

California - Child and Family Services Review

County of Orange System Improvement Plan Annual Progress Report

2014 – 2019

YEAR 1



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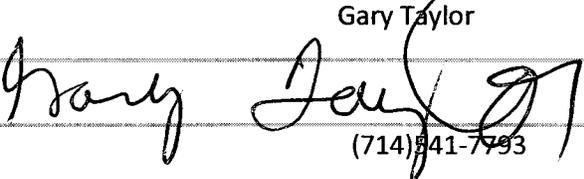
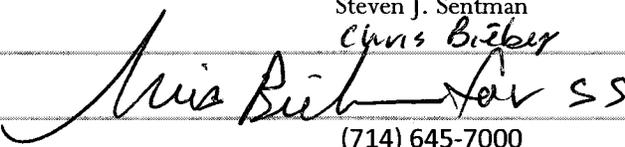
ATTACHMENTS

FIVE – YEAR SIP CHARTATTACHMENT
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California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Orange
SIP Period Dates	June 2014 – March 2015, Year 1
Outcome Data Period	Data extract Q4 2014, from the April 2015 Report http://cssr.berkeley.edu/ucb_childwelfare
County Child Welfare Agency Director	
Name	Gary Taylor
Signature*	
Phone Number	(714) 841-7793
Mailing Address	Social Services Agency 500 S. State College Blvd, Orange, CA 92868
County Chief Probation Officer	
Name	Steven J. Sentman Chris Bieber
Signature*	
Phone Number	(714) 645-7000
Mailing Address	Orange County Probation 1055 N. Main St., 5 th Floor, Santa Ana, CA 92701
Public Agency Designated to Administer CAPIT and CBCAP	
Name	N/A for SIP Progress Report
Signature*	
Phone Number	
Mailing Address	
Board of Supervisors (BOS) Signature	
BOS Approval Date	N/A for SIP Progress Report
Name	

Signature*

Contact Information

Child Welfare Agency	Name	Norean Lubchenko
	Agency	Social Services Agency
	Phone & E-mail	(714) 704-7908 Norean.Lubchenko@ssa.ocgov.com
	Mailing Address	Social Services Agency P.O. Box 14211/ Building 121 Orange, CA 92863-1211
Probation Agency	Name	Fermin Sanchez
	Agency	Probation Department
	Phone & E-mail	(714)935-6689 Fermin.Sanchez@prob.ocgov.com
	Mailing Address	Probation Department P.O. Box 10260 Santa Ana, CA 92711

Introduction

The Orange County Social Services Agency Children and Family Services and The Orange County Probation Department have completed this System Improvement Plan (SIP) Progress Report in accordance with the provisions of the Child Welfare Outcomes and Accountability System, referred to as the California-Child and Family Services Review (C-CFSR). The provisions of the C-CFSR require that Child Welfare and Probation Departments provide periodic reports to the California Department of Social Services (CDSS). These reports include the County Self Assessment (CSA), which includes the Peer Review (PR), the System Improvement Plan (SIP), and the annual updates, known as SIP Progress Reports. Each of these reports is completed on a 5-year cycle.

Orange County's current SIP began in 2014. This is Orange County's year one update.

Children and Family Services (CFS)

CFS has continued to focus on the System Improvement Plan (SIP) goals of the Reunification Composite and Exits to Permanency. It should be noted that the Peer Review, conducted as part of the County Self Assessment, focused on the Placement Stability Composite. Ultimately, while Placement Stability was not chosen as one of the focuses of the System Improvement Plan, much of the feedback related to placement stability is germane to the discussion of timely reunification and permanency.

Reunification Composite

CFS notes that children are being taken into protective custody at a much lower rate than in the past, and at a lower rate than other counties in California. Although Orange County is the third most populous child population county in California, Orange County CFS is seventh in California for the number of children entering into out of home care (based upon those entering into CFS out of home care in 2013) and sixth for the number of children in CFS out of home care on July 1, 2014. Those families whose children are removed from their custody are struggling with serious issues, such as mental health challenges and/or drug abuse, which can require significant time and services to address. The 2012 Orange County Self Assessment states, "Orange County has dramatically reduced the number of children coming into foster care - those cases where children are currently removed are the more severe situations requiring more services and longer time to reunification" (page 126).

The most recent data (Q4 2014, 07/01/14), shows a foster care rate of only 2.9%, a 2.9% reduction from the in care rate as compared to one year ago and a 18.3% reduction as compared to the in care rate from five years ago. Although timely reunification is important, CFS is also committed to making the decision to reunify a child based on the safety of the child. CFS notes that, once families in Orange County are reunified, the rate of re-entry is low, currently at 6.8% or 146.6 % of the National Standard. However, while still outperforming the standard, the reentry rate has increased, a one year change of 5.9%. Although Orange County has trended negatively in the last two quarters, performance is still within the natural fluctuation expected due to differences in cohorts from quarter to quarter. However, a focus on reunification that results in improved reunification outcomes could negatively impact this number. CFS will continue to work toward the Goals of the SIP while maintaining child safety and wellbeing.

According to the Orange County System Improvement Plan dated June 6, 2014 (page 6):

The strategies that CFS has developed to improve the two reunification outcomes C1.2 and C1.3 range from early engagement to treatment services. Some of these strategies involve innovations that limit spending by creatively leveraging both staff and community resources. Other strategies have already demonstrated their effectiveness and will be expanded in order to touch more families and improve reunification outcomes.

Orange County CFS believes that engagement is a critical component in Child Welfare, and specifically related to reunification. In “Family Reunification: What the Evidence Shows”, the Child Welfare Information Gateway (*Child Welfare Information Gateway. (2011). Family Reunification: What the Evidence Shows. Washington, DC:US. Department of Health and Human Services, Children’s Bureau.*) suggests three areas are associated with “timely, stable family reunification”, to include family engagement, assessment and case planning, and service delivery. Family engagement supports timely reunification, specifically as it relates to the relationship between the social worker and the parents, the relationship between the substitute caregivers and the parents, the relationship between the children and the parents as supported through visitation, and the relationship between mentors or advocates and the parents (Children’s Bureau, 2011).

Strategies focusing on the relationship between the social worker and the parents include Strategy 1, Strategy 2, Strategy 3, Strategy 6 and Strategy 9.

Strategies focusing on the relationship between the substitute caregiver and the parents include Strategy 5 and Strategy 6.

Strategies focusing on the relationship between the children and the parents include Strategy 8 and Strategy 10.

Strategies focusing on the relationship between the mentors or advocates and the parents include Strategy 4.

Strategy 7 is a treatment strategy.

Additionally, CFS is looking to further understand reunification for all our families, and to our Latino families in particular as statistics indicate that “Latino children typically have the longest median time to reunification compared to other ethnic groups” (Orange County System Improvement Plan dated June 6, 2014, page 5), and Orange County has a large Latino population, comprising 46.7% of the total population of Orange County, according to the 2010 Census. Therefore, Strategy 12 and Strategy 13 were developed to provide in depth analysis of those barriers delaying or prohibiting reunification; this information can then be used to continue to refine and augment strategies to improve these outcomes for our children.

Exits to Permanency

CFS looks to find permanency for every child entering into the Child Welfare system, and most children who come to the attention of CFS remain with or reunify with their birth families. For those who are not able to find permanency with their birth families, alternative forms of permanency are sought. The 2012 Orange County Self Assessment (page 126) indicates “Extensive court continuances, contested hearings and appeals increase time to reunification”, and these same factors affect exits to permanency measures. With the inclusion of WIC §366.25, extending reunification services to 24 months in certain circumstances, permanency for children who do not reunify with their birth families may be even more delayed.

Strategies focusing on exits to permanency include Strategy 2, Strategy 5, Strategy 7, and Strategy 11.

Probation

The Orange County Probation Department continues with its efforts in addressing outcomes needing improvement as identified in the County Self Assessment (CSA) and System Improvement Plan (SIP). Returning youth to stable and safe homes in a timely fashion has become a priority for the Probation Department. Also, minimizing the amount of placement movements for youth has been identified as an outcome in which the Probation Department is not meeting national standards. Strategies to improve in these areas are currently being implemented and a description of our current efforts and outcomes will be noted.

SIP Progress Narrative

STAKEHOLDERS PARTICIPATION

Children and Family Services (CFS)

CFS believes that serving the families of Orange County and improving the safety and wellbeing of the children in the County requires a collaborative effort among all the stakeholders, and values our collaboration and partnership with all those involved in these efforts. Throughout the County Self Assessment (CSA) process and the development of the SIP, CFS has relied on our partners for suggestions and feedback, ideas and resources. Stakeholder involvement in strategy groups is ongoing and tied to the concept of Continuous Quality Improvement, and is not limited to the development of the SIP.

Some of the ongoing strategy groups regarding child welfare in Orange County include Eliminating Racial Disparity and Disproportionality, Foster Youth Outcomes, Resource Family Recruitment and Training, Self Evaluation Team, and others. One group, the Orange County AB636 Child Welfare Redesign Planning Council, has renamed itself the Child Welfare System Improvement Partnership, with a new emphasis on the System Improvement Plan. The group is calendared to meet monthly, and its membership includes community partners and service providers, CASA, former foster youth, former parents of dependent children, attorneys and representatives of the court, Health Care Agency staff, and CFS staff. An in depth discussion of the SIP goals, strategies, and action steps takes place on an ongoing basis during this meeting.

CFS also defines CFS staff as stakeholders, and includes line staff in various strategy groups alongside management. Discussion of the SIP goals and strategies in various CFS meetings and committees is ongoing.

