

# California - Child and Family Services Review

## County Self-Assessment



## California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

<b>County</b>	Monterey
<b>SIP Period Dates</b>	2014-2019
<b>Outcome Data Period</b>	CWS/CMS 2013 Quarter 2 Abstract Data

### County Child Welfare Agency Director

<b>Name</b>	Robert Taniguchi
<b>Signature*</b>	
<b>Phone Number</b>	831-755-4474
<b>Mailing Address</b>	1000 S. Main St., Suite 205 Salinas, CA 93901

### County Chief Probation Officer

<b>Name</b>	Manuel Real
<b>Signature*</b>	
<b>Phone Number</b>	831-755-3913
<b>Mailing Address</b>	20 E. Alisal Salinas, CA 93901

### Public Agency Designated to Administer CAPIT and CBCAP

<b>Name</b>	Elliott Robinson
<b>Signature*</b>	
<b>Phone Number</b>	831-755-4434
<b>Mailing Address</b>	1000 S. Main St., Suite 205 Salinas, CA 93901

### Board of Supervisors (BOS) Signature

<b>BOS Approval Date</b>	Not Required
<b>Name</b>	
<b>Signature*</b>	

**Mail the original Signature Sheet to:**

Children's Services Outcomes and Accountability Bureau  
 Attention: Bureau Chief  
 Children and Family Services Division  
 California Department of Social Services  
 744 P Street, MS 8-12-91  
 Sacramento, CA 95814

\*Signatures must be in blue ink

## Contact Information

Child Welfare Agency	Name	Daniel Bach
	Agency	DSS-FCS
	Phone & E-mail	831-796-3525 bachd@co.monterey.ca.us
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
Probation Agency	Name	Norma Acevas
	Agency	Probation
	Phone & E-mail	831-755-3923 acevesn@co.monterey.ca.us
	Mailing Address	1422 Natividad Road Salinas, CA 93906
Public Agency Administering CAPIT and CBCAP  (if other than Child Welfare)	Name	Elliott Robinson
	Agency	DSS
	Phone & E-mail	831-755-4434
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
CAPIT Liaison	Name	David Maradei
	Agency	CAPC
	Phone & E-mail	831-755-4737 maradeid@co.monterey.ca.us
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
CBCAP Liaison	Name	David Maradei
	Agency	CAPC
	Phone & E-mail	831-755-4737 maradeid@co.monterey.ca.us
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901
PSSF Liaison	Name	Daniel Bach
	Agency	DSS-FCS
	Phone & E-mail	831-796-3525 bachd@co.monterey.ca.us
	Mailing Address	1000 S. Main St., Suite 205 Salinas, CA 93901

# Continuously Improving Child Welfare in Monterey County



Because we care.  
Because our work matters.  
And because when we do our job well,  
children are safer and families are  
stronger in Monterey County

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## Acknowledgements

The Monterey County Department of Social Services would like to thank all of our interagency partners, Family and Children's Service (FCS) staff, Probation staff, Community Partners, youth and consumers who participated in the COAS process. The Self-Assessment Report and System Improvement Plan cannot be completed without oversight, and dedication of the Monterey County Children's Council, the System of Care Governance Council, community partner stakeholders, members of FCS's Data and Statistics Group, members of FCS and Probation Management Teams and the members of the Self-Assessment and System Improvement Plan Teams. The Self-Assessment represents many hours of analysis, discussion, and hard work in order to improve outcomes for the children and families of Monterey County.



### **Monterey County Board of Supervisors**

**District 1, Fernando Armenta**

**District 2, Louis Calcagno**

**District 3, Simon Salinas**

**District 4, Jane Parker**

**District 5, Dave Potter**



### **Monterey County Department of Social Services**

**Elliott Robinson, Director**

**Robert Taniguchi, Branch Director, Family and Children's Services**

**Monterey County Probation Department**

**Manuel Real, Chief Probation Officer**

**Todd Keating, Juvenile Division Director**

## Introduction

Pursuant to Assembly Bill 636 (Chapter 678, The Child Welfare System Improvement and Accountability Act of 2001), the Child Welfare Outcomes and Accountability System to improve child welfare outcomes for children and their families in California was established. This system includes continuous quality improvement, interagency partnerships, community involvement, and public reporting of program outcomes. It provides a means to objectively measure county performance in administering child welfare services, a protocol for assessing needs and strengths to improve that performance, and a mandate to plan for continuous improvement. The California Child and Family Services Review (C-CFSR) includes;

- County Self-Assessment (CSA) which also includes a peer review
- System Improvement Plan (SIP)
- Yearly review and updates

Office of Child Abuse Prevention (OCAP) was integrated into the C-CFSR in 2008-2009 to fulfill some of CAPIT, CBCAP, PSSF requirements for a needs assessment which was previously included in the OCAP 3 year plan. Further integration will occur during the development and submission of our SIP.

Monterey County is proud to submit this self-assessment of our local Child Welfare System. This document provides for a thoughtful and introspective review of our community's Child Welfare and Probation system. Through this process of reviewing environmental factors impacting Child Welfare/Probation; review of local performance data and the ability to gather personal feedback from those most involved with Child Welfare/Probation; with a goal of supporting /Probation and our partners in caring for vulnerable and at-risk youth we serve; we work towards continuously improving outcomes for those we serve.

Like other counties in California Monterey County has faced recent circumstances that in Monterey County have posed unique challenges, Across the state and nation challenges resulting from economic changes, unemployment, household declining income, implementation of the Affordable Care Act and various system changes are just starting to tip the scales. Funding changes, implementation of new mandated programs, and the development of new and promising practices continue to impact our network of partners. As a result our system still remains vulnerable.

Contained in the following pages, the reader will review many data points and demographics. In summary, since the last CSA, Monterey County is continuing to grow and the fastest growing population is those of Hispanic/Latino Origin. We see increased median and average age, but decreased average household income. We see recovery in home values but struggles with homelessness. We see decreased teen births and increased public assistance. These changing demographics inevitably impact reports to Child Welfare. Since the last CSA we see decreasing referrals but increasing first entries for youth 0-4. We see little to no change in age and or ethnicity reported to the department. We see overall foster care numbers that had decreased starting to climb, but we also see the number of older youth in care absorbing some of that growth as Transition Age Youth. Some limited forecasting shows that we will be increasing in our overall workload by volume and by legislated requirements.

These changes will require more attention to CQI and data management to ensure continued performance and improvement.

## C-CFSR Planning Team & Core Representatives

### C-CFSR PLANNING TEAM

Robert Taniguchi, Director	DSS-FCS
Christine Lerable, Program Manager	DSS-FCS
Emily Nicholl, Program Manager	DSS-FCS
Daniel Bach, MAIII	DSS-FCS
Ginger Pierce, MAIII	DSS-FCS
Eileen Esplin, MAII	DSS-FCS
Karen Clampitt, MAII	DSS-FCS
Todd Keating, Director	Probation
Greg Glazzard, PSM	Probation
Norma Aceves, MA	Probation
Adreanna Riley	Bay Area Academy
Jenifer Cannell	Bay Area Academy
Sarah Davis	CDSS O&A
Irma Munoz	CDSS OCAP
Lisa Molinar	Consultant-Peer Review

### CORE REPRESENTATIVES

Monterey County's core team is represented by our System of Care Governance Council, which consists of members from different disciplines and responsibilities'.

Representation consists of the following categories:

#### **Monterey County Health Department, Behavioral Health Division**

- Sid Smith-Children's Deputy Director
- Tom Berg-Manager
- Dana Edgull –Manager

#### **Monterey County Health Department, Admin Division**

- Krista Hanni – Manager

**Monterey County Health Department, Public Health Division**

- Anne Reeves-Supervising PHN
- Dyan Aspostolos–Manager

**Department of Social and Employment Services, Family and Children’s Services**

- Robert Taniguchi- Director
- Daniel Bach-Senior Analyst
- Christine Lerable-Program Manager

**Probation Department, Juvenile Justice Division**

- Todd Keating-Director
- Greg Glazzard-Manager
- Norma Aceves-MA

**Educational Representatives**

- Gary Vincent- Alternative Programs; Director II
- Denise Lang- Foster Youth Services Coordinator

**Family Representatives**

- Karen Hart
- Yessica Rincon

**Community-Based Family and Youth Organizations**

- David Maradei- CAPC

**Community-Based Organization(s) addressing Alcohol and/or Drug Use**

- Chris Shannon - Door to Hope
- Carolina Cortez- Door to Hope
- Kim Batiste-Reed – Mentor Moms

**First Five Monterey County**

- Francine Rodd

**THE CSA PLANNING PROCESS**

Monterey County, like all other counties, is required to conduct a strategic planning process under the California Child and Family Services Review statutes. This process includes the development of a county focused self assessment that involves a peer centered case review, a county needs assessment and the development of a System Improvement Plan. Counties complete the self assessment once every 5 years and annually update their system improvement plan.

Current activities were conducted during the months of September and October 2013. A series of focus groups, key informant interview and convening of our stakeholders were conducted along with a two day peer review conducted in October.

**PARTICIPATION OF CORE REPRESENTATIVES**

To ensure our process remains informative and collaborative, the collaborative nature of our System of Care laid the foundation of core participation. Those who do not regularly attend that meeting were invited to participate through a series of focus groups.

**STAKEHOLDER FEEDBACK**

Focus Groups were conducted with internal staff, social workers and supervisors. In addition, focus groups were also conducted with;

- Parents/Mentors
- Community Service partners
- Judiciary and Court related stakeholders
- Other County Departments

Key informant interviews were held with caregivers and youth to allow a more in depth exploration of opinions and viewpoints.

In addition, a series of surveys were written and administered to;

- Youth
- Licensed Caregivers
- Near-kin and Relatives

(Surveys were administered in both English and Spanish-Results were compiled using kwiksurveys.com)

Topic	Focus Groups Internal	Focus Groups External	Key Informant Interviews	Surveys
Communication	X	X	X	X
Service Needs	X	X	X	X
Work Process	X			
CAPC	X			
Sibling Groups	X	X		
VFM	X			
Training	X	X		X
Court	X		X	
SDM Use	X			
Personnel Issues	X			
Social Worker Support	X		X	X
Clerical Support	X			
Information Sharing	X	X	X	X
Professional Respect	X	X		
Paperwork	X			

<b>Relationships</b>		X	X	X
<b>Agency Support</b>		X	X	X
<b>Confusion - Perception</b>	X	X	X	X

Overall, surveys received an 11% response rate for caregivers and focus groups had mixed levels of attendance. For our youth surveys the population was narrowed to older foster youth, ages 16 to 20 for both Probation and CWS. Eighteen total responses were received.

Reviewing the qualitative responses from the focus groups, interviews and surveys, we were able to see a few patterns emerge where a similar topic crossed over varying groups. These topics centered on;

- Communication-need to maintain effective communication through the agency, with caregivers, with youth and with partners.
- Information sharing-need to ensure adequate amounts of information about a family or child is shared while keeping everyone informed on case progress with a need to eliminate silos and ensure all staff have the same information.
- Service Needs- need to obtain quicker mental health supports for families and youth,(How to handle language, multiple siblings, timeliness better geographic location for service), increased parenting, increased AOD, increased domestic violence support, more effective use of wraparound.
- Confusion/Perception- need to assure all involved have an understanding of the court process, understanding of the adoption process. Clarity regarding roles and responsibilities, A need for training to understand macro level concerns and an understanding of how social work ethics merge with legal requirements, concurrent planning, relative placements, SDM.

Moving forward, the management team is committed to collaborating with system partners in incorporating this feedback through the formation of our System Improvement Plan (SIP). Simultaneously perspective regarding the day to day decisions of managing programs will be provided and discussed.

**Probation Parent's Focus Group**

10/7/13

1. What ways have the Probation staff worked that have helped your child and family?

- P.O. Mary Jacque helps my son, gives him good advice
- I've been lucky with the P.O.; even though works through interpreter is not racist
- This experience has been very good for my son; he is another person; he thinks very differently
- Wraparound, including workshops, groups, support from the team
- He's been asked to consider mentoring other youth

2. What did or are they doing well? What can be improved?

See above. No recommendations for improvements.

3. What are some of the issues facing the youth in Monterey County? (Prompt for violence, poverty, etc.)  
What helps, What is still needed to assist families to not enter the Juvenile Justice System?

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Gangs and drugs are my main worry. What is needed is a support program for youth who feel alone and are looking for guidance. It would have activities like learning to use computers, talking about prevention, and would be staffed by adults who give the youth a lot of affection. Active outreach to bring youth into the program would be important.

4. Have you had any experience with the Wrap Around program and if so ,  
a. Do you feel they helped your child's and family's situation

---

Yes, it's been very helpful. The team are very attentive, offering help and asking my son good questions. They are respectful of us and ask both of us how things are going.

b. What else could help? What suggestions do you have?

---

No suggestions; all has been helpful.

5. What other services were provided to your child? (Suggestions include placement, visitation, therapy, medication management, , TBS, etc.) have helped improve your child's situation?

---

Four-month placement in Sacramento.

a. Do you feel they helped your child's and family's situation

---

At first, he didn't want to go but then he advanced in school and became the house leader.

b. What else could help? What suggestions do you have?

---

No suggestions; Probation has been very helpful.

6. Do you feel you were sufficiently included in deciding what services you and your child were going to participate in?

- a. Was your child included?
  - b. Was your language and culture taken in to consideration?
  - c. How could this be improved?
- 

- At each point the judge decided what would happen next. We were told in court, and the next steps were explained and why.

- P.O. would always meet with me when I asked her to and answer my questions
- I was not asked about my culture

7. Have you been asked for your opinion about how effective the services were or were not?

---

No.

8. When thinking about returning your youth home, is there anything that could be done to make that an easier/quicker process?

---

It went well. My son graduated from the Sacramento program early, then came home. After that Wraparound was proposed.

9. What are the major difficulties facing youth and families in Monterey County?

---

See #3.

10. Do you have any recommendations for training for Probation staff?

---

Respectful ways to interact with parents and youth.

## Demographic Profile

### GENERAL COUNTY DEMOGRAPHICS

Monterey County is an expansive geographic and diversely populated region. Along the coast, primary tourist destinations including Monterey, Carmel, Pebble Beach and Big Sur support a year-round service industry while the inland Salinas Valley, which runs nearly the entire length of the county, produces a robust agricultural industry. Rapidly changing demographics along with complex social, economic and systemic factors in Monterey County are important to note when reviewing this report.

Since the last CSA, Monterey County continues to project growth. This growth reflects an increase in our overall population of identified Hispanic/Latino Origin currently estimated at 56.75%. At the same time we are watching a decrease in our population of 0-17 year olds. Please refer to the following charts for details.

It stands to follow that the median and average age for both men and women are climbing and it is concerning that the number of families at or above poverty is increasing. Throughout the next 5 year cycle Monterey County will continue to review poverty indicators as they remain an area of continued research. Another associated concern for Monterey County is the overall decrease in owner-occupied housing. This concern, partnered with fewer affordable and available rental properties could pose a unique set of challenges for social services.

Monterey County has many factors that may have an impact on overall service delivery. These include agriculture, education, fiscal polices, housing availability, population density and transportation. These factors may have an impact on the delivery of service and sets up regional differences that can be considered in a qualitative manor, but consistently poses quantitative data challenges.

There are four distinct regions within Monterey County; North County, Peninsula, South County and Salinas Valley. Referral volume and corresponding removals vary in most regions however, historically; Salinas has represented the majority of referrals/removals in Monterey County. Salinas is projected to continue to grow with an estimated 72.8% of the population that identifies as Hispanic/Latino Origin. This continues to be the greatest impact in the construction of services.

The following population facts are provided by zip code distribution of all zip codes in Monterey County; some rural geographical areas may overlap county boundaries, but provide a more accurate impact to local services.

## Pop-Facts: Demographic Snapshot 2014 Report

Monterey County - All Zip Codes

ZIP, (see appendix for geographies), aggregate

Description	Total ZIP	%
<b>Population</b>		
2019 Projection	443,292	
2014 Estimate	421,232	
2010 Census	403,519	
2000 Census	391,041	
Growth 2014-2019	5.24%	
Growth 2010-2014	4.39%	
Growth 2000-2010	3.19%	
<b>2014 Est. Pop by Single Race Class</b>		
	421,232	
White Alone	229,773	54.55
Black or African American Alone	13,564	3.22
Amer. Indian and Alaska Native Alone	5,565	1.32
Asian Alone	26,369	6.26
Native Hawaiian and Other Pac. Isl. Alone	1,994	0.47
Some Other Race Alone	121,915	28.94
Two or More Races	22,052	5.24
<b>2014 Est. Pop Hisp or Latino by Origin</b>		
	421,232	
Not Hispanic or Latino	182,170	43.25
Hispanic or Latino:	239,062	56.75
Mexican	216,157	90.42
Puerto Rican	2,206	0.92
Cuban	385	0.16
All Other Hispanic or Latino	20,314	8.50
<b>2014 Est. Hisp or Latino by Single Race Class</b>		
	239,062	
White Alone	98,244	41.10
Black or African American Alone	1,549	0.65
American Indian and Alaska Native Alone	4,134	1.73
Asian Alone	1,545	0.65
Native Hawaiian and Other Pacific Islander Alone	203	0.08
Some Other Race Alone	121,205	50.70
Two or More Races	12,182	5.10

Description	Total ZIP	%
<b>2014 Est. Pop. Asian Alone Race by Cat</b>	<b>26,369</b>	
Chinese, except Taiwanese	2,987	11.33
Filipino	12,370	46.91
Japanese	2,834	10.75
Asian Indian	1,505	5.71
Korean	2,750	10.43
Vietnamese	1,910	7.24
Cambodian	283	1.07
Hmong	233	0.88
Laotian	29	0.11
Thai	323	1.22
All Other Asian Races Including 2+ Category	1,145	4.34
<b>2014 Est. Population by Ancestry</b>	<b>421,232</b>	
Pop, Arab	2,004	0.48
Pop, Czech	572	0.14
Pop, Danish	1,082	0.26
Pop, Dutch	2,132	0.51
Pop, English	16,488	3.91
Pop, French (except Basque)	4,537	1.08
Pop, French Canadian	743	0.18
Pop, German	21,592	5.13
Pop, Greek	899	0.21
Pop, Hungarian	326	0.08
Pop, Irish	13,991	3.32
Pop, Italian	12,003	2.85
Pop, Lithuanian	232	0.06
Pop, United States or American	6,411	1.52
Pop, Norwegian	2,504	0.59
Pop, Polish	2,249	0.53
Pop, Portuguese	3,137	0.74
Pop, Russian	1,709	0.41
Pop, Scottish	3,115	0.74
Pop, Scotch-Irish	2,578	0.61
Pop, Slovak	269	0.06
Pop, Sub-Saharan African	1,553	0.37
Pop, Swedish	1,931	0.46
Pop, Swiss	1,959	0.47
Pop, Ukrainian	322	0.08
Pop, Welsh	925	0.22
Pop, West Indian (exc Hisp groups)	633	0.15
Pop, Other ancestries	291,665	69.24

Description	Total ZIP	%
<b>2014 Est. Population by Ancestry</b>		
Pop, Ancestry Unclassified	23,671	5.62
<b>2014 Est. Pop Age 5+ by Language Spoken At Home</b>	388,840	
Speak Only English at Home	184,435	47.43
Speak Asian/Pac. Isl. Lang. at Home	16,303	4.19
Speak IndoEuropean Language at Home	6,726	1.73
Speak Spanish at Home	178,605	45.93
Speak Other Language at Home	2,771	0.71
<b>2014 Est. Population by Sex</b>	421,232	
Male	216,617	51.42
Female	204,615	48.58
<b>2014 Est. Population by Age</b>	421,232	
Age 0 - 4	32,392	7.69
Age 5 - 9	31,219	7.41
Age 10 - 14	29,621	7.03
Age 15 - 17	18,189	4.32
Age 18 - 20	19,440	4.62
Age 21 - 24	25,685	6.10
Age 25 - 34	62,639	14.87
Age 35 - 44	55,515	13.18
Age 45 - 54	51,869	12.31
Age 55 - 64	45,732	10.86
Age 65 - 74	27,349	6.49
Age 75 - 84	14,445	3.43
Age 85 and over	7,137	1.69
Age 16 and over	322,050	76.45
Age 18 and over	309,811	73.55
Age 21 and over	290,371	68.93
Age 65 and over	48,931	11.62
<b>2014 Est. Median Age</b>	33.6	
<b>2014 Est. Average Age</b>	35.80	

Description	Total ZIP	%
<b>2014 Est. Male Population by Age</b>	<b>216,617</b>	
Age 0 - 4	16,593	7.66
Age 5 - 9	15,984	7.38
Age 10 - 14	15,200	7.02
Age 15 - 17	9,388	4.33
Age 18 - 20	10,224	4.72
Age 21 - 24	13,933	6.43
Age 25 - 34	34,002	15.70
Age 35 - 44	29,949	13.83
Age 45 - 54	27,001	12.46
Age 55 - 64	22,701	10.48
Age 65 - 74	12,964	5.98
Age 75 - 84	6,197	2.86
Age 85 and over	2,481	1.15
<b>2014 Est. Median Age, Male</b>	<b>32.9</b>	
<b>2014 Est. Average Age, Male</b>	<b>34.90</b>	
<b>2014 Est. Female Population by Age</b>	<b>204,615</b>	
Age 0 - 4	15,799	7.72
Age 5 - 9	15,235	7.45
Age 10 - 14	14,421	7.05
Age 15 - 17	8,801	4.30
Age 18 - 20	9,216	4.50
Age 21 - 24	11,752	5.74
Age 25 - 34	28,637	14.00
Age 35 - 44	25,566	12.49
Age 45 - 54	24,868	12.15
Age 55 - 64	23,031	11.26
Age 65 - 74	14,385	7.03
Age 75 - 84	8,248	4.03
Age 85 and over	4,656	2.28
<b>2014 Est. Median Age, Female</b>	<b>34.5</b>	
<b>2014 Est. Average Age, Female</b>	<b>36.70</b>	

Description	Total ZIP	%
<b>2014 Est. Pop Age 15+ by Marital Status</b>	328,000	
Total, Never Married	119,900	36.55
Males, Never Married	68,944	21.02
Females, Never Married	50,956	15.54
Married, Spouse present	140,665	42.89
Married, Spouse absent	24,073	7.34
Widowed	15,000	4.57
Males Widowed	3,272	1.00
Females Widowed	11,728	3.58
Divorced	28,362	8.65
Males Divorced	12,934	3.94
Females Divorced	15,428	4.70
<b>2014 Est. Pop. Age 25+ by Edu. Attainment</b>	264,686	
Less than 9th grade	53,422	20.18
Some High School, no diploma	26,149	9.88
High School Graduate (or GED)	53,811	20.33
Some College, no degree	51,254	19.36
Associate Degree	19,499	7.37
Bachelor's Degree	37,759	14.27
Master's Degree	14,752	5.57
Professional School Degree	4,528	1.71
Doctorate Degree	3,512	1.33
<b>2014 Est Pop Age 25+ by Edu. Attain, Hisp. or Lat</b>	127,475	
CY Pop 25+, Hisp/Lat, < High School Diploma	71,327	55.95
CY Pop 25+, Hisp/Lat, High School Graduate	26,358	20.68
CY Pop 25+, Hisp/Lat, Some College or Associate's Deg	22,644	17.76
CY Pop 25+, Hisp/Lat, Bachelor's Degree or Higher	7,146	5.61
<b>Households</b>		
2019 Projection	134,998	
2014 Estimate	128,473	
2010 Census	123,217	
2000 Census	118,899	
Growth 2014-2019	5.08%	
Growth 2010-2014	4.27%	
Growth 2000-2010	3.63%	

Description	Total ZIP	%
<b>2014 Est. Households by Household Type</b>	128,473	
Family Households	92,070	71.66
Nonfamily Households	36,403	28.34
<b>2014 Est. Group Quarters Population</b>	19,758	
<b>2014 HHs by Ethnicity, Hispanic/Latino</b>	52,952	41.22
<b>2014 Est. HHs by HH Income</b>	128,473	
CY HHs, Inc < \$15,000	12,956	10.08
CY HHs, Inc \$15,000 - \$24,999	14,224	11.07
CY HHs, Inc \$25,000 - \$34,999	14,151	11.01
CY HHs, Inc \$35,000 - \$49,999	18,587	14.47
CY HHs, Inc \$50,000 - \$74,999	23,980	18.67
CY HHs, Inc \$75,000 - \$99,999	15,362	11.96
CY HHs, Inc \$100,000 - \$124,999	10,291	8.01
CY HHs, Inc \$125,000 - \$149,999	6,589	5.13
CY HHs, Inc \$150,000 - \$199,999	6,372	4.96
CY HHs, Inc \$200,000 - \$249,999	2,077	1.62
CY HHs, Inc \$250,000 - \$499,999	2,996	2.33
CY HHs, Inc \$500,000+	888	0.69
<b>2014 Est. Average Household Income</b>	\$74,089	
<b>2014 Est. Median Household Income</b>	\$54,502	
<b>2014 Median HH Inc by Single Race Class. or Ethn</b>		
White Alone	56,356	
Black or African American Alone	45,986	
American Indian and Alaska Native Alone	38,314	
Asian Alone	64,654	
Native Hawaiian and Other Pacific Islander Alone	91,279	
Some Other Race Alone	48,676	
Two or More Races	56,914	
Hispanic or Latino	44,520	
Not Hispanic or Latino	64,388	
<b>2014 Est. Family HH Type, Presence Own Children</b>	92,070	
Married-Couple Family, own children	33,660	36.56

Description	Total ZIP	%
Married-Couple Family, no own children	34,055	36.99
Male Householder, own children	4,133	4.49
Male Householder, no own children	3,783	4.11
Female Householder, own children	9,067	9.85
Female Householder, no own children	7,372	8.01
<b>2014 Est. Households by Household Size</b>	<b>128,473</b>	
1-person household	28,785	22.41
2-person household	35,242	27.43
3-person household	19,216	14.96
4-person household	17,987	14.00
5-person household	11,995	9.34
6-person household	6,909	5.38
7 or more person household	8,339	6.49
<b>2014 Est. Average Household Size</b>	<b>3.12</b>	
<b>2014 Est. Households by Presence of People</b>	<b>128,473</b>	
<b>Households with 1 or more People under Age 18:</b>	<b>53,366</b>	<b>41.54</b>
Married-Couple Family	36,895	69.14
Other Family, Male Householder	5,123	9.60
Other Family, Female Householder	10,940	20.50
Nonfamily, Male Householder	286	0.54
Nonfamily, Female Householder	122	0.23
<b>Households no People under Age 18:</b>	<b>75,107</b>	<b>58.46</b>
Married-Couple Family	30,825	41.04
Other Family, Male Householder	2,786	3.71
Other Family, Female Householder	5,500	7.32
Nonfamily, Male Householder	15,947	21.23
Nonfamily, Female Householder	20,049	26.69
<b>2014 Est. Households by Number of Vehicles</b>	<b>128,473</b>	
No Vehicles	7,597	5.91
1 Vehicle	39,191	30.51
2 Vehicles	50,689	39.45
3 Vehicles	20,614	16.05
4 Vehicles	7,641	5.95
5 or more Vehicles	2,741	2.13
<b>2014 Est. Average Number of Vehicles</b>	<b>1.94</b>	

Description	Total ZIP	%
<b>Family Households</b>		
2019 Projection	96,946	
2014 Estimate	92,070	
2010 Census	88,156	
2000 Census	85,918	
Growth 2014-2019	5.30%	
Growth 2010-2014	4.44%	
Growth 2000-2010	2.60%	
<b>2014 Est. Families by Poverty Status</b>		
2014 Families at or Above Poverty	80,118	87.02
2014 Families at or Above Poverty with Children	42,472	46.13
2014 Families Below Poverty	11,952	12.98
2014 Families Below Poverty with Children	10,462	11.36
<b>2014 Est. Pop Age 16+ by Employment Status</b>		
In Armed Forces	6,823	2.12
Civilian - Employed	171,275	53.18
Civilian - Unemployed	24,208	7.52
Not in Labor Force	119,744	37.18
<b>2014 Est. Civ Employed Pop 16+ Class of Worker</b>		
For-Profit Private Workers	118,408	65.61
Non-Profit Private Workers	11,898	6.59
Local Government Workers	14,386	7.97
State Government Workers	7,927	4.39
Federal Government Workers	7,249	4.02
Self-Emp Workers	20,240	11.21
Unpaid Family Workers	365	0.20
<b>2014 Est. Civ Employed Pop 16+ by Occupation</b>		
Architect/Engineer	1,675	0.93
Arts/Entertain/Sports	3,097	1.72
Building Grounds Maint	10,300	5.71
Business/Financial Ops	5,615	3.11
Community/Soc Svcs	2,678	1.48
Computer/Mathematical	2,751	1.52
Construction/Extraction	8,170	4.53
Edu/Training/Library	10,123	5.61

Description	Total ZIP	%
Farm/Fish/Forestry	22,703	12.58
Food Prep/Serving	10,098	5.60
Health Practitioner/Tec	7,061	3.91
Healthcare Support	3,413	1.89
Maintenance Repair	5,387	2.98
Legal	1,367	0.76
Life/Phys/Soc Science	1,499	0.83
Management	13,999	7.76
Office/Admin Support	22,205	12.30
Production	7,603	4.21
Protective Svcs	5,238	2.90
Sales/Related	17,148	9.50
Personal Care/Svc	7,359	4.08
Transportation/Moving	10,984	6.09
<b>2014 Est. Pop 16+ by Occupation Classification</b>	<b>180,473</b>	
Blue Collar	32,144	17.81
White Collar	89,218	49.44
Service and Farm	59,111	32.75
<b>2014 Est. Workers Age 16+, Transp. To Work</b>	<b>181,246</b>	
Drove Alone	127,335	70.26
Car Pooled	22,728	12.54
Public Transportation	3,545	1.96
Walked	6,326	3.49
Bicycle	1,466	0.81
Other Means	10,809	5.96
Worked at Home	9,037	4.99
<b>2014 Est. Workers Age 16+ by Travel Time to Work *</b>		
Less than 15 Minutes	51,390	
15 - 29 Minutes	72,468	
30 - 44 Minutes	30,870	
45 - 59 Minutes	9,210	
60 or more Minutes	8,005	
<b>2014 Est. Avg Travel Time to Work in Minutes</b>	<b>24.56</b>	
<b>2014 Est. Tenure of Occupied Housing Units</b>	<b>128,473</b>	
Owner Occupied	65,162	50.72
Renter Occupied	63,311	49.28

Description	Total ZIP	%
<b>2014 Owner Occ. HUs: Avg. Length of Residence</b>	19.8	
<b>2014 Renter Occ. HUs: Avg. Length of Residence</b>	7.6	
<b>2014 Est. All Owner-Occupied Housing Values</b>	65,162	
Value Less than \$20,000	1,190	1.83
Value \$20,000 - \$39,999	752	1.15
Value \$40,000 - \$59,999	1,001	1.54
Value \$60,000 - \$79,999	841	1.29
Value \$80,000 - \$99,999	1,308	2.01
Value \$100,000 - \$149,999	3,894	5.98
Value \$150,000 - \$199,999	5,665	8.69
Value \$200,000 - \$299,999	13,719	21.05
Value \$300,000 - \$399,999	9,686	14.86
Value \$400,000 - \$499,999	5,729	8.79
Value \$500,000 - \$749,999	9,868	15.14
Value \$750,000 - \$999,999	5,379	8.25
Value \$1,000,000 or more	6,130	9.41
<b>2014 Est. Median All Owner-Occupied Housing Value</b>	\$343,475	
<b>2014 Est. Housing Units by Units in Structure</b>	142,179	
1 Unit Attached	9,242	6.50
1 Unit Detached	89,488	62.94
2 Units	3,947	2.78
3 or 4 Units	9,001	6.33
5 to 19 Units	17,277	12.15
20 to 49 Units	4,145	2.92
50 or More Units	3,710	2.61
Mobile Home or Trailer	5,266	3.70
Boat, RV, Van, etc.	103	0.07
<b>2014 Est. Housing Units by Year Structure Built</b>	142,179	
Housing Unit Built 2005 or later	5,950	4.18
Housing Unit Built 2000 to 2004	8,597	6.05
Housing Unit Built 1990 to 1999	16,547	11.64
Housing Unit Built 1980 to 1989	20,646	14.52
Housing Unit Built 1970 to 1979	28,438	20.00
Housing Unit Built 1960 to 1969	22,631	15.92
Housing Unit Built 1950 to 1959	20,032	14.09
<b>2014 Est. Median Year Structure Built **</b>	1973	



Cities -Incorporated Places have an asterisk (\*).

<a href="#">Big Sur</a>	<a href="#">Del Rey Oaks*</a>	<a href="#">Millers Ranch</a>	<a href="#">Posts</a>
<a href="#">Blanco</a>	<a href="#">East Garrison</a>	<a href="#">Molus</a>	<a href="#">Prunedale</a>
<a href="#">Bolsa Knolls</a>	<a href="#">Elkhorn</a>	<a href="#">Monterey*</a>	<a href="#">Robles Del Rio</a>
<a href="#">Boronda</a>	<a href="#">Elsa</a>	<a href="#">Moss Landing</a>	<a href="#">Salinas*</a>
<a href="#">Bradley</a>	<a href="#">Fort Romie</a>	<a href="#">Nacimiento</a>	<a href="#">San Ardo</a>
<a href="#">Bryson</a>	<a href="#">Gabilan Acres</a>	<a href="#">Nashua</a>	<a href="#">San Lucas</a>
<a href="#">Camphora</a>	<a href="#">Gonzales*</a>	<a href="#">Natividad</a>	<a href="#">Sand City*</a>
<a href="#">Cannery Row</a>	<a href="#">Gorda</a>	<a href="#">Neponset</a>	<a href="#">Santa Rita</a>
<a href="#">Carmel Highlands</a>	<a href="#">Greenfield*</a>	<a href="#">New Monterey</a>	<a href="#">Seaside*</a>
<a href="#">Carmel Valley</a>	<a href="#">Harlem</a>	<a href="#">Oak Hills</a>	<a href="#">Soledad*</a>
<a href="#">Carmel Valley Village</a>	<a href="#">Jamesburg</a>	<a href="#">Old Hilltown</a>	<a href="#">Spence</a>
<a href="#">Carmel-by-the-Sea*</a>	<a href="#">Jolon</a>	<a href="#">Pacific Grove*</a>	<a href="#">Spreckels</a>
<a href="#">Castroville</a>	<a href="#">King City*</a>	<a href="#">Pacific Grove Acres</a>	<a href="#">Spreckels Junction</a>
<a href="#">Chualar</a>	<a href="#">Las Lomas</a>	<a href="#">Pajaro</a>	<a href="#">Sycamore Flat</a>
<a href="#">Coburn</a>	<a href="#">Lockwood</a>	<a href="#">Parkfield</a>	<a href="#">Tassajara Hot Springs</a>
<a href="#">Confederate Corners</a>	<a href="#">Lonoak</a>	<a href="#">Pebble Beach</a>	<a href="#">Valleton</a>
<a href="#">Cooper</a>	<a href="#">Lucia</a>	<a href="#">Penvir</a>	<a href="#">Watsonville Junction</a>
<a href="#">Del Monte</a>	<a href="#">Marina*</a>	<a href="#">Plaskett</a>	<a href="#">Welby</a>
<a href="#">Del Monte Forest</a>	<a href="#">Metz</a>	<a href="#">Pleyto</a>	<a href="#">Wunpost</a>
<a href="#">Del Monte Heights</a>			

### Other Populated Places in Monterey County (Neighborhoods, Subdivisions & Settlements)

<a href="#">Alisal</a>	<a href="#">Grove MH Park</a>	<a href="#">Pajaro Mobile Manor</a>
<a href="#">Ambler Park</a>	<a href="#">Hacienda Carmel</a>	<a href="#">Pine Canyon Mobile Estates</a>
<a href="#">Baronet Estates</a>	<a href="#">Hunter-Liggett</a>	<a href="#">Quail Meadows</a>
<a href="#">Carmel Valley Manor</a>	<a href="#">Martinus Corner</a>	<a href="#">Rancho Tierra Grande</a>
<a href="#">Corral de Tierra</a>	<a href="#">Mascorini Place</a>	<a href="#">Rio Plaza MH Park</a>
<a href="#">Creekside</a>	<a href="#">Moss</a>	<a href="#">Serra Village</a>
<a href="#">Dean</a>	<a href="#">Notleys Landing</a>	<a href="#">Slates Hot Springs</a>

### Tribes:

The southern Monterey Bay area is the aboriginal homeland of the Ohlone/Costanoan Esselen Nation. The Nation consists today of approximately 500 enrolled members, 60% of which live in Monterey and San Benito Counties. Currently, the Nation is in the process of reaffirming its status as an American Indian Tribe with the Bureau of Indian Affairs through the Federal Acknowledgement Process. Within this Nation, the Achasta District was located in the area of present-day Monterey. Despite this history there are no current federally recognized tribes located in Monterey County.

## CHILD MALTREATMENT INDICATORS

### Births to Teens

2011 Monterey County Births to Teens

Teen Mother's Age Group	#	% of All Births (n=6,806)
<15	12	0.2
15 - 17	235	3.5
18 - 19	485	7.1
<b>Total Teens</b>	<b>732</b>	<b>10.8</b>

2011 Monterey County Births to Teens Ages 15-19

Teen Mother's Age Group	#	% of All Births (n= 6,806)
15 - 19	720	10.6

Source: 2011 MCHD Automatic Vital Statistics System, extracted on March 29, 2012.

2011 Monterey County Births to Teen Mothers by Age Group and Entry to Prenatal Care

Teen Mother's Age Group	Entry to Prenatal Care				Total	
	1 <sup>st</sup> Trimester		Late Entry <sup>1</sup> or None			
	#	%	#	%	#	%
<15	5	41.7	7	58.3	12	100.0
15 - 17	106	47.3	118	52.7	224	100.0
18 - 19	258	56.0	203	44.0	461	100.0

<sup>1</sup>Late entry into prenatal care consists of individuals who began prenatal care in the second or third trimester.

Note: This table does not include 35 births for which entry to prenatal care was unknown.

Source: 2011 MCHD Automatic Vital Statistics System, extracted on March 29, 2012.

2011 Monterey County Births to Teen Mothers<sup>1</sup> by Father's Age Group

Father's Age Group	#	%
≤17	63	9.9
18 - 19	186	29.3
20 - 24	309	48.7
25 - 29	57	9.0
30 - 34	15	2.4
≥35	5	0.8
<b>Total</b>	<b>635</b>	<b>100.0</b>

<sup>1</sup>Mothers ages 19 and younger.

Note: This table does not include 97 births for which father's age was unknown.

Source: 2011 MCHD Automatic Vital Statistics System, extracted on March 29, 2012.

2011 Monterey County Births to Teen Mothers by Age Group and County Residential Region<sup>1</sup>

Teen Mother's Age Group	Mont Pen <sup>2</sup> / Big Sur		North County		Salinas		South County		Total
	#	%	#	%	#	%	#	%	
<15	0	0.0	0	0.0	7	1.7	5	3.0	12
15 - 17	18	20.0	15	27.3	141	33.6	61	36.5	235
18 - 19	72	80.0	40	72.7	272	64.8	101	60.5	485
<b>Total</b>	<b>90</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>420</b>	<b>100.0</b>	<b>167</b>	<b>100.0</b>	<b>732</b>

<sup>1</sup>Residential region listed by county ZIP codes in the Technical Notes.

<sup>2</sup>Mont Pen: Monterey Peninsula

Source: 2011 MCHD Automatic Vital Statistics System, extracted on March 29, 2012.

## Birth Weight

2011 Monterey County Births by Birth Weight and Mother's Age Group

Birth Weight	Mother's Age Group												Total
	≤17		18-19		20-24		25-29		30-34		≥35		
	#	%	#	%	#	%	#	%	#	%	#	%	
Low <sup>1</sup> (<2,500 grams)	17	6.9	24	5.1	66	4.1	80	4.2	67	4.4	59	6.4	313
Very Low (<1,500 grams)	4	1.6	5	1.1	12	0.8	16	0.8	10	0.7	13	1.4	60
Normal (2,500 to <4,000 grams)	224	90.7	420	88.4	1,419	89.0	1,622	85.3	1,281	84.4	744	81.3	5,710
Macrosomia (≥4,000 to grams)	6	2.4	31	6.5	110	6.9	200	10.5	170	11.2	112	12.2	629
<b>Total</b>	<b>247</b>	<b>100.0</b>	<b>475</b>	<b>100.0</b>	<b>1,595</b>	<b>100.0</b>	<b>1,902</b>	<b>100.0</b>	<b>1,518</b>	<b>100.0</b>	<b>915</b>	<b>100.0</b>	<b>6,652</b>

<sup>1</sup>Low birth weight includes very low birth weight.

Note: Table includes births to mothers with and without gestational diabetes. Table excludes 154 multiple births.  
Source: 2011 MCHD Automatic Vital Statistics System, extracted on March 29, 2012.

Monterey County has experienced only minor changes in the overall birth rate between 2000 and 2011; this same period of time saw a decrease in teen births. Recent information indicates that future numbers will see increases; however those statistics are not published as of this assessment.

## Family Structure

As referenced in the above county demographics, Households with 1 to 3 persons ranked 64.8%. When looking at the family composition, Married families were listed at 36.56% while Female household with children were 9.85% and Male household with children were 4.49%. When looking at the total number (N), 55,366 estimated households had one or more persons under 18.

