allegation within the next six months increased from 93.5% to 94.8%.

Current performance exceeds the federal standard (94.6%) by 0.2%.

⁵⁹ All data was extracted from: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., Jacobs, L., & King, B. (2011). Child Welfare Services Reports for California. University of California at Berkeley Center for Social Services Research website

Chart 11: Safety outcome measure 1.1 – no recurrence of maltreatment within six months between 1998 and 2011



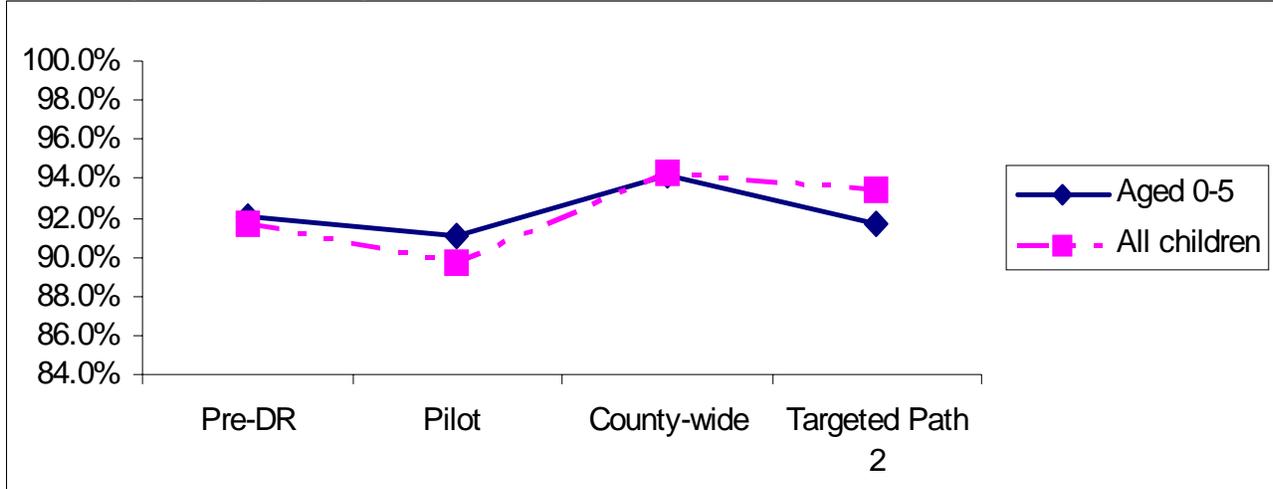
Trend comparison

In Q4 2011, CFS’ no-recurrence rate was 94.8%, slightly exceeding the federal standard of 94.6%.

Differential response (DR) is a program that was piloted in Daly City and Redwood City in 2005 and implemented countywide in 2006 which increased the preventative and support services for families with low to moderate safety risk factors. Through DR, families were referred to community partners for a thorough needs assessment, case management services and linkages to community-based resources. Since its implementation, the program has gone through some iteration due to capacity issues. The population has been narrowed down to target families with children less than five years of age beginning in FY 2008-09.

The no recurrence of maltreatment rate is shown for four time periods. The overall rate of no recurrence of maltreatment during the county-wide implementation improved by 2.6% compared to the pre-DR period. The rate dipped slightly when fewer families were referred as a result of the narrower target population, but was still better than the pre-DR period by 1.7%.

Chart 12: Safety outcome measure 1.1 – no recurrence of maltreatment, compared between pre- and post-implementation of DR



Demographics

Since July 2008, recurrence of maltreatment was more likely for African American children (13.2%), children who are under one year of age (11.9%), and those with allegations of general neglect (7.8%) versus the goal of 5.4%.

Barriers

- There is a lack of services available in the community including DR and mental health services.
- There is a delay in obtaining services.
- There is a lack of transportation in the county, especially in geographically isolated parts and this limits the family's ability to participate in services.
- Providing Mandated Reporter training to schools has proven to be challenging. Although the Northern Region has successfully piloted informal dialogues with law enforcement and schools, it has not spread to the rest of the county.
- There is a need for community navigators to help families, particularly isolated families, access services and explain eligibility requirements and application processes.
- There is a disconnect between policy and practice in responding to families with multiple unsubstantiated referrals.
- There are technical data issues; referrals are left open for over 30 days. Some referrals are left open for as long as 100 days.

Agency Steps

Community Approach to Relating and Engaging with Families (CARE) is used to track DR referrals.

Differential response referrals are classified by three different types of “paths”.⁶⁰

- Path 1 (Community Only Response), which assumes that there will be no further involvement of CWS in a case unless circumstances prove to be different than what was known at the time of the report, or if there is a change of circumstances.
- Path 2 (Joint CWS/Community Response), which involves families with low to moderate risk of abuse or neglect; the path is selected when child maltreatment appears to be a valid concern and will involve an initial assessment by CWS, either alone or with one or more community partners enlisted based on information gathered at the time of the report.
- Path 3 (CWS Response), in which the likelihood that children are unsafe and that the risk is moderate to high for continued child maltreatment; actions have to be taken to protect the child, and CFS will conduct the initial face-to-face investigation and could also involve law enforcement.

When a referral is identified as Path 1 or 2 by a social work supervisor, the referral goes to a CFS DR staff member who reviews it to ensure that the referral meets the criteria of a new Path 1 or Path 2 response.

An evaluation was conducted focusing on the four core principles of DR: engagement, participation, increased family functioning, and no recurrence of maltreatment. Although the evaluation found several documentation issues, the results of this initial evaluation were promising. The engagement rates ranged between 48-55% for Path 2 cases in FYs 09-10 and 10-11. Of the 243 randomly selected Path 2 engaged cases, 127 or 52.3% had a completed outcome or received services in at least 50% of identified need areas of the Family Assessment and Screening Tool (FAST). Of the total sample size, 33.3% showed improvement in at least one assessment area. Twenty-seven percent of the cases had an unknown impact and 40% showed no change or a decreased assessment score. The program effectiveness is more evident in cases where families have met a goal in which 51% of such cases showed improvement in at least one assessment area.

Structured decision-making (SDM) was fully implemented in late 2009. Several training sessions were conducted and refresher training continues to be offered on an ongoing basis. Staff members who have been included in the on-call rotation have been trained to use the SDM Hotline Tool. It is noted that social workers are responding more to calls, but there are less Juvenile Court petitions being filed. SDM gives the worker the opportunity to complete comprehensive safety plans with families which may impact recurrence of maltreatment.

San Mateo County’s DR program has assisted in the reduction of child maltreatment by providing preventative services that keep families out of the child welfare system. In addition,

⁶⁰ County of San Mateo, Children and Family Services, CWS Online Handbook (Rev 2011)

CFS' Voluntary Family Maintenance (VFM) Program successfully diverts cases away from the Court Dependency System. CFS currently averages over 100 active VFM cases.

Through CAPIT and PSSF, the RWCSO and Our Second Home (OSH) were funded to provide evidence-based parenting classes. RWCSO offers a psychoeducational 8 to 10-week intensive parenting education program called Nurturing Families. OSH offers a 6-week series called Building Emotional Understanding.

CAPIT/CBCAP/PSSF-funded programs provide intervention services to families who are involved in the child welfare system and prevention services to preclude families from coming into child welfare in the first place. Some of the services provided include intake and referral, mental health assessments, individual, group and family counseling to children and families who do not qualify for other counseling services, temporary residence for up to eight weeks and transitional housing for up to two years, a cooperative model preschool program to low income families with children 0-5 years of age, a mentoring program for at-risk youth, and a parent involvement and leadership program. Some of these services are provided at FRCs, which are located at school sites to make it easier for families to access the services.

CFS has adjusted practice and policy to meet the needs of the families in the community. Resources have been shifted to the front end of the system to support families and provide services at the first contact. There is also a new policy of elevating to CFS management any family where there have been multiple referrals (even if unsubstantiated) to see what services may be provided to assist the family.

F.1.B: S2.1: No Maltreatment in Foster Care/Child Welfare Services

This measure answers the question: Of all children served in out-of-home care during the year, what percent were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care?

The denominator is the total number of children served in foster care during the specified year; the numerator is the count of these children in care who were not victims of a substantiated maltreatment report by a foster parent or facility staff.

County's Current Performance:

From January 1, 2011 to December 31, 2011, 99.77% of children who were in out-of-home care were not victims of a substantiated maltreatment report by a foster parent or facility staff.

Table 37: Safety outcome measure 2.1 – no maltreatment in foster care services

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	427	428	99.77%	no	0.33%

From the baseline of January 1, 2008 to December 31, 2008, the percentage of children who were in out-of home care that were not victims of substantiated maltreatment decreased from 100% to 99.77%.

Current performance exceeds the federal standard (99.68%) by 0.09%.

Barriers

- CFS needs to conduct community outreach to law enforcement entities, schools, and hospitals to provide education on child abuse and to increase relationships and communication.
- Providing Mandated Reporter training to schools has proven to be challenging. Although the Northern Region has successfully piloted informal dialogues with law enforcement and schools, it has not spread to the rest of the county.
- CFS also needs to provide community navigators in high need areas to help families, particularly isolated families, access services, and explain eligibility requirements and application processes. This service is not possible without additional funding.

County's Current Performance: Juvenile Probation**Table 38: Safety outcome measure 2.1 – no maltreatment in juvenile probation services**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	62	62	100%	No Change	0%

From the baseline of January 1, 2008 to December 31, 2008, the percentage of children who were in out-of home care that were not victims of substantiated maltreatment remained the same at 100%.

Current performance exceeds the federal standard (99.68%) by 0.32%.

Probation Officers have frequent contact with the youth on their case loads and their care providers. Expectations are made very clear and the frequent communication assists with appropriate care of the youth.

F.2: Safety 2: Maintaining Children In Their Homes

Children are maintained in their homes whenever possible and appropriate.

F.2.A: S2B: Timeliness of Investigations for 10-day and Immediate Referrals

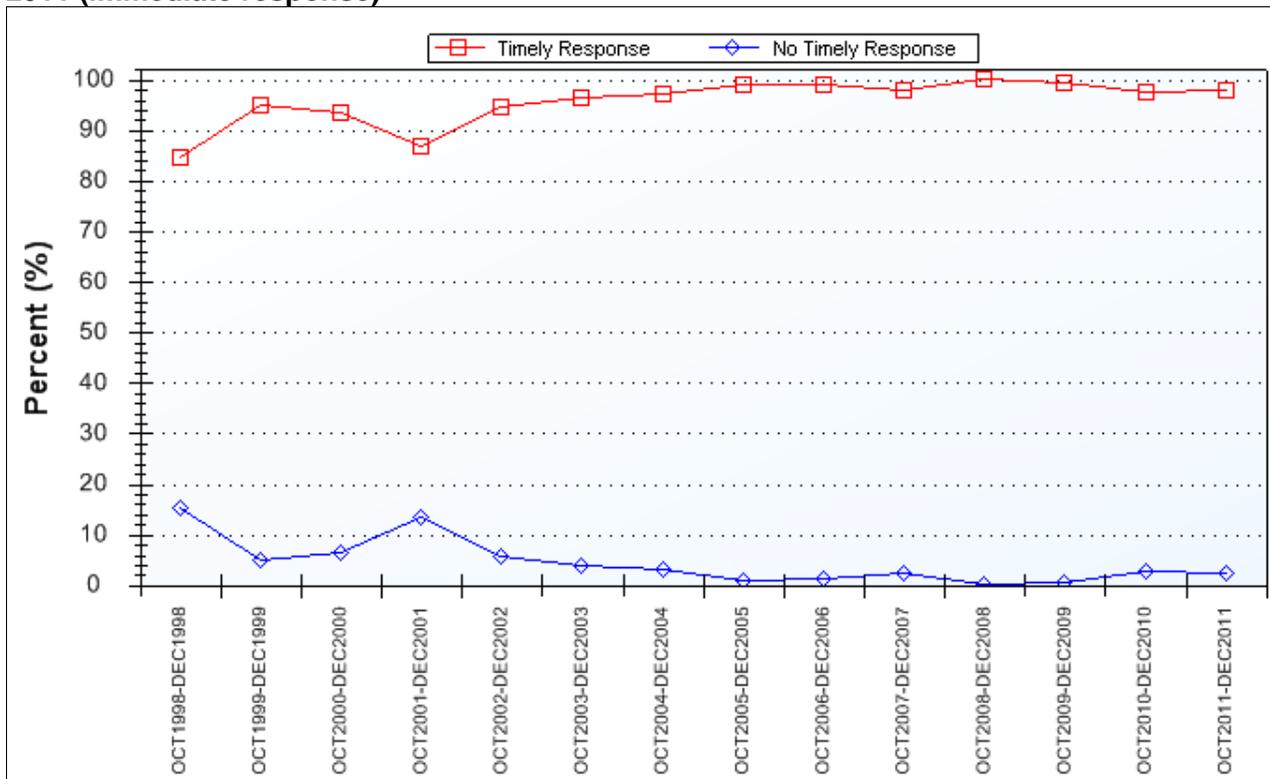
This measure looks at the percent of investigated child abuse/neglect referrals in the study period that have resulted in an in-person response (either immediate or within 10 days depending upon the assessment of the situation) for both planned and actual visits.

County’s Current Performance:

From October 1, 2011 to December 31, 2011, San Mateo had 97.8% compliance on timeliness of immediate investigations.

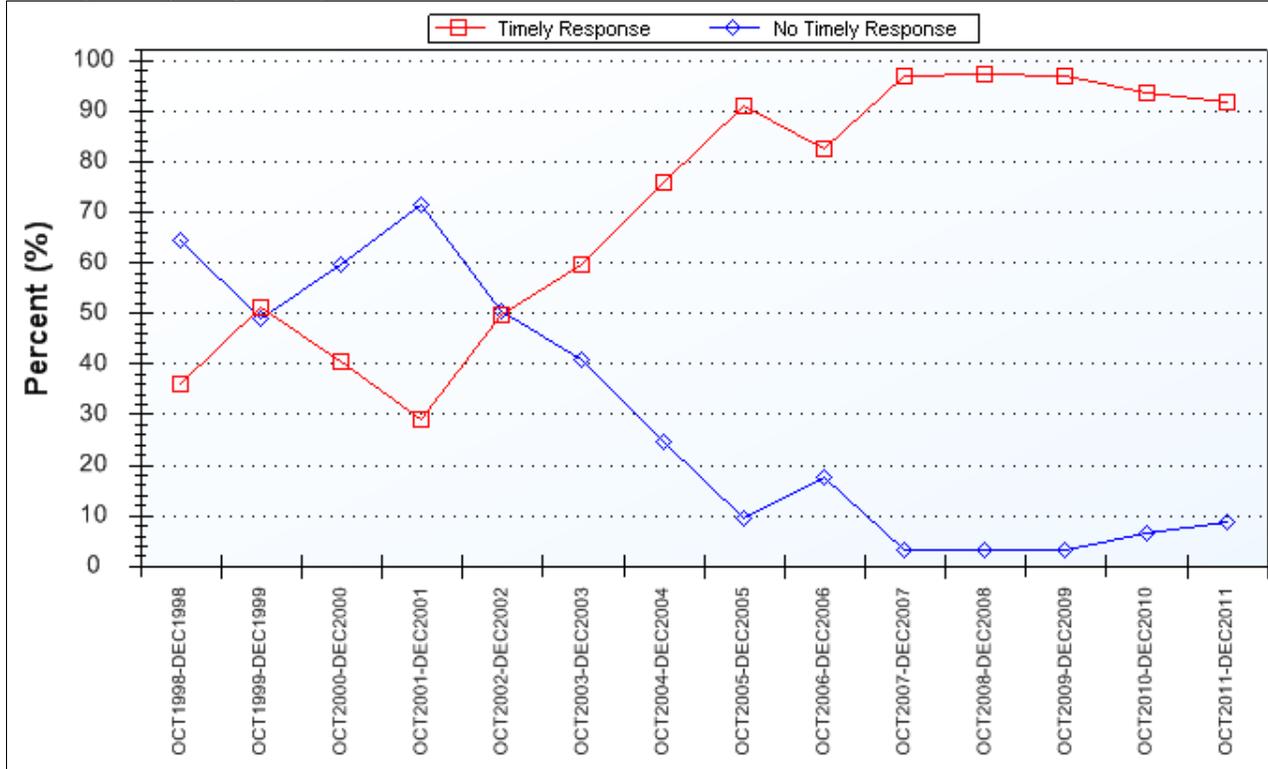
Current performance exceeds the federal standard (95%) by 2.8%.

Chart 13: Child abuse and neglect referrals, by time to investigation between 1998 and 2011 (immediate response)



From October 1, 2011 to December 31, 2011, CFS had a 91.5% compliance with timeliness of 10-day referrals.

Chart 14: Child abuse and neglect referrals, by time to investigation between 1998 and 2011 (10-day response)



Demographics

CFS has a high compliance rate on immediate referrals for all ethnicities and age groups. Timely response to 10 day referrals is slightly lower for African American children (94%) versus other ethnicities (96%). There was no difference in the response rate by age groups. Additionally, there is no identifiable reason at this time as to why timely response to 10-day referrals is slightly lower for African American children.

Barriers

- Across CFS, there have been staffing reductions, hindering CFS’ ability to respond to referrals as optimally as it should.
- There is a delay by social workers to input data for referrals.
- Safe Measures is underutilized by social workers.

Agency Steps

As a result of budget cuts in the last three years, CFS’ staffing levels dropped through layoffs, retirements, attrition, and elimination of vacant positions. Compounded by the increase in referrals requiring immediate response, the workload put a lot of strain on the existing workforce.

To help address the issue, CFS reassigned non-case carrying social workers from other units when the ER units were inundated with immediate referrals.

Long-term strategies include revamping the on-call rotation which was exclusively done by intake supervisors and social workers. Beginning November 1, 2011, non-intake supervisors were included in the on-call rotation during weeknights and starting January 1, 2012, non-intake social workers were included in the on-call evening rotation.

Other long term solutions include requesting to hire extra help social workers who will be on call and cover the evening shifts which were approved in March 2012. In April 2012, the intake program began working under a new structure with the designations of E (emergency) response units and 10-day response units.

The desired outcomes as a result of the division of the intake unit are:

1. More comprehensive assessments.
2. Improved 10-day compliance.
3. Better coordination with DR partners.
4. More timely documentation.
5. Less disruption in meeting with clients.
6. Less stress on intake staff.
7. Less overflow to the non-intake units.

CFS management continues to review the staffing level using tools such as SafeMeasures and the staffing report.

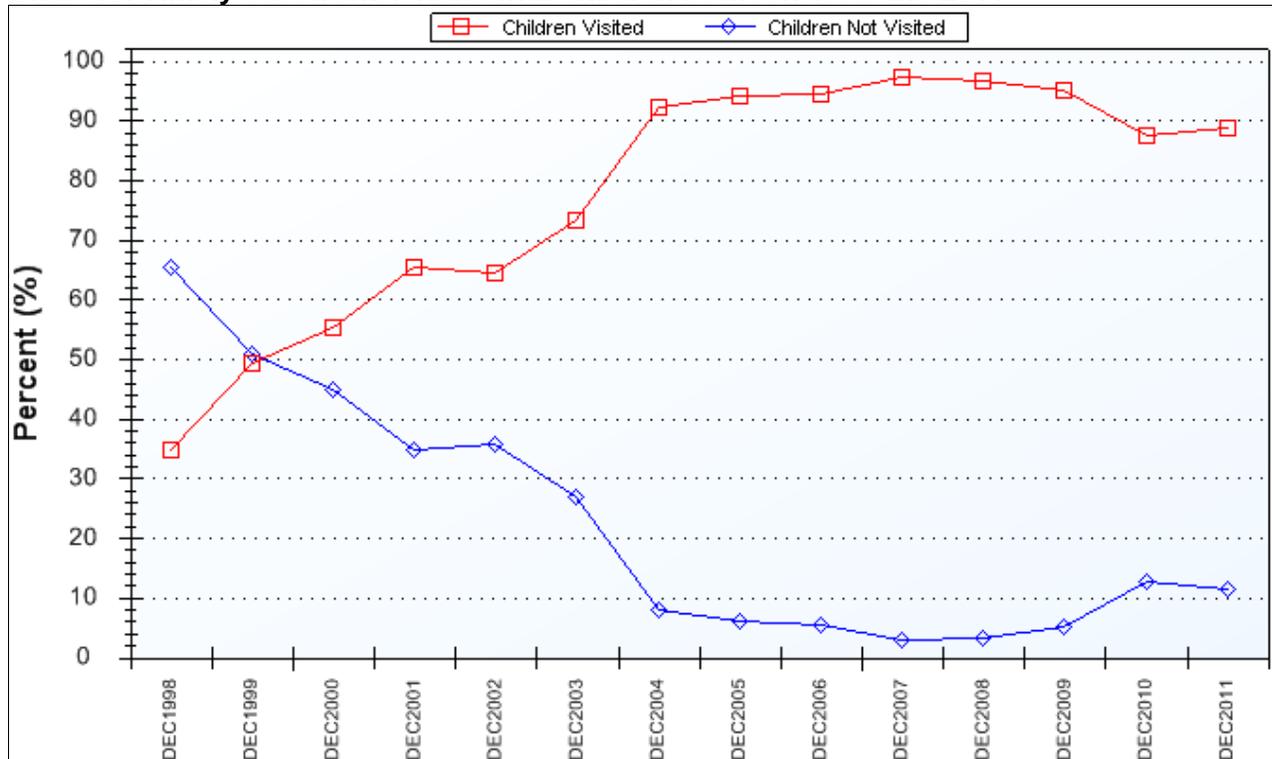
F.2.B: S2C: Timely Social Worker Visits with Child

This measure answers the question: Of all children who required a monthly social worker visit, how many received a face-to-face visit?

County’s Current Performance:

In December 2011, CFS had 89.6% compliance on timeliness of monthly social worker visits. Current performance is below the State standard (90%) by 0.4%.

Chart 15: Timely caseworker visits with children between 1998 and 2011



Analysis

CFS has failed to meet the standard in the last four quarters. About 33-38% of children in San Mateo County are placed outside of the county. This is a challenge when visiting children where majority of the monthly visits must occur in the child’s home at least once a month. This outcome does not include attempted face-to-face contacts. In addition, although the state recognizes visits by Foster Family Agencies (FFA) for federal reporting purposes, CFS is currently not entering FFA visits.

Barriers

- The distance and time needed to commute is high in order to conduct out-of-county visits.
- Social worker organization, data entry and time management skills all require improvement.
- Language/translation needs are increasing.

- There is an underutilization of SafeMeasures.

Recommendation for possible inclusion in the SIP:

Child Welfare:

S 1.1: No recurrence of maltreatment

F.3: Permanency 1: Permanency and Stability Among Children

Children have permanency and stability in their living situations without increasing reentry into foster care.

The most permanent and beneficial outcome for any child placed out of his/her home is to be successfully reunited with his/her parents. However, recognizing that this is not always possible and developing alternative permanent plans early in the “life” of a case is critical to good outcomes for children. Those alternatives are considered in the following order: adoption, legal guardianship and successful emancipation with permanent lifelong connections. This section of the report discusses CFS’ performance on providing permanency for children/youth in the child welfare and juvenile probation systems.

F.3.A: C1.1: Reunification within 12 months

This measure answers the question: Of all children discharged from foster care to reunification during the year that had been in foster care for 8 days or longer, what percent were reunified in less than 12 months from the date of the latest removal?

County’s Current Performance: Child Welfare Services

From January 1, 2011 to December 31, 2011, 73% of children discharged from foster care to reunification during the year were discharged within 12 months from the date of the latest removal from home.

Table 39: Permanency measure C1.1 – reunification within 12 months from child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/11	12/31/11	65	89	73%	Yes	13.2%

From the baseline of January 1, 2011 to December 31, 2011, the percentage of children who were discharged from foster care to reunification has increased from 59.8% to 73%.

Current performance is below the federal standard (75.2%) by 2.2%.

County's Current Performance: Juvenile Probation

From January 1, 2011 to December 31, 2011, 8.3% of children discharged from foster care to reunification during the year were discharged within 12 months from the date of the latest removal from home.

Table 40: Permanency measure C1.1 – reunification within 12 months from juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/11	12/31/11	1	12	8.3%	No	-31.7%

From the baseline of January 1, 2008 to December 31, 2008, the number of children who were discharged to reunification within 12 months from the date of the latest removal from the home decreased from 40% to 8.3%.

Current performance is below the federal standard (75.2%) by 66.9%.

F.3.B: C1.2: Median Time to Reunification

This measure answers the question: Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification?

County’s Current Performance: Child Welfare Services

From January 1, 2011 to December 31, 2011, 5.6 months was the median length of stay of children discharged from foster care to reunification during the year.

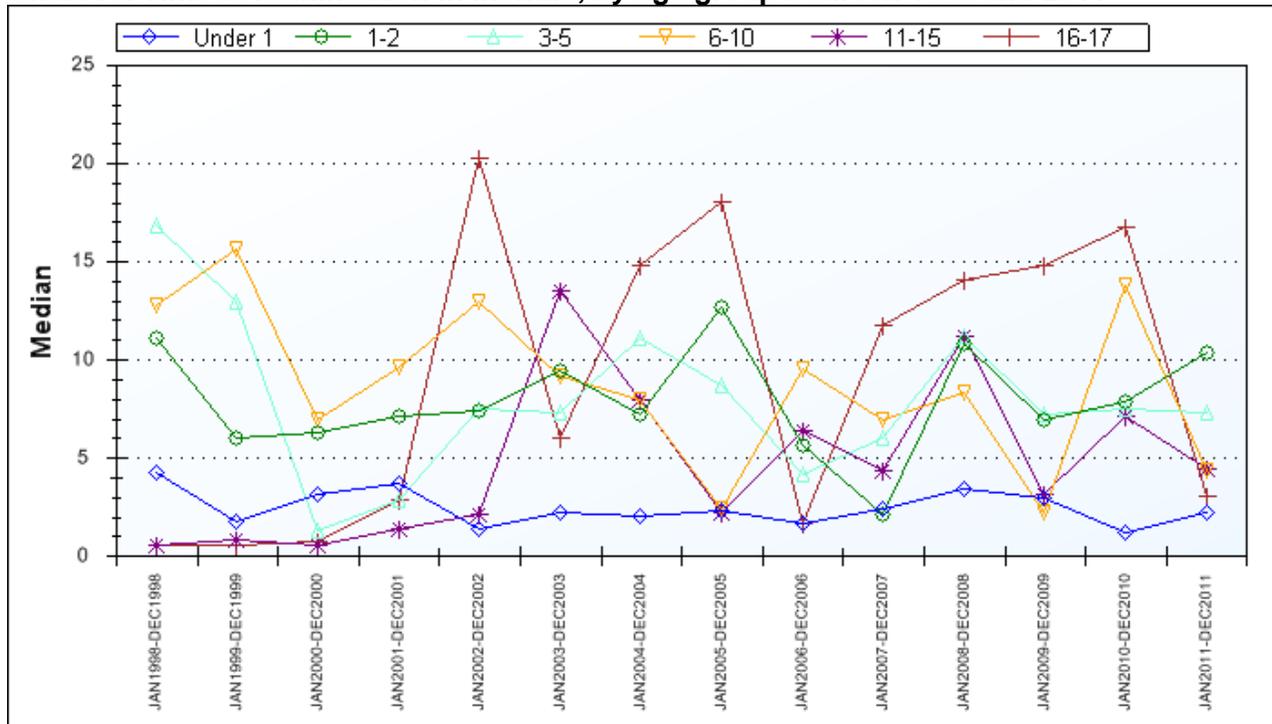
Table 41: Permanency measure C1.2 – median time to reunification from child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Amount change
10/1/10	9/30/11	N/A	89	5.6 months	Yes	-5.1 months

From the baseline of January 1, 2008 to December 31, 2008 the median time to reunification of children who were discharged from foster care to reunification has decreased from 10.7 to 5.6 months. For a discussion on how the median time to reunification was reduced, please see the Agency Steps outlined in Measure S1.1 – No Recurrence of Maltreatment.

Current performance is below the federal standard (5.4 months) by 0.2 months.

Chart 16: Time to reunification in months, by age group between 1998 and 2011



Demographics

Based on the average since the SIP, African American and Hispanic have the longest time to reunification (9.3 and 8.4 months versus the 7.6 month average). Older children (16-17 years) are more likely to take longer to reunify (12.1 months), followed by children aged 1-2 years (9.0 months), and 3-5 years (8.3 months). Children placed in group homes and with relatives also take longer to reunify (12.8 months and 10.2 months, respectively).

County's Current Performance: Juvenile Probation

From January 1, 2011 to December 31, 2011, 18.4 months was the median length of stay of children discharged from foster care to reunification during the year.

Table 42: Permanency measure C1.2 – median time to reunification from juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Amount change
1/1/11	12/31/11	N/A	12	18.4 months	No	5.6 months

From the baseline of January 1, 2008 to December 31, 2008, the median time to reunification of children who discharged from foster care to reunification has increased from 12.8 months to 18.4 months.

Current performance is below the federal standard (5.4 months) by 13 months.

F.3.C: C1.3: Reunification within 12 Months

This measure answers the question: Of all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer, what percent were discharged from foster care to reunification in less than 12 months from the date of latest removal from home?

County’s Current Performance: Child Welfare Services

From July 1, 2011 to December 31, 2011, of all children who entered foster care for the first time in the 6-month period who remained for 8 days or longer, 40.8% exited to reunification within 12 months from the first date of removal.

Table 43: Permanency measure C1.3 – reunification in 12 months from child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	21	56	37.5%	No	-14.9%

From the baseline of January 1, 2008 to December 31, 2008, there has been a decrease from 52.4% of children to 37.5% of children discharged from foster care to reunification in less than 12 months.

Current performance is below the federal standard (48.4%) by 10.9%.

Chart 17: Percentage of children in varying stages of transitioning out of child welfare between 1998 and 2011

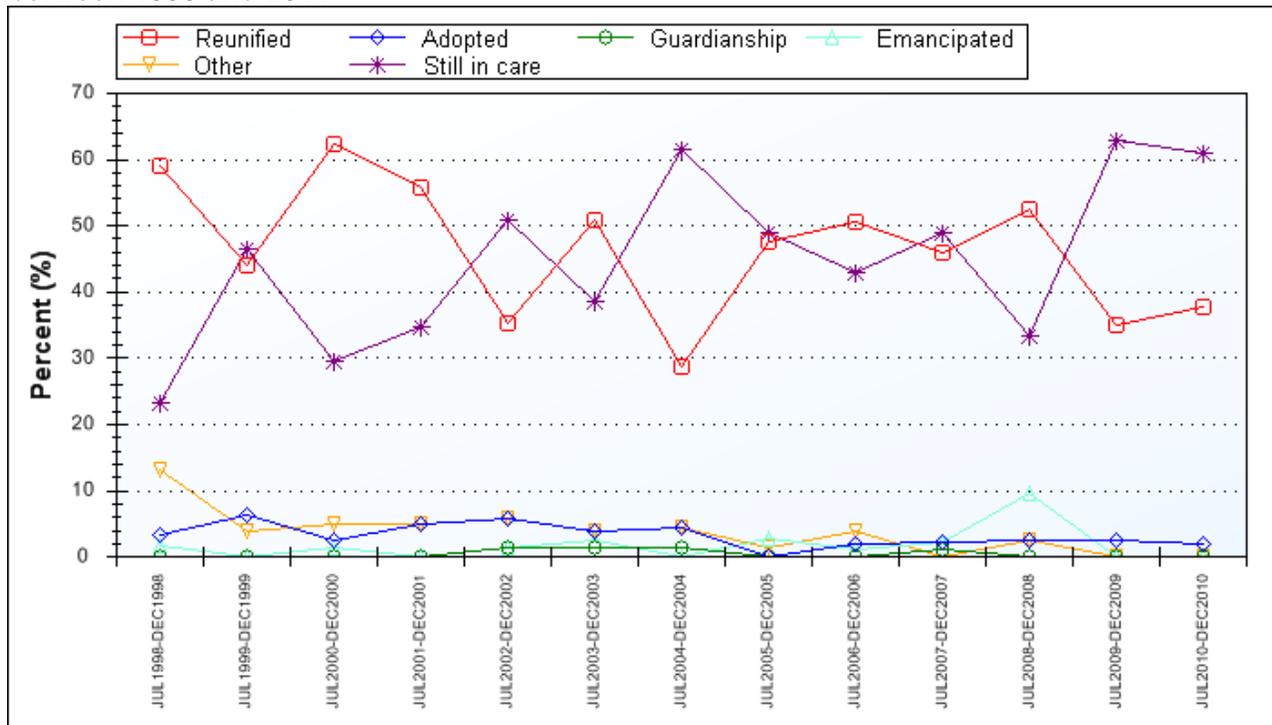
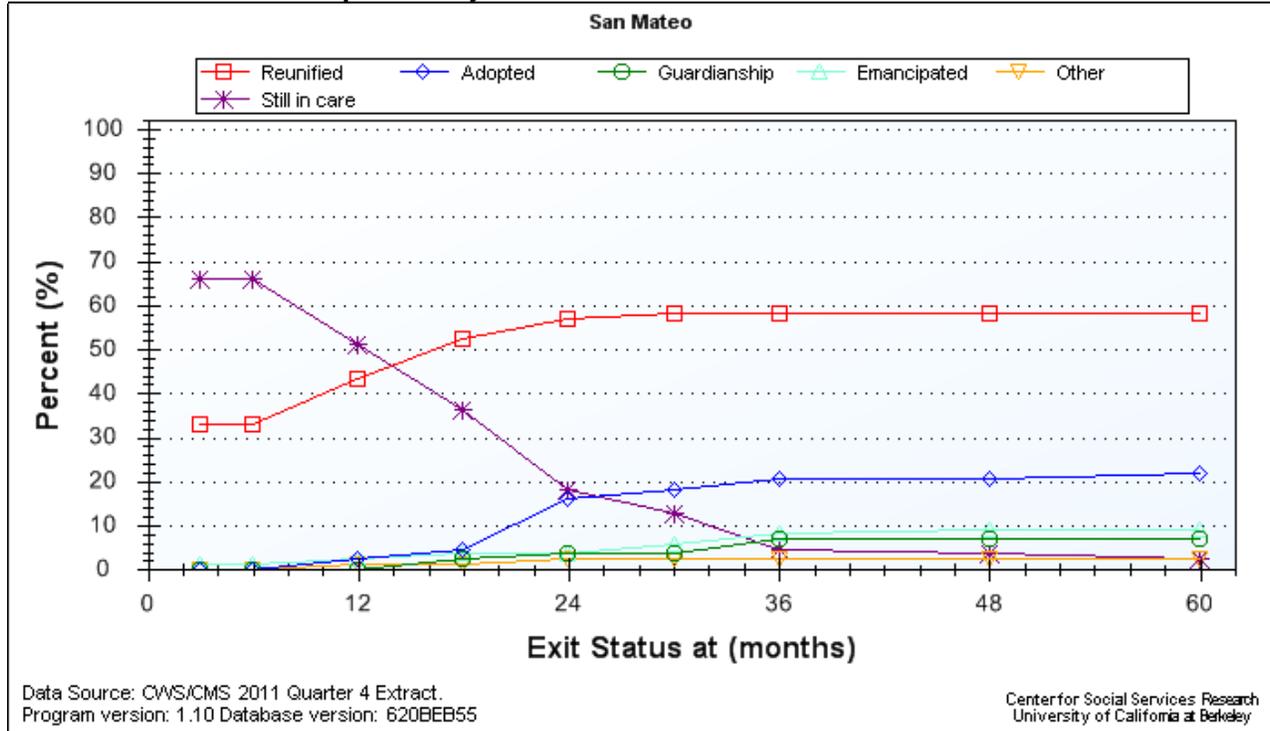


Chart 18: Percentage of children in varying stages of transitioning out of child welfare, measured in months elapsed in system



Demographics

Average reunification rates are lower for Caucasian and African American children (34.6% and 35% respectively). Children under one month old and 16-17 are less likely to be reunified within 12 months (22.7% and 29.2%, respectively). Group and relative placements have low reunification rates (36.4% and 38.8%). Neglect cases are less likely to be reunified within 12 months (36.8%).