Probation

In our quest to improve our identified outcomes and meeting our SIP goals, communication with our stakeholders is ongoing. The Probation Department continues to collaborate with group home administrators, representatives from the Social Services Agency (SSA), Health Care Agency (HCA), Juvenile Court, Orangewood Children's Foundation and Department of Education to improve outcomes while meeting the needs of our youth in foster care. Our current strategies focus on internal changes and modifications, however, we continue to meet and confer with all stakeholders involved to assist us in meeting our goals.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

Children and Family Services (CFS)

C1.2 Median Time to Reunification (Exit Cohort)

- Baseline = 11.5 months (Q2 2013 extract); National Standard = 5.4 months; SIP Goal = 10 months
- Current State Performance = 8.8 months
- **Current Performance = 11.5 months for the cohort of children who exited between 01/01/14-12/31/14**

Orange County Children and Family Services (CFS) median time to reunification (exit cohort) as measured by the reunification measure C1.2, is currently at 11.5 months (47.0% of the National Standard) for children who exited to reunification from 01/01/14-12/31/14 (Q4 2014 data extract). This current performance is slower than the state's median time of 8.8 months as well as the National Standard of 5.4 months. The county has consistently struggled to meet the standard for this measure. Performance had steadily declined from 11.5 months at the time of baseline (7/1/12-6/30/13) to 12.8 months (4/1/13-3/31/13) (47.0% to 42.2% of the National Standard respectively). Despite the consistent overall increase in time to reunification, we have recently seen a slight drop during the 2 most recent quarters, now trending in the desired direction. The most recent data indicates a return to the baseline level.

C1.3 Reunification within 12 Months (Entry Cohort)

- Baseline = ~~33.7%~~ 32.1% *refreshed* (Q2 2013 extract); National Standard = 48.4%; SIP Goal = 38%
- Current State Performance = 35.5%
- **Current Performance = 26% for the cohort of children who entered between 7/1/13-12/31/13**

Orange County Children and Family Services (CFS) performance on time to reunification (entry cohort) as measured by the reunification measure C1.3, is currently at 26% (Q4 data extract) suggesting that a quarter of all children entering foster care from July 1, 2013-December 31, 2013 were reunified within 12 months (53.8% of the National Standard). This current reunification rate is lower than the state's rate of 35.5% as well as the National Standard of 48.4%. The county has always struggled to meet the standard for this measure. Performance had steadily declined from 32.1% (at the time of baseline entry cohort from 1/1/12-6/30/12) to 19.5% (entry cohort from 4/1/13-9/30/13) (66.3% to 40.4% of the National Standard respectively). Despite the consistent decline in rate of reunification within 12 months, we have

recently seen an increase during the most recent quarters, now trending in the desired direction.

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

- Baseline = ~~21.4%~~ 21.7% *refreshed* (Q2 2013 extract); National Standard = 29.1%; SIP Goal = 26%
- Current State Performance = 25.4%
- **Current Performance = 33.8% for the period 01/01/14-12/31/14 (cohort of children represented is all children in care for at least 24 months on 01/01/15)**

Orange County Children and Family Services (CFS) is currently finding permanency for 33.8% of children in long term foster care (LTFC) as measured by Long Term Care outcome C3.1 Exits to Permanency for children in care 24 months or more. The current performance exceeds the state's performance of 25.4% as well as the Federal Standard of 29.1%. Historically, 24-28% of the Orange County's LTFC youth find permanency in the form of reunification, adoption, or guardianship. However, permanency has been achieved for a growing percent of youth among children in care 2+ years; the county's performance on measure C3.1 has increased from 74.5% of the National Standard during the baseline period (study period 7/1/12-6/30/12) to 116% of the National Standard during the most current period (study period **01/01/14-12/31/14**).

Each of these outcome measures has moved in the desired direction in recent quarters, as Strategy Action Items were being implemented. Whether the improvements are due to the specific strategies, other factors, or a combination of both, is unknown at this time.

Probation

C1.3 Reunification within 12 Months (Entry Cohort)

- Baseline = 9.1%
- National Standard = 48.4%
- SIP Goal = 14%
- Current Performance = 0% for the cohort of children who entered between the dates of 04/01/13 and 09/30/13

During this measured timeframe, the Probation Department did not improve in the reunification rates for children entering foster care for the first time. During the CSA baseline time period, there were 11 children, which entered foster care for the first time. Of those 11, one child was reunified with a parent/primary caretaker within 12 months. According to the data extracted from Q3 2014 (04/01/13 – 09/30/13), there were 11 children entering foster for the first time and no child was reunified (0%). Thus, our reunification performance diminished and the goal was not met.

There were three major obstacles the Probation Department encountered in reunifying minors with their parents/caretakers within 12 months and they included age of entry into the Placement Unit, placement of adjudicated sex offenders and the lack of willingness of parents to reunite with the minors.

During this extracted data period (Q3 2014), 28 minors entered the Probation Placement Unit for suitable placement. Of those 28 minors, 12 were over the age of 17 (43%). In these cases, we found it difficult to reunify due to the limited time needed to engage the parent and minor in counseling to resolve the issues, which led to the youth's removal from the home. The average age of entry of these seventeen year-olds was 17 years, 4 months. In addition, when it appears that family reunification will not be an option, the youth's treatment plan is changed to emancipation and more focus is placed on obtaining a high school diploma and learning independent living skills to prepare the youth for adulthood.

A second obstacle in reunifying youth within 12 months of removal and entering foster care for the first time was the placement of adjudicated sex offenders. Of the 28 minors entering the Placement Unit, 6 were adjudicated sex offenders (21%). Due to their offenses, these youth are placed in group homes that have 18-24 months of intensive sex offender therapy included in the program, which makes family reunification within 12 months difficult.

Another obstacle in reunifying youth within 12 months is the parent's/caretaker's unwillingness to accept the minor back in the home. Their reluctance is attributed to the fear that the youth will continue to act out violently against the family or re-victimize the family in other ways, such as theft, continued substance abuse, verbal abuse, etc. Of the 28 minors entering the Placement Unit during this measured period, 10 minors (36%) had either committed property or violent offenses against family members.

C4.3 Placement Stability (At least 24 months in care)

- Baseline = 30.9%
- National Standard = 41.8%
- SIP Goal = 34%
- Current Performance = 34.1% for the cohort of children who entered between the dates of 10/01/13 and 09/30/14.

During this measured timeframe, the Probation Department improved in the placement stability rates for children who had two or fewer placements after being in foster care for 24 months or more. During the CSA baseline time period, there were 55 children who were in foster care for 24 months or more. Of those 55 children, 17 had two or fewer placements

(30.9%). According to the data extracted from Q3 2014 (04/01/13 – 09/30/14), there were 44 children who were in foster care for 24 months or more. Of those 44 children, 15 children had two or fewer placements (34.1%). Thus, the Probation Department met the placement stability percentage goal during this extracted data period, which includes the first three months of the SIP implementation.

In that the Probation Department began the implementation of the SIP in June of 2014, it is too early to conclude that our current SIP strategies contributed to the improvement of Placement Stability. A factor that may have contributed to this success include improved initial evaluations of the youth by probation officers, which lead to the proper matching of group homes to the needs of the youth. Further, group homes are more willing to work with Probation Officers in dealing with disruptive behavior by using in-home sanctions in lieu of termination from their programs. Some in-home sanctions include loss of privileges, group home restrictions, temporary revocation of community or family passes and extra chores within the group home. Further, probation officers also utilize departmental informal sanctions to address disruptive behavior, leaves from the group home without permission and other violations of probation in lieu of detention. Some informal sanctions include the use of Global Positioning System (GPS), referrals to Probation’s Youth Reporting Centers (YRC) and Juvenile Court Work Program (JCWP).

STATUS OF STRATEGIES

Children and Family Services (CFS)

STRATEGY 1:

Increase the percentage of families having a reunification Team Decision Making (TDM) meeting within the first 5 months of dependency by 60 % in five years.

Team Decision Making meetings bring together the family, their natural supports, any substitute caregivers, and CFS staff at critical junctures throughout the duration of a family's involvement with the child welfare system; the goal is to openly discuss strengths and concerns, and to utilize this information to make case decisions through mutual consensus whenever possible. One type of TDM is the Family Reunification Team Decision Making (FR TDM). Increasing the number of families who have an FR TDM meeting within the first five months of their dependency will enable the family and their social worker to identify any barriers to their reunification. This will provide a proactive approach to adjusting services, visitation schedules and timelines to increase the likelihood that the family will have a successful reunification within the goal set by this SIP. Additionally, TDM meetings can contribute to social worker engagement with families, as families are part of the discussion and the decision making process; engagement is a critical component of reunification.

Due to significant staffing changes, some initial action steps were delayed, but efforts are underway to fully implement this strategy. Meetings have occurred with the Continuing Court programs core supervisory teams, to discuss FR TDMs and the benefits of FR TDMs to families. Retraining line staff regarding FR TDMs, through presentations at their program meetings, has occurred with two of the three Continuing Court programs, and is scheduled to occur within the next few months with the third program.

Initial efforts appear to be positively impacting this strategy, as the number of FR TDMs occurring each month has begun to increase. While the Orange County System Improvement Plan (page 6) indicates an average of two FR TDMs per month, some 20 FR TDMs occurred during the first quarter of 2015. These families will be followed through a longitudinal study to evaluate the effectiveness of FR TDMs in relation to the Reunification Composite.

STRATEGY 2:

Increase the active engagement of fathers in FR plans.