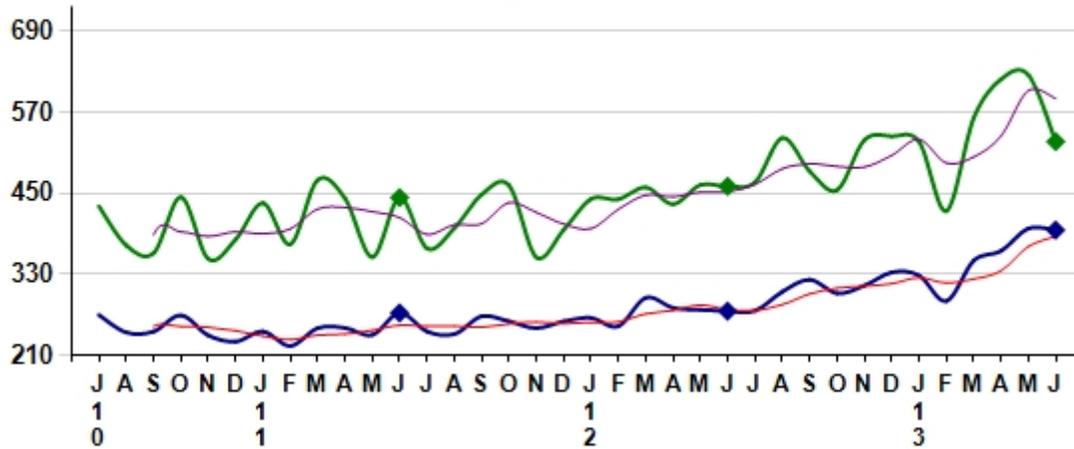
## Unemployment

Current unemployment rates as of September 20, 2013 was reported by EDD as 7.8% which is a percentage point lower than the California average.

## Housing availability

## Median Sales Price and Average Sales Price

Median means middle (the same # of properties sold above and below the median)



<http://www.searchmontereypeninsulahomes.com/blog/monterey-county-real-estate-market-trends/>

*Blue=Median Green= Average*

The median sales price in June was \$395,000, up 43.6% from \$275,000 in June of 2012 and down -0.6% from \$397,475 last month. The average sales price in June was \$526,187, up 14.4% from \$459,970 in June of 2012 and down -15.8% from \$625,044 last month. June 2013 ASP was at highest level compared to June of 2012 and 2011.

Projecting ongoing demand may be as simple as saying that low inventory plus increasing demand will let prices continue to rise. This however only applies to the half of our population that buys homes. The other half of our population continues to rent, and discussions on low income and inclusionary housing continues to be an identified need and a focal point. According to Zillo.com the rental index in Salinas runs approximately \$1937.00 or \$1.38 per sq. foot. But when looking through local ads there are great disparities impacted by location and size. Some rents for single family homes ranging \$2300-\$3500 per month.

## 211

Currently Monterey County is a 211 county, supported by United Way, offering a free centralized clearinghouse of community based services. Recent data shows the number one demand is for supports related to basic needs, housing and utilities. Since 211's inception in 2011 yearly call volume has varied from 11-12 (28,644) to 12-13 (22,518)

## 2-1-1 MONTEREY COUNTY

2-1-1 is a free, centralized clearinghouse of information, resources and services in our community. A service of United Way, 2-1-1 connects county residents to needed information 24 hours a day, 7 days a week.

### 2012 A YEAR OF CHANGE AND PROGRESS

This year marked a major period of transition for 2-1-1 Monterey County. At the beginning of the year 2-1-1 was among the very first counties in California to transition to state-of-the-art cloud technology for the management of its phone service, which enables 2-1-1s throughout California to operate on a common system. This common system lowers costs while improving the ability of call centers to work together, especially during times of emergency and disaster. This is particularly important locally, as 2-1-1 continues to be a partner in the county's comprehensive emergency and disaster response plan. Our new technology also enables 2-1-1 to quickly re-route calls to allied centers, ensuring Monterey County callers experience minimum wait time to talk to a live operator.

Also in early 2012, 2-1-1 migrated to iCarol, a new database system, again being amongst the first in the state to transition. The new database is a more intuitive and robust system that allows 2-1-1 to better organize access to services for referral to callers. Additionally, iCarol is being used by 2-1-1s throughout California, vastly improving interoperability between call centers and uniformity of retained statistical information.

Significant time and effort went to ensure the integrity of the database in 2012, which currently includes 630 agencies offering 1,395 programs at 1,199 sites. The database also includes a simple-to-use auto-verification function, which makes it easier for organizations to maintain up-to-date records.

These changes were funded by the 2-1-1 California state collaborative.

### OUTREACH TO MILITARY AND VETERAN COMMUNITY

Working in partnership with Monterey-Salinas Transit and the Monterey County Veterans Services Collaborative, 2-1-1 launched a campaign in Spring 2012 encouraging military personnel, veterans and their families to use the service. The campaign also prompted renewal of a Memorandum of Agreement between 2-1-1 and the US Army Garrison, Presidio of Monterey. In the fall of 2012, 2-1-1 began recording data on military community usage. Preliminary data show nearly 10% of all calls to 2-1-1

are made by military families and 3% by individuals who are active duty or have served. As additional data become available, 2-1-1 plans to work with our collaborative partners to better meet the needs of this community.



### INCOME SUPPORTS

2-1-1 also continued to support the economic vitality of Monterey County by providing information and referral on two programs that put money in people's pockets:

- **EarnItKeepIt!Savetti**, a service of United Way Monterey County, coordinates the Volunteer Income Tax Assistance service, which helped low-wage workers claim more than \$2.6 million in tax refunds and credits in 2012, resulting in a stimulus to the local economy of \$3.6 million. 2-1-1 added to the success of this service through a coordinated cross-marketing strategy, which resulted in 734 calls for tax assistance.

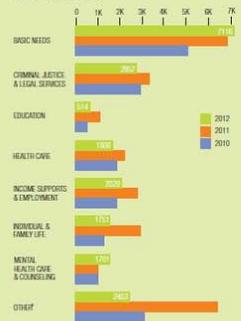
- **CaFresh** is a critically important but underutilized resource to stretch food dollars. In 2012, 2-1-1 raised awareness for CaFresh by providing pre-screening to more than 4,331 callers. 2-1-1 also provided continuing education to over 3,200 beneficiaries, ensuring those callers had the most up-to-date information on the program's eligibility and enrollment requirements. It is estimated that 100% participation would generate \$101 million in local economic activity.



### CALLER PROFILE AND NEEDS

In 2012, 2-1-1 operators responded to 14,512 calls, of which 36% were from callers who had previously used the service (up from 31% in 2011). 2-1-1 made 20,161 referrals for service. The average call lasted three minutes, 42 seconds. During these calls, 2-1-1 Call Specialists acted as case managers and provided more than 890 hours of one-on-one consultation.

### CALLER-IDENTIFIED CATEGORIES OF NEED



Of those who self-identified, 65% identified as Hispanic/Latino, 23% as Caucasian/White and 4% as African-American/Black. Seventy-two percent of calls were conducted in English, 23% in Spanish. Seventy-six percent of callers were female, 23% male. Thirty-three percent of all callers indicated their household included at least one child aged 0-5. The profile of 2-1-1 callers was largely consistent with past years, although there was a noticeable increase in calls from English speakers and Caucasian/Whites.

Across the county, 35% of callers requested information and referral (I&R) for Basic Needs (food, housing and shelter, material goods such as automobiles and appliances, temporary financial assistance and transportation), an increase of 10% over 2011. Fourteen percent requested Criminal Justice and Legal Services

(information on the correctional system, judicial services, law enforcement agencies and services, legal education and assistance, tax related organizations, and immigration and naturalization services).

### WEB USER NEEDS

2-1-1 is accessible via the internet at [www.211mc.org](http://www.211mc.org). The site was visited by 10,725 unique IP addresses in 2012. Five percent (2,128) of visitors conducted a self-guided search of the 2-1-1 database through the website. These visitors conducted 27,814 searches, an average of 13 searches per session.

### UNMET NEEDS

In 2012, 224 requests were identified as "unmet," down from 434 in 2011. An unmet need is defined as unavailable, inaccessible, unaffordable or the caller was ineligible. Calls for Basics Needs constituted 45% of unmet needs, with Housing/Shelter and Transportation topping the list. Thirty-two percent of unmet needs were the result of no program being found within the 2-1-1 resource directory that matched the caller's need. These include requests for furniture, financial assistance for transportation, child safety seats and holiday gifts and toys. Eleven percent of unmet need calls were the result of the caller being ineligible for services. Nine percent of unmet need calls were the result of the caller refusing referrals for available services.

\*Source: 2012 Monterey County Auditor and Fiscal Inactivity Profile, California Food Policy Associates.  
 \*\*A small number of statistics reported for January are estimated. To compensate for the missing information, data from the remaining 11 months was averaged to estimate usage in January.  
 \*Include consumer services, environmental quality professional organizations, community food bank, justice works, military services and organization development services.



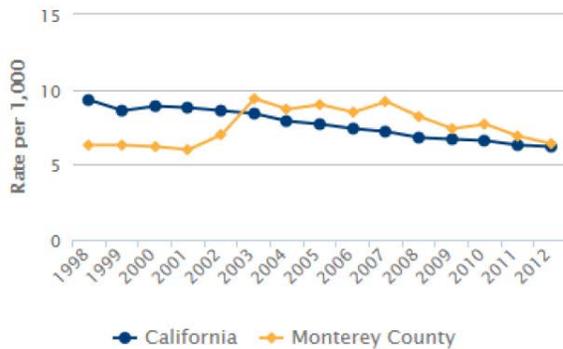
When looking at the second quarter of 2013, the majority of calls are for the connective power provided through information and referral.

Contact Type					
	Apr-13	May-13	Jun-13	QTR	%
<b>Crisis - Medical (Not Mental Health Related)</b>	1	1	1	3	0%
<b>Crisis - Domestic Violence</b>	9	6	6	21	1%
<b>Crisis - Mental Health/Suicidal</b>	5	8	9	22	1%
<b>Crisis - Sexual Assault/Rape</b>	0	1	0	1	0%
<b>Disaster</b>	0	0	0	0	0%
<b>Needs Other 211 Service (attached referral)</b>	21	26	21	68	2%
<b>No I&amp;R - Other</b>	163	121	130	414	11%
<b>No I&amp;R - Line Check / 211 Staff Call</b>	58	64	55	177	5%
<b>No I&amp;R Silent/Static (No Contact with Caller)</b>	53	35	44	132	4%
<b>Notice from EDD</b>	1	0	0	1	0%
<b>Standard I&amp;R</b>	1,216	859	771	2,846	77%
<b>Unemployment Letter</b>	0	0	0	0	0%
<b>Total</b>	<b>1,527</b>	<b>1,121</b>	<b>1,037</b>	<b>3,685</b>	<b>100%</b>

## Domestic Violence

The rate for domestic violence calls in Monterey runs slightly higher than the state average. Violence between partners can and may result in physical injury, trauma and or other adverse effects to the victim or witness. Better data is needed to look at the relationship of local law enforcement data with child welfare data to fully see the extent of the issues locally.

Domestic Violence Calls for Assistance: 1998 - 2012



Definition: Number of domestic violence calls for assistance per 1,000 adults ages 18-69.

Data Source: California Dept. of Justice, Criminal Justice Statistics Center, Domestic Violence-Related Calls for Assistance Database (1998-2009) and California Criminal Justice Profiles, 2010, 2011, and 2012. Accessed at <http://oag.ca.gov/crime/cjsc/criminal-justice-profiles> (Jun. 2013); California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060. Accessed at <http://www.dof.ca.gov> (May 2013).

## Mental Health

According to the Monterey County Department of Health, in their 2010 published Health Profile, 80% of the adults seeking treatment did so for mental or emotional problems. 20% did so for alcohol or other drug problems. Service population mirror county demographics and an increase in service needs was projected. Our local Behavioral health has indicated that mental illness is treatable, especially when effective treatments are obtained early and are combined with the support of families, friends, and communities. Barriers to receiving services may include lack of health insurance coverage, lack of available services or transportation to them, inequality or poor cultural competency in service provisions, or societal stigma that can cause reluctance to seek care and support. Because race/ethnic, age group, and cultural disparities exist among MCBH consumers, MHSA funds have primarily been used to reduce disparities. Full information can be found at <http://mtyhd.org>.

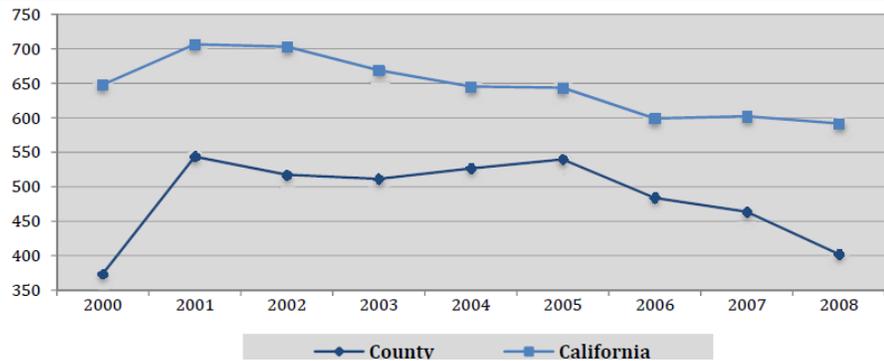
## Alcohol and Drug

According to the Center for Applied Research Solutions in their 2010 report on Monterey County, they asserted that 29.9% of the residents over 18 engaged in binge drinking. That overall admission to treatment facilities had increased from 2000 to 2008 and so did hospitalize related to alcohol and drug use. Based on qualitative information and perception these trends are likely to continue.

Number of Admissions to Alcohol and Other Drug Treatment and Rate per 100,000 Total Population with Comparison to Statewide Rates

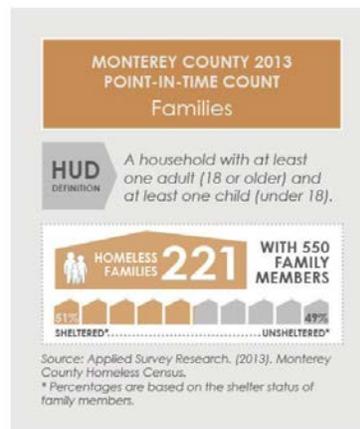
	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Treatment Admissions	1,509	2,232	2,150	2,154	2,228	2,280	2,042	1,970	1,720
Total Population	404,031	410,484	415,631	421,196	423,137	422,506	422,015	424,769	427,571
Rate per 100,000	373.49	543.75	517.29	511.40	526.54	539.64	483.87	463.78	402.27
<b>CALIFORNIA</b> Rate per 100,000	647.98	706.60	703.16	668.97	645.41	643.64	599.12	602.30	591.63

**Figure 2.1**  
Monterey County  
Treatment  
Admission Rate  
per 100,000 Total  
Population with  
Comparison to  
Statewide Rates

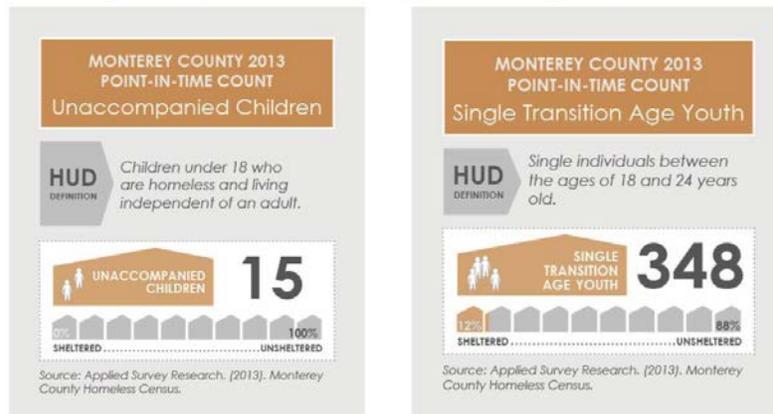


## Homelessness

### Homeless Families with Children



## Unaccompanied Homeless Children & Single Transition Age Youth



*Applied Survey Research (2013) Monterey County Homeless Census and Survey*

In 2013 Monterey County saw an estimated 36% increase in the homeless population estimate that were set in 2011 of which 65% represent an episode of homelessness lasting one year or more.

According to the Homeless Census and Survey, children in families experiencing homelessness are more likely to have emotional and behavioral problems. Similar to national data, Monterey County is seeing an upward trend in homelessness. The study admitted that tracking homelessness with the unaccompanied youth or Transition age youth lacks documentation. Existing evidence suggests a growing sub-population.

According to the report, transition age youth had the following to report:

- 26% have been in Foster Care
- 51% have contact with parents
- 81% Report good Physical Health
- 25% experienced mental illness
- 20% experienced chronic depression
- 89% are unsheltered
- 19% identified themselves as LGBTQ

The top 5 reasons for homelessness were represented as follows;

Causes of Homelessness

**Figure 14: Primary Causes of Current Episode of Homelessness (Top 5 Responses)**

	2007	2009	2011	2013
1	Lost job (31%)	Lost job (33%)	Lost job (44%)	Lost job (26%)
2	Alcohol or drug use (24%)	Alcohol or drug use (15%)	Alcohol or drug use (39%)	Alcohol or drug use (20%)
3	Mental health issues (5%) Divorce/separation (5%)	Incarceration (7%)	Lost income (25%)	Divorce/separation/ breakup (14%)
4	Illness/medical problem (5%) Incarceration (5%)	Mental health issues (7%)	Conflict with family/housemates (15%)	Conflict with family/housemates (10%)
5	Landlord raised rent (4%)	Argument/family or friend asked you to leave (6%)	Family/domestic violence (12%)	Incarceration (7%)

*N: 2007=397; 2009=377; 2011=512; 2013=401*  
*Source: Applied Survey Research. (2013). Monterey County Homeless Survey.*  
*Harder and Company Community Research (2009). Monterey County Homeless Survey.*

With this information it is easy to predict an impact on the overall social services provided by the county, as well as an associated impact to child welfare.

**Education**

Monterey County currently collaborates with the Monterey County Office of Education (MCOE) in the provision of Foster Youth Services (FYS). This relationship pairs a dedicated social worker with their staff for improvement of education assessment, records maintenance and placement changes.

It is our hope to be able to develop improved tracking on grade performance, 504 planning, and IEP information. Currently MCOE has implemented Foster Focus software and is in the steps of cleaning up the data for the purpose of developing some county specific analytics.

**Current Foster Youth Enrollment by District:**

Count of School District	
School District	Total
Alisal Union	7
Cabrillo Community College	1
Carmel Unified	1
Ceres Unified	1
Chowchilla Elementary	1
Clovis Unified	1
Compton Unified	1
Davis Joint Unified	2
Dinuba Unified	1
East Side Union High	2

Elk Grove Unified	1
Fresno Unified	2
Gonzales Unified	6
Greenfield Union Elementary	2
Hanford Joint Union High	1
Hollister	4
King City Union	2
Lodi Unified	3
Mission Union Elementary	1
Monterey County Office of Education	8
Monterey Peninsula Unified	30
North Monterey County Unified	7
Not Entered	30
Oak Grove Elementary	2
Oxnard Union High	4
Pacific Grove Unified	4
Pajaro Valley Unified	6
Pasadena Unified	1
Peralta Community College	1
Placer Union High	1
Rio Elementary	1
Salida Union Elementary	1
Salinas City Elementary	27
Salinas Union High	24
San Francisco Unified	1
San Lorenzo Valley Unified	2
Santa Rita Union Elementary	2
Sebastopol Union Elementary	1
Soledad Unified	4
South Monterey County Joint Union High	3
Spreckels Union Elementary	2
State Center Community College	1
Stone Corral Elementary	2
Turlock Unified	2
West Contra Costa Unified	1
<b>Grand Total</b>	<b>208</b>

CWS/CMS Query Monterey County Data and Statistics 2013

**Distribution of Foster Youth by grade:**

Grade Level	Total
0	32
1	15
2	12
3	12
4	10
5	9
6	16
7	11
8	12
9	21

	10	20
	11	6
	12	20
	13	1
K		10
Preschool		1
<b>Grand Total</b>		<b>208</b>

CWS/CMS Query Monterey County Data and Statistics 2013

Without having more specific analytics for the county standard, STAR testing creates a countywide view of overall performance by subject. Below and Far Below Basic percentages run constantly in double percentage digits for the county as a whole. The future impact of the implementation of Common Core has yet to be determined, but regular STAR testing will be moving to once every 3 years.

### California Standards Tests (CSTs)

#### % of Enrollment

Schools submitted student information for every student enrolled on the first day the CSTs were administered. The percent of enrollment is the number of students tested with the CSTs divided by the total number of students enrolled on the first day of testing. In some instances the percent may exceed 100 percent because of students who enrolled in a school after the first day of testing and were subsequently tested. The percent of enrollment is not reported in the End-of-Course (EOC) summary column for course/discipline-specific tests.

#### Mean Scale Score for CSTs

This is the arithmetic mean or average of the scale scores for all students who took each grade- and/or content-specific CST without modifications. The scale scores for each grade and subject area range between 150 (low) to 600 (high). Scale scores are used to equate the CSTs from year to year and to determine the performance levels. A portion of the CST questions are changed from year to year, and scale scores are used to adjust for any differences in the difficulty levels of the tests that result from this question replacement. While the average number of questions answered correctly should not be compared from year to year, scale scores and the percent of students scoring at each performance level may be compared within each grade level and subject area (e.g., grade four CST for English–Language Arts [ELA] 2012 to grade four CST for ELA 2013).

#### % (of Students Who Scored at Each) Performance Level

California uses five performance levels to report student achievement on the CSTs:

**Advanced:** This level represents a superior performance. Students demonstrate a comprehensive and complex understanding of the knowledge and skills measured by this assessment, at this grade, in this content area.

**Proficient:** This level represents a solid performance. Students demonstrate a competent and adequate understanding of the knowledge and skills measured by this assessment, at this grade, in this content area.

**Basic:** This level represents a limited performance. Students demonstrate a partial and rudimentary understanding of the knowledge and skills measured by this assessment, at this grade, in this content area.

**Far below / below basic:** This level represents a serious lack of performance. Students demonstrate little or a flawed understanding of the knowledge and skills measured by this assessment, at this grade, in this content area.

California Department of Education; STAR 2013, Research File

## 2013 STAR Test Results

### Monterey County

## All Students - California Standards Test Scores

Monterey County County Name:  
 ---- District Name:  
 ---- School Name:  
 27-00000-0000000 CDS Code:  
 54,768 Total Enrollment on First Day of Testing:  
 54,538 Total Number Tested:  
 54,538 Total Number Tested in Selected Subgroup:

Note: The first row in each table contains numbers 2 through 11 which represent grades two through eleven respectively. EOC stands for end-of-course.

An asterisk (\*) appears on the Internet reports to protect student privacy when 10 or fewer students had valid test scores.

### Reported Enrollment

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Reported Enrollment	6,328	5,960	5,832	5,716	5,542	5,304	5,144	5,058	4,984	4,900	

### CST English-Language Arts

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested	6,238	5,648	5,458	5,360	5,104	4,943	4,817	4,822	4,735	4,635	
% of Enrollment	98.6 %	94.8 %	93.6 %	93.8 %	92.1 %	93.2 %	93.6 %	95.3 %	95.0 %	94.6 %	
Students with Scores	6,227	5,640	5,453	5,359	5,101	4,938	4,801	4,814	4,722	4,625	
Mean Scale Score	338.2	327.8	352.6	349.1	348.3	347.0	345.6	348.6	340.3	330.8	
% Advanced	14 %	12 %	24 %	19 %	18 %	16 %	19 %	19 %	17 %	13 %	
% Proficient	29 %	21 %	27 %	30 %	31 %	33 %	27 %	32 %	26 %	24 %	
% Basic	29 %	34 %	29 %	31 %	32 %	32 %	33 %	29 %	33 %	33 %	
% Below Basic	16 %	20 %	14 %	11 %	13 %	13 %	13 %	14 %	14 %	18 %	
% Far Below Basic	12 %	13 %	6 %	8 %	6 %	7 %	8 %	7 %	9 %	12 %	

### CST Mathematics

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested	6,234	5,676	5,506	5,364	5,129	4,525					
% of Enrollment	98.5 %	95.2 %	94.4 %	93.8 %	92.5 %	85.3 %					
Students with Scores	6,217	5,662	5,504	5,363	5,124	4,518					
Mean Scale Score	362.7	379.0	369.8	373.1	348.8	337.1					
% Advanced	26 %	31 %	33 %	24 %	16 %	10 %					
% Proficient	31 %	27 %	28 %	33 %	30 %	28 %					
% Basic	23 %	22 %	22 %	23 %	29 %	32 %					
% Below Basic	16 %	16 %	15 %	16 %	19 %	23 %					

% Far Below Basic	5 %	3 %	3 %	5 %	5 %	7 %					
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CST General Mathematics

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested							1,655	551			2,206
% of Enrollment							32.2 %	10.9 %			
Students with Scores							1,649	549			2,198
Mean Scale Score							305.5	292.9			302.4
% Advanced							2 %	2 %			2 %
% Proficient							16 %	9 %			14 %
% Basic							32 %	27 %			31 %
% Below Basic							33 %	37 %			34 %
% Far Below Basic							16 %	24 %			18 %

CST Algebra I

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested						417	3,074	2,131	1,132	661	7,415
% of Enrollment						7.9 %	59.8 %	42.1 %	22.7 %	13.5 %	
Students with Scores						417	3,068	2,124	1,120	654	7,383
Mean Scale Score						395.2	340.2	290.3	283.1	284.3	315.4
% Advanced						26 %	9 %	0 %	0 %	1 %	5 %
% Proficient						53 %	33 %	10 %	8 %	7 %	21 %
% Basic						14 %	28 %	24 %	20 %	20 %	24 %
% Below Basic						6 %	24 %	45 %	46 %	48 %	34 %
% Far Below Basic						1 %	7 %	21 %	26 %	24 %	15 %

CST Integrated Math 1

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested									1	1	2
% of Enrollment									0.0 %	0.0 %	
Students with Scores									1	1	2
Mean Scale Score									*	*	*
% Advanced									*	*	*
% Proficient									*	*	*
% Basic									*	*	*
% Below Basic									*	*	*
% Far Below Basic									*	*	*

CST Geometry

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested							263	1,853	1,511	672	4,299
% of Enrollment							5.1 %	36.6 %	30.3 %	13.7 %	
Students with Scores							263	1,844	1,508	668	4,283

Mean Scale Score								394.3	306.3	278.0	268.6	295.9
% Advanced								31 %	3 %	0 %	0 %	4 %
% Proficient								49 %	16 %	5 %	3 %	12 %
% Basic								17 %	29 %	18 %	13 %	22 %
% Below Basic								3 %	41 %	58 %	58 %	47 %
% Far Below Basic								0 %	10 %	18 %	25 %	15 %

CST Algebra II

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested							1	276	1,427	1,151	2,855
% of Enrollment							0.0 %	5.5 %	28.6 %	23.5 %	
Students with Scores							1	276	1,423	1,142	2,842
Mean Scale Score							*	368.3	312.5	282.8	306.0
% Advanced							*	24 %	3 %	1 %	4 %
% Proficient							*	32 %	20 %	7 %	16 %
% Basic							*	27 %	33 %	25 %	29 %
% Below Basic							*	15 %	30 %	38 %	32 %
% Far Below Basic							*	1 %	13 %	30 %	19 %

CST Summative High School Mathematics

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								7	264	1,224	1,495
% of Enrollment								0.1 %	5.3 %	25.0 %	
Students with Scores								7	264	1,223	1,494
Mean Scale Score								*	358.0	315.2	323.4
% Advanced								*	16 %	6 %	8 %
% Proficient								*	37 %	23 %	26 %
% Basic								*	29 %	26 %	26 %
% Below Basic								*	17 %	38 %	34 %
% Far Below Basic								*	1 %	8 %	7 %

CST History - Social Science Grade 8

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested							5,013				
% of Enrollment							97.5 %				
Students with Scores							5,003				
Mean Scale Score							341.8				
% Advanced							21 %				
% Proficient							24 %				
% Basic							29 %				
% Below Basic							11 %				
% Far Below Basic							16 %				

CST World History

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								76	4,550	176	4,802
% of Enrollment								1.5 %	91.3 %	3.6 %	
Students with Scores								43	4,545	132	4,720
Mean Scale Score								271.6	338.2	273.9	335.8
% Advanced								9 %	17 %	5 %	16 %
% Proficient								7 %	24 %	8 %	23 %
% Basic								7 %	33 %	16 %	32 %
% Below Basic								21 %	10 %	18 %	10 %
% Far Below Basic								56 %	17 %	52 %	18 %

#### CST U.S. History

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested										4,685	
% of Enrollment										95.6 %	
Students with Scores										4,678	
Mean Scale Score										339.1	
% Advanced										19 %	
% Proficient										25 %	
% Basic										27 %	
% Below Basic										14 %	
% Far Below Basic										16 %	

#### CST Science - Grade 5, Grade 8, and Grade 10 Life Science

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested				5,396			4,787		4,709		
% of Enrollment				94.4 %			93.1 %		94.5 %		
Students with Scores				5,393			4,785		4,690		
Mean Scale Score				342.9			372.8		348.1		
% Advanced				12 %			34 %		22 %		
% Proficient				29 %			27 %		25 %		
% Basic				34 %			18 %		29 %		
% Below Basic				15 %			13 %		13 %		
% Far Below Basic				10 %			9 %		11 %		

#### CST Biology

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								2,289	2,149	698	5,136
% of Enrollment								45.3 %	43.1 %	14.2 %	
Students with Scores								2,289	2,147	697	5,133
Mean Scale Score								354.6	332.5	340.3	343.4
% Advanced								19 %	10 %	16 %	15 %
% Proficient								30 %	23 %	25 %	26 %

% Basic								37 %	40 %	34 %	38 %
% Below Basic								9 %	15 %	12 %	12 %
% Far Below Basic								4 %	12 %	14 %	9 %

#### CST Chemistry

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								30	971	1,100	2,101
% of Enrollment								0.6 %	19.5 %	22.4 %	
Students with Scores								30	971	1,099	2,100
Mean Scale Score								339.7	339.4	333.4	336.3
% Advanced								10 %	9 %	9 %	9 %
% Proficient								23 %	26 %	21 %	23 %
% Basic								57 %	47 %	46 %	47 %
% Below Basic								3 %	13 %	17 %	15 %
% Far Below Basic								7 %	5 %	6 %	6 %

#### CST Earth Science

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								1,616	356	338	2,310
% of Enrollment								31.9 %	7.1 %	6.9 %	
Students with Scores								1,612	353	338	2,303
Mean Scale Score								322.5	321.6	312.9	321.0
% Advanced								7 %	9 %	4 %	7 %
% Proficient								20 %	19 %	16 %	19 %
% Basic								42 %	35 %	41 %	41 %
% Below Basic								16 %	20 %	20 %	17 %
% Far Below Basic								16 %	17 %	20 %	17 %

#### CST Physics

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested								326	619	648	1,593
% of Enrollment								6.4 %	12.4 %	13.2 %	
Students with Scores								326	618	648	1,592
Mean Scale Score								335.7	340.5	344.5	341.1
% Advanced								11 %	14 %	15 %	14 %
% Proficient								26 %	29 %	26 %	27 %
% Basic								41 %	34 %	41 %	38 %
% Below Basic								12 %	13 %	13 %	13 %
% Far Below Basic								11 %	10 %	5 %	8 %

#### CST Integrated/Coordinated Science 1

Result Type	2	3	4	5	6	7	8	9	10	11	EOC
Students Tested									1	4	5
% of Enrollment									0.0 %	0.1 %	

Students with Scores									1	4	5
Mean Scale Score									*	*	*
% Advanced									*	*	*
% Proficient									*	*	*
% Basic									*	*	*
% Below Basic									*	*	*
% Far Below Basic									*	*	*

California Department of Education; STAR 2013, Research File

When looking at the totality of the above sample demographics, Monterey County has weathered the worst of the storm from our economic crisis, but we are still rebuilding in many aspects. County Improvement of educational testing, solutions for homelessness or just the understanding of the impact on our foster youth will continue to be a challenge. These factors and their connectedness to the social service array that is provided will require continued development of evaluation methods to see the correlation to CWS outcomes.

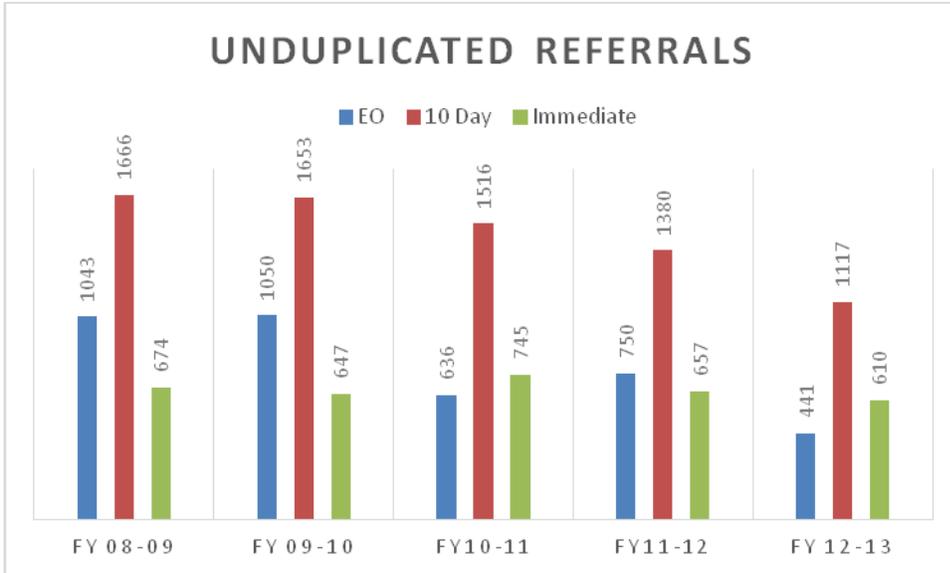
### CHILD WELFARE AND PROBATION POPULATION

In a recent presentation, “Recent & Historical Trends for Children Served in the CWS System” dated 4-3-13, Barbara Needell, MSW, PhD. at UCB indicated, California has experienced a 24% decline in the number of children 0-17 in foster care over the past 5 years and that this is also mirroring national data.

In preparing for the self-assessment, discussion and debates on what area to highlight and what to focus on occurs. Part of the discussion and debate is the perception of what is believed vs. what is actual or fact. Perceptions are often based on experience, anecdote, or misinformation. The following data is presented from the county perspective and from efforts to maintain localized data management for purposes of CQI and informed decision making.

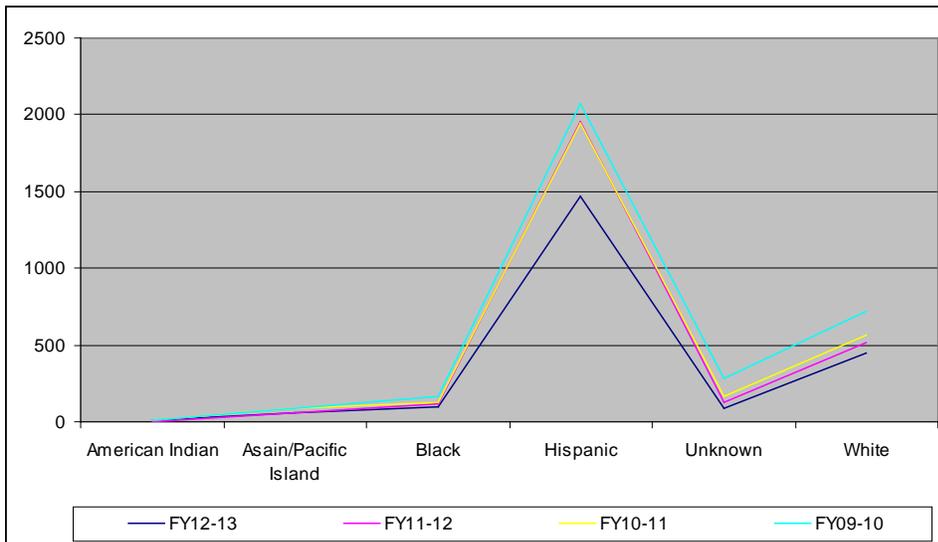
The funnel that is child welfare starts with the families and children that are referred for assessment. These families travel through our system and at times exit quickly. Severity of what has occurred within the family may dictate a longer period of stay within the child welfare system that includes participating in court ordered services that may include adoption.

The following chart represents the unduplicated number of children sorted by the highest severity of allegation then categorized by response type.



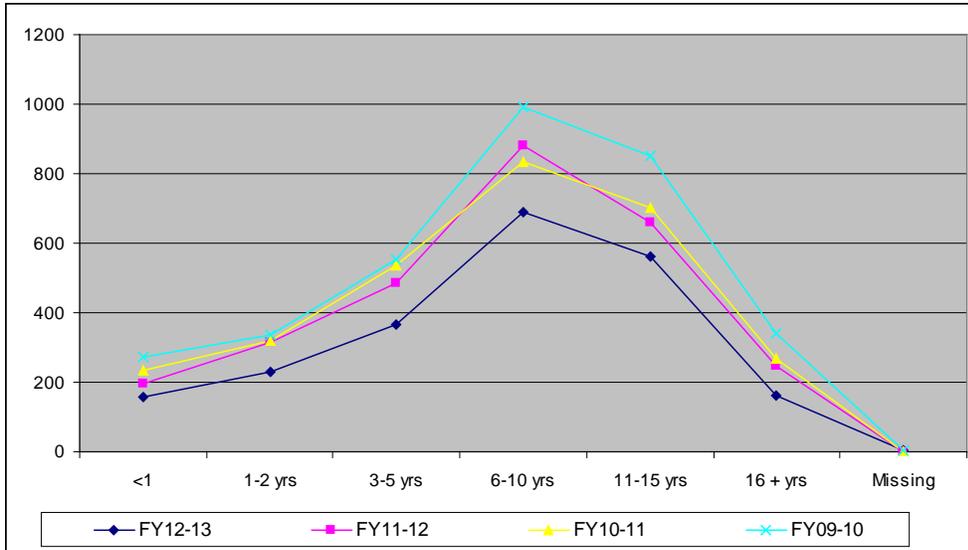
CWS/CMS Query Monterey County Data and Statistics 2013

**ETHNICITY TREND:**



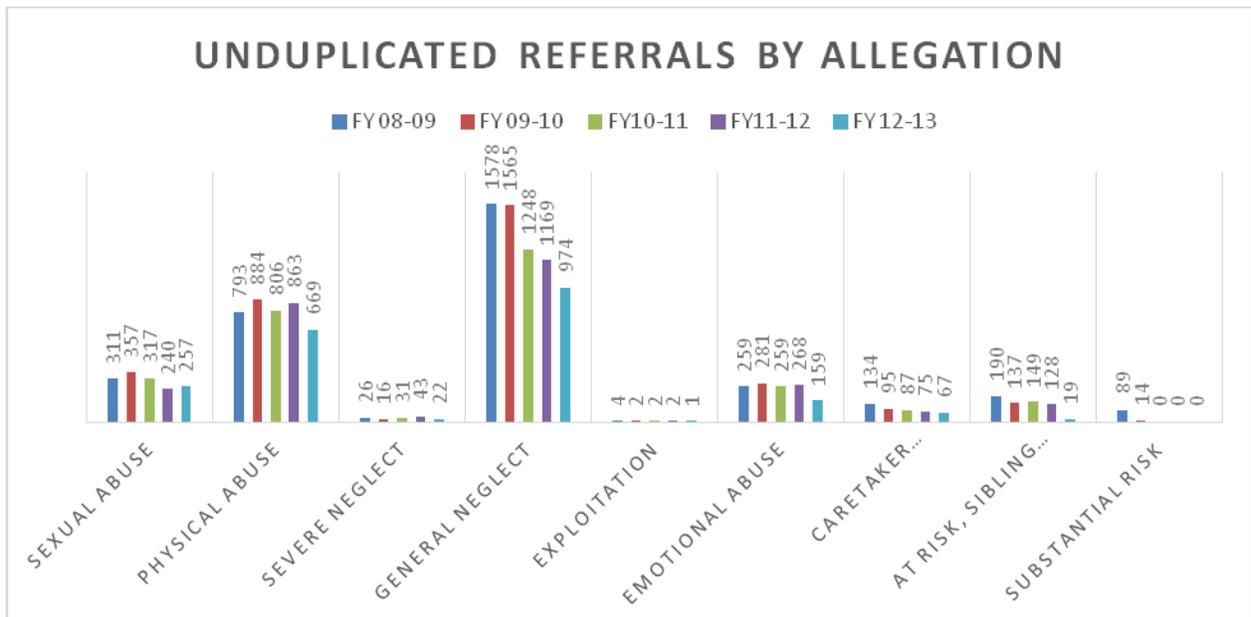
CWS/CMS Query Monterey County Data and Statistics 2013

**AGE TREND:**



CWS/CMS Query Monterey County Data and Statistics 2013

Another view is the same sorting but represented by year and allegation category.



