

California – Child and Family Services Review
Signature Sheet

For submittal of: CSA SIP Progress Report

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SIP Period Dates	December 29, 2013 - December 29, 2014
Outcome Data Period	Quarter 1, 2014
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DECEMBER 29, 2013 – DECEMBER 29, 2014

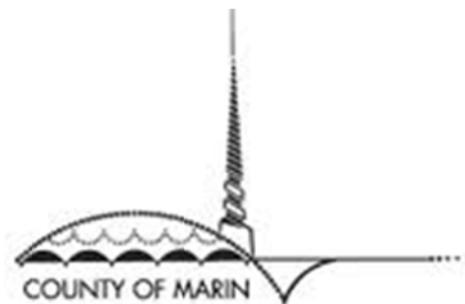


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Introduction

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. These data reports 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 youth in foster care under the supervision of the Probation Department.

The CSA assesses the full array of child welfare and juvenile probation, from prevention and protection through permanency and aftercare. The CSA is the analytic tool used by counties to determine the effectiveness of current practice, programs and services across the continuum of child welfare and probation placement services and to conduct a needs assessment to help identify areas for targeted system improvement. In Marin, Child Welfare and Juvenile Probation worked together, along with MAC and stakeholders, to compile the CSA and Peer Review.

The CSA is developed every five years by the lead agencies (Children’s Services and Probation) in coordination with the local community and prevention partners. The process has multiple components including peer review, intensive case worker interviews, and focus groups to gather input from child welfare constituents on the full scope of child welfare and juvenile probation services provided within the County. The CSA also includes quantitative analysis of child welfare data. The Peer Review is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Both the CSA and the Peer Review serve as the foundation for the County System Improvement Plan.

In addition, the California Department of Social Services Office Of Child Abuse Prevention is now integrated into the C-CFSR and information is reported in the SIP regarding the use of CAPIT/CBCAP and/or PSSF funds to divert children and families from entering the child welfare system. These funds support the County providing a continuum of services for children and families with an emphasis on prevention and early intervention.

System Improvement Plan

Incorporating data collected through the Peer Review and the CSA, the final component of the C-CFSR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the County and state, outlining how the County will improve its capacity to provide better outcomes for children, youth, and families. The SIP includes a coordinated service provision plan for how the county will utilize prevention, early intervention, and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP progress reports are the mechanisms for tracking a county's progress. 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.

System Improvement Plan Progress Report

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 becomes a mechanism through which counties report on progress toward meeting agreed upon improvement goals. This report is the annual System Improvement Plan Progress Report.

As required, Marin County Children and Family Services and Juvenile Probation will lead the completion of this SIP Progress Report with partnership with the California Department of Social Services. This Progress Report covers 12/29/2014 through 12/29/2015.

SIP Progress Narrative

Stakeholders Participation

In April 2013, the System Improvement Planning process was initiated. Internal meetings were conducted with all levels of staff to review the PR and CSA findings. In addition the quarterly county data reports are consistently monitored and based on all of this information, outcomes for inclusion in the SIP were identified. The management team met to review strategies and timeframes and responsibilities were assigned. In addition, smaller groups of external stakeholders were consulted regarding specific strategies and actions in which they had indicated an interest and/or where there was a need for buy in and partnership. For example, the SIP was shared with the Marin Foster Parent Association (MFPA) at one of the regularly scheduled meetings between CFS and the MFPA, the SIP was also discussed at the monthly meeting with the Courts and the Juvenile Court Judge (these meetings include representatives from CASA and the local child abuse council). CFS also meets regularly with mental health partners, foster parents, parents, and youth, and others as part of the ongoing Katie A process. While the SIP is not a specific agenda item, SIP strategies are frequently discussed. It is common practice to share our current SIP when meeting with community partners (local domestic violence agency, alcohol and other drug partners, educational partners and so forth); this is used to help facilitate dialogue about shared goals. In the last year much progress has been made towards implementing the identified action steps.

Current Performance towards SIP Improvement Goals

The analysis below includes a comparison between the baseline quarterly data report, Quarter 3, 2012 used in the CSA and the most recent quarterly data report, Quarter 1, 2014. Additionally, Quarter 4, 2012 data from the System Improvement plan is also included for reference.

The Center for Social Services Research: Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro- Alamin, S., Winn, A., Lou, C., & Peng, C (2009).

Child Welfare Services Report for California. Retrieved June 2010, from University of California at Berkeley Center for Social Services research website. URL:

http://cssr.berkeley.edu/ucb_childwelfare

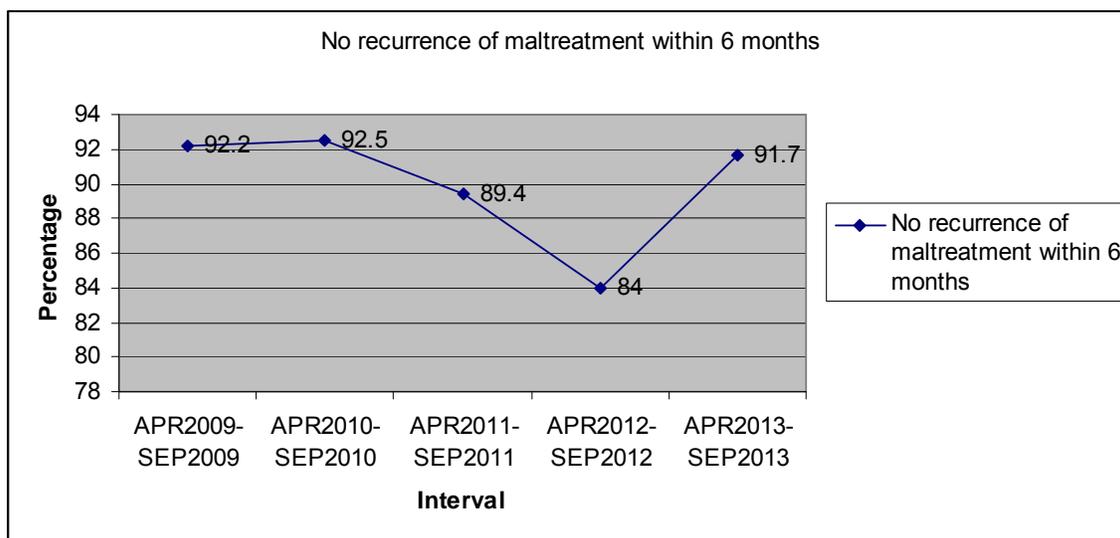
CHILD WELFARE

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR:

S1.1 No Recurrence of Maltreatment

National Standard:	94.6%	
Baseline Quarter 3, 2012:	85.7%	
Quarter 4, 2012:	85.7%	(108 out of 126)
Quarter 1, 2014:	91.7%	(99 out of 108 children)
Comparison to baseline:	+6.9 %	Positive Improvement

TABLE 1: NO RECURRENCE OF MALTREATMENT WITHIN 6 MONTHS



Data Source: CWS/CMS 2014 Quarter 2 Extract.

ANALYSIS:

There has been a positive trend in outcome S1.1 since Quarter 4, 2012. Outcome S1.1 has improved by 6.9 % since the baseline from Quarter 3, 2012. Marin County has diligently tracked the number of children that experience a recurrence of maltreatment. Most recent data from quarter 1, 2014 reveals that only 9 children experienced a recurrence of maltreatment. This outcome was selected given the inconsistent County performance on this measure and is described in the CSA in further detail (page 72 and 73). This SIP has several strategies that are intended to contribute to the improvement in this outcome. Through the CSA process it was identified that to improve the outcome of recurrence of maltreatment we needed to strengthen standardization and cohesiveness of the supervisory team and utilization of standardized assessment tools. Creating a common lens of working with families and assessing maltreatment and the possible event of recurrence. It was further identified that increasing family engagement, so that families could engage with the social worker and community partners for what services they need would improve this outcome. Over the past reporting period CFS has taken steps to implement the following strategies:

1. Strengthening the cohesiveness of the child welfare supervisory team
2. Strengthening usage of standardized assessment tools
3. Increasing family engagement; building community awareness and response to child abuse and neglect

Over the past year significant work has been done with the CFS leadership team to strengthen team cohesiveness and promote more uniform practice and decision making. The leadership team participated in a two part retreat focused on strengthening collegial partnership and building a more collective approach to implementation of SIP strategies. In addition all members of the leadership team received “refresher” training in the use of Safe Measures and Structured Decision Making. These trainings were specifically scheduled to precede line staff training to ensure that staff received consistent messaging and necessary support regarding the use of these tools.