Child Welfare has traditionally focused on mothers, with fathers being considered secondary caregivers if considered at all, and therefore reunification efforts have focused on mothers. The 2012 Orange County Self Assessment states, “For example, in 2010 data indicated that Hispanic fathers were engaged in reunification services at a very low rate” (page 89). Coupling that information with the 2010 Census information indicating almost half of Orange County’s population is Latino, suggests a need to increase the number of fathers involved in reunification efforts in Orange County.

Increasing father involvement in reunification efforts and/or visitation will positively affect rates of reunification as children could reunify with either or both parents. Father involvement may also help with placement stabilization, and may allow children who have been in long-term foster care to be returned to a parent (Exits to Permanency). An emphasis on engaging fathers and encouraging their participation in the lives of their children is an ongoing focus of CFS. Engagement between the social worker and the parent are critical to reunification.

Mandatory training for all social work series staff is ongoing and on track to ensure staff receive this valuable training. In collaboration with the Public Child Welfare Training Academy (PCWTA), the training Fatherhood Engagement: Connecting to the “Whole” Dad is available to CFS staff at this time. As of January of 2015, 553 staff (CFS has 662 filled positions within the Social Worker series) or almost 84% have completed a Fatherhood Engagement training, with additional trainings scheduled.

Through a service provider, a father support group is being facilitated. The CFS Parent Engagement Coordinator has collaborated with the service provider to provide ongoing notification to CFS staff regarding this resource. Flyers were produced, and are sent out through CFS emails on an ongoing basis, and are posted in CFS offices for both staff and parents to see. In addition, the father support groups are mentioned in the Parent Orientation offered to parents at the Juvenile Court building on a daily basis. Participation in the groups fluctuates, but the number of fathers who attended the entire series, and therefore were exposed to the whole curriculum, increased in 2014 as compared to 2013, and 2015 attendance looks promising. Participant satisfaction surveys, qualitative in nature, generally indicate that fathers found the group helpful and supportive. Additionally, the facilitation of a father support group was recently

included in a contractual agreement with the service provider, ensuring its ongoing availability.

A Father Liaison was piloted, whose role was to provide information and resources to CFS staff and to fathers in the dependency system. The Father Liaison has worked within his Continuing Court program to model father engagement, and has attended the father support group described above as a speaker. He also surveyed peers regarding their efforts to engage fathers through visitation and case management and their efforts to locate absent fathers. Although the survey had a small sample size, it did note some differences in engagement. One question of particular importance asked if social workers had the same expectations of fathers as they did for mothers, with answers varying from 'always' to 'rarely'. Discussion is ongoing regarding expanding the survey to a larger sample size. The pilot period has ended, and discussions are occurring regarding the effectiveness of this position, any modifications regarding the role and responsibilities of a Father Liaison, and whether additional efforts should be undertaken in a Plan-Do-Study-Act format.

In collaboration with Casey Family Programs, a review of the strategies to increase father engagement in other jurisdictions is underway. (In the SIP Strategies chart, the completion date for this Action Item appears to be a typographical error, and should read June of 2015.)

STRATEGY 3:

Develop CRISP-like (Conditional Release with Intensive Supervision Program) services for FR cases to allow for earlier reunification.

Efforts are underway to develop an intensive supervision program for families currently under a reunification case plan to allow for the earlier reunification of children with their parents when risk is sufficiently reduced. Such a program already exists in the front end of the dependency system for families who have had a detention hearing and the court feels there is sufficient safety planning in place to allow the children to be in their home under CRISP (Conditional Release Intensive Supervision Program). This allows for the court to order a Family Maintenance plan rather than Family Reunification. Developing a CRISP program for families whose children are dependents and who are receiving Family Reunification services (FR CRISP) could lead to earlier reunification, due to the level of supervision provided to the family as the children transition back into the home. A family receiving FR CRISP services agrees to social

worker home visits once or twice a week during the first few months of a child's transition back into the family home.

The high level of support and frequent interaction between the family and the social worker providing services through the FR CRISP program is anticipated to increase the engagement of the parents with the social worker. Discussion is ongoing regarding eligibility criteria for families, policies and procedures, and staffing concerns. A small scale pilot has begun in a Continuing Court program, utilizing a social worker with experience using the CRISP program in the front end of the dependency system. Only a handful of families have participated in this pilot as of yet, but those families were all able to maintain the children in their homes and Court orders of Family Maintenance have been made or are anticipated. SSA Research, in consultation with the Program Manager of the Continuing Court program piloting the FR CRISP, has developed an evaluation tool for the program, including qualitative and quantitative assessments, and these families will be tracked regarding reunification rates and no recurrence of maltreatment rates.

STRATEGY 4:

Increase the number of Parent Mentors available to work with reunifying parents by two full-time equivalent (FTE) positions in the next five years.

Parent Mentors are parents who were previously involved in the child welfare system, and who were able to successfully reunify with their children. Parent Mentors work with reunifying parents to act as a guide and support through the dependency process, from the dependency investigations stage to engagement in their reunification plan. As noted in the Introduction section, the Child Welfare Information Gateway In "Family Reunification: What the Evidence Shows" specifically references advocates or parent mentors as an effective tool in reunification. Orange County CFS statistics have shown that those families with a Parent Mentor have a higher rate of reunification. For the period of January 1, 2012 through June 30, 2013, Parent Mentor Services were provided to the parents of 280 children removed from their homes. Of these children, 138 of them, or 49%, were reunified with their parents or returned home on a trial home visit by December 31, 2013, which exceeded the overall reunification rate of 40% for all children removed for the same period. SSA Research is currently analyzing data for reunification rates through December 31, 2014 for families with a Parent Mentor for one or both parents. While many factors play into reunification, and families are each unique in their strengths and needs, the initial data through 2013 is encouraging. SSA Research is also looking at the characteristics of families who reunified compared to

those who did not, when provided with Parent Mentor services, in conjunction with the research described in Strategy 13, to help CFS better understand contributing factors to rates of reunification. Due to the in depth review of this data, the completion dates for this strategy have been extended. A decision regarding increasing the number of Parent Mentors will be delayed to ensure information from Strategy 12 and Strategy 13 are available for consideration.

Strategy 5:

Develop a Peer Mentor program for caregivers.

Following the theme of engagement, which runs throughout the Orange County CFS strategies, CFS has developed a Peer Mentor Program for new caregivers or caregivers who are experiencing challenges that will assure they have support in order to stabilize placements and improve communication with parents. Experienced caregiver mentors will provide advice, guidance and support to their protégée caregivers, and link them to resources to meet the needs of the children in their care. While the peer mentor efforts do not directly impact family engagement, the support offered to caregivers experiencing challenges may in turn allow those caregivers to focus on engagement with parents. These efforts were part of the previous System Improvement Plan, although not fully implemented during that time, and were carried over to the current SIP due to their perceived value to reunification. Additionally, one of the recommendations from the Peer Review conducted as part of the County Self Assessment suggested that CFS “Provide more supports and resources for caregivers, especially relative caregivers, who are overwhelmed with the complex responsibilities of caring for dependent children” (2012 Orange County Self Assessment, page 99).

The Caregiver Peer Mentor program began with licensed foster parents, and work is underway to expand the Caregiver Peer Mentor program to Relative and Non-Related Extended Family Member (NREFM) caregivers. Orange County CFS values family connections, and places children with relatives and NREFMs whenever possible. Support of Relative and NREFM caregivers is an important component of maintaining children in these placements.

The initial pilot of the Peer Mentor Program was considered successful, with placements remaining stable during the pilot for those caregivers with mentors. Five licensed foster parents were trained as Caregiver Peer Mentors, and these trained caregivers mentored five foster families who were facing challenges; all five foster families receiving mentoring maintained the placements of the children in their care. The training

provided to the peer mentors was re-evaluated based on the experiences within the pilot, in collaboration with the trained mentors. An additional ten caregiver peer mentors were trained in November 2014, and peer mentors are available to both licensed foster parents and relative or NREFM caregivers.

The availability of Caregiver Peer Mentors is discussed in quarterly training opportunities for caregivers. Additionally, Team Decision Making facilitators have recently been trained regarding the availability of Caregiver Peer Mentors; TDM meetings are held whenever a placement is in jeopardy, in an attempt to preserve this placement, and the facilitators are able to suggest a Caregiver Peer Mentor to assist a caregiver who is experiencing challenges.

Ongoing work includes tracking outcomes regarding placement stability and retention of foster parents for those who work with a caregiver peer mentor.

STRATEGY 6:

Increase the use of Icebreakers to improve communication and flow of information between the caregiver and parents.

Icebreaker meetings are designed to occur at the time a child is placed with an out of home caregiver, bringing together the parents, caregivers, and the social workers to share information to make the child's transition as smooth as possible. Recognizing the parent as the expert for their child, the substitute caregiver is able to 'learn from the expert' about how to best provide care for the child. Information shared could include favorite foods or bedtime routines, how a child responds to being ill, or any of a host of other potentially critical information to make the child as comfortable as possible. Children are encouraged to be a part of the Icebreaker meeting as well, to witness the adults in their lives working together.

The goal of the Icebreaker is to enhance the trust and communication between the parent and caregiver, in other words engagement. This engagement may lead to improved collaboration regarding the needs of the child, positive role modeling by the caregiver, placement stability and reduced time to reunification. Icebreaker meetings are occurring, although not with every placement, and CFS would like to expand their use. The strategy Action Steps focus on identifying the barriers to Icebreaker meetings occurring, and exploring options to overcome those barriers.