County’s Current Performance: Juvenile Probation

Table 44: Permanency measure C1.3 – reunification in 12 months from juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	2	10	20%	Decrease	30%

From the baseline of January 1, 2008 to December 31, 2008, performance decreased from 50% to 20%.

Current performance is below the federal standard (48.4%) by 28.4%.

F.3.D: C1.4: Re-Entry Following Reunification

This measure answers the question: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

County’s Current Performance: Child Welfare Services

From January 1, 2010 to December 31, 2010, 15.1% of all children who exited to reunification within the year re-entered foster care within the following 12 month period.

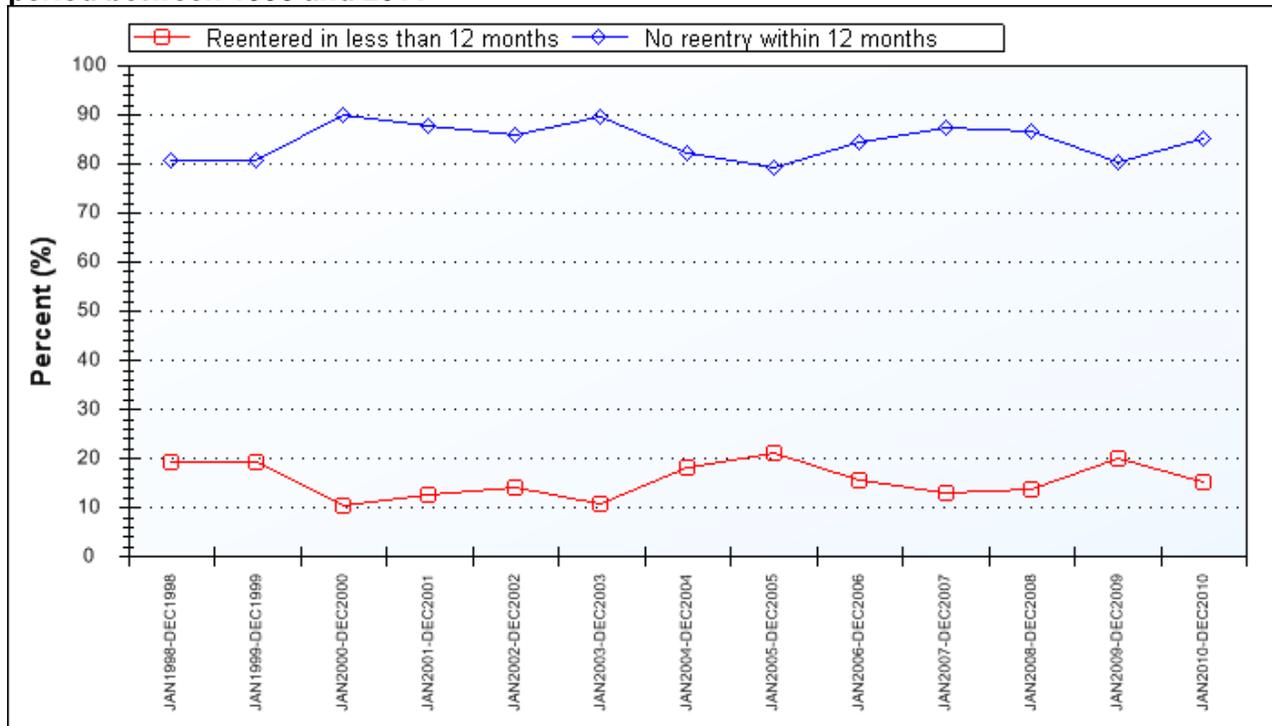
Table 45: Permanency measure C1.4 – re-entry following reunification in child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/10	12/31/10	11	73	15.1%	No	2.3%

From the baseline of January 1, 2007 to December 31, 2007, there has been an increase in the number of children who exited to reunification within the year and re-entered foster care from 12.8% to 15.1%.

Current performance does not meet the federal standard (9.9%) by 5.2%.

Chart 19: Percentage of children re-entering the child welfare system within a 12-month period between 1998 and 2011



Demographics

On average, African American children are more likely to re-enter the system (20.3%), followed by Hispanic children (16.8%). Children under one year of age and between 11-15 years of age are more likely to re-enter (26.3% and 22.4%, respectively). Children placed in shelter (28.9%), group homes (22.2%), and foster homes (19%) have high re-entry rates.

Barriers

- TDM remains to be an underutilized strategy for all case closures.
- Due to increased workloads on social workers as a result of vacant positions, staff reductions, and temporary leaves of absences, there is a lack of usage of TDM.
- Due to increased referrals, social workers are carrying the maximum caseload.
- Due to the staffing and caseload challenges, TDM facilitators, along with Homefinding social workers are often the first recruited to assist with ongoing case management services, referrals, or to assist in carrying a caseload.
- Services are concluded once the case is terminated by the Court or closed by CFS. Services are not being continued by the providers or community partners voluntarily.

Agency Steps

Numerous recommendations from the last PR have been implemented.

CFS has implemented effective mentoring and coaching strategies throughout the agency. In March 2010, social work supervisors were trained on "The Art of Focused Conversations." The focused conversation method provides a powerful structure for clear communication and group reflection.

CFS has increased cross-training/team and skill building between social workers, BHRS, and Alcohol and Other Drug (AOD). CFS began cross training with BHRS through its "Finding Our Common Ground" training that was conducted in early August 2010. The training examined barriers that impeded working more effectively and explored strategies to strengthen collaborative efforts with partner agencies and was well received by staff. CFS staff also was offered training on "Understanding the Impact of Addiction."

CFS reviewed and adopted a risk and safety tool that is helpful to social worker decision-making. In September 2009, SDM was implemented.

CFS built clear objectives into case plans that directly affect re-entry into foster care and are tied to the underlying issues in a case. SDM's strengths and needs assessment identifies the family's critical needs and is used in developing the case plan that outlines effective interventions to address those needs.

CFS measures parental success on behavior/intrinsic change, not on parental services received. As part of the Reunification Assessment, SDM looks at the quality of face to face visits, not just the frequency.

CFS developed connections with parent partners and mentors who have been successful in the child welfare system. Due to a one-time, limited amount of funding, CFS was able to hire a former birth parent that successfully went through the CFS process as a parent partner in August and September 2010. Although well received, CFS was not able to sustain the position once the funding ended.

PSSF Time Limited Family Reunification funds have been utilized to support the transportation of children and families to and from multiple appointments for services such as mental health, counseling/treatment and substance abuse testing and treatment.

County's Current Performance: Juvenile Probation

Table 46: Permanency measure C1.4 – re-entry following reunification in juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/10	12/31/10	1	15	6.7%	Yes	6.7%

From the baseline of January 1, 2007 to December 31, 2007, there was an increase from 0% to 6.7%.

Current performance exceeds the federal standard (9.9%) by 3.2%.

Child Welfare Analysis of Permanency Measures C1.1-C1.4

In an interview in Q2 2009 with Family Maintenance/Family Reunification (FM/FR) supervisors, among the factors identified that could contribute to low reunification and high re-entry include chronic alcohol and substance abuse, homelessness, long child welfare history, lack of family support, poverty, education level, immigrant status, and unemployment. Some studies have shown that high unemployment can be a factor in high rate of drug use. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), economic turmoil (e.g., increased unemployment, foreclosures, loss of investments and other financial distress) can result in a whole host of negative health effects, both physical and mental.⁶¹ It can be particularly devastating to emotional and mental well-being. These problems can add tremendous stress, which in turn can substantially increase the risk for developing such problems as:

- Depression
- Anxiety
- Compulsive Behaviors (over-eating, excessive gambling, spending, etc.)
- Substance Abuse

Availability of services was not voiced as a concern, unless the child is placed outside of the county. Children placed outside of San Mateo County experience delays in arranging and accessing services. Based on a May 31, 2012 point-in-time data review, 34.6% of children in care are placed out-of-county which makes it more difficult to arrange visitation and other services. For the last five years, CFS reimburses foster parents for providing transportation to meet the requirements of a case plan. In the stakeholder group, foster parents reported that transportation is difficult for them, especially the time involved and the cost of gas.

Prior strategies in the SIP included conducting joint meetings between foster parents and birth parents to help with the transition following reunification, foster parents providing respite for birth parents, and serving as a mentor along with birth parents who have successfully gone through the system. The idea of mentoring has been brought to the attention of the Foster Parent Association, but was not pursued due to lack of interest.

Demographics

Based on average since the last SIP, Hispanic and African American children have lower reunification rates (60.8% and 62.8%, respectively.) Reunification is lowest for youth 16-18 and 1-2 years (53.8% and 60%, respectively.) Youth placed in group homes and neglect cases are less likely to be reunified.

Strengths

CSA Stakeholders report that:

- CFS is working collaboratively with the Juvenile Dependency Court.
- CFS has devoted social workers who are passionate and work very hard.

⁶¹ SAMHSA Guide, Getting Through Tough Economic Times (December 2011)

- CFS and the Court have high standards, expectations and holds staff accountable.
- CFS provides services such as wraparound, the Gaining Independence and Reclaiming Lives Successfully (GIRLS) Program, Parent Orientation, and other preventative services, all of which identify early on what the family's needs are and refer them to the aforementioned programs.

Barriers

CSA Stakeholders report that:

- Out-of-county placements are barriers to reunification, because finding appropriate services for out-of-county youth take time away from assisting the foster youth.
- Services are not being provided in a timely manner. There is a lag time from the referral process to the provider's availability to accessing services from mental health and other providers.
- There is an increased number of youth who are absent without leave (AWOL) from their placement.
- Visitations between birth parents and their children are inadequate. Visitations are not frequent enough, not natural enough, and it does not support the parents.
- Issue of insurance coverage for mental health services.

Agency Steps

A data cleanup regimen has been implemented. TDM facilitators were trained to accurately enter data in CWS/CMS. New codes have been created to delineate among the different types of TDMs that will allow for data collection on performance outcomes in the future.

Cross training sessions with BHRS were completed in 2010.

A counseling/therapy resource list was established for social workers. Mental health resources were shared with staff and updated service and resource directory was posted in the CFS Online handbook.

An emphasis was placed on outcome-based service plans, rather than service-based case plans. Developing case plans was one of the top priorities that came out of an annual planning meeting after San Mateo County became an SDM county. Family Strengths and Needs Assessment application labs were conducted in January and February 2011. 38 staff members were trained on developing case plans based on the best ways to meet a family's identified needs rather than using a "cookie cutter" approach.

A supervision conference protocol was established. The CS 296 "Supervisory Conference" form was developed and supervisors were instructed in its use. The form has been posted on the HSA Intranet.

The Parent Orientation was introduced in San Mateo County. It explains the court process, what to expect, and the resources available to birth parents. The Orientation was successfully piloted in 2010 with an attorney and parent partner present. The orientation was conducted as part of the parenting class offered by CFS. The parents were able to ask questions regarding the role of the attorneys as well as other court-related questions, and they shared issues and concerns they had with the parent partner. The pilot was never replicated due to uncertainties in the parenting class which was eventually discontinued due to budget cuts.

Trainings were conducted jointly with County Counsel. Two training sessions were conducted.

With a dedicated family finding staff, transitional conference notes and case notes were reviewed to identify possible significant adults who may be potential kin or foster parents to adolescents. The staff went to the different units to explain the referral process and what information she can give the social workers that could be included in their court reports.

Currently, managers from both CFS and BHRS meet quarterly to discuss systems issues such as services, referral, and program changes. Specific cases are discussed at an administrative review.

As part of the development of the CSA, two presentations on C-CFSR outcomes were conducted to the Blue Ribbon Commission, which counts the judges as its members, in April and May 2012.

In order to improve paternity determination, CFS has a dedicated absent parent search worker who, prior to detention, conducts an absent parent search for the alleged/biological parents of the foster child.

A journal article in the Children and Youth Services Journal “Supportive housing for families in child welfare: Client characteristics and their outcomes at discharge” (April 2009), for example, has identified that concrete assistance such as housing could help in reunifying families and keeping them together. CFS created the Family Unification Program (FUP), a joint project with the Housing Authority, to provide housing vouchers to low-income families who are child welfare-involved and are either at risk of having their children placed into protective custody due to a lack of stable housing, or a lack of stable housing is a barrier to having their children returned to their care. San Mateo County was awarded 40 vouchers to be split between families and former foster youth. 29 families and 20 foster youth have participated in the program since its implementation in July 2009. If housing was a remaining barrier for child welfare youth, then this program has supported reunification to occur in a timelier manner.

Juvenile Probation Analysis of Permanency Measures P1.1-P1.4

Please see the in-depth discussion regarding timely reunification in the PR section of this report. In addition to those findings, CSA stakeholders report:

Strengths

- Probation Officers spend time with the family and actively listen to the family.
- Probation Officers provide visitation for the parents/child.
- Probation Officers refer youth and families to mental health providers for therapeutic services.
- Group homes provide family meetings.
- Probation covered transportation costs for parents to attend placement.
- Probation held family counseling in the home.
- Youth reported that Narcotics Anonymous meetings, meditation, reading in juvenile hall and group therapy all have been helpful resources.

Barriers

- Placements outside of the county make it difficult for parents to visit and stay connected with their child.
- Providing access to mental health services for parents is difficult.

F.4: Permanency 2: Adoption Measures

At this point in time, Juvenile Probation has not had any youth where Adoption is the appropriate permanency plan for the youth.

F.4.A: C2.1: Adoption Within 24 months

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what percent were discharged in less than 24 months from the date of the latest removal from home?

County's Current Performance:

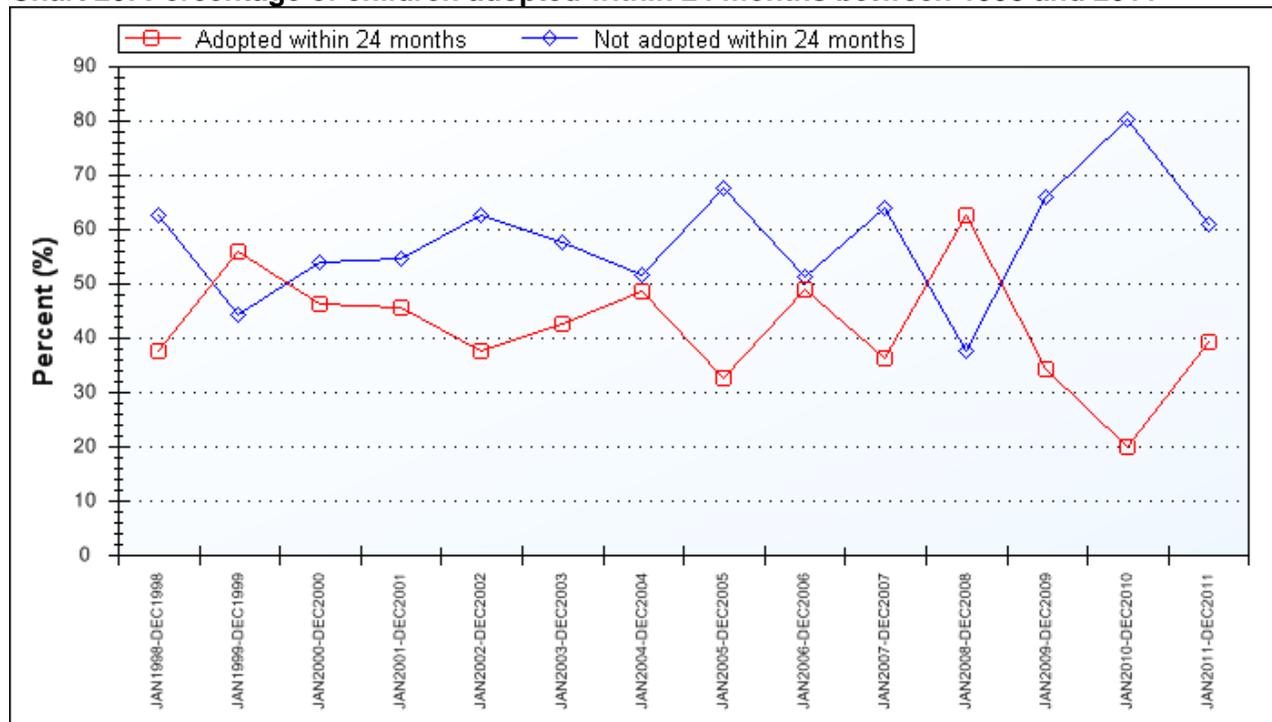
From January 1, 2011 to December 31, 2011, 39.3% of children discharged from foster care to a finalized adoption during the year were discharged in less than 24 months from the date of the latest removal from home.

Table 47: Permanency measure C2.1 – adoption within 24 months

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Amount change
1/1/11	12/31/11	11	28	39.3%	Yes	5.0%

From the baseline period January 1, 2011 to December 31, 2011, there was an increase in the percentage of children discharged from foster care to a finalized adoption from 34.3% to 39.3%. Current performance exceeds the federal standard (36.6%) by 2.7%.

Chart 20: Percentage of children adopted within 24 months between 1998 and 2011



Demographics

In Q4 2011, the adoption rate within 24 months for African American children was 60%, followed by Hispanic children at 50%, Caucasian children at 33%(n=9), and Asian/Pacific Islander children at 0%. On average, African American children are almost twice as likely to be adopted within 24 months when compared to other ethnicities (70.8% vs. other ethnicities' 37.4%).

Children between 11-15 years are less likely to be adopted (18.8%), closely followed by children 6-10 years with 23.3%. Children placed with relatives have a lower adoption rate (37.1%) than children placed in foster homes (54.3%) and foster family agencies (51.9%).

F.4.B: C2.2: Median Time to Adoption

This measure answers the question: Of all children discharged from foster care to a finalized adoption during the year, what was the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption?

County's Current Performance:

From January 1, 2011 to December 31, 2011, 32.2 months was the median length of an open case of those children discharged from foster care to a finalized adoption during the year.

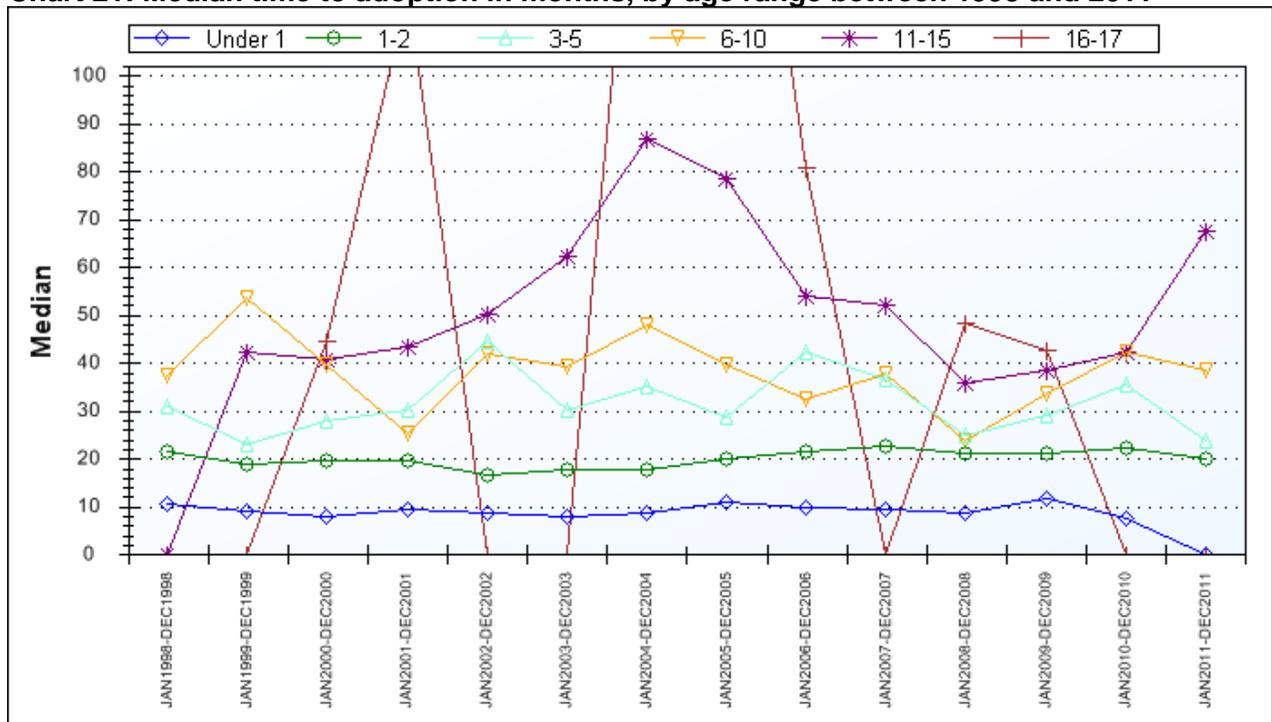
Table 48: Permanency measure C2.2: median time to adoption in months

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Amount change
1/1/11	12/31/11	N/A	28	32.2	Yes	-10.8

From the baseline period January 1, 2011 to December 31, 2011, there has been an increase from 25.5 months to 32.2 months of the median length of an open case of those children discharged from foster care to a finalized adoption.

Current performance is below the federal standard (27.3 months) by 4.9 months.

Chart 21: Median time to adoption in months, by age range between 1998 and 2011



Demographics

On average, African American children have the shortest median time to adoption, with 24.1 months, followed by Asian/Pacific Islander children with 26.6 months, Hispanic children with 30.2 months and Caucasian children with 30.5 months. On average, children aged 11-15 had the longest median time to adoption with 46.0 months, closely followed by youth aged 16-17 with 45.5 months. Children placed with relatives had the longest median time (30.4 months), compared to foster family agency (FFA) placement (27.8 months) and foster homes (23.8 months).

F.4.C: C2.3: Adoption within 12 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer on the first day of the year, what percent were discharged to a finalized adoption by the last day of the year?

County’s Current Performance:

From January 1, 2011 to December 31, 2011, 18.6% of all children in foster care for 17 continuous months or longer on the first day of the year in question were discharged to a finalized adoption by the last day of the year in question.

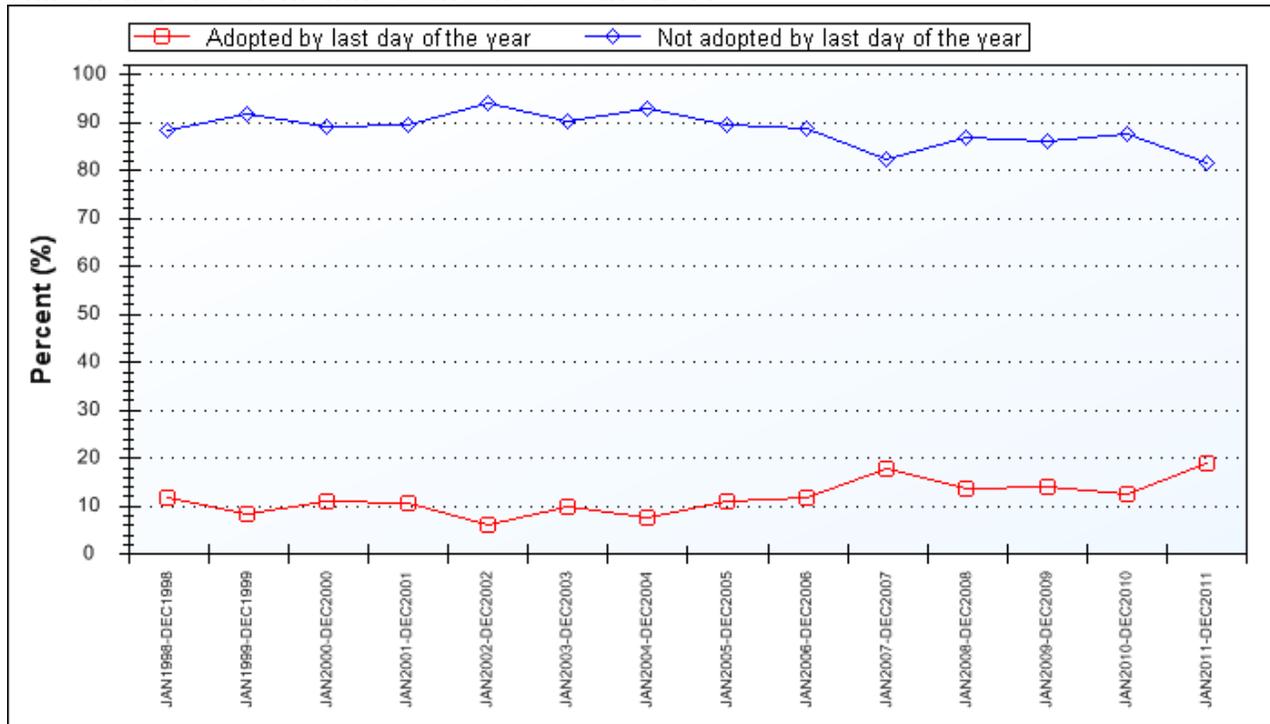
Table 49: Permanency measure C2.3: adoption within 12 months, with child in care by child welfare for 17 months

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	19	102	18.6%	Yes	3.4%

From the baseline period January 1, 2008 to December 31, 2008, there has been an increase from 13.3% to 18.6% of children in foster care for 17 continuous months being discharged to a finalized adoption.

Current performance is below the federal standard (22.7%) by 4.1%.

Chart 22: Permanency measure C2.3: adoption within 12 months, with child in care by child welfare for 17 months between 1998 and 2011



Demographics

Based on the average, African American children have lower adoption rates (8.1%) while Asian/Pacific Islander children have the highest (20%). Older children have the lowest adoption rates, with 1% for youth aged 16-17 and 5.9% for youth aged 11-15. Children placed in foster homes have the highest adoption rate with 25.4%, followed by placements with relatives (19.1%) and FFAs with 7.1%.

F.4.D: C2.4: Legally Free Within 6 Months (17 Months in Care)

This measure answers the question: Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year, what percent became legally free within the next 6 months?

County’s Current Performance:

From January 1, 2011 to December 31, 2011, 1.3% of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the year became legally free within the next 6 months.

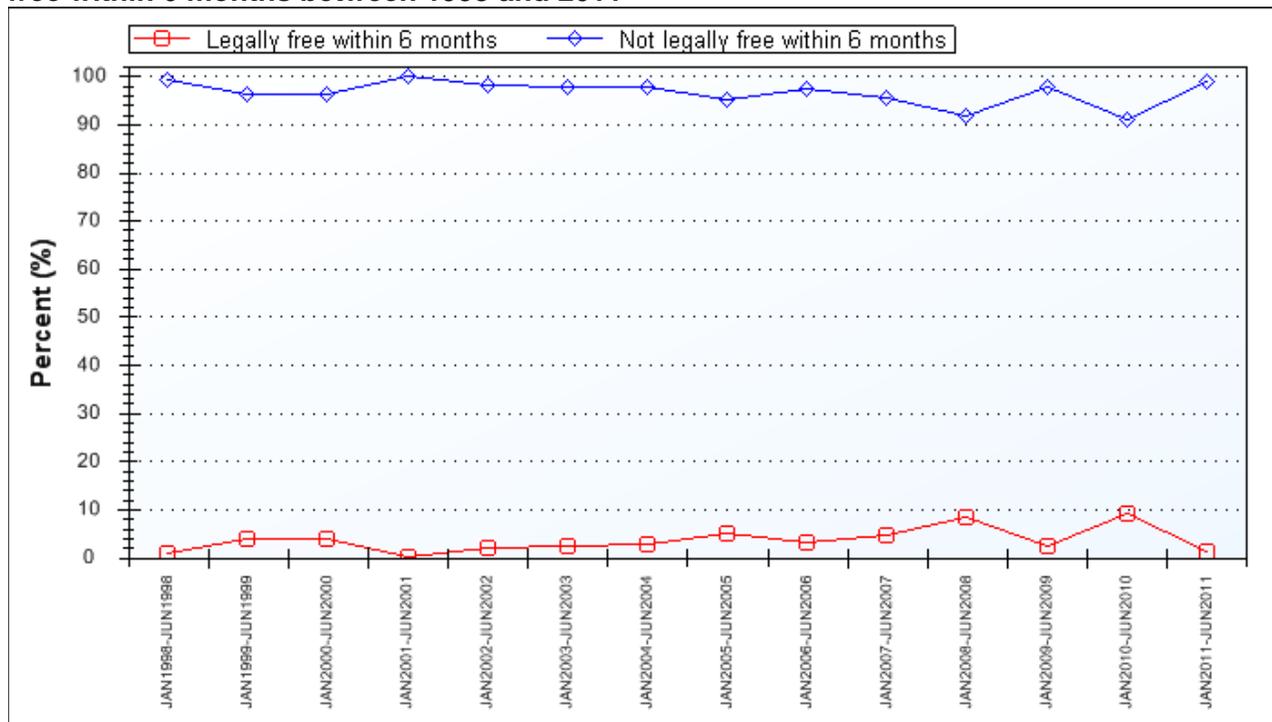
Table 50: Permanency measure C2.4: legally free within 6 months of children in foster care for 17 continuous months

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/11	12/31/11	1	78	1.3%	No	-7.1%

From the baseline period January 1, 2008 to December 31, 2008, there has been a decrease from 8.4% to 1.3% of all children in foster care for 17 continuous months or longer become legally free.

Current performance is below the federal standard (10.9%) by 9.6%.

Chart 23: Percentage of children in foster care for 17 continuous months that are legally free within 6 months between 1998 and 2011



Demographics

Based on the average, African American children (1.5%) were less likely to become legally free than other ethnicities (7.5%). Older children (11 years and older) are less likely to become legally free, 2.1% compared to 23.5% for children under 11 years old. The older children make up 83% of this population.

F.4.E: C2.5: Adoption within 12 Months (Legally Free)

This measure answers the question: Of all children in foster care who became legally free for adoption during the year, what percent were then discharged to a finalized adoption in less than 12 months?

County’s Current Performance:

From January 1, 2010 to December 31, 2010 of all children in foster care who became legally free for adoption during the year discharge to a finalized adoption in less than 12 months.