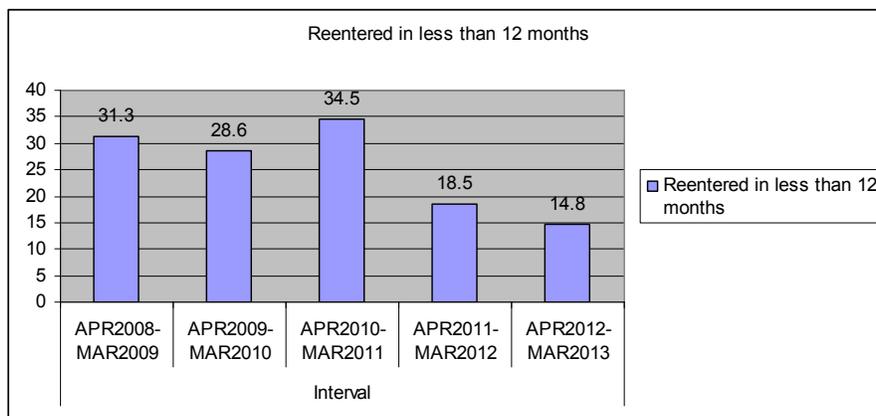
In addition, steady progress has been made in engaging or re-engaging key community partners/stakeholders. Collaborative meetings with law enforcement, Katie A. partnership meetings, and meetings with local alcohol and other drugs partners are now occurring on a regular basis. Additionally, funding streams have been identified to support the development of domestic violence and education liaisons as well as parent partners. The domestic violence liaison started in September and the education liaison and parent partner programs are in development.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR:

C1.4 Re-entry following Reunification

National Standard:	9.9%	
Baseline Quarter 3, 2012:	25.5%	
Quarter 4, 2012:	25%	(8 of 32 children)
Quarter 1, 2014:	14.8%	(4 of 27 children)
Comparison to baseline:	-40.7%	Positive Improvement

TABLE 2: PERCENT OF CHILDREN WHO RE-ENTERED IN LESS THAN 12 MONTHS



Data Source: CWS/CMS 2014 Quarter 2 Extract.

ANALYSIS

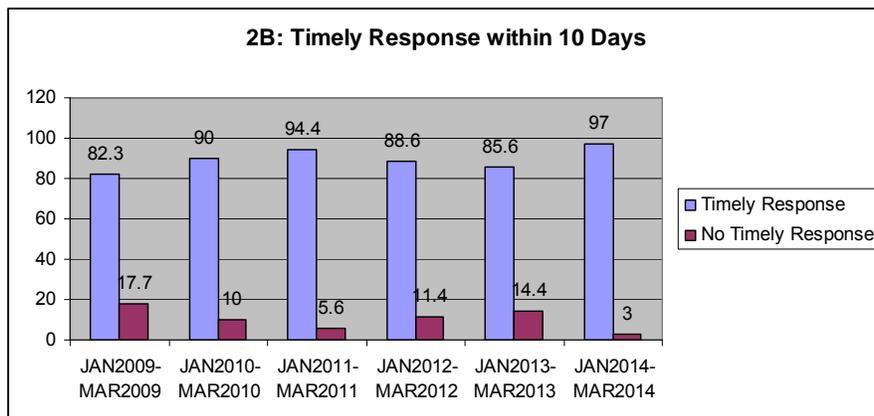
It is the goal of the County and stakeholders to prevent children from re-entering the child welfare system after reunification (page 78 of the CSA). There has been positive improvement in this outcome. Since the baseline in Quarter 3, 2012, the County has improved by 40.7%, decreasing to a 14.8% re-entry rate. This outcome is a positive downward trend towards meeting the National standard of 9.9%. There were many strategies discussed during the CSA process regarding how to reduce re-entry.

This SIP has several strategies that have contributed to improving performance in this outcome. Through the CSA process it was identified that to improve the outcome of re-entry to reunification we needed to strengthen standardization and cohesiveness of the supervisory team and utilization of standardized assessment tools. Creating a common lens of working with families and assessing maltreatment and the possible re-entry of reunification. It was further identified that increasing family engagement, so that families could engage with the social worker and community partners for what services they need would improve this outcome. These have included strengthening the cohesiveness of the child welfare supervisory team; strengthening compliance with standardized assessment tools; increasing family engagement; building community awareness of child abuse and neglect; and working in collaboration with Mental Health partners to increase access to mental health services; and continuing the implementation of a structured system of case review for all families where reunification is being recommended. Over the past year CFS has had frank discussions with community partners and service providers regarding the importance of helping families to develop local, sustainable support systems. Helping families build this “safety net” appears to be a strong contributing factor to preventing re-entry.

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR: 2B TIMELY RESPONSE (10 DAY RESPONSE)

State Goal:	90%	
Baseline Quarter3, 2012:	95.3%	
Quarter 4, 2012:	81%	
Quarter 1, 2014:	97%	
Comparison to Baseline:	+1.7%	Positive Improvement

TABLE 3: TIMELY RESPONSE WITHIN 10 DAYS



Data Source: CWS/CMS 2014 Quarter 2 Extract.

ANALYSIS

It is an expectation of the County that all staff will conduct timely investigations of referral allegations of child abuse and neglect. Since the baseline in Quarter 3, 2012, there has been a positive improvement in this measure, increasing from the baseline of 95.3% to 97%. However, as reflected in table 3 there has been variability throughout the years. A number of systemic barriers were noted in the CSA and strategies were identified to help address this issue. In a small county staff absences or changes in referral volume can greatly impact workflow in a particular unit. The existing front end structure was especially vulnerable to this and unplanned staff absences and/or unanticipated increases in the number of children detained can impact compliance on 10 day referrals. Social workers prioritize work to prepare court petitions and reports and respond to immediate referrals. It was identified that a significant increase in the volume of referrals and detentions will negatively impact the compliance with 10 day referrals. Creating a structure that can better adapt to these unanticipated changes in volume is the key to improving compliance. A workgroup comprised of supervisors and line staff met to review the existing Emergency Response (ER) and Court structures and made recommendations for potential modifications. These recommendations were adopted by the CFS Leadership team and in May 2014 a pilot utilizing the proposed ER/CT structure began. The workgroup will reconvene in November to review and identify lessons learned.

PROBATION

PRIORITY OUTCOME MEASURE OR SYSTEMIC FACTOR:

C1.1 - Reunification (within 12 months) Exit Cohort

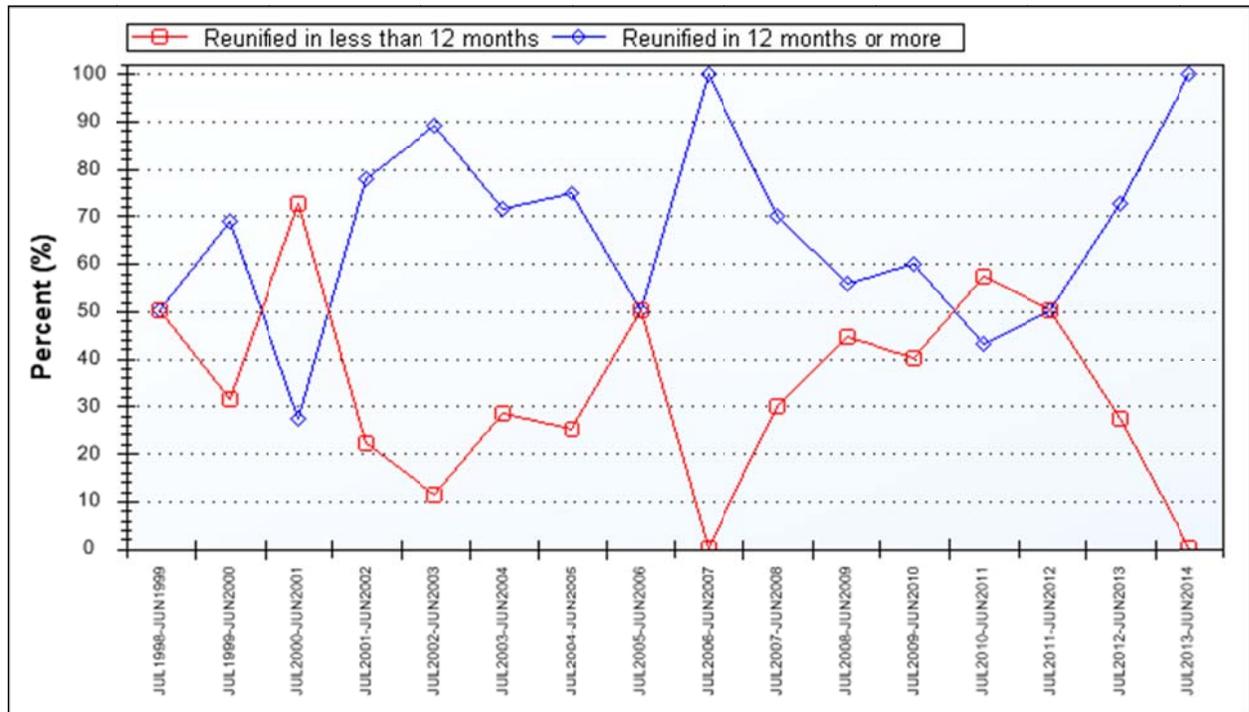
National Standard:	75.2%	
Baseline Quarter 3, 2012:	33.3%	
Quarter 4, 2012:	27.3%	(3 of 11 children)
Quarter 1, 2014:	33.3%	(2 of 6 children)
Comparison to baseline:	0%	No Improvement

