

Program Improvement Plan Survey Comments Analysis

Six broad strategies were developed to meet the goals of the 2008 Program Improvement Plan (PIP). An anonymous, online survey was administered to interested parties during June 3-13, 2008. Over 1800 individuals participated in the survey and about 400 provided additional comments and/or concerns. Individual strategies and summaries of comments received for each one follow.

Strategy #1: Expand use of participatory case planning practices.

Comments for this strategy totaled 389. No specific alternative strategies were suggested, however, across all groups there was a concern about the availability of resources in general. Respondents indicated that large social worker caseloads in particular were a barrier to fully implementing this strategy.

In addition to caseload issues, it was noted that there may be challenges with counties that are inconsistent in implementing these practices and suggestions for additional participants from the community. Along these lines, many respondents called for a process of assessment and follow-up of the implementation and outcomes related to the use of TDMs and other participatory case planning methods.

N = 1842 (note: omitted responses are not shown in this table)

	Strategy 1 Participatory case planning		
	Agree	Neutral	Disagree
Advocate (N = 56)	32	8	3
Association (N = 37)	25	7	1
Caregiver (N = 92)	61	15	3
Court (N = 21)	15	3	0
ICWA/Tribe (N = 14)	12	0	1
County Agency ¹ (N = 169)	131	18	4
County Soc. Serv. (N = 1092)	786	130	29
Provider (N = 188)	137	18	5
Parent/Youth/Relative (N = 47)	31	6	1
State Agency (N = 43)	32	3	0
State Social Services (N = 55)	39	5	1
Other (N = 28)	12	3	0

¹ County Agencies include all county agencies except social services (i.e., mental health, probation, public health, etc.)

Responses in Percents

	Strategy 1 Participatory case planning			
	Agree	Neutral	Disagree	No Answer
Advocate	57%	5%	14%	23%
Association	68%	19%	3%	11%
Caregiver	66%	16%	3%	14%
Court	71%	14%	0%	14%
ICWA/Tribe	86%	0%	7%	7%
County Agency ¹	78%	11%	2%	10%
County Social Services	72%	12%	3%	14%
Provider	73%	10%	3%	15%
Parent/Youth/Relative	66%	13%	2%	19%
State Agency	74%	7%	0%	19%
State Social Services	71%	9%	2%	19%
Other	43%	11%	0%	46%

Strategy #2: Sustain and expand permanency efforts across the life of the case.

Comments for this strategy totaled 379. The strongest level of comments focused on aspects of Family Finding and lifelong connections for children in the child welfare system. Early introduction of Family Finding in the case and strengthening community and/or faith based organizational connections were highly stressed.

Budget constraints and sustainability were emphasized most strongly from county social services respondents. County social services respondents in concert with both community service providers and caregivers also emphasized the need for appropriate supports to be available and appropriate time/timeliness to ensure economies of scale for this strategy.

Another area of focus concerned relatives with criminal records. Respondents indicated they witnessed many times when a child is not allowed to be cared or placed at a relative's home because that relative has a criminal record. Examples provided included misdemeanors occurring several years ago or a crime in which they believed the child would not be harmed if placed with that relative. Respondents indicated their belief that there would be many more children placed with relatives if this was reexamined and/or changed.

Other issues identified included: reducing the number of foster care placements, expanding training efforts, streamlining court processes, standardizing practices across counties, and removing confidentiality barriers for caregivers and involved parties.

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N = 1842 (note: omitted responses are not shown in this table)

	Strategy 2 Sustain permanency		
	Agree	Neutral	Disagree
Advocate (N = 56)	33	5	3
Association (N = 37)	25	4	0
Caregiver (N = 92)	59	7	6
Court (N = 21)	14	2	1
ICWA/Tribe (N = 14)	7	2	1
County Agency ¹ (N = 169)	127	19	2
County Soc. Serv. (N = 1092)	757	107	30
Provider (N = 188)	130	14	5
Parent/Youth/Relative (N = 47)	31	3	1
State Agency (N = 43)	31	3	1
State Social Services (N = 55)	40	1	1
Other (N = 28)	12	1	0