CWS/CMS Query Monterey County Data and Statistics 2013

**STRUCTURED DECISION MAKING (SDM):**

Monterey County is a SDM or Structured Decision Making County. Structured Decision Making or SDM, is an organized approach to identifying and evaluating creative options and making choices in complex decision situations. However, in Monterey County we have consistently found that SDM remains an area of ongoing CQI. Consistent

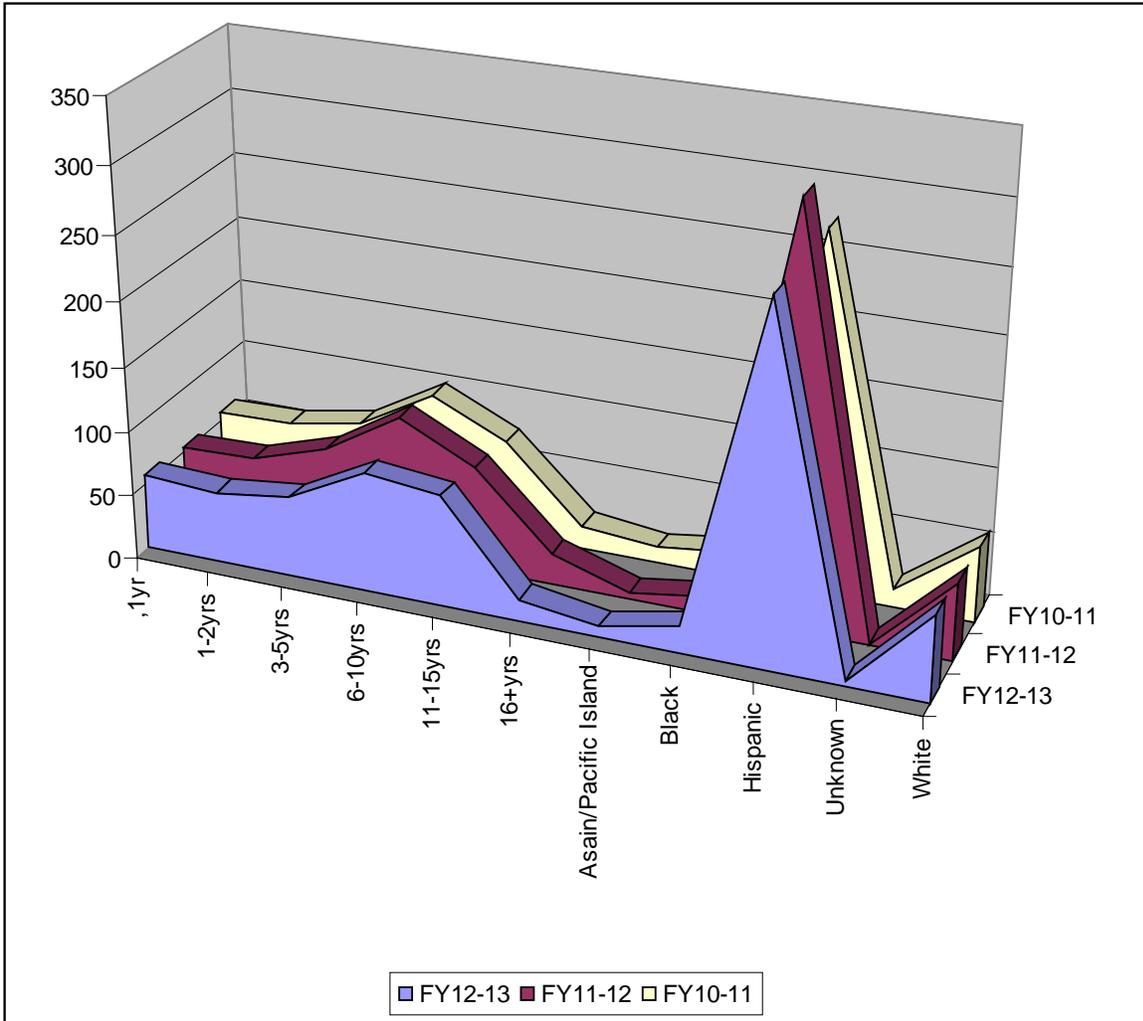
use at the screening level, ER level, and case level require monitoring in order to build SDM in as a factor in outcome evaluation.

Review of the Hotline Screening decision shows this focus and the need to continually look at the relationship of the number of tools completed the direction the tool leads and the Social Worker decision as represented below for FY12-13.

SDM Status	CWSCMS Referral Type				All
	10 Day	Evaluate Out	Immediate	N/A Secondary Report	
	N	N	N	N	
Immediate Response	2	1	455	0	458
Local	17	2	4	0	23
Response Within 10 Days	779	20	18	1	818
Review Not Required	0	1	0	0	1
Screen Out	11	408	1	0	420
All	809	432	478	1	1720

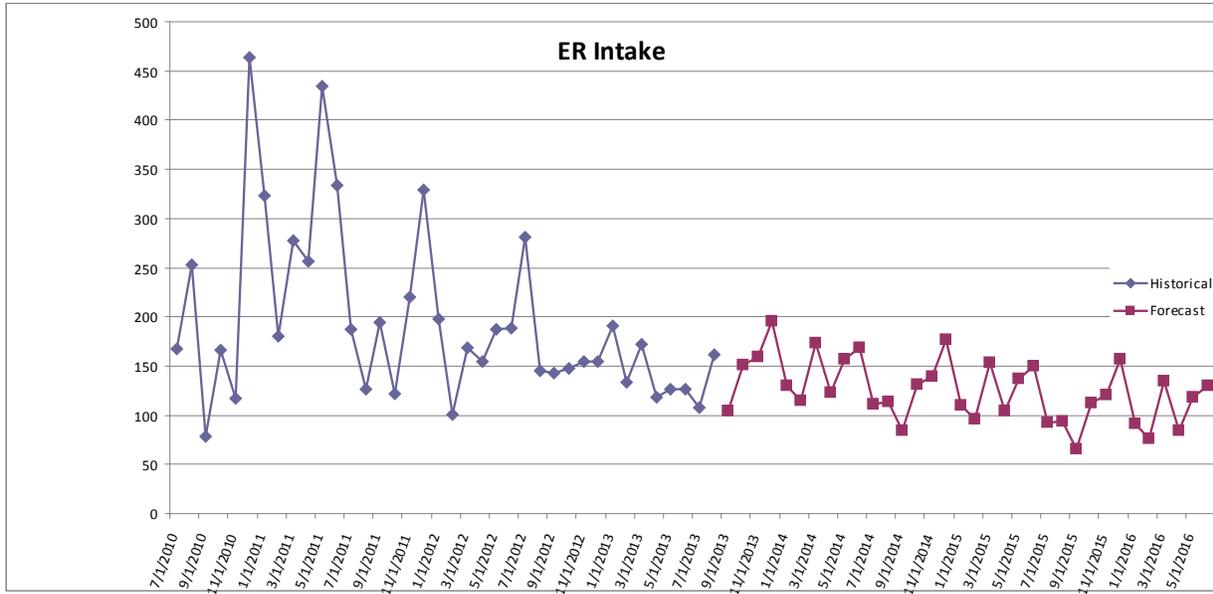
CWS/CMS Query Monterey County Data and Statistics 2013

SUBSTANTIATIONS AGE/ETHNICITY:



What can be seen by these charts is that Monterey is seeing an overall decrease in the total number of referrals, but that the numbers of immediate response calls have remained fairly constant. At the same time most allegation types have experienced decreases, however some allegations have seen fluctuations over those same years

Using data on ER intakes and applying a Time Series forecasting modeled base on liner trends with seasonal terms and that also incorporates a *auto-regressive, integrated, moving average*, called an ARIMA produces the following prediction. More simply put, our prediction is based on past events in predicting future patterns.

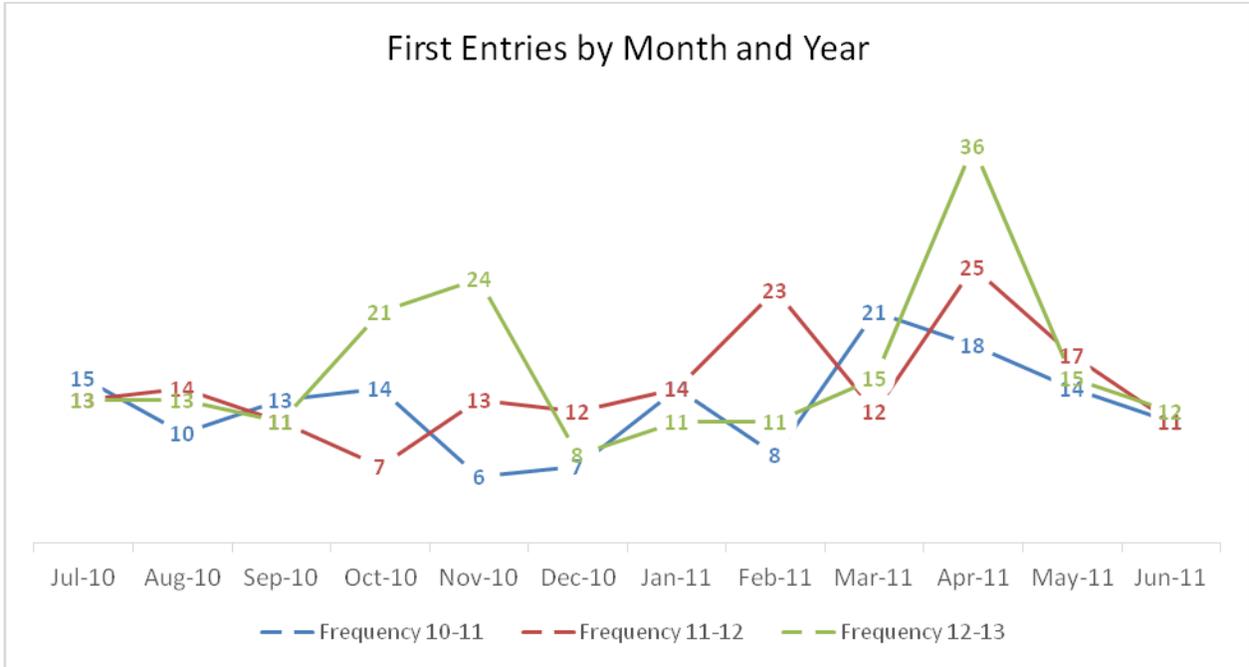


CWS/CMS Query Monterey County Data and Statistics 2013

As represented business needs should remain consistent into 2016.

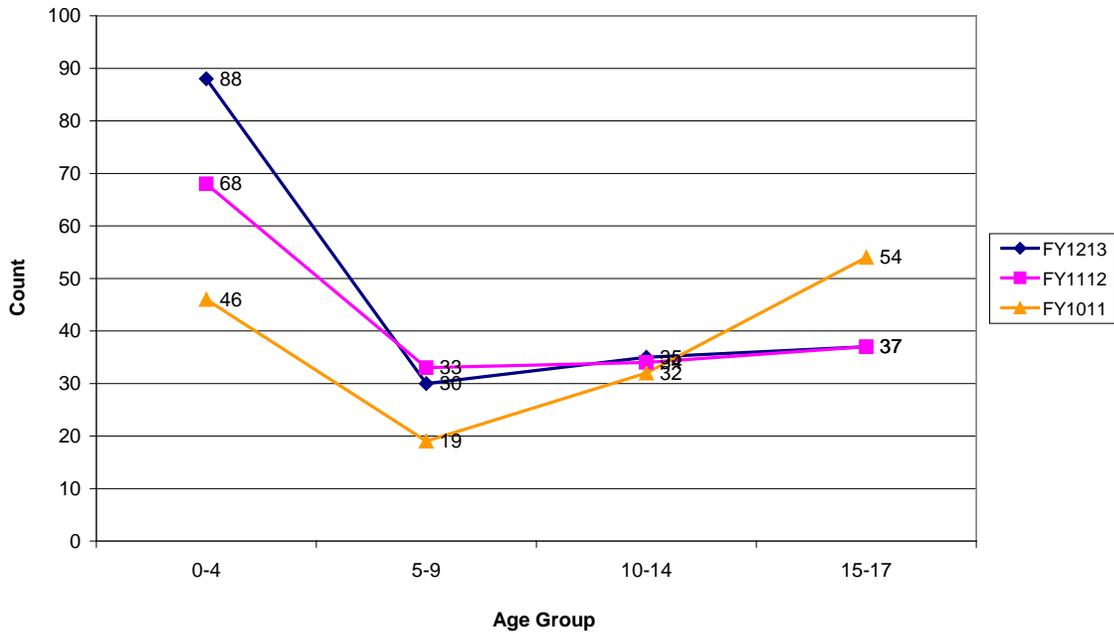
**FIRST ENTRIES:**

From this group come the first entries into foster care. This is shown by month and by age. It is clear that there are some seasonal fluctuations that are common in child welfare, but Monterey has seen some impacts to what has become to be perceived as normal. For instance 11-12 saw the normal increase come in two waves where the alternating years had just one.



CWS/CMS Query Monterey County Data and Statistics 2013

### Child Population 0-17, First Entries



CWS/CMS Query Monterey County Data and Statistics 2013

Our evaluation then considers of those that come into care what happens to them? To look at this we have applied the following:

*Kaplan-Meier Estimates Survival data consist of a response (event time, failure time, or survival time) variable that measures the duration of time until a specified event occurs and possibly a set of independent variables thought to be associated with the failure time variable. These independent variables (concomitant variables, covariates, or prognostic factors) can be either discrete, such as sex or race, or continuous, such as age. The purpose of survival analysis is to model the underlying distribution of the failure time variable and to assess the dependence of the failure time variable on the independent variables.*

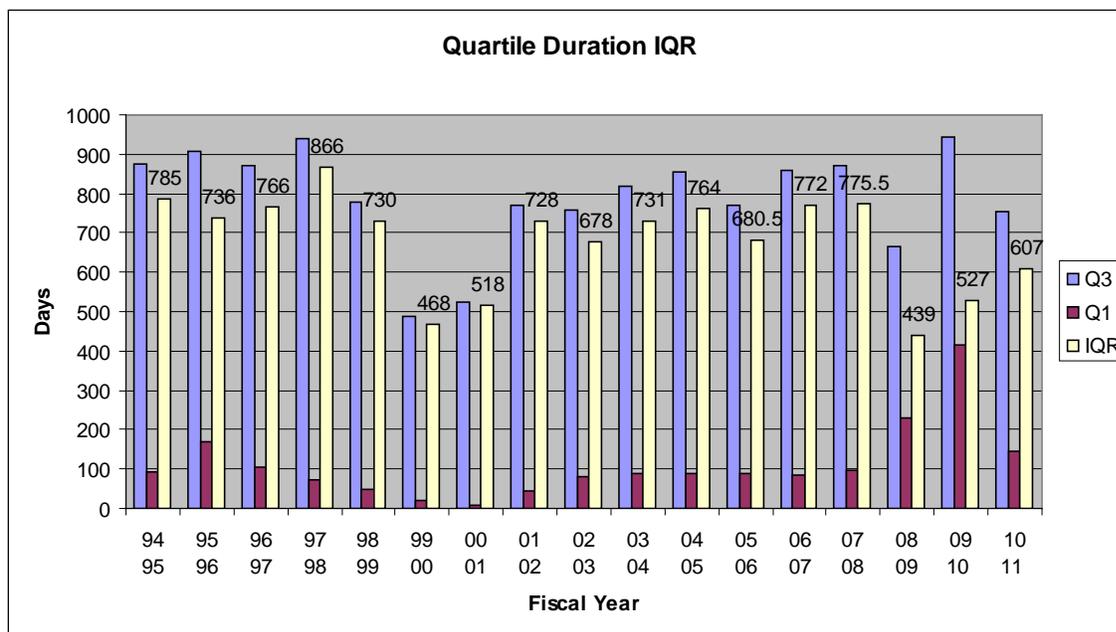
We continue to pursue, as time permits, exploration of First Entries into care by time in care and how time is impacted by age, gender, race and exit type. There are three assumptions used in this analysis. **First**, we assume that at any time children who are censored have the same survival prospects as those who at the point in time through which data were available; their service period was still in progress. **Second**, we assume that the survival probabilities are the same for children removed early and late in the report. **Third**, we assume that the event happens at the time specified.

Using this platform we have consistently seen that age and race have very similar trending patterns and that exit type follows known conventions within child welfare. This also applies to placement type. Children residing in congregate care exit faster than those placed in Relative care and children who are in mixed placements exit the slowest.

What stands out in ongoing review is the Fiscal year view and differentiation in quartile values and the trending of days on exits.

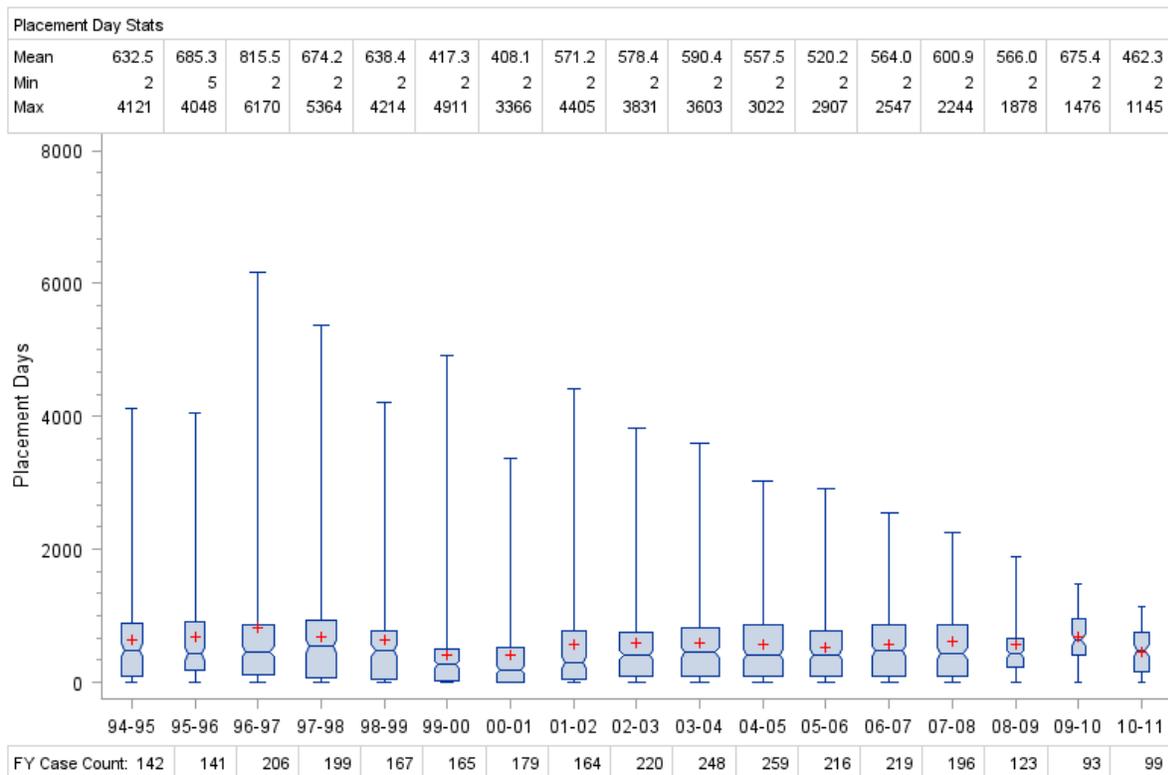
*Quartiles represent the value for which 25% of the data is below (Q1 -25%) and the value for which 25% of the data is above (Q3-75%). The Inter-quartile Range (IQR) is the difference between these two quartiles (Q3 – Q1 = IQR). A major advantage of using the Inter-quartile Range (IQR) to estimate variability is that it is much less sensitive to outliers than the variance or the Standard Deviation summary statistics.*

The following chart looks at the mean of days for all exits between First entry populations and exits.



This lead to further examination of the data and using a whisker-box plot, we were able to more closely look at the impact of sample size (i.e. the box width scale is related to the size of the First Entry Population), the mean vs. the median (note the + for the mean and the box intersection as the median) and the actual 25<sup>th</sup> (bottom box line) vs. 75<sup>th</sup> quartile (top box line). Confidence is established if there is no overlap.

### Box Plot for Placement Days by Fiscal Year Monterey County First Entries - First Spell - Exits



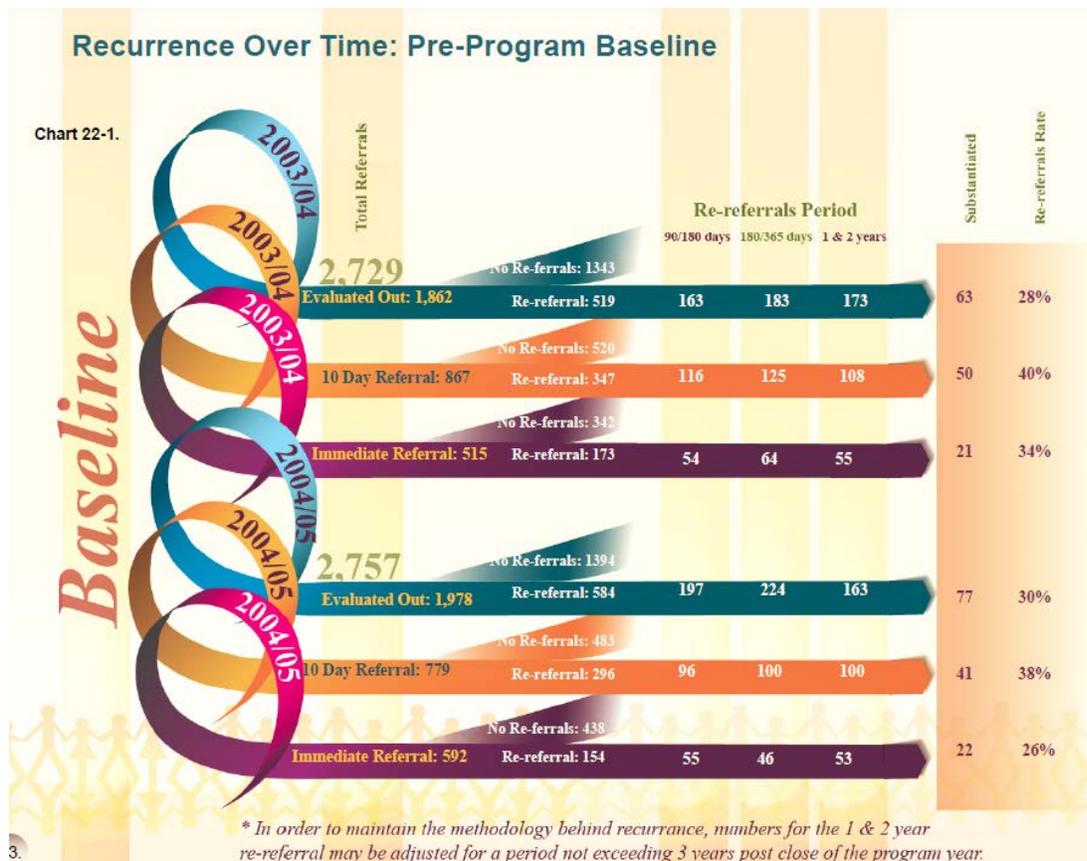
DataSource: CWS/CMS Mainframe - A. Lombay/9/15/2013

Looking at how this applies to our program, we can see the average IQR is conditional on the 25<sup>th</sup> and 75<sup>th</sup> number of placement days. Further exploration shows that maximum time in care is continually decreasing with each new first entry population for their first entrance in to care. Except for a spike in 09-10 25% of the youth coming into care exit at a fairly consistent rate, however further exploration on the factors that can impact this analysis is called for.

#### DIFFERENTIAL RESPONSE (DR OR PATHWAYS TO SAFETY)

Monterey County is also in the 8<sup>th</sup> year of our implementation of Differential Response, known locally as Pathways to Safety, Families are served through a public-private partnership with our community and we are currently fully implemented across the county for all 3 paths. Monterey County stands out as our program is one of the few that is 100% voluntary and vested in our community partners. As such evaluation has been at the core of our program. We have focused on looking at recurrence and severity of dispositions on those recurrences. What we have found is that families who would normally be evaluated out, have very little recurrence. Families assessed at the 10 Day level were at the highest risk of recurrence, yet with Pathways intervention the severity of their disposition was less. Basically inferring that by providing early intervention and prevention services, the community in partnership with FCS, can effectively address stress factors that may lead to more escalated child welfare decisions.

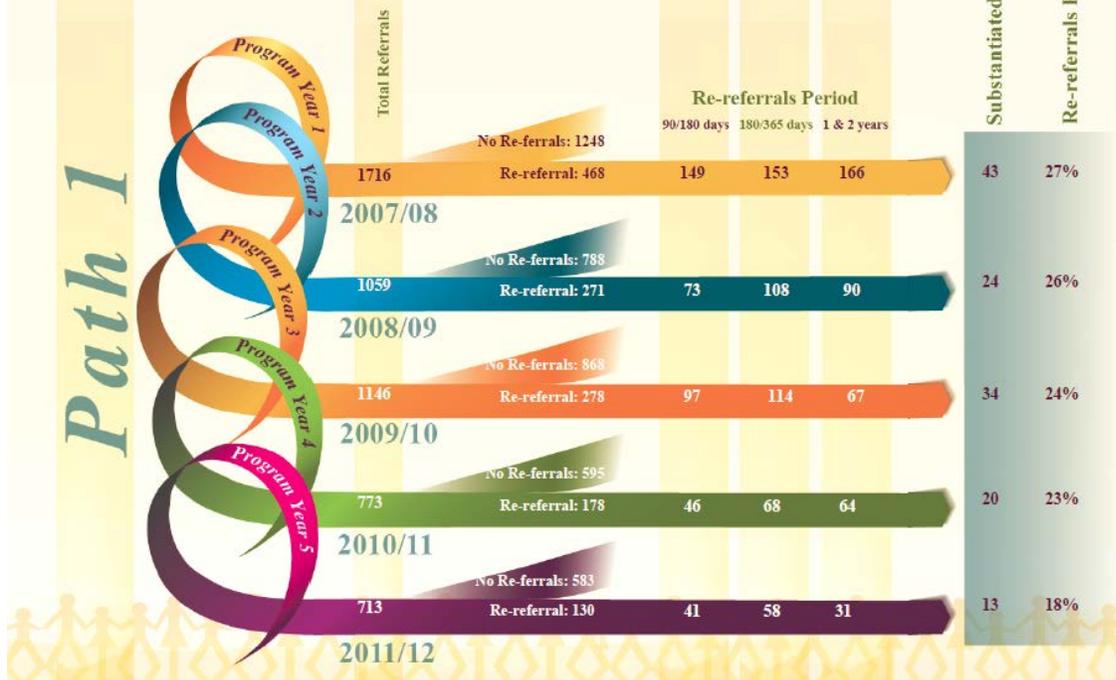
The following charts are from our annual report found at; <http://mcdss.co.monterey.ca.us/reports/>



CWS/CMS Query Monterey County Data and Statistics 2013

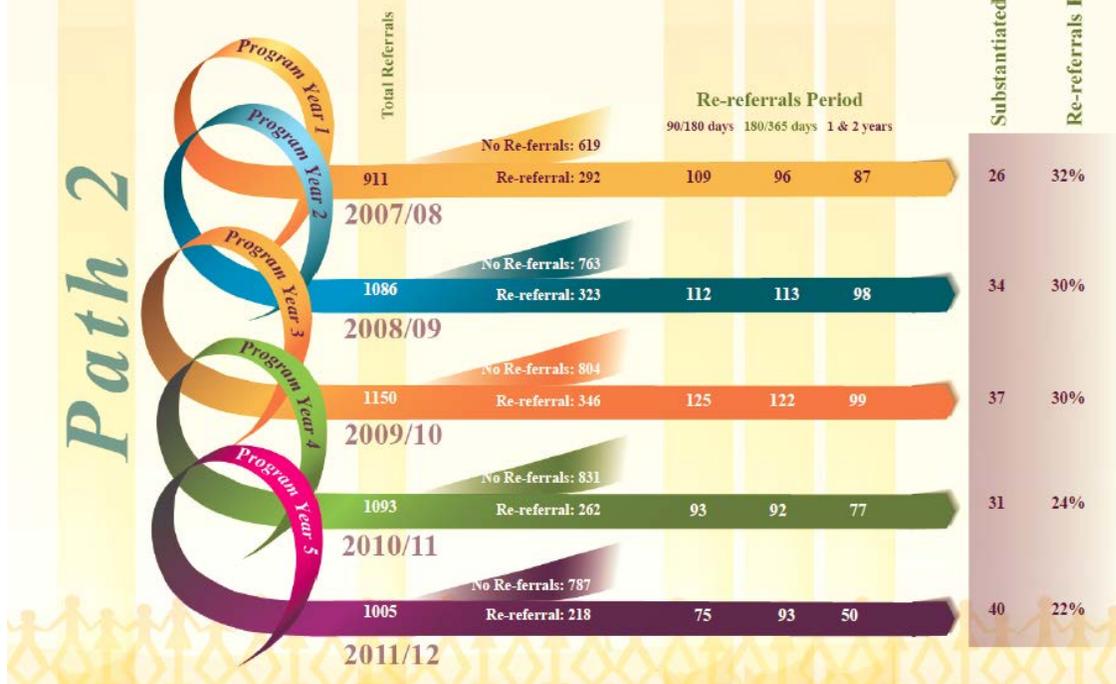
## Recurrence Over Time: Pathways to Safety Path 1

Chart 22-2.

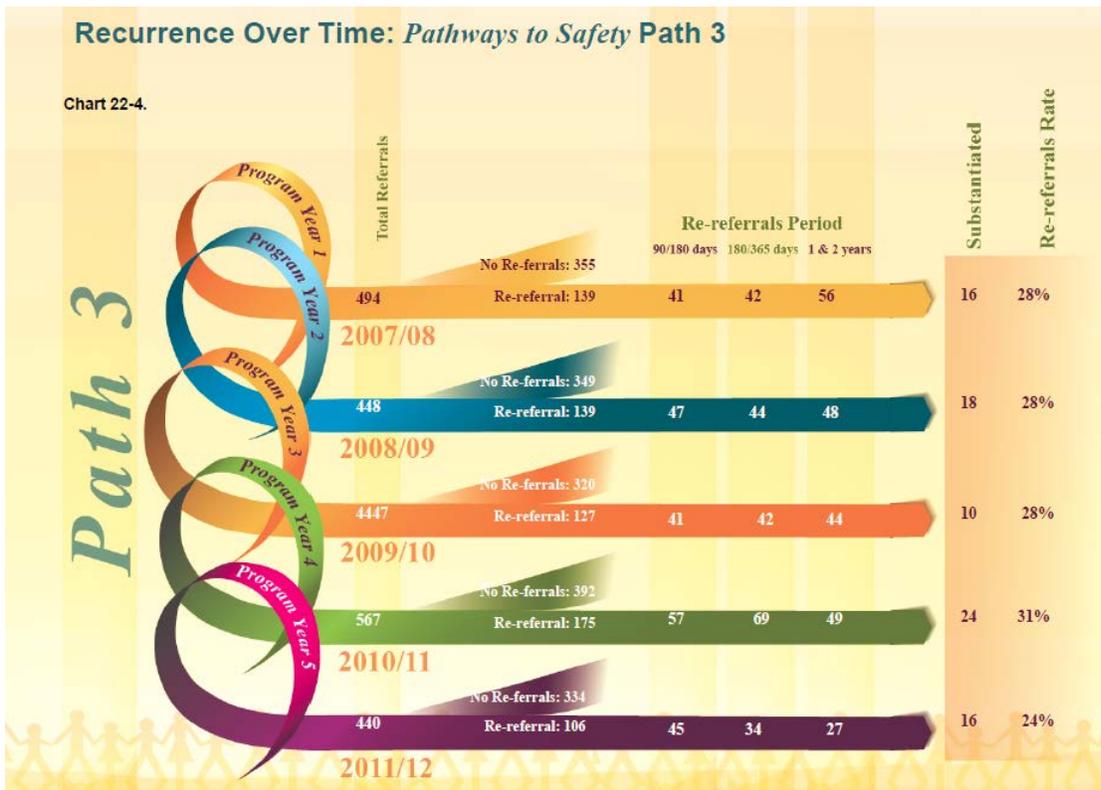


## Recurrence Over Time: Pathways to Safety Path 2

Chart 22-3.



CWS/CMS Query Monterey County Data and Statistics 2013



CWS/CMS Query Monterey County Data and Statistics 2013

Another view is to look at the youth that are in care. This flow of children is consistently moving and requires different views. The following chart looks at all the youth that were in care during the 12-13 fiscal year. The data suggests that Monterey is in a pattern of decreasing foster care populations. This has also been reflected across the state and nation. However, with the implementation of new legislation like AB 12, 212, 1712 etc. these numbers will have new variables in the flow of data. Future data evaluation will have to account for this newest population of non-minor dependents.

### Entry to CHERISH

The following data represents data collected by our contractor. This contractor runs Monterey County's 23 hour receiving center, 365 days per year/24 hours a day.

AGE	GENDER			Grand Total
	female	male		
0	3	7		10
1	10	7		17
2	3	9		12

3	9	13	22
4	4	5	9
5	7	6	13
6	8	9	17
7	6	7	13
8	3	9	12
9	5	10	15
10	3	8	11
11	2	6	8
12	6	2	8
13	5	6	11
14	11	4	15
15	9	3	12
16	3	1	4
17	12	1	13
18	8	2	10
(blank)	4	1	5
Grand Total	121	116	237

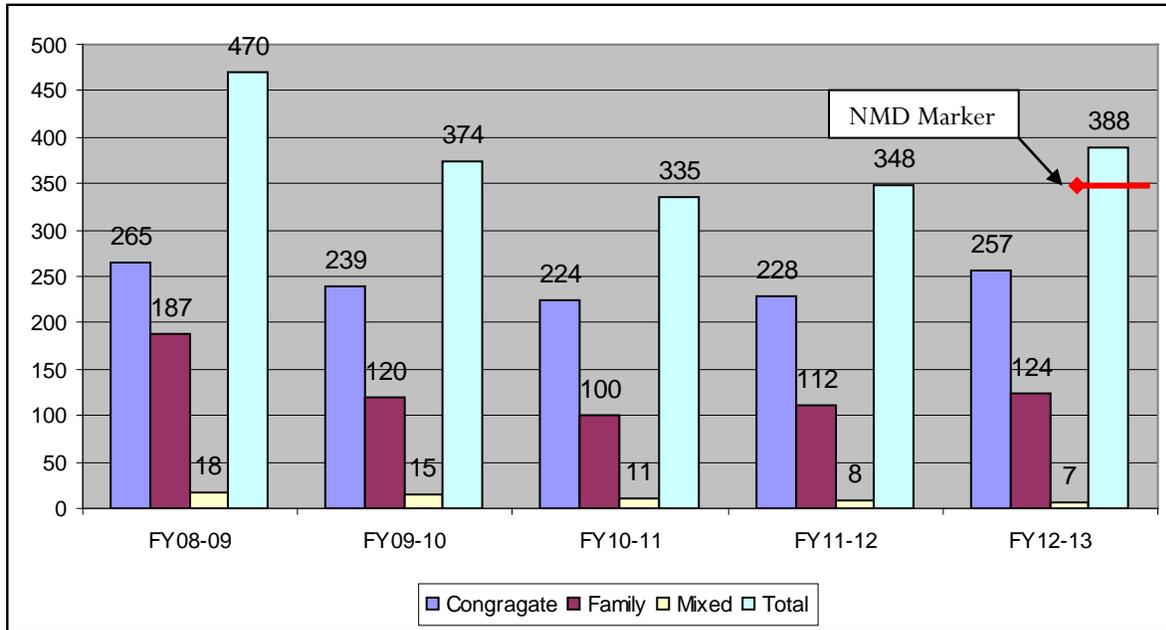
ETO Query--Monterey County 2013

In care rates tracked by fiscal year show the multi-year decrease in total foster care numbers. FY12-13 rates are listed below and broken out by those who spent the majority of their time in congregate care, family care or a mix of both. It should be noted that the recent decline in family care coincides with our overall decrease in foster care. Additional data analysis is needed in this area.

In Care Rates	Congregate	Family	Mixed	Total
FY98-99	330	153	20	503
FY99-00	330	146	25	501
FY00-01	325	149	19	493
FY01-02	285	126	18	429
FY02-03	314	126	16	456
FY03-04	394	141	23	558
FY04-05	402	208	23	633
FY05-06	358	231	22	611
FY06-07	322	240	23	585
FY07-08	306	225	19	550
FY08-09	265	187	18	470

FY09-10	239	120	15	374
FY10-11	224	100	11	335
FY11-12	228	112	8	348
FY12-13	257	124	7	388

CWS/CMS Query Monterey County Data and Statistics 2013



Custom Report Monterey County Data and Statistics 2013

As we move forward in tracking youth in care, we will have to account for Non-Minor Dependents (NMD's) and their growth per year in future data collection..... Their numbers could present an artificial increase in base foster care.

Number of Children Age 18 in 2011	3
Number of Children Age 18 in 2012	22
Number of Children Age 18 in 2013	27
Number of Children Age 18 in 2014	26
Number of Children Age 18 in 2015	18

**PSYCHOTROPIC MEDICATION:**

Working with our youth it is important to look at many factors, but one that is always discussed in the use of psychotropic medication. As of September 2013, Monterey County has 60 youth receiving medication. In order to fully address this facet, our Department and community providers are participating in the

statewide conversations regarding medication use. The following are the documented conditions reflected in CWS/CMS along with the demographics for those receiving medication.

Client Condition							
Attention Deficit Hyperactive Disorder	Depressed and/or Withdrawn	Emotional Disorder (DSM, Curnt Rev)	Fearful or Anxious	Mood Swings (Frequent and/or Persistent)	Other Behavioral Condition	Other Client Emotional Condition	Psych Hospitalization (Current/Past)

Data Summaries	Data Type	Total # in Foster Care
	TOTAL	60
Placement Type	FFA	13
	Foster Family Home	6
	Group Home	26
	Relative Home	15
Ethnicity	Asian/Pacific Islander	3
	Black	3
	Hispanic	34
	Other	2
Gender	White	18
	Female	24
Age	Male	36
	0 to 5 Years	2
	11 to 13 Years	14
	14 to 18 Years	30
	6 to 10 Years	14

Custom Report Monterey County Data and Statistics 2013

**Wraparound:**

Currently Wraparound services are contracted through community contractors. Statistics collected by the contractor (Rebekah Children Services) from last fiscal year are presented as follows:

*Referral Source*

Category	Count	Percent
DSES	16	29.63%
MH AB 26.5	3	5.56%
Probation	35	64.81%
<b>Grand Total</b>	<b>54</b>	<b>100.00%</b>

*Age at Admission*

Category	Count	Percent
Admission Age -6	3	5.56%
Admission Age -8	1	1.85%
Admission Age -10	1	1.85%
Admission Age -12	4	7.41%
Admission Age -13	7	12.96%
Admission Age -14	10	18.52%
Admission Age -15	7	12.96%
Admission Age -16	15	27.78%
Admission Age -17	6	11.11%
<b>Grand Total</b>	<b>54</b>	<b>100.00%</b>

*Ethnicity*

Category	Count	Percent
African American	3	5.56%
Caucasian	8	14.81%
Caucasian/Afro American	2	3.70%
Caucasian/Asian	2	3.70%
Caucasian/Hispanic	2	3.70%
Hispanic	37	68.52%
<b>Grand Total</b>	<b>54</b>	<b>100.00%</b>

*Primary Language*

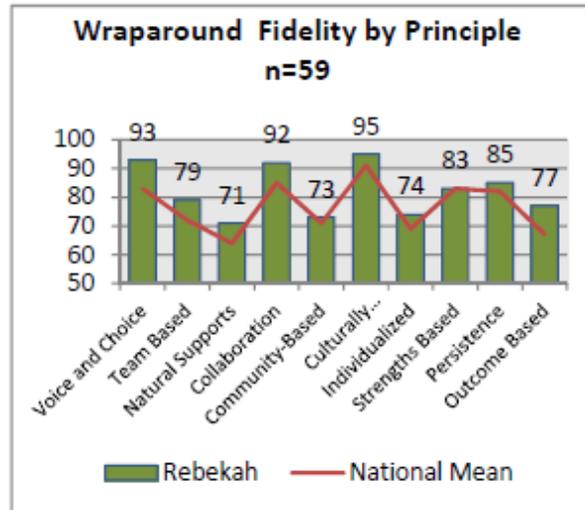
Category	Count	Percent
English	39	72.22%
Spanish	14	25.93%
Spanish/English	1	1.85%
<b>Grand Total</b>	<b>54</b>	<b>100.00%</b>

*Placement at Discharge (only discharged clients)*

Category	Count	Percent
Placed in group home	20	51.28%
Graduation - w/ bio-parents	11	28.21%
Graduation - placed w/ relatives	2	5.13%
Placed w/ friends	1	2.56%
Graduation - placed w/ foster	1	2.56%
Graduation - return to bio home	1	2.56%
Stayed w/ group Home	1	2.56%
Closed due to Admin Reasons	1	2.56%
Picked up new charges	1	2.56%
<b>Grand Total</b>	<b>39</b>	<b>100.00%</b>

Year End Report RCC FY12-13

Recent qualitative steps were taken to measure current fidelity.



Year End Report RCC FY12-13

Within case data, an area that needs more attention is the collection of case closure reasons, Reflected below is case closure reasons for 12-13, on the face the information looks valid for exits, however we know that workers all too often default the closure reason to the Point in Time (PIT) of their case experience. That being said, many of the cases listed as Family Stabilized are reunification cases that received continued support.

