



**El Dorado County
Departments of Probation and
Human Services,
Child Welfare Services**

County Self Assessment

March 22, 2009

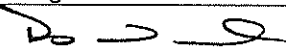
California's Child and Family Services Review County Self Assessment

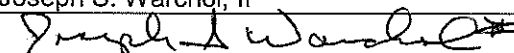
County:	El Dorado
Responsible County Child Welfare Agency:	Department of Human Services
Period of Assessment:	January 2006 through January 22, 2009
Period of Outcomes Data:	October 2008 Report, 2008 quarter 1 data
Date Submitted:	March 22, 2009




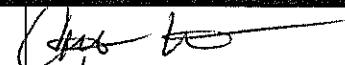
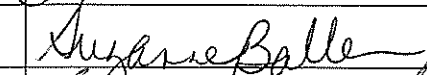
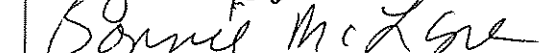
County Contact Person for County System Improvement Plan

Name:	Mark Contois
Title:	Program Manager II
Address:	3057 Briw Road, Placerville, CA 95667
Phone/Email:	(530) 642-7205 mcontois@co.el-dorado.ca.us

Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Doug Nowka
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Joseph S. Warchol, II
Signature:	

County & Community Partners	In Collaboration with: Name(s)	Signature
County Health Department	Phyllis Goldie	
County Mental Health Department	Cheree Haffner	
Local Education Agency	Shiela Silan	
As Applicable:		
California Youth Connection	Cathie Watson	
County Adoption Agency	Suzanne Ballen	
EDC Foster Parent Association	Bonnie McLane	

Signature Page	2
Introduction	5
I. DEMOGRAPHIC PROFILE & OUTCOMES DATA	6
A. Demographic Profile	6
1. County Data Report	6
2. Demographics of General Population	6
3. Education System Profile	18
B. CWS Outcomes and C-CFSR Data Indicators	21
Child Welfare Participation Rates.....	21
Maltreatment Rates.....	29
Reunification Composite	30
Reunification Measures Comprising Composite.....	30
Adoption Composite.....	32
Adoption Measures Comprising Composite	32
Long Term Composite.....	34
Long Term Measures Comprising Composite.....	34
Placement Stability Composite.....	36
Placement Stability Measures Comprising Composite.....	36
Timely Response and Visits.....	37
Sibling Placement	39
Least Restrictive Placements.....	40
Indian Child Welfare Act (ICWA) Placements	43
Independent Living Program (ILP)	44
II. PUBLIC AGENCY CHARACTERISTICS	46
A. Size and structure of agencies	46
1. County operated shelter(s).....	46
2. County licensing.....	47
3. County adoptions	48
B. County governance structure	49
C. Number/composition of employees	51
1. Staffing characteristics/issues	51
2. Bargaining unit issues	53
3. Financial/material resources	53
4. Political jurisdictions	54
5. Technology level	54
6. Other Applicable Factors.....	56
D. Current Systemic Reform Efforts.....	56
III. SYSTEMIC FACTORS.....	56
A. Relevant Management Information Systems:.....	56
B. Case Review System	57
1. Court structure/relationship –	57
2. Timely Notification of Hearings –.....	60
3. Parent-child-youth participation in case planning –	60

4. General Case Planning and Review –	61
C. Foster / Adoptive Parent Licensing, Recruitment and Retention	62
1. General licensing, recruitment and retention.....	62
2. Placement resources	63
D. Quality Assurance System:	64
1. Existing quality assurance system –	64
E. Service Array:.....	65
1. Availability of services	65
2. Assessment of needs and provision of services to children, parents, and foster parents	75
3. Services to Indian children	75
F. Staff/ Provider Training:	75
G. Agency Collaborations:	77
1. Collaboration with public and private agencies	77
2. Interaction with local tribes.....	79
IV. COUNTY-WIDE PREVENTION ACTIVITIES AND STRATEGIES	79
A. County-wide Primary Prevention Efforts.....	79
B. Prevention Partnerships	81
C. Strategies for the Future	82
V. SUMMARY ASSESSMENT	83
A. Discussion of System Strengths and Recommendations/Areas Needing Improvements, from the County Self Assessment and the May 2008 PQCR.....	86
Glossary	91
Acknowledgments	94
CWS Outcomes Summary EDC 10.01.08 Attachment A.....	95

El Dorado County Self-Assessment 2009

Introduction

This is El Dorado County's (EDC) second full County Self Assessment (CSA). The original Self Assessment was completed in 2004 and an Update was completed in 2006. The CSA is part of California's Child Welfare Services Outcome and Accountability System.

Pursuant to State Law (Assembly Bill 636), effective January 2004, a new Child Welfare Services Outcome and Accountability System began operation in California. The new system, referred to as the California-Child and Family Services Review (C-CFSR), focuses primarily on measuring outcomes in safety, permanence and child and family well-being. The new system replaces the former Child Welfare Services Oversight System which focused exclusively on regulatory compliance and brings California's oversight into alignment with the Federal Child and Family Services Review oversight system of the states.

The new system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The principle components of the system include the following:

- **Quarterly Outcome and Accountability County Data Reports:** In early 2004, the California Department of Social Services began issuing quarterly reports with key safety, permanence and well-being indicators for each county. The quarterly reports provide summary level federal and State program measures that serve as the basis for the county self-assessment reviews and are used to track State and county performance over time.
- **County Peer Quality Case Review (PQCR):** The PQCR is guided by questions raised by the analysis of outcome data and systemic factors. The goal of the PQCR is to analyze specific practice areas and to identify key patterns of agency strengths and concerns for the host county. The PQCR process uses peers from other counties to promote the exchange of best practice ideas. Peer reviewers provide objectivity to the process and serve as an immediate onsite training resource to the host county.
- **County Self-Assessment:** The CSA is a focused analysis of performance by each county of its own child welfare services program including services provided to probation youth. The county child welfare agency in partnership with the county probation agency work together with public and private organizations, courts, tribes and the community to complete the assessment. The assessment takes into account things learned in the PQCR process. Information learned in the PQCR and CSA processes is used to develop the County System Improvement Plan.
- **County System Improvement Plan (SIP):** The SIP is developed by the child welfare service agency in collaboration with their local partners and must be approved by the County Board of

Supervisors and CDSS. The focus of the plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe. The plan establishes program priorities and defines the actions steps and specific percentage increases in performance improvement. The county system improvement plan is based on the previous two components.

- State Technical Assistance and Monitoring: This assistance is provided by CDSS to monitor the completion of these activities under the C-CFSR for each county, including ongoing tracking of county performance measures, reviewing county self-assessments for completeness, participation in peer quality case reviews and review and approval of the county system improvement plans.

The CDSS provides guidance and technical assistance to counties during each phase of the C-CFSR process.

El Dorado County held County Self Assessment meetings with community partners and conducted a survey in order to gain community input into the County Self Assessment.

I. DEMOGRAPHIC PROFILE & OUTCOMES DATA

A. Demographic Profile

1. County Data Report

See Attachment A for the October 2008 Child Welfare Services Outcomes System Summary for El Dorado County. Outcomes are addressed below in B. CWS Outcomes and C-CFSR Data Indicators.

2. Demographics of General Population

General Population

El Dorado County is located in the central Sierra Nevada Mountains, east of Sacramento, the Capital of California. Surrounding counties include Placer to the north, Amador and Alpine to the south, and Sacramento to the west. El Dorado County's eastern boundary is shared with the state of Nevada. Considered one of the most diversified recreational areas in California, the El Dorado National Forest is one of the most heavily used wilderness areas in the nation. The Sierra Nevada Mountains, the north fork of the American River and Lake Tahoe are just some of the natural attractions. Not surprisingly, the County economy is heavily dependent on recreation and tourism. There are only two incorporated cities: Placerville, the County seat, and South Lake Tahoe. The two cities are 60 miles apart and are separated by the Sierra Nevada Mountain range.

El Dorado County's total land area is 1,710.8 square miles. Because population has increased while land area has remained constant, El Dorado County's population density has steadily

risen over time. As of 2006, the population density in the County was 103 residents per square mile, putting it well below the statewide average population density of 239.5 people per square mile. It is projected that by 2015 the population density in El Dorado County will reach 129.6 people per square mile.¹

As of 2006, the population of El Dorado County was estimated to be 178,066, a 13.9% increase from 2000,² compared to a 7.6% increase in the State population during the same period. Of the two incorporated cities in El Dorado County, the city of South Lake Tahoe was the most populous, with 23,594 people in 2006. However, the city of Placerville was the fastest growing incorporated city in the County, with 10,171 people in 2006 and an annual average population increase of 1.3 percent between 1996 and 2006. South Lake Tahoe follows, with an annual average increase of 0.14 percent during the same time period, although the populations of both cities decreased slightly from 2003 to 2006.³ The following table shows the populations of the cities and towns in El Dorado County in 1990 and 2000.

Population - El Dorado County	1990	2000
South Lake Tahoe	21,300	23,609
Placerville	8,200	9,610
Cameron Park	11,897	14,556
Diamond Springs	2,872	4,877
El Dorado Hills	6,395	18,083
Georgetown	n/a	1,080
Pollock Pines	4,291	4,613
Shingle Springs	1,996	2,758

Population by Age

The largest age group in El Dorado County (EDC) in 2006 was the 40-49 year-old range, representing about 18 percent of the total County population. Since 1990, the number of people between the ages of 50-59 increased nearly 8 percent, while those between ages 30-39 decreased over 9 percent, contributing to a 5 percent decrease among children between 0-9.

These trends may indicate that the number of jobs for those between ages 30-39 has declined, while those looking towards retirement are migrating into the area. Simultaneously, residents over age 60 make up a higher percentage of the population in EDC than that of the State average.

See the following chart and graph for more details on population age distribution in EDC since 1990.⁴

¹ 2007 El Dorado County Economic and Demographic Profile

² Source: US Census Bureau State & County QuickFacts

³ California Department of Finance, Demographic Research Unit; U.S. Department of Commerce, Bureau of the Census

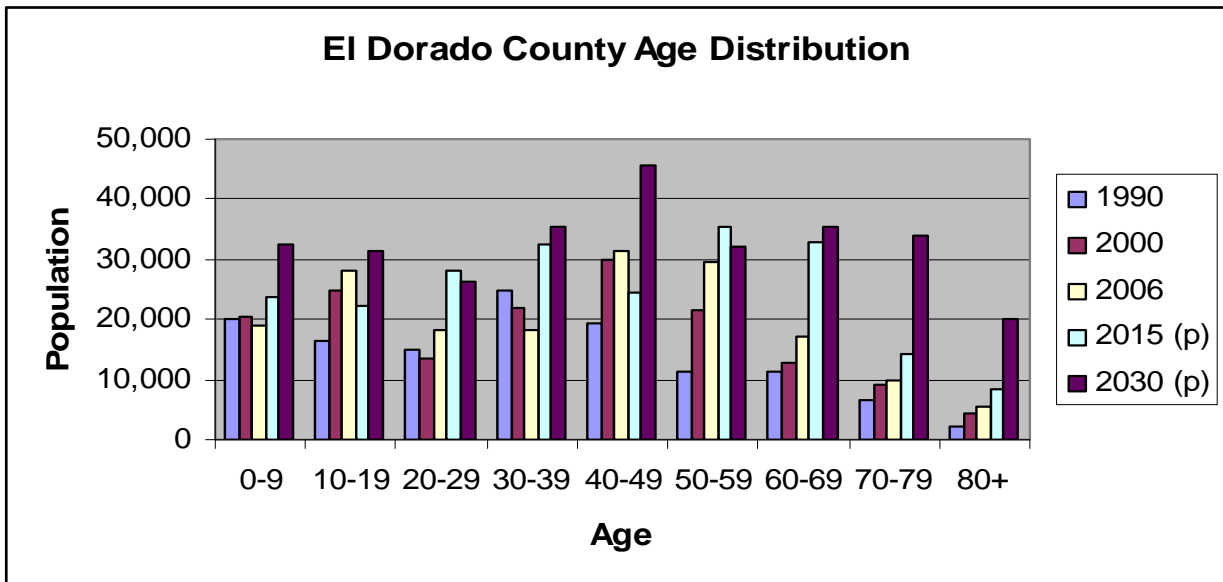
⁴ 2007 El Dorado County Economic and Demographic Profile