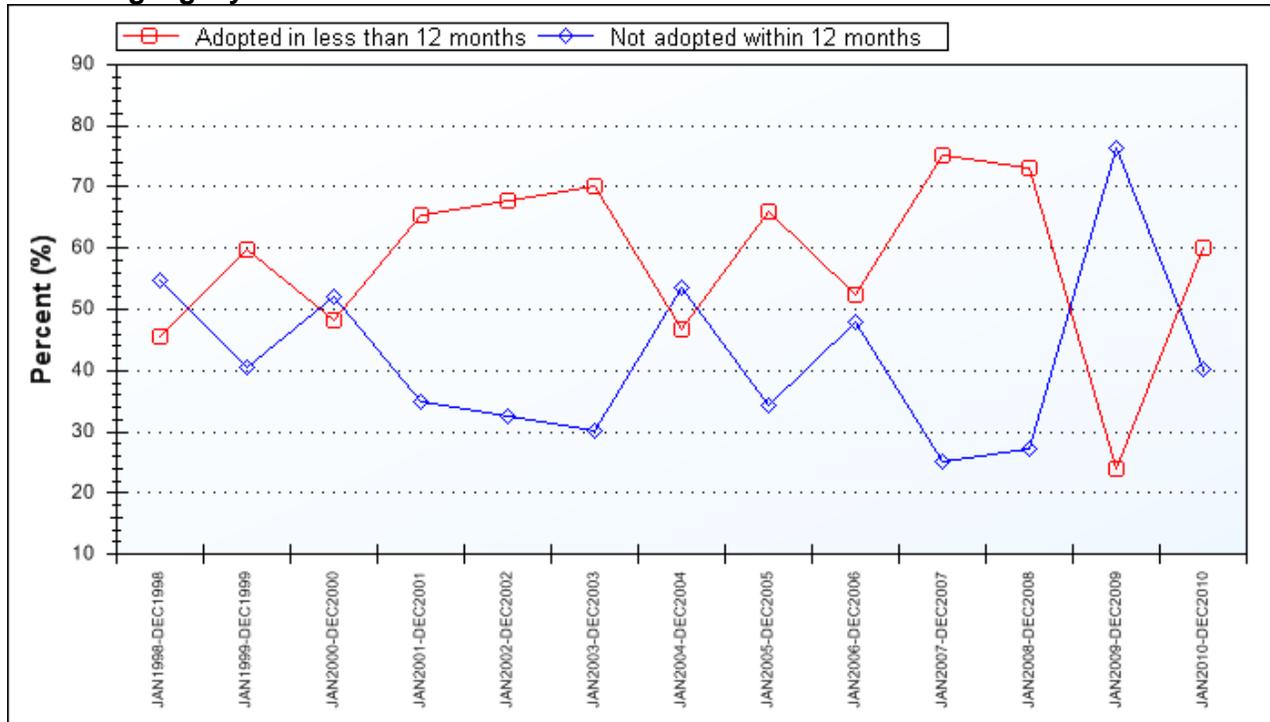
Table 51: Permanency measure C2.5: adoption within 12 months of being legally free

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/10	12/31/10	18	30	60.0%	Yes	20.7%

From the baseline period January 1, 2007 to December 31, 2007, there has been a decrease from 75.0% to 60.0% of all children in foster care that have become legally free for adoption during the year to discharge to a finalized adoption in less than 12 months.

Current performance exceeds the federal standard (53.7%) by 6.3%.

Chart 24: Percentage of children in foster care who were adopted within 12 months of becoming legally free between 1998 and 2011



Demographics

On average, San Mateo County had a higher adoption rate for Hispanic children with 68.9%, followed by African American children with 57.9%, Caucasian children with 54.2%, and Asian/Pacific Islander with 27.3%. All youth aged 16-17 who became legally free were adopted within 12 months. Children aged 3-5 had the lowest adoption rate with 42.3%. Children placed with relatives had the lowest adoption rate, at 51.1%.

Child Welfare Analysis of Permanency Measures C2.1-C2.5

CFS has always done well on adoptions standards, meeting the adoptions composite for eight consecutive quarters before dropping below the federal standard in Q2 2010. In that quarter, social workers were interviewed to identify and examine the reasons for the delay in the adoptions process. The information gathered showed that there are several issues that can be attributed to this trend, recognizing that each case is different. The reasons can be broken down to three major patterns: uncontrollable circumstances, front-end practices, and the County Counsel.

Uncontrollable circumstances refer to family dynamics and court decisions, and are outside of CFS' control. In some instances, these delays may benefit the child in the long run. Some examples include:

- There are relatives who do not follow through with the conditions to pass the home study. Typically, relatives are in no hurry to finalize adoptions. There is no sense of urgency as the child is already living with them.
- Parents have the right to appeal and do. CFS has seen an increase in contested matters.
- One case was affected by the implementation timing of a new relinquishment policy. The child was born a few weeks before the new policy was to take effect but when paperwork was received, the policy was just implemented. Paperwork had to be redone to comply with the new policy.
- Behavior issues can lead to protracted adoption process. Adoptive parents change their minds or wait for the situation to stabilize before fully committing to the adoption. They have also requested additional medical evaluations or a different treatment modality when the ones they have tried failed. This is ultimately positive for the child's permanency and stability. It is better to address those issues in the beginning versus waiting for issues to escalate only for the adoption to fail. It is more complicated when there are multiple children involved. If there are behavior issues with one child, the parents want to exhaust all options in hopes of keeping all siblings together.
- Increase in the number of families receiving extended FM/FR services.
- Continuances are granted when parents who have shown up in court in the past fail to attend a hearing.

Examples of delays in adoptions that could have been addressed at the front-end include:

- Finding that the divorce of an adoptive parent was not finalized and the consent of a spouse is needed to finalize adoption. Finalizing the divorce or locating the spouse to get consent can significantly affect the adoption timeline.
- The name on the case and the various documents such as termination orders does not match the legal name on the birth certificate. Documentation requirements when adopting are very stringent. Staff is unable to proceed when there are inconsistencies with the legal name.
- Issues around the immigration status of a child can extend adoption finalization.
- Unresolved paternity issues and identifying fathers late in the process can lengthen the process.
- Non-compliance with ICWA can result in appeals.

Adoption is a legal process and requires working closely with County Counsel. Some issues that have arisen include:

- Notices are not conducted properly. Alleged fathers need to get noticed one month before the hearing. When County Counsel fails to provide notice properly, it leads to continuances.
- County Counsel previously provided the adoptions unit with a monthly report on appeals, which allowed the social worker to appropriately take action based on the appeal listing. However, the adoptions unit no longer receives this report on a regular basis. Social workers must contact County Counsel to inquire about their cases but by the time contact is established and the report is received, the ability to meet timelines for a case is in jeopardy.

In addition, the Courts have experienced budget cuts that affected the timely scheduling of hearings. Compounded by the number of pending appeals, resolutions take longer. In the midst of these challenges, the Juvenile Courts welcomed and oriented two new judges during the last year.

Strengths

CSA Stakeholders report:

- CFS is doing a good job finding families who want to adopt children, even for young adults.
- Adoptions reflect the population CFS serves.
- 50% of children are adopted by extended families.

Barriers

CSA Stakeholders report:

- CFS stakeholders are unsure whether concurrent planning is consistently practiced; “you don’t hear about it anymore.”
- Adoptions are delayed due to Court appeals.
- There is a delay in the Court process due to ICWA and/or paternity issues not being determined early on in the process, a result of a lack of due diligence or proper noticing.
- The capacity of the adoptions unit to provide timely adoption is an issue.
- The length of time a case is in the jurisdictional/dispositional stage is long due to continuances.
- The length of time it takes to finalize an adoption is too long.
- Families do not offer information about possible relatives.
- ICWA eligibility is not determined early enough in the adoption process.
- Addressing paternity issues on the front-end disrupts the adoption process.
- Adoptions are taking longer to complete. Before, the foster-adopt worker and social worker collaborated closely in the early stages of the case. Now, the foster-adopt worker does not

have a significant level of involvement until later in the case. In addition, the foster-adopt worker is not assigned for youth in group homes or residential treatment facilities.

- Cases are often continued because the father fails to appear before Court for his termination of rights, and/or the child's grandparents are being presented later in the case and may want to provide placement for the child. At this stage, legal guardianship becomes a more feasible option than adoption.
- Juvenile Probation does not have any children that have been adopted.

Recommendation for possible inclusion in the SIP:

Child Welfare:

C1.1 Reunification within 12 months

C1.2 Median time to reunification

C1.3 Reunification within 12 months

C1.4 Reentry after reunification

C2.2 Median time to adoption

C2.3 Adoption within 17 months (17 months in care)

C2.4 Legally free within 6 months (17 months in care)

Probation:

C1.1 Reunification within 12 months

C1.2 Median time to reunification

C1.3 Reunification within 12 months

F.5: Permanency 3: Long Term Care Measures

If Juvenile Probation youth are in placement for over 24 months, they are over the age of 18 and receive services through Assembly Bill 12 (AB 12).

F.5.A: C3.1: Exits to Permanency (24 Months in Care)

This measure answers the question: Of all children in foster care for 24 months or longer on the first day of the year, what percent were discharged to a permanent home by the end of the year and prior to turning 18?

County's Current Performance:

From January 1, 2011 to December 31, 2011, 20.2% of children in foster care for 24 months or longer on the first day of the year were discharged to a permanent home by the end of the year prior to turning 18.

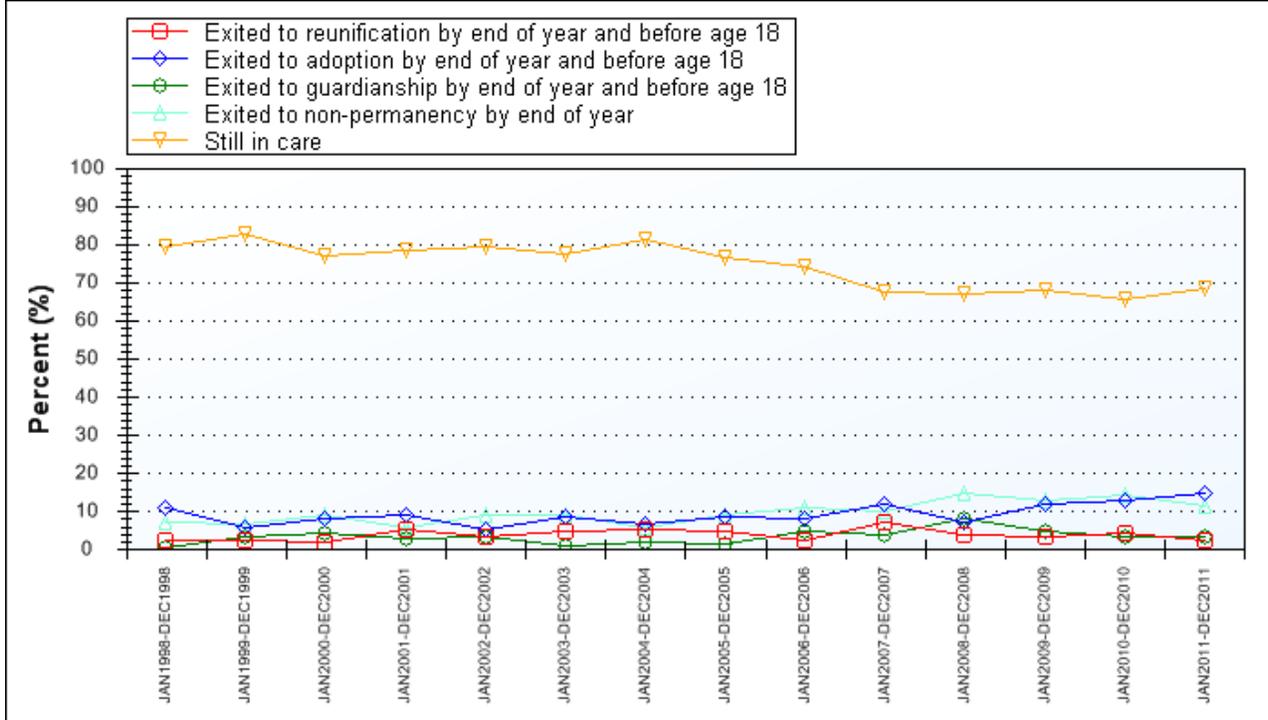
Table 52: Permanency measure C3.1: exits to permanency following 24 months in care

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Change
1/1/11	12/31/11	18	89	20.2%	Yes	4.5%

From the baseline of January 1, 2011 to December 31, 2011, there was an increase from 18.6% to 20.2% of children in foster care for 24 months or longer discharged to a permanent home by the end of the year prior to turning 18.

Current performance is below the federal standard (29.1%) by 8.9%.

Chart 24: Percentage of children exiting to permanency following 24 months of care between 1998 and 2011



Demographics

Based on data since the last SIP, African American children are less likely to achieve permanency than other ethnicities (14.8% vs. 24.7%). Eight out of ten children under 5 years old achieve permanency, mainly due to high adoption rates (68%). Children placed with relatives and foster parents are more likely to achieve permanency (31.1% and 30.6%, respectively).

F.5.B: C3.2: Exits to Permanency (Legally Free at Exit)

This measure answers the question: Of all children discharged from foster care during the year that were legally free for adoption, what percent were discharged to a permanent home prior to turning 18?

County’s Current Performance:

From January 1, 2011 to December 31, 2011, 96.8% of all children discharged from foster care during the year who were legally free for adoption discharged to a permanent home prior to turning 18.

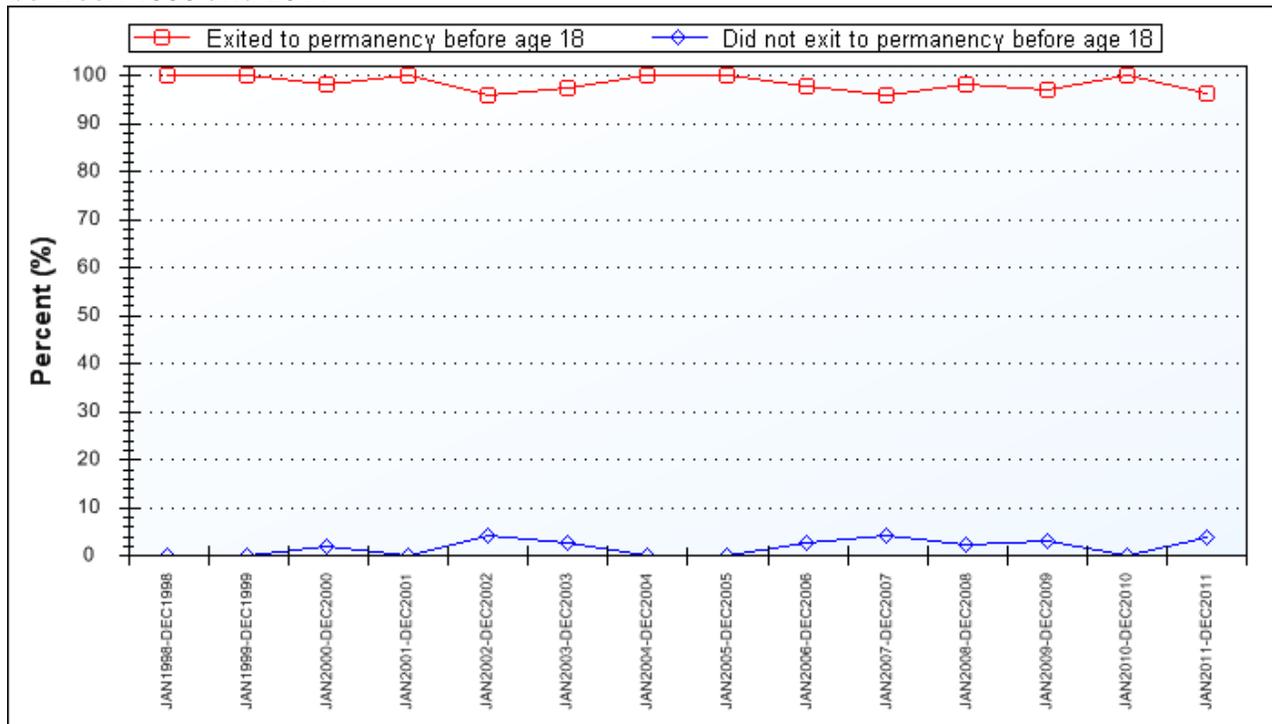
Table 53: Permanency measure C3.2: exits to permanency for children legally free at exit

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	26	27	96.3%	No	-1.6%

From the baseline of January 1, 2008 to December 2008, there was a slight decrease from 97.9% to 96.3% of all children discharged from foster care during the year who were legally free for adoption discharged to a permanent home prior to turning 18.

Current performance is below the federal standard (98%) by 1.7%.

Chart 25: Percentage of children exiting to permanency who are legally free at exit between 1998 and 2011



Demographics

Since the last SIP, there were two Caucasian children and one Hispanic child who did not exit to permanency. By placement, the three children who did not achieve permanency prior to turning 18 were placed with relatives, a foster family agency, and a group home.

F.5.C: C3.3: In Care 3 Years or Longer (Emancipated/Age 18)

This measure answers the question: Of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care, what percent had been in foster care for 3 years or longer?

County’s Current Performance:

From January 1, 2011 to December 31, 2011, 66.7% of all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care had been in foster care for 3 years or longer.

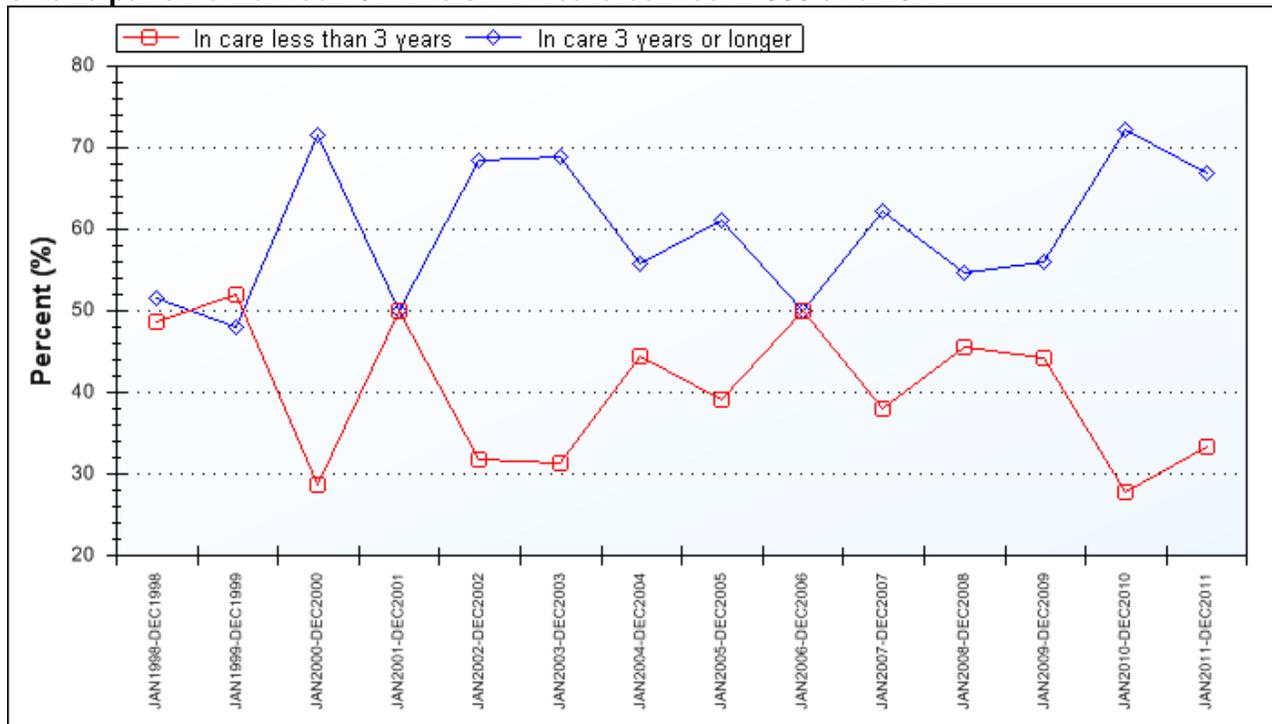
Table 54: Permanency measure C3.3: children in care for three years or longer who were discharged to emancipation or turned 18 while still in care

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	20	30	66.7%	No	4.6%

From the baseline of January 1, 2008 to December 31, 2008, the percentage of children who were either discharged to emancipation or turned 18 while still in care and had been in foster care for three years or longer increased from 62.1% to 66.7%.

Current performance is below the federal standard (35.7%) by 31%.

Chart 26: Percentage of children in care for three years or longer who were discharged to emancipation or turned 18 while still in care between 1998 and 2011



Demographics

Based on the average since the SIP, African American children are more likely than other ethnicity to remain in foster care for three years or longer (77.1% vs. 56.9%). By placement type, children placed in foster homes and with relatives have a higher proportion of children who have been in care three years or longer.

Child Welfare and Juvenile Probation Analysis of Permanency Measures C3.1-C3.3 Strengths

CSA Stakeholders report:

- The Receiving Home runs well, and is a better alternative to placing youth outside of the county. However, the Receiving Home is a temporary shelter for youth. Out-of-county placements are typically planned as permanent placements.
- The Gaining Independence and Reclaiming Lives Successfully (GIRLS) program for adolescent girls in juvenile probation was implemented in 2001, and the Margaret J. Kemp for Girls was opened. Camp Kemp provides comprehensive services for adolescent female offenders.
- The Canyon Oaks Group Home is located within the county, and the close proximity facilitates visitation between the youth and families that support permanency.

Barriers

CSA Stakeholders report:

- There is a lack of in-county placements.
- It is becoming increasingly difficult to find foster homes for older children, at a time when there is an increasing adolescent population.
- Family finding efforts are not consistently conducted throughout the life of a case.
- There is an increase of absence without leaves (AWOLs) in group home or foster care placements.
- There is an increase in the number of children with mental health needs. The effectiveness of therapeutic services as a result of availability in staffing and training is an ongoing concern.
- Independent Living Program (ILP) services are limited due to financial cutbacks.

F.6: Permanency 4: Placement Stability Measures

F.6.A: C4.1: Placement Stability (8 Days to 12 Months in Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?

County’s Current Performance: Child Welfare

From January 1, 2011 to December 31, 2011, 81.4% of children in foster care during the year that had been in care for at least 8 days but less than 12 months had two or fewer placement settings.

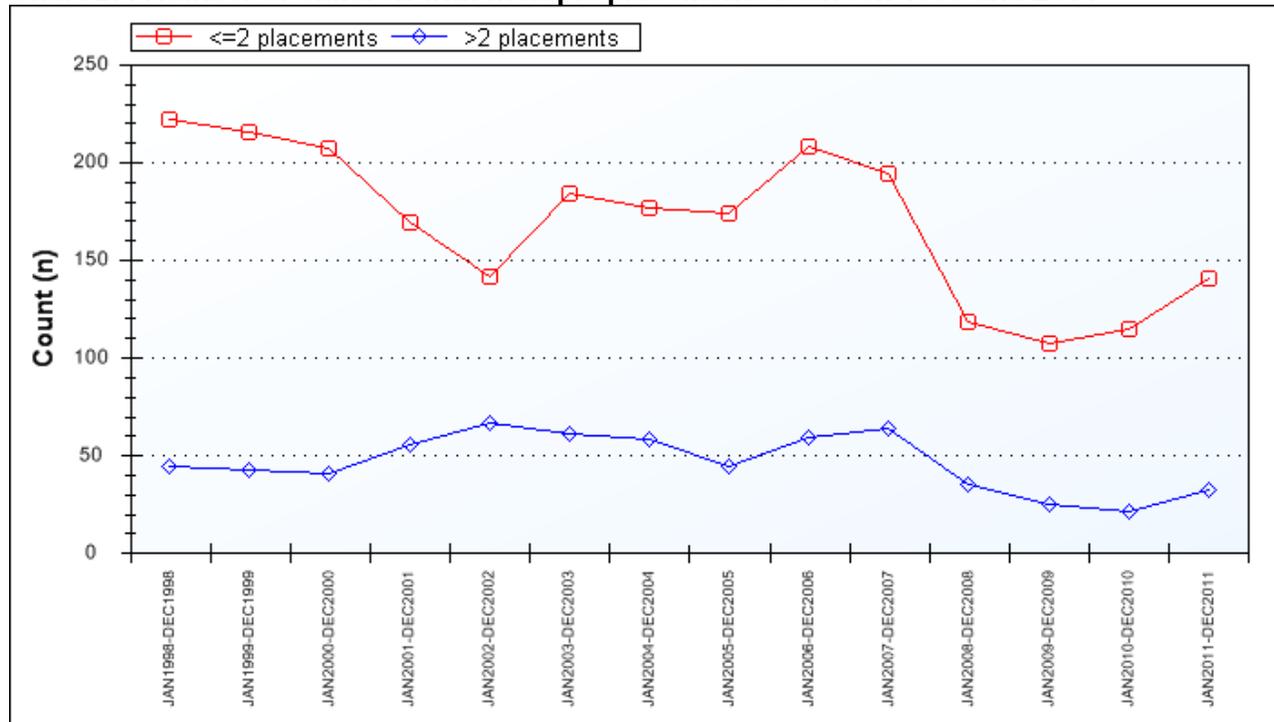
Table 55: Permanency measure C4.1: placement stability from 8 days to 12 months in care in child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	140	172	81.4%	Yes	1.1%

From the baseline of January 1, 2008 to December 31, 2008, the number of children who had two or fewer placement settings increased from 77.1% to 81.4%.

Current performance is below the federal standard (86%) by 4.6%.

Chart 27: Number of children with multiple placements between 1998 and 2011



County's Current Performance: Juvenile Probation**Table 56: Permanency measure C4.1: placement stability from 8 days to 12 months in care in juvenile probation**

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	24	25	96%	Yes	13.9%

From the baseline of January 1, 2008 to December 31, 2008, the number of children who had two or fewer placement settings decreased from 97.5% to 96%.

Current performance exceeds the federal standard (89%) by 7%.

F.6.B: C4.2: Placement Stability (12 to 24 Months in Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?

County’s Current Performance: Child Welfare

From January 1, 2011 to December 31, 2011, 65.7% of all children who were in foster care for at least 12 months but less than 24 months had two or fewer placements.

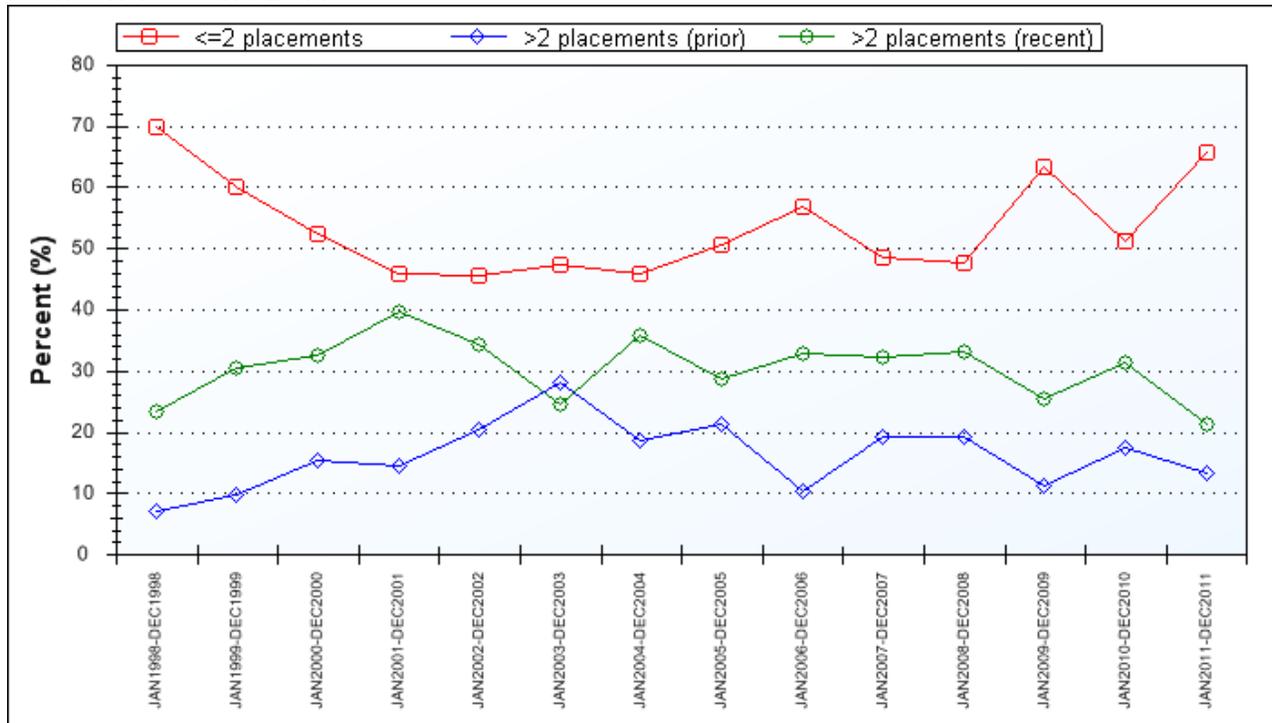
Table 57: Permanency measure C4.2: placement stability from 12 months to 24 months in care in child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	65	99	65.7%	Yes	21%

From the baseline of January 1, 2008 to December 31, 2008, the percentage of children in foster care during the year that had been in care for at least 12 months but less than 24 months that had two or fewer placement settings increased from 47.7% to 65.7%.

Current performance exceeds the federal standard (65.4%) by 0.3%.

Chart 28: Placement stability from 12 months to 24 months in care in child welfare between 1998 and 2011



Demographics

Since the last SIP, Caucasian children had the highest percentage who experienced two or fewer placements at 64%, followed by Asian children at 59.3%, Hispanic children at 54.6%, and African American children at 44.4%. Children placed with relatives have a better placement stability rate (70.2%), followed by foster home placements (60.6%), and FFA placements (49.3%). Older children are more likely to have lower placement stability, with youth ages 16-17 at a 34.4% stability rate and children 11-15 years with a 44.2% stability rate.

County's Current Performance: Juvenile Probation

Table 58: Permanency measure C4.2: placement stability from 12 months to 24 months in care in juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	16	21	76.2%	yes	0.3%

From the baseline of January 1, 2008 to December 31, 2008, the number of children who had two or fewer placement settings slightly decreased from 81.1% to 76.2%.

Current performance exceeds the federal standard (65.4%) by 8.8%.

F.6.C: C4.3: Placement Stability (At Least 24 Months In Care)

This measure answers the question: Of all children served in foster care during a year that were in foster care for at least 24 months, what percent had two or fewer placement settings?

County’s Current Performance: Child Welfare

From January 1, 2011 to December 31, 2011, 27.6% of children in foster care during the year that had been in care for at least 24 months had two or fewer placement settings.

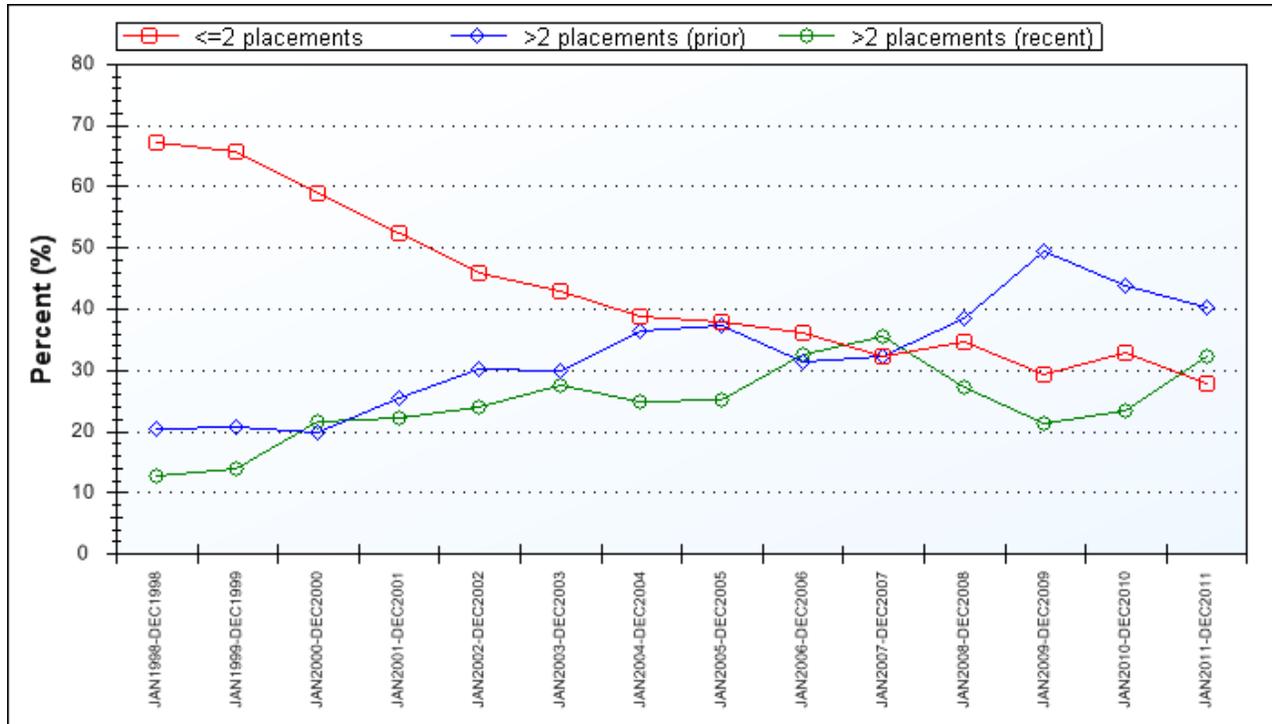
Table 59: Permanency measure C4.3: placement stability of children at least 24 months in care in child welfare

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	35	127	27.6%	No	-6.9%

From the baseline of October 1, 2007 to September 30, 2008 the percentage of children in foster care during the year that had been in care for at least 12 months but less than 24 months that had two or fewer placement settings decreased from 34.5% to 27.6%.

Current performance is below the federal standard (41.8%) by 14.2%.