The Communication Workgroup, whose co-leaders were responsible for some of the initial action steps, has been placed on hiatus. However, ideas were generated to attempt to increase the number of Icebreakers occurring, and are being tested within the placement program.

Placement workers have been retrained on the topic of Icebreakers along with specifics for more accurate documentation of Icebreaker completions. Placement workers are also piloting increased flexibility in how and when Icebreakers are taking place, including by telephone when the parents are unable to attend in person, and scheduling an Icebreaker within 10 days of a placement, if the parent is unable to attend on the day of a placement. Other modifications in the practice of the Placement program, specifically as it applies to Icebreakers, are being phased in. The number of icebreakers completed by the placement program has increased, from approximately 350 in 2013 to 450 in 2014, with similar numbers projected in 2015. Other staff, who are not in the Placement Program, can conduct Icebreaker meetings, including the case carrying worker. These modifications in practice, such as the flexibility in when and how the icebreakers conducted by placement staff are taking place, may be expanded to include all Icebreaker meetings.

STRATEGY 7:

Expand the Multidimensional Treatment Individual Plan (MTIP) process for the placement of children with specialized needs who may not qualify for MTFC.

The Orange County Health Care Agency, in partnership with CFS, developed the Multidimensional Treatment Individual Plan (MTIP), a specialized service program for children who have had a difficult adjustment to foster care. The strength of this program is the ability to provide intensive support and resources to help children overcome the impact of their initial trauma and the additional trauma of multiple placement failures, and to help provide consistent relationships, which is vitally important in finding permanence. MTIP uses a treatment model similar to Multidimensional Treatment Foster Care, but provides services wherever the child may be placed, even at home.

Training was provided to staff regarding the MTIP program, and referrals have increased. Efforts are now focusing on data integration using the CFS Multi-agency Intervention Data System (MIDS) in order to track outcomes for the youth receiving MTIP services, although concerns about MIDS capacity have surfaced.

STRATEGY 8:

Increase staff awareness and promote compliance with visitation Policy and Procedures which allows for the progression of visitation for reunifying parents from monitored to unmonitored visits.

Visitation is an essential part of reunification, and CFS is working to increase staff awareness regarding its importance. As referenced in the Introduction section of this report, engagement of a child by the parent through visitation is certainly related to reunification. Progressing from monitored to unmonitored visits as parents address the issues that brought their family to the attention of CFS both reflects the ongoing assessment of risk and safety, and acts as an incentive to parents to keep on track with their reunification plan.

While CFS has maintained Policies and Procedures detailing the progression of visitation, one of the recommendations made by supervisors and managers who were interviewed as part of the CSA suggested better educating case carrying staff “about the benefits of moving parents from monitored to unmonitored visits in a more proactive way” (Orange County System Improvement Plan, page 11).

Initial efforts regarding this strategy include a review of families with dependent children and the status of their visitation. Program managers for the Continuing Court programs are consulting with supervisors and line staff regarding these cases, looking to identify barriers to less restrictive visitation and reviewing each case prior to transfer to determine if visitation can be liberalized. These program managers are taking note of themes and common barriers as they review cases, whether systemic within CFS, Court driven, or based on the need for enhanced training for agency staff. With this information, efforts in this strategy can be more precisely targeted to address the issue of visitation. Information gathering regarding these themes and barriers is happening at this time, and follow up recommendations can be made once a review is complete.

CFS has dedicated a management position specifically to oversee social worker support staff who assist with visitation, to further focus on this critical area. Discussion also continues as to ways to improve the quality of visitation for families, and the role that social workers can play.

STRATEGY 9:

Pre-assign a Continuing worker at the detention hearing concurrently with the assignment of a Dependency Investigations worker.

Currently, in Orange County, different social workers are assigned to families before and after dispositional orders are made. Generally, a Dependency Investigations worker is assigned to the case during the Jurisdictional and Dispositional phases of the Juvenile Dependency Court case, and a Continuing worker is assigned once the child is declared a dependent.

One of the recommendations from the Peer Review conducted as part of the County Self Assessment suggested that CFS “Develop a policy/procedure for transitioning cases between social workers” and “Consider implementation of a ‘vertical’ case management which would minimize the number of social workers assigned to the case” (2012 Orange County Self Assessment, page 99).

Pre-assigning a Continuing worker at the detention hearing, along with the Dependency Investigations worker, will assure a smoother transition for the family. This earlier involvement of the Continuing worker will allow that worker to be involved with decision making, attend hearings, and meet the family prior to the dispositional hearing. It will also foster the engagement between the family and the Continuing worker much earlier, avoiding time lost to the family in attempting to establish that relationship.

A small scale pilot occurred in 2014, through a Plan Do Study Act (PDSA), involving some 20 families. Preliminary feedback received from parents, caregivers, and staff was generally positive. As would be expected in a PDSA, experience with the initial sample led to modifications in procedures, and a follow up expanded PDSA is being planned at this time, with a goal of approximately 100 families. The decision was made to complete a second PDSA, rather than to implement the practice based upon the original PDSA. Therefore, the implementation date for an agency practice date has been modified to allow for the additional PDSA timeline.

STRATEGY 10:

Provide Trauma Informed Parenting training to parents with a reunification plan.

Many parents are Court ordered to attend some form of parenting training as part of their Reunification case plan, with education regarding developmental stages for children and effective discipline as significant focuses of the training. However, children from families involved with the child welfare system often have experienced significant trauma. Providing a parenting program based on trauma informed practice may assist parents in understanding their children’s behavior and the impact of their own trauma. Parents can then utilize this knowledge in their visitation with their children, and as the families reunify. As referenced in the Introduction section of this report, engagement of a child by the parent through visitation is certainly related to reunification.

In order to develop a program, the assistance of the Mental Health Service Chief with Orange County HCA, who is co-located at CFS, was requested. The Chief had been the primary mental health trainer for CFS and other community partners in Trauma Informed Practice and was a member of the Trauma Informed Practice Steering Committee (TIPS-C).

In collaboration with Family Support Network (FSN), a contracted service provider, a mother’s support group was developed with a parenting component which incorporated Trauma Informed concepts. Efforts will continue to infuse Trauma Informed concepts into parenting programs, both with contracted providers and community referrals.

STRATEGY 11:

In collaboration with Casey Family Programs conduct Permanency Roundtables for all youth who have been in care 24 months or longer to increase the number of youth exiting to permanency by 10%.

CFS is excited to begin the development of the Permanency Roundtable Program, in collaboration with Casey Family Services. It is believed to our most important strategy for assisting older youth to find permanence. The Permanency Roundtable concept is to deconstruct a youth’s history with CFS, in conjunction with a group of individuals who have played a major role in the youth’s life, to assure that all possible avenues for permanent connections and permanent placement have been explored, and to develop new pathways to permanence for the youth.

CFS has moved forward with this strategy, and Permanency Roundtables (PRTs) have begun. Casey Family Services provided training, and facilitated some eleven PRTs in November 2014. Additional training for staff and community partners occurred in March 2015, with an additional twenty PRT meetings facilitated by Casey Family Services occurring in April 2015. While these PRTs did not immediately result in exits to permanency for the youth, many additional options for legal permanency were considered and these are being explored. For example, as a result of ideas generated in PRTs, some youth have had visits with relatives who they had not seen in several years, and who were not previously known to CFS.

CFS is also focusing on “emotional permanency” for youth in PRTs, finding and encouraging those relationships for youth which provide permanent connections for those youth regardless of whether those relationships can provide placements or legal permanency.

CFS is building systems and capacity to begin facilitation of PRTs internally.

STRATEGY 12:

Conduct focus groups with Emergency Response, continuing service staff (ICS, SFS, PSP) and community partners (including Parent Mentors) to identify current barriers and challenges to Latino children reunifying with their parents.

As described in the System Improvement Plan, “Latino children typically have the longest median time to reunification compared to other ethnic groups” (page 5). Orange County has a large Latino population, comprising 46.7% of the total population of Orange County, according to the 2010 Census. This strategy that has been developed to address disparity in the reunification of Latino children involves conducting focus groups with case carrying staff in multiple programs, community partners and Parent Mentors to identify the current barriers and challenges which may be contributing to these longer reunification time for Latino families.

Focus groups were identified, to include internal groups of Emergency Response and Continuing Court staff and external groups to include the Child Welfare System Improvement Partnership, the Eliminating Racial Disparity and Disproportionality strategy group, and the Parent Mentors. A literature review conducted by CFS Research helped to form the specific questions to be asked of the focus groups. Questions focused on cultural, resource, community and systemic barriers.

Those focus groups have been completed, and an analysis is underway for common themes. Once the analysis of the focus groups responses has been completed, recommendations to overcome the identified barriers will be developed.

STRATEGY 13:

Research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2.

This strategy, to research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2, was the result of concerns about Orange County's decline in reunification outcomes. As indicated in the 2014 CSA, Orange County has been challenged in the reunification outcome for the past several years. Studies began in 2013 to better understand why this might be happening. This strategy will be the project of the SSA Research Team who will examine a sample of reunification cases for this study, collect and analyze data and develop recommendations based on the results of the study. It is believed that understanding case work practices and other variables will help us understand why our reunification outcomes have been below the state measure and lead to the development of additional strategies to improve these outcomes.

The research methodology has been developed, and the data collected. Analysis is now underway, and will be shared with the CFS Leadership Team.

Probation

STRATEGY 1:

Improve the level of involvement with the parent/caretaker during the reunification phase following the removal of a minor from the home.