As such further work is needed with this data to show the case flow and progression of families that enter our system

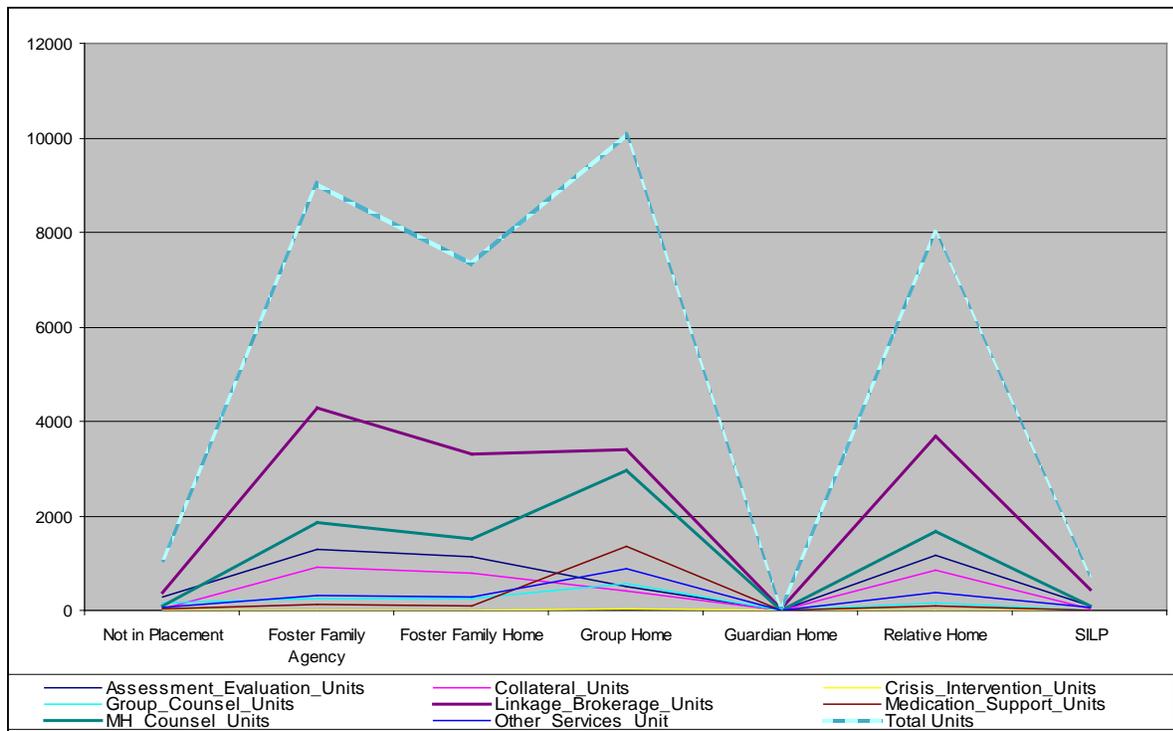
Case_Closure_Reason	Frequency Count	Percent of Total Frequency
0	1	0.442
Adoption Finalized/Former Foster Parent	18	7.965
Adoption Finalized/Non-Relative	10	4.425
Adoption Finalized/Relative	6	2.655
Child Runaway	6	2.655
Closed ICPC/International Request	3	1.327
Court Ordered Termination	30	13.274
Death of Child	1	0.442
Emancipation/Age of Majority	7	3.097
Exceeded Time Limit	8	3.540
Family Stabilized (FM)	65	28.761
Guardianship Established/Child Placed	3	1.327
Incarcerated - Adjudicated 601/602	5	2.212
Incarcerated - Adjudicated Non 601/602	1	0.442
Kin-GAP	1	0.442
Placement with Relative	2	0.885
Re-Unified With Parent/Guardian (Court)	10	4.425
Re-Unified With Parent/Guardian(Non-Crt)	15	6.637
Refused Services	30	13.274
Services Provided By Other Agency	4	1.770
	226	100.000

## Behavioral Health (BH):

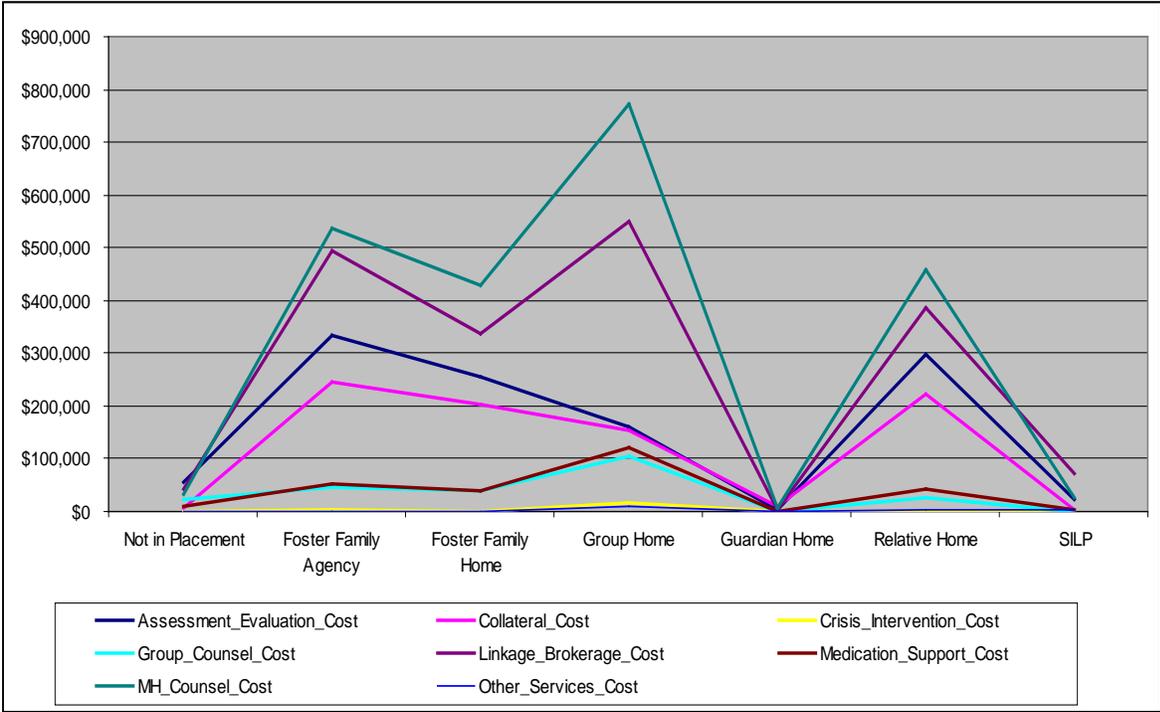
Currently the Department has entered into an agreement with our BH to continue to improve our service delivery and to better prepare for incoming initiatives and changes. At the heart of this agreement is our data sharing and future development of inter-department analytics. As a start we have a few snapshots of our 12-13 dependency population. Points of note:

- Low levels of Crisis Unit of Service (UOS)
- High level of Mental Health Counseling
- UOS totals are similar between Group Home, FFA and Relative.
- However, Billing related to Group Homes are significantly higher
- PTSD and Disorder of Infancy which bill out over 2,7 million last year

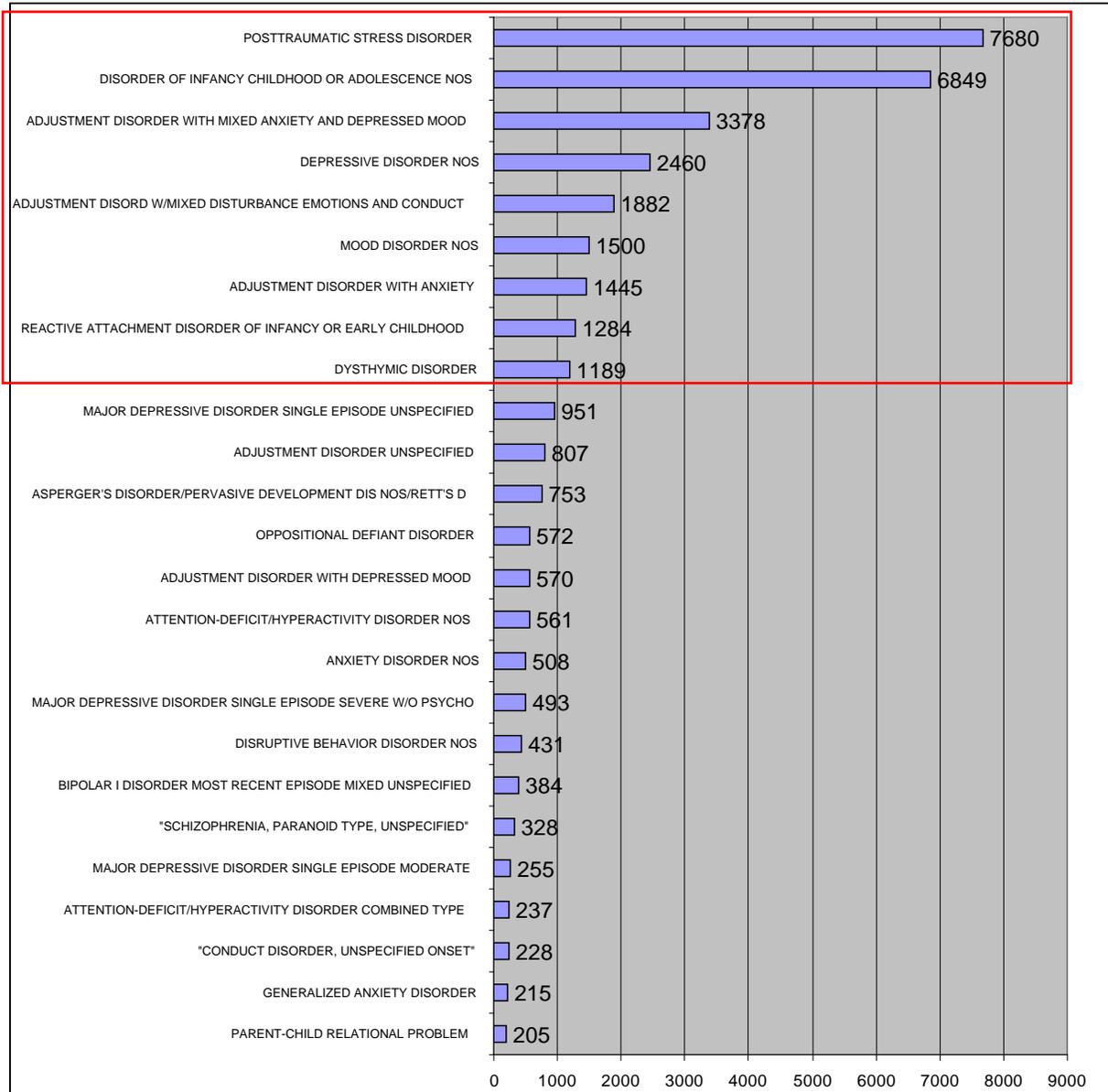
## Service Unit by Facility:



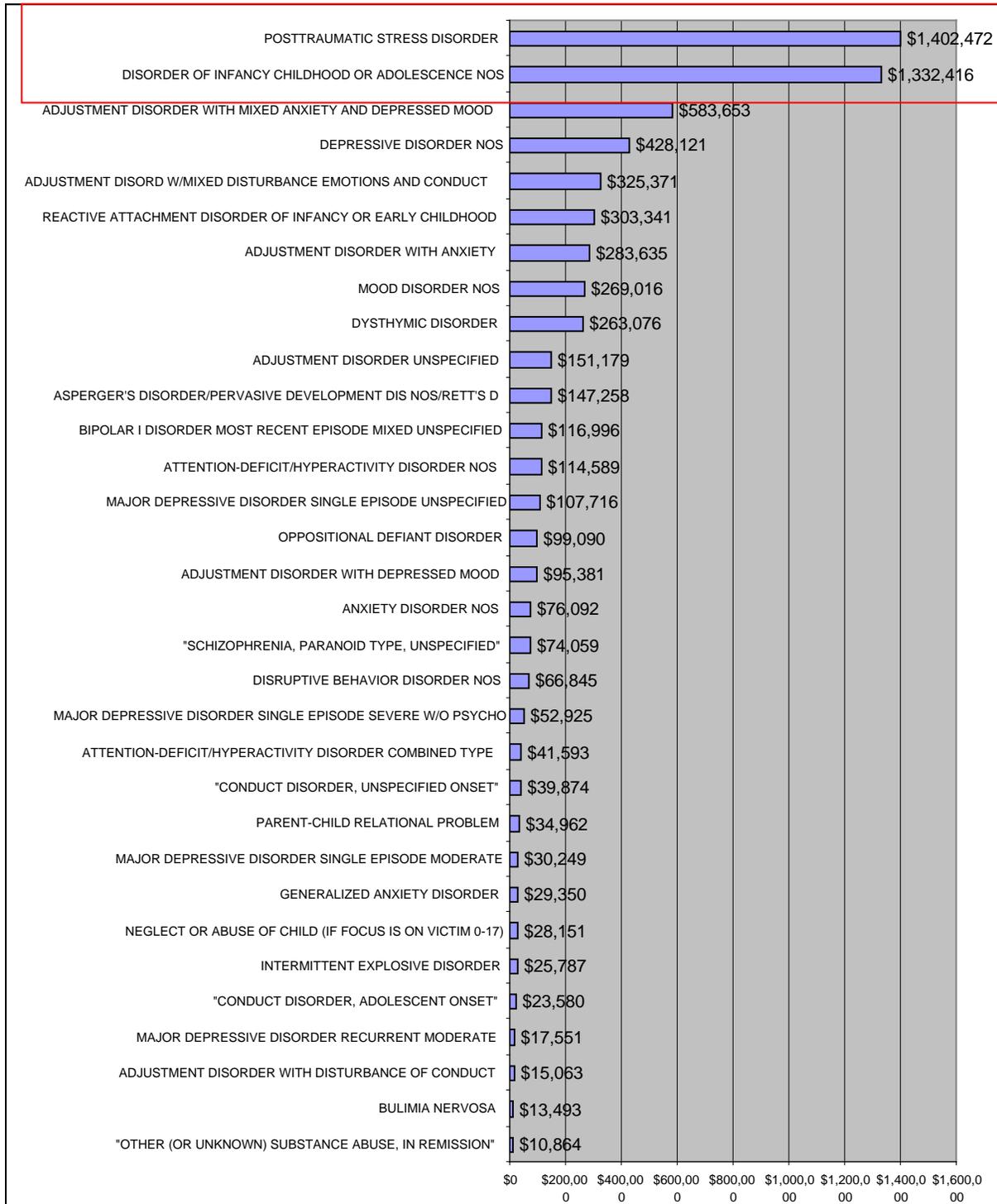
## Cost by Facility:



## Diagnosis (DX) and Service Units



## Diagnosis(DX) by Cost:



Custom Report Monterey County Data and Statistics 2013

## Collateral Meetings:

Recently we have extending our discussion around collateral meetings to address the impact of our different types of meetings on outcomes for our youth and families. Our goal is to see what, if any, was the impact on outcomes. Previous efforts in this area were focused solely on TDM's but we know that they make up only a portion of the meetings that come under the MDT banner.



<p style="text-align: center;"><b>Team Decisionmaking Meeting (TDM)</b></p> <p>Occurs prior to a placement decision and prior to a placement move. In the case of emergency placements it occurs prior to filing a petition.</p> <p>The goal is to reach consensus about a plan that will protect the children, preserve the family when possible, make a placement-related decision or reunify the family.</p> <p><small>(SW contacts Salinas Receptionist to schedule in available time slots)</small></p>	<p style="text-align: center;"><b>Families Offering Children United Support (FOCUS)</b></p> <p>Occurs in all dependency cases within 5 business days of placement.</p> <p>SW, parents, caregivers, and children gather to share information and begin team building between the child's parents and caregivers. Information is exchanged about the child's needs.</p> <p><small>(SW schedules &amp; contacts Receptionist for room reservation)</small></p>	<p style="text-align: center;"><b>Family Team Meeting (FTM)</b></p> <p>Held at the parents' or team's request (monthly or bi-monthly) for cases in family reunification, family maintenance and family reunification partnership.</p> <p>The goal is to review the parent's progress in the case plan to ensure that any issues, successes and challenges regarding the case are addressed appropriately, openly and timely.</p> <p><small>(SW schedules &amp; contacts designated Secretary for room reservation)</small></p>	<p style="text-align: center;"><b>Interagency Placement Committee (IPC)</b></p> <p>A problem-solving, supportive consultation forum for any FCS or BH case manager who sees a child at risk for placement disruption.</p> <p>IPC is required for initial group home placements, subsequent change to a group home, referrals for wraparound and TBS.</p> <p><small>(SW contacts Placement Resource SW to schedule)</small></p>	<p style="text-align: center;"><b>Child &amp; Family Team Meeting (Wrap Meeting)</b></p> <p>Occurs in all Wraparound cases at least once per month. The meetings are family driven and may take place in the family's home.</p> <p>The purpose is to set goals, review strengths, arrange services and supports, choose needs and brainstorm strategies to meet those needs.</p> <p><small>(SW coordinates with Wrap Staff to schedule)</small></p>
<p style="text-align: center;"><b>Case Plan Review (CPR)</b></p> <p>Allows for team input regarding case decisions and plans prior to transfer of the case to the next unit. The CPR occurs prior to the development of the case plan, at least two weeks prior to the Juris/Dispo. For cases leaving FR the CPR occurs prior to the development of the case plan and court recommendations, at least 8 weeks prior to the Permanency Hearing.</p> <p><small>(Sup. of the sending unit schedules)</small></p>	<p style="text-align: center;"><b>Permanency Conference</b></p> <p>For youth in or at risk of long term foster care and under age 15½ who do not have a lifelong connection or are at risk of losing their permanent connection. A PC is held prior to the first post permanency review hearing. The goal is to establish a lifelong connection.</p> <p><small>(SW schedules &amp; contacts designated Secretary for room reservation)</small></p>	<p style="text-align: center;"><b>Emancipation Conference</b></p> <p>For all youth age 15½ or older with a goal of long term foster care. Youth will have at least one EC prior to emancipation.</p> <p>The goal of an EC is to establish a permanent placement and/or lifelong connection for youth in or at risk of long term foster care.</p> <p><small>(SW contacts PP Clerk to schedule)</small></p>	<p style="text-align: center;"><b>Administrative Review</b></p> <p>Held to determine the appropriateness of a youth's placement, continuing appropriateness and extent of compliance with the permanent plan, case plan and adequacy of services provided to the youth.</p> <p>Youth in long term foster care receive reviews every 6 months. May be conducted by the court or agency.</p> <p><small>(SW schedules &amp; notifies PP Clerk)</small></p>	

Starting by looking at all meetings we cross tabulated time in care by placement episode termination reason and then added the layer of total number of meetings.

	Collaborative Meetings																All
	0 meetings				1 meeting				2 meetings			3 to 5 meetings		6 to 8 meetings	9 or more meetings		
	Time in Care (Years)						Time in Care (Years)				Time in Care (Years)			Time in Care (Years)		Time in Care (Years)	
	a. Less than 1 year	b. 1 to 2 years	c. 3 to 5 years	d. 6 to 8 years	e. 9 to 11 years	f. 12 to 14 years	b. 1 to 2 years	c. 3 to 5 years	d. 6 to 8 years	a. Less than 1 year	b. 1 to 2 years	c. 3 to 5 years	b. 1 to 2 years	c. 3 to 5 years	b. 1 to 2 years		
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
PE Termination Reason																	
Adoption Finalized	1	18	10	3	0	2	1	1	0	0	0	1	3	0	0	0	
Age of Majority	0	2	1	2	0	1	0	0	1	0	0	0	0	0	0	0	
CWS Agency has Jurisdiction	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
Emancipation	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	2	
Guardianship	5	2	0	0	1	0	0	0	0	0	0	0	0	0	0	8	
Reunified with Parent/Guardian (Court)	8	44	3	0	0	0	1	1	0	1	3	1	9	1	3	3	
Reunified with Parent/Guardian (Non-Crt)	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5	
<b>All</b>	<b>19</b>	<b>67</b>	<b>15</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>3</b>	<b>3</b>	

Then we looked at the number of placements.

	Collaborative Meetings						All
	0 meetings	1 meeting	2 meetings	3 to 5 meetings	6 to 8 meetings	9 or more meetings	
	N	N	N	N	N	N	
Placement Count							
1	33	2	2	5	3	2	47
2	36	2	1	7	0	0	46
3	14	0	0	2	0	0	16
4	13	0	2	0	0	0	15
5	7	0	0	0	0	1	8
6	2	1	0	0	0	0	3
7	0	0	1	0	0	0	1
9	1	0	0	0	0	0	1
12	1	0	0	0	0	0	1
14	2	0	0	0	0	0	2
15	1	0	0	0	0	0	1
All	110	5	6	14	3	3	141

CWS/CMS Query Monterey County Data and Statistics 2013

We believe this will lend itself to some specific impact analysis as soon as our exit cohort increases sufficiently to look the impact of the different meeting types and by adding service component level views. The other question is the relationship of decisions and the impact of SDM.

**Analysis:**

With the above presented data there are some specific points that must be noted. The relationship between the volumes of our work flow in relation to the number of kids in care must be placed in the context of other factors like behavioral health diagnosis and involvement. Efforts related to early intervention and prevention must be considered when looking at system impacts. The ongoing need to bolster and support data development is critical in an effective CQI approach as long as the data is useful in understanding the overall picture of our local child welfare practice.

That being said the following are bullets of changes since our last self assessment:

- Overall decrease in referral volume
- Little change in the number of immediate response types
- Consistent trending with age and ethnicity
- A need to review SDM compliance

- A need to look at the decrease in General Neglect allegations
- Stable forecasting for referral growth
- Consistent spiking in First Entries
- Increase in 0-4 year old First Entries
- An increasing substantiation rate over the last 3 year fiscal years (13%, 14% and 17%)
- The ongoing positive impact of Pathways to Safety as represented in the decrease of severity upon re-referral
- Ongoing need of our CHERISH receiving center
- A Represented decline in foster care numbers
  - Represented in a decrease in max number of days of first placement episode
  - An increase in the average number of days of that episode
  - Ongoing fluctuation in the median days as represented in quartile data.
- Further need to explore Behavioral Health data to understand those factors on child welfare outcomes
- Further need to explore collaborative meetings and the role they play in child welfare outcomes

**PROBATION:**

FIRST ENTRIES:

Probation – Youth with First Entries into Foster Care (0-17) by Ethnicity (2008- 2012)

	<b>OCT2008- SEP2009</b>	<b>OCT2009- SEP2010</b>	<b>OCT2010- SEP2011</b>	<b>OCT2011- SEP2012</b>
<b>Black</b>	0	0	7 (11%)	2 (5%)
<b>White</b>	1 (14 %)	3 (14%)	7 (11%)	8 (21%)
<b>Latino</b>	6 (86%)	19 (86%)	50 (78% )	27 (71 %)
<b>Asian/P.I.</b>	0	0	0	1 (3 %)
<b>Nat Amer</b>	0	0	0	0
<b>Missing</b>	0	0	0	0
<b>Total</b>	7	22	64	38
<i>Data Source: CWS/CMS 2013 Quarter 2 Extract.</i>				

CHILDREN IN FOSTER CARE:

Probation- Youth Population (0-17), Number in Care, and Prevalence Rates by Race/Ethnicity (2009-2012)

Ethnic Group	Point In Time			
	1-Oct-09	1-Oct-10	1-Oct-11	1-Oct-12
<b>Black</b>	1 (4%)	0	7 (9%)	5 (6%)
<b>White</b>	2 (8%)	6 (14%)	11 (14%)	17 (20%)
<b>Latino</b>	21 (84%)	36 (82%)	62 (77%)	61 (72%)
<b>Asian/P.I.</b>	1 (4%)	2 (5%)	1 (1%)	2 (2%)
<b>Nat Amer</b>	0	0	0	0
<b>Missing</b>	0	1	1	1
<b>Total</b>	25	45	82	86

*Data Source: CWS/CMS 2013 Quarter 2 Extract.*

*Citation:*

*Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Mason, F., Lou, C., Peng, C., King, B., & Lawson, J. (2013). CCWIP reports. Retrieved 11/11/2013, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>*

The juvenile referral process is based on a continuum of graduated sanctions. Graduated sanctions are an accountability-based series of sanctions (including incentives, treatment, and services) applicable to juveniles to hold them accountable, protect the community, and prevent recidivist criminal behavior. They are envisioned as a multi-tiered continuum of interventions that allows the juvenile justice system to carefully match its sanction and treatment response to each youth’s offense severity, level of risk, and service needs.

Many of these referrals are handled on an informal basis by placing the juveniles on a diversion status that uses community-based services with a focus on principles of restorative justice. Some juveniles placed on probation are referred to a wide variety of agencies for educational and therapeutic services. In more serious cases, however, the juveniles are declared wards of the court and may be ordered to serve some time in Juvenile Hall. As the severity of the crime or behavior increase, some juveniles are ordered to be placed in a group home or residential treatment center or serve time at Monterey County Youth Center. When released, they are actively supervised in the community. All efforts are made to maintain minors in their homes if at all possible.

**Juvenile Court Services:** Juvenile Court Services prepares reports for the Juvenile Court and makes recommendations regarding detention, terms and conditions of probation, program referrals, and placement. The Intake Unit processes referrals from various law-enforcement agencies within Monterey County as well as referrals transferred from other counties. Other programs that operate under the Juvenile Court Services are:

- The Juvenile Sex Offender Treatment Program (JSORT); offers treatment to adolescents with sexual offender charges, in collaboration with Monterey County Behavioral Health Department. This team meets regularly to discuss the cases and treatment.

- Restorative Justice Program; the Victim Offender Reconciliation Program (VORP) is open to juvenile probationers. VORP is a restorative justice approach that brings offenders face-to-face with the victims of their crimes with the assistance of a trained mediator.
- Juvenile Division's Restitution;

The following statistics reflect the processes that bring minors to the probation department when they commit a status or criminal offense.

<b>Juvenile Court Services Stats 01/01/2012 to 12/31/2012</b>	
<b>Referrals:</b>	
In - Custody	546
Out- Of- Custody	1325
<b>Diversions</b>	875
<b>Pre- Courts</b> 654 Welfare & Institution Code	74
<b>Filers</b> (matters referred to the District Attorney's)	256
<b>Sealings</b> (Juvenile Court record and records in the custody of other agencies )	202 (148 of the 202 were DEJ sealing's )
<b>DJJ Commitments</b>	1

**Juvenile Field Services;** Juvenile Field Services is responsible for the supervision of all minors on formal and informal juvenile probation not otherwise assigned to other programs within the department. The unit has long standing partnerships with the Salinas Union and Monterey Peninsula Unified High School Districts, providing supervision and support through the Campus-Based Probation Officer Program. In addition, juvenile probation officers provide supplemental law-enforcement services at special events, such as the Salinas Valley Fair, the Monterey County Fair, and high school sporting events.

**Juvenile Special Services;** The Placement Unit monitors youth that have been removed from their homes and placed in Group Homes. The Juvenile Special Services Unit also monitors

- Juvenile Mental Health Court Program CALA (Collaborative Action Linking Adolescents)
- Placement Intervention Program (PIP)
- Wraparound

Juvenile Special Services is also responsible for departmental compliance with Title IV-E regulations. The Department provides training in time study and case plan development and audits juvenile files to ensure that the Department is meeting Federal and State mandates.

<b>Placement as of September 2013</b>	
<b>Location</b>	
Within Monterey County	29 or 32 %

Outside Of Monterey County	53 or 60 %
Out of State – Nevada	7 or 8%
<b>Age Group</b>	
0 to 5	0
6 to 12	0
13 to 17	66
18 to 19	23
<b>Facility Type</b>	
Foster Family Agency Certified Home / THP- Plus Foster Care	3
Supervised Independent Living Placement	9
Group Home	61
Wraparound	16

**Silver Star Resource Center:** The Silver Star Resource Center (SSRC) is a collaborative of agencies that provide prevention and intervention services for at-risk, probation, and gang involved youth and their families. Probation also works closely with the Monterey County Office of Education Alternative Education and Community Schools.

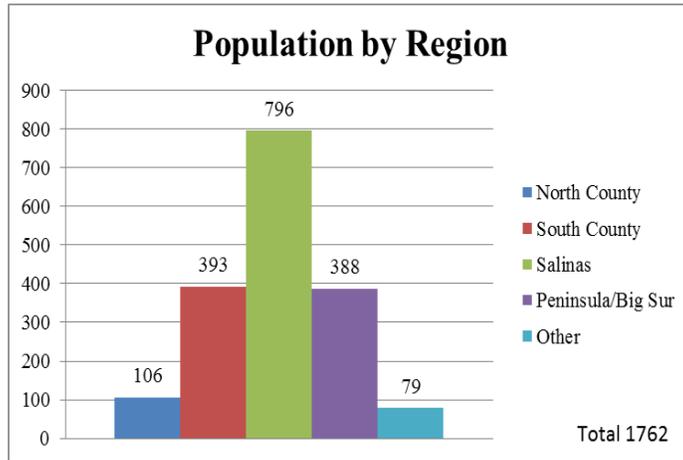
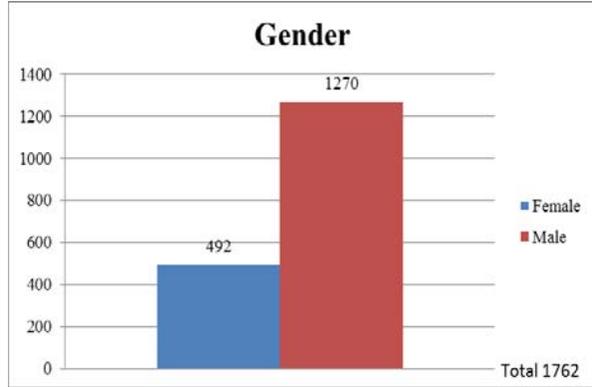
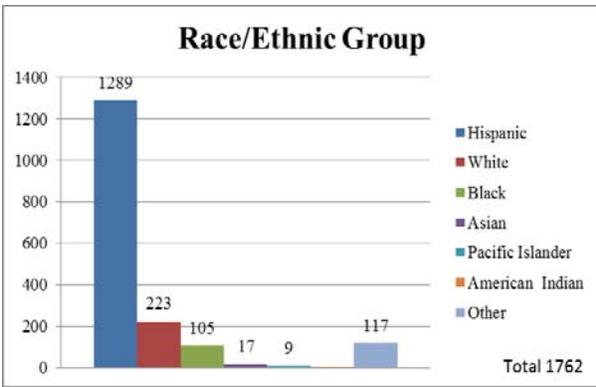
**Silver Star Youth Program at Rancho Cielo:** The Silver Star Youth Program at Rancho Cielo combines supervision, schooling, counseling, job training, and after school classes to at risk youth and juveniles on probation. This provides a “one-stop” source for juvenile services at a centralized location. The Silver Star Youth Program opened in 2000. The Silver Star Youth Program’s multi-disciplinary staff represents five agencies: Monterey County Probation Department, Monterey County Office of Education, Monterey County Department of Children's Behavioral Health, Turning Point of the Central Coast, and Visiting Nurses Association. The Silver Star Youth Program also monitors the Juvenile Drug Court Treatment Program.

**Clerical Support ;** Clerical staff provides general support services, including language translation services for clients, victims, and probation officers. Clerical staff is assigned to each unit within the division. Data entry and the collection of statistical information are also important functions of clerical staff. Other administrative duties include preparing reports to various local and state agencies.

In 2012, 1,762 minors were supervised by Juvenile Division. The supervisions include Truancy, Diversion, Informal, and Formal. About fifty percent of the minors are supervised by Field Services.

<b>Juvenile Division Supervision</b>				
Reporting Period: 01/01/2012 to 12/31/2012				
	Total	Age Under 15	Age 15-17	Age 18 & over
<b>Gender</b>				
Male	1270	199	710	361
Female	492	57	329	106
<b>Total</b>	<b>1762</b>	<b>256</b>	<b>1039</b>	<b>467</b>
<b>Race/Ethnic Group</b>				
Hispanic	1289	190	757	342
White	223	34	128	61

Black	105	17	54	34
Asian	17	2	11	4
Pacific Islander	9	1	6	2
American Indian	2	0	2	0
Other	117	10	107	0
<b>Total</b>	<b>1762</b>	<b>254</b>	<b>1065</b>	<b>443</b>
<b>Population by Region</b>				
North County	106	13	58	35
South County	393	57	263	73
Salinas	796	105	463	228
Peninsula/Big Sur	388	76	211	101
Other	79	3	46	30
<b>Total</b>	<b>1762</b>	<b>254</b>	<b>1041</b>	<b>467</b>



# Public Agency Characteristics

## POLITICAL JURISDICTIONS

Monterey County has a comprehensive infrastructure supporting services for families and children. Starting with our Board of Supervisors, who have long supported services for families, children and young adults in our community.



[District 1](#)  
[Fernando Armenta](#)



[District 2](#)  
[Louis R. Calcagno](#)



[District 3](#)  
[Simon Salinas](#)



[District 4](#)  
[Jane Parker](#)



[District 5](#)  
[Dave Potter](#)

In addition there are many county departments that have collaborative and/or inter-relational connections to Family and children Services. The Department works to maintain positive relationships with all of the following, noting that the relationship with law enforcement and the school systems are tied to the day to day operation of services for our youth. Maintenance of these relationships requires ongoing communication and involvement at all levels of management and staff.

Department	Manager
<a href="#">Administrative Office</a>	Lew C. Bauman
<a href="#">Agricultural Commissioner</a>	Eric Lauritzen
<a href="#">Assessor</a>	Stephen L. Vagnini
<a href="#">Auditor-Controller</a>	Michael J. Miller
<a href="#">Building Services</a>	Michael Rodriguez
<a href="#">Child Support Services</a>	Stephen Kennedy
<a href="#">Clerk of the Board</a>	Gail T. Borkowski, CCB
<a href="#">Cooperative Extension</a>	Maria de la Fuente, Ph.D.

County Counsel	Charles McKee
District Attorney	Dean Flippo
Economic Development	David Spaur
Elections	Claudio Valenzuela, Interim Registrar of Voters
Emergency Communications/911	William Harry
Equal Opportunity Office	Irma Ramirez-Bough
Health	Ray Bullick
Human Resources	James E. May
Information Technology	Dianah Neff
Library	Jayanti Addleman
Military & Veterans' Affairs	George H. Dixon
Natividad Medical Center	Harry Weis
Parks	Michael Ferry
Planning	Mike Novo
Probation	Manuel Real
Public Defender	James Egar
Public Works	Robert K. Murdoch
Recorder-County Clerk	Stephen L. Vagnini
Resource Management Agency	Benny Young
Sheriff-Coroner	Scott Miller
Social Services	Elliott Robinson
Telecommunications	Dianah Neff
Treasurer-Tax Collector	Mary A. Zeeb

**Schools:**

The counties educational system is supported through 24 school districts which account for 134 schools.

**Monterey County School Districts**

District	Address	Superintendent	Phone/Fax
<b>Alisal Union School District</b>	1205 E Market St. Salinas, CA 93905	John Ramirez	831-753-5700 Fax 831-753-5709
<b>Big Sur Unified School District</b>	69325 Highway 1 Big Sur, CA 93920	Gordon Piffero	805-927-4507 Fax 805-753-5610
<b>Bradley Union School District</b>	65600 Dixie St. Bradley, CA 93426-0060	Ian Trejo	805-472-2310 Fax 805-472-2339
<b>Carmel Unified School District</b>	4380 Carmel Valley Rd. Carmel, CA 93923	Marvin Biasotti	831-624-1546 Fax 831-626-4052
<b>Chualar Union School District</b>	24285 Lincoln St. Chualar, CA 93925	Roberto Rios	831-679-2504 Fax 831-679-2071
<b>Gonzales Unified School District</b>	600 Elko St. Gonzales, CA 93926	Elizabeth A. Modena	831-675-0100 Fax 831-675-1172
<b>Graves School District</b>	15 McFadden Rd Salinas, CA 93908	Rosemarie Grounds	831-422-6392 Fax 831-422-3211
<b>Greenfield Union School District</b>	493 El Camino Real Greenfield, CA 93927	Melody Canady, Interim	831-674-2840 Fax 831-674-3712
<b>King City Union School District</b>	435 Pearl St King City, CA 93930	Dr. Daniel Moirao	831-385-2940 Fax 831-385-0372
<b>Lagunita School District</b>	975 San Juan Grade Rd.	Nadine Dermody	831-449-2800 Fax 831-449-

	Salinas, CA 93907		9671
<b>Mission Union School District</b>	36825 Foothill Rd. Soledad, CA 93960	Timothy Ryan	831-678-3524 Fax 831-67
<b>Monterey Peninsula Unified School District</b>	700 Pacific St. Monterey, CA 93940	Leslie Codianne, Interim	831-645-1203 Fax 831-649-4175
<b>North Monterey County Unified School District</b>	8142 Moss Landing Rd Moss Landing, CA 95039	Kari Yeater	831-633-3343 Fax 831-633-2937
<b>Pacific Grove Unified School District</b>	555 Sinex Ave. Pacific Grove, CA 93950	Dr. Ralph Gómez Porras	831-646-6520 Fax 831-646-6500
<b>Salinas City Elementary School District</b>	840 S Main St. Salinas, CA 93901	Dr. Juvenal Luza	831-753-5600 Fax 831-753-5610
<b>Salinas Union High School District</b>	431 W Alisal St Salinas, CA 93901	Tim Vanoli	831-796-7010 Fax 831-796-7005
<b>San Antonio Union School District</b>	67550 Lockwood-Jolon Rd. Lockwood, CA 93932	Pete Zotovich	831-385-3051 Fax 831-385-4240
<b>San Ardo Union School District</b>	62428 Center St. San Ardo, CA 93450	A. Carlos Vega	831-627-2520 Fax 831-627-2078
<b>San Lucas Union School District</b>	53675 San Benito St. San Lucas, CA 93954	Nicole Hester	831-382-4151 Fax 831-382-4088
<b>Santa Rita Union School District</b>	57 Russell Rd Salinas, CA 93906	Michael Brusa	831-443-7200 Fax 831-442-1791

<b>Soledad Unified School District</b>	1261 Metz Rd. Soledad, CA 93960	Dr. Rubi Boyd	831-678-3987 Fax 831-678-2866
<b>South Monterey County Joint Union HS District</b>	800 Broadway St King City, CA 93930	Teresa Rouse	831-385-0606 Fax 831-385-0695
<b>Spreckels Union School District</b>	130 Railroad Ave. Spreckels, CA 93962	Eric Tarallo	831-455-2550 Fax 831-455-1871
<b>Washington Union School District</b>	43 San Benancio Rd. Salinas, CA 93908	Dee Baker	831-484-2166 Fax 831-484-2828

### Law Enforcement:

The counties system of 16 law enforcement agencies interacts with and supports the families and children in Monterey County.

City	Law Enforcement
California State University of Monterey Bay	California State University of Monterey Bay 100 Campus Center, 82E Seaside, CA. 93955 ☎ (831) 655-0268
Carmel	Carmel Police Department P.O. Box 600 Carmel, CA. 93921 ☎ (831) 625-6403
Del Rey Oaks	Del Rey Oaks Police Department 650 Canyon Road Del Rey Oaks, CA. 93940 ☎ (831) 375-8525
Gonzalez	Gonzalez Police Department 109 Fourth Street Gonzalez, CA. 93926 ☎ (831) 675-5010
Greenfield	Greenfield Police Department 215 El Camino Street Greenfield, CA. 93927 ☎ (831) 674- 5111
King City	King City Police Department 415 Bassett Street King City, CA. 93930 ☎ (831) 385-4848

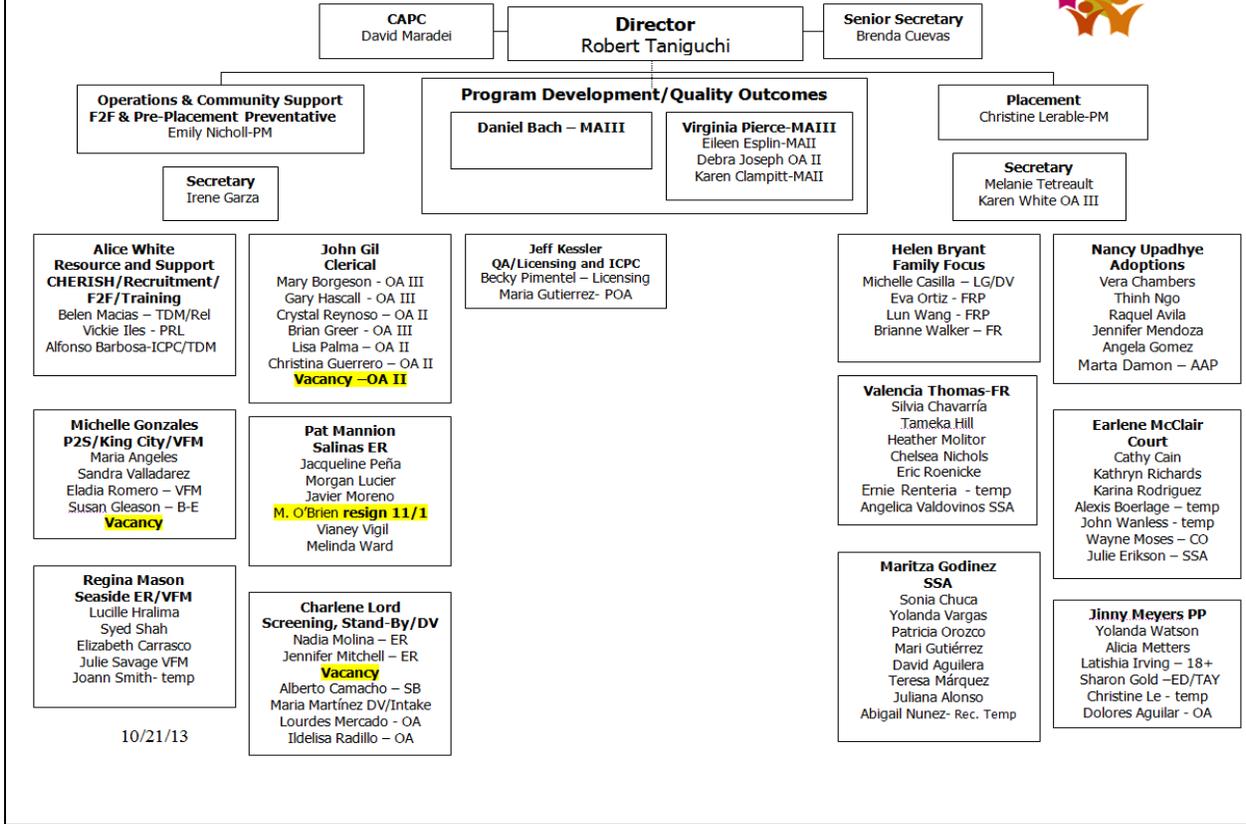
Marina	Marina Police Department 211 Hillcrest Avenue Marina, CA. 93933 ☎ (831) 384-7575
Monterey County Sheriff	Monterey County Sheriff 1414 Natividad Road Salinas, CA. 93906 ☎ (831) 755-3722
Monterey	Monterey Police Department 351 Madison Street Monterey, CA. 93940 ☎ (831) 646-3914
Naval Postgraduate School	Navel Postgraduate School 166 Bouldry Road, Bldg. 203, #100 Monterey, CA. 93943 ☎ (831) 656-2555
Pacific Grove	Pacific Grove Police Department 580 Pine Avenue Pacific Grove, CA. 93950 ☎ (831) 648-3143
Presidio of Monterey	Presidio of Monterey 4468 Gigling Road Monterey, CA. 93944 ☎ (831) 242-7851
Salinas	Salinas Police Department 222 Lincoln Avenue Salinas, CA. 93901 ☎ (831) 758-7321
Sand City	Sand City Police Department 1 Sylvan Road Sand City, CA. 93955 ☎ (831) 394-1451
Seaside	Seaside Police Department 440 Harcourt Avenue Seaside, CA. 93955 ☎ (831) 394-6811
Soledad	Soledad Police Department 236 Main Street Soledad, CA. 93960 ☎ (831) 678-1332

## COUNTY CHILD WELFARE AND PROBATION INFRASTRUCTURE

### Child Welfare:

Within Family and Children Services, the organizational structure can be seen through the following chart. Supervisor to worker ratios range from 1 to 2 for QA up to 1 to 8 for the SSAs with the most common being an average of 1 to 7 for most SW units.