TABLE 4: REUNIFICATION WITHIN 12 MONTHS

Quarter 1 2008-2014						
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014
	%	%	%	%	%	%
Reunified in less than 12 months	44.4	40	57.1	50	27.3	0
Reunified in 12 months or more	55.6	60	42.9	50	72.7	100
Total	100	100	100	100	100	100

Data Source: CWS/CMS 2014 Quarter 2 Extract.

TABLE 5: C1.1 TREND 1999-2014 (QUARTER 1)



Data Source: CWS/CMS 2014 Quarter 2 Extract.

ANALYSIS

As a consequence of the practice of graduated sanctions, a recommendation for removal from a child’s home is the intervention of last resort. In addition, the Marin County Probation Department holds a high standard for such a recommendation. In order to meet that criterion, the child’s behavior needs to clearly demonstrate a significant threat to either public safety or themselves, and the parents’ ability to supervise and care for the child is not sufficient. As a result, those children who are placed in out of home care often require intensive services and intervention that extend beyond a 12 month period of time. Finally, another factor contributing to this is the passage of extended foster care legislation, which is impacting the calculations of all involved in determining if reunification is the best plan for a child. It is increasingly likely that more youth will move from a reunification plan to one of independent living. Due to small numbers, it is difficult to accurately measure progress based on percentages alone. As illustrated in the above tables there is great variability in this measure over the years. Since baseline, Probation reunified 27.3% of its youth in 2012-2013. This represents three out of eleven youth (see below). The highest population in care has been eleven youth. Thus Probation’s ability to meet the national goal of 75.2% is challenging. For example, there are 4 youth in care in July 2013 – June 2014 time period. All youth would need to reunify within 12 months to meet the goal.

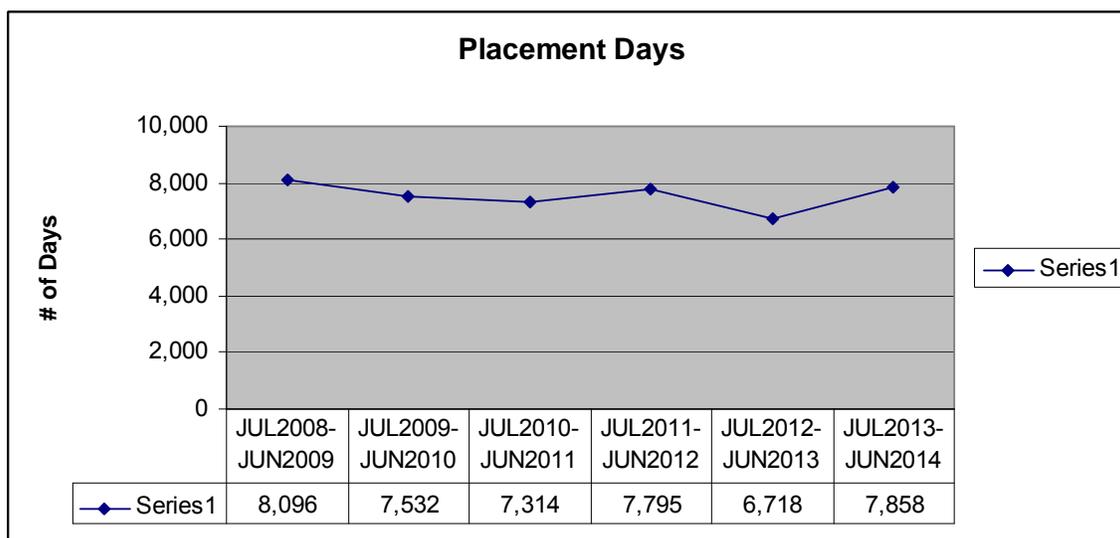
TABLE 6: REUNIFICATION WITHIN 12 MONTHS OVER TIME

COUNT						
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014
	n	n	n	n	n	n
Reunified in less than 12 months	4	4	4	3	3	
Reunified in 12 months or more	5	6	3	3	8	4
Total	9	10	7	6	11	4

Data Source: CWS/CMS 2014 Quarter 2 Extract.

Another way to view this data is by examining length of stay in placement. Since baseline, there has been a slight downward trend in lengths of placements. Most recently, July 2013 – June 2014, youth were in placement for 21.5 months. This is down from 22.2 months in 2008/2009.

TABLE 7: PLACEMENT DAYS



Data Source: CWS/CMS 2014 Quarter 2 Extract.

The chart below shows that the longest length of placement is in group home placements and the shortest is placement with Kin and Foster homes.

TABLE 8: PLACEMENT TYPE

Placement Type						
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014
	n	n	n	n	n	n
Kin	188	356	183	0	361	196
Foster	180	343	406	822	524	104
FFA	273	103	9	0	0	0
Court Specified	584	64	0	0	0	0

Home						
Group	6,871	6,666	6,716	6,973	5,607	5,068
Shelter	0	0	0	0	0	0
Guardian	0	0	0	0	0	0
SILP	0	0	0	0	226	2,490
Other	0	0	0	0	0	0
Missing	0	0	0	0	0	0
Total	8,096	7,532	7,314	7,795	6,718	7,858

Data Source: CWS/CMS 2014 Quarter 2 Extract.

Status of Strategies

CHILD WELFARE (STRATEGIES 1-8)

Strategy 1: Strengthen cohesiveness of the child welfare supervisory team through:

- Identification of common vision and goals
- Consistent use Safety Organized Practice(SOP) tools as part of assessment and supervision
- Consistent use of Structured Decision Making (SDM) Assessment tools during supervision
- Provision of refresher supervisory training and coaching

Analysis

Strategy 1 is intended to improve the following outcomes:

S1.1 - Recurrence of Maltreatment

C1.4 - Re-entry following Reunification

2B - Timely Response (10 day response compliance)

Use of SOP, specifically safety mapping and family team meetings engages families in safety decision making and case planning, thus obtaining their input and opinions. Research has shown when families are engaged in such processes, they are more likely to follow-through with such decisions and case plan goals. Additionally, time is spent to ensure families understand the harm and danger of circumstances that compromise child safety. With families further understanding safety and following through with well-thought-out decisions, they are less likely to experience reentry or recurrence.

This strategy has been effective in improving all three outcome areas. With emphasis placed on strengthening the supervisory team, all outcomes are positively impacted. For S1.1 and C1.4, supervisors are more diligently monitoring SDM tools and integrating SOP techniques into supervision, thus ensuring children are safe at key decision points. Additionally, supervisors' close monitoring of the ER staff's length of time to respond has increased this measure to 97%.

Action Step Analysis:

- A. Bring together supervisory and management team to identify common vision and goals. Utilize SIP to inform development of strategic plan.
- B. Utilize Leadership meetings as an opportunity to promote increased use of SOP tools and consistent use of SDM tools as part of data review, case assessment, and supervision with staff.
- C. Implement strategies identified in the plan with supervisors and staff.
- D. Assess and Evaluate the implementation strategies as part of bi-monthly Leadership Team meetings and track and monitor the increased use of SDM and SOP Tools
- E. Provide supervisor coaching and training.