<http://www.co.el-dorado.ca.us/economic/2007econdemoprofile.htm>

Source: CA Dept. of Finance, Demographic Research Unit; Woods & Poole Economics, 2015 & 2030 projections

EI Dorado County Age Distribution									
Year	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
1990	20,056	16,318	15,053	24,869	19,442	11,339	11,213	6,620	2,359
2000	20,484	24,872	13,477	21,849	30,006	21,433	12,795	9,202	4,452
2006	18,862	28,024	18,331	18,184	31,303	29,552	17,087	10,016	5,569
2015 (p)	23,752	22,169	27,978	32,473	24,351	35,500	32,884	14,349	8,344
2030 (p)	32,373	31,243	26,425	35,328	45,438	32,244	35,569	33,961	19,929

(p) = projected



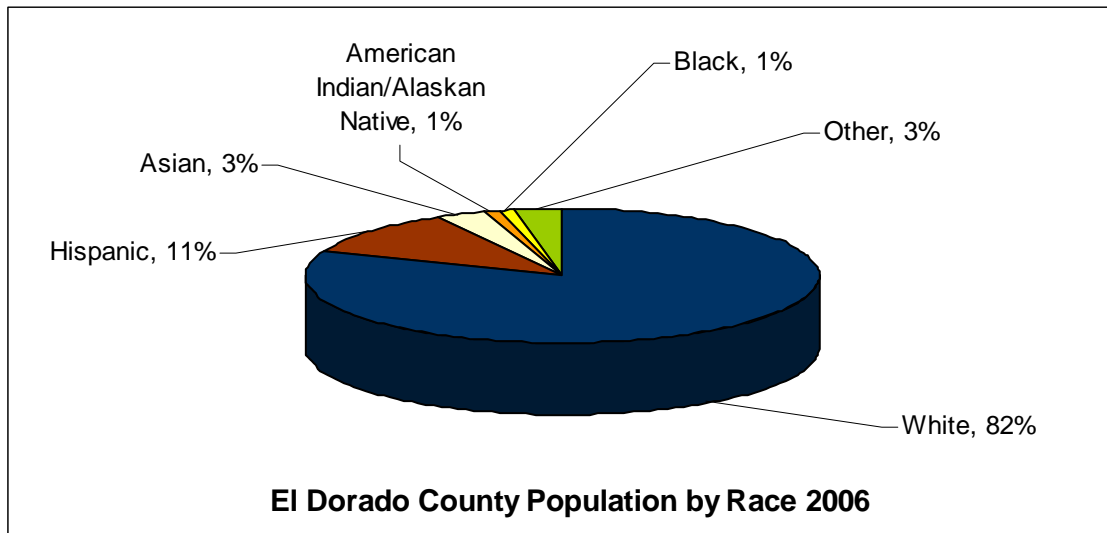
Population by Race/Ethnicity

Statistics regarding population by race and ethnicity are determined by what respondents to the U.S. Census consider as their primary ancestry. American Indian, Asian, African American, and white are racial designations, while Hispanic is an ethnic designation that may be a mixture of white, African American, and American Indian races. The Hispanic population was grouped separately in the census because many Hispanic people associated with their ethnicity rather than race. In this section, the five racial/ethnic groups are mutually exclusive.

As shown in the following chart, approximately 82 percent of residents in EDC classified themselves as white in 2006. Hispanics represented the next largest group, with 11 percent of the population, compared to the 36 percent average throughout California. South Lake Tahoe (SLT), however, has a significantly higher Hispanic population than EDC in general, with 34% Hispanic population in 2000. Asians and American Indians are the next largest groups, with 3

group, 1 percent. The local American Indian Community has expressed concern that the Census Data and Department of Finance numbers and projections for this population in El Dorado County are significantly below actual as a result of data collection processes that have not identified or accessed large segments of this growing population group.

The African American population is projected to increase 40 percent by 2015 in EDC. The Asian and Hispanic populations are expected to increase approximately 38 percent as well. Also by 2015, the White population is expected to increase 19 percent.⁵



Population by Educational Attainment

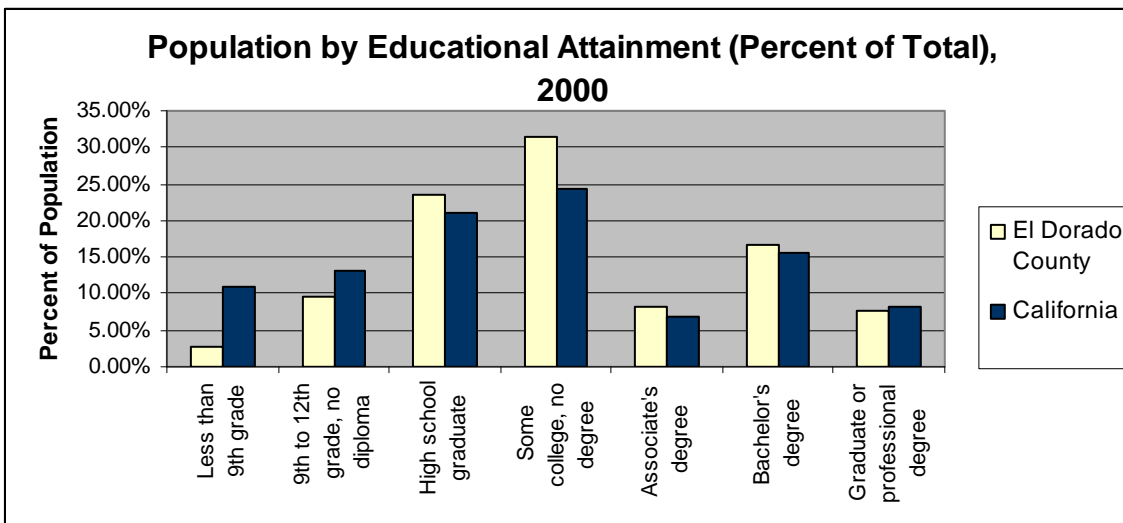
Educational attainment has a direct influence on family income. Often gains in annual income for men and women result from more education. Conversely, a family's income affects their ability to pay the high costs of pursuing a two-year, four-year, or graduate degree. The gains in annual household income are high, however, and usually outweigh educational costs. With rare exceptions, studies also show that children generally achieve no more than one grade level beyond that of their parents.

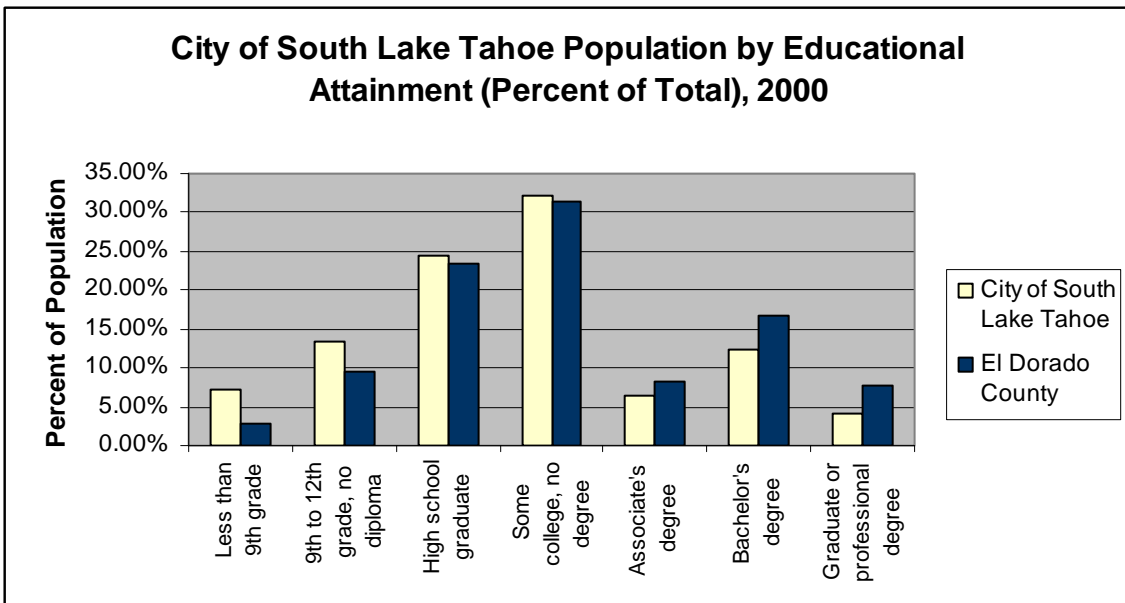
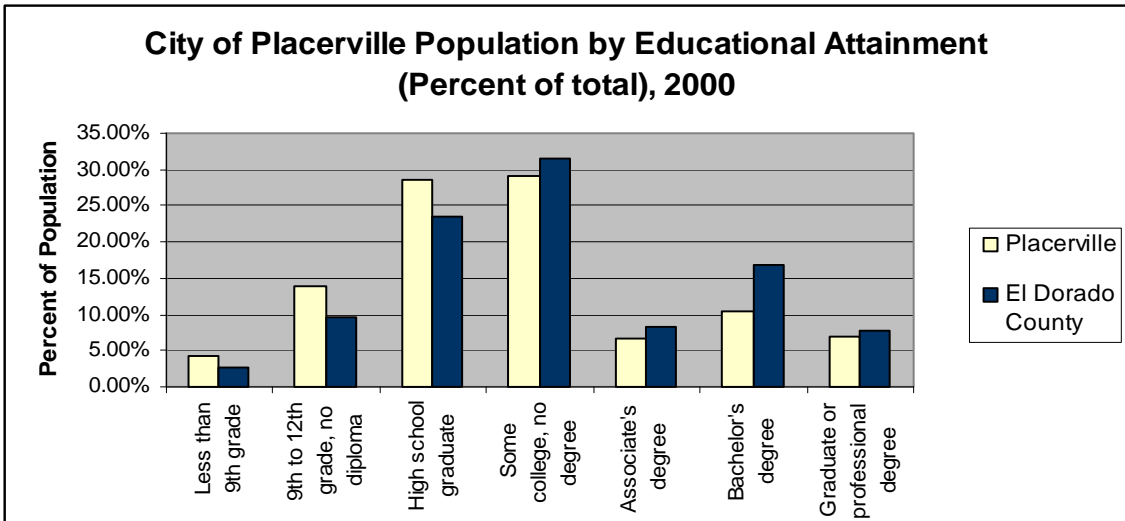
The table and charts below reflect population by educational attainment for the cities and towns of EDC and comparisons of educational attainment between EDC and the State and between the cities of Placerville and SLT and the entire County.⁶ The County population, as a whole, is relatively well educated in comparison to the State population.

⁵ 2007 El Dorado County Economic and Demographic Profile
<http://www.co.el-dorado.ca.us/economic/2007econdemoprofile.htm>

⁶ 2007 El Dorado County Economic and Demographic Profile
<http://www.co.el-dorado.ca.us/economic/2007econdemoprofile.htm>
U.S. Department of Commerce, Bureau of the Census

Population by Educational Attainment 2000								
City	Less than 9th grade	9th to 12th grade, no diploma	High school graduate	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree	Total
Cameron Park	222	689	2,248	3,794	982	1,923	820	10,678
Diamond Springs	138	595	1,201	1,095	214	265	75	3,583
El Dorado Hills	66	406	1,529	3,186	1,049	3,872	1,991	12,099
Georgetown	14	75	263	275	40	75	49	791
Pollock Pines	45	412	1,197	1,096	229	338	197	3,514
Shingle Springs	33	247	445	644	176	211	177	1,933
City of Placerville	314	999	2,052	2,093	483	750	495	7,186
City of SLT El Dorado	1,272	2,366	4,306	5,694	1,123	2,207	727	17,695
County	3,162	10,993	27,199	36,430	9,633	19,318	8,876	115,611
California	2,687,841	3,235,504	5,192,997	5,981,132	1,657,058	3,847,654	2,047,999	24,650,185





Family and Health Demographics

EDC, in the greater Sacramento region of the State, is home to 40,288 children ages 0-17, which represents less than 1% of California's child population. Compared to other counties in the State, EDC ranks as follows:

- 17 out of 58 in the percentage of children with health insurance
- 4 out of 58 in the percentage of children in low-income households⁷

⁷ http://publications.childrennow.org/publications/invest/cdb07/cdb07_eldorado.htm

The following charts⁸ paint a picture of the children and families in EDC with demographics on local household makeup, housing, employment, income, education, health and health insurance status, some as compared to the greater Sacramento Region and to the State.