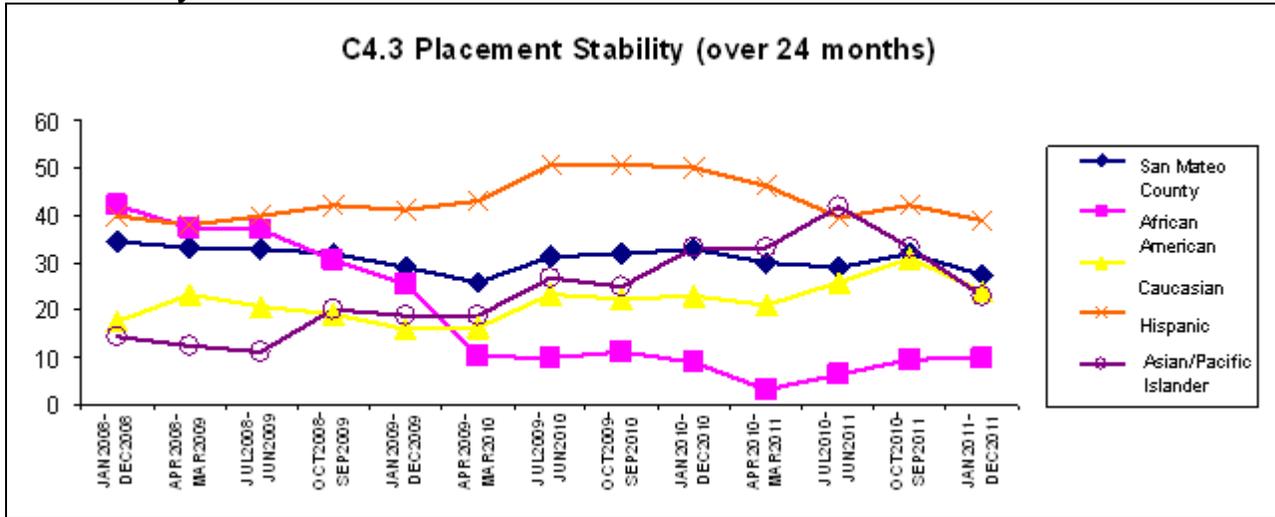
Chart 29: Placement stability of children at least 24 months in care in child welfare between 1998 and 2011



Demographics

Placement stability for African American children is showing a downward trend. After meeting the standard in Q4 2008, the placement stability rate has consistently declined. The placement stability rate was highest for Hispanic children. Since the last SIP, the placement stability rate is highest for children 1-2 years (69.2%), followed by 6-10 years (53.6%), 3-5 years (41.3%), 11-15 years (27.9%), and 16-17 years (17.8%). By placement type, children placed with guardians had the highest placement stability rate (63.6%), followed by relatives (39.9%), FFAs (31.5%), foster homes (28.1%), and group homes (9.6%).

Chart 30: Placement stability of children at least 24 months in care in child welfare, by race/ethnicity between 2008 and 2011



Demographics

CFS has the highest placement stability rate since the SIP for Asian/Pacific Islander children (85.6%), followed by Hispanic children (83.9%), Caucasian children (80.7%) and African American children (66.7%). Youth aged 16-17 have the lowest placement stability rate (69.1%), followed by children 3-5 years old (77.5%).

County’s Current Performance: Juvenile Probation

Table 60: Permanency measure C4.3: placement stability of children at least 24 months in care in juvenile probation

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/11	12/31/11	6	9	66.7%	Yes	2.0%

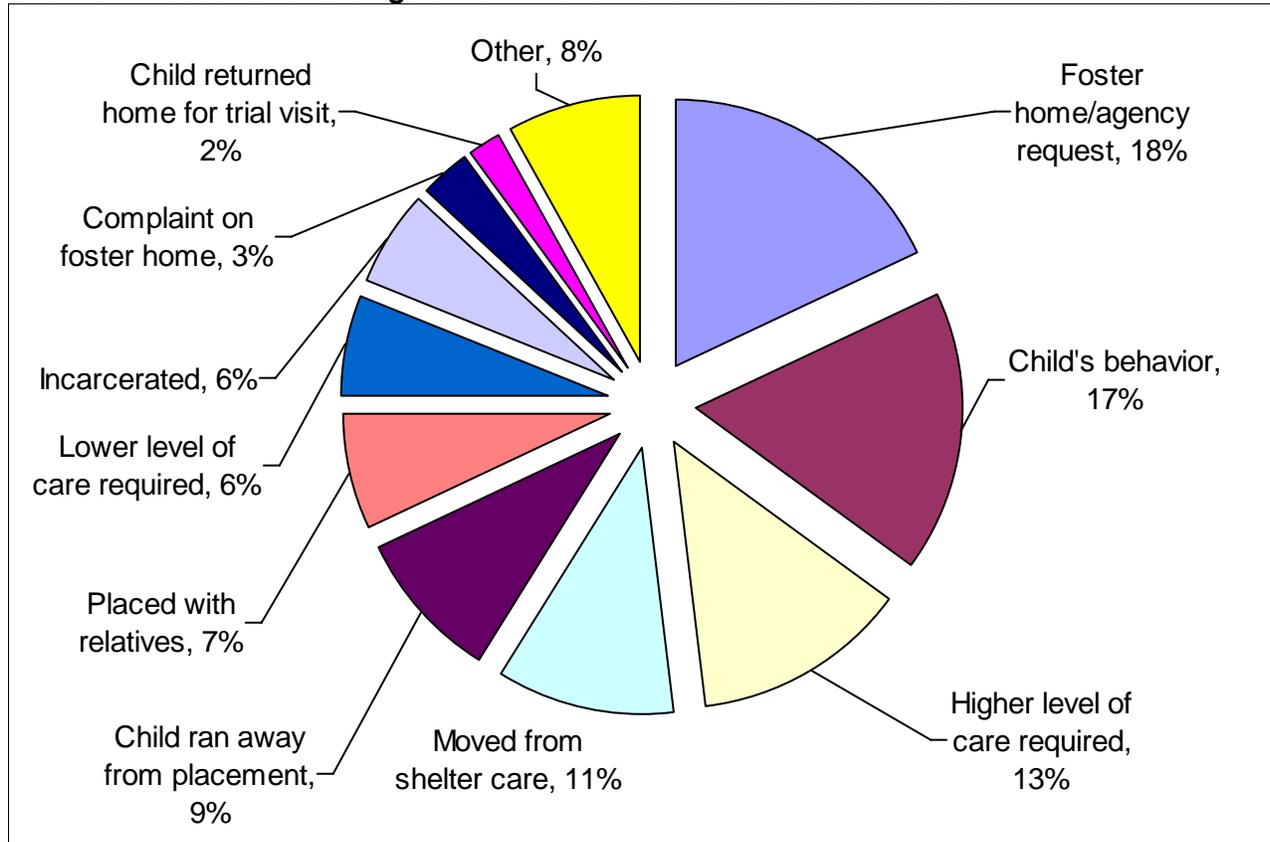
From the baseline of January 1, 2008 to December 31, 2008, the number of children in foster care during the year that had been in care for at least 24 months and had two or fewer placement settings decreased from 83.3% to 66.7%.

Current performance exceeds the federal standard (41.8%) by 24.9%.

Analysis

In a study of children in foster care who have 10 or more placements in Q3 of 2008, the most common reason for change or termination of child welfare services was per foster home/agency request (18%), followed by a result of the child’s behavior (17%) or a higher level of care required for the child (13%).

Chart 31: Reasons for change or termination of child welfare services



The median length of time in care for the 23 cases was 7.1 years. The length of time in care includes incarceration, trial home visits and ran away. The median age when the child first entered the system for the 23 cases was 7.8 years old. Out of the 23 children in the data set, six were ages 0-5 when they entered the system, 11 were 5-12 and six were 12 and over.

The results are consistent with factors identified in the “Child Welfare Outcomes in California: Improving performance on Foster Care Re-entry and Placement Stability.” The study, completed by the San Jose State University School of Social Work in March 2009, identified the following child characteristics as factors relating to placement disruptions: health problems, mental health problems, behavior problems and age (older youth tend to have more placement instability than younger children.) Placement change reasons that may be related to those factors (foster home/agency request, child’s behavior, higher level of care required and child ran away from placement) made up 57% of the placement changes. The data also confirms that some reasons for placement change were for the child’s best interest such as being placed with relatives (7.4%), reuniting with siblings (0.9%), being placed with a new foster home which may lead to more permanent commitment (0.3%), fost-adopt placements (0.3%), and being placed with a guardian (0.3%). The move from shelter care represented 11.1% or 36 incidences. San Mateo

County uses shelter care as a transitional, temporary placement until a more permanent placement is found or if a child is being moved to a lower level of care.

Research reconfirms the high risk of behavioral problems among children in foster care. According to the American Academy of Child and Adolescent Psychiatry, about 30% of children in foster care have severe emotional, behavioral, or developmental problems. Physical health problems are also common. Children in foster care often struggle with the following issues:

- Blaming themselves and feeling guilty about removal from their birth parents.
- Wishing to return to birth parents even if they were abused by them.
- Feeling unwanted if awaiting adoption for a long time.
- Feeling helpless about multiple changes in foster parents over time.
- Having mixed emotions about attaching to foster parents.
- Feeling insecure and uncertain about their future.
- Reluctantly acknowledging positive feelings for foster parents.

The longer children stay in foster care with a reduced likelihood of reunification and permanency, the more behavioral issues can escalate.

Barriers

- CFS has been unsuccessful in increasing the role of the foster parent. The idea of mentoring has been brought to the attention of the Foster Parent Association, but was not pursued due to lack of interest.
- TDM is required for every placement move; however, that is not currently being followed.
- San Mateo County has a limited number of foster parents who are willing to accept teenagers. Children ages 13 and over make up about 44% of children in care. Of the 102 licensed foster parents who specified their age preference, 26% accept children who fall under the 13 and over category.
- There is a lack of services and training for foster parents regarding adolescents.
- There is a need for specialized homes, such as homes for female youth with promiscuity problems, LGBTQQ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning) youth, and youth with AOD (Alcohol and Other Drug) issues.
- There is only one drug treatment facility for adolescents in San Mateo County, Our Common Ground, located in Redwood City. When that, along with Canyon Oaks and Your House South are at capacity, CFS does not have any option but to place youth outside of the county to access services.
- San Mateo County has very limited step down slots for adolescent rehabilitation. For example, youth can go to Canyon Oaks Youth Center, which provides comprehensive rehabilitation services for youth, and then shortly thereafter be placed at their own place of residence. The sharp transition from a highly structured living environment to an unstructured living situation can be very intimidating and challenging for the youth.
- There is a lack of staffing in the placement unit.

- When children are placed in group homes, the lack of supervision and high staff turnover impacts the quality of service that the youth receive.
- There is an increasing amount of mental health needs with adolescents in the foster care system.

Child Welfare Analysis of Permanency Measures C4.1-C4.3

Please see extensive comments in the PR section of this report.

Strengths

CSA Stakeholders report:

- Shelter care placements in the county are very helpful.
- There are ongoing placement reviews with both CFS and Juvenile Probation.
- Wraparound services are available for youth.

Barriers

CSA Stakeholders report:

- It is a challenge to hold placement facilities accountable in delivering services, and meeting child needs to ensure that CFS is meeting performance measures.
- It is currently unclear if foster parents are getting what they need in terms of training or supports from CFS.
- More demands are being placed on foster parents.
- Children are not being matched culturally with the foster parents. Communities are very different in each part of the county even though the geographic spread of the county is small.
- Not a lot of services are available to foster parents.
- There is a lack of support services for relatives.
- Youth leave group homes because they can, and go AWOL.
- Youth are being placed with relatives, but relatives are usually out-of-county and the distance is impacting reunification and placement stability. Youth are sometimes returned home sooner than necessary because it is difficult to reunify when the youth are placed so far away.
- CFS is not utilizing TDM adequately.
- It is difficult for social workers to talk to relatives about permanency in a cultural context, leading to a general difficulty to have such a conversation.
- The relatives' ambivalence is also affecting placement stability. They are not sure about long-term placement for these youth.

Juvenile Probation Analysis of Permanency Measures C4.1-C4.3**Strengths**

CSA Stakeholders report:

- Treatment needs are assessed before and during placement.
- There are ongoing placement reviews with both CFS and Juvenile Probation.
- Wraparound services are available for youth.

Barriers

CSA Stakeholders report:

- It is a challenge to provide the appropriate services for youth that fall in multiple jurisdictions (CFS, Juvenile Probation, Court).
- There is an increase in the number of youth that are found "incompetent", and cannot stand trial to face charges. As a result, it is difficult to find appropriate placement for these youth.

F.7: Permanency 5: Family Relationship Preservation

The family relationships and connections of children served by the CWS will be preserved, as appropriate.

F.7.A: Measure 4A – Siblings Placed Together (All)

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them is placed together?

County's Current Performance:

On January 1, 2012, 56% of siblings placed in out-of-home care were placed together.

Table 61: Siblings (all) placed together in out-of-home care

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/12	1/1/12	84	150	56%	Yes	3.4%

From the baseline of January 1, 2009, the percentage of siblings in out-of-home care that are placed together increased from 52.6 to 56%.

There are no federal standards for this outcome at this time.

F.7.B: Measure 4A – Siblings Placed Together (Some or All)

This measure answers the question: Of all siblings placed in out-of-home care, what percentage of them is placed together with some or all of their siblings?

County's Current Performance: Child Welfare Services

From January 1, 2012, 72% of all siblings placed in out-of-home care were placed together with some or all of their siblings.

Table 62: Siblings (some or all) placed together in out-of-home care

Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance	Direction?	Percent change
1/1/12	1/1/12	108	150	72%	Yes	4.7%

From the baseline of January 1, 2009, the percentage of siblings in out-of-home care that are placed with some or all of their siblings increased from 67.3% to 72%.

There are no Federal Standards for this outcome at this time.

Demographics

Since April 2009, CFS had its highest placement with all siblings for Hispanic children (57.1%), followed by Asian/Pacific Islander children, (56.8), Caucasian children (49%) and African American children (40.4%). Asian/Pacific Islander children have higher placement with some or all siblings (79.3%), followed by Hispanic children (73.6%), African American children (55%), and Caucasian children (52.6%).

*F.7.C: Measure 4B – Type of Placement***Table 63: Breakdown of types of placements in the child welfare system governed by Measure 4B**

Guardian care	12.1%
Kin Placements	38.2%
Foster Placements	8.2%
FFA Placements	18.6%
Group Home Placements or Shelter	15.4%
AWOL	1.6%
Other	5.9%

Child Welfare Analysis of Measure 4B

Stakeholder groups noted that there is a strong value in San Mateo County to keep siblings together. The increase in relative placements has supported this value. The county also utilizes the receiving center/shelter to maintain sibling placements while trying to find placements that will take all siblings.

Table 64: Breakdown of types of placements in the juvenile probation system governed by Measure 4B

Guardian care	0%
Kin Placements	0%
Foster Placements	0%
FFA Placements	0%
Group Home Placements or Shelter	59.5%
AWOL	13.5%
Other	27%

Juvenile Probation Analysis of Measure 4B

The large majority of juvenile probation youth are in group home placements for treatment services. The "other" category is Juvenile Hall, where youth are awaiting placement or re-placement.

F.8: Child Well-Being*F.8.A: Measure 4E – ICWA Placement Preferences for Foster Children*

This measure assesses the placement status for ICWA-eligible children, as well as the placement status for American Indian (Primary or Multi-ethnicity) children.

Child Welfare Analysis

SMC has very few ICWA eligible cases. CFS uses relatives as the primary placement option. In the last three quarters, three children were placed with kin.

For American Indian children, placement is more likely in Non Relatives, Non Indian SCPs (44%), followed by kin (40%).

Juvenile Probation Analysis

Juvenile Probation has not had any ICWA-eligible youth in the last three years. The ICWA form 10 is submitted when appropriate.

F.8.B: Measure 4F – Foster Children Authorized for Access to Psychotropic Medication

This measure assesses the number of children in care who are authorized for psychotropic medications.

Child Welfare Data and Analysis

The number of children authorized for psychotropic medications has been steadily increasing. There were 53 children authorized in Q4 2011 compared to eight in Q2 2009. A review of the psychotropic medications showed that the treatments ranged from sleep disorder (melatonin) to attention deficit hyperactivity disorder, depression, and schizophrenia.

Juvenile Probation Data and Analysis

All Juvenile Probation youth are assessed for appropriate mental health treatment which includes an assessment for Psychotropic medication. If appropriate, a psychiatrist orders and closely monitors the medication. The Probation Officers document this in the youth's file and court report.

F.8.C: Measure 5B – Timely Mental/Dental Exams for Foster Children

This measure assesses the number of children who have received a timely medical or dental exam.

Child Welfare Data and Analysis

The rate of children who received timely medical exam is showing a downward trend. CFS' performance was hovering around 80% through Q1 2011 but has since dipped to 75.5% in Q4 2011.

The rate of timely dental exam is consistent at around 60%.

Agency Steps

An Office Specialist is currently assisting the Public Health Nurse (PHN) in sending out the Intensive Informing correspondence to foster parents. This packet contains the forms to be filled out by foster parents regarding the child's last medical and dental visit, diagnosis, and treatment. Due to the technical nature of the information, the PHN enters the information in CWS/CMS.

If the child was seen in a county clinic, the PHN can print the information. If not, the PHN will need the forms from the foster parents. Typically, the PHN receives a response from only a quarter of the foster parents. This requires the PHN to call the foster parents to follow up. The social workers can help expedite the process if they can follow up with the care provider during their monthly visits.

Documenting everything in the Health and Education passport, and having all the supporting documents is very important. To provide assistance to that, social workers should create a new Health and Information passport within 30 days of initial placement and within 48 hours of change of placement. The social workers can further assist the PHN by completing the JV 220 form that has the information on diagnosis and psychiatric medication every six months whether there was a change or not.

Juvenile Probation Data and Analysis

All youth (100%) receive a medical examination by a nurse practitioner as part of their comprehensive assessment while they are in Juvenile Hall. Appropriate medical referrals are made based on this assessment.

F.8.D: Measure 6B – Individualized Education Plans for Foster Care Children

This measure assesses the number of children who have had an Individualized Education Plan (IEP).

Child Welfare Data and Analysis

The number of children who have had an IEP is showing a downward trend. At this time we do not have any data that would explain this trend. In Q4 2011, there were 39 children who have had an IEP (13.9%) compared to 56 children (20.7%) in Q3 2009.

Juvenile Probation Data and Analysis

Juvenile Probation parents maintain the educational rights of probation youth. If the parent has a concern regarding the educational needs of the youth, the Probation Officer works with the parent to contact the appropriate school district to start the process. If an IEP is in place and the youth is placed in a group home, the group home coordinates the annual assessment of the IEP. This is documented in the court report.

F.8.E: Measure 8A – Exit Outcomes of Youth Aging Out

This measure assesses the outcomes of children aging out of the child welfare and juvenile probation systems.

Child Welfare Data and Analysis

For the period January 2011 to December 2011, of the 29 youth being served, 97% completed high school or the equivalent, 59% obtained employment, 100% reported having housing arrangements, received ILP services, and reported to have a permanent connection.

Agency Steps

The CFS Data Analysis and Reporting Team (DART) is currently working with the ILP coordinator to develop reports that will show youth who are eligible for ILP and which of these youth were referred to ILP. Outreach can be done to the social workers who have not referred their clients to ILP ensuring all eligible youth are offered the opportunity to participate.

DART is also working with the two aftercare Employment Services Specialists (ESS) to develop a report that will identify former foster youth who are eligible for aftercare services. An Access database is currently under consideration that will supplement the information that is available in CWS/CMS. The Access database will capture employment information and other education related services such as financial aid application, scholarships, etc. that are currently not available in CWS/CMS. This will allow for more meaningful outcomes data on aftercare youth, as well as youth under AB 12.

CFS continues to conduct two transitional conferences, even though the state only requires that one transitional conference be conducted 90 days prior to emancipation. The first transitional conference occurs when the youth turns 17, allowing CFS to work with the youth on identifying goals and giving them more time to achieve these goals so they stay on track when they emancipate.

Housing is an issue for youth aging out of the system. A total of 20 youth participated in the Family Unification Program (FUP), which is a federal housing program available for foster youth. 10 are current, as the rest had timed out after their 18-month participation window per the FUP policies and regulations.

Juvenile Probation Data and Analysis

As of June 2012, 4 youth turned eighteen and are participating in the Extension of Foster Care (AB 12) services.

F.8.G: Assembly Bill 12 (AB12) Services

Recognizing that 18 was too young of an age for most young adults to be without support, the California Fostering Connections to Success Act (also known as Assembly Bill 12/AB 12) was signed into law in September 2010 and became effective on January 1, 2012. This bill provides the necessary means for youth to have a smoother transition to adulthood by providing foster youth with the option of remaining in foster care beyond age 18 and receiving services and supports. This includes payment under the Extended Foster Care Program and eligibility to receive foster care benefits, Aid to Families with Dependent Children (AFDC-FC) payments and services until age 21, when the bill will be fully implemented on January 1, 2014.

Child Welfare

As of July 26, 2012, 27 adolescents are receiving AB 12 services. 29 dependent youth will turn 18 by December 2012.

Prior to AB 12, no foster youth was allowed to emancipate without housing. CFS went as far as paying county funds until stable housing was identified for the youth.

Juvenile Probation

As of June 2012, there were 5 youth eligible for and receiving AB 12 services. It is anticipated that there will be an additional 3 youth eligible by December 2012.

Recommendation for possible inclusion in the SIP:**Child Welfare:**

- C3.1 Exits to permanency (24 months in care)
- C3.2 Exits to permanency (Legally free at exit)
- C3.3 In care for 3 years or longer (Emancipated/Age 18)
- C4.1 Placement stability (8 days to 12 months in care)
- C4.3 Placement stability (at least 24 months in care)
- Measure 4A: Siblings (some or all)

Juvenile Probation:

- C4.1 Placement stability (8 days to 12 months in care)

G. Systemic Factors

G.1: Relevant Management Information Systems (MIS)

G.1.A: Applications

CWS/CMS is the primary information system used by child welfare staff to support daily activities for case management and referral monitoring. Formal policies and procedures regarding access to CWS/CMS were approved and implemented as of January 1, 2011.

The Structured Decision Making (SDM) assessment tool in Safe Measures replaced the previous Comprehensive Assessment Tool in September 2009. All CFS staff received training in Safe Measures by Spring 2010. The agency also has a web-based application called Community Approach to Relating and Engaging with Families (CARE). This system extracts referrals from CWS and populates them to the application. Assignments are made in the application to community partners (vendors) to provide differential response (DR) services to clients. The vendors can document if the clients were engaged in receiving services. The agency has developed a method to document TDM meetings in CWS/CMS. TDM meetings are documented as a special project code in CWS/CMS, and BusinessObjects (BO) is used to generate a report. Therefore, to avoid duplication of effort, the agency has stopped using the Efforts to Outcomes (ETO) TDM application. The agency will transition from data capture in the ETO TDM application to using CWS/CMS to measure outcomes of TDM meetings.

G.1.B: Data Reporting and Technology Level

Access to CWS data was improved in June 2009. HSA provides users with the Business Objects (BO) InfoView web application to refresh and retrieve data reports from the County Access to Data (CAD) system. Reports can even be scheduled to run in the early morning hours so staff can view the recent data each day; CAD daily updates reflects a snapshot from 48 hours prior. Report automation allows staff to streamline state reporting for special initiatives. For example, the State extracts quarterly data for the federal National Youth in Transition Database (NYTD) and sets a deadline for counties to submit amendments. Using CAD, HSA's Business Systems Group (BSG) built a report that updates in the early hours of each day that shows discrepant records that need correction using the latest data available. Staff can find and correct the discrepancies at any time to meet the report deadline.

Access to numerous sources of data still requires a presentation layer designed for quick analysis and drill down to more detailed levels. BSG will explore extracting child welfare data into dashboards accessible through the BO InfoView platform.

Data quality is an agencywide responsibility. CFS has prioritized accurate and timely data entry for refresher training as part of the SIP. Specific staff is assigned the responsibility for reviewing data quality issues; for example, to capture current school enrollment data. BSG can create reports to identify some data quality issues and report back on data cleanup. Currently all report requests are screened by the CFS data analysis team for appropriate utilization of data. Standard reports provide operational metrics and client data for managing cases. Monthly and quarterly management reports summarize case activities and movement.

All social workers, supervisors, managers, and directors are provided with their own desktop workstation. HSA issues laptops, as needed, to Emergency Response and continuing social workers who are on-call during evening and weekend hours. Supervisors, managers, and directors are also provided with laptops. For data security and confidentiality of records stored on the hard drive, GuardianEdge software is installed to encrypt the data. In March 2012, CFS

tested a Verizon MI-Fi (mobile Wi-Fi Hotspot) for supervisors/managers who need internet access in the field. Additional devices will be purchased this year.

G.1.C: CAPIT/CBCAP/PSSF Contractors

HSA provides CAPIT/CBCAP/PSSF contractors with a report template for the quarterly activity report and bi-annual narrative reports. The reports are gathered and electronic copies are stored by the Contract Monitor. A hard copy is kept in a binder. All contracts are entered in a database and a report is generated from that database to track when reports and invoices are due. **See Attachments E and F for sample documentation.**

G.1.D: Data Entry Issues

Timely, complete, and accurate data remains a challenge. Data entry issues range from lack of basic data input such as demographic information, creating multiple client records, and updating “unknown” client information, to not entering placement information/changes and entering incomplete service delivery information under contacts.

Consistency is an issue as well. Incorrect information is sometimes entered and very often, rectifying incorrect data entry takes longer than doing it correctly in the first place.

G.1.E: Juvenile Probation

In FY 2010-11, Juvenile Probation began transitioning into direct data entry into CWS/CMS for those youth with an active General Placement Order. This is to satisfy state and federal requirements around the National Youth in Transition Database (NYTD) and Aid to Families with Dependent Children (AFDC-FC) foster care funding. However, although Juvenile Probation is working diligently to collect placement contact, youth and family information, independent living services and other matters related to the placement episodes, CWS/CMS is a separate management information system from the Juvenile Probation case management system and requires a significant double entry effort on the part of Juvenile Probation staff.

At this time, Placement Officers access CWS/CMS through server-based computing (SBC) tokens via the Internet. Placement Officers are currently sharing tokens, but expect to receive additional ones in the upcoming months. However, since the officers are expected to make monthly visits to group homes out-of-county and out-of-state, and are expected to be in the field with youth and their families, they are often without devices that provide Internet access which would allow immediate access to CWS/CMS for data input. Currently, officers do have laptops to allow work off-site; however, these machines are, on average over five years old, and are extremely cumbersome to travel with and use. Officers have identified the need for newer technology and indicated that, in its absence, they often handwrite their Case Activity Records (CAR) and type them into CWS/CMS at a later, more convenient time. This delay affects compliance with required data entry.

Juvenile Probation is exploring options and possible access to reporting from CWS/CMS, with HSA counterparts. Without aggregate reporting tools such as Safe Measures, Juvenile Probation has not been able to look at trends among placement youth or service needs.

Additionally, Probation is in the midst of a much larger RFP and implementation plan of a departmentwide case management system, as well as a possible implementation of a risk needs assessment and case planning tool. These projects will last for the next 2-3 years to implement, but will likely have a dramatic impact on Juvenile Probation’s aggregate reporting and management view into juvenile wards and trends.

G.2: Case Review Systems

G.2.A: Court Structure and the Human Services Agency

Juvenile Court is presided over by two appointed judges who hear CFS cases. The Juvenile Court has the ability to intervene in three types of circumstances:

- Children under 18 years of age with dependency issues (e.g., physical harm, neglect) who need the protection of the Court (WIC Code Section 300).
- Children under 18 years of age who have committed an illegal act, which, if committed by an adult, would be considered a criminal offense, such as a felony or misdemeanor (WIC Code Section 602).
- Children under 18 years of age who persistently or habitually refuse to obey the reasonable and proper orders or directions of their parents, guardian, or custodian, or who are beyond the control of those persons, or who were under the age of 18 years when they violated any ordinance of any city or county of this state establishing a curfew based solely on age (WIC Code Section 601).

The cases of the vast majority of children seen are in relation to Sections 300 and 602. The Judges handle all dependency and juvenile criminal matters on separate calendars.

In 2002, HSA, in collaboration with the Bay Area Social Services Consortium (BASSC), commissioned a study entitled “Child Welfare and the Courts: An Exploratory Study of the Relationship between Two Complex Systems.” The study explored the relationships between professionals working in the juvenile dependency system, including judicial officers, attorneys, social workers and court-appointed special advocates (CASAs). Recommendations to Bay Area courts and child welfare agencies included improving training, expanding communication, addressing staffing issues, improving scheduling, adding resources, providing for public education and developing a culture of respect.

CFS has been reviewed by the Grand Jury, a County/Court Committee, and an independent consultant, and HSA has conducted an internal assessment of CFS. The Grand Jury, known as the Blue Ribbon Commission (BRC), is selected on a yearly basis, and the Jury selects areas of interest to evaluate. In the last year, the Grand Jury focused on emancipating youth and ensuring that the youth have a mentoring relationship with someone.

As a result, the following efforts are in place to improve the working relationship between the Court and Children and Family Services:

- Regular meetings between the presiding Juvenile Court Judge and the HSA Director.
- Periodic meetings between the supervising Juvenile Court Judge, the CFS Director, County Counsel, the Private Defender and the heads of primary outside agencies.
- Transparency regarding HSA policy ensuring that all information, as well as opposing opinions and recommendations, are provided to the Court.

Use of Continuances

In practice, continuances are only given upon a showing of good cause provided it is not contrary to the interest of the minor. It is a goal of the Court to minimize the number of continuances.

However, CFS has recently had an increase in the number of continuances and contested hearings. One of the reasons includes the fact that CFS currently does not have County Counsel present at all hearings.

Termination of Parental Rights

CFS has been effective when seeking termination of parental rights. Most recommendations of termination of parental rights by the Department are ordered by the Juvenile Court. While cases involving termination of parental rights are more likely to be contested, Juvenile Court Judges rule on these matters in a timely fashion.

G.2.B: Court Structure and Juvenile Probation

Dependency and probation matters are heard in Juvenile Court daily. In dependency cases, CFS is represented by the County Counsel's Office, and parents and children are provided with an attorney through the Private Defender's Panel. In Juvenile Probation cases, the Department is represented by the Probation Department's assigned Court Officer.

Two Superior Court judges are assigned to the Juvenile Court. They handle all dependency and criminal matters on separate calendars. Probation Officers are required by law to make sentencing recommendations pertaining to termination of parental rights at every review after 12 months. There are limited continuances on Juvenile Probation's calendar.

Recommendations for termination of parental rights are rare. In these instances, Juvenile Probation Officers are not involved in that Court process as HSA staff files the necessary legal papers. If a Juvenile Probation youth's case results in the termination of parental rights during a Court hearing, the Defense Attorney or District Attorney would notify HSA for follow-up and the case would require a Dependency Court Hearing. Juvenile Probation would benefit from clarification on availability of services (through HSA) for this population.

Probation currently has five youth benefiting from AB 12 extended foster care services. Given the amount of legislation surrounding this population, Probation could benefit from ongoing training and/or support to ensure updated information and knowledge regarding accessing services and supervising those youth who are participating in AB12.

HSA and Juvenile Probation are collaborating to strengthen their working relationship. Over the last several years, line-level and managerial team personnel from both HSA and Juvenile Probation have generally worked well together. CFS and Juvenile Probation are working together to implement and train on Juvenile Probation's implementation and continued input into CWS/CMS, and to update the joint 241.1 protocol, which includes combined staff training, focus group work, collaborative case management and resource sharing. **See attachment N.** An MOU governing the overall roles, responsibilities and fiscal exchanges between HSA and Juvenile Probation staff regarding CWS/CMS, the county's CSA and SIP, AB 12 protocols, and funding from the Juvenile Justice Crime Prevention Act (JJCPA) in the Assessment Center has not yet been developed.

HSA and Juvenile Probation need to reach beyond the current 241.1 protocol and Title IV-E MOUs and work towards implementing systems that support the efficient exchange of feedback and information. These systems should also encourage the respective management teams to work together to develop systems that support the agencies' missions and visions.

G.2.C: CFS Process for Timely Notification of Hearings

CFS has developed a system to assure that foster parents, tribes, pre-adoptive parents and relative caregivers of children in foster care are provided timely notification and an opportunity to be heard in reviews held with respect to the children in their care. To support timely notification of hearings, HSA has staff specifically designated to perform court noticing and court reporting functions. HSA uses the noticing function that is built into CWS/CMS.

The current procedure calls for staff to send the caretaker's address to the Court Clerk six weeks before the scheduled hearing. The Court Clerk then sends the Caregiver Information Form (JV 290) to the caretaker 8 weeks before the hearing. Included with the JV 290 is another form which the caretaker signs if he/she does not have any information regarding the child that they wish to share with the Court. CFS also created an additional form (JV 290.1sm) to document the social workers' attempts to secure the JV290 from the caretaker if they have been unable to do so. Every court report concerning a child in out-of-home placement must have a JV

290 attached, an alternative statement from the social worker, or a JV 290.1sm. **See Attachment B.**

G.2.D: Juvenile Probation Process for Timely Notification of Hearings

Responsible parties are notified by mail 15 court days in advance by the Court Clerk's Office. The Court expects all minors to be physically present for court appearances. On certain cases, the Court has given the Probation Officers discretion to use teleconferencing for placement reviews.

G.2.E: HSA Process for Parent-Child-Youth Participation in Case Planning

The Family to Family (F2F) Initiative, developed by the Annie E. Casey Foundation in 1992, was implemented in San Mateo County in 2001 and integrated into the SIP. One of F2F's principal components, the TDM model, is used to guide placement decisions and to address barriers and obstacles that impact the stability of the placement. Birth and foster parents, extended family members, youth, the assigned social worker and supervisor, and/or other significant adults in a child's life meet to develop the best possible placement plan for the child. The facilitator states at the beginning of the TDM that if there is no consensus to make a decision regarding the case process, then the social worker and supervisor will make the decision regarding the outcome.