Analysis:

While there was initial progress made on this strategy including the completion of action step A with a

productive leadership retreat focused on strengthening teamwork and a follow up meeting to discuss SIP strategies in detail where supervisors and staff identified their particular areas of interest. Recent staff transition amongst the CFS leadership team has resulted in a delay as it will be necessary for the County to revisit some of the elements of this strategy again once new staff are in place. The timeframe for action step A has been extended to December 2015. The ongoing progress on SIP strategies will continue to be reviewed monthly at Leadership Team meetings. A Safe Measures refresher course was offered to the leadership team in May 2014 and to all staff June 2014. SDM training was provided for the leadership team in February 2014 and provided to all staff on June 13, 2014. SOP training and coaching takes place monthly and is available for all staff.

Method of Evaluation & Monitoring

This strategy will be assessed by management's observation of Supervisors consistent use of Safe Measures to track staff compliance and the completion of SDM tools. Safe Measures usage can be monitored by the Child Welfare Director, and the completion of SDM tools is tracked in Safe Measures. Safe measures data is reviewed monthly at leadership meetings. SOP tools are utilized during Administrative Review. SOP language is being integrated into referral, investigative narratives, case plans, etc. as a means to facilitate systematic and consistent use of the tool. Supervisors receive regular coaching to assist them in promoting use of SOP with their staff.

Additional Strategies (when applicable)

No new action steps are being added to this strategy, however due to the fact that the County has such a small leadership team action step A will need to be repeated once the new members are in place. The completion date for action step A has been extended to December 2015.

Program Reduction

- None

Strategy 2: Implement a structured system of management case review for all cases where there has been recurrence of maltreatment or re-entry after reunification, and continue implementation of Review Process for all cases preparing for reunification.

Analysis

Strategy 2 is intended to improve the following outcomes:

S1.1 - Recurrence of Maltreatment

C1.4 - Re-entry following Reunification

The Administrative Review process which incorporates SOP mapping helps staff evaluate family strengths as well as any current harm and danger. These discussions inform the development of strong safety plans which ultimately contribute to successful and lasting reunification, thus preventing reentry after reunification and recurrence of maltreatment. The County has changed the plan and the target completion date for the management case review process to align with the Federally required CQI case review process. The completion of action steps A-C has been extended so that they are in alignment with the State funding cycle needed to support the budgetary demands associated with this responsibility.

Action Step Analysis:

- A.** Establish a Management Review Team.

- B. Continue Administrative case reviews.
- C. Track outcomes of reunification cases reviewed at the Administration Review to see if process is reducing re-entry.
- D. Document lessons learned from both Administrative reviews and Management reviews
- E. Review lessons learned from the Management Case Reviews of Recurrence of maltreatment referrals with Leadership Team and identify policies and/or practice changes that are needed
- F. Document policy/practice change and distribute to staff. Provide training as needed.
- G. Evaluate if the changes have improved the outcome

Analysis:

During this period, the Administrative Review Process was refined integrating SOP into the process. As noted above mapping is now a regular part of the review process for all cases where the family is on track for reunification. During the administrative review, notes are kept electronically. The completion of action steps A-C associated with the implementation of the case review process (CQI) have been extended to April 2015 to better align with receipt of the State allocation that will support this new responsibility and creation of new position to oversee the CQI process. The County is in the middle of recruitment for the new supervisory position that will oversee the CQI process and is poised to incorporate lessons learned from Counties currently piloting CQI as it moves forward. A rewording of the strategy to better reflect the work that will occur is listed below:

Implement a system of case review for all cases in accordance with the Federal/State standards incorporating continuous quality improvement (CQI) and continue the implementation of the Administrative Review process for all cases preparing for reunification.

Method of Evaluation & Monitoring

This strategy will be assessed by monitoring and ensuring that there is a decrease in the recurrence rates and a decrease in the number of re-entries into foster care via the CWS/CMS Quarterly outcome reports.

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 3: Expand ongoing compliance with the use of standardized assessment tools and the use of SOP best practices throughout the child welfare continuum.

Analysis

Strategy 3 is intended to improve the following outcomes:

S1.1 - Recurrence of Maltreatment

C1.4 - Re-entry following Reunification

By expanding compliance with SDM and utilizing best practices of SOP, there have been improvements in both S1.1 and C1.4. The use of an evidence based assessment tool at consistent points in a referral or case helps to minimize bias, strengthen case assessments and ensure consistency of decision making across the agency.

Action Step Analysis:

- A. Review and re-issue policy regarding use of standardized assessment tools.
- B. Gather baseline compliance numbers and goals
- C. Provide support to staff and necessary refresher training to staff to ensure compliance with the use of standardized tools.
- D. Provide regular updates to management regarding the compliance levels.
- E. Train staff on utilization of SOP tools to develop effective safety plans that reflect what parents need to maintain the safety of their children in their homes.
- F. Conduct random document reviews to determine that SOP language is incorporated beginning at intake and throughout case (in Case Plans, Court Reports, and other CWS documents.)
- G. Provide additional training to staff on any gaps identified in the review.

Analysis:

There has been progress made on this strategy. As already noted, a refresher SDM training was held for supervisors and managers on 5/27/14 and for staff on 6/3/14. Second, a baseline of compliance numbers and goals were established which completed action Step B. Compliance levels are reviewed every 2 months at the regularly scheduled leadership meetings. SDM policy will be reviewed to ensure that it provides proper guidelines regarding use of tools. With regard to use of SOP, coaching is available for both supervisors and staff on the use of SOP practices. Staff have found this to be very helpful and coaching slots are routinely utilized. It appears that this strategy has been effective in improving both S1.1 and C1.4 as both have improved. Next steps will be to hone in on specific SOP strategies including the utilization of mapping, interviewing, and safety planning. Future SOP trainings will target program areas in order to offer staff more focused support.

Method of Evaluation & Monitoring

Safe Measures has been utilized to establish a baseline to measure compliance with SDM at key points in the case including Safety Assessments, Risk Assessments, and Risk-Reassessments. This will continue to be evaluated over time to track improvement in compliance.

Compliance review for the use of SOP tools will be conducted in supervision, at case review meetings and eventually evidenced in the language in case plans, court reports, and other child welfare documents

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 4: Assess CWS existing ER and CT Unit Structure and make recommendations for structural or system changes to improve flow of ER assignments and improvement in response time for referrals necessitating a response within 10 days.

Analysis

Strategy 4 is intended to improve the following outcomes:

2B Timely Response (10 day referral)

Response time for 10 day referrals has increased to 97%. By assessing the existing ER/Court structure,

the County has been able to improve the compliance by almost 18%.

Action Step Analysis:

- A. Assess existing ER/Court structure, explore how other counties with similar demographics are structured, and identify recommendations for change.
- B. Once recommendations are made a small scale pilot will occur using the proposed new ER/court structure.
- C. After the pilot reconvene work group to make recommendations for modification and expansion of the pilot structure.
- D. Implement large scale changes.
- E. Assess functionality of new structure and review and track impact on ER compliance with 10 day referrals

Analysis:

It was determined that the ER worker's compliance on 10 day referrals was negatively impacted when ER Workers were working on Jurisdictional Court reports. A Court unit with specific social workers assigned the responsibility for completion of Jurisdictional / Dispositional reports removes on the Emergency Response workers of this burden thereby enabling them to focus on timely response to 10 day referrals.

A pilot was developed in February 2014, surrounding counties' ER/Court structures were examined for development of the pilot. Staff were selected for the pilot in May 2014. The pilot is currently in operation. A workgroup will be reconvened to hear staff perspective regarding how the changes are impacting transition of cases and engagement with families. Recommendations for modification and/or expansion of the pilot structure will be reviewed and considered.

Method of Evaluation & Monitoring

This strategy is evaluated through tracking of response times from receipt of the referral.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 5: Increase family engagement through the provision of more systematic facilitated family meetings for families in the emergency response program, incorporating principles of SOP with other best practice models for family conferencing/teaming.

Analysis

Strategy 5 is intended to improve the following outcomes:

S1.1 - Recurrence of Maltreatment

C1.4 - Re-entry following Reunification

Facilitated family meetings create the opportunity to develop a community and family support system at the onset of a child welfare case. They also offer the opportunity to monitor and refine a family's safety plan to help ensure that there is a realistic and workable

plan in place at the time of CFS case closure.

Combining the strategies of Facilitated Family Meetings and the principles of SOP (explained in strategy 3) will enable family meeting participants to better articulate what is working in the family (strengths), identify “worries” and more openly and honestly plan for next steps in a family friendly and focused manner. The focus to engage families in such a manner will also potentially support improved outcomes in Recurrence of Maltreatment and Re-entry following Reunification.