Families

Demographics	El Dorado County	Sacramento Region	Statewide
Households with children under 18 years old	41%	50%	51%
Children who are in school	93%	90%	90%
Teens neither in school nor working	5%	7%	8%
Children who speak another language at home	11%	26%	44%
Children who are U.S. citizens	98%	94%	94%

Employment, Income and Poverty	El Dorado County	Sacramento Region	Statewide
Per capita family income (dollar amount)	\$32,902	\$28,865	\$26,800
Households with at least one working parent	96%	94%	90%
Children living in poverty	8%	12%	19%
Households receiving food stamps	5%	8%	10%

EL DORADO COUNTY, CALIFORNIA			
PEOPLE QUICK FACTS (US Census)			
	El Dorado County	California	
Households, 2000	58,939	11,502,870	
Persons per household, 2000	2.63	2.87	
Median household income, 2004	\$56,629	\$49,894	
Per capita money income, 1999	\$25,560	\$22,711	
Persons below poverty, percent, 2004	6.9%	13.2%	

⁸ 2007 California County Data Book – El Dorado County, <http://publications.childrennow.org/> and the US Census, El Dorado County People Quick Facts

Children, Ages 0-17 in low income Families	All	African American	Latino	White	Native American	Other	Chinese	Filipino	Indian	Korean	Vietnamese	Pacific Islander	Other Asian
	26%	*	41%	23%	100%	*	*	50%	*	*	*	*	*

Housing	El Dorado County	Sacramento Region	Statewide
Fair Market Rent (dollar amount)	\$992	\$972	\$905
Housing costs as a percentage of household income	29%	29%	29%
People in overcrowded households	1%	3%	8%

EL DORADO COUNTY, CALIFORNIA PEOPLE QUICK FACTS (US Census)			
	El Dorado County	California	
Housing units, 2006	81,768	13,174,378	
Homeownership rate, 2000	74.7%	56.9%	
Housing units in multi-unit structures, percent, 2000	11.5%	31.4%	
Median value of owner-occupied housing units, 2000	\$194,400	\$211,500	

Health

Prenatal and Newborn Health Status	El Dorado County	Sacramento Region	Statewide
Mothers receiving early prenatal care	86%	82%	86%
Low birth weight infants	6%	7%	7%
Teen birth rate (per 1,000)	18	29	37

Children's Health Status	El Dorado County	Sacramento Region	Statewide
Children in good or excellent health	100%	95%	92%
Children diagnosed with asthma	20%	18%	16%
Children with regular access to a doctor	86%	90%	89%

Prenatal and Newborn Health Status by Race/Ethnicity	Asian	Latino	White	Other
Mothers receiving early prenatal care	87%	81%	88%	89%
Low birth weight infants	* ⁹	5%	5%	*
Teen birth rate (per 1,000)	*	52	14	*

⁹ Unknown

Children's Health Status by Race/Ethnicity	Asian	Latino	White	Other
Children in good or excellent health	*	100%	100%	*
Children diagnosed with asthma	*	*	22%	*
Children with regular access to a doctor	*	88%	88%	*

Health Status by Age	Ages 0-5	Ages 6-11	Ages 12-18	0 - 18
Children in good or excellent health	100%	100%	100%	100%
Children diagnosed with asthma	*	*	*	20%
Children with regular access to a doctor	93%	96%	77%	86%

Health Status by Family Income (Percentage of Poverty Level)	Less than 100% of FPL	100 to 199% of FPL	200 to 299% of FPL	300% of FPL and higher
Children in good or excellent health	100%	100%	100%	100%
Children diagnosed with asthma	*	*	*	25%
Children with regular access to a doctor	*	60%	91%	96%

Health Insurance Coverage	El Dorado County	Sacramento Region	Statewide
Insured	96%	94%	93%
Not insured	*	6%	7%

Health Insurance Coverage by Race/Ethnicity	African American	Asian	Latino	White	Other
Insured	*	*	94%	96%	*
Not insured	*	*	*	*	*

Health Insurance Coverage by Family Income (Percentage of Federal Poverty Level)	Less than 100% of FPL	100 to 199% of FPL	200 to 299% of FPL	300% of FPL and higher
Insured	100%	75%	95%	100%
Not insured	*	*	*	*

Health Insurance Coverage by Age	Ages 0-5	Ages 6-11	Ages 12-18	0 - 18
Insured	95%	100%	95%	96%
Not insured	*	*	*	*

Dental Health	El Dorado County	Sacramento Region	Statewide
Children with dental insurance	84%	84%	79%
Children who visited a dentist in the last year	86%	83%	80%

Dental Health by Race/Ethnicity	African American	Asian	Latino	White	Other
Children with dental insurance	*	*	*	82%	*
Children who visited a dentist in the last year	*	*	*	86%	*

Dental Health by Family Income (Percentage of Federal Poverty Level)	Less than 100% of FPL	100 to 199% of FPL	200 to 299% of FPL	300% of FPL or higher
Children with dental insurance	*	64%	86%	87%
Children who visited a dentist in the last year	*	67%	100%	89%

Dental Health by Age	Ages 0-5	Ages 6-11	Ages 12-18	0 - 18
Children with dental insurance	76%	89%	83%	84%
Children who visited a dentist in the last year	61%	97%	*	86%

Fitness and Nutrition	El Dorado County	Sacramento Region	Statewide
Physically fit children	46%	32%	28%
Children who never exercise	93%	71%	71%
Children who ate fast food in the prior day	25%	28%	34%
Overweight children	20%	28%	33%

Fitness and Nutrition by Race/Ethnicity	African American	Asian	Latino	White	Other
Physically fit children	44%	55%	34%	47%	52%
Children who never exercise	*	*	*	92%	*
Children who ate fast food in the prior day	*	*	*	27%	*
Overweight children	31%	56%	32%	18%	21%

Fitness and Nutrition by Family Income (Percentage of Federal Poverty Level)	Less than 100% of FPL	100 to 199% of FPL	200 to 299% of FPL	300% of FPL and higher
Children who never exercise	*	100%	94%	92%
Children who ate fast food in the prior day	*	*	*	30%

Fitness and Nutrition by Age	Ages 0-5	Ages 6-11	Ages 12-18	0 - 18
Children who never exercise	90%	90%	95%	93%
Children who ate fast food in the prior day	*	*	32%	25%

Grandparents Raising Grandchildren

According to the 2000 US Census, there were 2,719 Grandparents living in households in EDC with one or more of their own grandchildren under 18 years of age. Of those grandparents, 1,189 or 43% were responsible for those grandchildren. Of 275 children in foster care in the County as of December 29, 2008, 60 are living with relatives or non related extended family members.

Unemployment Rate

The following chart shows recent unemployment rates for EDC. As elsewhere in the State (9.3 as of December 2008 and the Nation (7.2 as of December 2008), recent unemployment rates in EDC are increasing at an alarming rate which is expected to result in increased reports of child abuse and neglect and increased Child Welfare Services (CWS) caseloads.

Unemployment Rate in El Dorado County ¹⁰					
Year	Period	Labor Force	No. Employed	No. Unemployed	Unemployment Rate
2008	Jan	96,000	89,700	6,300	6.5
2008	Feb	95,500	89,500	6,000	6.3
2008	Mar	95,900	89,600	6,300	6.5
2008	Apr	95,500	89,600	5,900	6.2
2008	May	95,900	89,700	6,200	6.5
2008	Jun	96,300	89,900	6,400	6.6
2008	Jul	96,200	89,700	6,400	6.7
2008	Aug	95,900	89,400	6,500	6.8
2008	Sept	95,600	89,100	6,500	6.8
2008	Oct	96,300	89,300	7,000	7.3
2008	Nov	96,400	88,900	7,500	7.8
2008	Dec	96,700	88,700	8,100	8.3
Annual Summary					
2007	Annual	94,500	89,600	4,900	5.2
2006	Annual	93,000	88,700	4,300	4.6
2005	Annual	92,000	87,600	4,400	4.8
Not seasonally adjusted					

Active Native American Tribes in El Dorado County

- El Dorado Miwok was one tribe for years but recently split into four different bands, names unknown at this time. They are not federally recognized.
- Nashville Band of Miwoks, at the Cosumnes River on Highway 49. They are not federally recognized.
- Shingle Springs Band Miwok - Federally recognized. This tribe is made up of the Verona band of Miwoks from the Feather River area, possibly some other bands of Miwoks from that same area, some Maidu, and possibly another tribe. They were relocated to EDC, and it is believed they joined forces with other small groups to gain Federal recognition. Nick Fonseca is Chair. This Reservation serves only their members, but the Shingle Spring Tribal Health office serves any Native person enrolled in their tribe.
- The Washoe Tribe, active in Douglas County, Nevada and in the Lake Tahoe area of EDC, has a Temporary Assistance to Needy Families (TANF) office in EDC, as well as many other counties in the State, but is not an active tribe in EDC. The Washoe Tribe provides TANF to enrolled members of a recognized tribe only.
- The El Dorado County Indian Council, Inc. (EDCIC) is a non-profit Inter-Tribal Council that is made up of Native people from a number of tribes around the Americas who happen to reside in EDC, but serves all Native people, enrolled or not. It includes the Foothill Indian

¹⁰ <http://www.labormarketinfo.edd.ca.gov/> (01/29/09)

Education Alliance, Inc. It provides various types of social services, support, assistance, educational serves, traditional classes and gatherings for Native Americans in the County.

Each tribe is independent in EDC. They are not related, unless they married, and none benefits from one or the others' money or programs. Like all the different small countries in Europe, each is independent, having their own language and culture.

The Federal Government does not recognize hundreds of tribes for various governmental reasons.

3. Education System Profile

According to El Dorado County's 2007 County Data Book¹¹, as of 2007, EDC was home to 40,288 children, ages 0-17, which is less than 1% of California's child population. EDC has 15 school districts and over 65 schools. Compared to other counties in the State, El Dorado ranks as follows:

- 4 out of 58 in the percentage of children, ages 3 and 4, enrolled in preschool.
- 4 out of 58 in the percentage of elementary school students meeting State targets in English Language Arts.
- 3 out of 58 in the percentage of elementary school students meeting State targets in Math.
- 22 out of 58 in the percentage of high school students eligible to attend one of California's public universities.