The Probation Department initially had four out of the five strategies beginning at approximately the same time. Starting four strategies concurrently turned out to be too demanding and, with the approval and advice from our outcomes and accountability consultant, it was decided that our implementation time frames would be staggered. Therefore, Strategy 1's start has been postponed and is slated to begin in January 2016. This change is reflected in the Strategy 1 SIP Chart.

STRATEGY 2:

Add an additional category to the Placement Incentive Program to incentivize progress made with Family Reunification.

The Probation Department's Placement Unit has added the Family Reunification category to its incentive program to recognize and reward those youth and family members participating in family reunification services and counseling. Probation Officers understand the criteria required to receive an incentive for participating in family reunification. Furthermore, the Placement Unit Supervisor has been tracking incentives given to minors and family members for participating in family reunification services. Since determining the criteria for incentives in September 2014, officers have issued 55 gift cards to minors and families for progress made in the family reunification phase. These gift cards were to local restaurants, movie theatres, clothing, department, shoe, electronic, book, and grocery stores.

STRATEGY 3:

Utilize family finding resources through the Kinship/Seneca Center when youth have no other family options available.

Strategy 3 was initially slated to begin in August 2014. However, with the concurrent implementation of 3 other strategies, a decision was made to postpone this strategy. In March 2015, contact was made with a representative from Kinship/Seneca Center in an effort to utilize their program's family finding resources. A meeting with a

Kinship/Seneca and the Probation Placement Unit has been set for May 20, 2015. Following this meeting, collaboration between both agencies will be determined and a tracking system will be developed. The changes in start and completion dates to the Action Steps are noted on the Strategy 3 SIP Chart.

STRATEGY 4:

Increase life enriching opportunities to assist with placement stability.

Strategy 4 is scheduled to begin in November 2015. Probation Officers will be tasked with seeking activities to connect the youth to their school and seeking resources for youth within the community to improve placement stability. The goal of this strategy is to establish a tie to activities within the group home, school or community to reduce the changes in placements.

STRATEGY 5:

To add an additional category to the Placement Incentive Program to incentivize minors who have remained in placement for certain periods of time.

The Probation Department's Placement Unit has added the Placement Stability category to its incentive program to recognize and reward those youth who have been in foster care for 24 months or more and have had two or fewer placements. The criteria required to receive an incentive for maintaining placement stability has been determined and explained to the probation officers. Probation Officers began incentivizing minors for placement stability in September 2014 and a log was developed to track the issuance of incentives. To date, probation placement youth have received 136 gift cards for maintaining placement stability. These gift cards were to local restaurants, movie theatres, clothing, department, shoe, electronic, book, and grocery stores.

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

Children and Family Services (CFS)

Keeping children in their homes with their families whenever possible continues to be a priority. CFS has noted a significant increase in the number of calls coming into the Child Abuse Registry along with a resultant increase in the number of referrals being investigated. Entry rates remain relatively stable, however, at this time.

Returning children to their homes with their families whenever possible, and as quickly as possible, is a main focus of the work associated with this System Improvement Plan for CFS. However, as CFS works to improve its own practices, CFS must also work with its partners to provide background and rationale for these changes. In Orange County, efforts are underway to provide information to the Juvenile Dependency Court bench officers and the attorneys representing the children and the parents, regarding the promising practices in Child Welfare. Without a partnership with the Juvenile Dependency Court and all its components, CFS efforts to improve timelines to reunification may not be successful.

CFS is committed, however, to continuing to work to implement the strategies outlined in the SIP.

Probation

Attempting to begin most SIP strategies at nearly the same time was an obstacle the Probation Department encountered during the first year of the SIP implementation. With the encouragement and approval from our CDSS consultant, strategies one and three were postponed and start and completion dates for these strategies were modified. Postponing SIP strategies one and three gave probation the time to effectively focus on strategies two and five. Other than the above noted obstacle, the Probation Department has not met any major barriers in the implementation of strategies and action steps.

PROMISING PRACTICES/ OTHER SUCCESSES

Children and Family Services (CFS)

Commercially Sexually Exploited Children

CFS has increased efforts to address the increasing Commercially Sexually Exploited Children (CSEC) population. A protocol has been put in place to ensure the early identification, documentation, and tracking of CSEC hotline referrals and specialized CSEC social workers have been identified at every level of case intervention, including Emergency Response and ongoing case management. All incoming CSEC cases are being assigned to the courtroom of the Presiding Judge of the Juvenile Court. There has been increased collaboration with law enforcement, County Counsel, District Attorney, Mental Health, Department of Education, Probation, and Juvenile Court to address specialized case management issues and a multidisciplinary team is being reconvened to identify and work through barriers specific to CSEC cases. CFS also designated a social worker assigned to engage, prevent and recover youth that have runaway and are at increased of risk of being involved in CSEC. This identified worker works in tandem with staff at Orangewood Children and Family Center to coordinate efforts and trainings to educate vulnerable youth and strategize methods to decrease potential involvement in CSEC.

Safety Organized Practice

Safety Organized Practice (SOP) integrates concepts from Family Engagement, Risk Assessment and Trauma Informed Practice into one child welfare framework. The goal of SOP is to draw from a variety of tools and techniques to ensure the safety, permanency and well being of children in the child welfare system. A holistic framework will be developed for family engagement, understanding family trauma and evaluating and coming to solutions and a plan for child safety with the family. CFS continues to involve staff in SOP training, with the eventual goal of having all social work staff trained in Safety Organized Practice. In addition, ongoing SOP coaching sessions are available to staff, regardless of whether the staff person has participated in the SOP training.

Trauma Informed Practice

CFS has implemented a variety of practices for staff and stakeholders to include a birth parent trauma workgroup, Trauma Informed Resources for staff on the CFS intranet, and training for SSA staff to include Trauma Training Toolkit, Secondary Trauma, and Trauma Informed System Training. CFS is working to consider behaviors of families through a Trauma Informed lens, and

include Trauma Informed language into Dependency Court reports. Secondary Trauma and its effects on staff are also being explored with peer support groups available in several programs. These efforts are collaborative, bringing together CFS management, supervisors and line staff, Orange County Health Care Agency partners, and community partners including former foster youth, parent mentors representing the parent voice, caregiver mentors, court personnel and service providers. CFS continues to infuse Trauma Informed Practice into our work, and is a Super Community by the Chadwick Trauma Informed Systems Project, Rady Children's Hospital, San Diego.

Probation

During this initial phase of the system improvement process, the Probation Department has encountered success in the area of improving practices to improve placement stability. Probation Officers are not only focusing on the importance of the safety, education and well-being of our foster youth, they now have an understanding of the importance of placement stability as it relates to successful outcomes. Officers are tailoring incentives based on case dynamics. Additional resources and time are spent with those youth who have shown a higher propensity to leave their placement without permission and abscond from probation supervision.

Focus on family reunification has also led to improved practices within the Probation Department's Placement Unit. Although our outcomes during this measured time period were not favorable, increased focus was placed on reunifying youth with their families. Officers encouraged parents and guardians to participate in family reunification counseling. Youth and family members who made progress in counseling were rewarded with gift cards to local restaurants and movie theatres to be used during family community passes. Probation will continue to improve its practices to achieve desired outcomes. It is also notable that the family reunification measure is based on an extremely low sample size (1 of 11 total youth).

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

Children and Family Services (CFS)

Participation Rates

Orange County has noticed a significant increase in the number of calls coming into the Child Abuse Registry Hotline, with a resultant increase in the number of referrals, an increase of some 15.3% in 2014 as compared to 2013. CFS has no control over the number of calls made to the Hotline, but is attempting to identify trends in types of allegations, classification of callers (mandated reporters, neighbors, etc), or other factors to help understand this increase. It should be noted that, although the year over year increase in referrals is 15.3%, the increase in Substantiation Rate for the same year over year period is only 0.7% and the increase in the Entry Rates is only 3.7%.

S1.1 No Recurrence of Maltreatment

Current performance (93.7%; 99.1% of the National Standard) is slightly lower than performance during the baseline period (94.5%; 99.9% of the National Standard). Historically Orange County's performance on this measure has been close to the National Standard (both above and below standard). Specifically, over the past 3 years, performance has fluctuated between 99-101% of the National Standard. Small differences on this safety measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors.

C1.1 Reunification Within 12 Months (Exit Cohort)

Current performance (51.4%; 68.4% of the National Standard) is lower than performance during the baseline period (52.4%; 69.7% of the National Standard). Though this measure was on a stable downward trend during the baseline period, this measure has been on an upward trend for the past three quarters. This reunification measure is highly correlated with the other two Reunification measures that measure timeliness to reunification (C1.2 and C1.3) which are SIP measures. As we make efforts to improve performance on our SIP goals, we will likely see improvement on this measure as well.

C1.4 Reentry Following Reunification (Exit Cohort)

Current performance is at 6.8% or 146.6 % of the National Standard. While still outperforming the standard, the reentry rate has increased, a one year change of 5.9% and a five year change of 22.8%. Although Orange County is trending downward, performance is still within the natural fluctuation expected due to differences in cohorts from quarter to quarter. However, concern exists that a focus on reunification outcomes could negatively impact this number.

C2.1 Adoption Within 24 Months

Current performance (35.1%; 95.8% of the National Standard) is higher than performance during the baseline period (34.4%; 94.0% of the National Standard). There is quite a bit of fluctuation on this measure from quarter to quarter, so trends for this measure have not been consistent. Current performance is slightly below the National Standard. Since time to reunification has been longer than it has been in the past, it is likely that there is also an overall delay in getting children adopted when there was previously hope for them to be reunified with their parents. As timeliness to reunification begins to improve, it is expected for the overall time to adoptions to improve as well.