Additionally, the implementation of the Katie A Core Practice Model (strategy 8) encourages family engagement through “teaming” processes which by design will assist in decreasing the rate of re-entry by addressing the behavioral health issues of the children.

This strategy cannot be measured for effectiveness at this point as the timelines for the implementation of action steps will need to be modified.

Action Step Analysis:

- A. Research and review existing family meeting models such as Team Decision Making and Family Group Conferencing and determine model best suited to meet the County’s needs.
- B. Adapt model to incorporate SOP principles.
- C. Develop written policy for use of family meetings.
- D. Train staff and community partners in the family meeting model, providing coaching as needed.
- E. Identify staff to pilot family meeting model.
- F. Conduct a pilot of family meetings
- G. Gather lessons learned from pilot and make needed modifications, implement across the agency.
- H. Evaluate effectiveness of meetings by tracking participation of family and community members and case outcomes.

Analysis:

At this time, the timelines for this strategy need modification. With the focus on other strategies, and the transition of key leadership staff the County will postpone this strategy for one year. The new timelines are outlined in this update. Action steps will begin in February 2015.

Method of Evaluation & Monitoring

The frequency and purpose of Facilitated Family Meetings can be tracked using the new codes that are in CWS/CMS. Satisfaction of families can be evaluated via surveys or focus groups and overall effectiveness should impact recurrence and re-entry rates.

Additional Strategies (when applicable)

- None

Program Reduction

- None

Strategy 6: Build community awareness of child abuse and neglect through the provision of local child welfare data and education about the dynamics of child abuse and neglect. Work in conjunction with Marin Advocates for Children (MAC), Marin’s recipient of Community Based Child Abuse Prevention funds to target and strengthen collaboration with agencies across the County who serve at risk families and children, especially in the services areas of domestic violence and substance abuse treatment where there are identified service gaps/challenges. Building on this strategy is the identification of community partners that can assist families by participating in team meetings and providing needed support and services to the families.

Analysis

Strategy 6 is intended to improve the following outcomes:

S1.1 - Recurrence of Maltreatment

C1.4 - Re-entry following Reunification

Awareness of child abuse and neglect has been steadily increasing in the community through the partnership with MAC. Additionally, the county has identified and established relationships with other key partners such as law enforcement, health, mental health, domestic violence, and education. This past year the Civil Grand Jury issued a report entitled “Shining a Spotlight on Foster Care”. Overall this was a positive assessment of the County’s child welfare system that aimed to increase the awareness of child abuse and neglect in Marin County. This report was followed by an editorial in the local paper again highlighting the needs of at risk families and children in Marin. The implementation of Katie A has brought new partners to the table. In order to help families create a strong system of natural and community supports and rebuild their families’ safety net, partnership with both community members and agencies is essential. Additionally, participation of community partners will be key as the County begins to roll out team decision making or family group conferencing. These initial steps appear to be helping in improving these two outcomes of S1.1 and C1.4. Increasing community awareness of child abuse and neglect, especially among partners who provide essential resources such as AOD treatment or domestic violence services helps strengthen understanding regarding the needs of families and children in the community and ultimately creates a stronger safety net for our children. Stakeholders including parents report that improving the communication and support of the team in the engagement of services that the family needs improves successful family dynamics. Families that have numerous supports are able to rely on those supports to mitigate potential crisis in the family, especially in the case of relapse. The CSA found that many families experienced recurrence of maltreatment and re-entry following reunification due to substance abuse relapse. Surrounding these families with support will assist in improving these outcome measures.

Action Step Analysis:

- A. Identify and reach out to key child and family serving agencies, including Alcohol and Other Drugs and Domestic Violence and initiate dialogue and promote opportunities for increased collaboration and coordination, including participation in team meetings and cross training.
- B. Establish regular collaborative meetings with the Court and key agencies to provide a venue for data sharing, problem resolution, increased engagement, coordination, and agency cross training.
- C. Evaluate whether the action plan was effective in increasing services and/or collaboration with key partners and resulted in improvement in outcomes.

Analysis:

Quarterly meetings have been held with community partners including Center Point, County Mental Health (Katie A. Collaborative meetings), health providers, education, and Law Enforcement. The

County is currently in contract with the local domestic violence agency and a DV Liaison is now on site at the CFS office. Additional progress includes identifying funding streams for an educational liaison and parent partners. Currently discussions are underway to move these positions forward.

Method of Evaluation & Monitoring

Track the number of trainings provided in the community that offer an overview of child abuse/neglect including the specific organizations who received the training(s) and the number of participants who attended.

Analyze the outreach plan to ensure that CFS and its partner agency MAC have targeted and prioritized training for those agencies that are best suited to help reduce existing service gaps identified in the CSA.

Capture the number of times CFS staff present child welfare data and/or overview of child welfare operations to other community groups.

Track the number of cross-trainings received from and provided to partners such as AOD programs and Domestic Violence providers. It was identified in the CSA that the relationships between CFS and partner agencies could be strengthened by the provision of cross training, the creation of ongoing collaborative meeting opportunities, and meaningful participation in family meetings. A list of the community members and service providers who participate in team meetings will be kept and built upon each subsequent year.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 7: Determine the effectiveness of the existing Differential Response (DR) Path 1 model and make appropriate modifications.

Analysis

Strategy 7 is intended to improve the following outcomes:

S1.1 - No Recurrence of Maltreatment

The use of DR is attributed to a better engagement of families in practice, identification of motivations for family change and building on family strengths. In a multi-state evaluation of DR, four states evaluated family satisfaction and engagement. It was reported that families were more satisfied with how they were treated, felt more involved in decision making, connected to the community and that their contact with CPS was beneficial. Notably one state found that in 95% of the cases that were DR, families were included in service planning compared to only 67% of traditional investigations. Social workers felt that families in DR were more cooperative and willing to engage in services than those in traditional investigations. Social workers also felt they treated the clients more respectfully in the DR approach (Child Welfare Information Gateway. (2008). *Differential responses to reports of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services).

A review of our existing DR model will provide an opportunity to assess if the current DR Path

1 model effectively engages families and successfully links them to services in the community. It will further assess if our current practice helps reduce recurrence of maltreatment.

This strategy is not scheduled to be initiated until January 2015. The CSA process identified that there was a need to examine the D.R. program, look at current service providers, and determine if modifications need to be changed in the program.

Action Step Analysis:

- A. Analyze current Differential Response model and its effectiveness in preventing recurrence of maltreatment.
- B. Identify areas that require modification and develop plan of correction. Determine next steps.
- C. Implement changes as identified in B.
- D. Evaluate the program by reviewing its effectiveness in preventing recurrence of maltreatment

Analysis:

This strategy is not scheduled to be initiated until June 2015

Method of Evaluation & Monitoring

Review of existing Path 1 program will help determine the effectiveness of our current model and serve as a means to develop the baseline data needed as we move forward. With limited resources available we will need to determine if a Path 1 or Path 2 model is better suited to meet the needs of our County. In particular, we will review current Path 1 referrals to assess level of client engagement and rate of re-referral. If a new strategy is developed an evaluation component will be identified.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 8: Work in collaboration with Mental Health partners to increase access and linkage to children’s mental health services through implementation of Katie A required practices. Katie A. v. Bonta is a federal class action lawsuit filed on behalf of California foster youth and children at risk of out-of-home placement. In September 2011 the Katie A. settlement agreement was reached which includes:

- Timely screening of all children with open Court Ordered and Voluntary CFS cases
- Completion of mental health assessments and connection to services
- Connection to mental health services

Analysis

This strategy is intended to improve the following outcome:

C1.4 - Re-entry following Reunification

In support of the foundational concepts of Katie A, research reveals that children in foster care have significantly higher mental health issues than the general population. It is estimated that up to 75% of foster children have mental health needs that rise to level of

requiring treatment; however, often children do not receive assessment or treatment. The consequences of not meeting the mental health needs of children in care are lower educational attainment, an increase in placement changes and a decrease in the likelihood to reunify or achieve another form of permanency (Landsverk, J.A., Burns, B.J. Stambaugh, L.F. and Reutz, J.A.R. (2006). *Mental health for children and adolescents in foster care*. Casey Family Programs).

<http://www.casey.org/Resources/Publications/pdf/MentalHealthCareChildren.pdf>

Action Step Analysis:

- A. Develop collaborative forum with mental health partners to increase access and linkage to children's mental health.
- B. Implement collaborative forum and utilize forum to develop protocols and policies for staff in each agency, CFS and Mental Health to implement Katie A. required practices.
- C. Cross train staff regarding policies and protocols.
- D. Implement policies and protocols that serve children in need of mental health services.
- E. Through collaborative forum, monitor process and modify as needed.
- F. Track number of children served and outcomes of children receiving required mental health services.