From the same County Data Book the charts below reflect demographic information about various components of the educational system in the County, sometimes in comparison with the Sacramento Region and the State:

¹¹ <http://publications.childrennow.org/>

Preschool Enrollment, Ages 3 and 4, by Race/Ethnicity	African American	Asian	Latino	White	Other
Children in preschool or nursery school	*	100%	58%	61%	*

Preschool Enrollment, Ages 3 and 4, by Family Income (Percentage of Federal Poverty Level)	Less than 100% of FPL	100 to 199% of FPL	200 to 299% of FPL	300% of FPL and higher
Children in preschool or nursery school	65%	71%	*	73%

K-12 Enrollment	El Dorado County	Sacramento Region	Statewide
Number of students in public K-12 schools	29,332	361,560	6,312,436
English Learners	5%	16%	25%

Student Achievement: 2nd-6th Grade	El Dorado County	Sacramento Region	Statewide
Proficient or Advanced in English Language Arts	59%	50%	43%
Proficient or Advanced in Math	63%	57%	52%

Student Achievement: 7th-11th Grade	El Dorado County	Sacramento Region	Statewide
Proficient or Advanced in English Language Arts	58%	46%	40%
Proficient or Advanced in Math	44%	33%	28%

Student Achievement: High School	El Dorado County	Sacramento Region	Statewide
Percent of 10th -graders who passed the California High School English Exit Exam	87%	81%	77%
Percent of 10th-graders who passed the California High School Math Exit Exam	87%	79%	75%
Meet UC/CSU entrance requirements	34%	33%	35%

K-12 Enrollment by Race/Ethnicity	African American	Asian	Latino	White	Other
Number of students in public K-12 schools	371	1,151	3,669	22,549	1,592

Student Achievement: 2nd-6th Grade by Race/Ethnicity	African American	Asian	Latino	White	Other
Proficient or Advanced in English Language Arts	50%	69%	33%	63%	55%
Proficient or Advanced in Math	49%	77%	41%	67%	58%

Student Achievement: 7th-11th Grade by Race/Ethnicity	African American	Asian	Latino	White	Other
Proficient or Advanced in English Language Arts	36%	68%	31%	62%	53%
Proficient or Advanced in Math	19%	60%	24%	46%	37%

Dropout rates in EDC in 2006/2007 were lower than State Dropout rates and were reported by ethnicity as follows¹²:

California Department of Education – School Year 2006/2007				
Ethnic Category	Grade 9-12 Dropout Total	Grade 9-12 Enrollment	Grade 9-12 Four-year Derived Dropout Rate	Grade 9-12 One-year Dropout Rate
American Indian/Alaska Native	10	181	20.90%	5.50%
Asian	1	216	1.70%	0.50%
Pacific Islander	2	28	50.00%	7.10%
Filipino	1	121	2.80%	0.80%
Hispanic or Latino	72	1,140	23.50%	6.30%
African American (not Hispanic)	7	131	18.40%	5.30%
White	170	7,983	8.40%	2.10%
Multiple/No Response	14	411	13.30%	3.40%
County Total	277	10,211	10.60%	2.70%
Statewide	84,603	1,997,181	16.80%	4.20%

¹² <http://data1.cde.ca.gov/dataquest>

Post High School Training available in EDC¹³:

Training Providers in Area		
Provider Name	Provider Type	Location
Gateways College of Naturopathy and Natural Therapies	Apprenticeship, Business, Career, & Tech Schools	Shingle Springs, CA
Central Sierra Regional Occupational Program	Schools with Occupational Programs (ROP)	Placerville, CA
Chapman University	University or College (four-year school)	Folsom, CA
Cosumnes River College - El Dorado Center	Community Colleges (two-year school)	Placerville, CA
Lake Tahoe Community College	Community Colleges (two-year school)	South Lake Tahoe, CA

B. CWS Outcomes and C-CFSR Data Indicators

All Statistics in this section are taken from the Center for Social Services Research, University of California at Berkeley.

Child Welfare Participation Rates

Referrals

Child Population			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	9,959,282	9,988,199	10,007,501
El Dorado	41,439	40,781	40,461

Children with one or more Referrals			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	481,290	482,713	492,645
El Dorado	2,374	2,321	2,483

¹³ <http://www.labormarketinfo.edd.ca.gov/> (9/23/08)

Referrals: Incidence per 1,000 Children			
	JAN2005- DEC2005	JAN2006- DEC2006	JAN2007- DEC2007
California	48.3	48.3	49.2
El Dorado	57.3	56.9	61.4

The referral rates per 1000 children remained fairly consistent for the years 2005 and 2006 followed by an increase of 4.5 % in 2007. EDC's referral rate is higher than the State average. EDC believes this demonstrates its dedication to protecting children from potential abuse.

- Over the last several years EDC has increased the percentage of referrals it responds to. The community has recognized increased response by Children's Protective Services (CPS) response and has therefore consistently increased reporting of suspected incidences of abuse or neglect.
- The EDC Child Abuse Prevention Council (CAPC) has become increasingly active during the last few years, generating an increased awareness of child abuse and neglect, and is actively providing Mandated Reporter training to the community, thus increasing the number of referrals received.

In the current economic crisis, it is expected that the referral rate will unfortunately continue to rise exponentially.

Referrals by numbers and percentages of Allegation Type and Age for 2005-2007:

Children with one or more Referrals for Jan 1, 2007 to Dec 31, 2007							
Number, by Allegation and Age							
	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
Allegation Type							
Sexual Abuse	2	3	24	39	51	28	147
Physical Abuse	4	11	37	67	80	52	251
Severe Neglect	7	4	2	6	6	1	26
General Neglect	90	120	188	267	256	88	1,009
Exploitation	0	0	0	2	0	2	4
Emotional Abuse	2	6	13	19	21	6	67
Caretaker Absence/Incapacity	5	9	15	11	28	18	86
At Risk, Sibling Abused	0	1	4	4	3	0	12
Substantial Risk	88	76	149	239	241	88	881
Total	198	230	432	654	686	283	2,483

Children with one or more Referrals for Jan 1, 2007 to Dec 31, 2007							
% by Allegation and Age							
Allegation Type	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	%
Sexual Abuse	1	1.3	5.6	6	7.4	9.9	5.9
Physical Abuse	2	4.8	8.6	10.2	11.7	18.4	10.1
Severe Neglect	3.5	1.7	0.5	0.9	0.9	0.4	1
General Neglect	45.5	52.2	43.5	40.8	37.3	31.1	40.6
Exploitation	0	0	0	0.3	0	0.7	0.2
Emotional Abuse	1	2.6	3	2.9	3.1	2.1	2.7
Caretaker							
Absence/Incapacity	2.5	3.9	3.5	1.7	4.1	6.4	3.5
At Risk, Sibling Abused	0	0.4	0.9	0.6	0.4	0	0.5
Substantial Risk	44.4	33	34.5	36.5	35.1	31.1	35.5
Total	100	100	100	100	100	100	100

In 2007, the percentage of allegations of Sexual Abuse, Physical Abuse, Exploitation and Caretaker Absence/Incapacity was highest in the age group of 16-17; Emotional Abuse was highest in the age range of 11-15, with the age range of 6-10 following closely behind; General Neglect was highest in the age range of 1-2; Severe Neglect, Substantial Risk and At Risk Sibling Abused was highest in the age range of less than 1.

Children with one or more Referrals for Jan 1, 2006 to Dec 31, 2006							
Number, by Allegation and Age							
Allegation Type	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
Sexual Abuse	1	3	21	34	59	28	146
Physical Abuse	2	16	31	52	86	34	221
Severe Neglect	4	0	7	3	5	1	20
General Neglect	98	106	165	240	208	77	894
Exploitation	0	0	0	1	0	0	1
Emotional Abuse	3	8	12	33	23	5	84
Caretaker							
Absence/Incapacity	7	12	12	13	24	17	85
At Risk, Sibling Abused	0	3	2	0	1	0	6
Substantial Risk	61	82	164	232	246	80	865
Total	176	230	414	608	652	242	2,322

Children with one or more Referrals for Jan 1, 2006 to Dec 31, 2006							
% by Allegation and Age							
Allegation Type	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	%
Sexual Abuse	0.6	1.3	5.1	5.6	9	11.6	6.3
Physical Abuse	1.1	7	7.5	8.6	13.2	14	9.5
Severe Neglect	2.3	0	1.7	0.5	0.8	0.4	0.9
General Neglect	55.7	46.1	39.9	39.5	31.9	31.8	38.5
Exploitation	0	0	0	0.2	0	0	0
Emotional Abuse	1.7	3.5	2.9	5.4	3.5	2.1	3.6
Caretaker Absence/Incapacity	4	5.2	2.9	2.1	3.7	7	3.7
At Risk, Sibling Abused	0	1.3	0.5	0	0.2	0	0.3
Substantial Risk	34.7	35.7	39.6	38.2	37.7	33.1	37.3
Total	100	100	100	100	100	100	100

In 2006, the percentage of allegations of Sexual Abuse and Physical Abuse were highest in the age range of 16-17; Exploitation, Emotional Abuse and Substantial Risk were highest in the age range of 6-10; Caretaker Absence/Incapacity and At Risk, Sibling Abused were highest in the age range of 1-2; and Severe Neglect and General Neglect were highest in the age range of under 1.

Children with one or more Referrals for Jan 1, 2005 to Dec 31, 2005							
Number, by Allegation and Age							
Allegation Type	Age Group						Total
	Under 1	1-2	3-5	6-10	11-15	16-17	
Sexual Abuse	1	6	29	37	52	31	156
Physical Abuse	12	23	58	112	151	65	421
Severe Neglect	3	2	10	4	5	3	27
General Neglect	96	84	135	214	218	53	800
Exploitation	0	0	1	1	5	0	7
Emotional Abuse	21	29	47	78	70	23	268
Caretaker Absence/Incapacity	10	23	27	33	36	21	150
At Risk, Sibling Abused	3	3	8	19	22	3	58
Substantial Risk	37	71	77	127	137	36	485
Total	183	241	392	625	696	235	2,372

Children with one or more Referrals for Jan 1, 2005 to Dec 31, 2005							
% by Allegation and Age							
Allegation Type	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	%
Sexual Abuse	0.5	2.5	7.4	5.9	7.5	13.2	6.6
Physical Abuse	6.6	9.5	14.8	17.9	21.7	27.7	17.7
Severe Neglect	1.6	0.8	2.6	0.6	0.7	1.3	1.1
General Neglect	52.5	34.9	34.4	34.2	31.3	22.6	33.7
Exploitation	.	.	0.3	0.2	0.7	.	0.3
Emotional Abuse	11.5	12	12	12.5	10.1	9.8	11.3
Caretaker Absence/Incapacity	5.5	9.5	6.9	5.3	5.2	8.9	6.3
At Risk, Sibling Abused	1.6	1.2	2	3	3.2	1.3	2.4
Substantial Risk	20.2	29.5	19.6	20.3	19.7	15.3	20.4
Total	100	100	100	100	100	100	100

In 2005, the percentage of allegations of Sexual Abuse and Physical Abuse was highest in the age range of 16-17; Exploitation and At Risk, Sibling Abused was highest in the age range of 11-15; Emotional Abuse was highest in the age range of 6-10; Severe Neglect was highest in the age range of 3-5; Caretaker Absence/Incapacity and Substantial Risk was highest in the age range of 1-2; and General Neglect was highest in the age range of under 1.

Referrals by allegation and ethnicity for 2007:

Children with one or more Referrals for Jan 1, 2007 to Dec 31, 2007							
% by Allegation and Ethnicity							
Allegation Type	Ethnic Group						All
	African American	White	Hispanic	Asian/PI	Nat American	Missing	
	%	%	%	%	%	%	%
Sexual Abuse	10.8	6.6	4.2	0	6.7	5.2	5.9
Physical Abuse	13.5	8.8	19.2	27.8	20	8.8	10.1
Severe Neglect	0	1.3	0.4	0	0	0.9	1
General Neglect	16.2	42.7	37.7	22.2	40	39.5	40.6
Exploitation	0	0.3	0	0	0	0	0.2
Emotional Abuse	2.7	2.3	4.2	0	0	3	2.7
Caretaker Absence/Incapacity	5.4	3.3	9.6	16.7	0	1.6	3.5
At Risk, Sibling Abused	10.8	0.6	0	0	0	0	0.5
Substantial Risk	40.5	34.2	24.7	33.3	33.3	40.9	35.5
Total	100	100	100	100	100	100	100

In 2007, the percentage of allegations of Sexual Abuse, At Risk, Sibling Abused and Substantial Risk was highest in the African American population; Severe Neglect, General Neglect and Exploitation was highest in the White population; Emotional Abuse was highest in the Hispanic population; and Physical Abuse and Caretaker Absence/Incapacity was highest in the Asian/PI population.

Referrals - type and disposition, by number and percentage, 2007:

Children with one or more Referrals for Jan 1, 2007 to Dec 31, 2007					
	Disposition Type				Total
	Substantiated	Inconclusive	Unfounded	Assessment Only	
Allegation Type					
Sexual Abuse	12	13	27	95	147
Physical Abuse	22	49	95	85	251
Severe Neglect	13	4	5	4	26
General Neglect	229	240	327	213	1,009
Exploitation	1	1	1	1	4
Emotional Abuse	5	17	19	26	67
Caretaker Absence/Incapacity	37	13	17	19	86
At Risk, Sibling Abused	9	1	.	2	12
Substantial Risk	249	248	225	159	881
Total	577	586	716	604	2,483

Out of 2483 referrals received in 2007, 604 were assessed only (not investigated), while 1879 were investigated.