**Department of Social and Employment Services  
Family and Children's Services**



As managed by our Human Resources and budget unit demographics look as follows:

INCUMBENTS AS OF 11/4/13									
	Total Incumbents in class	Gender		Ethnicity					Vacant Psns
		Females	Males	Amer Ind	Asian / Pac Island	Black	Hispanic	White	
Deputy Dir Social Services	1		1		1				
Management Analyst I-TEMP	1		1					1	
Management Analyst II	2	2							2
Management Analyst III	2	1	1		1			1	
Office Assistant II	10	8	0		1	1	5	1	2
Office Assistant III	4	2	2				1	3	
Principal Office Assistant	1	1					1		
Program Manager II	2	2						2	
Secretary	2	2					1	1	
Senior Secretary	1	1					1		
Social Service Aide II	9	8	1				9		
Social Service Aide II-TEMP	1								1
Social Work Sup II	11	10	1		1	2	2	6	
Social Worker I-TEMP	1	1						1	
Social Worker II-TEMP	1		1					1	
Social Worker III	15	13	2			4	10	1	
Social Worker III-TEMP	1		1				1		
Social Worker IV	7	6			1		4	1	1
Social Worker IV-TEMP	1	1			1				
Social Worker V	33	25	5	1	2	2	10	14	3
Supervising Office Assistant I	2	1	1				2		
<b>TOTALS</b>	<b>108</b>	<b>84</b>	<b>17</b>	<b>1</b>	<b>8</b>	<b>9</b>	<b>47</b>	<b>35</b>	<b>7</b>

Of these positions 35,6% are bi-lingual within the Social Worker Class that percentage is 31.5%. When looking at tenure 36.6 % of staff has over 10 years of service and only 13.9% have less than 4 years of service. Currently we have a 6% vacancy rate. Education is commensurate with the position and only the Social Worker Classes, along with the Program Manager class have educational requirements. Social Worker IV and V are Graduate level positions and currently make up 41 positions.

Staff currently maintains caseload standards that are below the standard recommendations set forth in funding formulas. Most staff carries combined service component caseloads with a clear separation between ER Referrals and Cases. As of this report, the highest caseload per worker was 28 children, but the average was approximately 16. Case and referral assignment resides in the responsibilities of the supervisors and their collaborative meeting structure.

Since 2010 total positions in class have gone down from 123 to 108. Recruitment for positions is contracted through Merit System Services (MSS). MSS approves our requests and works with our internal Human Resources to conduct outreach, exams and interviews within the guidelines of Local Agency Personal Standards.

Efforts are currently under way to measure turnover for staff in critical areas. Human Resources has started development to undertake this effort.

Most workers are covered under SEIU Local 521 Units J, F and K. Unit J, F and K SEIU MOUs were reported as ratified on October 24<sup>th</sup>, 2013. Management is supported through their own association and represented as Unit X.

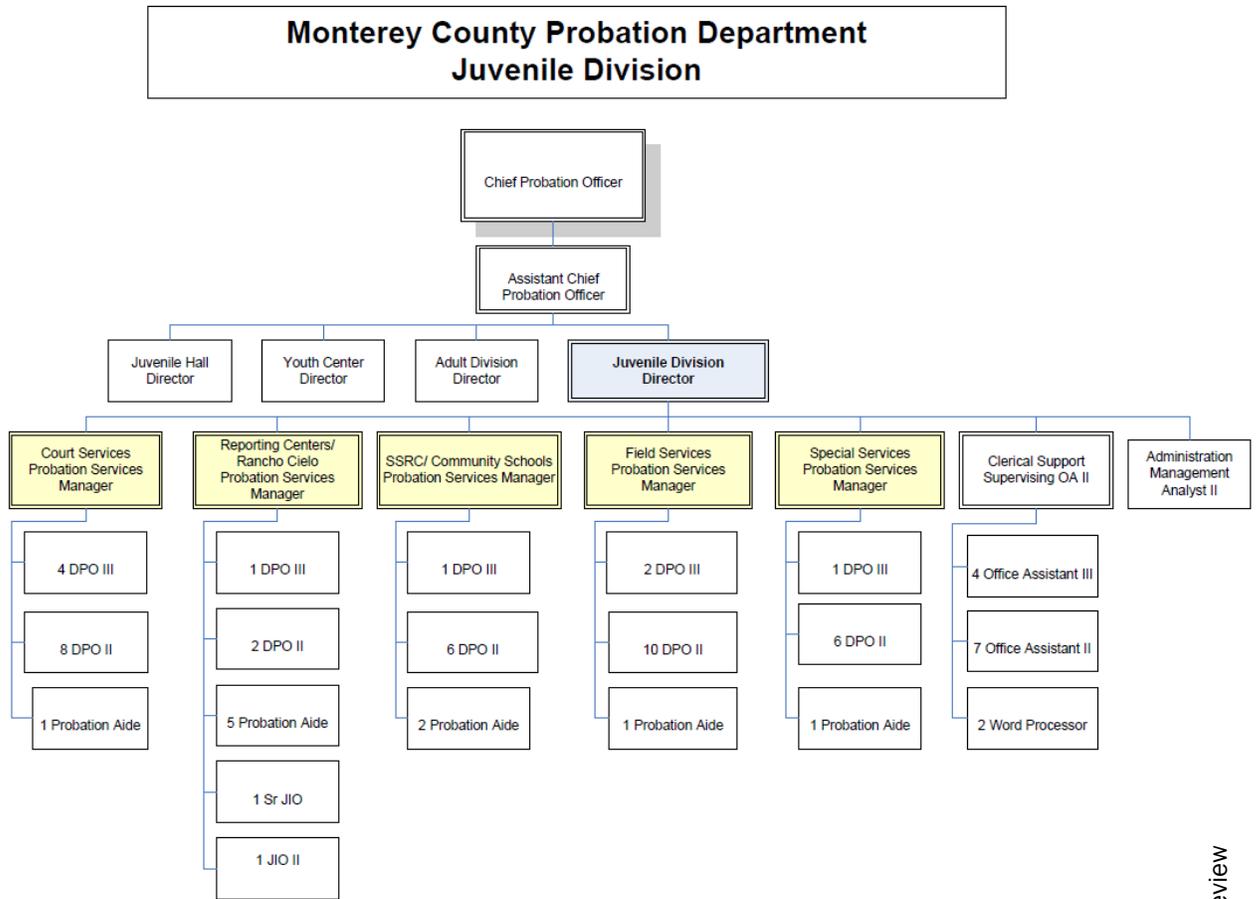
Current salary schedules are as follows:

<a href="#">Monthly Salary Schedule</a>
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<u>Class Title</u>	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>	<u>Step 5</u>	<u>Step 6</u>	<u>Step 7</u>
<u>DEPUTY DIRECTOR SOCIAL SERVICES</u>	\$7,114	7504	7915	8350	8807	9248	9710
<u>MANAGEMENT ANALYST I</u>	\$4,365	4604	4858	5125	5407	5678	5961
<u>MANAGEMENT ANALYST II</u>	\$5,019	5294	5586	5892	6217	6528	6854
<u>MANAGEMENT ANALYST III</u>	\$5,408	5705	6019	6351	6700	7035	7387
<u>OFFICE ASSISTANT II</u>	\$2,319	2446	2581	2723	2872	3016	3167
<u>OFFICE ASSISTANT III</u>	\$2,537	2676	2824	2979	3142	3299	3464
<u>PRINCIPAL OFFICE ASSISTANT</u>	\$2,789	2942	3104	3275	3455	3628	3809
<u>PROGRAM MANAGER II</u>	\$5,951	6277	6621	6985	7368	7736	8123
<u>SECRETARY</u>	\$2,707	2855	3013	3178	3353	3521	3697
<u>SENIOR SECRETARY</u>	\$2,992	3156	3330	3513	3706	3891	4086
<u>SOCIAL SERVICES AIDE II</u>	\$2,479	2616	2759	2911	3071	3225	3386
<u>SOCIAL WORKER I</u>	\$3,030	3196	3371	3557	3752	3940	4137
<u>SOCIAL WORKER II</u>	\$3,364	3549	3744	3950	4167	4376	4594
<u>SOCIAL WORKER III</u>	\$3,717	3921	4137	4365	4605	4835	5077
<u>SOCIAL WORKER IV</u>	\$4,106	4332	4570	4823	5087	5342	5608
<u>SOCIAL WORKER V</u>	\$4,425	4669	4926	5197	5483	5757	6044
<u>SUPERVISING OFFICE ASSISTANT I</u>	\$3,152	3325	3508	3701	3904	4100	4305
Social Work Supervisor II	\$5163	5446	5745	6060	6392	6712	7047

**Probation:**

The Monterey County Probation Department employs 299 staff, of whom 218 are sworn officers. The Department operates four major Divisions, Adult, Juvenile, Juvenile Hall, and Youth Center. The Adult Division is responsible for processing all adult offenders referred to the Probation Department by the courts in Monterey County. The Adult Division is comprised of five major work units: Court Services, Field Services, Family Violence Services, Special Services, and the Community Corrections Unit. Of the 299 staff employed by Probation Department, 71 employees are assigned to the Juvenile Division.



Rev 10/03/13

## FINANCIAL/MATERIAL RESOURCES

**Financial and Material Resources** – Financial resources that support the activities of child welfare include the following:

**Child Welfare Services (CWS):** Monterey County’s FY 12-13 allocation for Child Welfare Services was \$5,964,775. The CWS allocation consists of federal Title IV-B, Title IV-E, Title XIX, Title XX, TANF funds and Realignment 2011 funds (formerly State General Fund.)

**Child Abuse Prevention, Intervention, and Treatment (CAPIT):** The FY 12-13 allocation was \$143,327 of Realignment 2011 funds. This fund supports the prevention and education of child abuse and neglect through contracts with community-based organizations.

**Community-Based Child Abuse Prevention (CBCAP):** The FY 12-13 allocation was \$25,825 of federal funds. It supports our efforts to operate and expand initiatives aimed at the prevention of child abuse and neglect. CBCAP funds two community-based organizations that provide training and education. The State contributes the required match.

**Promoting Safe and Stable Families (PSSF):** The FY 12-13 allocation was \$360,082 of federal funds. PSSF supports four community-based organizations that help prevent the unnecessary separation of children from their families, improve the quality of care, and ensure permanency for children by reuniting them with their families, by adoption, or by another permanent living arrangement. The required 25 percent federal match is provided by the State using funds from the State Family Preservation Program, and is focused in 4 areas; Family Preservation, Family Support, Time Limited Family Reunification and Adoption Promotion and Support.

All funding decisions related to PSSF are decided internally through FCS and is overseen by department managers that have a broad range of community and staff responsibility.

**CWS Outcome Improvement Project (CWSOIP):** The FY 12-13 allocation and augmentation was \$647,072 of Realignment 2011 funds. CWSOIP funds one community-based organization who leads the County’s differential response (DR) program. DR provides a more strategic approach to evaluating and improving family and child well-being, and improves a community’s ability to keep children safe.

**County Children’s Trust Fund (CCTF):** Funds in the trust fund are available to continue child abuse prevention, intervention, treatment and education services, as well as activities that support family support, preservation and reunification.

UCB Placement Day’s Tool was released in draft form this year. Its intended purpose was to help counties to estimate the financial implications of changes in foster care placement types and foster care caseload.

UCB Placement Day's Tool(Draft)  Monterey County  Duplicated during the calendar year
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		Entries	In Care	Entry Estimated Cost	In Care Estimated Cost
2012	Placements	254	355	\$1,339,002	\$4,861,067
	Average Days	116.287	192		
	Actual days	29537	68199		
2011	Placements	157	411	\$890,186	\$5,463,551
	Average Days	108.529	185		
	Actual days	17039	76023		
2010	Placements	139	496	\$829,530	\$6,023,895
	Average Days	97.317	178		
	Actual days	13527	88171		

It was our intention to use the tool to look at actual costs reflective of Federal Financial Participation (FFP), realignment and specialized care, but the implication of that train of thought surrounding placement questions and outcomes steered us in a different direction.

The concept of performance based on subtle changes, rather than large changes or the idea of impact to areas based on increases or decreases to a specific placement type raise many questions. The implication on micro vs. macro impacts on point in time measurement will require some testing prior to linking the data to overall performance. (IE: An improvement noted by days may not be captured in decreased movement by months.)

From the chart above you can see an estimated 3 year increase in entries with corresponding increases in cost but overall decreases when looking at the entire population with an overall decrease in cost. You can see the overall population on placements (Duplicated) decreasing but the average days increasing.

It is our intention to spend more time looking at the impact of this type of analysis and its relation to funding and program change.

Probation utilizes various funding sources to fund Probation staffing, activities, and services. Most funding sources require a county (local) match of some percentage to draw down the full allocation. In addition, Probation also utilizes grant funding. Most grants come from foundations or smaller funding agencies.

## **CHILD WELFARE/PROBATION OPERATED SERVICES**

### **County Shelter:**

Monterey County does not operate a shelter facility. As an alternative, Family and Children Services operate a 23 hour receiving center for youth at risk. This contracted facility design is to support children

through the trauma of removal from their birth family and to ease the transition between placements for children disrupting. The center provides a supportive, child friendly place, where a child can receive food, clothing, medical screening and assessment by behavioral health. These services assist in matching children to the appropriate level of care and allows for the issues related to concurrent planning and permanency to start at the earliest point. Last year the center supported 237 youth as represented in the following;

Count of GENDER	GENDER		Grand Total
	female	male	
Grand Total	121	116	237

*ETO Query 2013*

**County Licensing:**

Family and Children’s Services licenses foster family homes. The foster family homes must meet State health and safety requirements. The foster parent process begins with attendance at an Informational Meeting held four times a month (minimum number) at DSES, with two meetings in Spanish and two in English. All interested non-relatives are required to attend this meeting as the first step. With the implementation of Family to Family, FCS has increased the number of informational meetings by holding Information Meetings throughout the community as well. FCS is continuing to work closely with our F2F Community Liaisons (staff contracted with partner agencies) to increase attendance.

The informational meeting is co-facilitated by a DSS social worker and a foster/adoptive parent. After the Informational Meeting, if the attendee is still interested in becoming a resource parent, they fill out paperwork and a social worker contacts them to set up an in-person meeting. If the prospective family lives in one of the Family to Family target areas, the F2F Community Liaison may assist the family through the process. If DSS and the prospective resource families are in agreement that the process should continue forward, they are invited to attend the pre-service training. After they attend the training and complete their foster care paperwork, all individuals living in the home over 18 years of age go through the Live Scan process. The licensing social worker schedules an appointment to conduct a home inspection. When all requirements for licensure are met, the families are approved for foster care and a license is mailed to them. During the entire process, DSS assesses each individual on their capacity and appropriate role as foster parents for children in the FCS system. At present, there are approximately 109 licensed foster homes of which 39 are concurrent homes providing 226 beds in Monterey County.

**County Adoptions:**

Monterey County has its own public adoption agency. FCS works with several partners to enhance our Adoption program. As an example, Seneca-Kinship Center assists FCS with relative home studies. A post adoption social worker is employed by FCS to support adoptive families and to coordinate services. Door to Hope, a local community partner, is the contract agency for the Specialized Training for Adoptive Parents (STAP) and also employing mentors who are assigned to work directly with concurrent families providing education and support.

**Juvenile Hall:**

The Wellington M. Smith, Jr. Juvenile Hall is a short-term detention facility, built in the late 1950's. The present Juvenile Hall contains 72 individual rooms and 42 beds in dorm setting, for a total board-rated capacity of 114.

Juvenile Hall provides secure confinement for those juveniles under the age of 19 who:

- face pending charges for criminal acts and/or probation violations;
- are awaiting transfer to Probation's Youth Center for a court-ordered commitment, the state Department of Juvenile Justice, or other juvenile and adult institutions;
- are pending placement in foster homes or group homes; or
- are serving short-term, court-ordered custody, typically 90 days or less.

In 2012, a total of 1,352 minors were booked into Juvenile Hall during the year, an average of about 26 minors per week. Bookings into Juvenile Hall are for a combination of new crimes, violations of probation, warrants, and holds from other institutions. Juvenile Hall had an Average Daily Population (ADP) of 79 minors during 2012. Of the 1,352 minors booked into Juvenile Hall 85% were males, and 15% were females. The racial makeup for bookings in 2012 was predominantly Hispanic (86 %). 7% of the bookings identified as Caucasian; 5 % identify as African American and 7 % as other.

Juveniles detained in or committed to Juvenile Hall are afforded, in accordance with state-mandated standards, necessities that include food, clothing, and adequate living space. They also receive medical and mental health services as needed. Probation staff conducts an initial mental health screening, while Behavioral Health provides mental health services and referrals. A psychologist is available four afternoons per week, and a psychiatrist spends four hours every Thursday afternoon in the facility.

Youth also referred to appropriate programming after release from custody. The Juvenile Offenders Community Health Services (JOCHS) program is a collaborative re-entry and transition center designed for youth leaving Juvenile Hall to assist in the transition from detention into the community by ensuring opportunities for educational, health/medical and mental health services.

The facility's schoolteachers, who are provided by the Monterey County Office of Education (MCOE), offer an accredited school curriculum for all grade levels. On a daily basis, the school staff provides five periods of school classes, which include physical education; school is in session year around with only short breaks for traditional holidays.

Parents, grandparents, and legal guardians may visit minor in-custody during regular scheduled visiting hours on weekend. Parents also may visit their children for 15 minutes within 24 hours of the individual minor's booking into custody.

*Note: The number of bookings does not necessarily represent the number of individual juveniles who were housed in juvenile hall. A single juvenile may have been booked in the hall multiple times during the year.*

## **OTHER COUNTY PROGRAMS**

### **CalWORKS**

Currently we are in development of referral matching with social service program data and Cal WORKS. Our initial views look at family members that are receiving assistance any other program. Current numbers are duplicative by program. Our initial pass shows that 32.4% of the families referred to child welfare are not enrolled in any assistance program. (CWS N=2137).

Count of Program	Column Labels			
Row Labels	10 Day	Evaluate Out	Immediate	Grand Total
Not In	315	174	203	692
AAP	5	1	1	7
CalFresh	672	210	322	1204
Cal-Learn	5	1		6
CalWORKs	471	136	221	828
Child Care	15	11	11	37
Foster Care	54	13	110	177
Homeless - Perm	7		7	14
Homeless - Temp	38	8	21	67
Immediate Need	13	9	9	31
Kin-GAP	2		1	3
Medi-Cal	714	235	349	1298
Welfare to Work	7	2		9
(blank)				
<b>Grand Total</b>	<b>2318</b>	<b>800</b>	<b>1255</b>	<b>4373</b>

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Count of Gender	Column Labels		
Row Labels	Female	Male	Grand Total
Not in	387	305	692
AAP	4	3	7
CalFresh	610	594	1,204
Cal-Learn	6		6
CalWORKs	416	412	828
Child Care	15	22	37
Foster Care	88	89	177
Homeless - Perm	9	5	14
Homeless - Temp	39	28	67
Immediate Need	14	17	31
Kin-GAP	1	2	3
Medi-Cal	667	631	1,298
Welfare to Work	9		9
<b>Grand Total</b>	<b>2,265</b>	<b>2,108</b>	<b>4,373</b>

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## Public Health

Currently an Inter-Agency Agreement is in place between the Monterey County Health Department (MCHD) on behalf of its Children's Medical Services (CMS), the Department of Social Services (DSS), and the Monterey County Probation Department (MCPD) for the purpose of collaborating to provide a more comprehensive system of health service access and delivery to children in out-of-home placement and to assure compliance with federal and state regulations and the appropriate expenditure of:

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds in the implementation of the Child Health and Disability Prevention (CHDP) Program;
- Health Care Program for Children in Foster Care (HCPCFC) funds in the implementation of the HCPCFC Program; and
- CHDP Foster Care County Match (CHDP-FC) funds (Title XIX Social Security Act) in the implementation of the CHDP Foster Care Nurse Program.

This relationship ensures that children in foster care currently receive support in tracking of their health care needs and follow up supports.

## AOD

Behavioral Health administers and coordinates a comprehensive range of alcohol and other drug services through contracts with community-based organizations. These services provide a continuum of services which include:

- **Prevention:**
  - Friday Night Live
  - Club Live
  - Preventing Alcohol Related Trauma in Salinas (P.A.R.T.S.)
- **Intervention:**
  - Drinking Driver Problems
  - Drug Diversion
  - Options for Recovery
- **Drug Court:** Offenders charged with simple possession or under the influence of a controlled substance are eligible to participate in drug court if they have failed to complete, or are ineligible for, a court-ordered diversion program for first offenders and have no drug, violent, or felony convictions.
- **Drug Treatment:** To assist individuals and families with drug-related problems by providing individual and group counseling, drug education, and recovery support services in an outpatient drug free setting or in a residential treatment program.

- **Narcotic Replacement Therapy:** Detox and maintenance programs to reduce the use of narcotics and the risk of HIV infection through intravenous drug use.
- **Proposition 36:** Non-violent offenders who use or possess illegal drugs will receive up to one year of drug treatment and up to six months after-care in the community rather than incarceration.

Our community partners support our population via in-patient residential and transitional AOD programs as well as 12 Step Meetings and alternative sober living arrangements. However this area is the focus of much attention. The full impact of the changes as impacted by the Affordable Care Act, and the growing need for AOD services will keep this in the forefront of future discussions.

### **Mental Health (Behavioral Health)**

Seriously emotionally disturbed children and youth who are in or at risk of out of home placement or who are qualified under special education receive services through Behavioral Health. Their services include;

- Acute Inpatient Hospital – Community Hospital of the Monterey Peninsula is the primary hospital used for acute inpatient services. A variety of other hospitals in the Bay Area are used for children under 12 or for youth that require a locked facility.
- Outpatient services include individual, family and group therapy.
- Medication evaluation and follow up is provided at each clinic site.
- Case management is considered an essential component of treatment and intensive case management is provided to youth in out of home placement.
- Day Care Services – Day Care provides intensive treatment combined with specialized educational services. These programs run in collaboration with the County Office of Education. They are located throughout the County and serve youth ages 6-22.
- Home Partners – This is a family preservation program which is available 24 hours, 7 days a week providing in home supportive services to families who have children who are at risk of out of home placement. This program involves direct crisis intervention and the direct teaching, parenting and problem solving skills.
- Residential and Dual Diagnosis (Substance Abuse/Mental Health) Day Care Programs are provided through contracts with community agencies and in program for girls 14-18 co-jointly provided with the Probation Department.
- Specialized programs include early mental health intervention programs in local school districts, Safe Schools/Healthy Students Grant providing school-based mental health services in selected Salinas Schools and Proposition 10 funded programs in Children's International Day Care Centers.

- Parent Partnership Information and Support is available through all clinic sites.

Behavioral Health supports a crisis support team that consists of specially trained Behavioral Health staff who are available to individuals, first responders, organizations and employers in the community to facilitate debriefings following a critical or traumatic incident such as learning about the sudden death of a co-worker, or witnessing a tragic event. Behavioral Health staff assists people to work through the initial stages of grief and provides self care tips and resources.

Currently close partnerships with Child Welfare Services has allowed for a system that screens all dependent youth and for the development of expanded services for youth defined as Katie A. or specialty services as provided by our Family Reunification Partnership program. The unit is co-supervised by an FCS and a CBH Supervisor. Due to the intensive nature of the program, the families who participate in FRP can be those with more challenging problems, such as parents who have a dual diagnosis (substance abuse and mental health issues), children with developmental delays, and parents who have participated in reunification services in the past.

## State and Federally Mandated Child Welfare/Probation Initiatives

### **SA/HIV**

MCSTART (Monterey County Screening Team for Assessment, Referral, and Treatment) is a collaborative program of Door to Hope. Key partners in MCSTART are FCS and CBH. MCSTART offers identification, assessment, referral, and treatment of high risk infants who have been prenatally exposed to alcohol and other drugs. Services include extensive mental health screenings and assessment services, child development, occupational therapy and family functioning/parenting skills for substance-exposed children and to pregnant mothers who have used substances. Since the program began, there has been a waiting list for services.

Mentor Moms and Dads, a birth parent mentoring program, operates under the direction of Door to Hope. Mentor Moms and Dads is a program for parents who have lost custody of their children and have the court's permission to attempt reunification. Mentors are assigned to parents to provide compassionate support and guidance; they are men or women who have at least two years recovery, have regained custody of their children, and are active in recovery programs.

The Mentor Moms/Dads have played a critical role in child welfare redesign initiatives, participating in steering committees for DR, Family to Family, and have provided input on training and outreach improvements.

### **ICWA/MEPA**

FCS adheres to all state laws and regulatory requirements regarding the compliance with the *Indian Child Welfare Act (ICWA)*. Front end social workers are trained to investigate Indian ancestry when children are removed from parents.

The agency follows the ICWA requirements for placement priority. FCS is also compliant with MEPA. Families are not denied a placement based on their cultural and racial identity but are assessed for their ability to parent a child of a different background or language.

### **Federal Fostering Connections to Success**

AB 12: the California Fostering Connections to Success Act unanimously passed out of the Assembly in January of 2010. This, along with subsequent California legislation, was written in response to the federal legislation and has allowed counties to begin providing foster care services for eligible youth up to age 21. Since this time the state of California, and the county of Monterey have been in an active transition process to serve foster youth ages 18 to 21. Throughout this transition to process Monterey County has participated at a state, regional and local level on programmatic and policy development.

In the development of Monterey County's After 18 program, input from youth, community partners, and probation staff was gathered. Local training regarding the engagement, service provision and program expectation for working with After 18 youth was also provided. The county Independent Living Program was reviewed and the program model was modified to include specific engagement of After 18 youth. Local policy and practice was developed and continues to be modified as more is learned about how to best work collaboratively with After 18 youth, while always being aware of the federal and state requirements necessary to serve them. In Monterey County general trainings have been rolled out to many groups with specific identified staff as the leads. In an After 18 social worker has been selected and at the writing of this report carries over 20 youth on the After 18 caseload, along with acting as the link for other social workers who select to continue case management of youth on their caseloads at age 18. Full integration of After 18 case management abilities within is a goal for Monterey County as the numbers and services needed for this population remains on the rise.

We should note, Monterey was one of sixteen counties (ten are control counties) selected to participate in the 211-iFoster Kinship Navigator Collaborative Project. This project is funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau. The model of the 211-iFoster Kinship Navigator Collaborative includes a Resource Portal and County Collaborative. The Resource Portal provides self-service access to resources from private, public and government providers tailored to the needs of kinship/foster families.

### **National Youth Transition Database (NYTD)**

Public Law 106-169 established the John H. Chafee Foster Care Independence Program (CFCIP) at section 477 of the Social Security Act, providing States with flexible funding to carry out programs that assist youth in making the transition from foster care to self-sufficiency. The law also requires the Administration for Children and Families (ACF) to develop a data collection system to track the independent living services States provide to youth and



## **Latino Services**

Recently, a group of child welfare leaders and academic consultants convened by CDSS and CWDA looked at challenges faced in CA with serving the majority of youth in foster care who are Latino. Monterey like the state continues to see the growth in the population and in the population of youth in foster care. Identifying available and culturally relevant services is part of most service development. From this development it has been determined that current pools of qualified applicants will not meet the needs for social workers or therapists and that there are waiting lists for treatment.

Program Mangers assess staffing in an attempt to ensure the cultural skills of employees support the population of youth we have in care. Since this focus is Monterey's normal business we have developed agreements with the Mexican Consult and we have facilitated placements with relatives and parents internationally. We are aware of ongoing concerns regarding the limitations of Live Scan, translations, court etc. and take this into consideration when looking at the best interests of each youth and family we engage.

Based on this knowledge, continued fortification of our staff training is needed. Ongoing evaluation of new services to best meet the needs of the families we serve is also needed. Currently Parent Education, mentoring and therapy are all offered for our bi-lingual or mono-lingual families in their language or origin. Since these services are incorporated in our normal business, outcomes based on ethnicity and or ages are fairly consistent

## **Katie A. Settlement**

Monterey County Behavioral Health currently provides mental health assessments for every child who enters the Dependency System. These mental health assessments occur in close collaboration with the Family and Children's Services (FCS) Court Unit. The Behavioral Health (BH) Unit Supervisor for the Assessment Team sits in on weekly Court Unit meetings and is therefore immediately aware of each new child entering Dependency. This is quickly followed by a referral from the Court Unit to the BH Assessment Team, where a full family mental health assessment (which includes extensive mental health assessments of all children in the family, all parents that are available, an assessment with the foster parent of the child's functioning in care and observations of family visits) is completed prior to the Juris-Dispo Hearing. The assessment report generated for the Court, FCS and BH delineates the mental health needs for all family members, most especially the children, and highlights possible MH services that will best meet those needs. This will not change as result of the Katie A. settlement, and it will be at this point in the process that Monterey County will identify those Dependent children who are members of the Katie A subclass.

Monterey County realizes that there will also be a smaller subsection of children who have open cases in either Voluntary or Court Ordered Family Maintenance (FM) who will also qualify as part of the subclass. Therefore the current plan is for FCS's social workers (or possibly 1.0 FTE specifically assigned) to screen all FM children for

mental health concerns. Those that “screen in” for significant concerns will also be referred to the BH Assessment Team for further assessment and possible inclusion in the subclass.

Discussion on new service development is currently under way. The evaluation of Trauma Informed Practice, how to implement the concepts, train to the practice changes and implementation of a robust therapeutic visitation model have all been put forward. Other services have been identified, but some are contingent on further data analysis.

We are currently looking at ways to effectively monitor and assess all qualified individuals and will have updates for our SIP. Initial data pulls looking at a few of the criteria for Katie A. look as follows:

<b>Count of PLCMT_AUTH_TYPE</b>	<b>Column Labels</b>						
<b>Row Labels</b>	<b>RCL 10</b>	<b>RCL 11</b>	<b>RCL 12</b>	<b>RCL 14</b>	<b>RCL 9</b>	<b>Other</b>	<b>Grand Total</b>
Child Welfare Services Court Order	12	5	10	7		270	304
Non-Related Legal Guardianship						22	22
Probation Court Order	8	14	15	4	4	39	84
Protective Custody						40	40
Relinquishment						1	1
Voluntary Placement Agreement						1	1
(blank)							
<b>Grand Total</b>	<b>20</b>	<b>19</b>	<b>25</b>	<b>11</b>	<b>4</b>	<b>373</b>	<b>452</b>

*Custom Report Monterey County Data and Statistics 2013*

In Care	Time in Care		All
	In Care < 24 Months	In care > 24 months	
	N	N	
Placement Count			
1	94	22	116
2	59	14	73
3	16	10	26
4	4	14	18
5	1	5	6
6	0	6	6
7	0	6	6
8	0	4	4
9	0	1	1
10	0	2	2
11	0	1	1
14	0	2	2
15	0	1	1
16	0	2	2
<b>Total</b>	<b>174</b>	<b>90</b>	<b>264</b>

CWS/CMS Query Monterey County Data and Statistics 2013

## Board of Supervisors (BOS) Designated Commission, Board of Bodies

### THE BOS-DESIGNATED PUBLIC AGENCY

As the Board of Supervisors designated lead agency, the county through DSS is responsible for the administration of funds, program and fiscal oversight, submitting annual reports to the OCAP, adhering to assurances and quality assurance of CAPIT/CBCAP/PSSF funded programs. The county reports on services/programs identified in the county's SIP and other corresponding documents that are sent to OCAP. Quality assurance refers to an identifiable process in the county that evaluates ongoing practice, policies, and procedures, in order to ensure quality services are planned and provided to children and families.

Research and evaluation are critical components in the quality assurance of child and family service provision. California counties engage in a variety of research and evaluation activities for programs that span the continuum of child welfare services. Please attach any executive summaries or abstracts from research evaluations of CAPIT/CBCAP/PSSF supported programs completed during the reporting period, if applicable.

**CHILD ABUSE PREVENTION COUNCIL (CAPC)**

CAPC was established in July of 1986 when the Board of Supervisors passed a resolution establishing our mission to coordinate prevention, treatment, education and awareness efforts in Monterey County. Oversight of the Child Abuse Prevention Council (CAPC), an independent organization within county government, is also provided through FCS and CAPC acts as the oversight for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention Program (CBCAP) and for the County Children’s Trust Fund (CCTF) funding. The Monterey County Board of Supervisors designated the Child Abuse Prevention Council of Monterey County (CAPC) as the public agency to administer these funds and re-authorized CAPC on November 5, 2013. The Notice of Intent along with funding assurances was completed on that same date.

All expenditures for CAPIT, CBCAP and CCTF dollars are approved through the oversight of the CAPC Board for Monterey County. This connection to the department allows for increased opportunities for collaboration and fund leveraging. Currently the director for CAPC acts as the foundation to coordinate contracts, services and meetings in conjunction with FCS. The board acts to ensure children’s concerns are kept in the fore front through an active outreach and indirect marketing while offering their insight to shape our efforts around prevention, early intervention, mandated reporting training and education.

In order to accomplish the mission of CAPC, it is a focal point to develop relationships with partners to support programs that reflect compatible goals and objectives. Other responsibilities include participate in key focal areas such as Child Death Review Team, Juvenile Justice Commission, Children’s Council, Gang Task Force, and the Greater Bay Area CAPC Coalition.

CAPC is our lead in providing Mandated Child Abuse training. Last fiscal year they provided the following:

**CAPC-Mandated Child Abuse Training**

	<b>Trainings</b>	<b>Attendees</b>
David Maradei	43	997
Efrain Ramirez	216	3837
Jorge Mata-Vargas	149	1788
Eduardo Eizner	57	871
<b>Total</b>	<b>465</b>	<b>7493</b>

## COUNTY CHILDREN’S TRUST FUND COMMISSION, BOARD OR COUNCIL

Funds in the trust fund are available to continue child abuse prevention, intervention, treatment and education services, as well as activities that support family support, preservation and reunification. DSS’s management team collaborates and allocates this funding. As part of ongoing evaluation efforts evaluation reports can be found on the departments web page; <http://mcdss.co.monterey.ca.us/>

## PROMOTING SAFE AND STABLE FAMILIES (PSSF) COLLABORATIVE

PSSF supports four community-based organizations that help prevent the unnecessary separation of children from their families, improve the quality of care, and ensure permanency for children by reuniting them with their families, by adoption, or by another permanent living arrangement. The required 25 percent federal match is provided by the State using funds from the State Family Preservation Program.

All funding decisions related to PSSF are decided internally through FCS and is overseen by a department managers that have a broad range of community and staff responsibility. These managers can be referenced on the included organizational chart.

# Systemic Factors

## MANAGEMENT INFORMATION SYSTEMS

**Information Systems** – Monterey County fully implemented the CWS/CMS application within 2 years of its availability to counties in California. The CWS/CMS application is used by all social workers in the provision of child welfare services. CWS/CMS is the portal for all information and data to organize case management through the duration of a child welfare case. Supervisors use the information in CWS/CMS to review and approve case plans, as well as monitor the progress of cases and worker compliance to mandates. As of July 2011, Monterey moved into the status of a concurrent county.

As a case management system, CWS/CMS does lead to better information for social workers and supervisors, which leads to better decisions about referrals and cases. It allows FCS to consolidate information to improve services for each child. With staff spread geographically, it allows for immediate access of important information at all service sites. CWS/CMS has produced more consistency in decision making, staffing of cases, and court reports.

However, it must be noted that CWS/CMS has many limitations that have to be taken into consideration when discussing outcomes along with inconsistency in state policy on its usage. This lack of state policy has allowed for the development of system process that is not consistent from county to county.

We continue to work towards improved data entry and timeliness on outcome indicators. Social worker documentation in CWS/CMS has improved, but there are still many workers and supervisors who are not proficient in the use of CWS/CMS. Throughout this Self-Assessment, it became apparent that there is a need for increased support and training on CWS/CMS and it was suggested that Social Work Core Training, as well as Title IV-E program, increasingly integrate more of the CWS/CMS application. This integration would increase proficiency in daily work, as well as lead to consistent state policy for the tracking of outcomes.

### **Data Quality**

Reports using CWS/CMS data extracts are routinely generated to evaluate performance, project needs, and provide insight into system strengths and deficits. The usage of data by managers and staff is increasing as it becomes more integrated into the work culture. By having the information accessible, managers and supervisors can identify areas of concern and ascertain whether it is a performance issue or a systems/policy issue. Managers have received detailed snapshots of what is happening to children and families in neighborhoods, by ethnicity, gender, and age. It has allowed the county to look at areas for improvement and communities where resources need to be increased. Data integrity is still an issue with a high percentage of cases missing important information.

In addition to the quantitative data, CWS/CMS houses the case information, contact notes, and information about the child and his/her family. Social workers are reporting that the focus on the compliance data and timeliness of data entry has led to diminished quality in the case management information. Data quality is an ongoing focus of FCS.

### **Supplemental Management Information Systems**

Family and Children's Services uses reports from the DSS Statistics and Reporting Group to analyze data in CWS/CMS; these reports are generated through SQL, SAS and Business Objects. With this development they continue to develop more sophisticated analytic dashboards for easy access to information. We also use other management information systems in the delivery of child welfare services such as Social Solutions, Effort to Outcomes web based data management. System Support has created bridges and internal data warehousing tools to satisfy state and federal data collection and reporting requirements that are currently impossible to produce in CWS/CMS. These data sets include, but are not limited to, Differential Response, Team Decision Making, SDM, AVATAR, service-assessment information, wraparound, Crossover populations and fiscal management.

### **Probation:**

At the end of 2011, Probation's Juvenile Division moved from an antiquated and limited database to a new Case Management system (CMS) which stores data about juveniles, juvenile institutions and adult clients. Because of the old system limitations, only partial juvenile data was transferred to the new system.

The new CMS captures client's identifying information, such as demographics and photos, and client-related elements, such as education, employment, and social history; case and referral information, court actions, supervision and contacts.

Juvenile staff must also duplicate same information on the Juvenile Court and Probation Statistical System (JCPSS), and the Child Welfare Services / Case Management System (CMS/CWS). While a conversion to data upload to JCPSS is planned for the future, CWS/CMS does not currently provide the capability for information sharing between local and state systems, therefore placing an additional burden for data entry on staff. Elimination of duplicate data entry is paramount for efficient operations, particularly in times of limited resources at the local level. Probation continues to utilize CWS/CMS as a secondary database for minors in foster care.

The effort to streamline our process from our CMS to CWS/CMS, at times, becomes a challenge due to couple of issues. First, CWS/CMS is a large and cumbersome program making it difficult for Probation staff to meet the mandates with limited resources. Secondly, the review and evaluation of accuracy of reported statistical data becomes difficult when we do not have the adequate tools to identify the problem, i.e. Safe Measures, Business objects, and have to rely heavily on our agency.

## **CASE REVIEW SYSTEM**

In order to address case review issues on a unit level or case basis, FCS employs a variety of techniques. They include supervisor reviews, the Interagency Placement Committee, Wraparound Community Teams and Family Teams, the Collaborative Plan Review (CPR), internal staffing, as well as formal and informal managerial reviews.

A CPR meeting is held prior to the Juris-Dispo Hearing and at all case transfer points. At the CPR, the primary social worker presents the status of the case and elements of the proposed case plan. The Children's Behavioral Health therapist presents the child's emotional and behavioral status and discusses therapeutic needs. This is an important review step, in that multiple stakeholders participate to evaluate services being provided to the child and family. FTM's enhance this process.

The Interagency Placement Committee (IPC) is another system built into FCS. The IPC serves as a problem-solving, supportive consultation forum for any FCS, Children's Behavioral Health case manager or Probation case manager who sees a child at risk for a placement disruption. The IPC meets every week and is attended by representatives from FCS Resource and Support Unit, Supervisor of the Children's Behavioral Health Out-of-Home Placement Unit, Wraparound and representatives of the Permanent Placement Unit and a PHN. Referrals for TBS (Therapeutic Behavioral Services) and Wraparound originate from this committee.