Analysis:

Steady progress has been made towards the completion of this Action Step. Policies and procedures are in place outlining steps required to facilitate completion of screenings as required by Katie A. and Children's Mental Health has procedures in place to ensure timely completion of assessments. Marin County's small size makes it relatively easy to tract compliance with policies and ensure that children are included in the sub-class and connected with Mental Health services as needed. Regular meetings are in place with Children's Mental Health to troubleshoot any challenges. Quarterly partnership meetings are well attended with a good representation of stakeholders including parents, youth, caregivers, ILP providers, mental health partners, line staff, and others. An overview of Katie A was also presented at a foster parent training over the summer.

Method of Evaluation & Monitoring

As there are new mandates regarding implementation of the Katie A Core Practice Model, it is expected that there will be data entry requirements. It is also anticipated that CDSS will require counties to submit reports detailing the use of services to ensure counties are following the new requirements of Katie A.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

PROBATION

Strategy 9: Assess the effectiveness of the parent support program and make recommended modifications.

Analysis

This strategy is intended to impact the following strategy:

C1.1 - Reunification within 12 months

The Probation Department is investigating the availability of funds to supplement the existing Parent Support Group program by offering additional support in the form of a case manager to respond to the needs, questions, and concerns of parents of youth while they are in foster care. One of the lessons learned from the recent focus groups conducted with parents was that some of them do not have enough support or information and experience both stress and anxiety as a result. The Deputy Probation Officers assigned to their child's case must dedicate the majority of their time to managing the placement, and only can provide the parents with the time that remains after those tasks are taken care of. An additional goal of this position will be to encourage the parents to take the time and energy to address whatever issues they may have that contributed to the need for the child to be removed from their home. Parent education classes (beyond the monthly support group sessions), drug and alcohol treatment, individual counseling or mental health treatment might be offered to the parents so that the child can be returned to their home as soon as possible and remain safe and healthy. Particularly in cases where the removal of the child was in part due to the parent's inability to provide a safe environment, such services may eliminate that concern and allow the Juvenile Court to return the child within the 12 months.

Action Step Analysis:

- *Revisions to the action steps and/or timeframes including an explanation of all revisions including obstacles or barriers preventing or delaying a strategy and action step from timely completion.*
- *Modifications made to address obstacles or barriers.*
- *Lessons learned as well as successes encountered during implementation.*
- A. Identify an organization to assist in the assessment, including recommendations for modifications to the Parent Support Group.
- B. Organization to conduct interviews with Probation Officers, facilitators of the group, and families to determine what is working and what isn't.
- C. Develop a plan to modify the parent support group based on the feedback.
- D. Implement the plan.
- E. Conduct interviews with Probation Officers, facilitators of the group, and families to determine if changes have been successful.
- F. Make modifications as necessary.

Analysis:

Shared Vision Consultants, was contracted with to assess and make recommendations for modifications to the Parent Support Group. Focus groups and individual interviews have been conducted and recommendations were made.

Method of Evaluation & Monitoring

- *Method of evaluation and/or monitoring of strategies and action steps.*

Focus groups with parents can identify the parents' perception of the effectiveness of the program. Interviews and/or surveys conducted with probation officers can reveal if they are seeing any difference in case management when parents are better supported and engaged in their child's case plan. Tracking the time to reunification can also assist in evaluating the effectiveness of the program long-term.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Strategy 10: Actively explore strategies to engage youth and identify best practices for implementation

Analysis

This strategy is intended to impact the following strategy:

C1.1 - Reunification within 12 months

Action Step Analysis:

- A. Visit programs such as V.O.I.C.E.S and CHALK to identify the program that could best meet the needs of Marin County.
- B. Develop a plan to implement a youth engagement program that is realistic within budgetary and staffing constraints.
- C. Develop training for staff and community partners to assist in the implementation of the plan.
- D. Implement the plan.
- E. Evaluate the effectiveness of the plan by way of surveys and focus groups.

Analysis:

After thoroughly assessing both programs, staff determined that neither program was viable for a County such as ours with a very small number of youth on probation. While our existing system has a planned "re-entry" process in which returning youth are introduced to a variety of services and supports, there is not always a dedicated case manager identified to ensure cases do not fall "between the cracks", such as when one Deputy Probation Officer creates a re-entry plan and then transfers the case to another. As a result, the Probation Department will seek funding to dedicate a 0.5 FTE position to be responsible for developing, managing and implementing a full re-entry plan for youth returning from foster care.

Method of Evaluation & Monitoring

- Method of evaluation and/or monitoring of strategies and action steps.
- Satisfaction surveys and focus groups will be conducted.

Additional Strategies (when applicable)

- None needed

Program Reduction

- None

Obstacles and Barriers to Future Implementation

None

Promising Practices/ Other Successes

These have already been addressed in this report.

Outcome Measures not meeting State/National Standards

An analysis of all outcomes for Child Welfare does not reveal any consistent underperforming measures. Upon review of the Quarter 1, 2014 data report, there are some outcomes that have changed since the implementation of the SIP. Other than the outcomes that are currently being addressed in the SIP, none of these outcomes will be added, but the county will continue to monitor with assistance from the California Department of Social Services.

C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

Quarter 1, 2014 shows a slightly lower performance at 50% (6 of 12 children) than the national goal of 53.7%. Although a decrease from the baseline of 62.5%, the low numbers of children reflected in this measure results in large fluctuations of performance when measured by percentages. However this does not appear to be a consistently underperforming measure when looking at the data over time. Annual data shows that the County only underperformed in the 2011/2012 year, but the following year increased to 85.7% of children adopted within 12 months, well above the national standard.

COUNT					
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013
	n	n	n	n	n
Adopted in less than 12 months	6	5	4	8	12
Not adopted within 12 months	2	2	2	9	2
Total	8	7	6	17	14
PERCENT					
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013
	%	%	%	%	%
Adopted in less than 12 months	75	71.4	66.7	47.1	85.7
Not adopted within 12 months	25	28.6	33.3	52.9	14.3

Data Source: CWS/CMS 2014 Quarter 2 Extract.

C3.3 IN CARE 3 YEARS OR LONGER

The federal goal for this measure is 37.5%. The baseline performance was 72.7%. In Quarter 1, 2014, 100% of youth in this measure remained in care 3 or more years. However, this reflects only 1 youth. Thus, although the measure reflects a negative status, the low number does not

reveal a negative trend per se. In fact in 2013/2014, there were no youth in care for more than 3 years.

COUNT						
	JUL2008-JUN2009	JUL2009-JUN2010	JUL2010-JUN2011	JUL2011-JUN2012	JUL2012-JUN2013	JUL2013-JUN2014
	n	n	n	n	n	n
In care less than 3 years	4	2	3	3	3	0
In care 3 years or longer	6	5	3	1	2	0
Total	10	7	6	4	5	0
PERCENT						
	JUL2008-JUN2009	JUL2009-JUN2010	JUL2010-JUN2011	JUL2011-JUN2012	JUL2012-JUN2013	JUL2013-JUN2014
	%	%	%	%	%	%
In care less than 3 years	40	28.6	50	75	60	0
In care 3 years or longer	60	71.4	50	25	40	0
Total	100	100	100	100	100	0

Data Source: CWS/CMS 2014 Quarter 2 Extract.

PROBATION

C1.3 REUNIFICATION WITHIN 12 MONTHS

This measure is closely related to C1.1, which is the County focus for this SIP. C1.3 was addressed in Probation's previous SIP. As reflected below in the table, there are very few youth in Reunification; no more than 5 in any given year. The baseline in 2009 was 0%, so essentially there has been improvement over the past 3 years. Quarter 1, 2014 is back to 0%.

COUNT				
	JUL2009-DEC2009	JUL2010-DEC2010	JUL2011-DEC2011	JUL2012-DEC2012
	n	n	n	n
Still in care	5	3	2	2
Total	5	4	2	5

Data Source: CWS/CMS 2014 Quarter 2 Extract.

4B LEAST RESTRICTIVE PLACEMENTS – FIRST ENTRY AND POINT IN TIME

There appears to be no improvement in the number of Kin placements. This has consistently been low. The vast majority of probation first entries are placed in group home settings. Point in Time data show that more youth are being moved to SILPs, but the Kin Placements are minimal.