In the TDM model, a strengths-based approach is utilized to focus on a family's strengths rather than simply identifying deficits. The TDM philosophy values the family's inclusion in the decision-making process and in tools by Anne E. Casey (2002) "Team Decision Making: Involving the Family and Community in Child Welfare Decisions" indicates that when families feel empowered to take an active role, more positive outcomes for children are realized. Families who are treated with respect can contribute more concretely to the identification of their family and children's needs. When families and extended families are part of the decision-making process, they are more likely to participate in services to keep their family together or to complete tasks in order to have their children safely returned.

TDMs are required at any change of placement, and at the time of case closure. A TDM is not held when there have been several TDMs conducted within a short period of time, approximately 6-9 months.

Recently, CFS began using special codes for each TDM type that will allow for short-term and long-term outcomes analysis.

G.2.F: Juvenile Probation Process for Parent-Child-Youth Case Planning

To the extent that a youth has a parent or guardian, Juvenile Probation notes that its strength is including those family members and youth in the case planning process. There are occasions when the youth does not have a parent or guardian with whom to reunify. Juvenile Probation currently does not have tools or additional staffing resources for the purpose of family finding to locate additional natural supports.

G.2.G: HSA General Case Planning and Review Process

Case Planning

A case plan is based on an assessment of the circumstances that lead to CFS involvement and the needs of the family to assist with services that will drive the goals and objectives of the families who are within the Family Maintenance or Family Reunification (FM/FR) process. The

case plan is the foundation for the provision of services, goals and objectives and, if it is a dependency case, follows the orders of the Juvenile Court. The case plan uses the strengths of the family, identifies the needs of the participants, outlines the services to be provided, assigns responsibilities, identifies the goal of the services, specifies the visiting plan for children placed out of the home to address sibling visitation and visitation with other caretakers, and is developed in conjunction with the family. Prior to the case plan being developed, the social worker is to complete the SDM Tool Family Strengths and Needs Assessment (FSNA)/Re-Assessment. The tool is to be completed by the case-carrying social worker no more than 30 days prior to each case plan. The FSNA provides an opportunity to evaluate a family's progress toward reducing needs. The re-assessment also provides a continuing profile of case characteristics for CFS planning and program development.

The SDM FSNA and case plan entries are completed and documents are generated in CWS/CMS. The case plan must be signed by the parents and the supervisor. The FSNA is sent to the supervisor for approval.

A case plan must be completed by whichever of the following three dates comes first:

- Within 30 days of the initial removal of the child.
- Within 30 days of the first face-to-face contact with the child.
- The date of the dispositional hearing for the child.

For the SDM Family Strength and Needs Re-Assessment, that occurs no more than 30 days prior to each case plan or case plan update.

If a child is 14 years of age and resides in an out-of-home placement in San Mateo County, or if a child is 15 ½ years of age and resides in an out-of-home placement outside of the county, a Transitional Independent Plan Living Plan (TILP) must be developed with those children. The TILP is part of the case plan and upon completion must be included. In addition, the social worker shall document in their case contacts as well as in CWS/CMS the services that were offered to the youth as a service delivery.

The case plan is updated:

- At a minimum of every 90 days for a voluntary family maintenance case, per county policy.
- Every 6 months in conjunction with the status review hearing for a court case.
- When significant changes in circumstances occur, such as if a child is AWOL for more than 5 days, an absent parent is located, or the recommendations in the court report are altered at court.

The case plan update provides current information on the parent's compliance with the case plan currently in effect and evaluates the progress in achieving plan objectives. The case plan update should be in collaboration with the SDM Family Strengths and Needs Re-Assessment.

The social worker shall meet with the parent and child and devise the case plan objectives, goals and responsibilities of each participate in the case plan update. The parent (and youth, if appropriate) shall sign and date the case plan update. The documentation of the signatures of the parent and youth shall be documented in CWS/CMS. If the parent or youth refuses, is unwilling or unavailable to sign the case plan update, that information is also reflected in CWS/CMS.

Case plans are attached to the jurisdictional/dispositional report and each subsequent six-month review. The Juvenile Court approves each case plan. HSA works closely with the Court to

ensure that permanency hearings for children are held within required timeframes. Social workers make sure that all recommendations in the court report for setting permanency hearings are also within the required timeframes. The court is very aware of these timeframes and makes every effort to schedule these hearings accordingly.

Case Review

CFS utilizes Team-Based Case Planning (TBCP), which provides a forum to receive input from various parties who are involved with family members in order to increase the options available for providing stability to families and children. The goal of TBCP is to gather and consider a range of opportunities and perspectives, from service providers and community members to CFS staff and family members. TBCP is a multi-level case review policy that begins with worker/supervisor supervision, and details procedures that address high-level case reviews with managers.

TBCP is split into three levels:

- **Level 1:** Staff/case conferences with a supervisor
- **Level 2:** Case conferences with a regional manager
- **Level 3:** Case conferences with the CFS Director/Critical Incident Case Conference

There are seven forums designated for TBCP: TDM, the Placement Review Board (PRB), the Permanence Planning Committee, the Youth Permanence Planning Committee, the Independent Living Skills Program (ILP) Emancipation Conference, the Case Conference Protocol, and the Interagency Placement Review Committee.

G.2.H: Juvenile Probation General Case Planning and Review Process

Case Planning

Juvenile Probation reports that all wards entering placement have a completed case plan with minor and parent participation. Case plans are modified or updated at a minimum of every six months. Once a minor is placed in a residential program, federal requirements (Title IV-E) mandate a revised case plan within 30 days; Juvenile Probation is in compliance with this standard. In addition to Juvenile Probation's automated case plan tool, Placement Officers also work with the youth to complete the Ansel Casey Life Skills Assessment Tool, which identifies needs, such as independent living, job training, and educational goals.

Juvenile Probation is at or close to 100% compliance in meeting the requirement that all permanency hearings occur within a set time frame. The Court is very sensitive to this requirement and sets most hearings well in advance of the deadline date. Agency staff is able to provide concurrent planning at the initial stage and throughout the life of the case. Placement Officers use the results generated by the Ansel Casey Assessment to assist in creating concurrent plans for the youth as appropriate.

Case Review

The Probation Placement Supervisor reviews each case that comes into the placement unit. The case is reviewed to ensure that there appropriate assessments have been completed which may include IEP, Mental Health, AOD, and all related case notes are completed, as well as the PACT updated, and Case Plan signed. The case is then assigned to a pre-placement officer who reassesses the services and related needs of the youth to see which placement best meets

the needs of the youth. For youth in Juvenile Hall that are awaiting placement they are required to have a court hearing every fifteen days. The youth attend court and issues that concern them are discussed, this may include issues such as timely medical treatment, the youth or family requesting increased visitation etc.,

Any concerns that occur in placement are referred to Community Care Licensing if appropriate, and the probation officer will determine whether the placement meets the needs of the youth.

Formal case reviews are conducted every six months by the Placement Supervisor, where a thorough review of the case is conducted. Informal case reviews are conducted on an ongoing basis.

G.3: Foster/Adoptive Parent Licensing, Recruitment and Retention

G.3.A: General Licensing, Recruitment, and Retention

HSA's service philosophy for foster care and kinship care is to:

- Provide a safe, stable and nurturing temporary home.
- Provide services needed by families to address the circumstances which necessitated removal, reunifying families when possible and linking families to community resources.
- Provide children and caretakers with sufficient resources and supports to enable them to maintain placement, insure the cultural, medical and emotional health of children, and provide the support and resources necessary to reach their goals.
- Provide a successful transition to adulthood.
- Provide resources to locate permanent connections and/or a permanent home for children when reunification is not possible.

As of May 2012, San Mateo County provided support to 112 licensed foster and foster-adopt homes. Four social workers, one supervisor and one program manager are assigned to the Homefinding unit, which is responsible for foster home licensing, relative assessments, and adoptive home study activities. Joint recruitment efforts are conducted for foster, foster-adopt and adoptive families. CFS provides a 18-hour foster parent training that covers topics such as CFS and Juvenile Court procedures, roles and responsibilities, mandated reporting, impact of loss, stages of grieving, developing positive attachments, and importance of birth family connections. Foster parents also complete eight hours of training per year. Currently, foster parent recruitment occurs only for CFS.

Having an adequate number of foster care homes located within San Mateo County for children in need of out-of-home placement, as well as foster-adopt and adoptive homes when parental rights are terminated, is an ongoing challenge for CFS. Although CFS has 112 licensed foster and foster-adopt homes, 312 children are in foster care. There has been a steady decline in the number of foster homes in San Mateo County over the past 15 years. Due to the high cost of living in San Mateo County, most families require a two-parent income which reduces their flexibility to address the particular service needs of children with special needs. Many of the families who currently apply to be foster parents do so with the hope of ultimately adopting a child.

It is important to note that despite the decrease in available foster homes, the number of kinship placements has made up for some of this decline and now represents approximately 55% of placements. While kinship care is a concept that is embraced by CFS, the need for compassionate, well trained and well supported foster parents available for the temporary care of children remains high.

G.3.B: Recruitment and Retention Efforts

Area-specific recruitment occurs wherever possible; at churches, school organizations, businesses and tenant organizations, child care groups, on buses and in movie theaters. Ongoing recruitment partnerships with churches involved in the non-profit organization Help One Child have been established. Orientation and other trainings are offered in the communities. Recruitment materials, advertisements, orientation and training have been developed to engage our Spanish speaking populations. Resource parents receive a \$500 award for recruiting any new foster family that completes the licensing process.

CFS has addressed the decline in foster homes through a variety of channels including working in collaboration with a variety of groups on ongoing recruitment and retention efforts:

- Community groups.
- FFAs.
- The San Mateo County Board of Supervisors.
- Foster parents.

In order to retain existing homes, CFS has:

- Coordinated biannual celebrations and recognition events for foster families.
- Collaborated with the Foster Parent Association to identify strategies for retaining current foster parents and recruiting new foster parents.
- Conducted monthly support meetings for foster parents and group home staff.

CFS currently holds monthly meetings with all group home providers, which takes place at the Receiving Home. Additionally, the Therapeutic Foster Family Agency (FFA) and Medically Fragile Infant (MFI) foster parents hold separate monthly meetings which are attended by CFS social work staff. CFS' contracted foster parent trainer, who has experience as a foster parent, coordinates monthly support group meetings with the foster parents. In order to promote collaboration and communication, the former CFS director and Home Finding Manager offered to attend monthly meetings with foster parents, but the foster parents' leadership declined that offer. However, CFS social work staff members have attended these meetings on an ad-hoc basis to update foster parents on specific issues.

It has been suggested that economic conditions, including housing prices, may be a contributing factor when foster families discontinue their service or move out of San Mateo County.

G.3.C: Placement Resources

G.3.C.i: F2F Strategy

The F2F strategy of “recruiting, training, and supporting resource families” is supported through social marketing, advertising, mentoring, support groups, advocacy, and financial incentives. Building community partnerships is an established strategy in San Mateo County and Regional Community Partnership Teams (RCPT) are supporting resource family recruitment and retention activities. In an effort to retain resource families, CFS reimburses foster parents for case plan-related transportation, offers respite care, contracts with a Foster Parent Advocate, conducts annual foster parent satisfaction surveys, and organizes two annual foster parent recognition events.

G.3.C.ii: Kinship Care Services

HSA contracts with Edgewood Center for Children and Families to administer the Kinship Support Services Program. Kinship Support Services, which provides support groups for kinship families, are provided throughout the County with offices in the Northern (South San Francisco) and Central Regions (San Mateo), the areas where most of the relative caretakers reside. Relative caretakers receive services such as respite care, family outings, case management, tutoring, and health services. CFS has assigned two social workers to conduct assessments of

relatives with whom children may be placed. HSA has established a written policy, conducted several trainings to inform all staff of the regulations, and has conducted internal audits around compliance with this policy.

G.3.D: Challenges

Although African American children make up approximately 24% of children in out-of-home care, only 10% of licensed foster homes are African American. This emphasizes the need for cultural competency training for foster parents and staff. Additionally, the cost of living in San Mateo County, especially the cost of housing, is high, which makes it difficult for many families, regardless of ethnicity and culture, to be able to take foster children into their homes.

G.3.E: Foster Parent Recruitment and Retention Strategic Plan

CFS has developed a detailed strategic plan to strengthen and provide structure to recruitment and retention efforts. The overall goal of the plan is to increase the number of foster families to meet the specific needs of children and youth in care. The plan calls for recruitment of a network of families that are neighborhood based, culturally sensitive, and located primarily in the communities from which children come. These families will be recruited with an understanding of the need for permanency and concurrent planning. **See Attachments L and M** for information regarding the Foster Parent Recruitment and Retention Strategic Plan.

Strategic goals have been identified, appropriate actions have been outlined and measures have been developed to evaluate progress. The eight strategic goals are:

1. Promote a new agencywide recruitment mindset.
2. Inform targeted communities and the general population of the continuous need for foster homes.
3. Increase the number of African American and Latino families available to provide short-term foster care by five families annually.
4. Increase the number of families available to provide short-term foster care to medically fragile children by two families annually.
5. Increase the number of families available to provide short-term foster care to sibling groups of two or more by five families annually.
6. Increase the number of families available to provide short-term foster care to adolescents by five families annually.
7. Increase the number of families available to adopt a specific child by five families annually.
8. Become a Bay Area leader in the support of foster parents by being advocates on behalf of foster parents.

G.4: Quality Assurance System

G.4.A: CAPIT/CBCAP/PSSF Contracts

HSA has designated a Program Manager, Contract Monitor and Fiscal Analyst to oversee the CAPIT/CBCAP/PSSF contracts. The Program Manager represents HSA at Children's Collaborative Action Team (CCAT) and CCAT Oversight Committee meetings. The Fiscal Analyst, with the Program Manager and Contract Monitor, ensures that services meet the funding sources' requirements. The Fiscal Analyst also monitors the invoices and tracks funding utilization. The Contract Monitor's responsibilities include providing technical assistance in developing short-term, intermediate and long-term goals, developing satisfaction surveys and evaluation tools, collecting and reviewing required quarterly activity reports, semi-annual narrative reports and results of customer surveys and evaluations, and conducting site visits with the Program Manager and the CCAT Coordinator. Site visits include review of program and contractor's performance in meeting outcomes; review of policies and procedures, training manuals, documentation, participant records, surveys, and participant interviews. A site visit form is used and at the end of each visit, a report is provided to the contractor stating whether the requirements were met or if corrective action is needed. For the latter, contractors are required to respond outlining a corrective action plan to address areas that did not meet HSA standards. **See Attachments C and D.**

Technical assistance is provided when needed. Following an agreed upon timeframe, during which the contractor must implement the corrective action plan and achieve significant improvement, a follow-up site visit is conducted to determine whether the corrective action plan was implemented and improvement was realized. As a last resort, all contracts contain language which allows HSA to terminate a contract with a 30-day notice.

The CFS adoptions unit provides monitoring for PSSF expenses for adoption and reunification programming. Program success is monitored through the quarterly AB 636 report, which is reviewed by CFS managers and supervisors and the HSA's Executive Team, made up of the HSA Director and department directors. CFS also solicits verbal feedback from families who complete the adoptions process and incorporates their feedback to refine practices.

HSA is able to determine if services are positively impacting the lives of consumers and meeting the needs of the community through surveys, evaluation, and parent testimonies. All contractors are required to develop outcomes that measure both quantitative and qualitative performance (client satisfaction, change in knowledge or behavior). All contractors report on these outcomes on a quarterly basis. Testimonies reported on mid-year and year-end reports and during site visits provide further insight into the quality of services received. Technical assistance is provided when contractors are experiencing challenges in meeting their goals and objectives.

G.4.B: Juvenile Probation

Juvenile Probation, in conjunction with HSA, BHRS and the San Mateo County Office of Education (SMCOE), uses a multidisciplinary team (MDT) referred to as the Interagency Placement Review Committee (IPRC) to determine if a youth is appropriate for out-of-home placement. The Committee is composed of managers from participating agencies. Each case is carefully examined with respect to educational needs, mental health issues, delinquent behavior, family issues and relationships to determine if the referring agency has made prior efforts to reduce or eliminate the need for out-of-home placement.

Once suitability is determined, IPRC will designate the level of care required to meet case needs by setting the appropriate rate classification level (RCL).

The Placement Unit will then refer the case to programs suited to meet case needs.

While in the program, a Placement Officer will conduct monthly site visits to determine progress and identify any issues of concern. If issues are identified that impact case progress or relate to the safety or well being of the client, the Placement Officer will take steps to address the issues up to, including removing the youth from the program. Placement Officers supervise youth and oversee programs based on geographical area. Occasionally, should a youth be moved between programs, a new Probation Officer would be assigned.

Each case is monitored by the Court per state and federal mandates, and the Court is kept updated on the individual's progress or lack thereof.

Due to fiscal and budgetary constraints, the Placement Unit no longer utilizes an aftercare MDT, which used to include BHRS in order to develop a comprehensive plan well in advance of discharge to meet the case needs upon the youth's transition to return home. Under that model, each eligible youth was enrolled in the ILP where they were taught specific, individually targeted skills that would assist their ability to live on their own. In its absence, Placement Officers can make a referral for community-based mental health services. Services are not as comprehensive as under the previous model.

As part of the county's efforts to measure the success of Juvenile Probation's efforts, Juvenile Probation collects outcome-based measurements. For the placement unit, this includes the number and percent of youth who are not removed or re-placed during the period of supervision. A second measure focuses on the number of youth who complete probation without having a subsequent petition sustained for a new law violation.

If a youth needs to be arrested for a violation of the law or needs to be removed from a program, the Placement Officer needs to coordinate with a second Probation Officer in the unit to abide by Juvenile Probation's arrest policy, and to ensure officer safety. When a second officer is called to help, the second officer's workload is impacted and their client efforts are postponed for a period of time to assist with the new case. On occasion, there are no available officers to assist with the arrest; in these cases, the placement officer must call on group supervisors in the department's transportation unit. Previously, there was a group supervisor identified to work exclusively with the placement unit to assist with arrests and program removals as well as to make additional contacts with youth and families as needed. Additionally, the group supervisor helped the Probation Services Manager (PSM) and the placement unit overall ensure compliance with all departmental, state and federal paperwork/data requirements. In the absence of this staff resource, placement officers have indicated that they individually and collectively spend much more time on administrative work and less time on case management, which includes work with the youth and their families.

G.4.C: Human Services Agency

G.4.C.i: Policy, Planning, and Quality Management Unit

The Policy, Planning, and Quality Management Unit (PPQM) unit provides leadership, coordination, and support to foster agency-wide continuous quality improvement in HSA. The PPQM unit supports HSA leadership in developing and implementing quality improvement processes, including agency accreditation and continuous quality improvement systems. Some quality improvement activities of the PPQM unit include peer case record reviews, creating and implementing employment satisfaction surveys, coaching quality improvement teams, tabulating quality improvement data, tracking follow-through on processes, and offering suggestions for agencywide quality improvement needs on an ongoing basis. These integrated functions are designed to improve client and program outcomes and consistently deliver the highest possible level of services to the communities and clients serviced by HSA.

G.4.C.ii: Quality Assurance Unit

The Quality Assurance Unit (QA) aims to create avenues that will ensure a high caliber of program integrity in our CalFresh (Food Stamps), Medi-Cal, CalWORKS, General Assistance, and CFS programs through quality control. QA activities, which occur on a quarterly basis throughout the fiscal year, include analysis of program improvement and quality control, first and second tier case record reviews, program monitoring and evaluation, conducting follow up calls, the implementation of Agency wide internal audits, and coordination of state and federal audits. Some key initiatives include interpreting findings of case reviews to identify error trends, and prioritizing training needs in order to establish best practices, improving the administration of programs and the quality of services to clients. The QA Unit also assists in developing and monitoring corrective action plans based on audit findings.

G.4.C.iii: Children and Family Services (CFS)

CFS conducts an internal Peer Record Review (PRR) on a quarterly basis as part of COA. The PRR is a component of a comprehensive quality improvement plan, designed to ensure that CFS is maximizing service delivery efforts. During a PRR, designated internal reviewers examine the quality and appropriateness of services provided to clients by looking at the documentation and quality of service delivery in the client record. The internal reviewers document their findings and this information is used as a quality improvement tool to:

- Identify staff training needs and provide the necessary information/training.
- Identify and eliminate obstacles that may be keeping staff from providing the highest quality services to their clients and documenting that work.
- Improve the staff learning process through their participation as reviewers and those reviewed.

The CFS PRR is conducted by CFS managers, supervisors, and social workers. A valid sample size of open and closed cases, approximately 100 cases per year, is reviewed using three tools: the Quantitative Peer Case Record Review, the Qualitative Peer Case Record Review and the Internal Peer Record Review Feedback Tool. Cases were reviewed for elements including required forms, documents, and case notes. The Quantitative Peer Case Record Review is comprised of a checklist of required documents and forms that are marked as complete or incomplete/missing. The Qualitative Peer Case Record Review captures information about the quality of various aspects of the case including, assessments, service plans, progress notes, case closures. The Internal Peer Review Feedback documents any areas for correction that needs to be reviewed. **See Attachments G, H, I, J and K.**

Upon completion of the case review, the social workers and their supervisors receive a feedback document noting corrections needing to be made as well as giving positive feedback on what was well done. Social workers will then note responses to the needed corrections and will submit, through their supervisors, the completed feedback form to show compliance of the cited deficiencies.

CFS also holds Placement Review Board (PRB) meetings on a biweekly basis, where CFS staff review cases of children who are in shelter care need to be moved out of emergency shelter care, offer consultation regarding the child's placement, and identify resources that will enable the child to be placed in the least restrictive setting that meets their individual needs. If the PRB meeting cannot resolve the placement issues, any party may request a case conference. PRB also serves as another forum to ensure concurrent planning is in place. PRB is composed of CFS staff, including:

- The regional manager.

- The Homefinding unit supervisor.
- The adoption unit supervisor.
- The placement coordinator.
- The shelter care coordinator.
- The medically fragile infant (MFI) coordinator.
- A representative from BHRS.

The Gomez v. Saenz lawsuit began in July 2004, and was settled on October 9, 2007. The lawsuit addressed the rights of the individual whose names either are or will be listed on the Child Abuse Central Index (CACI). The Gomez settlement challenged the integrity of the CACI and provided due process rights for individuals whose names have been submitted for listing on the CACI as a result of a qualifying substantiated finding on a child abuse/neglect investigation. HSA conducts Gomez Hearings in coordination with Fair Hearings and the Screening Supervisor to objectively participate in and document grievance hearings. Upon completion of the Grievance Hearing, the Grievance Review Officer submits a written recommendation decision. The decision contains a summary of the facts, the issues involved, findings, and the basis for the decision. The Agency Director issues a written final decision adopting, rejecting, or modifying the recommendation decision. The claimant may seek judicial review, within one year, of this decision in Superior Court.

To monitor mental health services, CFS assigned a Program Manager to oversee the MOU with BHRS to provide mental health treatment to CFS children. All referrals are submitted to a point person who tracks the referrals on a spreadsheet. BHRS provides quarterly data reports for each program describing the number of clients served, services provided, and client progress. A Program Committee composed of CFS Program Manager, a BHRS Manager and Staff, the Senior PHN, and representatives from contract providers Edgewood and StarVista, meets quarterly to discuss what is working and what needs improvement or attention. In addition to receiving data on mental health, CFS is also receiving data for services provided by the nurses to ensure the needs of the children are holistically addressed. Nurses provide an array of services including nutrition education, general medical counseling, and information and referral.

CFS continually monitors its performance in meeting the C-CFSR performance measures through quarterly review of the C-CFSR (also known as AB 636) Data Report. The C-CFSR Data Report is shared with the CFS Management Team, CFS Policy Team, composed of managers and supervisors, and the community through the San Mateo County Citizen Review Panel (SMCRP). The quarterly C-CFSR highlights CFS achievement, identifies areas for improvement in providing child welfare services and provides recommendations to meet improvement goals.

G.5: Service Array

G.5.A: Network of Services

HSA provides a network of services and resources through collaborations with community providers and other County agencies throughout the County. Funding is provided for the operation of seven Core Service Centers in San Mateo County, which can provide or locate emergency food, shelter, clothing, employment services, utility assistance funds and short-term counseling.

The Core agencies are located regionally in order to provide local access to those in need. The Daly City Community Service Center and the North Peninsula Neighborhood Service Center are located in the northern region of the county, Samaritan House provides services in the central part of the county, Fair Oaks Community Center and Bayshore Community Resource Center are in the southern region of the county, and the Pacifica Resource Center and Coastside Opportunity Center are situated in communities along the Pacific coastline.

CFS now oversees and is responsible for the administration of a best practice prevention-oriented program and services provided by HSA staff outposted at the FRCs. FRC community service providers and FRC HSA staff work closely together to help K-12-aged children, youth and their families address their needs so they can become stable and productive members of the community.

Currently, there are seven multi-agency, integrated service and HSA-staffed FRC sites strategically located in identified areas of high need in San Mateo County. Based on established criteria, FRC sites are located in the high-risk/high need communities of Daly City (North), Redwood City (South), and East Menlo Park (South). Client access to services is always a high priority and is successfully accomplished by co-locating nine HSA psychiatric social workers (PSWs) in the high-risk areas where services are needed most. The PSWs provide an array of services to the seven FRC sites as well as CFS clients and other counseling services as needed to the community. The counseling, support and education services and programs currently provided at some of the FRC sites include counseling services, parent education, adult education, home visits, parent involvement in leadership, health outreach, information and referral to services and resources, and case management. The PSWs provide specialized services to CFS clients. Counseling, support and education services are provided by multicultural, Spanish-speaking, bilingual HSA staff, and are culturally appropriate for the individuals, families, and communities served. The provision of additional mental health counseling services, adult education, parent involvement in leadership and health outreach is a collaborative effort with other community based partner agencies.

In addition to the PSWs, a staff of community workers has also been hired specifically to support implementation of Teaching Pro-Social Skills, an evidence-based curriculum for children and youth referred for behavioral problems.

G.5.B: Aftercare Services

CFS provides ILP where foster youth learn life skills that will help them better prepare for successful emancipation. ILP has separate classes for freshmen, sophomores, juniors and seniors to ensure classes are appropriately targeted for each group. Transcripts and college credits are available for students who qualify by virtue of their high school standing, class attendance and participation. Topics in the ILP classes include education, employment and life skills, college placement and financial aid, social skills, financial skills, money management, health/nutrition issues.

CFS administers the Transitional Housing Placement Plus Program (THP-Plus) which provides affordable housing and a wide range of supportive services, including job training, educational support, and counseling. In the last fiscal year, a total of 56 youth were served in the THP-Plus Program. One Juvenile Probation youth was served by this program.

CFS provides three housing programs under THP-Plus:

- The Host Family Model, where the youth has an appropriate adult (ex-foster parent, Non-Relative Extended Family Member, mentor) that is willing to provide permanency for the youth. The youth pays a share of the rent and receive a monthly stipend. In the last fiscal year, 20 youth were served in this model.
- The Structured Single Site Model, where the youth typically shares a house or apartment with other youth from the program, with structured rules and nighttime staff to ensure a safe environment. The youth pays a share of the rent that is kept for them when they leave the program. In the last fiscal year, 16 youth were served in this model.
- The Scattered Site Housing Model, where youth reside in an apartment or on campus. The youth and THP-Plus pays a share of the rent and the youth receives a monthly stipend to subsidize living costs. In the last fiscal year, 22 youth were served in this model.

Post-emancipated youth, whether enrolled in a housing program or not, are offered the following aftercare support and services:

- An employment services specialist, who helps them with job preparation, interviewing skills, resume writing, matching with mentors, and providing linkages.
- Case managers, who provide the 15 state-required services which include: case management, utilities and rent, job readiness, food and allowances, education advocacy and support, post-high school training, individual and group therapy, family and community connections, mentoring, apartment furnishings, emancipation fund, post-program housing assistance and alumni services.
- Under the Youth Financial Independence (YFI) Program, San Mateo County provides matching funds for youth to enable them to build financial assets, learn about financial management skills and create financial goals for themselves. Two of the main objectives of the YFI Program are to help youth develop a savings pattern and support their efforts in achieving long-term, viable self-sufficiency.

G.5.C: CAPIT/CBCAP/PSSF-Funded Services

With CAPIT/CBCAP/PSSF funding, HSA provides a myriad of child abuse prevention and intervention services to ensure the health and well-being of children and families. Prevention services designed to keep families from entering the child welfare system include:

- A mentoring program for at-risk youth.
- Child care services allowing birth parents, foster parents and adoptive parents to attend parenting classes, support groups and training to increase their ability to care for children who have been abused or neglected.
- Evidence-based parenting classes.
- A cooperative model of pre-school parent involvement and parent education classes that address multiple risk factors for children at risk of abuse and neglect.

- Parent involvement programs to improve student learning and overall educational success.
- Raising awareness of the risk factors for and indicators of child abuse, legal reporting requirements, and referral procedures.

Other prevention services are individualized to meet the unique needs of children and families such as information and referral services, counseling services, and a moderated chat room and hotline to give teens a forum to discuss healthy relationships and resources.

CAPIT/CBCAP/PSSF funds intervention services designed to help children achieve permanency such as mindfulness-based rehabilitation classes to incarcerated male and female youth designed to help youth reduce stress, regulate emotional states, identify legitimate needs underlying their negative behaviors and take responsibility for their actions. The program will aid in building self-awareness, self-respect and self-control necessary for youth to make healthy lifestyle choices and ensure successful re-entry into their communities.

G.5.D: Child Abuse Prevention Services

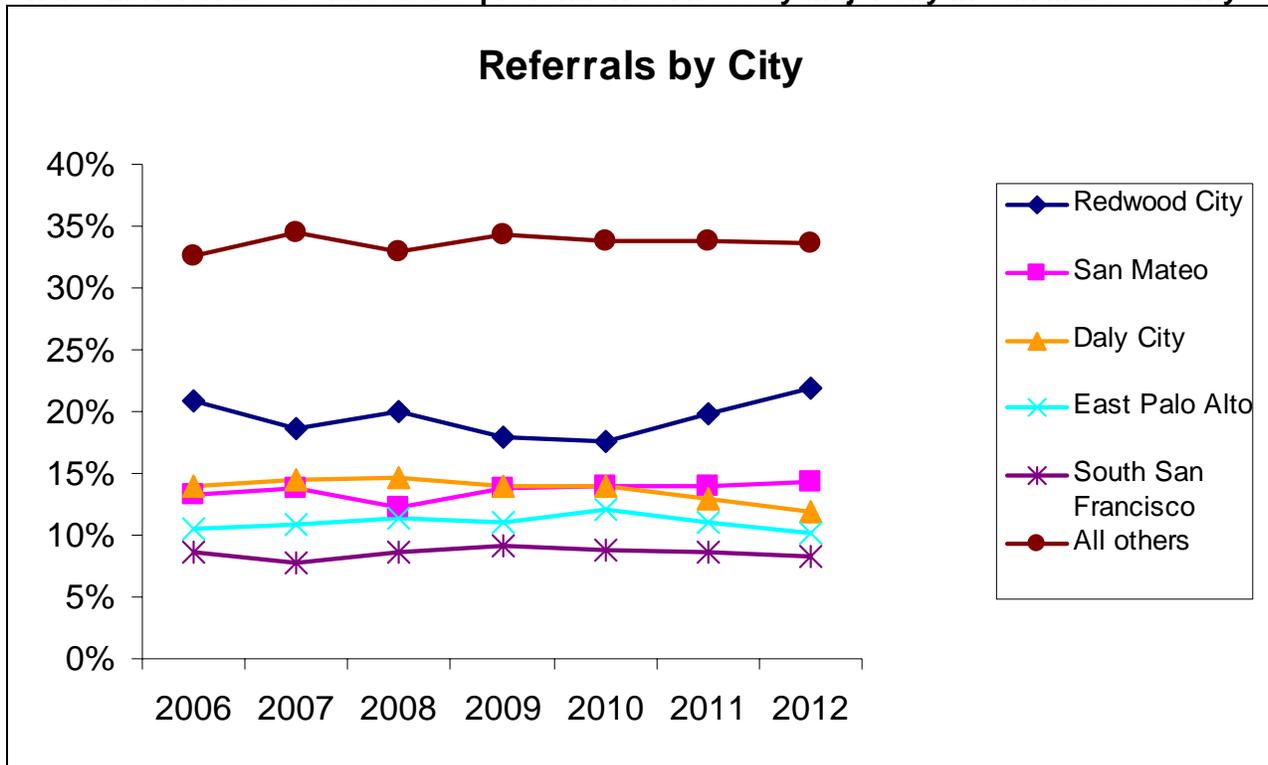
CCAT is the designated Child Abuse Prevention Council of San Mateo County. It exists to develop, implement, and continually refine a collaborative interagency system of children's services that provides for a continuum of care from prevention to treatment. The ultimate goal of the programs and services is to provide assistance to at-risk families before children are abused and neglected in order to support the stabilization of families and maintenance of children in their homes. CCAT aims to provide services that are culturally and linguistically appropriate to the population served. HSA provides administrative support to CCAT.