Children with one or more Referrals for Jan 1, 2007 to Dec 31, 2007					
	Disposition Type				All
	Substantiated	Inconclusive	Unfounded	Assessment Only	
	%	%	%	%	%
Allegation Type					
Sexual Abuse	2.1	2.2	3.8	15.7	5.9
Physical Abuse	3.8	8.4	13.3	14.1	10.1
Severe Neglect	2.3	0.7	0.7	0.7	1
General Neglect	39.7	41	45.7	35.3	40.6
Exploitation	0.2	0.2	0.1	0.2	0.2
Emotional Abuse	0.9	2.9	2.7	4.3	2.7
Caretaker Absence/Incapacity	6.4	2.2	2.4	3.1	3.5
At Risk, Sibling Abused	1.6	0.2	0	0.3	0.5
Substantial Risk	43.2	42.3	31.4	26.3	35.5
Total	100	100	100	100	100

In 2007, the percentage of unfounded referrals was highest in the allegations of Sexual Abuse, Physical Abuse and General Neglect. The percentage of Substantiated referrals was highest in the allegations of Severe Neglect, Caretaker Absence/Incapacity; At Risk, Sibling Abused and Substantial Risk.

Overall, the highest percentage of referrals was unfounded, while the lowest percentage was substantiated.

Substantiated referrals:

Children with Substantiations			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	109,527	108,372	107,372
El Dorado	499	463	577
<i>Based on an unduplicated count of entries during time period.</i>			

Substantiations as Percent of Referrals			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	22.8	22.5	21.8
El Dorado	21	19.9	23.2

Substantiations: Incidence per 1,000 Children			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	11	10.8	10.7
El Dorado	12	11.4	13.8

During all three years, 2005 through 2007, the substantiated incidents per 1000 children were slightly higher in EDC than the State of California, with the year 2007 having the greatest difference between the County and the State.

In 2005 and 2006, the substantiation rates per 1000 children were fairly consistent, while there was a slight increase in 2007, in EDC.

Number and rate of first entries:

Entries: Incidence per 1,000 Children			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	4.1	4	3.6
El Dorado	3.9	4.3	4.4

In all three years, first entry rates per 1000 people were fairly consistent in EDC and between the State and the County. There was a slightly higher entry rate in 2007 in EDC compared to the State.

Entries as Percent of Substantiations			
	JAN2005-DEC2005	JAN2006-DEC2006	JAN2007-DEC2007
California	37.3	37.2	36.5
El Dorado	32.3	38	32

The first entry into foster care as related to the substantiation rate for EDC was consistent in the years of 2005 and 2007; however, there was approximately a 6 % increase in first entries of substantiations in 2006.

In 2005 and 2007, there was approximately 4 % lower entry as percent of substantiations into foster care in EDC opposed to the State; however, in 2006, there was a slightly (less than 1%) higher entry as percent of substantiations into foster care in EDC as opposed to the State. This is reflective of the higher percentage of first entries of Substantiated referrals into foster care in 2006 in EDC as the entries as percent of substantiations in the State were very consistent across all three years of 2005 through 2007.

Number and Rate of Children in care:

Number of Children in Care			
	Jul 1,2005	Jul 1,2006	Jul 1,2007
California	76,620	74,212	72,199
El Dorado	230	234	270

Prevalence per 1,000 Children - Children in Care			
	Jul 1,2005	Jul 1,2006	Jul 1,2007
California	7.7	7.5	7.3
El Dorado	5.6	5.7	6.7

The number of children per 1000 children in care in EDC was consistent in the years 2005 and 2006; however, there was a slight increase of approximately 1 per 1000 children in care in 2007.

During the years 2005 and 2006, the percentage of the number of children per 1000 children in care in EDC was approximately 2 % lower than the number of children in care in the State. In 2007, due to the increase of percentage of children per 1000 in care in the County, there was an approximately ½ % lower percentage of children in care per 1000 in the County as compared to the State.

Maltreatment Rates

No Recurrence Of Maltreatment - S1.1												Nat'l Std or Goal 94.6
Percent with no recurrence of maltreatment within 6 months												
	OCT2004- MAR2005	JAN2005- JUN2005	APR2005- SEP2005	JUL2005- DEC2005	OCT2005- MAR2006	JAN2006- JUN2006	APR2006- SEP2006	JUL2006- DEC2006	OCT2006- MAR2007	JAN2007- JUN2007	APR2007- SEP2007	
California	91.3	91.6	91.9	92.3	92.4	92.3	92.4	92.5	92.7	92.9	92.9	
El Dorado	90.5	90.3	92.5	93.4	95.6	90.5	89.5	91.8	89.2	91.1	91.2	

The percent of children with no recurrence of maltreatment within 6 months was lower in EDC across all three years, 2004 through 2007, than the National Standard or Goal of 96.4 %. It was also lower than the percentage of no recurrence of maltreatment within 6 months for the State, with the exception of a one year period from April 2005 through March 2006, in which it was higher than the State.

In other words, EDC had a higher percentage of recurrence of maltreatment of children within 6 months during every study period from October 2004 through September 2007 than the National Standard and a higher percentage of recurrence of maltreatment than the State of California with the exception of a one year period from April 2005 through March 2006.

During the study periods from October 2004 through September 2007, the closest that EDC came to achieving the National Standard of 94.6 % for no recurrence of maltreatment within 6 months was during the period of October 2005 through March 2006, when the percentage reached 95.6%, just .09% under the National Standard. The furthest that EDC got from the National Standard of 96.4% was during the time period of October 2006 through March 2007, when the percentage of no recurrence of maltreatment dropped to 89.2%, 6.4% below the National Standard.

One cause for the trend for both EDC and the State to fall below the National Standards of percentage of children with no recurrence of maltreatment may be that, while the National Standard is high, the funding for and availability of services that could help prevent the recurrence of maltreatment is insufficient to cover services required to meet those standards.

Percent not maltreated in out-of-home care - S2.1				Nat'l Goal or Std 99.68
	JAN2005- DEC2005	JAN2006- DEC2006	JAN2007- DEC2007	
California	99.79	99.75	99.66	
El Dorado	100	100	100	

During the three years of 2005 through 2007, EDC's outcome report indicates that the percent of children not maltreated in out of home care was 100%, meaning that no child was maltreated while in out of home care. However, internal data reflects that in 2007 EDC did have one case of substantiated maltreatment in a foster home. The referral was investigated by a neighboring

county and substantiated for substantial risk. The children were removed from the home and the foster license was closed.

Reunification Composite

C1: Reunification Composite													Nat'l Std or Goal 122.2
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	
California	112.4	112.3	113.6	114.1	115.3	115.2	115.2	115.2	114.5	114.9	115.8	116.2	
El Dorado	131.0	127.3	126.1	126.6	119.7	112.3	102.8	109.8	100.3	106.5	110.2	101.0	

Reunification Measures Comprising Composite

Percent exiting to reunification in less than 12 months – C1.1													Nat'l Std or Goal 75.2
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	
California	60.3	60.4	61.1	62.1	63	63.7	64.3	64.1	63.7	64	64.2	64	
El Dorado	82.5	83.3	78.9	78.5	77.5	75	76.2	77.2	75.7	74	79.5	77.8	

Median Time To Reunification (Number of Months, Exit Cohort) C1.2

	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	Nat'l Goal or Std 5.4
California	8.5	8.5	8.4	8.2	8.1	8	7.9	7.9	7.9	7.9	7.9	8	
El Dorado	4.3	5.3	5.8	5.3	3.6	5.3	5.3	6.6	6.7	7	6.7	7.1	

Percent of children reunified in less than 12 months - C1.3

	OCT2004-MAR2005	JAN2005-JUN2005	APR2005-SEP2005	JUL2005-DEC2005	OCT2005-MAR2006	JAN2006-JUN2006	APR2006-SEP2006	JUL2006-DEC2006	OCT2006-MAR2007	JAN2007-JUN2007	APR2007-SEP2007	Nat'l Std or Goal 48.4
California	39.1	39.7	39	39.7	40.7	41.7	41.7	40.8	42.6	.	.	
El Dorado	50	58.7	60.7	63.6	54	54.2	58.8	45.1	53.8	.	.	

Reentry Following Reunification (Exit Cohort), Percent reentering in less than 12 months, C.14										Nat'l Std or Goal 9.9
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	
California	11.5	11.5	11.6	11.9	11.9	12.1	11.9	11.3	11.1	
El Dorado	17.4	23.4	25	31.2	23.9	26.7	23.4	22.1	26.1	

Overall, EDC has exceeded the National goals in reunification within 12 months, although the median time for reunification for the last four quarters was 6.7 to 7.1 months, higher than the National goal. This trend may have been a result of the approaching economic decline and its effects on parents in a small county such as EDC with fewer employment and housing options. Although EDC returns children promptly, our re-entry rate exceeds the National goal, which is why re-entry was chosen as the Department's focus area for the May 2008 PQCR. Possible reasons as determined by the PQCR were:

- EL Dorado is a small county. If multiple children in a family are re-detained, it will significantly increase the re-entry rate.
- The Department often recommends that children remain in foster care and Family Reunification, but the Court does not follow the Department's recommendation and returns the children sooner. The Court, particularly in Placerville, made it clear in their PQCR focus group that they believe children belong with a marginal parent rather than an exemplary foster family, and they are willing to take a chance on parent(s) relapse and return children to their biological parents.
- Reunification timelines are too short for some families who need more time and services, particularly when alcohol and drug treatment issues are involved.
- During the May 2008 PQCR, the Department had difficulty identifying within the list of re-entries under consideration to be included in the PQCR case review, what it considered to be true re-entries. Many abnormal/unexpected reasons for return to Foster Care were revealed, accounted for by idiosyncratic reasons that could not be related to factors that one might usually determine as reasons for re-entry, such as termination of guardianship, which caused a return to foster care/dependency status and a voluntary placement in which the Court eventually became involved.

Areas for Improvement

- Increase use of more effective social work by providing documentation as to why children need to remain in foster care and not return home until the family is ready.
- Increase training on and monitoring of full utilization of Structured Decision Making (SDM) at every court hearing to support the Department's recommendations.
- Support families by having pre-placement visits prior to the children returning home full time. This will allow both the child and parent to re-acclimate to being together as a family.
- When children are returned home provide additional six months of family maintenance services when possible. This allows the social worker to closely monitor how the family is readjusting.

Adoption Composite

C2: Adoption Composite														Nat'l Std or Goal 106.4
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008		
California	91.7	93.2	95.1	95.6	94.9	96.0	97.8	98.4	98.1	98.5	99.7	101.4		
El Dorado	95.8	104.0	111.9	126.2	122.8	117.8	126.4	125.4	123.0	139.0	144.4	128.0		

Adoption Measures Comprising Composite

Adoption Within 24 Months (Exit Cohort)														Nat'l Std or Goal 36.6
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008		
California	29.2	29.2	29.2	29.5	30	30.6	32.2	32.5	32.6	32.6	31.2	31		
El Dorado	26.3	40	68.8	75	67.7	65.6	59.4	53.1	51.9	65.4	54.8	56.7		

Median Time To Adoption (Number of Months, Exit Cohort) - C2.2														Nat'l Std or Goal 27.3
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008		
California	31.6	31.4	31.2	30.9	30.6	30.3	29.8	29.7	29.5	29.6	29.8	29.8		
El Dorado	39.5	35.3	20.3	20.3	20.5	20.8	21.4	22.9	22.5	20.5	23.1	23.1		

Adoption Within 12 Months (17 Months In Care) - C2.3														Nat'l Std or Goal 22.7
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008		
California	14.4	14.7	15.2	15.2	14.8	15	14.7	15.3	15.7	16.1	16.5	17.3		
El Dorado	22.6	22.6	9.1	10	18.3	18.6	22.5	25.6	20.8	15.6	17.1	17.1		

Legally Free Within 6 Months (17 Months In Care) - C2.4												
	OCT2004-MAR2005	JAN2005-JUN2005	APR2005-SEP2005	JUL2005-DEC2005	OCT2005-MAR2006	JAN2006-JUN2006	APR2006-SEP2006	JUL2006-DEC2006	OCT2006-MAR2007	JAN2007-JUN2007	APR2007-MAR2008	Nat'l Std or Goal 10.9
California	5.5	5.8	5.8	5.4	5.3	6.2	6.3	5.5	5.6	6.2	6.7	
El Dorado	4.3	2.2	8.2	6.5	4.7	7.7	3.9	.	7.5	14.8	9.6	

Adoption Within 12 Months (Legally Free), Percent exiting to adoption in less than 12 months, C2.5											
	APR2004-MAR2005	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	Nat'l Std or Goal 53.7	
California	57.8	57.3	57.5	56.7	55.3	54.5	54.5	55.3	56.3		
El Dorado	59.1	47.1	44.1	50	55.6	66.7	75	80	64		

EDC's statistics are satisfactory in the Adoption composite compared to both the State average and National goal.