FIRST ENTRY

Placement Type	Interval					
	JUL2008- JUN2009	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014
	n	n	n	n	n	n
Kin	1	0	0	0	1	0
Foster	1	2	0	0	1	1
FFA	0	0	0	0	0	0
Group	1	6	9	11	9	5
SILP	0	0	0	0	0	0
Total	3	8	9	11	11	6

Data Source: CWS/CMS 2014 Quarter 2 Extract.

POINT IN TIME (JULY 1ST)

Placement Type	Point In Time					
	1-Jul-09	1-Jul-10	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14
	n	n	n	n	n	n
Kin	0	2	0	0	2	0
Foster	0	1	2	2	1	1
FFA	1	0	0	0	0	0
Court Specified Home	2	0	0	0	0	0
Group	17	19	20	21	11	13
Non-FC	0	0	3	1	3	0
Transitional Housing	0	0	0	0	0	0
Guardian - Dependent	0	0	0	0	0	0
Guardian - Other	0	0	0	0	0	0
Runaway	1	3	2	1	1	1
SILP	0	0	0	0	3	9
Other (?)	3	2	.	2	1	1
Total	24	27	27	27	22	25

Data Source: CWS/CMS 2014 Quarter 2 Extract.

State and Federally Mandated Child Welfare/Probation Initiatives

Marin County is dedicated to providing appropriate services to the After 18 population and continues to provide a robust Independent Living Skills program and Transitional Services for both child welfare and probation youth. As of November 18, 2014, the Probation Department provides services to nine young adults in the After 18 Program, while 14 are currently eligible but not suitable for services.

As indicated in strategy 8, we continue to implement Katie A services for sub class members and ensure the provision of appropriate mental health services.

Marin County is not a California Partners for Permanency County.

Marin County is not a Title IV-E Child Welfare Waiver Demonstration Capped Allocation project.

Marin County is not participating in any State corrective action plans.

This SIP is demonstrating how the county is contributing to the successful achievement of California's goals for outcomes for children and families.

Marin County is not receiving any technical assistance from the National Resource Center Training and Technical Assistance.

Attachment 1: 5 – Year SIP Chart

<p>Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment</p> <p>National Standard: 94.6%</p> <p>CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), of the 126 children who had substantiated referrals, 108 had no recurrence of maltreatment. This is an 85.7% rate of no recurrence.</p> <p>Current Performance: 91.7% (CWS/CMS 2014 Quarter 1 Extract)</p> <p>Target Improvement Goal: Marin County will improve its performance on this measure from 85.7% to 95%, Based on Quarter 4 numbers – this would represent at least resulting in 12 more children not experiencing a recurrence of maltreatment.</p>														
<p>Priority Outcome Measure or Systemic Factor: C1.4 Re-entry following Reunification</p> <p>National Standard: 9.9%</p> <p>CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), of the 32 children who were discharged from foster care to reunification, 8 re-entered within 12 months from their earliest discharge. This is a 25.5% rate of re-entry within 12 months.</p> <p>Current Performance: 14.8% (CWS/CMS 2014 Quarter 1 Extract)</p> <p>Target Improvement Goal: Marin County will improve performance on this measure from 25.5% to 10%. Based on Quarter 3 numbers this would represent at least three, resulting in 3 less children reentering within 12 months.</p>														
<p>Priority Outcome Measure or Systemic Factor: 2B Timely Response (10 day response)</p> <p>National Standard: N/A</p> <p>State Goal: 90%</p> <p>CSA Baseline Performance: Below is the trend over the past six years.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Quarter</th> <th style="padding: 5px;">JAN2008- MAR2008</th> <th style="padding: 5px;">JAN2009- MAR2009</th> <th style="padding: 5px;">JAN2010- MAR2010</th> <th style="padding: 5px;">JAN2011- MAR2011</th> <th style="padding: 5px;">JAN2012- MAR2012</th> <th style="padding: 5px;">JAN2013- MAR2013</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Timely Response</td> <td style="padding: 5px;">88.5%</td> <td style="padding: 5px;">82.3%</td> <td style="padding: 5px;">90%</td> <td style="padding: 5px;">94.4%</td> <td style="padding: 5px;">88.6%</td> <td style="padding: 5px;">85.6%</td> </tr> </tbody> </table> <p>Current Performance: 97% (CWS/CMS 2014 Quarter 1 Extract)</p> <p>Target Improvement Goal: Marin County will maintain its performance on this measure by maintaining a 90% or greater rate each month.</p>	Quarter	JAN2008- MAR2008	JAN2009- MAR2009	JAN2010- MAR2010	JAN2011- MAR2011	JAN2012- MAR2012	JAN2013- MAR2013	Timely Response	88.5%	82.3%	90%	94.4%	88.6%	85.6%
Quarter	JAN2008- MAR2008	JAN2009- MAR2009	JAN2010- MAR2010	JAN2011- MAR2011	JAN2012- MAR2012	JAN2013- MAR2013								
Timely Response	88.5%	82.3%	90%	94.4%	88.6%	85.6%								

5 – Year SIP Chart Child Welfare

Strategy 1: Strengthen cohesiveness of child welfare supervisory team.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1-Recurrence of Maltreatment</i> <i>C1.4-Re-entry following Reunification</i> <i>2B- Timely Response (10 day response compliance)</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Bring together supervisory and management team to identify common vision and goals. Utilize SIP to inform development of strategic plan.	January 2014 – March 2014 December 2015	Program Manager II
B. Utilize Leadership meetings as an opportunity to promote increased use of SOP tools and consistent use of SDM tools as part of data review, case assessment, and supervision with staff.	April 2014 and monthly thereafter	Program Managers
C. Implement strategies identified in the plan with supervisors and staff.	June 2014 March 2016	Program Managers
D. Assess and Evaluate the implementation strategies as part of bi –monthly Leadership Team meetings and track and monitor the increased use of SDM and SOP Tools	August 2014 and monthly thereafter	Program Managers
E. Provide supervisor coaching and training.	June 2014 and ongoing	Training Supervisor, Bay Area Academy, Consultant

<p>Strategy 2: Implement a structured system of management case review for all cases where there has been recurrence of maltreatment, or re-entry after reunification, and continue implementation of Administrative Review Process for all cases preparing for reunification.</p> <p><i>Implement a system of case review for all cases in accordance with the Federal/State standards incorporating continuous quality improvement (CQI) and continue the implementation of the Administrative Review process for all cases preparing for reunification.</i></p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p><i>S1.1-Recurrence of Maltreatment</i> <i>C1.4-Re-entry following Reunification</i></p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Establish a Management Review Team.	January 2014 April 2015	Program Manager
B. Develop case review policy and protocol and review with staff.	January 2014 February 2014 May 2015	Program Manager
C. Implement case review process.	March 2014 June 2015	Program manager and assigned lead
D. Continue Administrative case reviews.	January 2014-ongoing	Lead worker and Program Manager
E. Track outcomes of reunification cases reviewed at the Administration Review to see if process is reducing re-entry.	June 2014 and quarterly thereafter March 2015 and quarterly thereafter	Lead worker and Program Manager
F. Document lessons learned from both Administrative reviews and case reviews	June 2014 and quarterly thereafter January 2016 and quarterly thereafter	Program Manager
G. Review lessons learned from the Case Reviews with Leadership Team and identify policies and/or practice changes that are needed	January 2015 June 2016	Program Manager
H. Document policy/practice change and distribute to staff. Provide training as needed.	June 2015 December 2016	Program Manager
I. Evaluate if the changes have improved the outcome	January 2017 January 2018	Program Manager

Strategy 3: Expand ongoing compliance with the use of standardized assessment tools and use of SOP best practices throughout the child welfare continuum.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1-Recurrence of Maltreatment</i> <i>C1.4-Re-entry following Reunification</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Review and re-issue policy regarding use of standardized assessment tools.	January 2014 - March 2014 Completed	Program Manager and SDM Lead
B. Gather baseline compliance numbers and goals	March 2014 Completed	Program Manager and SDM Lead
C. Provide support to staff and necessary refresher training to staff to ensure compliance with the use of standardized tools.	April - May 2014 Completed	SDM Staff Lead in conjunction with Training Supervisor and Unit Supervisors
D. Provide regular updates to management regarding the compliance levels.	March 2015 and quarterly thereafter	Program Managers
E. Train staff on utilization of SOP tools to develop effective safety plans that reflect what parents need to maintain the safety of their children in their homes.	June 2014 and on an as needed basis	Training Supervisor, SOP Lead, Bay Area Academy
F. Conduct random reviews to determine that SOP language is incorporated beginning at intake and throughout the case (in Case Plans, Court Reports, and other CWS documents.)	June 2016 - December 2016	Training Supervisor, SOP Lead, Bay Area Academy
G. Provide additional training to staff on any gaps identified in the Review.	February 2017 and ongoing	Training Supervisor, SOP Lead, Bay Area Academy