Responses in Percents

	Strategy 2 Sustain permanency			
	Agree	Neutral	Disagree	No Answer
Advocate	59%	9%	5%	27%
Association	68%	11%	0%	22%
Caregiver	64%	8%	7%	22%
Court	67%	10%	5%	19%
ICWA/Tribe	50%	14%	7%	29%
County Agency ¹	75%	11%	1%	12%
County Social Services	69%	10%	3%	18%
Provider	69%	7%	3%	21%
Parent/Youth/Relative	66%	6%	2%	26%
State Agency	72%	7%	2%	19%
State Social Services	73%	2%	2%	24%
Other	43%	3%	0%	54%

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Strategy #3: Enhance and expand caregiver recruitment, training, and support efforts.

Comments for this strategy totaled 459. No clear or substantive strategy was received for strategy three. The majority of comments on caregiver recruitment focused on the following topics: overall increase in caregiver payments, targeted recruitment for caregivers who can care for special needs children, equal amounts of effort should be given to both retention and recruitment techniques, focus on caregiver quality not just quantity, increase use of the Family Finding Tool, and tribe inclusion. Media sources, including public service announcements were identified as tools to inform and engage the public and community in all caregiver recruitment efforts.

The greater part of comments on enhancing and expanding caregiver training and support focused on the following topics: child brain development, mental health disorders, crisis intervention and techniques to de-escalate violent behavior, trauma effects and treatment, preparatory emancipation training for both caregiver and youth, working with schools, special education, the courts, and an increase in the availability of respite care. Several comments also indicated that training and education should be offered in multiple languages and be culturally and linguistically appropriate. Identified methods to utilize in increasing and enhancing caregiver training include: use of videos, DVDs, books, online/web sessions, connecting with faith based organizations with existing training programs, and cross training between child welfare agencies and caregiver staff.

N = 1842 (note: omitted responses are not shown in this table)

	Strategy 3		
	Caregiver recruitment/training	Agree	Neutral
Advocate (N = 56)	35	4	2
Association (N = 37)	26	3	0
Caregiver (N = 92)	64	3	3
Court (N = 21)	14	1	2
ICWA/Tribe (N = 14)	8	0	1
County Agency ¹ (N = 169)	128	14	2
County Soc. Serv. (N = 1092)	775	73	20
Provider (N = 188)	133	7	5
Parent/Youth/Relative (N = 47)	24	6	2
State Agency (N = 43)	25	5	1
State Social Services (N = 55)	36	4	1
Other (N = 28)	12	1	0

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Responses in Percents

	Strategy 3 Caregiver recruitment/training			
	Agree	Neutral	Disagree	No Answer
Advocate	63%	7%	4%	27%
Association	70%	8%	0%	22%
Caregiver	70%	3%	3%	24%
Court	67%	5%	10%	19%
ICWA/Tribe	57%	0%	7%	36%
County Agency ¹	76%	8%	1%	15%
County Social Services	71%	7%	2%	21%
Provider	71%	4%	3%	3%
Parent/Youth/Relative	51%	13%	4%	32%
State Agency	58%	12%	2%	28%
State Social Services	66%	7%	2%	26%
Other	43%	4%	0%	54%

Strategy #4: Expand options and create flexibility for services and supports to meet the needs of children and families.

Comments for this strategy totaled 391. Caregiver comments focused on mental health services as a priority need for children placed in their care. Some caregivers indicated that they had not received full disclosure of a child’s medical and mental health condition prior to the child entering their home. Not having all necessary health information is a problem because proper care is difficult when critical information is lacking.

Coordination of services was a theme throughout strategy comments. The need for collaborative work was stated as a high priority across state departments such as: Social Services, Mental Health, Alcohol and Drugs, and Education. Comments also focused on state departments being more instrumental in disseminating services information and how to access those services for county staff, social workers, community service providers and caregivers.

Other themes included lack of funding or uncertainty about the current year’s county and state budgets to expand services; rising transportations costs and/or lack of transportation; language barriers; and Medi-Cal policies that do not allow for the child/family to receive services in other counties outside of the issuing Medi-Cal county.