The adoption unit has experienced less turnover compared to other CPS units, but can only employ two social workers. One adoption worker has been in the adoption unit since 2001.

Issues

- Due to staffing ratios, the Department is unable to do its own adoption home studies and must refer families to private adoption agencies to complete adoptive home studies. The process has slowed down in that, due to their own staffing issues, the private adoption agencies are unable to complete home studies in a timely manner.
- When children are placed with relatives, home studies typically take longer to complete. There is a tendency to not actively pursue the home study as the children are already in their care. The Department and the home study agency have to encourage the family to complete the process.
- Adoptions are finalized sooner when a child is matched with a family that already has an approved adoption home study.
- Social workers do not always correctly enter data into the CWS/CMS following a court hearing.
- Another issue arises when children are placed out of State with relative(s) after parents have already received 12-18 months of Family Reunification services. An ICPC is initiated once a family has been identified, and the Department requests a relative home study. The children cannot be placed until the home is approved, which can take up to 90 days. Once the parents' rights are terminated, the Department has to request a new ICPC asking for an adoption home study. The time frame for completion varies, which impacts the length of time a child is in placement before the adoption can be finalized. The Department can request an expedited home study, but on average, it can take up to six months for a home study to be completed. Each state has their own laws that govern the policies and requirements for an adoption home study.

Areas for Improvement

- The Department needs to conduct monthly concurrent planning meetings with all units in both the Placerville and SLT offices.
- Ongoing training in CWS/CMS data entry needs to be provided.
- The Department needs to institute an ongoing quality assurance process to monitor compliance.

Long Term Composite

C3: Long Term Care Composite													Nat'l Std or Goal 121.7
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	
California	98.3	97.9	98.6	98.3	98.4	98.9	97.9	98.6	99.1	99.9	101.4	102.3	
El Dorado	104.3	110.9	99.2	98.9	106.7	112.1	118.2	124.5	110.3	113.8	112.6	102.4	

Long Term Measures Comprising Composite

Percent exiting to permanency by the end of the year and before age 18 Exits To Permanency (24 Months In Care) - C3.1													Nat'l Std or Goal 29.1
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	
California	20.2	19.8	20	19.8	19.4	19.5	18.6	19	19.4	19.9	20.4	21.5	
El Dorado	32.2	21.6	9.1	13.6	11.6	7.3	20	17	9.3	22	22.8	22.6	

Exits To Permanency (Legally Free At Exit), Percent exiting to permanency before age 18 - C3.2													Nat'l Std or Goal 98
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	
California	97.7	97.6	97.6	97.6	97.3	97.2	97	97.1	97.2	97.2	97.4	94	
El Dorado	100	95	88.2	90.5	91.2	94.1	96.8	96.8	100	100	100	100	

In Care 3 Years Or Longer (Emancipated Or Age 18 In Care) - C3.3													Nat'l Std or Goal 37.5
	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005 MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006 MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007 MAR2008	
California	63.2	62.8	62.1	62.5	61.5	60.8	60.4	60	60.3	60.3	59.4	61.8	
El Dorado	72.7	53.3	46.2	53.3	38.5	30.8	40	25	37.5	54.5	57.1	64.7	

Good social work practice and thorough adoption assessment resulted in adoption finalization with no failed adoptions.

Issues

Children who enter foster care at an older age typically have no adults willing or able to provide permanency, either through legal guardianship or adoption, and are not as willing as younger children to be adopted.

In recent cases where children were in care three years or longer, one child had significant delays due to having experienced severe neglect and was conserved at their 18th birthday. Another child was ICWA eligible, and the Tribe intervened, but no tribal family was identified, yet the tribe would not allow termination of parental rights. The child did qualify for tribal benefits on his 18th birthday.

Jurisdiction is sometimes accepted from other counties or states without a sufficient assessment.

Cases have been transferred to other states without thorough knowledge of consequences.

Children's medical needs are not always thoroughly assessed.

Areas for Improvement

The Department needs to begin concurrent planning sooner, especially for older children, in hopes of identifying an older adult that would provide permanency.

Social workers need to be trained on:

- Conducting thorough assessments to determine if placements are appropriate to meet the needs of children.
- Determining and relating complete adoptive funding information to families.
- Assessing medical health of child and of prospective family.

Placement Stability Composite

C4: Placement Stability Composite													
Time Period	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	Nat'l Std or Goal 101.5
California	92.6	92.3	91.9	92.2	92.1	92.2	92.3	92.8	93.1	92.8	93.0	93.5	
El Dorado	89.7	91.5	95.0	91.6	90.2	87.9	88.2	90.7	91.0	89.6	88.1	89.0	

Placement Stability Measures Comprising Composite

Placement Stability (8 Days To 12 Months In Care), Percent with two or fewer placements - C4.1													
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	Nat'l Std or Goal 86
California	81.8	81.7	81.3	81.3	81.4	81.4	81.7	82.4	82.5	81.8	81.7	82	
El Dorado	78.9	85.3	84.7	81.3	81.2	73.8	75.3	79.2	81.8	78.5	76.1	77.6	

Placement Stability (12 To 24 Months In Care), Percent with two or fewer placements, C4.2													
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	Nat'l Std or Goal 65.4
California	58.8	59	59	59.9	60	60.5	60.3	60	60.5	61	61.3	62	
El Dorado	70.1	61.9	63.1	57.6	55.3	60.4	57.1	52.9	52.1	57	56.7	60.8	

Placement Stability (At Least 24 Months In Care), Percent with two or fewer placements - C4.3													
	JUL2004-JUN2005	OCT2004-SEP2005	JAN2005-DEC2005	APR2005-MAR2006	JUL2005-JUN2006	OCT2005-SEP2006	JAN2006-DEC2006	APR2006-MAR2007	JUL2006-JUN2007	OCT2006-SEP2007	JAN2007-DEC2007	APR2007-MAR2008	Nat'l Std or Goal 41.8
California	34.4	34	33.5	33.2	32.9	32.7	32.7	33	33.2	33.2	33.3	33.3	
El Dorado	23.3	22.4	29.9	32.9	32.9	33.3	33.8	36.9	36.1	32.5	32.1	31.1	

Issues

- Due to the complexity of the relative approval process and the lack of a sufficient number of foster homes in the County, children who are removed from their parents' care are often placed in short-term emergency placements, which ultimately results in multiple placements.

- EDC does not have a County shelter or receiving home. We do have a non-profit shelter/group home for children over 6, but it is not a long term placement, and there is not always room for dependent children at the shelter.
- Due to the lack of foster homes, especially in the SLT area, children are often placed a considerable distance from home, then returned to the local area if placement options become available.
- When children are involved in adoption planning and were not initially placed with a family that can adopt, it results in a search to identify an adoptive family. This means another move for the child.
- Many older children have progressed in placement from least restrictive to a higher level of care due to behavioral issues.

Areas for Improvement

- Expand recruitment and retention efforts to increase the number of local foster homes.
- Identify resource families willing to have teens placed in their home.
- Train on and strive for better concurrent planning earlier in the case.
- Work with teens to assist in identifying important adults who may be able to become their foster parent.
- Identify need of adoption plan sooner in the course of the case.
- If possible, include the child when determining placement options.
- Recruit for resource families that can not only foster, but can possibly adopt the children they care for.

Timely Response and Visits

Immediate Response

2B - Immediate Response										
	APR2006- JUN2006	JUL2006- SEP2006	OCT2006- DEC2006	JAN2007- MAR2007	APR2007- JUN2007	JUL2007- SEP2007	OCT2007- DEC2007	JAN2008- MAR2008		
California	96.3	95.6	95.7	96	96.5	96.3	96.5	96.2		
El Dorado	100	95.5	92.9	90.3	91.9	97.2	95.6	97.7		

EDC had timely responses to referrals assessed to need immediate responses over 95.5 % of the time for every study period with the exception of October 2006 - June 2007. The time period of January 2007 - March 2007, had the lowest percentage at 90.3 % for timely responses to immediate referrals.

As compared to the State of California, EDC was consistent with or slightly higher in their percentage of timely responses to immediate referrals with the exception of the same time period of October 2006 - June 2007, when the percentage dropped to a low of 90.3% of timely responses.

10 Day Response

2B - 10 Day Response								
	APR2006-JUN2006	JUL2006-SEP2006	OCT2006-DEC2006	JAN2007-MAR2007	APR2007-JUN2007	JUL2007-SEP2007	OCT2007-DEC2007	JAN2008-MAR2008
California	93.4	91.2	90.2	90.9	90.7	91.8	90.6	92.3
El Dorado	90.1	95.8	95.7	92.4	84.1	85.3	88.2	94.8

EDC had a fairly significant drop in percentage of 10 day response referrals being seen on a timely basis during the time period of April 2007 - December 2007, with the lowest percentage being at 84.1%. Outside of those time periods, the timely responses to 10 day referrals were fairly consistent with the highest percentage being at 95.8 % during the months of July 2006 - September 2006.

As compared to the State, EDC had a higher percentage of timely responses during the July 2006 - March 2007 period and the January 2008 - March 2008 period.

The percentage of timely responses to immediate and 10 day responses for EDC ranges by approximately 10 % as opposed to the State where the range is only approximately 3%. This may be a result of EDC being a smaller county, with a resulting lower number of referrals than other counties that are factored into the State percentages. The lower the referral numbers the greater the impact they will have on overall statistics, e.g. a few referrals may have a much more significant impact on percentages than a much larger number of referrals. Additionally, staffing fluctuations in a small county such as EDC significantly impact response times.

Timely Social Worker Visits

2C - Timely Social Worker Visit with Child 2008						
	Jan-08	Feb-08	Mar-08	Apr-08	May-08	June-08
CALIFORNIA	91.3	91.2	91.6	92.3	92.2	92.0
EL DORADO	97.1	97.9	96.6	96.3	97.6	97.2

2C - Timely Social Worker Visit with Child 2007												
	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
CALIFORNIA	92.6	92.9	93.3	90.2	89.6	88.7	89.3	89.7	89.1	90.1	89.6	89.7
EL DORADO	98.8	96	97.4	93.1	86.1	86.8	92	92.5	93.3	92.5	90.7	89.4

2C - Timely Social Worker Visit with Child 2006												
	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06
CALIFORNIA	87.4	88.1	88.7	91.1	91.5	91.4	90.6	91	91.3	91.4	91.8	92.2
EL DORADO	97.9	98.2	98.5	95.9	97.1	95.3	95.7	95.8	96.2	98.2	98.4	97.1

2C - Timely Social Worker Visit with Child 2005												
	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05
CALIFORNIA	91.4	91.6	92.10	91.30	91.60	92.00	91.30	91.80	92.10	90.10	90.50	90.90
EL DORADO	88.2	91.6	90.3	89	87.3	89	87.5	90.8	94.2	94.4	92.7	95.7

With the exception of December 2007, the Department continues to maintain compliance at over 90% with regard to timely visits. In 2008, we have remained well above 95%. Compliance with this measure will continue to be a high priority.