Strategy 4: Assess existing ER/Court structure and make recommendations for changes to improve flow of ER assignments.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>2B Timely Response (10 day referral)</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Assess existing ER/Court structure, explore how other counties with similar demographics are structured, and identify recommendations for change.	Jan 2014 – September 2014 Completed	ER & Ongoing Supervisor
B. Once recommendations are made a small scale pilot will occur using the proposed new ER/court structure.	September 2014 - June 2015 Underway	ER & Ongoing Supervisor
C. After the pilot reconvene work group to make recommendations for modification and expansion of the pilot structure.	February 2015 - July 2015	ER & Ongoing Supervisor
D. Implement large scale changes.	January 2016 - June 2016	ER & Ongoing Supervisor
E. Assess functionality of new structure and review and track impact on ER compliance with 10 day referrals	August 2015 and ongoing	Supervisors & Managers

Strategy 5: Increase family engagement through the provision of more systematic facilitated family meetings incorporating principles of Safety Organized Practice with other best practice models for family conferencing/teaming.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1-Recurrence of Maltreatment</i> <i>C1.4-Re-entry following Reunification</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Research and review existing family meeting models such as Team Decision Making and Family Group Conferencing and determine model best suited to meet the County's needs.	January 2014 – June 2014 February 2015 – July 2015	Training Supervisor and Leadership Team
B. Adapt model to incorporate SOP principles.	July 2014 – January 2015 August 2015 – February 2016	Manager and Training Supervisor
C. Develop written policy for use of family meetings.	January 2015 – June 2015 February 2016 – July 2016	Manager and Training Supervisor
D. Train staff and community partners in the family meeting model, providing coaching as needed.	June 2015 – September 2015 and ongoing July 2016 – October 2016	Training Supervisor and staff lead
E. Identify staff to pilot family meeting model.	September 2015 – November 2015 October 2016 – December 2016	Training Supervisor and staff lead
E. Conduct a pilot of family meetings	November 2015 – January 2016 January 2017 – March 2017	Staff and Community members
F. Gather lessons learned from pilot and make needed modifications, implement across the agency.	January 2016 – December 2016 April 2017 – March 2018	CFS Leadership Team, Staff and Community members
F. Evaluate effectiveness of meetings by tracking participation of family and community members and case outcomes.	December 2014 and quarterly thereafter June 2018 and quarterly thereafter	CFS staff TBD

Strategy 6: Build community awareness of child abuse and neglect through the provision of local child welfare data and mandated reporter training. Strengthen collaboration with agencies across the County who serve at risk families and children, especially in the services areas of domestic violence and substance abuse treatment where there are identified service gaps/challenges.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 No Recurrence of Maltreatment</i> <i>C1.4-Re-entry following Reunification</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify and reach out to key child and family serving agencies, including Alcohol and Other Drugs and Domestic Violence and initiate dialogue and promote opportunities for increased collaboration and coordination, including participation in team meetings and cross training.	February 2014 and ongoing Completed and ongoing	Program Manager I & II
B. Establish regular collaborative meetings to provide a venue for data sharing, problem resolution, increased engagement, coordination, and agency cross training.	March 2014 - June 2014 monthly June 2014 quarterly ongoing Completed and ongoing	Program Managers, Supervisors, PHNs
C. Evaluate whether action plan was effective in increasing services and/or collaboration with key partners and resulted in improvement in outcomes.	January 2015 and quarterly ongoing	Program Manager II

Strategy 7: Review and evaluate the Differential Response model currently in practice to determine effectiveness and make modifications as determined appropriate.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>S1.1 No Recurrence of Maltreatment</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Analyze current Differential Response model and its effectiveness in preventing recurrence of maltreatment.	June 2015 - December 2015	Program Manager and Supervisor
B. Identify areas that require modification and develop plan of correction. Determine next steps.	January 2016 - March 2016	Program Manager and Supervisor
C. Implement changes as identified in B.	April 2016 - June 2016	Program Manager, Supervisor, Staff
D. Evaluate the program by reviewing its effectiveness in preventing recurrence of maltreatment	June 2017 - June 2018	Program Manager

Strategy 8: Work in collaboration with Mental Health partners to increase access and linkage to children’s mental health services through implementation of Katie A required practices: <ul style="list-style-type: none"> ● Timely screening and of all children with open CFS cases (VFM,FM,RR) ● Completion of mental health assessments and connection to services ● Connection to mental health services 	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Re-entry following Reunification
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop collaborative forum with mental health partners to increase access and linkage to children’s mental health.	January 2014 Completed and ongoing	Program Manager and Children’s Mental Health
B. Implement collaborative forum and utilize forum to develop protocols and policies for staff in each agency, CFS and Mental Health to implement Katie A. required practices.	January 2014 - June 2014 Partially completed	Program Manager and Children Mental Health
C. Cross train staff regarding policies and protocols.	May 2014 - December 2014 Completed and ongoing	Program Manager and Children’s Mental Health Staff, Training Supervisor
D. Implement policies and protocols that serve children in need of mental health services.	January 2015	Program Manager and Children’s Mental Health
E. Through collaborative forum, monitor process and modify as needed.	January - June 2015 and ongoing	Program Manager, Children’s Mental Health and collaborative forum partners
F. Track number of children served and outcomes of children receiving required mental health services.	January 2016 and yearly there after	Program Manager

5 – Year SIP Chart Probation

Priority Outcome Measure or Systemic Factor: C1.1 - Reunification within 12 months) Exit Cohort

Of all children discharged from foster care to reunification during the year who 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 from the home?

National Standard: 75.2%

CSA Baseline Performance: According to the Quarterly Data Report (Quarter 3, 2012), of the 6 children who were discharged from foster care to reunification, 2 were reunified within 12 months from their latest removal. This is a 33.3% rate of reunification within 12 months.

Current Performance: 33.3% (CWS/CMS 2014 Quarter 1 Extract)

Target Improvement Goal: Marin County Juvenile Probation will improve performance on this measure from 33.3% to 75.2%, resulting in more children reunifying.

Strategy 9: There is an existing parent support group that meets monthly. This strategy is designed to enhance the success of this program.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>C1.1 Reunification within 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Identify an organization to assist in the assessment, including recommendations for modifications to the Parent Support Group.	December 2013- January 2014 Completed	Juvenile Division Director
B. Organization to conduct interviews with Probation Officers, facilitators of the group, and families to determine what is working and what isn't.	January 2014 - March 2014 Completed	Juvenile Division Director
C. Develop a plan to modify the parent support group based on the feedback.	March 2014 - June 2014 Completed	Juvenile Division Director
D. <u>Develop a plan for engaging foster youth and their families through the use of a dedicated case manager who would be responsible for providing support services to parents whose youth are in placement.</u>	January 2015 –March 2015	Juvenile Division Director
E. Implement the plan.	July – December 2014 In progress to be completed by July 2015	Placement Supervisor
F. Conduct interviews with Probation Officers, facilitators of the group, and families to determine if changes have been successful.	September 2015	Juvenile Division Director
G. Make modifications as necessary	March 2016 and ongoing	Placement Supervisor

Strategy 10: Explore and implement strategies to engage youth.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <i>C1.1 Reunification within 12 months</i>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Visit programs such as V.O.I.C.E.S and CHALK to identify the program that could best meet the needs of Marin County.	June 2014 - September 2014 Completed and determined that neither program would be practical in Marin County given the few number of youth interested in the services	Juvenile Division Director
B. Develop a plan to implement a youth engagement program that is realistic within budgetary and staffing constraints.	September 2014 – January 2015	Juvenile Division Director
B . Develop training for staff and community partners to assist in the implementation of the plan. <u>Develop a plan for engaging a foster youth(s) and their families through the use of a dedicated case manager who would be responsible for:</u> <u>offer support services to youth returning from placement, whether they remain on probation or not</u>	February 2015 January to March 2015	Juvenile Division Director
C. Implement the plan by <u>contracting with a provider to deliver services described above.</u>	March 2015 July 2015	Placement Supervisor Juvenile Division Director