C3.2 Exits to Permanency (Legally Free at Exit)

Current performance (97.6%; 99.6% of the National Standard) is slightly lower than performance during the baseline period (98.2%; 100.2% of the National Standard). Historical trends show Orange County's performance on this measure has been close to the National Standard (both above and below standard). Over the past 2 years, performance has fluctuated between 99-101% of the National Standard. Small differences on this long term care measure from quarter to quarter are more likely due to the differences between cohorts than other systemic factors.

C3.3 In Care 3 Years or Longer (Emancipated/Age 18)

Current performance (52.6%; 71.3% of the National Standard) is showing an improvement from performance during the baseline period (52.5%; 68.8% of the National Standard). Past performance on this measure shows that Orange County consistently struggles to reduce the percent of long term foster care youth in the system. It is important to note that the number of children in the county's foster care system has been on the decline for the past few years. It may be assumed that the cohort of children who emancipate or turn 18 during the year consist of a greater percentage of youth who have been in care for a long time. Despite these obstacles, performance on this measure is showing a consistent upward trend.

C4.3 Placement Stability(At Least 24 Months in Care)

Current performance (41.7%; 99.8% of the National Standard) is showing an improvement of 8.6% year over year. CFS is hoping for this outcome to actually decline, at least temporarily, as those children who have been in care for extended periods of time are stepped down to a lower level of care or are moved to placement more likely to provide permanency. This would be related to C3.1 Exits to Permanency (24 Months in Care), a focus of this System Improvement Plan.

4B Least Restrictive Placements

While first placements with relatives were at 40.8% in 2014, this represents a 19.4% decline as compared to 2013. However, point in time (January 1, 2015) placements with relatives represented 45.6% of placements, a decline of only 3.8% from the previous year. Similarly, first placements in group or shelter care were at 33.8% in 2014, representing a 16.5% increase as compared to 2013. Point in time (January 1, 2015) placements in group or shelter care represented 7.4% of placements, a decline of 1.8% from the previous year.

As the number of Non Minor Dependents increases, with a corresponding increase in the number of Supervised Independent Living (SILP) placements, the overall percentages for the other types of placements decrease.

5B(1) Rate of Timely Health Exams and 5B(2) Rate of Timely Dental Exams

Current performance (84.7% and 61.3% respectively) for the documentation of timely Health and Dental examinations is trending downward. While it is believed that the actual rate of timely exams is much higher, variations in documentation among programs has identified specific areas for improvement in data entry.

Probation

Statistics from the most recent quarterly report (Quarter 3 2014) revealed the Probation Department did not meet the national standards in the outcomes of C3.1 Exits to Permanency (24 months in care) and C1.1 Reunification within 12 months (Exit Cohort).

C3.1 Exits to Permanency (24 months in care) measures the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18. In comparing prior quarterly reports, Probation has consistently been below the national standard or goal. In Quarter 2 2013, Probation discharged 3 out of 37 youths (8.1%) to a permanent home by the last day of the year and prior to turning 18. The most recent data shows Probation discharged 0 out of 21 youths (0%) to a permanent home. The national standard or goal is 29.1%.

C1.1 Reunification within 12 months (Exit Cohort) computes the percentage of children discharged to reunification within 12 months of removal. The Probation Department has consistently underperformed in this outcome. Quarter 2 2013 data shows that Probation reunified 1 out of 9 youths (11.1%) within 12 months of removal. The most recent data states that Probation reunified 1 out of 3 youths (33.3%) within 12 months of removal. The national standard or goal is 75.2%.

As with Probation's underperformance in C1.3 Family Reunification within 12 months (Entry Cohort), obstacles to meeting desired standards in this outcome can be attributed to the

average age of entry of probation youth into foster care and the reluctance of families in accepting youth back into the home after their removal. A systemic issue may be the Probation Department's efforts in avoiding the removal of the youth from the home. Once a youth is identified of being at risk of being removed from the home, officers are obligated to provide referrals for the youth and family to address existing issues. Furthermore, prior to removal, officers must identify relatives, family friends or extended family members as potential placement for the youth. After a youth enters foster care, the Placement Unit has little to no options in placing the youth with family members or friends. Thus, reunification and/or discharge to a home in a timely manner is difficult.

State and Federally Mandated Child Welfare/Probation Initiatives

Children and Family Services (CFS)

Fostering Connections after 18 Program (AB12/Extended Foster Care)

In 2011, Orange County began preparing for implementation of AB12/Extended Foster Care. In 2012 CFS staff, as well as foster and relative caregivers, were provided information and training on all provisions of AB12 so that they would understand their roles and responsibilities. Meetings were also held with community partners, stakeholders, and court staff to educate and involve them in the process.

CFS continues to refine its practice in relation to Non Minor Dependents (NMDs). A specialized group of social workers has been formed to work with NMDs, carrying specialized caseloads and is a part of the Transitional Planning Services Program. In this way, expertise and resources can be shared, and learning enhanced.

CFS successfully implemented Assembly Bill 12 regulations by serving 441 Non Minor Dependent youth in 2014 and averages approximately 300 NMDs participating in Extended Foster Care at any one time.

“Katie A”

CFS, in coordination with the Orange County Health Care Agency (HCA), has continued to implement its Service Delivery Plan in regard to the “Katie A.”, and has focused on building consideration of mental health needs for youth into everyday social work practice. In Orange County, coordination between CFS and HCA is well established, allowing for ongoing collaboration and support of the youth through the Individualized Plan of Care.

Probation

Most recently, the Orange County Probation Department has implemented two federal initiatives. Assembly Bill 12 (AB12 – Extended Foster Care Services) was implemented on January 1, 2012 and this bill allows foster youth who have active placement orders on their 18th birthday to remain in foster care until the age of 21. The passage of this bill has impacted probation officer workload as Probation currently has 56 Non-Minor Dependents either receiving or eligible to receive extended foster care services.

The second federal initiative is The Prison Rape Elimination Act of 2003 (PREA), which was passed in 2003. The law created the National Prison Rape Elimination Commission (NPREC) and charged it with developing standards for the elimination of sexual abuse in confinement. The law required the Department of Justice (DOJ) to review the NPREC standards, make revisions as necessary, and pass the final standards into law.

Initially, it was believed that the PREA Act would apply to group homes. However, on June 17, 2014, the California Department of Social Services (CDSS) issued All County Information Notice Number (ACIN) I-21-14, which stated that PREA did not apply to group home foster care placements. To date, the Probation Department has provided substantially all sworn staff, mental health staff and medical staff with a minimum of 4 hours of PREA Training. This training has also been incorporated to the department's core training to ensure all new sworn staff receives training. Although PREA does not apply to group home placements, Probation will continue to monitor placement facilities to ensure compliance with existing state and federal standards designed to prevent maltreatment and abuse of children residing in group homes.

The Probation Department does not have any pending lawsuits or settlements similar to the Katie A. lawsuit. The Probation Department recognizes the importance of properly identifying and addressing mental health needs to promote successful outcomes. Probation continues to screen for mental health needs at the time of intake during detention at Juvenile Hall. Youth requiring immediate mental health treatment are referred to Clinical Evaluation Guidance Unit (CEGU) therapists. CEGU therapists are available to detained youth to assess suicide risk status and provide mental health treatment and intervention services. Field officers refer to Health Care Agency (HCA) Behavioral Health Services for evaluation, therapy, medication management, crisis intervention and collateral services to parents and families.

Priority Outcome Measure or Systemic Factor: C1.2 Median Time to Reunification (Exit Cohort)

National Standard: 5.4

Current Performance: 11.5

Target Improvement Goal: Orange County will increase performance on outcome measure C1.2 from 11.5 months (baseline) to 9.0 months by the end of the five year SIP period.

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

National Standard: 48.4

Current Performance: 33.7

Target Improvement Goal: Orange County will increase performance on outcome measure C1.3 from 33.7% (baseline) to 38% by the end of the five year SIP period.

Priority Outcome Measure or Systemic Factor: C3.1 Exits to Permanency (24 Months in Care)

National Standard: 29.1

Current Performance: 21.4

Target Improvement Goal: Orange County will increase performance on outcome measure C3.1 from 21.4 % (baseline) to 26.0 % by the end of the five year SIP period.