Child Abuse Prevention Services can be accessed by the community in a variety of ways:

- San Mateo County's toll-free 211 number connects callers with local community services, such as food, shelter, counseling, employment assistance, quality child care and more.
- Family Resource Centers (FRCs) and other community based agencies throughout the County offer training and services that address child abuse prevention.
- CFS offers free Mandated Reporter Training in order to increase community awareness on child maltreatment, prevention, and protection. Training is offered quarterly at various CFS locations and on-site at community-based agencies as requested.
- Every year during Child Abuse Prevention month, CCAT disseminates information to raise awareness of programs and services around child abuse prevention.

Based on referral data from 2006 to 2012, Redwood City consistently had the highest number of referrals. San Mateo and Daly City were either second or third, with East Palo Alto coming in consistently at fourth.

Chart 32: Referrals to child abuse prevention services by major city in San Mateo County



Three of the nine contractors provide countywide services such as domestic violence prevention, mentoring and parenting for Pacific Islander families. Three contractors count Redwood City as their target population, providing services such as parent participation pre-school and parent education, parent leadership, and an array of support services from basic needs assistance to counseling. One contractor serves the Daly City community with referrals and parent education. Although two contractors serve the coastal areas when the coastal cities made up only 3% of the referrals in 2012, it is critical to have services in those communities due to inaccessibility, inadequate public transportation in unincorporated areas of the county, and the rural communities' unique needs. The following is a complete list of contractors, their services, target population, and the geographic areas they serve.

Cabrillo Unified School District (CUSD) – CUSD serves a total of 100 families/students per year in four schools in the Half Moon Bay, El Granada, and Montara areas. CUSD provides intake, assessment, referral, individual, group and family counseling to school age (five to thirteen year old) children and families who are struggling or are in crisis and are unable to access or do not qualify for any other counseling services. The goal of this service is to improve the family members' functioning in the family, community and school and to develop positive parenting child rearing competency. CAPIT funds support CUSD in providing counseling and information and referral activities.

Community Overcoming Relationship Abuse (CORA) – CORA provides supportive services for children and their parents in CORA's housing program in order to decrease the likelihood of child abuse and increase stability among families impacted by domestic violence in San Mateo County. In FY 2011-2012, CORA served approximately 74 children in their Housing Program. CORA provides supportive housing services to the children and parents who reside in their shelter housing program (where residents can reside for up to 8 weeks) and the transitional

housing program (where residents can reside up to 2 years). Children who are victims of domestic violence also experience an increased risk of child abuse from the batterer and child neglect from the non-offending parent. Children are provided with intake assessments that evaluate their physical and emotional development and age-appropriate safety planning activities. Parents are provided with intake assessments, referrals to community resources that will promote child development and family stability as well as parent education that will increase positive parenting skills. CAPIT funds support CORA in providing parent education and support, respite care and child development assessments. CBCAP funds support CORA in providing information, referral and assessment services, as well as parent education.

Daly City Peninsula Partnership Collaborative, Our Second Home Program – The Daly City Peninsula Partnership Collaborative provides preventive child abuse supportive services including referrals, parent education, and family support to northern San Mateo County families and caregivers with young children aged 0-5 years old. The Collaborative served approximately 129 families in FY 2011-2012. The Daly City Peninsula Partnership Collaborative, Our Second Home, also partners with local community based organizations as a means of providing outreach and direct services to the Filipino community. CAPIT funds support the Collaborative in providing parent education and information and referral.

Family Connections – Family Connections provides a parent preschool and parent education/leadership development program for low-income families with children 0-5 years old in the East Palo Alto, eastern Menlo Park, and the North Fair Oaks community in Redwood City. Parents learn positive parenting skills and their children develop the skills necessary to succeed in Kindergarten and beyond. Family Connections also holds an annual parent education presentation for the African American community and meets with local early childhood education leaders in the African American community to assess the need of services for the African American community. Family Connections served approximately 237 parents in their parent education program, 265 parents for family violence prevention and conflict resolution workshops, and 372 children in their Preschool Program in FY 2011-2012. CAPIT funds support Family Connections in providing respite and comprehensive parent education services, which include parent leadership and life skills.

Friends for Youth – Friends for Youth provides mentoring services for San Mateo County children and youth who are at risk of abuse and/or neglect. The program also services children and youth of diverse backgrounds, including children and youth in the East Palo Alto and the surrounding communities. Friends for Youth provides workshops and activities that are designed to assist children and youth in their personal development, safety, and well-being, and support them in creating positive relationships with peers, family members, and non-family members, and motivate them to succeed in the community. Friends for Youth served 33 children throughout FY 2011-2012 in its Mentoring Services program. CAPIT funds support Friends for Youth to provide mentorships for youth.

Peninsula Conflict Resolution Center (PCRC) - PCRC builds positive relationships with parents, assists with skill building and parent education, promotes participation in decision making processes and work with schools to provide an environment that is welcoming for parents and families. PCRC also provides supportive services for the Parent Involvement Leadership Facilitators at five schools in located in Redwood City and Menlo Park: Kennedy Middle School, Hoover Community School, Belle Haven Community School, Fair Oaks Elementary School, and Taft Community School. PCRC also extends their parent involvement services to schools in the cities of San Mateo and San Bruno, with a specific emphasis on outreach to the Pacific Islander community. PCRC also continues to provide parent engagement and involvement services in the Pescadero community. PCRC served a total of 1,903 participants in parent leadership activities located at community schools throughout San Mateo

County in FY 2011-2012. In addition, PCRC provided parent education workshops to 3,140 individuals throughout the year. CAPIT funds support PCRC in providing parent education that include learning parent advocacy and leadership in the schools.

Puente de la Costa Sur – Puente de la Costa Sur provides culturally sensitive child abuse prevention and intervention services to the unincorporated areas of Pescadero, La Honda, San Gregorio and Loma Mar. Puente provides support for the Parent Involvement Program at five schools located in San Mateo County. Services includes parent education, coordination of presentations to parents in English and Spanish to raise awareness of the risk factors for and indicators of child abuse, legal reporting requirements and referral procedures for parents, one-on-one or family counseling, support groups for adolescents and crisis intervention for students, teachers and principals. Puente served 175 individuals and family members with one-on one or family mental health counseling services in FY 2011-2012. Puente also provided support groups for 103 elementary, middle and high school students throughout unincorporated San Mateo County. Mandated Reporter training was also conducted for a total of 76 regional school district faculty and staff, as well as Puente youth faculty and staff throughout the year. CAPIT and PSSF Family Preservation funds support Puente de la Costa Sur in providing individual and family counseling, parent education, support groups for adolescents and crisis intervention.

Redwood City School District (RWCS D) – RWCS D provides an array of comprehensive and integrated family support services to effectively support families' needs, promote the safety and well-being of children, and stability of families. The goal of the programs and services is to provide assistance to at-risk families before children are abused and neglected in order to support the stabilization of families and maintenance of children in their homes. Services are provided at multiple schools throughout Redwood City, located primarily at the FRCs. Services include family-centered case management, crisis intervention, child and family counseling, parenting education, adult education, prevention/intervention support groups to students in grades K-3, school readiness home visiting, basic needs assistance, health insurance enrollment/retention, intake for county welfare benefits, as well as referrals to other services and information regarding other resources. RWCS D provided outreach and informational activities to 14,407 students and their family members throughout FY 11-12; 371 family members were referred to programs and services as a result of those referrals. A total of 190 students and their families received or are receiving case management services. PSSF Family Support funds support Redwood City School District in providing home visitation, parent education, counseling, crisis intervention, support groups for children and concrete supports.

Pacific Islander Parenting Project – Behavioral Health and Recovery Services (BHRS) collaborates with two subcontractors to provide facilitation of two series of Parenting Project groups geared for parents, grandparents, and caregivers from the Pacific Islander community. The first series of the Parenting Project group was held in Fall 2011 for the Pacific Islander community residing in the Southern region of San Mateo County. The second series of the Parenting Project group was held in Spring 2012 for the Pacific Islander community residing in the Northern region of San Mateo County. The Parenting Project serves approximately 30 parents, grandparents and caregivers. Each series of the Parenting Project group consist of two week sessions. The Pacific Parenting Project provides the Pacific Islander community with heightened awareness and education regarding the prevention of child abuse and neglect, promotes the development of parenting skills of parents, grandparents and caregivers from the Pacific Islander community, and reduces future risk and recurrence of child abuse and neglect in the Pacific Islander community. CAPIT and PSSF funds support the Pacific Islander Parenting Project in providing individual and family counseling services, parent education, support groups for adolescents and crisis intervention services.

G.5.E: Health and Well-Being Resources

Health care services are provided for uninsured county residents through the Department of Health Services at the San Mateo County General Hospital and at six clinics located throughout the County. Regional HSA offices accept applications for the Medi-Cal and Healthy Families programs. The state contracts with the Health Plan of San Mateo, a Medi-Cal countywide health system which works to improve the continuity and quality of health care by providing case management and cost-effective organization of resources.

An MOU is in place between HSA and BHRS to provide comprehensive mental health services for CWS children. Services include mental health assessments and crisis counseling for children ages 6-18 through the BHRS Child Welfare Mental Health Team, and ongoing child abuse mental health treatment services. Generally, criteria to receive services are contingent on the incoming referral, and the necessary services are provided as needed for the individual/family through a preliminary assessment and screening process.

Child abuse mental health treatment services are inclusive of assessments through the BHRS Partners Team for children ages 0-5 and their parents/caregivers, as well as the Collaborative Program provided in collaboration by Edgewood Center for Children and Families and StarVista for youth ages 6-18 and their parents/caregivers.

The Family Resource Centers (FRCs) provides mental health services to CWS children through the In-Home Counseling Services program, which is utilized for the purpose of preventing out-of-home placements and promoting stability and strength to families when children and youth are reunified with their families.

In FY 2011-2012, the Family Resource Centers (FRCs) located throughout San Mateo County have served a number of clients.

- Approximately 1,365 new clients have been served, and 702 continuing clients have received services, totaling 2,067 clients receiving services through FRC community schools for Prevention and Early Intervention Counseling, Support and Education Services.
- A total of 24 new clients have been served, and 49 continuing clients have received services, totaling 73 clients receiving services through In-Home Counseling Services.
- A total of 27 new clients have been served, and 68 continuing clients have received services, totaling 95 clients receiving services through Therapeutic Visitation Services.

The Mental Health Services Division of BHRS provides a broad range of services to people with mental illness in the county. Priority populations include seriously mentally ill adults and children, older adults at risk of institutionalization, children in special education or at risk of out-of-home placement, and people of any age in major crisis.

The division is responsible for providing needed mental health services to all individuals who are eligible for Medi-Cal under a managed care plan called the Mental Health Plan (MHP). The division serves over 10,000 clients through outpatient service centers in Daly City, San Mateo, the coastline, Redwood City and East Palo Alto, in school-based locations, and through a network of community agencies and independent providers. These county and community resources provide outpatient services, residential treatment, rehabilitation and other services for adults and children. The division operates the Cordilleras Mental Health Center, a 120-bed skilled nursing facility in Redwood City, through a contract with Telecare Corporation.

Alcohol and Other Drug (AOD) offers a continuum of services for the prevention and treatment of drug and alcohol problems. AOD provides substance use consultation, assessment, linkages, and referrals to a variety of contracted substance abuse treatment providers.

Not all children in Juvenile Probation receive mental health services through Behavioral Health and Recovery Services (BHRS). Criteria to receive mental health services vary by the program needed. For some programs, Medi-Cal standards of medical necessity must be met. For others, self-referral or third-party referral plus family/youth willingness to engage will suffice.

From the BHRS Databook for 2008-2009 and 2009-2010, the average number of families served by the Youth Services Center is 861 per year. This does not include many of the ways that families involved with Juvenile Probation receive mental health services through the County, such as via the BHRS clinic or other BHRS specialty teams or through BHRS-contracted community-based organizations.

G.5.F: Services for At-Risk Children

The CFS Differential Response (DR) Program serves families when children are at risk of child abuse or neglect. When CFS receives a referral, those where little risk to a child exists, where a previous allegation has been substantiated, and where there is a child aged five years or under, are assigned to DR community case managers. These case managers provide information and referral and connect families to resources that are meant to prevent abuse from occurring within the family. Approximately 20% of incoming referrals to CFS are referred out to the DR Program.

FRC community service providers and HSA staff work closely together to provide services for at-risk children, youth and their families so they can become stable and productive members of the community.

The Head Start, Black Infant Health Project, Prenatal to Three Initiative, and Adolescent Family Life Programs provide support services, training and education to families of young children. Domestic violence and parent crisis hotlines are operated to help families and children in crisis situations. Juvenile Probation has various programs for at risk youth, which includes a "petty theft" program, victim impact awareness program, mediation services, and referral for CASA workers if needed.

G.5.G: Services for Disabled Children

To serve children with special needs, CFS has a wide array of services that address physical, medical, emotional, educational, and behavioral needs of children. Among them are the services of a medical provider specializing in medically fragile infants (MFI) who provide ongoing care, identifies needs, and ensures needed services are in place, monitors children's progress, and makes placement recommendations. CFS has licensed MFI providers who are specially trained to meet the needs of MFIs and conducts a monthly support group for these providers. CFS also has therapeutic foster care Level 10 and 12 children. CFS provides Public Health Nurses who conduct a full assessment, educational liaisons that coordinate individualized education plan (IEP) meetings and ensure services are in place as indicated in the IEP evaluation, psychiatric evaluation for children if recommended, and medical management through BHRS.

HSA partners with the Golden Gate Regional Center (GGRC), which services individuals and families with developmental disabilities. GGRC also provides early intervention services to infants between birth and three years of age who are developmentally delayed or believed to be at high risk of having a developmental disability. Aging and Adult Services, the Center for

Independence of the Disabled (CID), and Poplar ReCare are additional resources for disability services.

G.5.H: Services for Ethnic/Minority Populations

San Mateo County is home to many ethnically and linguistically diverse populations. San Mateo County is committed to identifying strategies for engaging members of these populations who may have experienced County services as being unresponsive to their needs in the past.

Multiple strategies implemented include an infusion of training, hiring of bilingual staff, expanded peer/peer-run services and hiring of consumers and parent partners as providers.

A sampling of available services targeting minority populations includes:

- Parenting Project for Pacific Islander families.
- Asian American Recovery Services, which provides substance abuse treatment services.
- Pacific Islander Community Center, providing a range of family services to the Pacific Islander community.
- La Raza Centro Legal, which provides immigration services to the Latino community.
- Puente de la Costa Sur, which provides a range of family services.
- El Concilio Day Worker Center.
- Edgewood Center, which provides a broad range of family services provided in both English and Spanish.
- CORA, which provides outreach, counseling, support groups and legal services for battered women in both English and Spanish.
- Black Infant Health Project.
- El Centro de Libertad, a bilingual and bicultural outpatient program, which also provides group and individual counseling services.
- San Mateo County Reads Programs, a literacy program, promoting reading skills and providing tutoring services for non-native and non-English speakers.

G.5.I: Services for Native American Families

San Mateo County provides limited resources for Native American families. In addition to an ICWA specialist, CFS provides ICWA experts as witnesses when needed. Fortunately, counties surrounding San Mateo County have resources that residents can be referred to and can easily access. In the City and County of San Francisco, services include the Bureau of Indian Affairs and the Friendship House, an 80-bed residential substance abuse treatment facility. In Alameda County, resources for Native American families include the American Indian Child Resources which provides social services and education such as tutorials, advocacy, and case management, the National Native American AIDS Prevention Center, and California Indian Legal Services.

G.5.J: Evidence-Based Practice

CFS is committed to utilizing evidence-based models in its programs and practice. In 2008, HSA became the first public service agency to be fully accredited by the Council on Accreditation (COA). COA requires higher standards for practices, and HSA has exceeded those standards.

When DR was initially implemented, there was no requirement as to the home visiting model to be used by contractors' case management staff. However, for the following funding cycle CFS required new contractors to incorporate evidence-based home visiting models into the program. When selecting an assessment tool for use by DR case managers, CFS opted for the FAST, which was developed from the validated North Carolina Family Assessment Scale (NCFAS).

CFS also emphasizes to CAPIT/CBCAP/PSSF contractors the need for adopting evidence-based practice models relevant to child welfare in order to ensure that the interventions and services available to families are well tested and supported by research. Evidence-based contracted services maximize resources and help to achieve outcomes that contribute to safety, permanency and well-being.

G.5.K: Participation in the Needs Assessment Process

At the recently concluded PR, the area of placement stability was analyzed using a process of case review and focus groups. Utilizing peer counties to interview case and identified strengths and needs related to this outcome. Please read the PR Review section of this report for further details.

CFS makes every effort to involve a wide array of stakeholders, including birth parents and former foster youth, in projects that require community input such as the Disproportionality Workgroup. Outreach activities that are conducted to maximize the participation of parents as well as racial and ethnic populations, children and adults with disabilities, and members of other underserved or underrepresented groups include a CCAT resource fair located on site at a school-based FRC, foster parents participating at resource parent orientations, and events sponsored by groups like the Fatherhood Collaborative's annual "Dad and Me at the Park."

Some of resources that CFS frequently utilizes include:

- Aspiranet, which provides transitional group home services for youth stepping down from higher levels of care, transitioning to a local home from out-of county placement or between placements.
- Batterer intervention and anger management services.
- The San Mateo County Child Care Coordinating Council, a child care resource and referral agency.
- College of San Mateo, which provides independent living skills classes for youth, as well as foster parent training.
- CORA, which provides domestic violence services and resources including transitional housing, emergency response services, a 24-hour crisis hotline, counseling, community education and an emergency shelter.
- Core service agencies, seven in partnership with CFS, which act as the primary community services resource in their community for emergency shelter, food, financial assistance, among other need-based services.

- DR, a community-based early prevention and intervention case management service to families.
- Drug testing services, in which services are available to test for drugs and alcohol both inside and outside of the county.
- El Centro de Libertad, a local drug testing and substance abuse treatment for court-ordered clients.
- The Edgewood Children's Center, which provides kinship support services and counseling services for CFS kinship care families.
- Jane Smithson, who is a retired attorney contracted with CFS to provide mandated reporter training.
- Lan Do, an interpreter, who provides interpretation services for CFS clients.
- Regina Deihl, who provides information and resources relevant to foster parent education, rights, training, legal research, legal processes, support, and problem resolution.
- The SafeMeasures database.
- PCRC, which provides facilitation services to the SMCRP.
- The Peninsula Medical Clinic, pediatric specialists who provide services for MFIs in care.
- Post-adoption services, which include education groups.
- SMCOE, which provides educational liaisons at the Receiving Home to facilitate education linkages for foster youth and tutoring.
- The sex offender treatment program, which provides mental health treatment services for both English and Spanish clients.
- The Shelter Home Network, which provides extensive housing services for homeless individuals and families.
- The Sitike Counseling Center, which provides drug testing and substance abuse treatment services.
- Team-Up Tutors, which provide educational support services and in-home tutoring to youth.
- Various contracted licensed psychologists, who provide court-ordered psychological evaluations.
- StarVista (formerly Youth and Family Enrichment Services), which provides a variety of services to youth including counseling, aid to runaway youth, respite care, a youth shelter for adolescents ages 16-20, a transitional housing program for emancipated youth, as well as Path 1 and Path 2 DR services.

In addition, HSA has many Memoranda of Understandings for collaborative services with other San Mateo County Departments such as:

- Services provided by the San Mateo County Health System.
- Services provided by Juvenile Probation.

- Aid from local law enforcement agencies.
- Services provided by BHRS.

G.5.L: Juvenile Probation

Although Juvenile Probation is generally able to identify programs suitable to meet the identified needs of the youth in the Placement Unit, occasionally Juvenile Probation encounters youth whose needs exceed the capacity of the programs offered by San Mateo County. Additionally, there are few, if any, residential programs in the county that meet the treatment needs of most probation youth under general placement orders.

For youth reunifying with their families, there is no departmental team to provide seamless transitional services. The placement officer has to refer to our collaborative community partners to obtain services. Often, there are waitlists and other restrictions that make accessing certain services, such as mental health, problematic.

Services that are most utilized by Juvenile Probation families include:

- Informal supervision through standard wardships. Probation Officers are tasked to supervise, case manage and provide referrals to services that appropriate for the youth.
- Alcohol and Other Drug treatment services.
- Anger management.
- Individual counseling.
- Family therapy services.
- Victim Impact Program.
- CASAs.

G.6: Staff/Provider Training

G.6.A: Human Services Agency

G.6.A.i: Overview

New employees to the County of San Mateo undergo an onboarding process, which includes the New Employee Welcome Orientation. The New Employee Welcome is a mandatory program offered quarterly to all new employees. This one and half-day program covers the mission, values, philosophy and the rules and regulations of the HSA. Division Directors present a section on their respective program areas and the Agency Director discusses the lines of accountability and management of day-to-day operations.

Policies and procedures are reviewed with a focus on client rights and confidentiality, reporting of critical incidents, harassment and safety protocols, and a variety of other administrative policies found in the Administrative Operations Handbook, such as authorization to drive county cars, reimbursement of expenditures, timecard instructions, among a variety of other topics.

The New Employee Welcome consists of the following components:

- HSA philosophy, mission, and values
- Workplace ethics
- Civil rights and interpretive services
- Community resources
- Safety and ergonomics
- Career planning and professional development
- Organization of the HSA and its services
- Accreditation and quality improvement
- Access to the HSA Intranet
- Governing policies
- Health Information Portability and Accountability Act (HIPAA)
- Mandated Reporting and Child Abuse Prevention
- Emergency preparedness

The San Mateo County Learning Management System (LMS) lists available trainings offered by the San Mateo County Human Resource Department, and offers training for County employees at no charge. The trainings range from professional development, to certification, to education regarding new policies and procedures enacted at the county and state level. Trainings can be requested by employees and must be approved or may be assigned by their supervisor.

G.6.A.ii: Greater Bay Area Child Abuse Prevention Council (GBACAPC)

The GBACAPC represents eleven counties and promotes coordination of resources, advocacy for public policy, and sharing of best practices. GBACAPC provides funding for members of CCAT to attend trainings, conferences and workshops that address issues related to child abuse and neglect. Examples of trainings and conferences that were attended by CCAT members include the Chadwick Center's Mandated Reporter Trainer of Trainers, the Trauma

Informed Therapeutic Models presented by Eliana Gil, Child Sexual Abuse Awareness training, and the Santa Clara County Annual Child Abuse Prevention Conference.

Additional training is provided to CCAT members and the community through presentations at meetings or at specially scheduled trainings on topics such as trauma-informed foster care, child safety awareness, child trafficking, shaken baby syndrome, the neurosequential model of therapeutics, among others. Technical assistance is provided to contractors by CFS staff in developing outcomes, logic models, evaluations, and surveys.

G.6.A.iii: Disproportionality

CFS also provided cultural competency and disproportionality training to staff.

Table 65: Listing of trainings recently offered by the Human Services Agency in 2011-2012

Training	Trainer
Straightlaced - How Gender's Got Us All Tied up	Jude Koski
Engaging with Samoan Communities and their Family Kinship and Cultural Expectations	Setu Petaia
Racial Sobriety	Margaret Jackson
Indian Child Welfare Act (ICWA)	Christine Williams
Child Welfare Practice in a Multicultural Environment	Veronica Piper-Jefferson
Can We Talk: Furthering the Dialogue about Gender Identity Sexuality and Humanity	Maryanne Rehbert
LGBTQ Training for Trainers	Rob Woronoff & Darryn Green
Signs of Safety	Veronica Piper-Jefferson

To further increase staff awareness, cultural diversity events are held throughout the year to acknowledge Black History Month, Pacific Islander Heritage Month, Latino/Hispanic Heritage Month and Native American Heritage Month.

In addition, parents were engaged in receiving and co-facilitating training as a part of the Casey Family Foundation's Breakthrough Series Collaborative on Reducing Disproportionality and Disparities for Children and Families of Color in the Child Welfare System.

G.6.A.iv: Additional Training and Technical Assistance

Technical assistance is provided to contractors by CFS staff in order to assist them in developing SMART (specific, measurable, attainable, realistic, and timely) outcomes, understanding and completing logic models which identify inputs, outputs, and short, intermediate and long-term outcomes, and determining the most effective evaluation methods and tools to use in evaluating their programs.

While the aforementioned training is offered to CFS staff and contractors, there is currently no infrastructure in place to facilitate the training of parent leaders/consumers. Technical assistance for the development and funding of this area will be considered in the SIP with the support of OCAP.

G.6.B: Juvenile Probation

Probation Officers complete a 160-hour core training course and a 40-hour PC 832 peace officer training course within one year of employment. In addition, officers receive a minimum of 40 hours of Standards and Trainings for Corrections (STC)-approved training annually. Probation Officers assigned to the Placement Unit also receive a 72-hour course through the UC Davis Extension. Upon receiving their job assignment, officers receive an administrative orientation, covering the general functions of the unit as well as an overview of the department's Administrative Manual. Additionally, officers attend numerous other training sessions throughout the year as available. These trainings are offered by UC Davis and usually pertain to pertinent information regarding new laws, regulations, and policies.

Juvenile Probation has identified a need to train Placement Officers in the following areas:

- Family finding and engagement of extended family in the reunification process.
- Non-relative/extended family members (NREFMs).
- AB 12 extended foster care services.
- Trauma and mental health issues correlated with delinquent behavior.
- ICWA policy.
- Updating cases using CWS/CMS.

G.7: Agency Collaboration

G.7.A: Collaboration with Public and Private Agencies

HSA relies on relationships to fulfill its work in a collaborative, cooperative and effective manner. There are numerous internal and external collaborations and public-private partnerships necessary for HSA to fully realize its mission to serve individuals and families in the most comprehensive manner. HSA leadership has encouraged a philosophy of working as a team, internally and externally. HSA believes that, without collaboration it cannot meet overarching outcomes: that children are safe, families and individuals are strong, and communities are strong and engaged. In order to accomplish this work many relationships, partnerships and collaborations are built and maintained.

G.7.B: HSA/CFS Collaborative Partners

HSA/CFS collaborates with a variety of agencies throughout San Mateo County.

G.7.B.i: Juvenile Probation

Juvenile Probation and HSA collaborate on a number of programs and tasks including the wraparound program, family preservation, the Assessment Center, GIRLS, dual-jurisdiction cases, the PR, SIP, CSA, and providing juvenile delinquency mediation services. These programs include representatives/staff from a wide variety of areas including Juvenile Probation, SMCOE, Health, BHRS, and Parks and Recreation.

The 2012 PR process is an excellent example of the relationship between HSA and Juvenile Probation and the ability of both agencies to collaborate closely on an important project. Both agencies were well represented in weekly planning sessions and were equally engaged in the efforts that were required to complete the project. The CSA has been developed using the same collaborative team approach.

G.7.B.ii: Behavioral Health and Recovery Services (BHRS)

BHRS and HSA collaborate on a number of projects including the Prenatal to Three Program, the Healthy Community Collaborative (including Youth Asset Development), the Children's Health Initiative, the Keller Center for Family Violence Intervention, the Canyon Oaks Youth Residential Center, the Partnership for Safe and Healthy Children (0-5 population), the Child Welfare Mental Health Team, and the Youth Transition Assessment Committee (YTAC).

CFS has an MOU with BHRS to provide a variety of programs, including child abuse treatment, wraparound system of care, the Juvenile Sexual Responsibility Program, the Pacific Islander Parenting Project, and Teaching Pro-Social Skills.

In 2008, the Alcohol and Other Drug (AOD) Division transferred from HSA to the newly created BHRS Division of the Health Department. The move was expected to increase access to health care for AOD clients, improve services for high-need, high-risk populations who have complex general and behavioral health needs, and promote a more integrated service delivery for people with co-occurring behavioral health problems. AOD continues to work closely with HSA in providing AOD services to vulnerable adults and families.

G.7.B.iii: Children and Youth System of Care (CYSOC)

The Children and Youth System of Care (CYSOC), which meets bi-weekly, is composed of directors and management of CFS, BHRS and Juvenile Probation. CYSOC is an administrative body for overseeing the placement funds of the three youth agencies and makes recommendations regarding use of any reserve funds. It provides oversight to programs that involve all three systems as well as direction regarding cross-department issues impacting youth. CYSOC ensures that the youth that receive services from these departments receive collaborative, optimal, and streamlined services.

G.7.B.iv: Partnership for Safe and Healthy Children

This initiative enables a coordinated effort between BHRS, Health Services (Family Health Services) and Children and Family Services to address the continuum of services for parents with children ages birth to 5 years. These parents experience significant mental health issues and at times alcohol and other drug issues. Services are intensive and often home-based with significant therapy, AOD services, Public Health Nursing, case management and medication management, as needed. The goal is to maintain the child at home with intensive supportive services to the parent(s) and prevent out of home placement for the child.

G.7.B.v: First Five San Mateo County

First Five San Mateo County invests Proposition 10 tobacco tax revenues in local health and education programs for expectant parents and parents with children birth to age five. First 5 funded programs help local children grow up healthy, nurtured, and learning. The mission of First 5 San Mateo County is that 'all children in San Mateo County will be emotionally, socially, and physically healthy, have a loving attachment to a parent or other caregiver, and live in an environment that promotes learning'. The Director of HSA is a Commissioner on the First 5 Commission. The array of services funded through First 5 provide important services to many of our families in Children and Family Services as a significant number of these referrals and open cases involve families with children ages 0 to 5.

G.7.B.vi: Children's Collaborative Action Team

CCAT is the designated child abuse prevention council of San Mateo County. It is an independent organization, and advisory board members include representatives from public agencies, education, community-based organizations, and parents from the community. The collaborative provides leadership, guidance and advocacy for services to prevent child abuse and neglect. The CFS Director (or designee) is a member of the CCAT Steering Committee, and HSA acts as the fiscal agent for CCAT's multiple contracts with community service providers.

G.7.B.vii: Domestic Violence Council

An HSA Director sits on the Domestic Violence Council which evaluates law enforcement, judicial system and health care services responses to domestic violence. The Council also assesses the capacity of community resources, local government efforts, public awareness and education, data collection, adequacy of federal, state and local laws, and the need for services for those who are victims of domestic and family violence.

G.7.B.viii: Fatherhood Collaborative of San Mateo County

The mission of the Fatherhood Collaborative of San Mateo County is to provide a forum to address and support the importance of men and fathers taking an active role in the well being of children and families. The San Mateo County Board of Supervisors has recognized the importance of the Fatherhood Collaborative by elevating it to an advisory body, on par with the Commission on Aging, the Commission on the Status of Women, and the Arts Commission. The resolution establishing the advisory board was adopted at the end of September 2007. As an official advisory board, the Fatherhood Collaborative makes recommendations regarding policies affecting fathers and families to the Board of Supervisors.

G.7.B.ix: California Youth Connection (CYC)

The California Youth Connection (CYC) promotes the participation of foster youth in policy development and legislative change to improve the foster care system, and strives to improve social work practice and child welfare policy. CYC Chapters in counties such as San Mateo identify local issues and use grassroots and community organizing to create change. CYC is guided, focused and driven by current and former foster youth with the assistance of other committed community members. San Mateo County provides funding for food at meetings as an incentive for youth, sponsors youth to speak at presentations, and supports youth participation in fishbowls.

G.7.B.x: Bay Area Children's Services Committee

HSA is a member of the Bay Area Children's Services Committee, a regional subcommittee of the County Welfare Directors Association's (CWDA) Children's Services Committee and an affiliate of the BASSC. This committee is comprised of child welfare directors in the San Francisco Bay Area and develops interagency protocols and agreements. The committee is also a regional forum for the review of group home and foster family support letter requests.

G.7.B.xi: San Mateo County Department of Housing

The San Mateo County Department of Housing has developed a MOU with the HSA for the distribution of 40 housing vouchers (similar to Section 8 vouchers) through the Family Reunification Program (FUP). These vouchers are to be used to support families involved with Child Welfare and going through their reunification process (when access to housing poses a barrier to reunification) as well as youth transitioning from the child welfare system and needing permanent housing.

G.7.B.xii: San Mateo County Citizens Review Panel (SMCRP)

The SMCRP provides opportunities for members of the community to play an integral role in ensuring that the child welfare system in San Mateo County is protecting children from abuse and neglect and is meeting the permanency needs of children. The group is composed of interested community members and representatives from organizations that work closely with CFS such as the Public Defender's Office, SMCOE and community-based services. The SMCRP has operated longer than any other local California CRP. The SMCRP plays a key role in providing input to child welfare policies and procedures.

G.7.B.xiii: Additional Child-Focused Community Partnerships

HSA's engagement in community partnerships facilitates open lines of communication and informs HSA's understanding of community needs. HSA directs federal funds to and is actively involved in the Peninsula Partnership for Children, Youth and Families, which helps support local collaborations of service providers. HSA is actively involved in the First Five San Mateo County Commission and the San Mateo Child Care Partnership Council, partnerships that engage stakeholders across the county in the assessment of and planning for the well-being of children in San Mateo County.

G.7.C: Juvenile Probation

Juvenile Probation refers eligible placement youth to the Adolescent Services Unit (ASU) of CFS which supports current and former foster youth ages 14-21 by preparing them to be successful and self-sufficient adults. Part of this unit's services includes the ILP, offered to youth in foster care who are either wards or dependents of the Court. ILP provides weekly classes in life skills training, employment, education, housing, computer skills, money management and opportunities for Scholastic Aptitude Test (SAT) prep tests and college tours. Financial incentives are provided for participation.

Current foster youth ages 14-18 in out-of-home placement with HSA or Probation and youth receiving wraparound services are eligible. Youth in-county only should be referred at age 14 to the Early Independent Living Program (EILP) and at age 15 ½ for the traditional ILP. Youth placed out-of-county can be referred and ILP will coordinate with the county where the youth resides. Referrals are done by the supervising social worker or probation officer.