Sibling Placement

4A Placements with All Siblings														
	1/1/05	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	45	45.1	45.7	46.2	46.4	46.7	46.8	47.4	47.2	47.5	48.3	48.9	49.8	50.2
EL DORADO	51.8	54.4	50.8	51.1	55.2	54.3	59.9	61.1	64.7	62.5	57.2	59	57.6	57.3

4A Placements with All/Some Siblings														
	1/1/05	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	67.3	67.7	68	68.5	68.5	68.7	68.6	69	68.9	69.3	69.7	70.2	70.5	70.7
EL DORADO	68.4	66.4	65.2	64.7	68.3	63.6	67.2	71.4	75	71.7	71.1	75.7	77.5	76.4

Despite only a small increase in the number of foster homes in EDC, the Department has been able to exceed the State average in placements with all or some siblings.

Issues

- o Lack of sufficient local foster homes that can provide placement to all children in a family.

Areas for Improvement

- o Increase efforts to recruit local foster homes and attempt to identify placements that can accept all siblings.

Least Restrictive Placements

4B Least Restrictive (Entries First Placement. Relative)													
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008
CALIFORNIA	17.8	18.6	19.5	20.3	20.8	21.1	21.1	22.1	22.2	22.5	22.8	22.4	21.6
EL DORADO	11.8	16.9	21.1	20.8	18	14.5	11	15.3	13.5	18.6	19.9	15.2	19.6

4B Least Restrictive (Entries First Placement, Foster Home)													
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008
CALIFORNIA	27.5	25.9	24.9	23.7	22.6	22.5	21.9	20.3	20.3	19.6	19.7	19.3	19
EL DORADO	34.6	28.5	29.3	29.6	27.1	24.6	24.4	21.8	20.9	23	26.3	30.3	26.2

4B Least Restrictive (Entries First Placement, Foster Family Agency (FFA))													
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008
CALIFORNIA	35.8	37	37.3	37.4	37.6	38	39	38.7	39.2	40	39.8	40.5	41.4
EL DORADO	39.4	41.5	37.6	33.6	39.8	44.2	48	48.2	54.6	49.1	42.9	41.8	39.9

4B Least Restrictive (First Placement, Group/Shelter)													
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008
CALIFORNIA	16.8	16.6	16.4	16.6	17	16.5	16.3	16.3	15.6	15.5	15.1	15	15
EL DORADO	12.6	12.3	10.5	14.4	13.5	15.2	16.5	13.5	9.8	8.1	9.6	10.9	10.7

4B Least Restrictive (First Placement, Other)													
	APR2004- MAR2005	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008
CALIFORNIA	2.1	1.9	1.9	2	2	1.8	1.7	2.6	2.6	2.5	2.6	2.7	3
EL DORADO	1.6	0.8	1.5	1.6	1.5	1.4	0	1.2	1.2	1.2	1.3	1.8	3.6

Across all time periods, the trend for first placements is fairly consistent between EDC and the State.

The percentages of children being placed into either foster homes, or foster family agency homes are higher than any other category. The least restrictive placement, a relative home, ranges from approximately 10-20 % for first time placements.

El Dorado County's goal is to place children with family or in the least restrictive placement whenever possible. Certain factors, however, affect our ability to make the most appropriate placement for some of the children who enter the CWS system:

- Relative and non-relative extended family member approval process
- Number of relatives and non-relative extended family members who are willing and able to assist the family
- Placements of sibling groups
- Placement of special needs children
- Placement of children exhibiting delinquent behaviors

4B Least Restrictive (Point in Time (PIT) Placement, Relative)													
	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	34.7	35.2	35.6	36.5	36.3	36.5	36.5	36.8	35.9	36.1	36	36.4	35.4
EL DORADO	25	28.1	26	29.4	30.6	28.6	29.4	32.5	26.6	33.6	33.5	32.6	31.5

4B Least Restrictive (PIT Placement, Foster Home)													
	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	11.6	11.3	11.1	10.7	10.5	10.3	10	9.9	9.9	9.5	9.6	9.4	9.6
EL DORADO	11.2	12.3	13.6	8.8	8.5	7.8	8	9.9	10	7.3	10.5	11.9	8.4

4B Least Restrictive (PIT Placement, FFA)													
	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	23.6	23.8	23.9	24	24.7	24.9	25.1	25.1	25.8	26	26.1	25.9	26.6
EL DORADO	34.4	30.6	29.3	27.3	26.6	30.2	30.7	30.6	34.7	31.4	29.3	26.7	31.5

4B Least Restrictive (PIT Placement, Group/Shelter)													
	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	9.2	9.1	8.9	9	8.8	8.6	8.4	8.4	8.3	8.2	8	8.1	8.1
EL DORADO	7.1	8.9	8.7	9.7	10.9	10.2	10.1	8.3	7.4	8.4	6.8	7.8	8.4

4B Least Restrictive (PIT Placement, Other)													
	4/1/05	7/1/05	10/1/05	1/1/06	4/1/06	7/1/06	10/1/06	1/1/07	4/1/07	7/1/07	10/1/07	1/1/08	4/1/08
CALIFORNIA	21	20.7	20.6	19.7	19.6	19.7	19.9	19.7	20.1	20.2	20.2	20.3	20.3
EL DORADO	22.3	20	22.3	24.8	23.4	23.3	21.8	18.7	21.4	19.3	19.9	21.1	20.1

Looking at least restrictive placement at a point in time demonstrates that the percentage of children being placed in relative homes increases significantly from the first time placement or placement in a foster home. This trend also speaks to the time it takes to adequately assess a relatives home for safe placement and the removing agency not being aware of relatives until some time after the child is removed. Once these two factors are addressed, a much higher percentage of children are placed into relative homes.

The point in time placement studies show that the percentage of children placed in relative homes is consistent with the percentage placed in foster family agency homes. This trend may be due to children having no relatives who can care for them. The higher percentage of children placed in foster family agency homes, as opposed to foster homes, during a point of time study may be due to the greater ability of foster family agency homes to place more siblings together and to participate in service plans with the County and caretakers, such as providing transportation and supervision of visits. This makes the FFAs a more desirable placement, as

the FFAs are more able to assist the County with providing court ordered services to families over a longer period of time, thus allowing the County to stretch its limited resources further.

Indian Child Welfare Act (ICWA) Placements

ICWA ELIGIBLE: RELATIVE						
	OCT2006- DEC2006	JAN2007- MAR2007	APR2007- JUN2007	JUL2007- SEP2007	OCT2007- DEC2007	JAN2008- MAR2008
CALIFORNIA	24.9	25.6	26.1	25.5	36.4	38.2
EL DORADO	11.1	41.7	27.3	21.4	33.3	29.4

ICWA ELIGIBLE: NON-RELATIVE INDIAN SCP (Substitute Care Provider)						
	OCT2006- DEC2006	JAN2007- MAR2007	APR2007- JUN2007	JUL2007- SEP2007	OCT2007- DEC2007	JAN2008- MAR2008
CALIFORNIA	7	6.6	7	6.7	3.5	3.4
EL DORADO	22.2	8.3	9.1	14.3	5.6	5.9

ICWA ELIGIBLE: NON-RELATIVE, NON-INDIAN SCP						
	OCT2006- DEC2006	JAN2007- MAR2007	APR2007- JUN2007	JUL2007- SEP2007	OCT2007- DEC2007	JAN2008- MAR2008
CALIFORNIA	58.1	57.3	57.8	54.6	25	24.3
EL DORADO	55.6	25	45.5	35.7	11.1	11.8

ICWA ELIGIBLE: NON-RELATIVE-ETHNICITY SCP MISSING						
	OCT2006- DEC2006	JAN2007- MAR2007	APR2007- JUN2007	JUL2007- SEP2007	OCT2007- DEC2007	JAN2008- MAR2008
CALIFORNIA	10	10.5	9	7.4	20.5	19.4
EL DORADO	11	25	18	21.4	11.1	41.2

ICWA ELIGIBLE: GROUP HOME							
	OCT2006 DEC2006	JAN2007- MAR2007	APR2007 -JUN2007	JUL2007- SEP2007	OCT2007 DEC2007	JAN2008- MAR2008	
CALIFORNIA	*	*	*	6	6.8	7.6	
EL DORADO	*	*	*	7.1	11.1	11.8	

ICWA ELIGIBLE: OTHER							
	OCT2006 DEC2006	JAN2007- MAR2007	APR2007 -JUN2007	JUL2007- SEP2007	OCT2007 DEC2007	JAN2008- MAR2008	
CALIFORNIA	*	*	*	*	7.9	7.1	
EL DORADO	*	*	*	*	11.1	0	

* Information not available

The Department adheres to the Indian Child Welfare Act (ICWA) as it pertains to placement of children. If the child is found to be an Indian child, the tribe(s) can intervene on the dependency matter and identify placement for the child. The Department will follow the tribe's recommendation. Until a child is deemed not ICWA eligible by the Court, the Department will make every effort to continue noticing the tribes.

Once it is determined that a child is not ICWA eligible, social workers must change the appropriate component to "not" ICWA eligible in CWS/CMS. Until this data is changed, the child will continue to be identified in the system as ICWA eligible, reflecting inaccurate status.

Independent Living Program (ILP)

8A: HIGH SCHOOL DIPLOMA			
	OCT2004- SEP2005	OCT 2005- SEP 2006	OCT 2006- SEP 2007
EL DORADO	39	53	58

Encouraging completion of High School or equivalency has continued to be a major focus of the El Dorado County ILP program. School progress is reviewed in individual Emancipation Prep(aratory) meetings on a regular basis and regularly referred to as the first step to success in future careers. El Dorado County ILP also enjoys generous support from the County Office of Education's Foster Youth Services, which provides tutoring and advocacy for our youth. The community college has also been very active with ILP classes and the Town of Independence camp in support of high school education as a bridge to success in college.

8A: ENROLLED IN COLLEGE/HIGHER EDUCATION			
	OCT2004- SEP2005	OCT 2005- SEP 2006	OCT 2006- SEP 2007
EL DORADO	27	29	18

There were slightly fewer former foster care youth served by El Dorado County ILP in report year 2006-2007, but otherwise it is not clear why the number of college enrolled youth went down from the previous year. Since this report year, the number of youth enrolled in college/higher education has increased and continues to do so. College/Higher Education continues to be a major focus of emancipation planning and is strongly encouraged in the THP Plus program. El Dorado County ILP continues to have a strong relationship with area community colleges and Regional Occupational Center programs.

8A: RECEIVED ILP SERVICES			
	OCT2004- SEP2005	OCT 2005- SEP 2006	OCT 2006- SEP 2007
EL DORADO	125	172	191

The stability in staffing of the El Dorado County ILP program in the report years may have had an effect on the increase in the number of youth participating in the program. This has often facilitated reconnection with aftercare youth, has encouraged youth to refer their peers for assistance and allowed the ILP Coordinator to build stronger relationships with youth to promote continuation of services both while in care and after emancipation.

8A: COMPLETED VOCATIONAL TRAINING			
	OCT2004- -SEP2005	OCT 2005-SEP 2006	OCT 2006-SEP 2007
EL DORADO	7	4	9

Participation by ILP youth in ROP classes while in High School and after emancipation has been stressed in the Emancipation Prep meetings as well as during individual planning with youth. ILP has also encouraged participation in the Workforce Investment Act youth program through the local OneStops (EDC multi-agency employment centers).

8A: EMPLOYED OR OTHER MEANS OF SUPPORT			
	OCT2004- SEP2005	OCT 2005- SEP 2006	OCT 2006- SEP 2007
EL DORADO	65	85	88

Employment and employment preparation continues to be emphasized during ILP participation and emancipation planning. Youth are encouraged to access services at the local OneStops, including Workforce Investment Act youth services.

II. PUBLIC AGENCY CHARACTERISTICS

A. Size and structure of agencies

1. County operated shelter(s)

Although EDC does not operate a shelter, there is one shelter in our community, which is operated by New Morning Youth and Family Services, a non-profit counseling organization. This shelter serves all populations of runaway, homeless, abused and neglected youth.