<p>Strategy 1: Increase the percentage of families having a reunification Team Decision Making (TDM) meeting within the first 5 months of dependency by 60 % in five years. This will improve C1.3 Reunification within 12 months and C1.2 Median Time to Reunification.</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) and C1.2 Median Time to Reunification (Exit Cohort)</p>
Action Steps:	Timeframe:	Person Responsible:
<p>A. Retrain staff on the benefits of the reunification TDM Including how and when to schedule a meeting.</p>	<p>Implementation: June 2014 Completion: March 2015</p>	<p>TDM Manager</p>
<p>B. Conduct a longitudinal study on families that have had a FR TDM to evaluate their effectiveness, and review need to mandate FR TDMs.</p>	<p>Implementation: January 2015 Completion: December 2015</p>	<p>TDM Manager SSA Research</p>
<p>C. Provide quarterly reports to court program managers with data regarding the number of FR TDMs held by their programs to encourage managers to work with their staff in order to increase numbers.</p>	<p>Implementation: July 1, 2014 Completion: On-going</p>	<p>TDM Manager</p>

<p>D. Consult with TDM liaisons at UC Davis Resource Center for Family Focused Practice for technical support regarding FR TDM's.</p>	<p>Implementation: June 1, 2014 Completion: On-going</p>	<p>TDM Manager</p>
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<p>Strategy 2: Increase the active engagement of fathers in FR plans. This will improve C1.3 Reunification within 12 months, C1.2 Median Time to Reunification C13.1 Exits to Permanency (24 Months in Care).</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/> CAPIT</td> </tr> <tr> <td><input type="checkbox"/> CBCAP</td> </tr> <tr> <td><input type="checkbox"/> PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>	<input checked="" type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C3.1 Exits to Permanency (24 Months in Care)</p>
<input checked="" type="checkbox"/> CAPIT						
<input type="checkbox"/> CBCAP						
<input type="checkbox"/> PSSF						
<input checked="" type="checkbox"/> N/A						
Action Steps:	Timeframe:	Person Responsible:				
<p>A. Pilot a Father Liaison (FL) position within CFS whose role will be to provide information, resources, training, and consultation to staff as well as to fathers in the dependency system to improve engagement of fathers in FR services.</p> <ul style="list-style-type: none"> • Develop proposal for a pilot in consultation with Casey Family Programs who is providing technical assistance to CFS • Appoint one SSW as a Father Liaison for 12 months to work 2 hours per week for this pilot. • Evaluate expansion to all court programs at end of pilot 	<p>Implementation: March 2014 Completion: March 2015</p>	<p>TDM Manager PSP Court Manager Casey Family Programs</p>				

<p>B. Increase the referrals to father support groups by timely notifications to staff about up-coming support group programs.</p>	<p>Implementation: February 1, 2014 Completion: On-going</p>	<p>Parent engagement Coordinator</p>
<p>C. Continued training of CFS staff on the importance of finding fathers and father engagement.</p>	<p>Implementation: March 1, 2014 Completion: On-going</p>	<p>TDM Manager Parent Engagement Coordinator Father Liaison</p>
<p>D. Research and explore implementation of strategies used by counties and states where successful father engagement is occurring to discuss developing new strategies.</p>	<p>Implementation: December 2014 Completion: June 2014</p>	<p>Father Liaison TDM Manager</p>
<p>E. Evaluate participant satisfaction with father support groups and illicit suggestions for improving father engagement.</p>	<p>Implementation: April 2014 Completion: On-going</p>	<p>Parent Engagement Coordinator Family Support Network (Parent Mentors)</p>

<p>Strategy 3: Develop CRISP-like (Conditional Release with Intensive Supervision Program) services for FR cases to allow for earlier reunification. This will improve C1.3 Reunification within 12 months, C1.2 Median Time to Reunification.</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) S1.1 No Recurrence of Maltreatment</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
<p>A. Convene a workgroup of managers and supervisors from Integrated Continuing Services (ICS), Specialized Family Services (SFS) and Permanency Services Program (PSP) to develop program guidelines including: eligibility criteria for reunifying family, policy and procedures, and staffing guidelines.</p>	<p>Implementation: August 2014 Completion: February 2015</p>	<p>Deputy Director of Continuing Family Services Program Managers of Continuing Family Services</p>
<p>B. Pilot CRISP-like FR program. At end of Pilot evaluate process and make any needed changes to the policy and procedure.</p>	<p>Implementation: February 2015 Completion: August 2015</p>	<p>Deputy Director of Continuing Family Services Program Managers from Continuing Family Services</p>

<p>C. Once pilot is completed and program is determined to be viable, program will be adopted by all continuing services programs</p>	<p>Implementation: August 2015 Completion: On-going</p>	<p>Deputy Director of Continuing Family Services Program Managers from Continuing Family Services</p>
<p>D. Develop an evaluation tool that will provide short-term and long-term outcome data focused on rates of reunification within 12 months and no recurrence of maltreatment This evaluation tool will be discussed in and developed during the workgroup process (See Action Step A above)</p>	<p>Implementation: August 2014 Completion: February 2015</p>	<p>Deputy Director of Continuing Family Services Program Managers from Continuing Family Services SSA Research CWS/CMS Reports Team</p>

<p>Strategy 4:</p> <p>Increase the number of Parent Mentors available to work with reunifying parents by two full-time equivalent (FTE) positions in the next five years.</p> <p>This will impact C1.3 Reunification within 12 months (Entry Cohort) and C1.2 Median Time to Reunification (Exit Cohort)</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.3 Reunification within 12 months (Entry Cohort)</p> <p>C1.2 Median Time to Reunification (Exit Cohort)</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
<p>A.</p> <p>Update the data report that was completed in quarter one of 2010, which compared those families who had a parent mentor vs. those families without a parent mentor and their rates of reunification and time to reunification.</p>	<p>Implementation: January 22, 2014 Completion: March 15, 2014</p>	<p>CWS/CMS Reports Team</p>
<p>B.</p> <p>SSA Research to evaluate and interpret data in the above report and to compare the characteristics of families that reunified who had a parent mentor vs. those that did not. This study will help Orange County better understand contributing factors to rates of reunification.</p>	<p>Implementation: April 2014 Completion: January 2015</p>	<p>SSA Research</p>
<p>C.</p> <p>Write a proposal to the CFS Director to increase the Parent Mentor contract, including data and outcome reports to justify this request.</p>	<p>Implementation: January 2015 Completion: May 2015</p>	<p>Manager for TDM/Parent Engagement Program</p>

Strategy 5: Develop a Peer Mentor program for caregivers. This strategy was one that was not completed during the last SIP. Completion of this strategy will impact C1.2 and C1.3, as well as composite C4	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 – Placement Stability Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup to develop a process for Mentorship and Protégé eligibility and assignment.	Implementation: August 2012 Completion: August 2013	Manager for Placement Program Placement Supervisor Orange County Licensed Foster Parents
B. Begin a pilot Peer Mentor Program with Orange County experienced licensed foster parents as Mentors with 3 newly licensed foster parents and 2 relative caregivers as protégés.	Implementation: September 2013 Completion: March 2014	Placement Program Supervisor OC Licensed foster parents
C. Evaluate pilot program at end of 6 months and make appropriate changes before full implementation occurs.	Implementation: March 2014 Completion: April 2014	Placement Program Supervisor Foster Parents involved in Pilot
D. Fully implement the Peer Mentor Program for appropriate matching with any caregiver in need of support or special assistance	Implementation: April 2014 Completion: On-going	Placement Program Supervisor Foster Parents involved in Pilot

<p>E. Develop an annual report that will evaluate outcomes regarding stabilized placements and retention of foster parents, have been accomplished.</p>	<p>Implementation: September 2014 Completion: On;-going</p>	<p>Placement Program Supervisor CWS/CMS Reports Team</p>
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Strategy 6: Increase the use of Icebreakers to improve communication and flow of information between the caregiver and parents. This strategy is carried over from Orange County's 2009 SIP. This will improve outcomes C1.2, C1.3, and C4 Composite.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 Placement Stability Composite
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Form a workgroup with representation from Program Managers, supervisors, and line staff responsible for Icebreaker implementation to discuss the obstacles that may be inhibiting increased use	Implementation: June 2014 Completion: December 2014	Co-leaders of the Communication Workgroup
B. Develop action items to address Icebreaker obstacles, including a review of the policy and procedure to determine if changes need to be made.	Implementation: June 2014 Completion: December 2014	Co-leaders of the Communication Workgroup
C. Pilot these ideas with the Diversion program over a period of three months. At the end of the three-month period, an outcomes report will be prepared and the workgroup will review the report and discuss any continuing obstacles.	Implementation: January 2015 Completion: March 2015	Program Manager for Diversion/Placement Co-leaders of the Communication Workgroup

<p>D.</p> <p>At such time as the workgroup has determined the new procedure is viable and has increased Icebreaker usage, the process will be expanded to all programs responsible for completing Icebreakers.</p> <p>Continue the monthly Icebreaker report to evaluate continued progress with the newly developed processes.</p>	<p>Implementation: April 2015 Completion: On-going</p>	<p>Program Manager for Diversion/Placement</p> <p>Program Manager for Specialized Family Services</p>
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Strategy 7: Expand the Multidimensional Treatment Individual Plan (MTIP) process for the placement of children with specialized needs who may not qualify for MTFC. This strategy will improve outcomes C1.2, C1.3, C3.1 and C4 Composite.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort) C4 Placement Stability Composite C3.1 Exits to Permanency (24 months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. CFS Manager of Multi-Agency Family Partnership and the Mental Health Service Chief will team to attend court program all staff meetings to provide information and encouragement to staff about MTIP and supporting programs in order to increase appropriate referrals.	Implementation: February 2014 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
B. Integrate information from Mental Health reports and CFS MIDS (Multi-agency Intervention Data System) data base in order to track outcomes for the children involved in this program and their reunification progress.	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief
C. Provide annual report to CFS Director and Deputy Directors based on outcome information	Implementation: January 2015 Completion: On-going	Manager for Multi-Agency Family Partnership Mental Health Service Chief

Strategy 8: Increase staff awareness and promote compliance with visitation Policy and Procedures which allows for the progression of visitation for reunifying parents from monitored to unmonitored visits. This will improve the reunification outcomes C1.2 and C1.3.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Create a workgroup that will survey staff to identify barriers to liberalizing visits and develop a training plan for all court staff. Workgroup should include supervisors and line staff, Parent Mentors who are working with dependent families and representatives from agencies who supervise visitations.	Implementation: July 2014 Completion: December 2014	Managers for Court Programs
B. Conduct training of all court staff on visitation P&P, effective use of progressive visitation and the potential positive outcomes for families.	Implementation: January 2015 Completion: May 2015	Managers for Court Programs
C. Survey supervisors in the court programs, on a bi-annual basis, to monitor progress of staff compliance with visitation P&P.	Implementation: December 2015 Completion: On-going	Managers for Court Programs