Further collaborative efforts with HSA pertain to dual jurisdiction cases. The law requires Juvenile Probation and HSA collaboratively develop a plan to address the needs of youth who fall within the jurisdiction of both the Delinquency and Dependency Court. In all cases, the Court will designate either Juvenile Probation or HSA as the lead agency for the purpose of supervising and managing these dual jurisdiction youth.

Juvenile Probation has determined that cases where HSA has been designated as the lead agency could benefit from a dedicated caseload under the supervision of one Deputy Probation Officer. This officer, through the enforcement of Court-ordered conditions of probation, provides additional support to the social worker in his/her efforts to help these youth succeed.

Juvenile Probation has representatives who participate in CCAT, the Adolescent Collaborative Action Team (ACAT), and SMCRP.

G.7.D: Interaction with Local Tribes

There are no Native American tribes located in San Mateo County. The Native American child population in the county is small, making up less than one percent of the total child population in 2010. Procedures are in place to respond appropriately at any time a Native American child is referred to the child welfare system.

G.8: Local Systemic Factors

G.8.A: HSA/CFS Assessment Tool

In September 2009, the Comprehensive Assessment Tool (CAT) tool was replaced by the SDM tool.

Although additional costs were incurred, management felt that the ability to conduct thorough and accurate assessments was critical to case planning and successful outcomes for children and families. Managers, supervisors, and all staff were trained.

The SDM model incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in assessment and decision making process and a method of targeting limited system resources to families who are likely to subsequently abuse or neglect their children. The goals of SDM are to reduce subsequent harm to children, reduce re-referral, re-substantiation to injury, foster placement and reduce time to permanency.

Social workers and supervisors are required to use this model to ensure that core safety, risk and protective factors serve as criteria for assessment decisions. This model helps the social workers with their investigations by providing guidelines to assess ongoing safety and risk factors in order to provide the client with excellent services while minimizing the risk. This model also allows the supervisors to override the tools based on the knowledge and complexity of the case, history, and external factors.

G.8.B: Juvenile Probation

Juvenile Probation maintains its implementation of Allvest Incorporated's (Assessments.com) validated risk needs assessment and case planning instrument known as the Positive Achievement Change Tool (PACT). The instrument provides Juvenile Probation a means of identifying factors contributing to each minor's delinquent behavior. Once those factors are identified through the instrument, a case plan is developed to target risk areas, thereby reducing future delinquency and improving outcomes.

Although the tool is comprehensive, staff has found it to be cumbersome and difficult to use and understand. Juvenile Probation management is working to develop plans to mitigate these concerns and at the present time is evaluating several options. Moreover, in recent months, the company's structure and ability to continue to maintain the product have undergone some scrutiny. Juvenile Probation is currently exploring options to ensure the continued use of Title IV-E-compliant case plans and proper implementation of a validated risk assessment tool. Additionally, Juvenile Probation is beginning the implementation of a larger, department-wide case management system which will impact the way information is stored, transferred, assessed and managed overall.

H: Summary Assessment

H.1: Discussion of System Strengths and Areas Needing Improvement

The 2012 County Self Assessment and Peer Review have revealed an array of strengths and challenges for child welfare and juvenile probation in San Mateo County. Through intensive discussions via focus groups and stakeholder meetings during the CSA and Peer Review, San Mateo County has been able to target its outcomes that may be addressed in the upcoming System Improvement Plan.

The following stakeholder meetings and focus groups were held:

- Child welfare workers.
- Child welfare and juvenile probation supervisors.
- Youth.
- Blue Ribbon Commission, with two meetings held.
- Foster and shelter care parents.
- Relative caregivers.
- Prevention agencies.
- Behavioral health agencies.
- Parents of juveniles in probation.
- Group home providers.

The following strengths and challenges were identified via the stakeholder meetings and focus groups:

Strengths

- Psychiatric social workers located in local community schools with Family Resource Centers (FRCs) on site are helpful because they are connecting families to services. Social workers work under CFS or Prevention and Early Intervention.
- PSWs located at FRCs are now integrated into the CFS Division and are providing counseling, support, and education services in the community at FRC sites and specialized child welfare services to CFS clients, as well as additional supportive community services to the community in general.
- FRCs can provide counseling services to children.
- Benefits analysts are helping families with needs-based services such as Medi-Cal and CalFresh before the family enters the child welfare system.
- DR is an effective strategy to prevent families from entering the child welfare system.
- Respite services are available for youth and families through Your House South, located in Redwood City.

- The Bay Area Single Parents Group reaches a large number of single parents who are supportive to one another. The group provides social support, co-op babysitting, and assistance with people to move when needed.
- Puente de la Costa Sur provides outreach to Latino families in unincorporated San Mateo County. Puente does an excellent job in providing counseling services, clothing, food, and parenting classes to the community.
- Parents Helping Parents, located in Santa Clara County, provides resources to families of children with special needs. CFS will refer families to their services, even though they are out of county.
- Stanford Hospital provides a variety of parenting classes and support groups that are beyond the Regional Center.
- Improvement in reunification is a result of an increase in flexibility/creativity on the front end of whether to file on a family. CFS is trying to develop ways to keep families out of the child welfare system.
- Social workers can help teach and support the parents when they meet with them.
- The provision of in-home counseling or therapeutic visits from the psychiatric social worker supplements the goal to prevent families from entering child welfare system.
- There is an ongoing belief that there is good communication between the Alcohol and Other Drug's (AOD) Treatment Programs and CFS.
- Three PHNs work with CFS, and can help families get connected with services.
- The San Mateo County Foster Family Agency is a specialized program that does a lot of therapeutic work with foster homes. The SMC FFA has foster homes accessible when needed.
- Wraparound services allow for cross-agency collaboration between CFS, Juvenile Probation, and BHRS. Turning Points provides services through BHRS/Edgewood Center for CFS and Juvenile Probation youth.
- Therapeutic behavioral services (TBS) are available for youth who are enrolled in therapeutic day school.
- The Fred Finch Youth Center, located in San Mateo and Oakland (Alameda County), provides wraparound services for youth that are placed out-of-county but not in a group home.
- CFS and Juvenile Probation have established a very good collaborative. At first, the relationship has been difficult, but there has since been a definite improvement and is on the upswing. Both agencies have seen a significant amount of change, but the working relationship between CFS and Juvenile Probation is improving.
- SDM has strengthened assessments.
- Practices have been adjusted regarding referrals; if multiple referrals (even if unsubstantiated) are received, they are elevated to CFS Management.
- It is observed that resources and programs are making an impact, increasing safety.
- Shifting resources toward the front end has been worthwhile for services and support to families (such as SDM at first contact).

- The use of DR without the need to go to Court.
- CFS has been working collaboratively with the Court
- It has been observed that CFS has devoted social workers and Juvenile Probation has devoted Officers who work very hard and are held accountable by both their respective agencies and the Court.
- CFS is identifying early on what the needs are for families, as well as the programs to refer them to in order address their needs.
- Probation developed new programs; namely, Camp Kemp and the GIRLS Program.
- At the Receiving Home, making Shelter Care an initial placement for youth is a strength.
- In Juvenile Probation, treatment needs are assessed during the placement process.
- There are ongoing placement reviews in both CFS and Juvenile Probation.
- There is an ongoing Adolescent Collaboration Team with Juvenile Probation.

Challenges

- Caseloads are increasing.
- The Golden Gate Regional Center is denying services to families. Adolescents who have special needs are now being served by CFS, even though the child has special needs or is a youth primarily served by BHRS. There are concerns about whether or not CFS can handle this population of youth.
- There is a lack of available housing for youth.
- There is a lack of enough bilingual and bicultural social workers and service providers.
- CFS social workers are not fully utilizing TDM meetings.
- TDMs are not being used as they were used in the past.
- It is difficult to meet the mental health needs of parents. Edgewood and Star Vista provide short term services, but families often need more than ten sessions. Therapy is available for Medi-Cal eligible families, but is unavailable for privately insured families if the service is court ordered.
- Foster parents are not getting the support that they need from CFS.
- On-call supervision is now mandatory, and is difficult for some. Alternatives need to be considered beyond working from 8am-5pm.
- There is a lack of upfront concurrent planning.
- Diminished community resources.

The following resource and training needs were identified:

Resource Needs:

- In-county foster homes and group homes.

- Affordable housing and child care throughout the county
- Parenting classes; there are no parenting classes offered in the summer season, and there is no longer a parenting class for teenagers via Juvenile Probation
- Juvenile Probation - more bi-lingual, bi-cultural officers
- Transportation for parents to get to services and visits
- Child care services.
- Substance abuse treatment programs for county youth
- After school resources

Training Needs:

- CFS needs training on the effects of trauma on children when moved from one placement to another.
- CFS needs training on concurrent planning.
- Juvenile Probation needs training on early Family Finding and Engagement.
- Juvenile Probation needs training around mental health issues, such as Attention Deficit Hyperactive Disorder (ADHD), Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), among other mental illnesses.
- CFS and Juvenile Probation need training on LGBTQ youth.
- Foster parents need training on sexually abused children.
- The county needs a monthly dialogue with group home providers in order to build collaboration with group homes, the county, and FFAs. There is a training need related to what goes on in a group home setting.

H.2: Future Strategies

H.2.A: Safety, Permanency, and Well-Being Outcomes for Inclusion in the SIP

Based on the CSA analysis of child welfare and juvenile probation service outcomes, the following safety, permanency and well being outcomes can be selected for the upcoming System Improvement Plan:

Child Welfare: Placement stability

Juvenile Probation: Time to reunification

H.2.B: Proposal of Target Areas for Inclusion in the SIP

The CSA process clearly identified the unmet needs for the families in San Mateo County. In going forward, it is recognized that the likelihood of significant additional funding for the implementation of improvements is low.

The following areas have been identified to be explored for inclusion in the SIP.

Child Welfare:

- S1.1: No recurrence of maltreatment
- C1.1: Reunification within 12 months
- C1.2: Median time to reunification
- C1.3: Reunification within 12 months
- C1.4: Reentry after reunification
- C2.2: Median time to adoption
- C2.3: Adoption within 17 months (17 months in care)
- C2.4: Legally free within 6 months (17 months in care)
- C3.1: Exits to permanency (24 months in care)
- C3.2: Exits to permanency (Legally free at exit)
- C3.3: In care 3 years or longer (Emancipated/Age 18)
- C4.1: Placement stability (8 days to 12 months in care)
- C4.3: Placement stability (at least 24 months in care)
- Measure 4A: Siblings (some or all)

Juvenile Probation:

- C1.1: Reunification within 12 months
- C1.2: Median time to reunification
- C1.3: Reunification within 12 months
- C4.1: Placement stability (8 days to 12 months in care)

I. Attachments

The following is a listing of all of the attachments referred to in the County Self-Assessment.

Identifier	Description
Attachment A	Acronym Guide
Attachment B	JV290.1sm Form, Efforts to Secure Caregiver's Completion of JV 290
Attachment C	CFS Site Visit, Evaluation Form
Attachment D	CFS Site Visit, Contractor Response
Attachment E	Contractor Invoice and Report Tracking, Quarterly
Attachment F	Contractor Invoice and Report Tracking, Fiscal Year
Attachment G	Quarterly Peer Record Review, Procedures
Attachment H	Quarterly Peer Record Review, Confidentiality Statement
Attachment I	Quarterly Peer Record Review, Qualitative Review
Attachment J	Quarterly Peer Record Review, Quantitative Review
Attachment K	Quarterly Peer Record Review, Feedback Checklist
Attachment L	Foster Parent Recruitment and Retention Strategic Plan (FY 2008-2014)
Attachment M	Foster Parent Recruitment and Retention Strategic Plan Progress Update
Attachment N	Protocol for Implementing 241.1 WIC, Joint Jurisdiction Between Children and Family Services and Probation.

Attachment A: Acronym Guide

241.1 Protocol	WIC protocol, stating that all children who come under the description of both dependency and delinquency courts shall be both assessed by Juvenile Probation and the delinquency court
AAP	Adoptions Assistance Program
AB 118	Assembly Bill 118, legislation which realigned funding for child welfare services, adoption, adolescent services and foster care from the state level to the local government level
AB 12	Assembly Bill 12, legislation which extends assistance to children in the Child Welfare System until age 21
AB 212	Assembly Bill 212, which adds amendments to AB 12
AB 636	Assembly Bill 636, legislation which holds both the state and counties accountable for improving outcomes with children through goal-setting, reporting of data, and developing county-specific improvement plans
ACAT	Adolescent Collaborative Action Team
ADA	Americans with Disabilities Act
ADR	Alternative dispute resolution
AFDC	Aid to Families with Dependent Children
AFDC-FC	Aid to Families with Dependent Children - Foster Care
AFSCME	American Federation of State, County, and Municipal Employees
AOC	Administrative Office of the Courts
AOD	Alcohol and Other Drug
ASSETs	After School Safety and Education for Teens
ASU	Adolescent Services Unit
AWOL	Absent without leave; desertion
AYP	Adequate yearly progress
BASSC	Bay Area Social Services Consortium
BHRS	Behavioral Health and Recovery Services
BO InfoView	Business Objects InfoView
BOS	Board of Supervisors
BSG	Business Systems Group
CACI	Child Abuse Central Index
CAD	County Access to Data
CAHSEE	California High School Exit Examination
CalFresh	California food stamps program for low-income families
CalWIN	California Work Opportunity and Responsibility to Kids Information Network
CalWORKS	California Work Opportunity and Responsibility to Kids Program
CAPIT	Child Abuse Prevention, Intervention, and Treatment

CAR	Case activity records
CARE	Community Approach to Relating and Engaging with Families
CASA	Court Appointed Special Advocates
CAT	Comprehensive Assessment Tool
CBCAP	Community-Based Child Abuse Prevention
CCAT	Children's Collaborative Action Team
C-CFSR	California Children and Family Services Review
CDSS	California Department of Social Services
CFS	Children and Family Services
CFSR	Children and Family Services Review
CID	Center for Independence of the Disabled
COA	Council on Accreditation
CORA	Community Overcoming Relationship Abuse
CS 296	Central Support 296 form, supervision conferences
CSA	County Self-Assessment
CSM	College of San Mateo
CST	California Standardized Test
CUSD	Cabrillo Unified School District
CWDA	County Welfare Directors Association
CWS	Child welfare system
CWS/CMS	Child Welfare Services/Case Management System
CWSOIP	Child Welfare Services Outcome Improvement Program
CYC	California Youth Commission
CYSOC	Children and Youth System of Care
DEC	Drug endangered children
Division 31	Section of an instructional manual provided by the CDSS which outlines operations for Child Welfare Services in a county
DR	Differential response
EILP	Early Independent Living Program
ER	Emergency response
ETO	Efforts to Outcomes
F2F	Family to Family Initiative
FAST	Family Assessment and Screening Tool
FFA	Foster family agency
FM	Family management
Fost-adopt	Foster care adoption

FR	Family reunification
FRC	Family Resource Center
FSNA	Family Strengths and Needs (Re-)Assessment
FUP	Family Unification Program
FY	Fiscal year
GBACAPC	Greater Bay Area Child Abuse Prevention Council
GGRC	Golden Gate Regional Center
GIRLS	Gaining Independence and Reclaiming Lives Successfully Program
Gomez v. Saenz	Court case which challenged the accuracy of the CACI and lack of due process of individuals listed
HHS	U.S. Department of Health and Human Services
HSA	Human Services Agency
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized education plan
ILP	Independent Living Program
IPRC	Interagency Placement Review Committee
IT	Information technology
JJCPA	Juvenile Justice Crime Prevention Act
JPRC	Joint Planning and Review Committee
JV 290	Caregiver information form
JV 290.1sm	Caregiver information form - contract tracking
K-12	Kindergarten through 12th grade
KinGAP	Kinship Guardianship Assistance Program
LGBTQQ	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning
LMS	Learning Management System
MDT	Multidisciplinary Team
Medi-Cal	California Medicaid Health Care Program
MFI	Medically fragile infants
MHP	Mental Health Plan
Mi-Fi	Mobile Wi-Fi Hotspot
MIS	Management information system
MOU	Memorandum of Understanding
NCFAS	North Carolina Family Assessment Scale
NREFM	Non-relative extended family member
NYTD	National Youth in Transition Database

OCAP	Office of Child Abuse Prevention
OSH	Our Second Home
PACT	Positive Achievement Change Tool
PHN	Public Health Nurse
Placement CORE	Core trainings offered to child welfare workers and probation officers
PP	Permanent placement
PPQM	Policy, Planning, and Quality Management
PQCR	Peer Quality Case Review
PR	Peer Review, formerly Peer Quality Case Review
PRB	Placement Review Board
PRR	Peer Record Review
PSM	Probation Services Manager
PSSF	Promoting Safe and Stable Families
PSW	Psychiatric social worker
Q1, Q2, Q3, Q4	First quarter, second quarter, third quarter, fourth quarter
QA	Quality Assurance
RCL	Rate Classification Level
RCPT	Regional Community Partnership Team
RWC 2020	Redwood City 2020
RWCSD	Redwood City School District
SB 163	Senate Bill 163, legislation which allows the use of Wraparound funding for other uses beyond use of placement of children in high-end group homes
SB 2030	Senate Bill 2030, legislation which sets standards for the amount of cases social workers should carry
SBC	Server-based computing
SDM	Structured decision-making
SIP	System Improvement Plan
SMART	Specific, measurable, attainable, realistic, and timely
SMCOE	San Mateo County Office of Education
SSA	Social Security Act
SSI	Social Security Income
STC	Standards and Trainings for Corrections
TBCP	Team-based case planning
TDM	Team decision-making
THP-Plus	Transitional Housing Placement Plus Program
TILP	Transitional Independent Living Plan

Title IV-E	Title of the SSA, which subsidizes the cost of care for eligible youth in foster care
UC	University of California
VFM	Voluntary Family Maintenance
WIC	Welfare and Institutions Code
YFES	Youth and Family Enrichment Services (now StarVista)
YFI	Youth Financial Independence
YTAC	Youth Transition Assessment Committee

Attachment B: JV290.1sm, Efforts to Secure Caregiver's Completion of JV 290



SOCIAL WORKER DOCUMENTATION

EFFORTS TO SECURE CAREGIVER'S COMPLETION OF JV 290

Child's Name: _____ Petition No.: _____

Caregiver's Name: _____

Complete all that apply:

Date(s) JV 290 explained / discussed with caregiver: _____

Date(s) JV 290 given to caregiver for completion: _____

Date(s) JV 290 sent to caregiver with postage paid return envelope: _____

Date(s) caregiver reminded to complete JV 290: _____

Social Worker

Date

Social Work Supervisor

Date

Attachment C: Children and Family Services Site Visit Form



Children and Family Services
Site Visit Contract Compliance

Program Name: _____

Program Address: _____

Contact Person: _____

Phone Number: _____

Date of Review: _____

Reviewer(s): _____

Assessment Scale:

M - Meets standards

This rating indicates that the program is meeting standards. Recommendations may or may not be included as part of the report.

S - Meets some contract obligations

This rating indicates that the program is meeting more than half of the standards. Recommendations may be included as part of the report.

I - Improvement needed

This rating indicates that the program needs improvement on specific areas to fully meet the standards.

C - Corrective action needed

This rating indicates that the program needs to address recommendations and that improvements are needed via corrective action response.

U - Unacceptable

This rating indicates that the program is operating in an unacceptable manner. Provider must respond to the recommendations within the timeframe listed. An unacceptable rating may result in negative consequences.

	Yes/No/NA	Rating	Comments
Site Visit			
Is any follow-up needed from prior County site visit?			
Material Review			
If contracted for case management, review random sampling of cases.			
Review participant records/documentation.			
If confidential information is being solicited from participants, how is that information being used and what measures are in place to protect confidentiality?			
Program Review			
With which CCAT priority is the funded program aligned?			
Is program still in alignment with the priority?			
Does program continue to be aligned with one of the 3 focus areas?			
What is the target population?			
For most current report, what are they meeting/not meeting?			
With which other agencies are they currently collaborating?			
Report Review			
Review data collection methods			
Any challenges in data collection?			
Is data being submitted timely based on proscribed timeframes?			
Participants' Materials			
How are participants referred to the program?			
Are sign-in sheets collected? If so, review sign-in sheets.			
How are services documented?			
Review participant surveys, if applicable.			
How are the surveys conducted?			

Administration/Safety Requirements			
Is the physical appearance of the facility/facilities clean, safe, sanitary and in good repair?			
Do they continue to carry required insurance?			
Are they ADA compliant?			
HIPPA complaint if applicable. HIPPA compliance plan (if applicable)			
Have all employees been fingerprinted?			
Do they have an incident report policy/procedures?			
Do they meet equal opportunity requirements? Are they posted?			
Does agency have operations manual/handbook? When was the last update?			
Any other contracts terminated or failed to complete?			
Have any changes occurred within the agency's administration, structure, organization or staffing since the last review?			
Have any changes occurred as far as agency structure or organization that has impacted the agency's ability to remain financially stable?			
Staffing			
Has agency continued to maintain staffing adequate to provide contracted services?			
Is there a staff training program?			
Is there an employee handbook or written information regarding code of conduct? Is information updated? When was the last update?			
Required Posting & Location			
Does agency have a mission statement? Is it posted?			
Are the participants' rights posted?			

Reporting & Fiscal			
Are reports submitted timely for the following:			
Quarterly Reports			
Mid-year and year-end Reports			
Annual budgets			
Does the program utilize other funding sources? If so, what kind of funds?			
What efforts have been made to date to leverage other funding re sustainability			
Is funding being utilized for contracted services?			
Board of Directors			
How often does the Board of Directors meet? Review copy of most recent board minutes.			
Additional Document Review			
Is the agency a registered non-profit? Review documentation.			
Other Relevant Information			
Any special accomplishments?			
What have been some challenges?			

Comments/Other Relevant Information:



Children and Family Services
Site Review Findings

Program Name: _____

Program Address: _____

Contact Person: _____

Phone Number: _____

Date of Review: _____

Reviewer(s): _____

Narrative Comments

Commendations

Based on the Exit Review, the agency shall submit a corrective action plan specifying the steps that will be taken to correct issues that were identified in this report within the timelines set on the day of review.

Signature of Report Author

Date

Signature of Authorizing Department Reviewer

Date

Attachment D: Children and Family Services Contract Response Form



**Children and Family Services
Contractor/Program Response**

Please complete this form and return to San Mateo County Children and Family Services within the timeline specified.

_____ I have received the Monitoring Report, acknowledge findings and recommendations.

_____ I have received the Monitoring Report, acknowledge findings. Plan of correction attached.

_____ I have received the Monitoring Report, acknowledge findings. Response to recommendations attached.

_____ I have received the Monitoring Report, disagree with findings. Response to recommendations attached.

Signature of Authorizing Contract/Provider Representative

Date

Name and Title

Attachment E: Quarterly Contract Review Tracking Form (Invoices)

CHILDREN'S COLLABORATIVE ACTION TEAM (CCAT)
INVOICE AND REPORT TRACKING SHEET FOR FISCAL YEAR 2011-2012
QUARTER 1

July 1, 2011 to September 30, 2011

Contractor	Invoice received	Reminder sent	Invoice to Fiscal	Amount Invoiced	Report Received	Reminder Sent
Cabrillo Unified School District	10/21/11	10/11/11	10/21/11	\$23,750	10/11/11	
Community Overcoming Relationship Abuse	10/03/11		10/5/11	\$15,000	10/17/11	
Daly City Peninsula Partnership	09/30/11		10/3/11	\$10,000	10/15/11	
Family Connections	09/26/11		9/26/11	\$16,000	10/13/11	
Friends for Youth	09/29/11		10/13/11	\$5,000	10/12/11	
Peninsula Conflict Resolution Center	10/20/11	10/11/11	10/20/11	\$12,500	10/17/11	
Puente de la Costa Sur						
-- Jul.	9/1/11		10/18/11	\$6,117	10/14/11	
-- Aug.	9/1/11		10/18/11	\$6,117		
-- Sept.	10/18/11	10/11/11	10/18/11	\$8,647		
Redwood City School District	10/17/11	10/11/11	10/17/11	\$18,750	10/28/11	

Notes:

Renee Zimmerman submitted an invoice detailing her services as CCAT Coordinator on 6/30/11. It was submitted to Fiscal on 10/3/11. Total amount invoiced was \$4,625.00.

Attachment F: Fiscal Year Contract Review Tracking Form (Reports and Invoices)

Q2 reports should contain mid-year narratives. Q4 reports should contain client characteristics/demographics and year-end narratives, as well as annual budget showing spending plan and actual program costs. The fiscal year started on July 1, 2011 and ended on June 30, 2012. **Puente invoices occur monthly on the 15th of the following contracted month.** For example, if services are rendered for the month of March 2012, then the invoice is due on April 15, 2012.

Contractor	Reports (date received)			
	Q1	Q2	Q3	Q4
Document deadlines	10/15	1/31	4/15	7/31
Cabrillo Unified School District (CUSD)	10/11	6/17	5/1	6/29
CORA (Community Overcoming Relationship Abuse)	10/17	1/13	7/11	7/12
Our Second Home (Daly City Peninsula Partnership)	10/15	1/21	4/23	
Family Connections	10/13	1/19	5/1	7/6
Friends for Youth	10/12	1/12	4/20	7/16
Peninsula Conflict Resolution Center (PCRC)	10/17	1/31	7/10	
Puente de la Costa Sur	10/14	1/12	5/4	7/17
Redwood City School District (RWCS D)	10/28	1/31	4/19	

Contractor	Invoices (date received)			
	Q1	Q2	Q3	Q4
Document deadlines	10/1	1/1	4/1	7/1
Cabrillo Unified School District	10/21	6/17	6/17	7/12
CORA	10/3	1/10	4/9	7/6
Our Second Home	9/30	1/17	4/23	7/1
Family Connections	9/26	1/19	5/1	6/14
Friends for Youth	9/29	1/17	4/20	7/10
Peninsula Conflict Resolution Center	10/20	1/11	4/17	6/26
Puente de la Costa Sur	J – 9/1	O – 11/9	J – 2/13	A – 6/5
	A – 9/1	N – 12/12	F – 3/15	M – 6/21
	S – 10/18	D – 1/17	M – 5/7	J – 7/6
Redwood City School District	10/17	2/6	5/24	6/18

Attachment G: Quarterly Peer Record Review – Procedures



Children & Family Services Quarterly Peer Record Review Procedures - *Quality Matters!*

The Peer Record Review (PRR) is a component of a comprehensive quality improvement plan, designed to ensure that we are maximizing our service delivery efforts. During a Peer Record Review, designated internal reviewers examine the quality and appropriateness of services provided to clients by looking at the documentation and quality of service delivery in the client record. The internal reviewers document their findings and this information is then used as a quality improvement tool to:

- identify staff training needs and provide the necessary information/training;
- identify and eliminate obstacles that may be keeping staff from providing the highest quality service to their clients and documenting that work; and
- improve the staff learning process through their participation as reviewers and those reviewed.

Any professional staff, as defined by program parameters, who are currently meeting job expectations, have at least one year of experience in the field and can be available one day per quarter for a year may be a Peer Record Reviewer. Peer reviewers will not be involved in reviewing cases in which they are or have been directly involved.

All Peer Record Reviewers will receive orientation and training in the following:

- how to review a record;
- the forms that will be used in the review;
- the role of the Peer Review Team;
- the importance of confidentiality;
- the importance of providing feedback, both positive and constructive; and
- strategies to provide feedback constructively.

Peer Record Review Procedures

1. Reviews are held quarterly, in the month after a fiscal year quarter ends (October, January, April, and October).
2. All reviewers will be trained by the Peer Record Review Coordinator in the areas noted above and must complete the Peer Reviewer Confidentiality Statement to ensure their commitment to the confidentiality of the information reviewed. Each reviewer will be assigned a reviewer identification number to be used on the review tools, so that the reviewers remain anonymous. Reviewers are encouraged to ask questions, look at the online handbook, and talk to other reviewers when they have questions about agency policies or what forms are required for specific situations.
3. The files will only be reviewed on site on the day of the review. All review forms will be completed during the PRR with no additional reports required by the reviewers.

4. The number of client records reviewed quarterly will be determined annually by the Planning and Quality Management Unit using the client served demographic information from the previous fiscal year to determine a valid sample size.
5. Two to four weeks prior to the review date, the PRR coordinator will receive case lists from CWS/CMS. There will be three lists: open cases, recently closed cases, and recently closed referrals. Cases are randomly selected, using a random number generator. Cases reviewed during the previous year will not be reviewed again; if a case that has been reviewed during the past year is selected, it will not be reviewed and an alternate case will be selected. No more than one case per social worker will be reviewed each quarter; if more than one case from a social worker is selected, the first case selected will be reviewed, and an alternate case will be selected to replace the other case from that social worker.
6. One week prior to the actual peer review date, the PRR coordinator will inform the case carrying social workers and the supervisors of the cases that were randomly selected to be reviewed. The social workers submit the selected cases to the PRR coordinator on the day before the PRR. The PRR coordinator requests the files for all selected closed cases and referrals from the Records Center.
7. The PRR coordinator is responsible for supplying all review forms for the team.
8. The Peer Record Review involves three review forms: the Quantitative Internal Peer Case Record Review Checklist (CS 288), the Qualitative Internal Peer Case Record Review (CS 289) and the Peer Case Record Review Feedback Form (CS 290). Reviewers have access to the electronic file in CWS/CMS, as well as the physical case files, dating from the beginning of the case. Reviewers are asked to review the entire length of the case for all cases open for less than 12 months or for the past twelve months only (for cases that have been open for longer than twelve months).
 - a. The Quantitative Internal Peer Case Record Review Checklist is a list of required forms and documents. This is a checklist for evaluating the presence and completion or absence of required documentation in the case file. Reviewers check to see that all agency required forms are in the file and completed thoroughly, including necessary signatures. Reviewers must determine if each form is "Complete", "Incomplete/missing", or "Not applicable" for the case. Current practice is for this tool to be completed for 75% of the files reviewed, in order to allow for more time
 - b. The Qualitative Internal Peer Case Record Review is a more in-depth review that measures the quality and thoroughness of services provided to the clients. This tool consists of a list of questions related to quality of services, and reviewers must answer "Yes", "No", or "Not applicable" for each qualitative area of the case. This tool is completed for each case reviewed.
 - c. The Peer Case Record Review Feedback Form is the final form completed by the reviewers for each case reviewed. The Feedback Form includes a section for the reviewers to write general comments and strengths regarding the file and the staff's work with the clients, and a section for the reviewer to list any Areas for Correction. Each item that was marked as "Incomplete/Missing" or "No" on the Quantitative Internal Peer Case Record Review Checklist and the Qualitative Internal Peer

Case Record Review tool is listed as an Area for Correction. The Feedback form provides the case-carrying social worker with both strength-based feedback and a summary of any needed corrections. This tool is completed for each case reviewed.

9. At the end of each PRR, the coordinator will facilitate a debriefing with the peer review team. The debrief provides the time for the peer review team to give verbal feedback on the PRR process, as well as
10. Review forms for each case reviewed will be copied. The original of each form will be placed in the case file, and a copy will be kept by the PRR coordinator to be used for data analysis to complete the PRR summary report. The PRR coordinator will aggregate the data collected with the item compliance rates.
11. The PRR coordinator coordinates the return of all files. The files for the closed cases and referrals are returned to the Records Center and the files for the open cases are returned the supervisor of the social worker.
12. The PRR coordinator will summarize the results of the PRR and send the summary report to Children and Family Services management.

Correction Procedures

For any case identified as having one or more Areas for Correction by the reviewer, a plan of correction is required. The area must be corrected within one month of the review.

1. The Areas for Correction are documented on the Peer Case Record Review Feedback Form, which was attached to the case files when they were returned after the review. The case carrying social worker will complete the Peer Case Record Review Feedback Form, the column titled "Completed: Yes or No." The social worker will either check "Yes", that the correction was addressed (signature obtained, form completed, etc), or the social worker will write an explanation for why the correction was not addressed ("unable to locate parent to obtain signature", etc.).
2. Social workers send the completed Peer Case Record Review Feedback Forms to the child welfare manager, who then forwards them to the Quality Assurance Unit. The Quality Assurance Unit tracks the receipt of the completed the Peer Case Record Review Feedback Forms. The Quality Assurance Unit sends a report to the child welfare manager with a list of cases that require corrections and have not yet been returned. The manager can follow up with the supervisors to obtain the completed Feedback Forms with documentation regarding how the Areas for Corrections were addressed.

Attachment H: Quarterly Peer Record Review – Confidentiality Statement



Children & Family Services

Quarterly Peer Record Review Confidentiality Statement - ***Quality Matters!***

To ensure that clients and families are receiving the best services possible, the agency conducts regular case record evaluations. Your participation is very important because only you can bring expertise and experience to the Peer Record Review process.

Any and all information reviewed and discussed is strictly confidential. The contents of documentation, the quality of service delivery, co-worker performance issues, and recommendations given to site supervisors are not to be discussed beyond the context of the Peer Record Review process.

By signing below, I agree not to discuss information outside of the Peer Record Review process.

Reviewer ID#

Signature of Peer Reviewer

Date

Print Name

Signature of PRR Coordinator

Date

Emma Gonzalez
Print Name

Revised 1/2012

Attachment I: Quarterly Peer Record Review – Quantitative Responses

Reviewer ID #: _____
 Case Name (child): _____
 For Admin use : Review # _____

Date: _____
 Mothers Name: _____
 Worker Name: _____

**CHILD WELFARE SERVICES
 Quantitative Peer Case Record Review Checklist**

Current Case Status:
 Intake (phone; ER) Voluntary Investigation FM FR PP (long term FC; adopt) Closed

All forms must be current and relevant signatures must be in place.