The Concurrent Planning-Review, Assessment, and Planning (CP-RAP) objectives are to assign tasks to different units, give secondary social work assignments for the purpose of tracking review and entry of contacts, develop the case plan elements, find appropriate concurrent homes, and continue involvement in case review and planning throughout dependency. The CP-RAP team assures that all children under 12 years of age have an adoption team, meeting prior to the Jurisdictional Hearing. Another aspect of quality assurance for concurrent planning is the requirement that all social workers must report on FCS' progress on a permanency plan to the Court. To prepare for that report, monthly Administrative Reviews for cases in Permanency Planning are scheduled along with Permanency Conferences and Transitional Life Conferences. Chaired by the program manager, community partners, youth, caregivers and parents can informally review the progress towards permanency.

Following in the footsteps of Family to Family values, the Department has embraced the philosophy of participation and team collaboration. This is evident through the increased viability of meetings to achieve outcomes for the family. FOCUS meetings have been implemented to develop relationships between caregivers and biological parents. Permanency and Transitional Life Conferences are held to ensure transition planning takes place for youth in care. Family Team Meetings take place to provide a venue to review case plan progress, expression of family concerns and to address resources needed to support the family's case plan.

The Wraparound Leadership Team consists of managers and supervisors from Education, DSS, Behavioral Health, Probation, Community and Parent Partners. The Leadership Team meets monthly to oversee Wraparound implementation in the County and ensure values dissemination throughout the systems and community partners. During the monthly meetings, any issues requiring broad policy decisions are referred from the Community Team to the Inter-Agency Out-of-Home Care Policy Committee. Along with the Leadership meetings monthly program and case review meetings are held between the Wrap provider and each specific County program manager to allow for ongoing dialogue, increased transparency and best practice discussions at a Wraparound Team level.

**Probation:**

In Monterey County, a Superior Court Judge serves as the Presiding Judge of the Juvenile Court. There is a positive working relationship between the Court, Juvenile Probation and Child Welfare. Probation officers are treated respectfully and their expertise is appreciated.

In 2011 and 2012, the Juvenile Court Judge travelled with the Probation Services Manager and two Behavioral Health Supervisors to visit six different highly utilized placement programs.

The placement unit is diligent in adhering to the requirements set forth in the Welfare and Institutions Code. Further, Pre-Permanency, Permanency and Post-Permanency Review Hearings are scheduled to meet legal time

frames. All orders are carefully monitored to include language required to meet Title IV-E and Division 31 mandates. The Probation Services Manager and Deputy Officer III are responsible for reviewing every out-of-home placement case on a continuous basis to ensure that all Title IV-E findings are made at each hearing.

Parents and youth are involved in case planning whenever possible. Prior to the initial Dispositional Hearing, a “disposition interview” is scheduled. The Intake officer engages the parent(s)/guardians in a conversation about their life histories and clarifies the reasons the family requires court involvement. It is during this process that services are identified and the rights and responsibilities of the parent are discussed in addition to identifying the strengths and needs of the youth and the family.

Once the case is transferred to the out-of-home placement unit, the placement officer visits the youth at the placement program every month. The face to face visit is made with the youth at the placement program monthly without exception regardless if they are placed out of County or out of State. The placement officer also meets with the youth’s parent(s)/guardians monthly as long as the case is in family reunification and monthly contact thereafter if applicable. The placement unit also utilizes wraparound if possible in an effort to avoid out of home placement. In cases where the youth is eligible and interested in the after eighteen extended foster care program, the placement officers work closely with the Probation Services Manager as to the legal requirements and management of the cases. Court Review Hearings are monitored by the Probation Services Manager and the Deputy Probation Officer III and scheduled as mandated by law.

For Probation, Pre-Permanency, Permanency and Post-Permanency Hearings are required. The Pre-Permanency Hearing is the 6-month review. The Permanency Hearing is the 12-month review or at the 18-month review if reunification efforts were continued at the Permanency Review. Otherwise, the Post-Permanency Hearing is the 18-month review and beyond. For such Hearings, a DPO is required to submit a Court report 3 days prior to the court date and no later than 10:00 a.m. Notice of Pre-Permanency, Permanency and Post-Permanency Hearing, as well as an opportunity to be heard, are important components of Title IV-E compliance.

Monterey County Juvenile Delinquency Court is staffed with a Superior Court Judge, court support personnel, including the Court Clerk, Court Reporter, and Court Interpreter, a Deputy District Attorney, a Deputy Public Defender, a alternative Defense Attorney (for conflict cases) and the Probation Department has dedicated a the Deputy Probation Officer III as the Juvenile Probation Court Officer. The Juvenile Delinquency Court hears probation cases five days a week.

Case planning for Probation has been an area of focused attention. Deputy Probation Officers include the minor/youth and their parents in case planning whenever possible. Face to face contacts with the youth and parent contribute to this process. During the interview a Risk Assessment is conducted which drives the case plan. The parent and child have the opportunity to provide feedback and information to develop an individualized plan for the child. The parent, child, DPO, and probation services manager all sign and date the case plan within the required guidelines set forth by Title IV-E/Division 31 regulations. The contacts are documented in the Juvenile Database.

A written case plan is prepared with the involvement of the minor and parent/legal guardian at the time of disposition or after the order to foster care placement has been made by the delinquency court. Incorporated into the case plan, whenever possible, are non-custodial parents, support family members, mentors, and group home staff. The development of a case plan is determined by evaluating all factors in the minor's current situation. There are many things that the Officer considers while developing the case plan for delinquency cases such as:

- the seriousness of the offense(s), whether the minor is a threat to the community or the safety of other persons, and/or their property
- All available information regarding the minor's family, community adjustment, school, employment performance, and personal history.

This is accomplished by reviewing all the information gathered during the investigation, as well as any previous information which may be available. The assessment of the information is then put into framework relative to the continuum of rehabilitative sanctions. Juvenile Probation currently uses Assessments.com Back-on-Track Risk Assessments to determine the risk and protective factors which are addressed in the minors the case plan.

Juvenile Probation makes every effort to gather input from the minor and parent/legal guardian when case plans are developed. Currently the Juvenile Probation Department is in the process of moving forward with an automated case plan that will be generated by our case management system. This is still in the planning stages with implementation in the later part of 2014.

#### **FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION**

Monterey County evolved from its Family to Family roots to carry on a philosophy of recruitment and retention grounded on collaboration and communication. Our Resource and Support Unit, along with the Recruitment Social Workers, meets monthly with the Recruitment and Retention Committee to identify events that can be staffed by Peer Recruiters, F2F Liaisons and the Recruitment Social Workers in order to recruit new resource families.

At the foundation is a sense of ongoing marketing that includes TV, radio, newspapers and social media. Marketing efforts connect the community to an 800 numbers where prospective caregivers can call in for more information.

This sense of sharing information extends to our close work with the Caregiver Association in identifying retention events for on-going caregivers.

Training for foster parents is done in partnership with Hartnell College and other community partners. As a county that blends Pre-service, Core Training with advance topics related to specialized care and SA-HIV, there are always many opportunities to meet requirements or expand an existing knowledge base. In order to inform the training development, surveys are sent yearly to resource families in order to identify their training needs. These same opportunities are available for our relative/near-kin and in addition they are offered a series known as ROOTS to familiarize them with the system. A list of core service/service partners are as follows:

- Mentors
- Caregivers Association
- Hartnell College (training and recruitment/retention events)
- Resource and Support Unit social workers
- Family Ties
- MCSTART-AOD specific training
- Cluster Groups
- Coffee Connections
- F2F liaisons
- I-foster

The placement social worker works closely with the Adoption/FR unit to help identify children needing a permanent placement. Once identified, if there are no permanent homes available in Monterey County, the Placement Social Worker will contact out-of-county FFAs to try and “match” with their families. FFA’s and Adoption agencies also send “waiting families” profiles that are also considered. As an internal expert, this position has developed close relationships with existing resources.

Collaborations have allowed for more work with Foster Family Agencies to recruit more Intensive Treatment Foster Homes (ITFC), targeted joint recruitment with FFAs to recruit more homes for older youth and discussions at monthly Recruitment and Retention Subcommittee to address these special populations. Additionally, recruitment and retention within areas of Monterey County that are predominately Spanish speaking is ongoing.

## **STAFF, CAREGIVER AND SERVICE PROVIDER TRAINING**

### **CWS:**

Currently, the Department supports a ½ time supervisor position to coordinate the training needs of the staff. In a collaborative group ongoing and or/ new training needs are addressed by having the Child Welfare Training

Supervisor, Program Managers, BAA staff and when time allows, the Child Welfare Director, meet on a bi-monthly basis. Training needs are also discussed at a quarterly CAST meeting that is attended by San Benito, Santa Cruz, Monterey County and BAA. The third area of discussion happens at monthly Supervisor's Meeting.

## **Goals and Objectives**

### **Projection for July 1, 2013 – June 30, 2014**

#### **New Social Work Staff**

- Continue the process to update and enhance the Individual Training Plans by incorporating new and recently implemented agency program directives, policies, procedures, initiatives, resources and service providers as needed.
- All new social work staff will attend and complete the state standardized CORE classes as presented through the Bay Area Regional Training Academy (BAA), unless they previously attended comparable classes in another county and are able to provide verification of such training that will allow management the option to apply a waiver for their attendance. Master of Social Work (MSW) and California State University at Monterey (CSUMB) interns will only attend CORE if space is available and FCS requests their attendance.
- The Transfer of Learning (TOL) process will be incorporated into the supervisor's area of responsibility to ensure staff has acquired the ability to apply the concepts learned through training. The trainer will meet with staff as needed to assist the supervisors with the TOL process; also ensuring new staff members have gained knowledge, skills and values through the formal training settings. The unit supervisors will follow-up with an assessment of the workers performance with families and children to determine the level of progress achieved. The FCS Supervisor/Staff Services Trainer will pilot a TOL form to be used during monthly consultation between supervisor and their social work staff. The form will be developed with assistance from the BAA.

#### **Existing Social Work Staff**

- Conduct agency specific training as requested on topics that directly relate to the System Improvement Plan (SIP) strategies, Peer Quality Case Review (PQCR) identified training issues, and efforts toward compliance with the Program Improvement Plan (PIP).
- Conduct training for specific units or individuals to address emerging needs and provide refresher information as requested such as Harris Hearing and Relative Assessment training and other requested trainings.
- Provide policy, procedure and new regulation training, when requested, when emerging needs occur. The training will either be in a formalized classroom setting or at the unit level.
- Training on new laws or Juvenile Court Procedures will be presented by County Counsel as needed, either in a formal setting or in specific units as requested.
- All staff is expected to attend agency-mandated training to include topics such as workplace safety, defensive driving, civil rights, cultural awareness, sexual harassment prevention and security awareness. The FCS Supervisor/Staff Services Trainer will assist in the coordination of training within FCS with the Training Manager as needed and schedule allows.
- Continue to conduct training needs assessments and coordinate training to enhance knowledge and skill development for social workers.

- Complete the On-Line Documentation form for training that is provided for FCS staff to reflect attendance at training. The form information is transferred to the DSS training registration system that tracks hourly attendance for staff. This will provide accurate records of training hours acquired for each staff member. The state minimum requirement is for a social worker to attain 40 hours every 2 years.
- Continue to update the database created by the FCS Supervisor/Staff Services Trainer that monitors current training hours for all on-going social workers, CORE completion dates and supervisor CORE completion as mandated by the state.

### **Supervisors/Managers**

- Meet with the program managers and supervisors to review specific training needs. Provide on-going support for a new supervisor who transitions to a new assignment, either from line staff work or from supervision of a different unit.
- A 10-day academy training, Foundation of Child Welfare Supervision, will be provided by the BAA, which incorporates the new state standardized curriculum. Monterey County will send new supervisors to the training and will offer it to experienced supervisors who would like to attend. The FCS Supervisor/Staff Services Trainer will coordinate with BAA in enrollment for the supervisors.
- All graduates of Foundations of Child Welfare Supervision will have the opportunity to participate in a post-Foundations TOL day to review the concepts of supervision, practice learned skills and discuss the application of training to practice.
- In addition to the Foundations of Child Welfare Supervision, the BAA offers additional training days focused on Child Welfare supervision and management. These will be available to all Child Welfare Supervisors and encouraged to attend by FCS Program Managers.
- The FCS Supervisor/Staff Services Trainer will work in conjunction with the unit supervisors to assist them in developing an understanding of the Transfer of Learning process and will also help clarify the unit supervisor's role in assisting staff with ongoing professional development.
- The FCS Supervisor/Staff Services Trainer will conduct needs assessments with the unit supervisors and program managers for the purpose of determining staff learning gap areas and topics of interest for training. Requests will be made for advanced training through the BAA and UC Davis to address both the areas of needs and areas of enhancements.
- The FCS Supervisor/Staff Services Trainer will meet with FCS Program Managers quarterly to discuss such topics as current and future training needs of staff, MSW interns, Individualized Training Plans (ITP) and related training needs.

Skill Development of new and experienced staff is usually measured by their Supervisor in monthly coaching/staff meetings. This topic is also discussed in detail during the bi-monthly meeting with BAA and monthly Supervisor's meeting. It also is discussed at monthly a monthly Supervisor meeting.

Addressing hard to serve populations is ongoing, through partnering with Hartnell College, BAA and Seneca/Kinship Center to address topics such as working the LBGTQ youth, working with Gang Involved Families, and many other topics. Each month the Child Welfare Trainer sends out the list of trainings on topics that pertain to hard to serve

populations that are being presented by Hartnell and Seneca. These trainings are open to county staff, foster parents and community partners. Some of these topics are also addressed by trainings provided by the BAA.

**Probation:**

Our training unit consists of a Probation Services Manager and a Principal Office Assistant who are responsible for establishing, coordinating and processing training activities for all sworn and non-sworn staffing the department. In collaboration with the Standards and Training for Corrections (STC) division of the state’s Corrections Standards Authority, the training unit ensures 100% compliance with state mandated training designed to ensure the competency of local corrections professionals.

STC’s primary role is to foster effective staff selection and job related training for local corrections personnel. In addition to CPR, the DPO Core Course must be completed in the first year of job assignment as a DPO. Core consists of a minimum of 240 hours of instruction in specific performance/instructional objectives. Annual training, 40 hours for a DPO, is mandatory for all full participation eligible staff that has completed CORE training. STC has allocated funds available and an Annual Training Plan must be submitted each year with adherence to its guidelines.

A Juvenile Deputy Probation Officer (DPO) will normally acquire a wide range of work experiences, including but not limited to, Court Investigations, Field Services, Special Services, Silver Star Resource Center, Rancho Cielo, and Training. A DPO spends approximately 2 years in a unit and will usually begin their career in the Court Investigations unit. Professional growth between DPO levels and movement towards management, if desired, expands their skill set and value to the department. One of the department’s greatest assets is their employee population. Every year all sworn staff must complete 40 hours of STC training. These trainings range from law enforcement practices to writing classes, to family dynamics, to officer safety trainings. All new Juvenile Probation officers must take a 5 week CORE program, and all placement officers complete additional 9 day CORE training. Supervisors complete 80 hours of additional management training within the first year of their assignment. Currently, all placement officers, the DPO III, and the Probation Services Manager have attended all Placement Core requirements. Further, officers continue to take advantage of the training classes offered by The Resource Center for Family-Focused Practice, UC Davis provides throughout the year. In addition to the UC Davis Extension training, Monterey County DSS continues to include probation placement staff when conducting in-house training.

**NATIONAL RESOURCE CENTER TRAINING AND TECHNICAL ASSISTANCE**

Monterey County has not reached out for assistance with NRCTTA but has established relationships with other resources, such as the local universities and subject experts such as The Child Abuse Training and Technical Assistance Center through the Child Abuse Prevention Council.

## AGENCY COLLABORATION

At the heart of services in Monterey County is a core belief in collaboration and partnering. At the center of this belief is the structured meeting that start with our directors at the local Children’s Council and their initiatives. Their guiding principals also are reflected through other layers and meetings.

### Guiding Principles

**Collaborative** – promoting cross-agency policies and procedures that enhance seamless service delivery; encourage interdisciplinary problem-solving and support; and address the barriers to success;

**Comprehensive, Coordinated and Integrated** – recommending a full array of services and supports where the entire range of needs are addressed in an efficient, responsive and effective manner;

**Family-Centered and Family-Driven** – honoring, respecting and empowering families as their child’s first teacher and strongest advocate;

**Culturally Responsive** – ensuring diverse populations receive culturally responsive services and supports;

**Community-Based/Community Driven** – ensuring that services are available and accessible in a variety of settings and locations;

**Participatory** – ensuring that program recipients participate in making and shaping decisions; and

**Outcomes-Oriented** – measuring outcomes for children, youth and families and using data to facilitate decision-making, identify obstacles and improve services.

There are other meetings that are topic specific, but as a sub committee of this council, our System of Care Governance Council works to keep Social Services, Probation, Behavioral Health and Education together with community First 5 and CAPC. Often times these meetings are focused on keeping partners apprised of changes and future needs, but it also can be focused on the development of shared goals and projects.

At the heart of discussions in the discussion on inter-agency data collection and shared data access; knowing that data sharing has many layers, this partnership allows for movement on a small scale thus adding to the larger conversation.

On a more programmatic level, these principals are reflected in the delivery of services for families. Staff, as needed, will collaborate with service partners as identified by a family’s case plan or by release of information for front end services. The best example of this is seen in our efforts at proving Differential Response through our implementation of Pathways to Safety referenced earlier in this report.

### Probation:

Actively participates in the following:

- Children’s System of Care is one example of the collaborative work between Mental Health, DSS, Juvenile Probation, Monterey county Children’s Behavioral Health, and the Monterey County Office of Education.
- Probation Advisory Committee
- The Placement Interagency Committee
- Children’s Council
- Blue Ribbon Commission
- Out of Home Care Committee
- Local Evaluation Sub-Committee
- Foster Care Policy Meeting

### **SERVICE ARRAY**

Monterey County works to refine service needs through the ongoing development and or adaptation of existing services to meet the population and their need. The Department is committed to ensuring that the needs of all involved with the child welfare system are met. As a point of consideration, specialty funding such as CWSIOP and PSSF are dedicated to ensuring contractual services are in place to support the spectrum of child welfare. Through this relationship existing county process allows for the monitoring and evaluation of all contracted services and internal CQI processes are working to develop more specific measurable outcomes to key service contracts.

In order to accomplish our mission it is important that staff is dedicated to providing services to all children that may come to the attention of the department. Although we do not have a federally recognized Native American population, our service array is able to make accommodations for our youth.

This commitment starts with a focus on early intervention and prevention through the support of Pathways to Safety. A program built on public/private partnerships that values community involvement in supporting families in their communities. This program utilizes Family Resource Specialists to engage families that come through FCS in short term service provision based on assessed needs identified through the North Carolina Family Assessment Tool.

As a Department, services are aimed to assess the strengths and needs of families. For example, Monterey County utilizes SDM tools to assist social workers in identifying safety and risk factors as well as family strengths and needs. Another example is our commitment to voluntary Family Maintenance.

Children’s Behavioral Health (CBH) conducts a very thorough Child and Family Assessment of each child referred for Juvenile Court dependency and the child’s parents. As mentioned earlier, Children’s Behavioral Health completes evaluations of each child entering foster care in order to assess what services need to be incorporated into the child’s service plan. CBH uses the Child Adolescent Family Assessment tool as well as the Mental Health Screening Tool to assess the mental and emotional health of children. Additionally, Behavioral Health can provide mental health needs

assessments for parents. If the parents are Medi-Cal covered, they have more options for providers. Through an interagency collaboration, FCS and CBH have established a pool of resources to provide services to low-income parents of children in foster care who do not have Medi-Cal. For parents with substance abuse issues, an AOD specialist conducts an Alcohol and Other Drug (AOD) assessment through Behavioral Health. Access to these services and waiting lists can be problematic as capacity issues continue to emerge.

PSSF funding is also used to secure services via contracts and MOU's with our community based agencies and through our local Health Department. Detailed information on the application of these funds are provided to OCAP through the yearly reporting and expenditure tracking reports maintained by the department. Funds are currently supporting:

- Community Human Services - in the provision of preservation and support services to families who may be at risk of entering the system. Under our Family to Family philosophy community representatives work to establish connections in the local community and help to support families and caregivers.
- Door to Hope – through support provided by our mentor programs, community level staff members work to engage families and guide them through their interactions with the department while providing services that are related to all four service components
- Aspiranet – through operation of 23 hour receiving center services are provided to stabilize crisis situations allowing for a focus on preservation and support of our local youth.
- AOD – in the provision of alcohol and drug treatment services for Non-Medi-Cal CWS clients receiving time-limited family reunification services.

Home-based services are also offered to address the needs of children and families in order to create a safe home environment. For example, Parents as Teachers (PAT), a program delivered by the Door to Hope and the ACTION Council, provides one-on-one parent education and support to families in their home or at community-based treatment sites. Home Partners, through CBH, is a family preservation program which is available 24 hours, 7 days a week providing in-home supportive services to families who have children who are at risk of out-of-home placement. This program involves direct crisis intervention and the direct teaching, parenting and problem solving skills. All of the above services are available in English and Spanish.

FCS services are designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonable assured. In addition to PAT, additional community-based services are made available by DSES that include subsidized child care services, transportation, short-term counseling through various community providers, substance abuse treatment (residential and out-patient), parent education classes, support services for relative caregivers through Family to Family, anger management groups, domestic violence intervention programs and TANF/CalWORKS based services.

To come full circle the Department also provides transitional services for youth who are exiting the system. Strides have been made to focus on permanency and to plan for youth to exit with supports. Transitional Housing and

support for young adults and non-minor dependents continue to be a focus and will need greater levels of collaboration to survive in the current fiscal re-structuring.

Since the last self assessment, many changes are in process and these changes are impacting our current service structure. Ongoing needs for AOD and Mental health have created backlogs that are compounded by implementation of new standards and requirements. Restructuring will be required to accommodate the new work parameters with Katie A, Non-minor dependents and CalWORKS Family Stabilization workloads.

Based on the above paragraph, the Department sees a moving service target that has yet to be fully defined. Services are established to meet the needs of the families at any given point in time and with the implementation of health reform, Katie. A. standards, increased service populations in transition age youth; it is pre-mature to identify all the service gaps that may be forthcoming. Speculation indicates that as the requirements for additional assessments are implemented that there may be increased waiting lists that are reflective of our demographics and driving the need for more culturally appropriate services. Our priority and the priority of these funding streams will continue to be focused on the blending, braiding and pooling of all resources for the maximization of fiscal resources to work with our families where they are at and within the requirements that are continuing to change. The flexibility granted by specialty funds like PSSF, CAPIT or CBCAP will allow us to continue to back into these needs as well as balance CWS spending under realignment.

### **Probation:**

For Monterey County Probation, the majority of out-of-home placements are in group homes, out of county, and out of State. Probation has typically not been able to use local group homes for placement due to the lack of group home resources and past conditions of local group homes that were found to be unacceptable and out of compliance.

Challenges presented to group homes outside of Monterey County are distance and travel time to and from the group home for all involved and the difficulty of consistent family visitation. SB 933 offset costs associated with group home visits, however research has shown that family visitation is the second most leading factor in successful reunification. Therefore geographic closeness in proximity to the family residence needs to be addressed in coming years.

In an effort to effectively provide the minor with the appropriate level of care and supervision, the care providers are given full disclosure at the time of referral. The care provider is allowed to interview the minor prior to placement. Any specific needs or concerns are discussed with the assigned Officer or staffed with the Manager to find resources to the needs. The care providers are given support by the Probation Department by responding to crisis in a timely manner and supporting the rules and expectation of their home/programs.

Below is a partial list of additional services and supports available through the Probation Department:

- **Victim Restitution Program:** The program services the entire Juvenile Division. The services provide assistance to victims seeking restitution.
- **Juvenile Drug Court Treatment Program:** Is a 12 month program divided into 4 stages with focus on required court appearances, treatment, and goals. Upon successful completion of the 9 month focus, the minor participates in graduation. The last 3 months of the program is designed as aftercare.
- **Juvenile Mental Health Court:** The Collaborative Action Linking Adolescents (CALA) is a comprehensive process that starts with an early mental health screening, and may include a psycho-social assessment and eligibility for participation in a mental health court. The goal of the program is early detection and provision of appropriate services before the youth enters the criminal justice system, and focused intense intervention for those adolescents with mental health problems who are already in the system. The procedures for the Juvenile Mental Health Court were refined and fully implemented in 2007.
- **Placement Intervention Program (PIP):** The program was developed to provide Juvenile Court with an alternative sentencing option to out-of-home placement. PIP is designed to provide a comprehensive program of intensive supervision and assistance to minors in jeopardy of being removed from parental custody.
- **Santa Lucia Dual Diagnosis Residential Treatment Program:** The program provides 24-hour residential care for adolescent females with co-occurring disorders. Behavioral Health provides a 9-month Intensive Day Treatment program which comprises of four hours of group per day to females adolescent youth adjudicated by Monterey County Juvenile Court under a placement order.
- **Wraparound:** The program is led through four phases described as engagement and team preparation, initial plan development, plan implementation, and transition.
- **Supportive Therapeutic Option Program (STOP):** The program focuses on assistance with successful transition to home, establishes and maintains collaborative relationships with key stakeholders such as Behavioral Health, Education, and Health Services.

## QUALITY ASSURANCE SYSTEM

Monterey County's Continuous Quality Improvement (CQI) program (established in 2006) reviews cases and referrals from the following programs:

- -ER/EO
- -FR/FM/PP
- -Pathways to Safety
- -Adoptions

Assignments originate from the MAIII who oversees the QA program and 20% of the total number of cases or referrals in a review month is a desired sample. For example, if there are 100 total FR cases for a month, 20 cases are reviewed. Cases are selected from each worker. The number of cases selected from each worker depends on the caseload. The higher the caseload, the more cases are selected. The process of which actual cases varies by the different units, FR/FM/PP and Adoptions cases randomly selected by alphabet. Since the caseloads are listed alphabetically, a case from the beginning, middle and end of the alphabet are selected for review.

In the ER unit, the caseloads are divided into 10 day and immediate response. An attempt is made to sample one referral from each response time for each worker. If more than two referrals are reviewed, more are selected from the 10 Day response since it compromises the bulk of the referrals. In the EO report, the referrals are listed according to date received. Referrals are randomly selected by date from various times of the month.

Each case or referral is reviewed using a review tool. The tool looks at response time, frequency and location of face-to-face contacts, placement information, visitation, case plans, SDM and other factors documented in CMS/CWS. Once the cases are reviewed, compliance with a specific factor is expressed in a numerical and percentage score. Cases or referrals that do not meet the requirement are listed by name and case number.

At the end of each report is a section of cases that are for review for the Program Manager. These are cases or referrals that the PM is advised to further review for compliance issues. Some of the areas noted include:

- -errors were made in documentation
- -minors not seen in accordance with regulation
- -incomplete investigations
- -casework decisions that may not be in accordance with FCS and Division 31 standards

All reports are reviewed by the supervising MAIII and the Program Manager before distribution. To augment this case review, monthly data reports are populated to support medication review, education, CHDP, ICWA , adoptions and other core CWS requirements. Performance measures are regular sent to staff for review and data is provided in a more digestible scorecard.

Monterey County has shared our tools and guides with other California Counties in support of developing a platform for CQI.

### **CAPC Quality Assurance**

Performance to the contract standards is the responsibility of the respective county liaison for programs as previously identified. Unannounced on-site visits are required by contract. Additionally, individual evaluations by service receivers and/or parent class participants are mandated. Because of the large number of classes (340) provided annually, each field contract trainer is permitted to provide evaluations for every ten classes presented.

Clients receiving services or training are required to complete written evaluations that must meet an 80% approval rate as defined in the contracts. These evaluations are held by the agency or individual trainer and assessed randomly by the respective county liaison. . If negative evaluations are appearing or fiscal accountability is distorted, the liaisons are notified and corrective action is undertaken with reports sent immediately directly to either the CAPC or the head of Family and Children Services. If required, site visits and interviews are held to follow up on corrective

actions directly with our several contracted agencies. Funding support can be withheld if contracted agencies/individuals fail to meet contract obligations.

To ensure that providers and expending funding and tracking participation, all CAPIT/CBCAP/PSSF programs are managed by employees who are working for the county and are responsible for oversight of the programs. Ultimately, FCS has program and fiscal accountability for all services provided or contracted through CAPC. The CAPIT/CBCAP county manager reports directly to the umbrella agency (CAPC) on program compliance and community needs. Verbal reports on evaluations are also rendered. On occasion, the contracted agencies/individuals are required to appear before the CAPC to make verbal reports on program progress. Information is maintained in minutes and is retained by the CAPC office. The CAPC was established by the Board of Supervisor's resolution in July of 1986. The CAPC Director reports to the CAPC members who have been appointed by the Board of Supervisors.

**Probation:**

Case Plan reviews are conducted regularly against the 44 required Division 31 elements and files are randomly selected throughout the Juvenile Division. Probation Services Manager does QA of all placement cases. All Title IV-E requirements are looked at when quality checking the placement files. Probation officer contacts with youth and parents are part of the review process. QA is an area that could be improved and streamlined to assure, better more in-depth, reviews are taking place.

## Critical Incident Review Process

Monterey County CDRT is attended by both program management staff and CAPC. In the event of a critical incident or a case that would involve a child fatality, efforts are made to triage the incident in order to arrange and set up appropriate responses.

Although not a written directive, certain steps are clearly identified.

- Coordinate with EAP for supports for staff
- Coordinate with Behavioral Health for supports of children, families and caregivers.
- Arrange a case review /staffing involving all parties that need to be involved
- Provide briefings to our Director and the appropriate county officers.
- Ensure reporting requirements around the SOC826 are completed
- Review with staff information regarding Federal Law, CAPTA, SB39 and W&I code 10850.4(c).

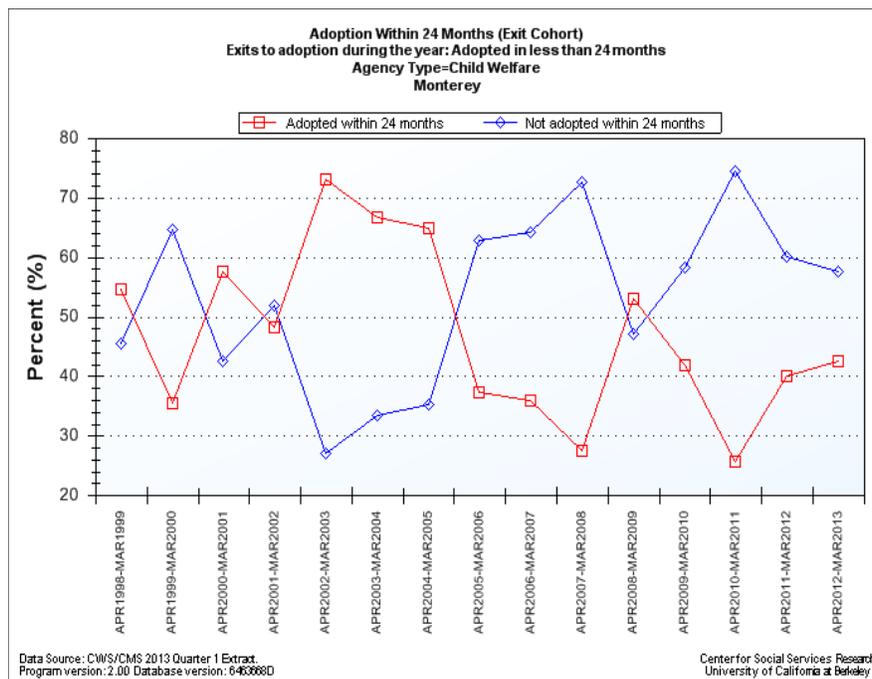
# Peer Review Summary

## FOCUS AREA

Child Welfare chose to focus on C2.1: Adoptions within 24 months (exit cohort). This measure computes the length of time to adoption after the child is removed from the home. In 2012, the median length of time to adoption in Monterey County was 31 months.

*C2.1: Adoption within 24 months (exit cohort)*

*This measure computes the percentage of children adopted within 24 months of removal. The denominator is the total number of children who exited foster care to adoption during the specified year; the numerator is the count of these exiting children who were adopted in less than 24 months. This measure contributes to the second permanency composite.*



Juvenile Probation focused on C4.1 - C4.3: Placement Stability. Placement Stability is defined as less than two placements for children during their stay in foster care. The measure is separated into three categories representative of the length of stay: 1) at least 8 days but less than 12 months (probation performance 100%), 2) at least 12 months but less than 24 months (probation performance 80.5%) and, 3) at least 24 months (probation performance 30%). The National goal is 86% for each measure. Juvenile Probation was interested specifically in how placement stability can be improved for the Wrap Around population

## METHOD

Once the focus area is determined and agreed upon by the Co-chairs, peers are selected from other counties that are performing well in the selected focus area, demonstrating improvement in the selected focus area and/or

implementing evidence-based practice to improve the selected focus area. The CDSS consulted with the county on counties that meet the above criteria and also takes into consideration county size and demographics. The counties participating in Monterey County CWS Peer Review are: Stanislaus, San Luis Obispo, Sonoma, Santa Cruz and Placer. The counties for the Probation Peer Review are Sonoma and San Luis Obispo; a representative from the Bay Area Academy also participated on the Probation Team.

The Peer Review was held in Seaside, California on October 8th - 9th, 2013. There were three teams consisting of three interviewers on each team. Each team was comprised of both Child Welfare social workers and Probation Officers, and interviewed both Probation Officers and Social Workers. Peer interviewers were prepared by participating in an hour and a half webinar on October 2, 2013, which reviewed the process, focus area, expectations during the Peer Review process and a question and answer segment. In addition, child welfare prepared questions for consideration prior to the Peer Review to help frame the county's questions.

The County utilized the standardized interview tools provided by CDSS and added additional county specific questions to the tool. The standardized tools for each focus area were developed with consideration to questions used in previous Peer Quality Case Reviews, a review of the literature, statewide efforts towards evidence-based practice, and statewide strategies included in California's Program Improvement Plan.

Case selection was conducted by CWS and Probation in consultation with CDSS to ensure that the cases represented the focus area selected. Once the cases to be interviewed were identified, the social workers and probation officers were notified and given the tool to be used in the interviews. Staff were additionally prepared by participating in a webinar on September 25th, which reviewed the process, tools and expectations of the Peer Review.

Following the eight interviews for child welfare and four interviews for probation, a debriefing process occurred. The purpose of the debrief was to uncover emerging themes for each category on the tool. The peer reviewers identified and reported the themes that emerged from the host county staff regarding what works well, problems and concerns, as well as any recommendations host county staff made regarding county practice. The findings are discussed below.

## **SUMMARY OF FINDINGS**

### **Background:**

The strengths of Monterey County staff are that the social workers have many years of adoptions experience and the adoptions social workers are frequently involved from the beginning of the process, including attendance at Team Decision Meetings at the time of removal.

The barriers for the Adoption social workers are high case loads which include diverse and multiple roles as they perform home studies, Interstate Compact Placement home studies, and function as secondary case carrying social workers.

### **History:**

Peers noticed that the county practice is to minimize changes in social workers to only change when there is case movement to a different program, and this helped with consistency in the cases. Additionally, Adoption social workers are assigned as secondary workers in the Family Reunification program and carried the case to finalization, if that was the goal of the case. At the time of the assignment the primary worker took the secondary worker out to meet with the child and establish a relationship. In cases where the child understood the role of the social worker, the

child collaborated with the worker in the plan to find permanency. It was further noted that the social workers had established positive relationships with the caregivers and knew them well.

### **Case Management and Concurrent Planning:**

Many promising practices were observed around case management and concurrent planning. The first placement is most often the concurrent placement and placement with relatives and siblings are prioritized. The agency also pays particular attention to having a cultural match and encourages team meetings with the prospective adoptive family, which includes the whole team who knows the child well.

A barrier to Concurrent Planning was identified when the Adoptions social worker hadn't been assigned as secondary worker. In these cases, concurrent planning was not started early enough, communication and documentation was sparse and the Adoptions social worker didn't know what was done in Emergency Response and Family Reunification to provide concurrent planning services. Another barrier was identified in the family finding practice. Once one relative was found, the social workers did not look for additional relatives in case that placement did not work out; there was no Plan C. The County prioritizes keeping siblings together, but this can result in a delay of permanency for all of the siblings when a placement fails due to the behavior of one child, when all of the siblings are moved together to a new placement.

### **Engagement:**

Social workers encouraged engagement at all levels. The birth family met with the adoptive family and included them in the adoption planning. The Behavioral Health Therapist was very involved in helping prepare the child for adoption and assisted in the transition to the new placement. There is good communication between the social worker and behavioral health therapist and the social worker visited the child/family in the home. There is also an emphasis on team meetings such as Focus and Team Decision Meetings.

As with practices around case management and concurrent planning, a barrier was identified when the Adoption worker was not assigned as a secondary worker at the beginning of the case and the worker did not know what the ER/FR worker had told the families. **Assessments and Services:**

Many services are offered to the families and were found to be helpful. Specifically identified were the developmental services offered through MCSTART, behavioral health services, Independent Living Services and the Kinship Center (FFA).

There was a trend in the cases reviewed to make referrals to mental health services later in the case. As there can be a long waiting list to receive those services, this resulted in a barrier to children receiving mental health services.

### **Placement Matching:**

The agency attempts to select a family with the knowledge/skills related to taking care of the child's needs, including a cultural match. Adoptive families are willing to keep contact with the birth family, which allows a good transition for the child, and when the two care providers form a relationship this allows for more visitation and better communication between the foster and adoptive parents. It was also noted that the BASA exchange meeting is helpful to find an adoptive match for a child.

In Monterey County the FFAs do all of the home studies for relatives. The FFAs do not make contact with the relatives until after Family Reunification services are terminated. The reasons for this vary and consequently this practice has attributed to delaying the adoption process.

### **Caretaker Support and Services:**

Caregivers are supported by the FFA social worker and mental health services. Social workers research services for families out of county to ensure the needs of the child are met. It was also very supportive when the previous caregiver and new caregiver exchanged phone numbers and communicated with one another.

It is difficult to get appropriate services for children who are placed out of county due to geographical distance and lack of knowledge of services in other counties. There are often wait lists for services. Due to the difficulties of establishing services for children out of county, caretakers do not feel supported when these services are not provided early in the case.

### **Placement Changes:**

The county strives to avoid placement changes; however, peers noted that when a placement change was necessary the agency attempted to keep the child near their family and community. This was better facilitated when the current family was willing to keep the child until another suitable home could be found and also helped to prevent an additional placement while looking for another suitable home.

When the Adoptions social worker was unsure about what the caregiver had been told about the Concurrent Plan this can lead to confusion and placement changes. This primarily happened when the Adoptions social worker was not involved in the case at the beginning. Additionally, although it is a priority to keep siblings together, this practice can result in an additional unnecessary placement change if one sibling's behavior results in a move of all the siblings to a new placement.

### **Recommendations from Monterey County Social Workers:**

#### Training

- More adoption specific training, for example, clinical consultation, and how to tell a child they are going to be adopted.
- SAFE training for how to complete Home Studies.
- Providing staff time to attend trainings when they are offered.

#### Resources

- There is a need for more adoption staff, (especially bilingual staff), which would lower case loads.
- There is a need for more clerical staff as there are many clerical functions for the Adoptions social worker that could be re-assigned to clerical staff. Currently the Adoptions clerk is the placement clerk for the whole agency.
- It would help to have one designated home study social worker.
- Reinstatement of CPR meetings.

### **Policies and Procedures:**

- Change the current format of the three hour staff meetings to incorporate meaningful trainings or case consultations.

- Reduce caseloads to 12 - 15 cases for full-time workers as smaller caseloads would increase timely adoptions and improve communication and morale.
- Streamline the Adoptions Assistance Process. Currently, there are two appointments needed to fill out one form and the negotiations are time consuming. It is also time consuming to have the Program Manager involved as it creates an additional level.
- Adoption worker to become the primary worker after Termination of Parental Rights as this would free up time.

**Legal:**

- Cases stay in the juvenile court when decisions aren't made and the Judge allows cases to linger

**Other:**

- Part time workers have a full time caseload
- Would like to concentrate more on things that are being done correctly and hear about the positives.

**Summary of Findings: Probation**

**Background:**

The peers noted that the Probation Officers case load size appeared manageable

**History:**

The probation department is able to engage youth in a way that motivates them to participate in the program. Another strength of Monterey County is there is an agency that provides transportation and parenting groups.

It is a barrier for youth to sever gang ties. There is also a barrier for transportation for out of county placements.

**Case Management and Concurrent Planning:**

The youth wanted to participate in the Extension of Foster Care (AB12) and was motivated to be successful in the program so they can be dismissed from probation.

It was identified as a barrier to case management when the Probation officer didn't know how to use CWS/CMS. With regards to concurrent planning there is no ongoing search for relatives as it is only done at intake. It is also difficult when youth return to gang involvement once they return to the community.

**Engagement:**

Probation Officers are able to engage the youth well through positive relationships and a thorough knowledge of the youths' circumstances. Group home staff and ILP also have good relationships with youth and actively engage them.

Despite the program providing monthly transportation, it is hard for families to engage when contact is not frequent. This effects placement stability as youth need visitation to assist with motivation to complete programs. It is also a barrier when the families do not utilize the services offered, including transportation. Additionally, if the youth resume gang affiliations this decreases their engagement level and ability to complete the programs and also impacts placement stability.

### **Assessments and Services:**

It was noted that there are no gaps in services provided. The therapists from Monterey County remain involved in the case throughout placement even when the child was placed out of county. The families were able access local services even though the youth was placed out of county.

Placements offered many enrichment activities that motivate the youth to remain in placement, for example: river rafting, camping, snowboarding, and a mission trip to Romania.

### **Placement Matching:**

There is careful consideration made to place youth in a placement that meets their needs, including out of county to remove them from gang influence. In some cases youth have been resourceful in finding their own Supervised Independent Leaving Placement (SILP) for participation in the AB 12 program.

The barriers to placement matching are out of county placement because there is not a local program that can meet the child's needs, or when the youth had little or no contact with family members.