<p>Strategy 9: Pre-assign a continuing worker at the detention hearing concurrently with the assignment of a Dependency Investigations worker. On-going communication between investigations worker and continuing worker will enhance engagement and assist families to complete services and eventually reunify faster with their children. This will improve C1.2 and C1.3</p>	<input checked="" type="checkbox"/> CAPIT	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
<p align="center">Action Steps:</p>	<p align="center">Timeframe:</p>	<p align="center">Person Responsible:</p>
<p>A. Pilot pre-assignment program via a Plan Do Study Act (PDSA) with two units in Dependency Investigations and two units in the ICS program.</p>	<p>Implementation: January 2014 Completion: April 2014</p>	<p>Manager for Court Services Manager for ICS</p>
<p>B. Pre-selected families provided with a pre-assigned continuing worker will be asked to self-report their experience of transitioning from Investigations to continuing services through the Quarterly Contact Verification process. A control group of families without a pre-assigned worker will also self report their experience and the sets of responses will be compared.</p>	<p>Implementation: April 2014 Completion: on-going</p>	<p>Manager for Court Services Manager for ICS</p>

<p>C. Implement pre-assignment program as a practice change upon the final evaluation of the efficacy of the program and approval of the pertinent managers and deputy directors</p>	<p>Implementation: June 2014 Completion: on-going</p>	<p>Manager for Court Services Manager for ICS Deputy Directors</p>
<p>D. Provide periodic reports of this program by comparing the reunification outcomes for those families with a pre-assigned worker and those who did not receive this service.</p>	<p>Implementation: December 2014 Completion: on-going</p>	<p>CWS Reports Team SSA Research</p>

Strategy 10: Provide Trauma Informed Parenting training to parents with a reunification plan. This will improve C1.2 and C1.3	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a parenting program adapted from the Trauma Informed Practice Curriculum including who would conduct this training. Participants in planning this training could include FSN Parent Mentors, line staff and supervisors. Develop a satisfaction survey for parents.	Implementation: December 2014 Completion: August 2015	Mental Health Service Chief Selected CFS Managers
B. Develop a formal process for CFS staff to refer reunifying parents to Trauma Informed Parenting Classes beginning at the Dependency Investigations stage to encourage early engagement.	Implementation: September 2015 Completion: October 2015	Mental Health Service Chief Selected CFS Managers
C. Inform staff about the availability of classes and the importance of integrating this resource in supporting and equipping families towards more successful reunification.	Implementation: October 2015 Completion: On-going	Mental Health Service Chief Selected CFS Managers Resource Development and Management

Strategy 11: In collaboration with Casey Family Programs conduct Permanency Roundtables for all youth who have been in care 24 months or longer to increase the number of youth exiting to permanency by 10%. This will impact C3.1	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C3.1 Exits to Permanency (24 months in Care)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Complete an MOU with Casey Family Programs to allow for the sharing of case information as required for Permanency Roundtables	Implementation: August 2014 Completion: December 2014	Director of CFS Casey Family Programs
B. Once MOU approved form workgroup in collaboration with Casey Family Programs to develop guidelines and timelines for Permanency Roundtables including selection of cases that will be staffed.	Implementation: December 2014 Completion: June 2015	Casey Family Programs Managers for Continuing Services Programs
C. Begin implementation of Permanency Roundtables	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs
D. Develop outcome reports to track progress of staffed cases towards exits to permanency.	Implementation: July 2015 Completion: On-going until all children who have been out-of-home care for 24 months or longer have received a permanency roundtable	Casey Family Programs Managers for Continuing Services Programs SSA Research

Strategy12: Conduct focus groups with Emergency Response, continuing service staff (ICS, SFS, PSP) and community partners (including Parent Mentors) to identify current barriers and challenges to Latino children reunifying with their parents.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop focus group questionnaire.	Implementation: October 2014 Completion: November 2014	Self Evaluation Team
B. Identify staff and community partners who will participate in the focus groups, schedule dates for focus groups, and send invitations to those identified above.	Implementation: December 2014 Completion: January 2015	Self Evaluation Team
C. Conduct focus groups.	Implementation: January 2015 Completion: July 2015	Self Evaluation Team TDM Facilitators
D. Evaluate responses from focus groups and discuss possible strategies to overcome barriers.	Implementation: July 2015 Completion: December 2015	Self Evaluation Team

Strategy 13: Research and evaluate the impact that casework practices and other family and case related variables may have on reunification outcomes C1.3 and C1.2.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort) C1.2 Median Time to Reunification (Exit Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop research methodology for evaluating the casework practices with large sibling sets.	Implementation: September 2014 Completion: December 2014	SSA Research CWS/CMS Reports Team
B. Draw a sample of children for the study, collect data and analyze data.	Implementation: January 2014 Completion: April 2014	SSA Research CWS/CMS Reports Team
C. Present results at SET Develop recommendations to CFS administration based on results of the study.	Implementation: June 2014 *Implementation: June 2015 Completion: August 2014 *Completion: August 2015	SSA Research CWS/CMS Reports Team

5 – Year SIP Chart Probation

Priority Outcome Measure or Systemic Factor: C1.3 Reunification within 12 months (Entry Cohort)

National Standard: >48.4%

Current Performance: 9.1% (April 2013) During the CSA baseline time period, Quarterly Data Report (April 2013), there were 11 children, which entered foster care for the first time from January 1, 2012 to December 31, 2012. Of these 11 children, one child reunified with a parent/primary caretaker within 12 months of removal.

Target Improvement Goal: The Probation Department will increase performance on process measure C1.3 reunification within 12 months (Entry Cohort) from 9.1% (baseline) to 14% (improvement goal) by the end of the 5 year SIP Period.

Priority Outcome Measure or Systemic Factor: C4.3 Placement Stability (At least 24 months in care)

National Standard: >41.8%

Current Performance: 30.9% During the CSA baseline time period, Quarterly Data Report (April 2013), there were 55 children who were in foster care for 24 months or more from January 1, 2012 to December 31, 2012. Of those 55 children, 17 children had two or fewer placements.

Target Improvement Goal: The Probation Department will increase performance on process measure C4.3 placement stability (at least 24 months in care) from 30.9% (baseline) to 34% (improvement goal) by the end of the 5 year SIP Period.

Strategy 1: To improve the level of involvement with the parent/caretaker during the reunification phase following the removal of a minor from their home.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Develop a procedure for points in time where minors and family are to be contacted by Deputy Probation Officers to monitor progress in reunification.	Start: June 6, 2014 Completion: August 2014	Supervising Probation Officer
B. Determine the criteria that will need to be met to merit an incentive for family reunification.	Start: August 2014 Completion: September 2014	Supervising Probation Officer
C. The Probation Department and group homes will assist with transportation to family counseling sessions when possible.	Start: October 2014 Completion: On-going	Deputy Probation Officer
D. Utilize the Probation Department’s Integrated Case Management System to track collateral contacts with parents, guardians, group home staff and therapists.	Start: December 2014 Completion: On-going	Supervising Probation Officer

<p>E. The Probation Department will offer Youthful Offender Wraparound services to youth with mental health needs in order to help stabilize the youth's behavior while in the group home.</p>	<p>Start: January 2015 Completion: On-going</p>	<p>Deputy Probation Officer</p>
<p>F. The Probation Department will continue to offer the family Wraparound Services once the youth has been reunified with the family while they are home on a trial basis while the Placement order is still in effect.</p>	<p>Start: March 2015 Completion: On-going</p>	<p>Deputy Probation Officer</p>
<p>G. Track and evaluate the number of minors who receive incentives for meeting the criteria for family reunification.</p>	<p>Start: June 2015 Completion: On-going</p>	<p>Supervising Probation Officer</p>

Strategy 2: To add an additional category to the Placement Incentive Program to incentivize progress made with Family Reunification	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. To update the incentive log to include reunification as an incentive category.	Start: July 2014 Completion: August 2014	Supervising Probation Officer
B. To explain to Deputy Probation Officers the criteria required for meeting and receiving incentives for participating in reunification.	Start: August 2014 Completion: September 2014	Supervising Probation Officer
C. To keep track of incentives given to minors and family for participating in family reunification services.	Start: December 2014 Completion: On-going	Supervising Probation Officer

Strategy 3: Utilize Family Finding resources through the Kinship/Seneca Center when youth have no other family options available.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.3 Reunification within 12 months (Entry Cohort)
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input checked="" type="checkbox"/> N/A	
Action Steps:	Timeframe:	Person Responsible:
A. Contact Kinship/Seneca Center to develop a point of contact to facilitate family finding procedures.	Start: August 2014 Completion: October 2014	Supervising Probation Officer
B. Arrange a meeting with the point of contact from the Kinship/Seneca Center and the Probation Placement Unit to determine how the agencies will work together.	Start: October 2014 Completion: November 2014	Supervising Probation Officer
C. Develop a tracking log for referrals to the Kinship/Seneca Center.	Start: November 2014 Completion: December 2014	Deputy Probation Officer Supervising Probation Officer
D. Track the number of referrals that result in the identification of family members who are assessed for possible placement and/or become a positive connection for the youth.	Start: January 2015 Completion: On-going	Supervising Probation Officer