Review Component	Complete	Incomplete/ Missing	N/A	Unk	Notes
Emergency Response					
Date of Referral:					
Emergency Response Referral Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Hotline Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Police Cross Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investigative Narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Response to Mandated Reporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Safety Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Family Risk Assessment (only for substantiated and inconclusive referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Family Strengths and Needs Assessment (if becoming a voluntary case)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Substitute Care Provider Safety Assessment (only for out-of-home placement referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 51 Emergency Response checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 57 Child's Confidential Record for Foster Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 279 'Your Rights' Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Publication 13 (Civil Rights) initialed on CS 279	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ICWA 010 / 020/ 030 (circle all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 260 TDM Referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TDM Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 154 Group Home Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 156 Foster Parents Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SOC 158a Foster Child Data Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 217 Parental Information Regarding Potential Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protective Custody Warrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detention Memo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stamped Original Petition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Court Officer Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 27 Medical Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C 430 HIPAA Consent form signed and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 277 Safety Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 288 Case Record Review Checklist completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of referral closure or transfer _____					
I have reviewed the above forms on this referral/case: _____ Supervisor's signature					

	QUESTIONS	COMMENTS	OUTCOME		
			Y	N	N/A
	Were cultural issues considered? If "no", please indicate why in the comments section. (Note: culturally-responsive assessments can include attention to geographic location, language, political status, tribal affiliation, sexual orientation, and religious, racial, ethnic, and cultural background, and are sensitive to family norms.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was ICWA considered and were statutes followed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE PLAN	Were the appropriate parties involved in creating the case plan? (Mother, father, child, caregiver, collaterals)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were extended family members and significant others involved with case planning and advised of ongoing progress (as appropriate)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the case plan reflect cultural sensitivity and meet specific and individual needs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the case plan appropriate to the assessment and address the specific issues needing intervention?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICES	Was a TDM held?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was the agreed upon TDM plan implemented? (If no TDM was held, mark N/A.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the clients referred or linked to appropriate services?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Did the family actually receive the services referred to them?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are sibling visits offered, with appropriate supervision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	QUESTIONS	COMMENTS	OUTCOME		
			Y	N	N/A
	provided?				
	Are parent visits offered, with appropriate supervision provided?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were permanency goals considered? Is concurrent planning included?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If the child is in long term placement, are the reasons clear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are updates from collateral providers included in the case record?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE CLOSURE	At the time of case closure, was family / child connected to the community and support services? (Permanent plan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were collateral service providers notified of case closing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were outstanding needs addressed and were clients referred to resources if needs had not been met?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was youth linked to ILP / aftercare if appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Did the youth participate in the creation of the aftercare plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a connection to a committed adult for youth who are age 16, 17, or 18 at case closure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attachment J: Quarterly Peer Record Review – Qualitative Responses

**CHILD WELFARE SERVICES
Qualitative Peer Case Record Review**

Case Name : _____ Mothers Name: _____

Current Worker: _____ Reviewer ID #: _____

Admin Use: **Review #01-Q3 FY11-12**

Review Date: _____

Current Case Status:

Intake (phone; ER) Voluntary Investigation FM FR PP (long term FC; adopt; YIL) Closed

If no is checked, please ensure comments section is completed so worker can address what is missing.

ASSESSMENT	QUESTIONS	COMMENTS	OUTCOME			
			Y	N	N/A	
	Does the assessment lead to an appropriate level of intervention / plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Were all required parents, children collaterals seen and assessed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Were all potential needs assessed? (Comprehensive bio-psycho-social assessment):	Medical:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Developmental:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		AOD:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Psychiatric:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DV:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Housing:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Educational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	QUESTIONS	COMMENTS	OUTCOME		
			Y	N	N/A
	Were cultural issues considered? If "no", please indicate why in the comments section. (Note: culturally-responsive assessments can include attention to geographic location, language, political status, tribal affiliation, sexual orientation, and religious, racial, ethnic, and cultural background, and are sensitive to family norms.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was ICWA considered and were statutes followed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE PLAN	Were the appropriate parties involved in creating the case plan? (Mother, father, child, caregiver, collaterals)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were extended family members and significant others involved with case planning and advised of ongoing progress (as appropriate)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Does the case plan reflect cultural sensitivity and meet specific and individual needs?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the case plan appropriate to the assessment and address the specific issues needing intervention?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICES	Was a TDM held?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was the agreed upon TDM plan implemented? (If no TDM was held, mark N/A.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are the clients referred or linked to appropriate services?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Did the family actually receive the services referred to them?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are sibling visits offered, with appropriate supervision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	QUESTIONS	COMMENTS	OUTCOME		
			Y	N	N/A
	provided?				
	Are parent visits offered, with appropriate supervision provided?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were permanency goals considered? Is concurrent planning included?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If the child is in long term placement, are the reasons clear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are updates from collateral providers included in the case record?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASE CLOSURE	At the time of case closure, was family / child connected to the community and support services? (Permanent plan)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were collateral service providers notified of case closing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Were outstanding needs addressed and were clients referred to resources if needs had not been met?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was youth linked to ILP / aftercare if appropriate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Did the youth participate in the creation of the aftercare plan?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there a connection to a committed adult for youth who are age 16, 17, or 18 at case closure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer ID #: _____

Date: _____

Case Name (child): _____

Mothers Name: _____

For Admin use : Review # _____

Worker Name: _____

Family Maintenance/ Voluntary Case					
C 430 HIPAA Consent form signed and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ICWA 010 / 020/ 030 (circle all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 279 'Your Rights' Document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Publication 13 (Civil Rights) initialed on CS 279	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JV 180 Request to Change Court Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JV 220 Request & Order for Psych Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM Six-Month Status Review Court Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM Six-Month Status Review Court Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FM Six-Month Status Review Court Officer Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case Plan updated for FM Six month hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Family Strengths and Needs Reassessment for six month hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM In-Home Reassessment for 6 month hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional FM Status Review Court Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional FM Status Review Court Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional FM Status Review Court Officer Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case Plan updated for FM Twelve month hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Family Strengths and Needs Assessment for additional FM hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM In-Home Reassessment for additional hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Court Reports/Interim Hearing Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Court Orders/Interim Hearing Court Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Court Orders/Interim Hearing Court Officer Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voluntary Case Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Family Strengths and Needs Reassessment for Voluntary cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM In-Home Reassessment for voluntary cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Various reports from collateral agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 281 Quarterly Supervisory Case Review done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 288 Case Record Review checklist completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of case closure or transfer _____					
I have reviewed the above forms on this case:					

Supervisor's signature					
All Cases at Closing					
CS 108 Case Transfer/Closing Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SDM Safety Reassessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Case closed within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CS 288 Case Record Review checklist completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes/Comments:

Attachment L: Foster Parent Recruitment and Retention Strategic Plan (FY 2008-2014)

Background & Recommendations

There has been a steady decline in the number of foster homes in San Mateo County over the past 15 years. In July of 1994 the number of foster homes in San Mateo County was 345. By July of 2004 that number had been slashed to 136 and has hovered in that area since May of 2001. Our data therefore shows that current recruitment strategies do not result in a net increase of available homes.

The following recruitment and retention strategic plan aims to outline the methods by which the net number of available homes can increase by an ambitious 10% a year in key areas of need including: medically fragile, teens, language/culture/religion, & sibling groups. This significant effort will require the adoption of a new mind-set/approach based on research data and nationwide best practices including:

1. *Foster and adoption family recruitment should be conducted as one effort.* According to the Casey Foundation, in nearly all states, 60 to 85 percent of families who adopt children from the public child welfare system are already foster parents. Children need families, and those that fit them for a little while may wind up fitting them forever. If used in this way, recruitment resources do double duty without competing.
2. *Recruitment is everyone's job.* In fact, staff members at every level of the agency should expect to work, even when off duty, in a partnership team with the foster parents, other service providers, and the child and family. A maintenance worker's trip to the grocery store may produce a conversation that generates a phone call of inquiry. The idea of *constant awareness of recruitment possibilities* by everybody may seem to be asking a lot of overworked staff, but it will have big payoffs for the future workloads of everyone in the agency. One way to kick off this new approach is with a party for all agency employees where they are asked to help and to brainstorm about ways they can.
3. *Targeted recruitment is critical.* According to Family to Family (F2F), there are three kinds of recruitment: general (television, radio, billboards, booths, and fairs), targeted (matching child demographics and needs to appropriate community outlets), and child-specific (seeking specific friends, relatives, or individuals capable of meeting a child's special needs). F2F recommends that counties "use all three kinds of recruitment techniques, but stress and invest in the targeted approach" by allocating "perhaps 60 percent of the agency recruitment budget" to it.
4. *Using current foster parents for recruitment is effective.* "In every focus group conducted [25 in 5 states], both child welfare staff and foster parents said that it was not the billboards, television advertisements, public service announcements, or event booths that inspired people to become foster parents. Both said that foster parents themselves are a highly effective and valuable tool in encouraging others to pursue fostering."
5. *Faith based organizations can be key allies.* Example – One Church one Child. A national adoption education and recruitment model first founded by Father George Clements, an African American Roman Catholic priest from Chicago, Illinois. The original mission of the program, for "each church in the Black community to find at least one family to adopt at least one waiting child or sibling group," has since expanded to other states, denominations and communities. Since its founding in 1980, more than 140,000 children have been adopted as a result of the partnership between One Church One Child recruitment programs and state child welfare adoption units in over 30 States. In 2003, the National Network of Adoption Advocacy Programs was founded with funding

from the Children's Bureau to support, network, and develop the One Church One Child model nationally. A similar campaign is in the early stages of development with community partner Help One Child.

6. *Recruitment, training, and support services are closely linked.* One supports and stimulates the other. This seems obvious, but it can't be stressed enough because it is often overlooked. According to the National Foster Parent Association, "as many as 60 percent of new foster parents quit in the first 12 months - and the primary reason they give is lack of support, communication, or response from the foster care system." Specific examples include:
- Provide childcare to unlicensed potential foster parents as they attend the initial orientation, complete the training courses, and/or attend foster parent events.
 - Extend child care services for working foster parents and make funding available for child care within the first 7 days of placement.
 - Provide housing incentives to licensed foster parents such as a) subsidized rents or b) establishing criteria with the San Mateo Housing Authority to prevent moving foster parents in public housing into smaller units if they do not have a foster placement at the time of the Authority's semi-annual census.
 - Explore interactions with day care providers, CBOs, schools, and Big Brother/Big Sister programs to support foster parents with after school programs, day care, tutoring, mentoring, or other services for foster children. The Board of Supervisors could also provide reduced cost or free access to parks, public transportation, and other city activities for foster children and their foster parents.
 - Recognizing and commending outstanding foster parents and caseworkers for their contributions to the community on a monthly rather than an annual basis. This could include a foster parent or caseworker of the month program, prizes donated by the City or local businesses, or other low-cost means of improving foster parent morale.

Ideas from the field

In addition to the above mentioned mind-set, creative ideas from across the country should also be incorporated into the plan.

1. Description: Great things happen when groups come together and work collaboratively. In Rhode Island, the idea to hold an adoption fair at a local mall came about through a recruitment taskforce where one person's connection with a local mall led to a great public information-sharing event. Malls present high traffic, family-oriented locations ideal for recruitment events. Held in conjunction with Rhode Island's first National Adoption Day, the event included seventeen licensed foster and adoption agencies from around the state. Each agency staffed booths with representatives to field questions and distributed program & event information. Face painters helped lend a fun family atmosphere. "This was a terrific event. Everyone worked together, from the court system to DCYF and all the private agencies. I know at our booth we talked to many people and had a good time," said Bernie Hicks with Adoption Rhode Island.
2. Description: To increase public awareness and generate exposure to the issue of children in foster care, several West Virginia organizations gave a bus tour for over 30 community leaders, including members of the media and state legislature. The "Journey Home" project, organized by Mission West Virginia, Inc. and with the assistance of other social service agencies, tried to recreate the experiences of a child in foster care. Stops were made at the local hospital emergency room, DHHR office and at the courts. Participants were often times unaware of where they were going next and what was in store, mirroring the confusion and anxiety of children entering foster care. The day ended with a panel of speakers - foster and adoptive parents, social workers and an inspiring youth adoptee who was able to give his unique perspective on his experience of foster care. Due to the success of the tour - the story was picked up by television, radio and print outlets. Mission West Virginia is currently in the process of developing a manual to assist other groups that might be interested in holding a "Journey Home" tour in their community.
3. Description: Sometimes one good idea leads to another. After seeing the popularity of the yellow wristbands promoting cancer awareness and funding cancer research, board members of the AZ Association of Foster & Adoptive Parents thought the same principle might work to support foster children. In conjunction with May's National Foster Care Month, they ordered 10,000 blue wristbands, one for each of Arizona's 10,000 foster children. The bands were sold for \$2 each and included a card informing the wearer what the band symbolized and directing them to additional information on the Association's webpage. All 10,000 bands were sold and the proceeds donated to Arizona Friends of Foster Children Foundation to fund scholarships for college-bound foster children.

Overall Goal of the Recruitment Plan

The San Mateo County Department of Children and Family Services will increase the number of foster families to meet the specific needs of children and youth in care. The network of families will be neighborhood based, culturally sensitive and located primarily in the communities where the children live. These families will be recruited with an understanding of the need for permanency and concurrent planning.

Overall Objective of the Recruitment Plan

The target population includes the following groups: Cultural/Religion/Language (i.e. Latino & African-American), Medically Fragile, Siblings, and Teens, Adoptions. The goals that will have been achieved are as follows:

- Increase the number of inquires by 15% annually.
- Increase *specific community* awareness regarding the need for resource families (foster and adoptive families).
- Increase the number of new foster families by 10% annually.
- Increase the number of families interested in child specific adoption.

Overall Tracking and Evaluation of Recruitment Plan

- Homefinding Unit Supervisor, Manager shall meet a minimum of four times annually to monitor implementation and evaluate outcomes of the previous quarter.
- In approximately August of each year, Homefinding Supervisor, Manager and Director will meet to revise and detail the upcoming year's recruitment plan.

Attachment M: Foster Parent Recruitment and Retention Strategic Plan, Progress Update

Strategic Goal #1		
<u>Promote new Agency-wide recruitment mind-set.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Send out bi-annual county wide email detailing the continuous need for foster homes (from Director?) and point out what staff can do. • Schedule a bi-annual recruitment brainstorm session to develop new recruitment leads. • Send out quarterly e-mail to CFS staff informing them of placement stats and recruitment efforts. • Provide small incentive for successful referral. (Gift Card donated by corporate partner?) 	<p>Track number of staff recommendations and outcome of recommendations.</p>	<ul style="list-style-type: none"> • Pending • Current budgetary priorities have impacted the pursuit of this goal.

Strategic Goal #2		
<u>Inform targeted communities and general population of the continuous need for foster homes.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Continue sessions in Northern, Central and Southern regional offices. • Expand orientation venues to include specific faith based organizations on a quarterly basis. • Increase partnership with CBO Help One Child in outreach efforts. 	<p>Conduct 23 orientations a year in regional offices. Conduct 4 orientations a year in places other than regional offices. Request that Help One Child conduct 20 orientations a year in faith based community</p>	<ul style="list-style-type: none"> • Regional orientation sessions continue and are on schedule to reach goal of 23 for calendar year 2009. • CBO Help One Child, in collaboration with Agency Staff, has conducted outreach activities in 45 faith based communities in 2009 including special bulletins in church newspapers. • Help One Child has conducted 8 Special presentations in faith based organizations in 2009 and have many planned for next year.

<ul style="list-style-type: none"> • Meet with Church leaders in all cities. • Schedule a series of orientations in each church. • Set up training sessions at church venues • Collaborate with CASA on recruitment activities 	<p>Conduct 4 orientation sessions in a venue agreed upon by faith based organization.</p> <p>Conduct 2 training sessions in a venue agreed upon by faith based organization.</p> <p>Conduct Annual orientation session with CASA</p>	<ul style="list-style-type: none"> • First training session to be held at a local faith based organization was conducted in St. Francis of Assisi, East Palo Alto in October 2008. • First Training session in English-speaking faith based community was conducted in April 2009. More sessions are planned for the 2010. • Joint orientation session with CASA was conducted in June 1, 2009.
<ul style="list-style-type: none"> • Continue Spanish Radio Advertising • Continue print media advertising particularly in the Latino and African American communities. • Include Church bulletins as part of print media • Expand/improve web presence by revamping web page and including more user friendly information (work group needed) 	<p>Track number of “hits” to recruitment web-page.</p>	<ul style="list-style-type: none"> • Website improvement has begun and is expected to be completed by July 2009. • Implementation of web-page “hit” counter has just entered feasibility evaluation stage. • Budget constraints have required the elimination of Spanish radio media outreach.
<ul style="list-style-type: none"> • Develop short term use database that can track community interest from initial call to placement. • Pursue utilization of computerized database system developed by Berkeley specifically for this purpose but linked to unique funding source (Casey Foundation) 	<p>Short term tracking system in place by 12/08</p> <p>Comprehensive tracking system in place by 1/09</p>	<ul style="list-style-type: none"> • Implementation of tracking system began in June, 2009. • Evaluation of new tracking system scheduled for January 2010.

Strategic Goal #3		
<u>Increase the number of African American and Latino families available to provide short term foster care by 5 annually.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Meet with Church leaders in all cities. • Schedule a series of orientations in each church. • Set up training sessions at church venues 	<p>Conduct 10 orientation sessions in a venue agreed upon by faith based organization.</p> <p>Conduct 2 training sessions a year in a venue agreed upon by faith based organization.</p>	<ul style="list-style-type: none"> • CBO Help One Child has conducted outreach activities in 45 faith based communities in 2009 including special bulletins in church newspapers. • Help One Child has conducted 8 Special presentations in faith based organization in 2009 and have many planned for next year. • First Training session in English-speaking faith based community was conducted in April 2009. More sessions are planned for the 2010.

Strategic Goal #4		
<u>Increase the number of families available to provide short term foster care to medically fragile children by 2 annually.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Attend nurses association meeting and do orientation session • Schedule at least 2 orientations a year at health department for the purposes of recruiting foster parents or respite providers. 	<p>Conduct at least two orientations a year at meeting for medical professionals.</p>	<ul style="list-style-type: none"> • Methods to achieve this goal will be evaluated with the assistance of a dedicated intern in December 2009.
<ul style="list-style-type: none"> • Schedule an appointment with head of health department to determined best venue for orientation. • Schedule at least 2 orientations a year at health department for the purposes of recruiting foster parents or respite providers. 	<p>Conduct at least two orientations a year at meeting for in-county medical professionals.</p>	<ul style="list-style-type: none"> • Methods to achieve this goal will be evaluated with the assistance of a dedicated intern in December 2009.

Strategic Goal #5		
<u>Increase the number of families available to provide short term foster care to sibling groups of 2 or more by 5 annually.</u>		
Outcome		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Develop child profile protocol that can be used in public venues for foster parent recruitment. • Utilize data that tracks communities from which a child is removed to inform targeted recruitment efforts. • Emphasize in every TDM the need to find the best possible match for the child as early as possible. • Invite Relative Assessment Social Workers to TDM 	<p>Recruit at least 5 families per year for sibling groups of 2 or more.</p>	<ul style="list-style-type: none"> • As of July 2009, 3 families have been licensed to become foster parents for sibling groups. • Two more families interested in providing care to siblings groups are on track to be licensed by January, 2010.

Strategic Goal #6		
<u>Increase the number of families available to provide short term foster care to teenagers by 5 annually.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Develop child profile protocol that can be used in public venues for foster parent recruitment. • Utilize data that tracks communities from which a child is removed to inform targeted recruitment efforts. • Emphasize in every TDM the need to find the best possible match for the child as early as possible. • Invite Relative Assessment Social Workers to TDM 	<p>Recruit at least 5 families per year for teenagers.</p>	<ul style="list-style-type: none"> • As of July 2009, 1 family has been recruited to provide care for teenagers. • Last years (08-09) the total number of families recruited to provide care for teenagers was 3.

Strategic Goal #7		
<u>Increase the number of families available to adopt a specific child by 5 annually.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Develop child profile protocol that can be used in public venues for foster parent recruitment. • Utilize data that tracks communities from which a child is removed to inform targeted recruitment efforts. • Emphasize in every TDM the need to find the best possible match for the child as early as possible. • Invite Relative Assessment Social Workers to TDM 	<p>Recruit at least at least 5 families for the adoption of a specific child.</p>	<ul style="list-style-type: none"> • Targeted recruitment efforts have begun with the recent (4/09) identification of two possible candidates. • Protocols still need to be developed in this area. • Monthly meetings between the Homefinding Unit supervisor and Adoptions Unit supervisor began in September 2009 to help this goal come to fruition.

Strategic Goal #8		
<u>Become a Bay-area leader in the support of foster parents.</u>		
Action	Measure	Outcome-to-date
<ul style="list-style-type: none"> • Contact representatives from the surrounding counties to gather resource list • Evaluate aggregate list and make recommendations for new support initiatives • Implement at least 1 support activity within one year of evaluation of aggregate list. 	<p>Decrease the number of foster parent complaints to the Foster parent liaison when compared to previous years by 5%</p>	<ul style="list-style-type: none"> • Pending • Still acquiring baseline data • Need to allocate resources to this goal perhaps in the form of an intern or part-time worker.
<ul style="list-style-type: none"> • Increase the number of home visits by licensing staff from one to at least two annually. • Explore possibility of dedicating on staff (community worker) to provide direct support to regional foster parents that provide shelter care. 	<p>Data reports drawn from CWS/CMS will show at least 2 planned annual visits for every foster home conducted by licensing staff.</p>	<ul style="list-style-type: none"> • By annual home visits by licensing staff have been fully implemented for families that have provided care for a child at any time in the preceding 12 months.

<ul style="list-style-type: none"> • Continue to fund, oversee and evaluate foster parent mentor program. • Continue to collaborate with LAPP and refer families to this partner. • Continue to collaborate with Foster Parent Association and its executive board. 	<p>Maintain records of mentorship activity. Solicit feedback from recipients of mentor services. Through contract oversight track number of referrals to LAPP</p>	<ul style="list-style-type: none"> • Mentorship activity is tracked by submission of “client” list. • Feedback about mentorship program has not yet been implemented. • New contract moved foster parent advocate functions away from LAPP. • Regular meetings with the executive board for the Foster Parent Association continue.
<ul style="list-style-type: none"> • Poll staff for examples of great work done by foster parents/staff and include redacted narrative in Homefinding Herald. • Provide small incentive for recognizing good work in others. (Gift card by corporate donor?) • Continue tradition of at least 2 major gatherings a year that celebrate foster families. 	<p>Publicly recognize (in Homefinding Herald) a successful story of foster parent/social worker collaboration at least once a quarter.</p>	<ul style="list-style-type: none"> • The public acknowledgement of collaboration action step has yet to be implemented. • Small tokens of appreciation continue to be provided from time to time. • 2 recognition events conducted in summer and winter of 2009.
<ul style="list-style-type: none"> • Invite foster parents to every TDM • Invite foster parents to participate in joint training with Social Workers 	<p>Track foster parent TDM participation Utilize LMS to track rate of cross training</p>	<ul style="list-style-type: none"> • Foster parent participation in TDM is not yet tracked. Protocols are being developed to implement this action step. • Utilization of LMS by foster parents remains minimal but has increased. Training will be required.

Attachment N: Protocol for Implementing 241.1 WIC, Joint Jurisdiction Between Children and Family Services and Probation



**SAN MATEO COUNTY
PROBATION DEPARTMENT
JUVENILE DIVISION POLICY MANUAL**

**LEGAL – PROTOCOL FOR IMPLEMENTING 241.1 WIC, JOINT JURISDICTION
BETWEEN CHILDREN & FAMILY SERVICES AND PROBATION,**
Est. 04/13/07 (F)

Purpose:

This protocol is established in compliance with Welfare & Institutions Code section 241.1. The purpose of developing a procedure for the San Mateo County Probation Department and the San Mateo County Human Services Agency - Children and Family Services Department is to jointly determine whether dependency, delinquency or dual status jurisdiction in the Juvenile Court will best serve the Minor's best interest and the protection of society.

Summary:

San Mateo County Human Services Agency and San Mateo County Probation Department agree that the assigned Social Worker and Deputy Probation Officer will meet to discuss those instances where a Minor child appears to come under the description of both Sections 300 WIC and 602 WIC. In cases in which a petition is filed in the County of San Mateo and the Minor is a dependant or ward in another county the Social Worker or Probation Officer will contact the other County agency to discuss the case.

The caseworkers will develop an appropriate recommendation to the Juvenile Court, develop a case plan and give consideration to:

- the nature of the referral
- the age of the Minor
- the prior record of the Minor's parents for child abuse
- the prior record of the Minor for out-of-control or delinquent behavior
- the parent's cooperation with the Minor's school
- the Minor's functioning at school
- nature of the Minor's home environment

- records of other agencies which have been involved with the Minor and his/her family
- statement of any counsel currently representing the Minor
- statement of any Court Appointed Special Advocate (CASA) currently appointed for the Minor
- whether or not the Minor has a history of substance abuse
- whether or not the Minor is involved in gang activity

The joint recommendation shall be presented to the court at a Joint Planning Hearing, or 241.1 WIC Hearing scheduled prior to a Pre-trial conference and in accordance with §241.1 WIC and the Judicial Rules of Court § 5.512.

If there is a need for consultation on or mediation to resolve issues or disagreements as to recommendations put forth to the Juvenile Court, a Joint Planning and Review Committee (JPRC*) will be available to Deputy Probation Officers and Social Workers. In instances where there is dispute, the decision of the committee will be the conclusive recommendation. JPRC will meet weekly prior to IPRC on Wednesday afternoon. The caseworker with the most recently filed petition is responsible to schedule an appointment.

*Participating Agencies: Children & Family Services, Probation, County Counsel, Mental Health.

Circumstances which require interagency consultation:

- Child is neither a Dependant (300 WIC) nor a Ward (602 WIC) of the court and is referred to Children and Family Services for investigation into charges of abuse and neglect concurrently with a referral to Probation for an alleged criminal offense.
- Child is a Dependant of the Court and is referred to Probation for a 602 WIC offense.
- Child has pending 602 WIC petition or is an adjudicated 602 Ward and a CPS referral is under investigation or recommended by the Judge and/or the Judge has set a 241.1 WIC hearing.

Steps for Caseworkers:

Joint Planning Meeting:

1. When the Probation Officer or Social Worker receives a new referral and is aware or believes that another agency is providing services to the Minor and/or his or her family, he or she is responsible to contact the other agency and commence the process of joint case planning.

2. When a referral(s) is being investigated or a petition(s) is filed in the Juvenile Court, the case managers shall exchange and share such information to provide an appropriate recommendation to the Court in the interest of the rehabilitation of the Minor and/or the reunification of the family.

If, at the 602 WIC Hearing, the Judge has deemed that a 300 WIC referral is necessary and, as a result, sets a 241.1 WIC Hearing, the DPO will contact Children and Family Services to make a referral and notify them of the date for the 241.1 WIC hearing. If Children and Family Services does not have a current referral open, one should be opened. The information the DPO gives can be the referral. The intake worker must meet the DPO for a Joint Planning Meeting to decide the best way to proceed. After the Joint Planning Meeting, it may be decided that a 300 WIC petition will not need to be filed. The Social Worker will then send a memo to the Court explaining the results of the investigation and reason for not filing a 300 WIC petition within 10 working days from the date of the 300 WIC referral.

If the Social Worker decides to send a memo to the Court the Social Worker will also appear in Court on the set court date. The DPO will complete the Probation Addendum and attach a Probation face sheet. The DPO will note in the Evaluation section of the report, that Probation has met face to face with the Social Worker from Children and Family Services, who indicated that they would be submitting a memo.

Please note: For a 602 WIC petition to be initiated, there needs to be a police report.

3. The case managers shall meet or confer on the phone as soon as possible but no later than within eight (8) working days after the initial arraignment or five (5) working days after the detention hearing if the Minor remains detained.
4. The case manager of record, if the Minor is currently a 300 WIC or 602 WIC, shall make sure the 241.1 WIC Hearing is scheduled with Court calendar desk. (If the Minor is detained, no later than ten (10) court days after the order of detention; if the Minor is not detained, as soon as possible within 30 days of the date of the petition.)

Please note: If there has been a complaint in an out of home placement, information will be shared between the Departments and a joint plan of action will be determined.

Investigative Duties and Court Report

1. The case managers will determine which agency will take major responsibility for presenting the report. The Social Worker will complete the 241.1 WIC Joint Planning Report from CWS/CMS as it relates to the pending and/or existing 300 WIC petition. The DPO will complete the Probation Addendum to the 241.1 WIC Joint Planning Report.
2. Each agency will electronically send the other agency a copy of their finalized report within 5 working days of Court for review.
 - If the Social Worker is the Lead, the Social Worker will complete the 241.1 WIC Joint Planning Report from CWS/CMS as it relates to the pending and/or existing 300 WIC petition. The Deputy Probation Officer will complete and email the Probation addendum to the 241.1 WIC Joint Planning Report, which will be attached as an addendum to the Social Worker's report.

The Social Worker will write under the Summary of the Child's History with the San Mateo County Juvenile Probation Department, "Please refer to the Probation Addendum 241.1 WIC Joint Planning Report; unless it is automatically populated within the report." Under the Evaluation and Recommendation, the Social Worker will complete the Dependency recommendations and refer to the Probation Addendum 241.1 WIC Joint Planning Report for juvenile probation recommendations.

- If Probation is the Lead, the Deputy Probation Officer will complete the Probation Addendum to the 241.1 WIC Joint Planning Report. The Social Worker will complete and email the 241.1 WIC Joint Planning Report from CWS/CMS as it relates to the pending and/or existing 300 WIC petition/case. The emailed copy will be attached to the Probation report.

The Social Worker will under Evaluation and Recommendation, complete the dependency recommendations and refer to the Probation Addendum 241.1 WIC Joint Planning Report for Juvenile Probation recommendations. The Probation Officer will complete the Evaluation and Case Recommendation section of the report and refer the reader to the attached Children and Family Services 241.1 WIC Joint Planning Report for the Children and Family Services recommendations.

3. Each agency will sign their prospective reports.
4. The Social Worker will make sure that a signed copy of their report is in the Court Run by the afternoon of at least two (2) days prior to court. The

Court Officer will then give the report to Probation to attach to the Addendum.

5. The case manager from the designated Lead Agency shall submit the completed 241.1 WIC Joint Planning Report to the Court including the joint recommendation and incorporating the information and comments of the respective agencies.
6. The Joint Report will recommend one of the following:
 - The new petition be dismissed
 - The new petition be sustained and the other be dismissed; or current status be terminated, or
 - Both petitions (300 & 602 WIC) be sustained (or the new petition be sustained and the existing status be maintained) and the Minor be declared “dual status” with the Court designating the Lead Agency.

Case Management for Dual Status Minors:

1. The Court will determine which agency will be designated the Lead Agency. The Lead agency will be primarily responsible for managing the Minor’s case: visiting the Minor monthly, scheduling court hearings, preparing court reports, providing services to the Minor and the Minor’s family, as well as completing and filing the JV220 form, Authorization to Administer Psychotropic Medication, if needed.
2. The Lead and Assisting Agency will cooperate on the development of the case plan for the Minor and family.
 - a. Each agency will review the assessment from the other agency within 5 working days of disposition.
 - b. The caseworkers will share insights on the case and propose a Joint Case Plan.
 - c. The Lead Agency will set an appointment time with the family that works for both workers.
 - d. Both workers will meet with the family together within 15 working day of disposition to finalize the case plan and obtain the parent(s) signature(s).
3. Should it appear appropriate for the Assisting Agency to assume the Lead Agency role, both agencies will consult regarding the appropriateness of changing the lead agency. Together, they will make any necessary changes in the case plan. The Lead Agency will present their recommendations to the Court within 30 days of whatever precipitated the need for the change (i.e. terminated from probation, adoption finalized, no longer a dependency case, situation/family changes that causes the need to re-evaluate the focus of Lead concern). If the Probation Officer is the

Lead, he/she will submit to the court a 778 WIC petition. If the Social Worker is the Lead, he/she will submit to the Court a JV180 WIC petition recommending the Lead Agency be changed and the case plan revisions be approved.

Case managers will consult with supervisors if not in agreement and return to JPRC if necessary for resolution.

If the Court deems the change to be in the best interest of the Minor, the Court will then change the Lead designation and approve the new case plan.

4. The court shall conduct Joint Dependency/Wardship Hearings for dual status Minors every six months; where information unique to the assisting agency is required; the Lead Agency will coordinate with the Assisting Agency to ensure that the information is presented to the court.
5. The Assisting Agency may attach report(s) from service providers for review at the hearing(s).
6. The Court shall ensure that the findings and orders required for both ward and dependent Minors are made at the Joint Hearings.
7. Both Agencies shall attend Joint Hearings for dual status Minors.

Out of County Cases

When the assigned case worker becomes aware that a Minor under their supervision has had contact with Children and Family Services or Probation in another county, he/she shall contact the caseworker in the other county to establish 241.1 WIC protocol. If resistance is met, consult with your supervisor who can contact County Counsel if assistance is needed.

Juvenile Probation Policy Manual/Legal - Protocol for Implementing 241.1 WIC, Children & Family Services and Probation Cases in Common, Est. 02/16/2007, 6 pages (F)