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N = 1842 (note: omitted responses are not shown in this table)

	Strategy 4 Create flexibility		
	Agree	Neutral	Disagree
Advocate (N = 56)	34	4	3
Association (N = 37)	25	2	1
Caregiver (N = 92)	67	2	2
Court (N = 21)	14	2	0
ICWA/Tribe (N = 14)	7	2	0
County Agency ¹ (N = 169)	119	16	5
County Soc. Serv. (N = 1092)	761	78	21
Provider (N = 188)	133	7	0
Parent/Youth/Relative (N = 47)	29	2	1
State Agency (N = 43)	29	2	1
State Social Services (N = 55)	40	1	1
Other (N = 28)	10	2	0

Responses in Percents

	Strategy 4 Create flexibility			
	Agree	Neutral	Disagree	No Answer
Advocate	61%	7%	5%	27%
Association	68%	5%	3%	24%
Caregiver	73%	2%	2%	23%
Court	67%	10%	0%	24%
ICWA/Tribe	50%	14%	0%	36%
County Agency ¹	70%	10%	3%	17%
County Social Services	70%	7%	2%	21%
Provider	71%	4%	0%	26%
Parent/Youth/Relative	62%	2%	4%	32%
State Agency	67%	2%	5%	26%
State Social Services	73%	2%	2%	24%
Other	36%	7%	0%	57%

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Strategy #5: Sustain and enhance training for child welfare and probation staff and supervisors.

Comments for this strategy totaled 403. Most people agreed that continued use of training would likely address concerns raised in the CFSR. Although there were no specific alternative strategies proposed, there were a number of comments related to the use of this strategy as a mechanism for change. First, there were many suggestions for what content areas should be covered in the training of social workers. Over 40 specific training topics were identified ranging from the court process to cultural diversity and gender issues. Beyond content areas, there was also a concern about the lack of resources available to maximize the use of the strategy. For example, many of the respondents were concerned that due to the high turnover rate among social workers, that resources currently devoted to training might be better spent in other areas. Moreover, the issue of caseload was also presented. It was noted that in order to devote more time and attention to additional training, fewer visits and case management responsibilities are necessary. Finally, there were many calls for training of other parties such as judges, pediatricians, and caregivers in a variety of content areas.

Interestingly, there were mixed views regarding the utility of standardized training such as core training. A number of respondents felt that core training largely duplicates the training that more recent graduates have received in their academic preparation. Conversely, it was noted that core training provided valuable information, but would be better if coupled with more practical experience provided concurrently. A similar division was found between those believing that only those with a Master's Degree should be providing services/case management and those stating that practical experience gained outside of the classroom was more important to being successful on the job than classroom training.

N = 1842 (note: omitted responses are not shown in this table)

	Strategy 5 Enhance training		
	Agree	Neutral	Disagree
Advocate (N = 56)	31	7	2
Association (N = 37)	25	3	1
Caregiver (N = 92)	60	10	1
Court (N = 21)	14	1	0
ICWA/Tribe (N = 14)	7	1	1
County Agency ¹ (N = 169)	122	15	1
County Social Services (N = 1092)	727	90	41
Provider (N = 188)	128	9	2
Parent/Youth/Relative (N = 47)	29	3	1
State Agency (N = 43)	30	2	0
State Social Services (N = 55)	40	2	0
Other (N = 28)	10	2	0

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Responses in Percents

	Strategy 5 Enhance training			
	Agree	Neutral	Disagree	No Answer
Advocate	55%	13%	2%	29%
Association	68%	8%	3%	22%
Caregiver	65%	11%	1%	23%
Court	67%	5%	0%	29%
ICWA/Tribe	50%	7%	7%	36%
County Agency ¹	72%	9%	1%	18%
County Social Services	67%	8%	4%	21%
Provider	68%	5%	1%	26%
Parent/Youth/Relative	62%	6%	2%	30%
State Agency	70%	5%	0%	26%
State Social Services	73%	4%	0%	24%
Other	36%	7%	0%	57%

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