### **Caretaker Support and Services:**

Group homes are providing thorough services to youth including addressing medical needs, family counseling, and identification of support systems for the youth.

When the caretaker is not engaged in participating in services this results in a barrier for placement stability, including motivating the youth to comply with and complete the program.

### **Placement Changes**

It was noted that when Probation Officers are able to get engage youth in understanding the importance of the program, placement changes are minimized. When the youth is willing to stop gang involvement, placement stability improves. This occurred even in situations where the youth had a setback resulting in dropping out of the program, but returned to the program.

A barrier that is identified is when the program is not a good fit for the youth. If the youth does not have goals that are compatible with the program, this can lead to a placement disruption.

### **Recommendations: from Probation Officers**

The two recommendations were a request for more training on AB 12 and to keep caseloads below 21.

### **PEER PROMISING PRACTICES**

#### **CWS Peer Promising Practices:**

A key component of the Peer Review process is that at the conclusion of the Peer Review the peers share with the county suggestions from their own agencies that could possibly be implemented to improve the focus area. As would be expected, different counties utilize different processes to provide the required case management services to families. The following are suggestions for the county to consider. These are not requirements. All peer counties are open to providing additional information to the county regarding these suggestions.

#### **1. Restructure case assignments in the Adoptions unit.**

One area where peer counties suggested the system could be improved in Monterey County was to re-examine the way that the work flow and case assignments are made.

For example: In Stanislaus County the adoptions workers are divided into the front end and back end which assists the agency in ensuring adoptions is involved throughout the life of the case. In the front end, the secondary assignment is made at the Dispositional hearing and the worker will do the home study if the FFA is not doing one. They additionally help the FR worker match with a concurrent home and write the prospective adoption parent section. The back end worker is assigned as the primary social worker after the 366.26 hearing. This worker follows any appeal, conducts monthly contact with the families and completes the paperwork for finalization and Adoptions and Assistance Plan (AAP). Out of county relative home studies are done by FFA's. Stanislaus has a speedy finalization process; after the 366.26 hearing they request a waiver from CDSS, once the waiver is received it is typical for a change to adoptive placement status within two weeks, and the finalization will usually be scheduled within two weeks. The Juvenile Court Judge has the capacity (if needed) to do one adoption a day, and does this first thing on the court calendar.

## **2. Reduce the length and scope of court reports**

Consistently across the counties, the peers recommended revisiting the lengthy court reports that CWS writes. In other counties the court reports are approximately 8-10 pages and there is just a paragraph regarding the social history of the adoptive family, in Monterey County they are very lengthy. Each county was willing to share their court reports. It was a concern of the peers that all of the adoptive families' information is given to the birth parent via the court report.

## **3. Increase clerical support for the Adoption Worker**

As noted in the peer review, Monterey County adoption workers have limited clerical support. Other counties have designated clerical positions that complete all of the AAP paperwork. For example, San Luis Obispo has 1.5 clerical positions designated for AAP paperwork.

## **4. Increase utilization for FFAs to do home studies:**

In San Luis Obispo and Placer counties, FFAs do all of the home studies for relatives and adoptive homes. In Placer County all county foster homes have a home study completed right after they are approved for placement. This speeds up the adoption finalization process. Sonoma County has a Memoranda of Understanding with ten private agencies to which they refer most of their families (including relatives and Non Related Family Members) for a home study. Additionally, they require those agencies to do the SAFE home study.

## **5. Increase utilization of court officers:**

It was suggested that court officers appear in court for all hearings except for Jurisdictional /Dispositional hearings and contested hearings. This frees up the time for the social worker to do other case management services. Sonoma and Placer County has instituted this practice. Other court friendly promising practices were shared, such as in Santa Cruz county's the Judge's Mother and others, make quilts for all of the children being adopted.

## **6. Increase the consistent use of teaming:**

Peer counties shared how they involve their Adoptions social workers in teaming to ensure consistency and that concurrent planning occurs. For example, in Placer County social workers have ongoing staffing with FR workers.

In San Luis Obispo the whole adoptions unit gets a notice of every Team Decision Meeting after a child is placed in Protective Custody. An available adoptions worker can attend to meet the family, take notes of possible concurrent placements, and connect with the birth parents.

In Placer County workers are trained at all stages to assess concurrency and to explain this process to caregivers.

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### **Probation Peer Promising Practices:**

A key component of the Peer Review process is that at the conclusion of the Peer Review, the peers share with the county suggestions from their own agencies that could possibly be implemented to improve the focus area. As would be expected different counties utilize different processes to provide the required case management services. The following are suggestions for the county to consider. These are not requirements. All peer counties are open to providing additional information to the county regarding these suggestions.

#### 1. Improve placement matching

San Luis Obispo has found it helpful to have a court ordered Psychological Evaluation conducted on each youth prior to placement. This evaluation assists the probation department and Juvenile Court in appropriate decision making regarding placement.

#### 2. Transitional (step down) Program

Monterey County Probation has an extensive wrap program. Sonoma County shared that they have developed a placement transition program for families that do not qualify for WRAP; these services include therapy, weekly or biweekly family team meetings, identification of extended family for permanent connections for youth, transporting families for visits during placement, and work with the parents before reunification to facilitate school enrollment.

## *State-Administered CWS/CMS System Case Review*

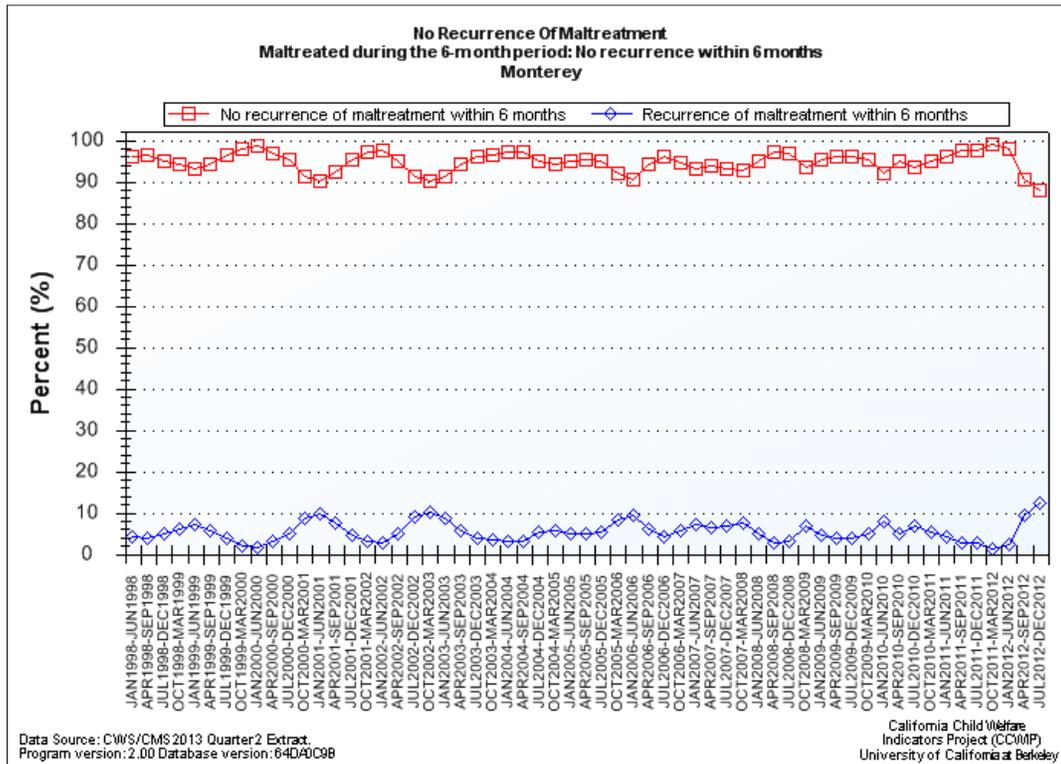
CDSS did not conduct CWS/CMS System Case review for this CSA.

## Outcome Data Measures

### **S1.1 NO RECURRENCE OF MALTREATMENT**

From:	7/1/2010	7/1/2011	7/1/2012
To:	12/31/2010	12/31/2011	12/31/2012

No recur. of maltreatment w/in 6 mos. (%)	93.4	97.4	87.8
National Standard (%)	94.6	94.6	94.6
Maltreated during 1st 6 mos. of yr. (n)	198	155	189
No recur. of maltreatment w/in 6 mos. (n)	185	151	166
National Standard (n)	188	147	179



## ANALYSIS

The above PIT data collected by UCB, shows a recent change however over time it appears to be within a normal pattern for Monterey. This measure is one that prompts attention but only in the context of other performance measures such as removals and re-entries. We know that efforts to increase the community knowledge around child abuse reporting and that marketing efforts related to our early intervention and prevention efforts could have an effect on reporting and thus impact this measure, but we as a department will need to continue to improve our data collection in order to look for relationships.

### S2.1 NO MALTREATMENT IN FOSTER CARE

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Not maltreated in out-of-home care (%)		99.75	100.00	100.00
National Standard (%)		99.68	99.68	99.68

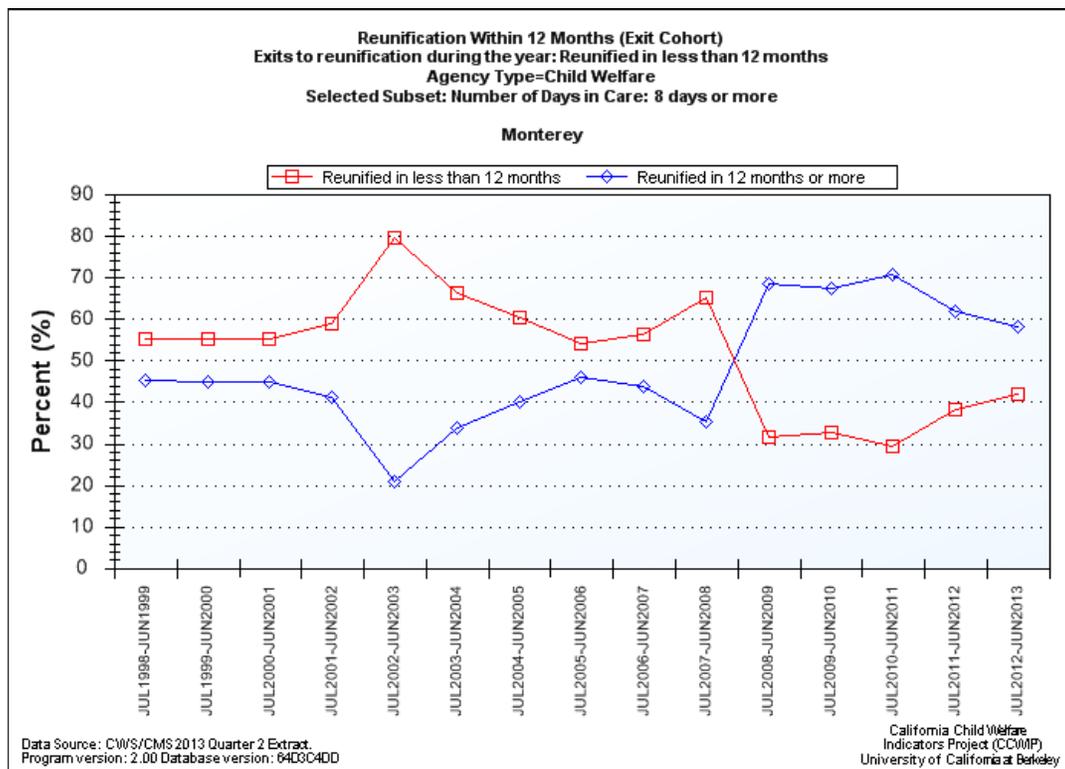
Served in foster care during yr. (n)	395	389	433
Not maltreated in out-of-home care (n)	394	389	433
National Standard (n)	394	388	432

## ANALYSIS

This measure has seen little to no change in Monterey. This leads us to continually look at staff training and follow through with existing program directives to ensure compliance with reporting of events that take place within our caregiver population.

### C1.1 REUNIFICATION WITHIN 12 MONTHS (EXIT COHORT)

	From: 7/1/2010	7/1/2011	7/1/2012
	To: 6/30/2011	6/30/2012	6/30/2013
Exit to reun. < 12 mos. (%)	29.4	38.3	41.9
National Goal (%)	75.2	75.2	75.2
Exit to reun. during yr. (n)	51	47	43
Exit to reun. < 12 mos. (n)	15	18	18
National Goal (n)	39	36	33

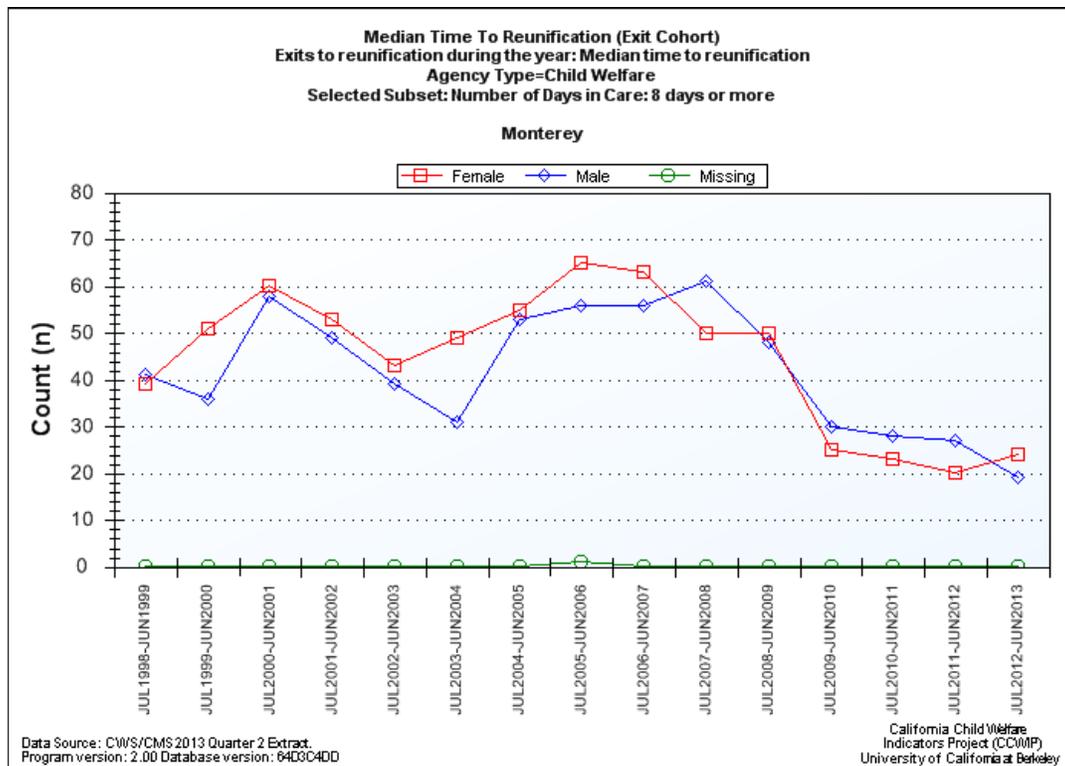


## ANALYSIS

This measure is one that stays connected to the flow of data for Monterey. Success in reunification vs. time frames and re-entries is always a debate. The pattern of data leaves many questions on the table from an evaluation standpoint. The PIT data suggests that practice and time are improving within the federal definition, but that it does not meet the requirement. Recent improvement may be related to the smaller caseloads within the department, increased attention to participatory family meetings, and increased service array for mental health services or other factors not yet tracked. We want to understand events that shaped the changes between 2008 and 2009 which will require even more attention and evaluation. Overall, Monterey knows that when families are reunited they have a small chance to re-enter care, and that the extra time spent working with families is perceived to improve their overall chances for success. From an administrative perspective the constant change in practice requirements, legislative changes and practice improvements happen faster than we can develop evaluation tools.

### C1.2 MEDIAN TIME OF REUNIFICATION (EXIT COHORT)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Median mos. latest removal to reun.		15.3	13.6	13.4
National Goal (mos.)		5.4	5.4	5.4
Exit to reun. during yr. (n)		51	47	43



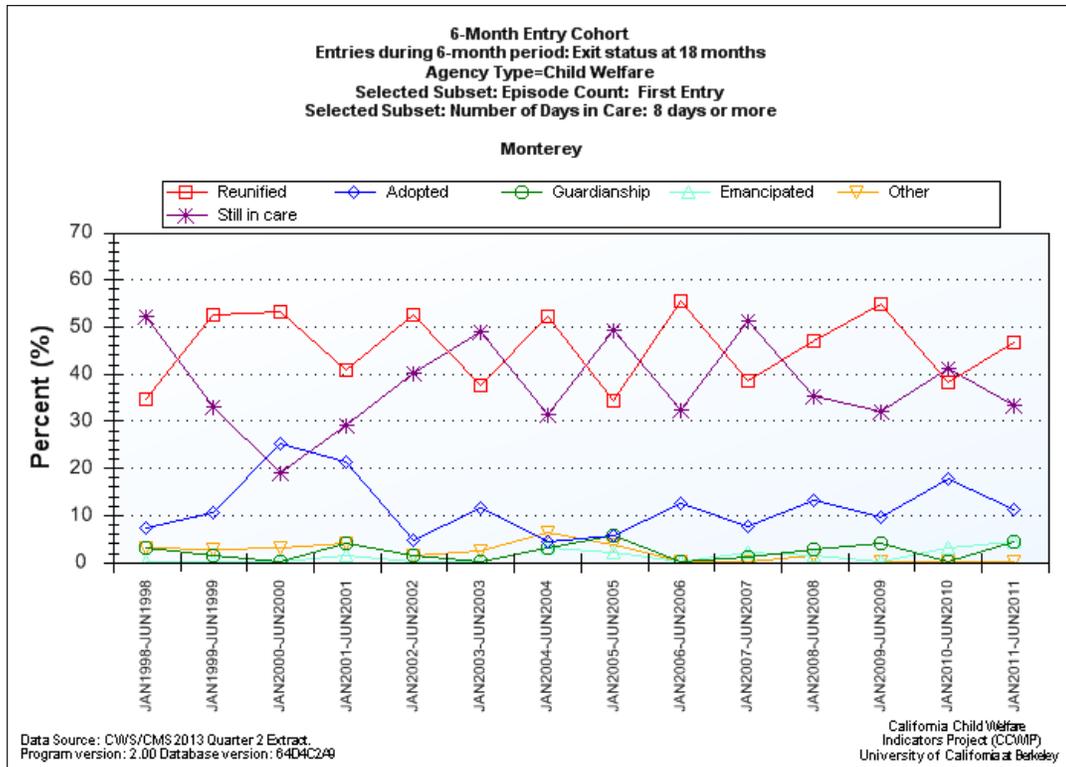
## ANALYSIS

Median time to reunification is a measure that requires context. The months to reunification should always be reviewed in context of the actual numbers of reunifications. Understanding the many impacts and areas of focused control such as the full impact of local courts and/or access to services will require efforts in moving shared data discussions forward to leverage the technology resources that are available to us. It is common to hear that the severity of cases today are much more chronic in nature than case of past years, however we will need to move forward in our efforts at data collection and data integrity to document those factors that can prove these statements.

Of note, Monterey's implementation of Family Reunification Partnership (FRP), a joint venture with our local Behavioral Health has lead to initial discussions on developing more intensive evaluation criteria, of which Katie A. implementation will urge that development even faster. We suspect that when identified, assessments by various system partners may create a more stable view of our families. The view created by multiple assessments, impressions and community access points will lend to a better understanding of local needs.

### C1.3 REUNIFICATION WITHIN 12 MONTHS (ENTRY COHORT)

	From:	1/1/2010	1/1/2011	1/1/2012
	To:	6/30/2010	6/30/2011	6/30/2012
Exit to reun. < 12 mos. (%)		14.7	15.6	15.8
National Goal (%)		48.4	48.4	48.4
First entries during 6-mo. period (n)		34	45	76
Exit to reun. < 12 mos. (n)		5	7	12
National Goal (n)		17	22	37

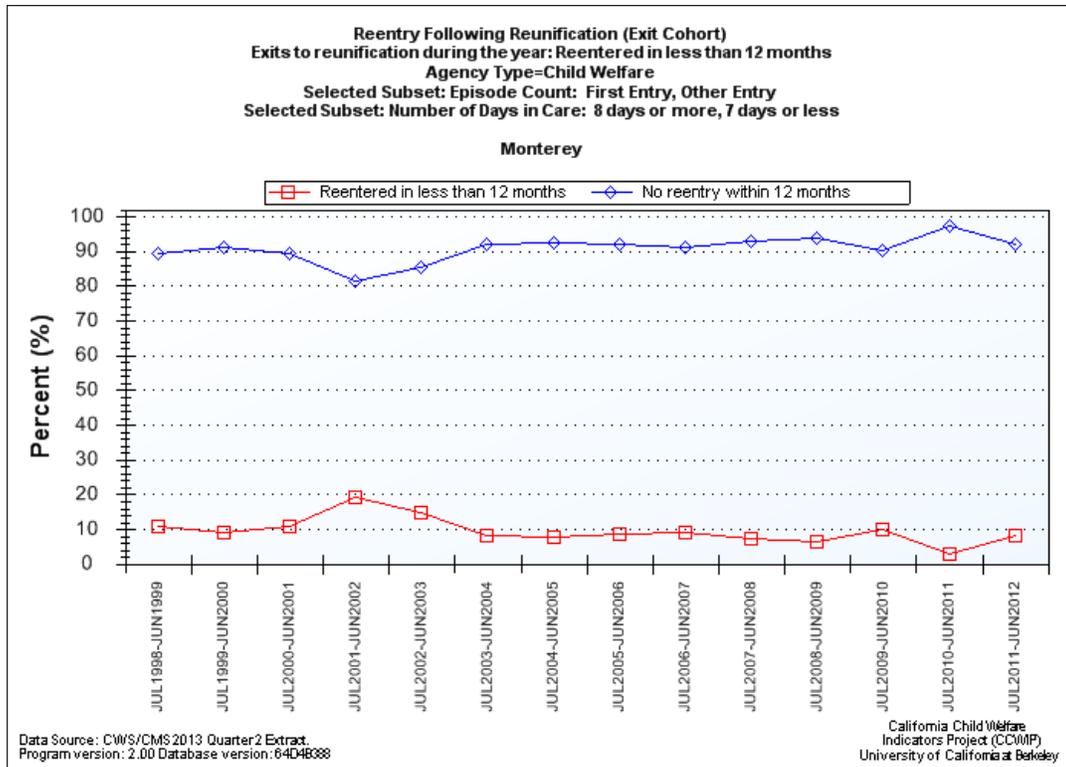


## ANALYSIS

Looking at the entry cohort we know that there is a significant increase in numbers of families reunified when the reunification period is extended to 18 months. The number of youth that stay in care runs proportionate to that success. The philosophy of child safety and family preservation was identified at the heart of the decisions made by staff. When asked, program managers respond that there are many program directives and policies that support the philosophy of children’s safety and family preservation, but that this area needs greater efforts at implementation, data measures and tracking. Our ability to create measurable data indicators based on the implementation of newly implemented program directives, or to have data elements that would allow us to make a more quantitative assertion would allow for more credibility than mere perception, once again driving us forward for a more robust data collection and evaluation structure.

### C1.4 REENTRY FOLLOWING REUNIFICATION

	From:	7/1/2009	7/1/2010	7/1/2011
	To:	6/30/2010	6/30/2011	6/30/2012
Reentered < 12 mos. (%)		9.7	2.9	8.2
National Goal (%)		9.9	9.9	9.9
Exit to reun. (n)		62	70	61
Reentered < 12 mos. (n)		6	2	5
National Goal (n)		6	6	6



## ANALYSIS

In this area, despite the unknowns that we continually try to evaluate, Monterey sees consistent performance over time. Our efforts, perceptions, and data see that what is being provided to families and children work at the case level to keep families from coming back into the system. Specific credits for success in this area are unknown, but perception credits success to ensuring the services that are provided and that decisions include the family. This continues to push us forward in understanding the effects and interactions of all the data points to understand the bigger picture.

### C2.1 ADOPTION WITHIN 24 MONTHS (EXIT COHORT)

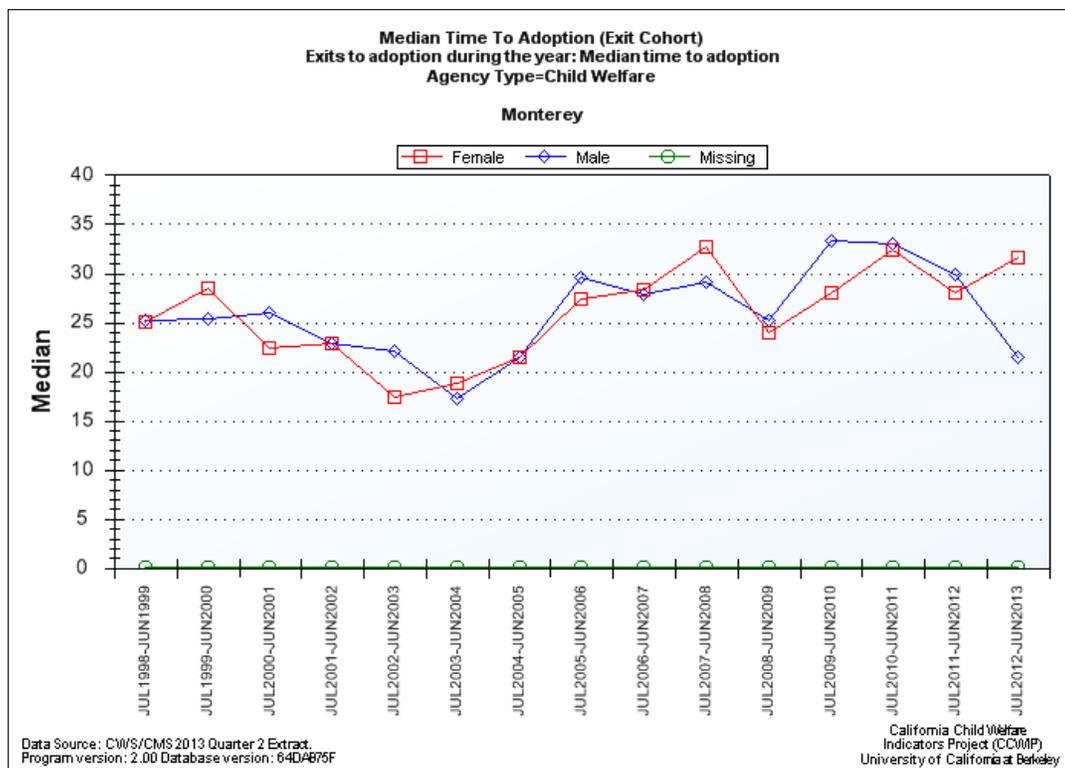
	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Exit to adopt. < 24 mos. (%)		31.3	33.3	43.6
National Goal (%)		36.6	36.6	36.6
Exit to adopt. during yr. (n)		32	30	39
Exit to adopt. < 24 mos. (n)		10	10	17
National Goal (n)		12	11	15

## ANALYSIS

This was the focus of our current Peer Review; in addition to the observations provided, staff sees the consistent performance in adoptions as directly related to staff relationships with families and their involvement with concurrent planning. It is clear that we do not have enough understanding of our adoption numbers as it is an area in need of improved data input and collection.

## C2.2 MEDIAN TIME TO ADOPTION (EXIT COHORT)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Median mos. latest removal to adopt.		32.6	28.5	24.9
National Goal (mos.)		27.3	27.3	27.3
Exit to adopt. during yr. (n)		32	30	39

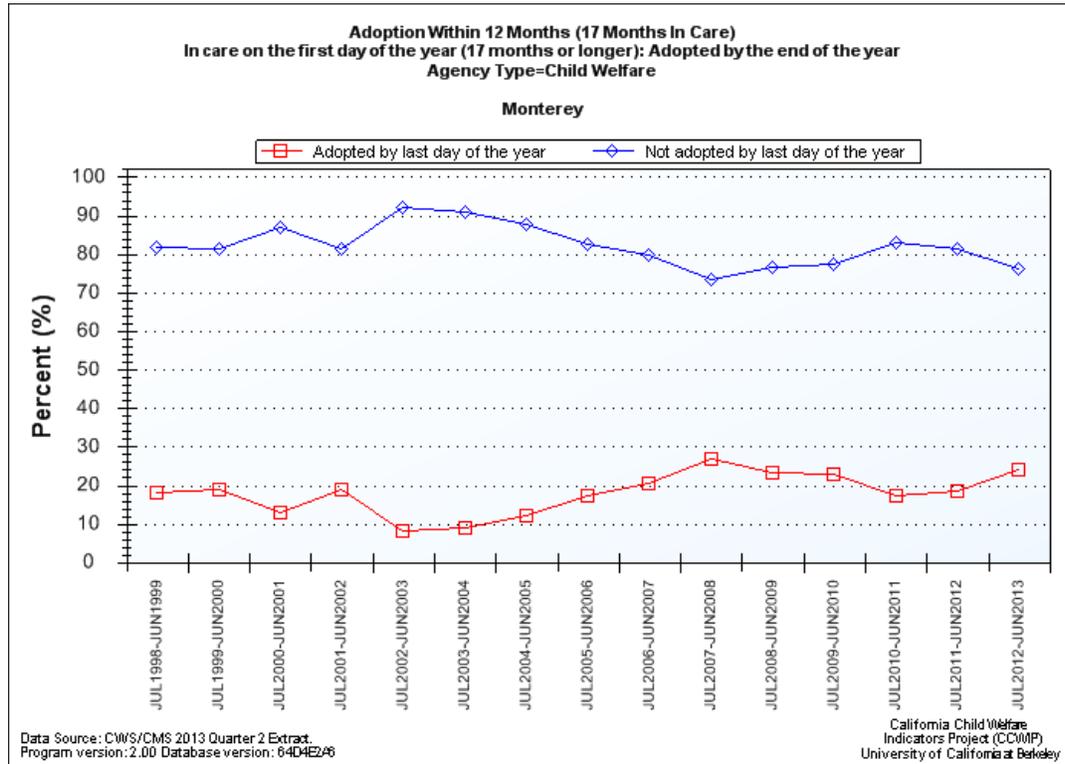


## ANALYSIS

This outcome is impacted by factors that are not always considered but were touched on during our peer review. These range from data collection, staff time, contractor support and work load. Despite those concerns, Monterey has performed fairly consistent. Implementation of changes post peer review may impact this measure and will be included in the SIP.

## C2.3 ADOPTION WITHIN 12 MONTHS (17 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Exit to adopt. by last day of yr. (%)		17.3	18.6	24.0
National Goal (%)		22.7	22.7	22.7
In care on 1st day of yr. for 17+ mos. (n)		127	118	96
Exit to adopt. by last day of yr. (n)		22	22	23
National Goal (n)		29	27	22

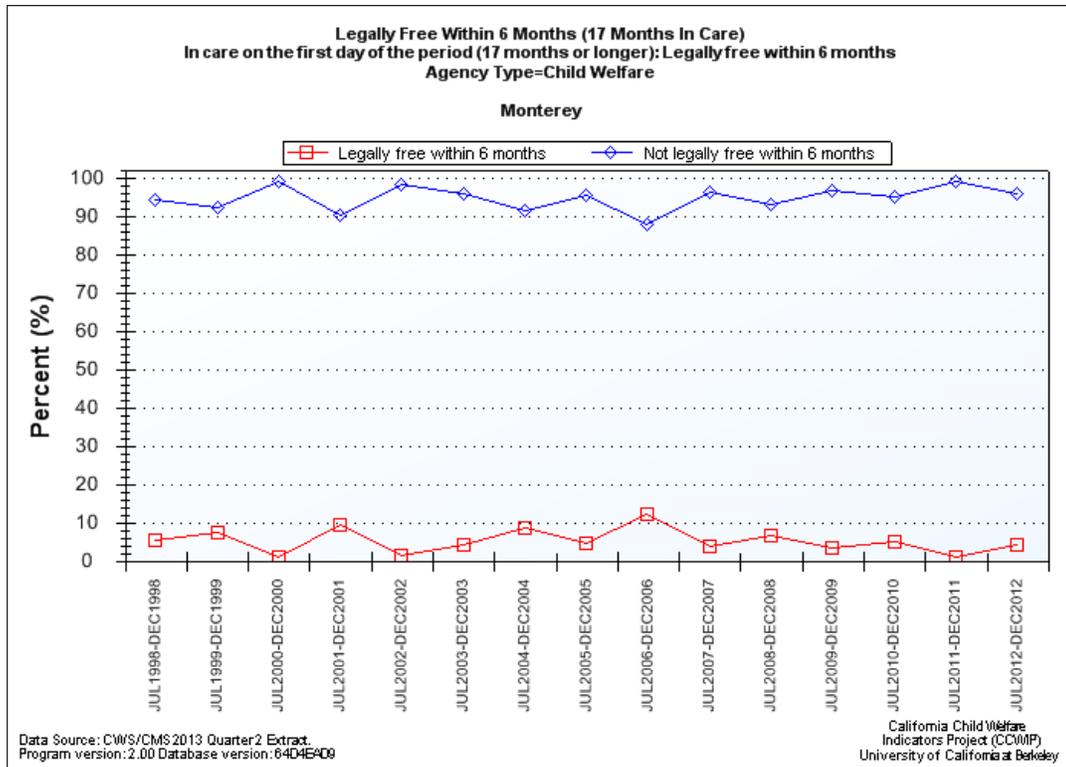


## ANALYSIS

This outcome is impacted by factors that are not always considered but were touched on during our peer review. These range from data collection, staff time, contractor support and work load. Despite those concerns, Monterey has performed fairly consistent. Implementation of changes post peer review may impact this measure.

## C2.4 LEGALLY FREE WITHIN 6 MONTHS (17 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	12/31/2010	12/31/2011	12/31/2012
Became legally free w/in 6 mos. (%)		5.0	1.0	4.1
National Goal (%)		10.9	10.9	10.9
In care 17+ mos., not legally free (n)		100	98	73
Became legally free w/in 6 mos. (n)		5	1	3
National Goal (n)		11	11	8

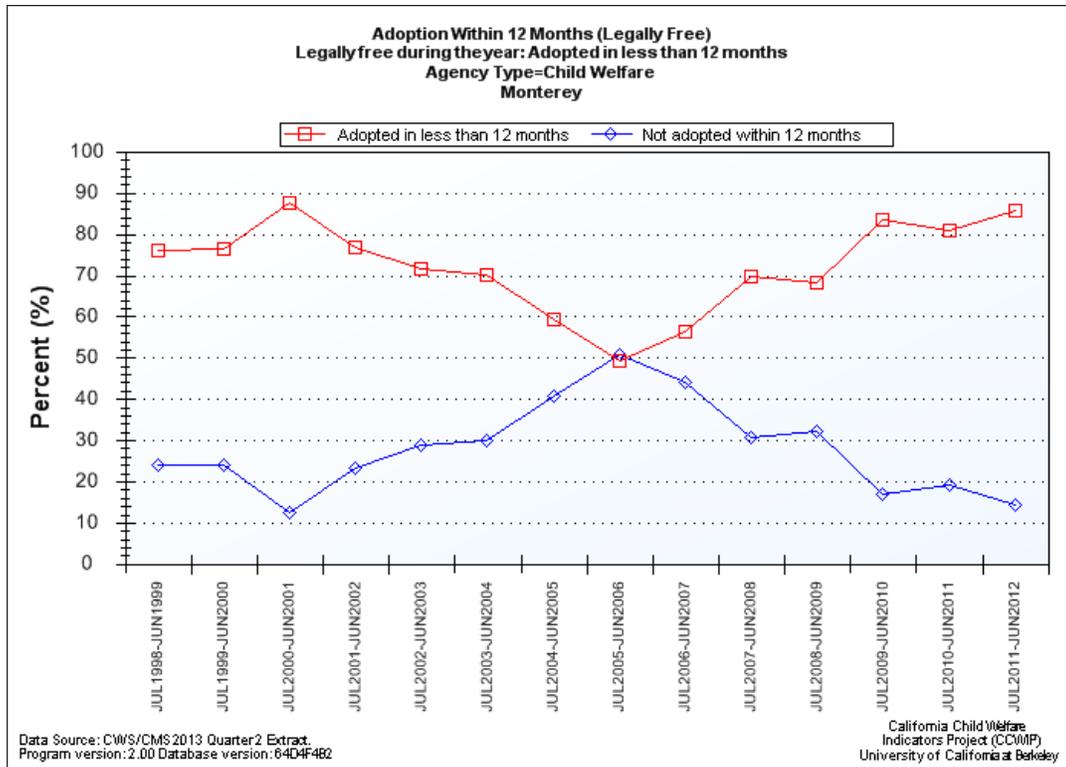


## ANALYSIS

This outcome is impacted by factors that are not always considered but were touched on during our peer review. These range from data collection, staff time, contractor support and work load. Despite those concerns, Monterey has performed fairly consistent. Implementation of changes post peer review may impact this measure.

## C2.5 ADOPTION WITHIN 12 MONTHS (LEGALLY FREE)

	From:	7/1/2009	7/1/2010	7/1/2011
	To:	6/30/2010	6/30/2011	6/30/2012
Exit to adopt. < 12 mos. (%)		83.3	80.8	85.7
National Goal (%)		53.7	53.7	53.7
Became legally free during yr. (n)		36	26	28
Exit to adopt. < 12 mos. (n)		30	21	24
National Goal (n)		20	14	16

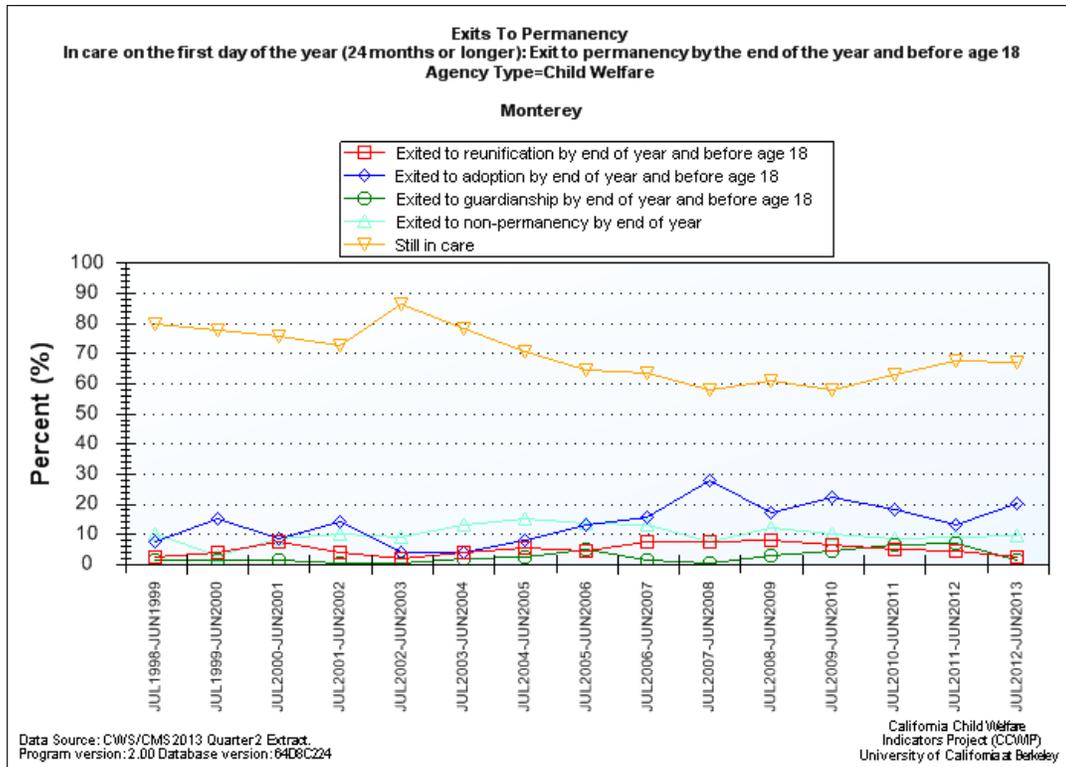


## ANALYSIS

Despite some historical changes, Monterey continues to perform well above the national benchmark.

### C3.1 EXIT TO PERMANENCY (24 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Exit to perm. by end of yr., < 18 yrs. (%)		29.3	23.8	23.5
National Goal (%)		29.1	29.1	29.1
In care on 1st day of yr. for 24+ mos. (n)		123	101	85
Exit to perm. by end of yr., < 18 yrs. (n)		36	24	20
National Goal (n)		36	30	25



## ANALYSIS

Consistency over time in this area keeps this outcome at the focal point of change, but as one of the more challenging measures to understand due to the rapid fire changes (i.e.: TAY development, therapeutic Foster Care, Group Home reforms, Katie A. Wraparound changes, and NMD development) permanency has been undertaking, more time is needed to look into exits. Exploration of the youth in care and their history via a longitudinal view can add depth to the child data (i.e.: identifying factors or patterns of events that moved the youth through the system), but adding the context of system changes must always be inferred in discussion. More time will be focused here as services for Transition Aged Youth (TAY) and Non-minor Dependents (NMD) populations are developed as well as the adverse data based on longer stays in care.

### C3.2 EXITS TO PERMANENCY (LEGALLY FREE AT EXIT)

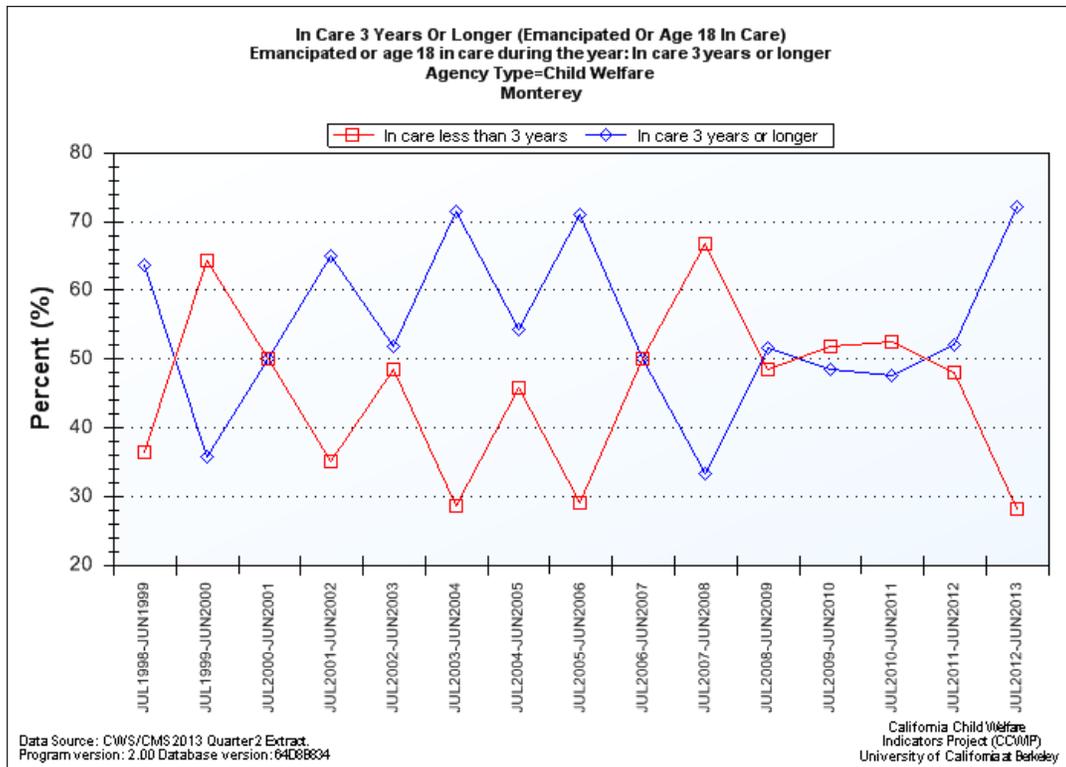
	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Exit to perm., < 18 yrs. (%)		100.0	100.0	100.0
National Goal (%)		98.0	98.0	98.0
Exit care during yr. legally free (n)		32	30	39
Exit to perm., < 18 yrs. (n)		32	30	39
National Goal (n)		32	30	39

## ANALYSIS

In Monterey, this outcome carries little weight as our current practice doesn't dictate the termination of parental rights without having an established plan in place. There has been no change experienced since 2003-2004 in this measure.

### C3.3 IN CARE 3 YEARS OR LONGER (EMANCIPATION/AGE 18)

	From: 7/1/2010	7/1/2011	7/1/2012
	To: 6/30/2011	6/30/2012	6/30/2013
In care 3 yrs. or longer (%)	47.6	52.0	72.0
National Goal (%)	37.5	37.5	37.5
Emancip. or age 18 in care during yr. (n)	21	25	25
In care 3 yrs. or longer (n)	10	13	18
National Goal (n)	7	9	9



### ANALYSIS

This outcome measure is an example of the implied impact of our newest population to stay in care. It is suspected that the NMDs in the system may be causing the number of youth turning 18 to increase. As practices around this population are stabilized, it will be necessary to re-evaluate the methodology to exclude and develop new measures for that population. In that same context, the county may need to explore ideas of focusing on services for youth in a younger age demographic or more specific adoption focused services. What is known is that there is a need for clearer transitions for older youth coming into care and a more proactive stance on educating system partners to understand the implication of the newest legislation.

#### C4.1 PLACEMENT STABILITY (8 DAYS TO 12 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Two or fewer placements (%)		91.5	96.5	92.8
National Goal (%)		86.0	86.0	86.0
In care during yr. (8 days-12 mos.) (n)		94	141	166
Two or fewer placements (n)		86	136	154
National Goal (n)		81	122	143

#### ANALYSIS

Monterey County consistently performs above the required national goal in this measure. Success within this measure has been contributed to local efforts in supporting our CHERISH receiving home and the use of our collaborative meeting structure. Data points do show that given some time the ability to match youth in their first placement can be accomplished in a more effective manner.

#### C4.2 PLACEMENT STABILITY (12 MONTHS TO 24 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Two or fewer placements (%)		72.3	67.4	83.2
National Goal (%)		65.4	65.4	65.4
In care during yr. (12-24 mos.) (n)		112	86	131
Two or fewer placements (n)		81	58	109
National Goal (n)		74	57	86

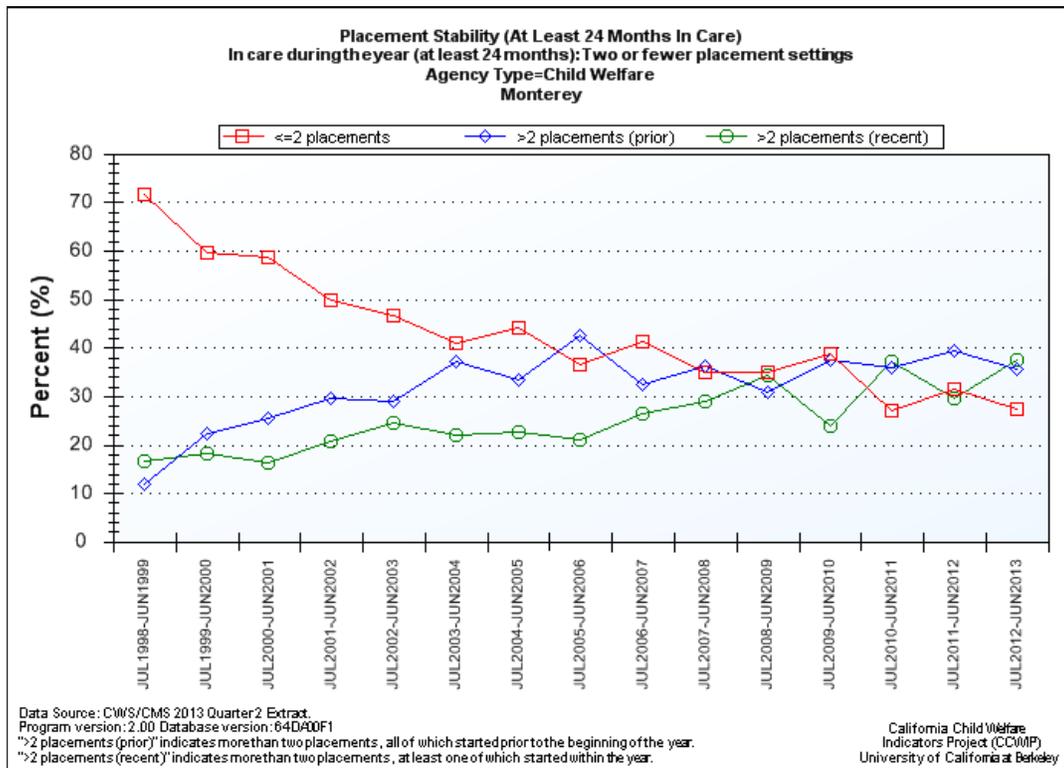
#### ANALYSIS

Monterey County consistently performs above the required national goal in this measure. Success within this measure has been contributed to local efforts in supporting our CHERISH receiving home and the use of our collaborative meeting structure. Data points do show that given some time the ability to match youth in their first placement can be accomplished in a more effective manner.

#### C4.3 PLACEMENT STABILITY (AT LEAST 24 MONTHS IN CARE)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Two or fewer placements (%)		27.0	31.5	27.3
National Goal (%)		41.8	41.8	41.8
In care during yr. (at least 24 mos.) (n)		159	143	110

Two or fewer placements (n)	43	45	30
National Goal (n)	67	60	46



## ANALYSIS

Monterey County knows that this area of focus was targeted in our last SIP, but as data is tracked a few realities emerge. We can see that our overall population in foster care had been decreasing and that the maximum days any first entry group experienced has also been decreasing. When looked at by entry cohort vs. cumulative views, this outcome can have different perspectives. Successful interventions on the entry cohort and the youth that carry over should be looked at on a more individual qualitative manner to see why they remain in the system, knowing that stability with older youth can have less of a data informed foundation. The county continues to struggle with youth who are in care over 24 months. Our past SIP focus tried to improve this measure by looking at many perceived impacts, but we have no conclusive ties or correlations. We will continue to monitor this measure for future insight.

## 2B PERCENT OF CHILD ABUSE/NEGLECT REFERRALS WITH A TIMELY RESPONSE

	From:	4/1/2011	4/1/2012	4/1/2013
	To:	6/30/2011	6/30/2012	6/30/2013
Timely resp. (imm. resp. compliance) (%)		100.0	99.3	99.3
		N.A.	N.A.	N.A.
"Immediate response" cases (n)		115	134	137
Seen by soc. worker w/in 24 hrs. (n)		115	133	136

	From:	4/1/2011	4/1/2012	4/1/2013
	To:	6/30/2011	6/30/2012	6/30/2013
Timely resp. (10-day resp. compliance) (%)		99.0	100.0	96.2
		N.A.	N.A.	N.A.
"10 days or less response" cases (n)		286	228	186
Seen by soc. worker w/in 10 days (n)		283	228	179

## ANALYSIS

Monterey County has a robust system of monitoring for compliance with this measure. Over time our staff have embraced the regular reporting and the month to month compliance with completing their CWS/CMS data entry. This is one of the first measures to make full integration into our system and is even part of staff evaluation and performance.

## 2F TIMELY CASEWORKER VISITS WITH CHILDREN

### 2F-1

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Visit months (%)		94.0	94.6	95.1
National Goal (%)		90.0	90.0	90.0
Months open (n)		2,954	2,700	3,138
Visit months (n)		2,777	2,555	2,985
National Goal (n)		2,659	2,430	2,825

### 2F-2

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
Visit months (%)		94.0	94.6	95.1
National Goal (%)		90.0	90.0	90.0
Months open (n)		2,954	2,700	3,138
Visit months (n)		2,777	2,555	2,985
National Goal (n)		2,659	2,430	2,825

## ANALYSIS

The change to 2F from 2C reporting the initial county data looks promising on compliance, but incorporating the philosophy is still part of adjustments to training. Monterey is in the process of re-tooling or reports to accommodate this change. It is noted that a steady performance increase has been in place since 2010 and future reporting will explore these factors.

## 4A SIBLINGS PLACED TOGETHER IN FOSTER CARE

### ALL

	From:	7/1/2011	7/1/2012	7/1/2013
	To:	7/1/2011	7/1/2012	7/1/2013
Placed w/ all siblings (%)		39.3	34.9	40.9
		N.A.	N.A.	N.A.
Children w/ siblings in foster care (n)		150	149	193
Placed w/ all siblings (n)		59	52	79

### SOME

	From:	7/1/2011	7/1/2012	7/1/2013
	To:	7/1/2011	7/1/2012	7/1/2013
Placed w/ some or all siblings (%)		58.0	57.7	61.1
		N.A.	N.A.	N.A.
Children w/ siblings in foster care (n)		150	149	193
Placed w/ some or all siblings (n)		87	86	118

## ANALYSIS

Monterey County continues to experience a large volume of sibling groups that come into care. Staff constantly come up against the ability to keep the larger groups together, however relative approvals and licensing restrictions proved regulations that often require the siblings to be split up.

## 4B LEAST RESTRICTIVE PLACEMENT (ENTRIES FIRST PLACEMENT)

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
First placement: relative (%)		12.1	23.2	20.4
		N.A.	N.A.	N.A.
Entries to care (n)		99	138	167
First placement: relative (n)		12	32	34

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
First placement: foster home (%)		52.5	49.3	44.3
		N.A.	N.A.	N.A.
Entries to care (n)		99	138	167
First placement: foster home (n)		52	68	74

	From:	7/1/2010	7/1/2011	7/1/2012
	To:	6/30/2011	6/30/2012	6/30/2013
First placement: FFA (%)		22.2	18.1	24.0
		N.A.	N.A.	N.A.
Entries to care (n)		99	138	167

First placement: FFA (n)	22	25	40
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From:	7/1/2010	7/1/2011	7/1/2012
To:	6/30/2011	6/30/2012	6/30/2013
First placement: group/shelter (%)	4.0	4.3	7.8
	N.A.	N.A.	N.A.
Entries to care (n)	99	138	167
First placement: group/shelter (n)	4	6	13

From:	7/1/2010	7/1/2011	7/1/2012
To:	6/30/2011	6/30/2012	6/30/2013
First placement: other (%)	9.1	5.1	3.6
	N.A.	N.A.	N.A.
Entries to care (n)	99	138	167
First placement: other (n)	9	7	6

## ANALYSIS

Our continued observation of placements by type of placement has elicited conversations regarding the why, which often leads to the dialogue of complicated paper work, or un-timely decision processes. What we see in the data is decreasing relative placements, increased use of congregate care and increased front end documentation requirements. Our supervisors are taking on this challenge as they look at ways to streamline placement process.

## 4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)

From:	7/1/2011	7/1/2012	7/1/2013
To:	7/1/2011	7/1/2012	7/1/2013
PIT placement: relative (%)	28.0	28.8	29.6
	N.A.	N.A.	N.A.
In care (n)	264	285	338
PIT placement: relative (n)	74	82	100

From:	7/1/2011	7/1/2012	7/1/2013
To:	7/1/2011	7/1/2012	7/1/2013
PIT placement: foster home (%)	21.2	21.8	22.8
	N.A.	N.A.	N.A.
In care (n)	264	285	338
PIT placement: foster home (n)	56	62	77

From:	7/1/2011	7/1/2012	7/1/2013
To:	7/1/2011	7/1/2012	7/1/2013
PIT placement: FFA (%)	21.6	20.4	21.3
	N.A.	N.A.	N.A.
In care (n)	264	285	338
PIT placement: FFA (n)	57	58	72

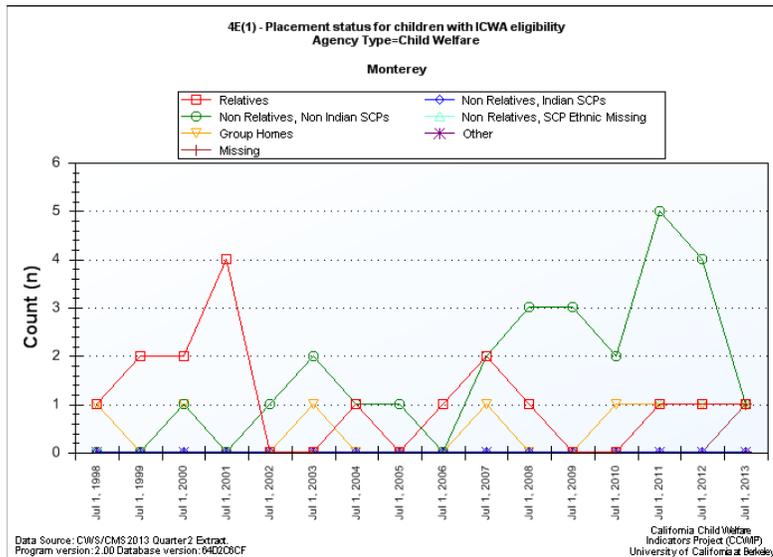
	From:	7/1/2011	7/1/2012	7/1/2013
	To:	7/1/2011	7/1/2012	7/1/2013
PIT placement: group/shelter (%)		17.4	14.0	11.5
		N.A.	N.A.	N.A.
In care (n)		264	285	338
PIT placement: group/shelter (n)		46	40	39

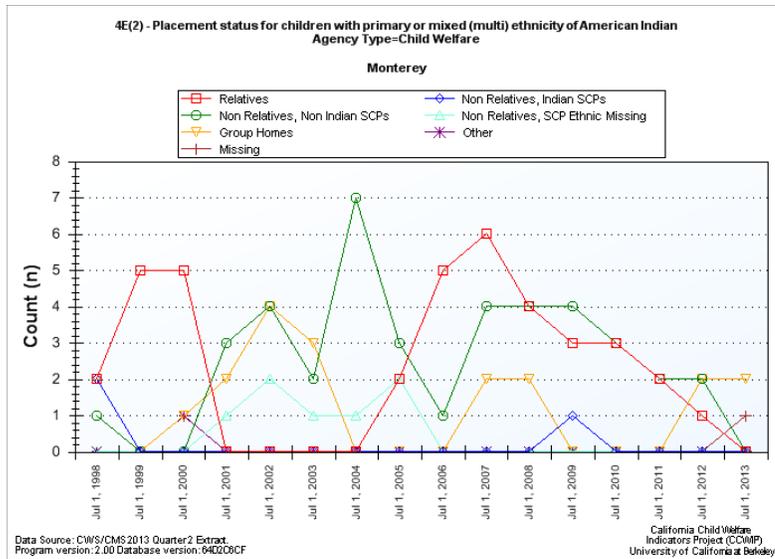
	From:	7/1/2011	7/1/2012	7/1/2013
	To:	7/1/2011	7/1/2012	7/1/2013
PIT placement: other (%)		11.7	15.1	14.8
		N.A.	N.A.	N.A.
In care (n)		264	285	338
PIT placement: other (n)		31	43	50

## ANALYSIS

Our continued observation of placements by type of placement has elicited conversations regarding the why, which often leads to the dialogue of complicated paper work, or un-timely decision processes. What we see in the data is decreasing relative placements, increased use of congregate care and increased front end documentation requirements. Our supervisors are taking on this challenge as they look at ways to streamline placement process.

## 4E ICWA & MULTI-ETHNIC PLACEMENT STATUS





## ANALYSIS

With ICWA, single digit participation limits any evaluation other than compliance. The same follows for youth coded for MEPA.

### 5B (1) RATE OF TIMELY HEALTH EXAMS

	4/1/2011	4/1/2012	4/1/2013
To:	6/30/2011	6/30/2012	6/30/2013
Rate of timely health exams (%)	96.6	93.5	90.8
	N.A.	N.A.	N.A.
In care 31+ days, age 0-20 (n)	232	245	304
Timely health exams (n)	224	229	276

## ANALYSIS

Services for tracking dental health are secured through an inter-department MOU with our Public Health Department. Despite some staff changes, compliance has been tied more to accurate data entry than a lack of compliance. With the changes in realignment coming in the current fiscal year, funding allocated for CHDP, will require the department to discuss changes in the performance of these responsibilities.

### 5B (2) RATE OF TIMELY DENTAL EXAMS

	4/1/2011	4/1/2012	4/1/2013
From:	6/30/2011	6/30/2012	6/30/2013
To:	6/30/2011	6/30/2012	6/30/2013
Rate of timely health exams (%)	74.9	78.2	67.7
	N.A.	N.A.	N.A.
In care 31+ days, age 0-20 (n)	195	197	232
Timely health exams (n)	146	154	157

## ANALYSIS

Services for tracking dental health are secured through an inter-department MOU with our Public Health Department. Despite some staff changes, compliance has been tied more to accurate data entry than a lack of compliance. With the changes in realignment coming in the current fiscal year, funding allocated for CHDP, will require the department to discuss changes in the performance of these responsibilities.

## 5F PSYCHOTROPIC MEDICATIONS

	From:	4/1/2011	4/1/2012	4/1/2013
	To:	6/30/2011	6/30/2012	6/30/2013
Authorized for psychotropic medication (%)		17.3	15.9	16.8
		N.A.	N.A.	N.A.
In care, age 0-18 (n)		283	296	346
Authorized for psychotropic medication (n)		49	47	58

## ANALYSIS

This area of outcomes has remained fairly consistent for Monterey County, despite changes in caseload size, the PIT rate of medications has been fairly constant. The need to understand the role of medications has remained in the spotlight within child welfare, and staff and other professionals discuss the merits of medication, off label use and the impacts on the brain, behavior and ability to learn. What is clear is that perception sees the need and staff, community partners and our court work towards meeting the individual child's need.

## 6B INDIVIDUALIZED EDUCATION PLAN

	From:	4/1/2011	4/1/2012	4/1/2013
	To:	6/30/2011	6/30/2012	6/30/2013
Individualized education plan (%)		25.7	23.3	16.2
		N.A.	N.A.	N.A.
In care, age 0-18 (n)		268	279	333
Individualized education plan (n)		69	65	54

## ANALYSIS

Over the last 3 years PIT data trends show IEP tracked data decreasing. Our partnership with Monterey County Office Education and Foster Youth Services are currently working to improve data quality in CWS/CMS to have better representation of educational data points. This could account for the PIT drop as well as the decreasing number of youth that are school age.

## 8A COMPLETED HIGH SCHOOL OR EQUIVALENCY

IN DEVELOPMENT.

## 8A OBTAINED EMPLOYMENT

IN DEVELOPMENT.

## 8A HOUSING ARRANGEMENTS

IN DEVELOPMENT.

## 8A PERMANENCY CONNECTION WITH AN ADULT

IN DEVELOPMENT.

### ANALYSIS

The majority of data points for 8A come from the submission of the 405E report to the state. Over the last year the numbers reported by Monterey County have been in the single digits, which require us to go back and conduct a review as to why those numbers remain so small. As referenced above, this population is growing and we will need to pay closer attention to the details.

Currently efforts are underway to evaluate the movement of services to a contract provider and /or bringing in a new program to better serve the entire transiting population.

## 8A RECEIVED ILP SERVICES

1 California Department of Social Services  
2 Research Services Branch  
3 Child Welfare Data Analysis Bureau  
4  
5  
6  
7  
8

**ILP Services Delivered to Child Welfare Youth in Placement  
15.5 - 20 Years Old at the Time of Service  
During January 1, 2013 - June 30, 2013**

*Timeframe: January 1, 2013 - June 30, 2013*

County	Number of Clients in Placement	Number of Clients Who Received ILP Service	Percent of Clients Who Received ILP Service	Career/Job Guidance	Room & Board Financial Assistance	Education	Health Care	Money Management	Transitional Housing	Needs Assessment	Mentoring	Education Financial Assistance	Education/ Post-Secondary	Employment/ Vocational Training	Consumer Skills Home Mgmt/Time Mgmt Hous Opts/Locs/THPP	Interpersonal/Social Skills	Parenting Skills	Transportation/ Financial Assistance Other	Services Total
37 Monterey	80	35	43.8	5	0	17	11	15	1	5	1	2	18	4	48	17	5	145	

CDSS CWS/CMS AS OF 7-9-13

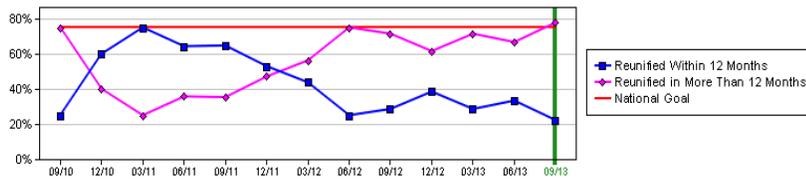
### ANALYSIS

As represented in the above chart, during the first half of 2013 Monterey reported the delivery of 145 ILP services. However, as previously mentioned, this is an area needing data improvement and consistent CQI.

### PROBATION:

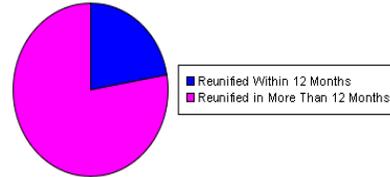
#### Measures C1.1 & C1.2: Reunification within 12 Months (Exit Cohort)

Cases Included: All children who exited placement with a termination reason of “Reunification” during the 12-month period between 10/01/2012 and 09/30/2013.



Reunification Within 12 Months

	Count	Percentage	Median Months Open
Reunified Within 12 Months	2	22.2%	7.6
Reunified in More Than 12 Months	7	77.8%	15.4
<b>National Goal</b>	<b>7</b>	<b>75.2%</b>	<b>5.4</b>
<b>Total</b>	<b>9</b>	<b>100.0%</b>	<b>14.2</b>

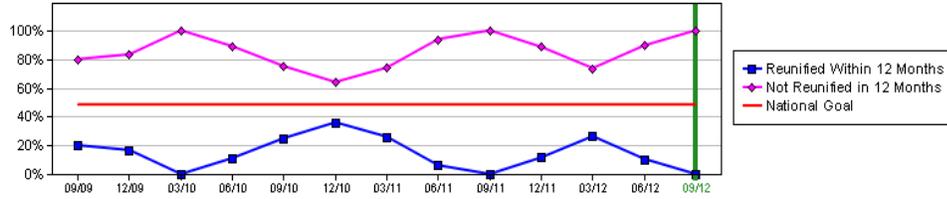


The Probation Department provides support to the minors and their families in order to establish reunification and permanency. Services provided to minors and their families include but are not limited to phone calls, on ground visits (at the current placement facility), off ground visits (in the minor’s home) and family involvement in therapy through the placement facilities. The Probation Department also refers families to the Supportive Therapeutic Options Program (STOP) parenting group provided by Monterey County Children’s Behavioral Health. The STOP Therapist also provides services directly to the minor and family while the minor is in placement. These programs provide the minors and/or their families with the skills to improve family communication and bonding, increase parent knowledge, confidence and efficacy of parenting, increase parent understanding and empathy of the minor, improve the minor’s behavior, increase minor’s social competencies, reduce and prevent child abuse, increase parents skills in promoting social, emotional and behavioral competencies, reduce parents use of coercive and punitive methods of discipline, and increase self-management, self-efficacy and problem solving skills.

In sexual offender cases, the minor is placed in a sexual offender group home where reunification within 12 months is more difficult due to the fact that sexual offender programs commonly average 18-24 months in duration. These minors and their families are also afforded the same services as indicated above.

**Measures C1.3: Reunification within 12 Months (Entry Cohort)**

Placements Included: Minors entering their first placement during the six-month period between 04/01/2012 and 09/30/2012.



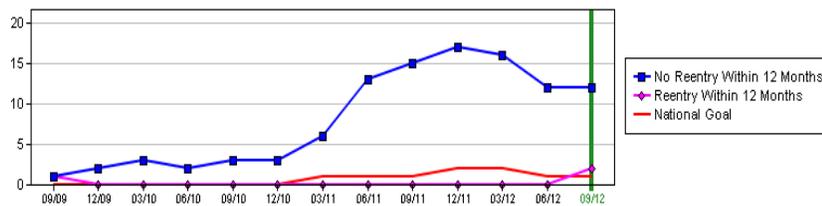
Reunification Within 12 Months

	Count	Percentage
Reunified Within 12 Months	0	0.0%
Not Reunified in 12 Months	18	100.0%
<b>National Goal</b>	<b>9</b>	<b>48.4%</b>
<b>Total</b>	<b>18</b>	<b>100.0%</b>



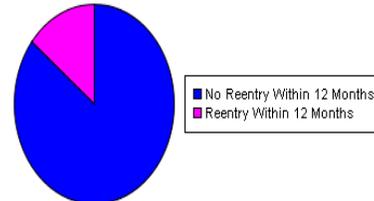
### Measures C1.4: Reentry Following Reunification

Placements Included: All minors whose episode ended in reunification during the 12- month period between 10/01/2011—and 09/30/2012



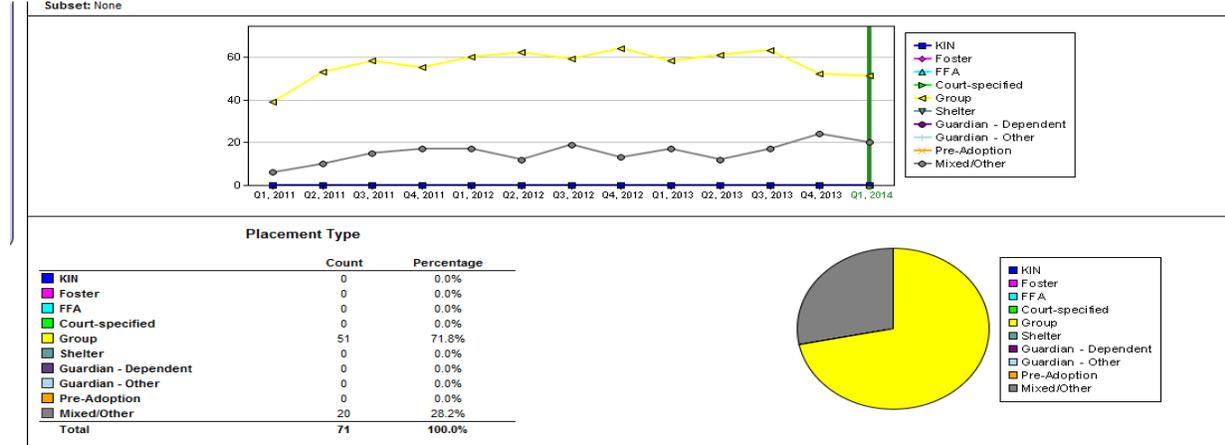
Reentry Following Reunification

	Count	Percentage
No Reentry Within 12 Months	12	85.7%
Reentry Within 12 Months	2	14.3%
<b>National Goal</b>	<b>1</b>	<b>9.9%</b>
<b>Total</b>	<b>14</b>	<b>100.0%</b>



### CFSR Measures C2.1 & C2.2: Adoption within 24 Months (Exit Cohort)

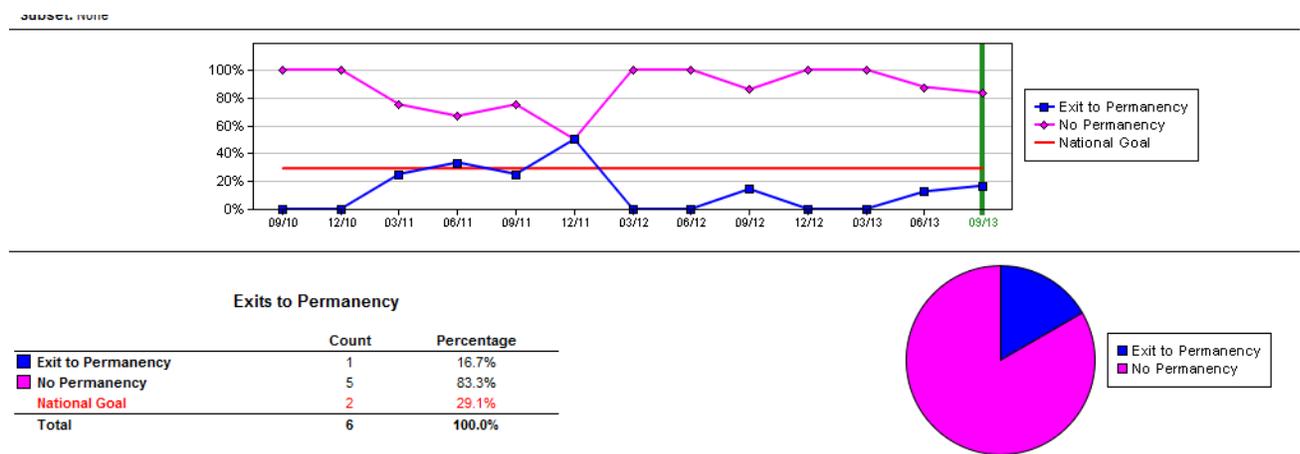
### Cases Included: All children exiting foster care to adoption during the 12-month period between 01/01/2013 and 12/31/2013.



The probation department does not have any data information for adoptions. This is due to the ages of the juveniles in placement and the fact that the termination of parental rights is not generally recommended. If a minor was eligible or appropriate for adoption, the matter would be referred to the 241.1 WI process to proceed with Permanent Placement services which would include an Adoption Assessment. If it was determined the minor's needs would be better served by the Social Services department the case would be dismissed in delinquency court and the adoption process would be addressed through Social Services. If the matter was to remain under delinquency court the Probation Department would address the matter according to California Rule of Court 5.825.

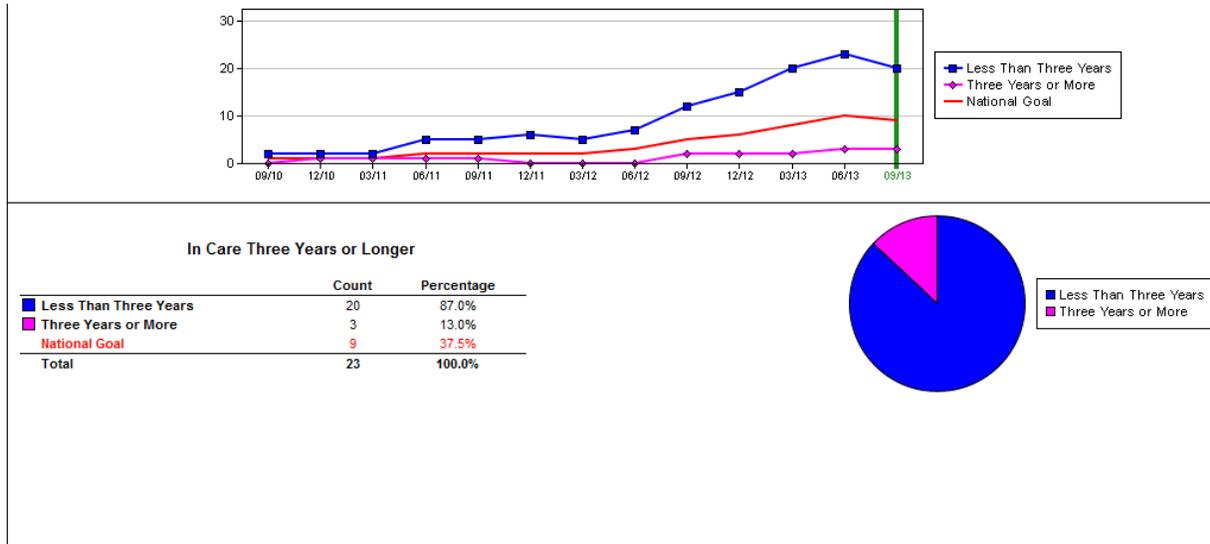
### Measure C3.1: Exits to Permanency (24 Months in Care)

Cases Included: All children in foster care for two years or more on the first day of the 12-month period between 10/01/2012 and 09/30/2013.



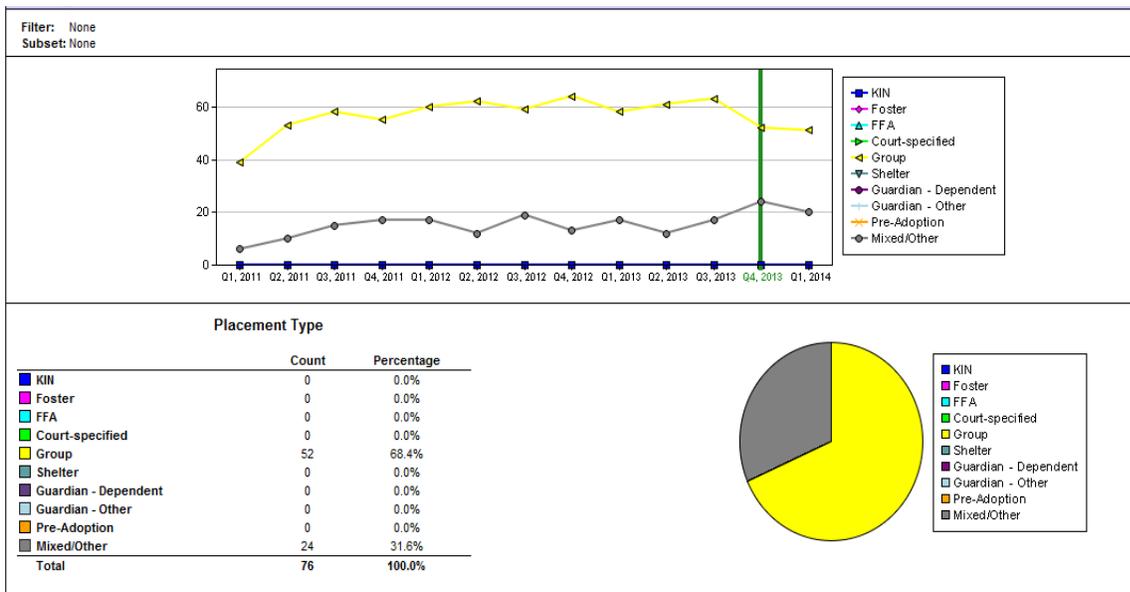
### Measure C3.3: In Care Three Years or Longer (Emancipated or Reach 18 in Care)

Cases Included: All children leaving foster care to emancipation or turning 18 in the 12-month period between 10/01/2012 and 09/30/2013.



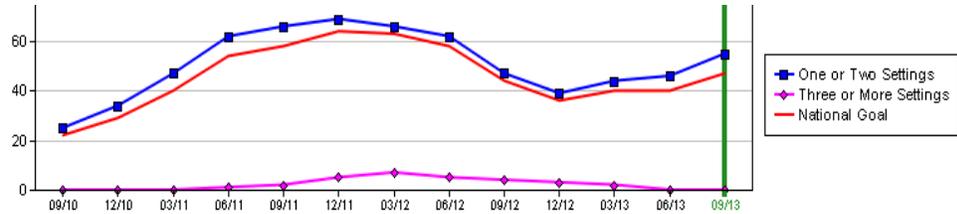
### Measure 4B PIT (Point in Time): Placement Type

Placements Included: Children in an active placement on the first day of the selected quarter (10/01/2013).



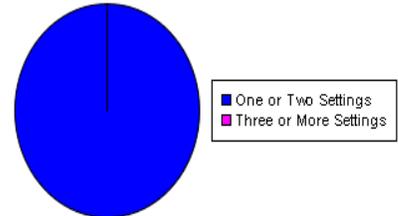
### Measure C4.1: Placement Stability (Eight Days to 12 Months in Care)

Cases Included: All children in foster care during the 12-month period between 10/01/2012 and 09/30/2013 who were in care for at least eight days but less than 12 months



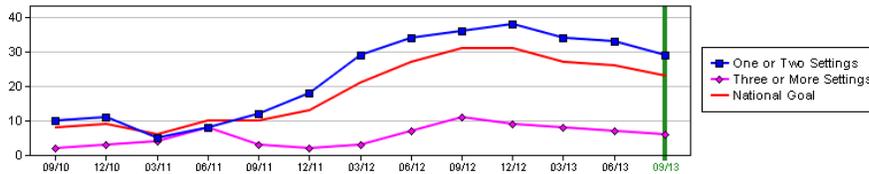
Placement Stability

	Count	Percentage
One or Two Settings	55	100.0%
Three or More Settings	0	0.0%
National Goal	47	86%
Total	55	100.0%



**Measure C4.2: Placement Stability (12 Months to 24 Months In Care)**

Cases Included: All children in foster care during the 12-month period between 10/01/2012 and 09/30/2013 who were in foster care for at least 12 months but less than 24 months.



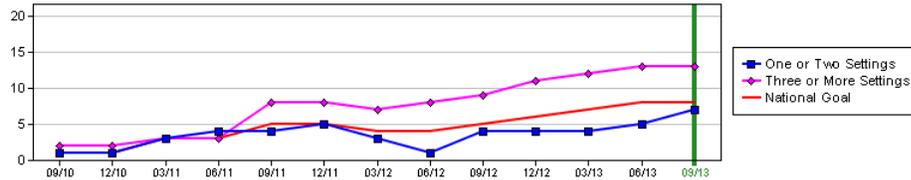
Placement Stability

	Count	Percentage
One or Two Settings	29	82.9%
Three or More Settings	6	17.1%
National Goal	23	65.4%
Total	35	100.0%



### Measure C4.3: Placement Stability (Over 24 Months In Care)

Cases Included: All children in foster care during the 12-month period between 10/01/2012 and 09/30/2013 who were in foster care for at least 24 months.



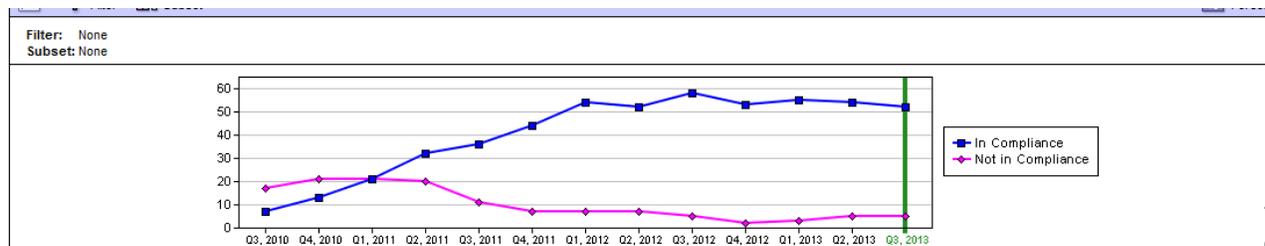
Placement Stability

	Count	Percentage
One or Two Settings	7	35.0%
Three or More Settings	13	65.0%
National Goal	8	41.8%
<b>Total</b>	<b>20</b>	<b>100.0%</b>



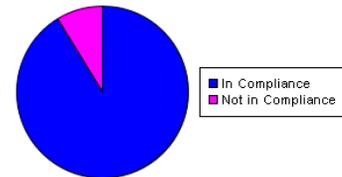
### Measure 5B: Physical Examinations

Cases Included: All children in placement on the last day of the selected quarter whose placement had been open for more than 30 days (the day they were removed is Day 1). Also includes children whose placement closed in the selected quarter due to an adoptive status. Excludes children in non-dependent legal guardianships and those in trial home visits for more than six months.



Physical Examinations

	Count	Percentage
In Compliance	52	91.2%
Not in Compliance	5	8.8%
<b>Total</b>	<b>57</b>	<b>100.0%</b>



## Measure 5B: Dental Examinations

Cases Included: All children in placement on the last day of the selected quarter whose placement had been open for more than 30 days (the day they were removed is Day 1). Also includes children whose placement closed in the selected month due to an adoptive status. Excludes children in non-dependent legal guardianships and those in trial home visits for more than six months.