The shelter is a three bedroom, six-bed house, open 24 hours a day, 365 days a year that shelters a minimum of 150 runaway youth each year and provides drop-in services to a minimum of 50 youths per year. The shelter is staffed 24 hours a day by paid Youth Behavioral Specialists with a staff to youth ratio of 1:6. A Case Manager is on site 40 hours per week, and a therapist is assigned to work with the youth on an as needed basis.

The shelter is licensed as a group home and meets California Community Care requirements to serve runaway and homeless youth ages 6-17. The average length of stay is five to seven days. Federal funding allows runaway and homeless youth to stay up to 21 nights. This is normally an adequate amount of time to assess the youth's situation and develop an appropriate safety plan. However, if a runaway is at the shelter longer than two weeks, it is usually because it is either unsafe for him/her to return home or because he/she has been abandoned. In either situation, CPS is called in to make provisions for temporary or long-term foster care.

The shelter is also certified through the California Department of Health and Human Services as a Level 7 group home and provides emergency foster care placements when space is available. The shelter serves homeless and at-risk youth that are not clients of Child Protective Services (CPS), as well as youth who are clients of CPS. When a sheltered youth is believed to have suffered abuse or neglect from his/her primary care providers, shelter staff works with CPS staff to provide resolution as necessary.

To date, there has been adequate space to house both runaways and foster children. No runaway youth has been turned away due to lack of bed space. Should the time come when a runaway youth needs the bed space that is occupied by a foster child, the shelter's regulations

stipulate that the runaway youth shall take precedence, and CPS must provide an alternative arrangement for the foster child.

Marriage and Family Therapists and Clinical Social Workers provide counseling services to nearly 2,000 youth each year. When a sheltered youth needs therapeutic services, the therapist meets with the youth as soon as the need is identified. The therapist helps stabilize the youth, identifies concerns in manageable, concrete terms and collaborates with the youth, his/her family, and shelter staff to form a clinical treatment plan that gives the youth a sense of hope. The length of therapeutic treatment lasts as long as the youth and therapist believe necessary and is not defined by the length of the youth's shelter stay.

Parents are asked to begin family counseling and reunification efforts as soon as possible. Effective family counseling helps to resolve the difficulties that led to runaway or at-risk behavior and reinforces healthy family integration. The therapist works with youth and their parents to develop written, individualized clinical treatment plans. Families identify healthy problem-solving strategies, set specific personal goals and begin the process to achieve them.

As therapy continues, parents increase their skills in communicating effectively, establishing and reinforcing boundaries and understanding youths' developmental needs. Parents overwhelmed by economic and social difficulties of their own may also be assisted with case management services to establish links with other service providers who can best meet their needs (for example, domestic violence services through The Center or employment assistance through OneStop). In addition, family members such as grandparents, aunts and uncles and siblings are encouraged to participate in family counseling whenever their participation will increase the possibilities of a positive family reunification.

New Morning Youth and Family Services was recently awarded a grant through the California Office of Emergency Housing Assistance Program. This grant will cover the construction costs for a new 12-bed shelter. Completion of the shelter is expected in year 2010.

As space is limited in the local shelter, and they are not always able to accommodate Department placement needs, EDC contracts with the Sacramento Children's Receiving Home to assist in resolving emergency placement issues.

Plans are in the beginning stages to establish a Crisis Nursery in EDC, the main purpose of which will be to provide respite care locally in a safe environment for children when families are in crisis, in order to alleviate potential abuse and/or neglect, particularly for children under the age of 6, who cannot be placed at our existing local shelter. An advisory committee is being formed and the feasibility of applying for a grant is being explored to cover the cost of filing for non-profit status.

2. County licensing

A Memorandum of Understanding has been entered into, by and between the California Department of Social Services (CDSS) and the County of El Dorado, pursuant to Section 1511 of the California Health and Safety Code, for the purpose of establishing the County as the entity responsible for performing licensing functions for the State with respect to licensed County Foster Family Homes that are located within the geographical area of the County.

EDC is responsible to implement, enforce, and comply with all California State laws, rules, regulations, standards and policies pertaining to the licensing of County Foster Family Homes pursuant to Division 2, Chapter 3 of the California Health and Safety Code, Chapter 7.5 of Division 6 of the California Code of Regulations, Title 22 and current Community Care Licensing Division Evaluator Manual.

The County of El Dorado agrees to perform the following program activities:

Process applications for licensure, including on-site visits; conduct periodic evaluations, including annual on-site visits; conduct complaint investigations, case assessments and initiate appropriate courses of action as specified in the Evaluator Manual; maintain a complaint log; perform legal and administrative remedies; compile facts and supporting documentation with County recommendations and submit to the regional office; participate in meetings and periodic County reviews with regional office staff; cooperate in corrective plans of action; compile, review, and report data for State and local data systems; and train licensing staff in licensing operations.

EDC receives funding for a .5 FTE (Full Time Equivalent employee) to perform the above-referenced licensing responsibilities.

3. County adoptions

El Dorado is one of twenty eight counties that are licensed by CDSS to be a full service adoption agency. This allows the County to facilitate the adoption of children who are in need of permanent homes. The services focus on the placement of court-dependent children, the majority of whom have special needs. A birth parent's rights are terminated either by court action or voluntarily relinquishment by the parents. EDC DHS is responsible for the adoptive planning for the child until completion of the adoption.

Many of the adoptions that are finalized by EDC are for children considered to be "special needs children". Federal subsidies were created by Congress (through Public Law 96-272 - the Adoption Assistance and Child Welfare Act of 1980) to encourage the adoption of special needs children and remove the financial disincentives for families to adopt. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children who were formerly placed in California's foster care system, the State Legislature created the Adoption Assistance Program (AAP). In creating the program, the Legislature intended to benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a State-funded subsidy per State guidelines. The adoption worker determines the child's special needs eligibility for participation in the Program. If the child is deemed eligible, the adoption worker, on behalf of the County, will negotiate a signed adoption assistance agreement, or a deferred adoption assistance agreement will be executed with the adoptive parents, prior to the adoption finalization. A reassessment of the child's needs and family's circumstances is conducted every two years. The amount of financial assistance is determined based upon the special needs of the child and circumstances of the family. An adopted child who receives AAP benefits from California may move anywhere in the world and still receive monthly subsidy payments until the age of 18 or 21.

The adoption agency provides services not only to children who are residents of the County, but also to children and families through the Interstate Compact Placement of Children (ICPC). The CDSS has delegated the responsibility and functions associated with interstate placement requests in relative homes, foster family homes and prospective adoptive homes to licensed counties and licensed adoption agencies. Each county has an ICPC Liaison who processes interstate foster care placements, including relative and non-offending parent placements. The ICPC is a contract among member states and U.S. territories authorizing them to work together to ensure that children who are placed across state lines for foster care or adoption receive adequate protection and support services. The ICPC establishes procedures for the placement of children and fixes responsibility for agencies and individuals involved in placing children. To participate in the ICPC, a state must enact into law the provisions of the ICPC. In 1975, California adopted the provisions of the ICPC, now found at Family Code Section 7900, et seq. This statute designates the CDSS as "the appropriate public authority" responsible for administration of ICPC. EDC enforces the law and provisions set forth in the ICPC. The purpose of the ICPC is to protect the child, the state and the county. Following the provisions of the ICPC ensures that the child is placed in a suitable environment and that the sending state has provided enough information to allow the receiving county to evaluate the proposed placement to ensure that the placement is appropriate for the child.

The EDC DHS currently employs two social workers and an adoption supervisor to provide adoption services, including post adoption services. DHS handles adoption inquires and requests for education/training regarding issues for children in the foster care/adoption system. The Department also handles adoptions for Alpine County per a Memorandum of Understanding (MOU).

Staff provides information, assistance and education to the public and other agencies regarding statistics, new trends in service, new legislation affecting services and availability of services. DHS collaborates with other adoption agencies to provide the best possible services for adoptive children and families in EDC.

To facilitate close working relationships, the Department houses the Adoption Unit, Licensing, and CPS in the same in building. This allows for more planning to be accomplished for the children who are dependents of EDC.

B. County governance structure

Department	Relationship
Board of Supervisors	Governing Board, comprised of 5 officials elected to manage the affairs of EDC, with oversight and responsibility for all County Departments, including Human Services, District Attorney, Mental Health, County Counsel, Probation, Public Health, and the Sheriff's Office.

Department	Relationship
County Counsel	Works with the Courts, Human Services, District Attorney, Mental Health, Public Health, police departments, the Sheriff's Office, Court Appointed Special Advocates (CASA) and Probation as the lead agency in providing legal counsel for children's cases.
Courts	Work with Human Services, District Attorney, Mental Health, Public Health, police departments, the Sheriff's Office, Probation, CASA and County Counsel as the lead agency in making legal determinations on children's cases.
District Attorney	Works with Human Services, Mental Health, Public Health, police departments, the Sheriff's Office, Probation, CASA, County Counsel, Courts and non-profit agencies to implement the EDC Victim/Witness Assistance Program.
Human Services	Works with the Sheriff's Office, police departments, Courts, County Counsel, Mental Health, Probation, Public Health, District Attorney, County Office of Education, Court-appointed Special Advocates (CASA), hospitals and non-profit organizations as the lead agency in providing child protective services.
Mental Health	Works with Human Services, District Attorney, Public Health, Probation, police departments, the Sheriff's Office, County Counsel, non-profit organizations, CASA, hospitals and County Office of Education as the lead agency in providing mental health services to children and adults.
Probation	Works with the Sheriff's Office, police department, Courts, County Counsel, Mental Health, Human Services, Public Health, District Attorney, CASA, hospitals and non-profit organizations as the lead agency in providing oversight of youth on probation.
Public Health	Works with Human Services, District Attorney, Mental Health, Probation, police departments, the Sheriff's Office, County Counsel, non-profit organizations, CASA, hospitals and County Office of Education as the lead agency in provision of health services, public health preparedness and emergency medical services.

Department	Relationship
Sheriff	Works with Probation, Human Services, County Counsel, Courts, Mental Health, District Attorney, hospitals, County Office of Education, CASA, non-profit organizations and Public Health. Provides law enforcement services.

C. Number/composition of employees

1. Staffing characteristics/issues

The Probation Department delegates 1.25 FTE Deputy Probation Officers to supervise minors placed out of the home. Two full-time probation officers work part time on placement activities (constituting the 1.25 FTE) and work the remainder of their time on other juvenile Court and juvenile probation activities. Both officers are stationed at the main office of the Probation Department in Shingle Springs and handle all the minors who are placed out of the home, regardless of the location of the placement. These two officers are supported by their supervisor and a Legal Secretary.

El Dorado County has approximately 45.5 CPS staff including administrative support staff, supervisors and social workers. The current DHS CWS allocation allows for the following FTE staff:

CWS (includes Augmentation)	34.2
Adoptions	1.6
ILP Independent Living Program	.6
Licensing	.5
PSSF – Adoptions	.1
CWSOIP – Outcome Improvement	.1
AB2129 – Foster Parent Training and Recruitment	.1
Group Home Monthly Visits	.2
Clerical Supervisor	1.0
Clerical Support – Placerville	5.0
Clerical Support – South Lake Tahoe	2.0

a. Turnover ratio

In the Probation Department, supervising a caseload of minors who are ordered by the Court to out of home placement is a function to which any probation officer may be assigned as determined by Department management. One of the two current probation officers was assigned in 2008; the second probation officer has been assigned since 2006. Probation has experienced less turnover than CWS and continues to retain qualified probation officers.

The turnover in social workers in EDC continues to be high. The social worker turnover ratio in EDC from 2005 through 2008 was 25.14%, with the following yearly breakdown:

- 2005 = 23.07%
- 2006 = 26.41%
- 2007 = 21.15%
- 2008 = 30.77%

EDC CWS continues feel they are a training ground for new CPS social workers. The Department continuously trains new social workers who then seek employment in surrounding counties at increased pay.

b. Private contractors

EDC does not use private contractors as CWS or Probation staff.

c. Worker caseload size by service program

In Probation, a total of sixteen probation minors placed out of the home were supervised in 2008. On average, seven minors are supervised monthly.

As of December 2008 EDC CWS approximate caseloads are¹⁴:

Emergency Response	18
Family Maintenance	39
Family Reunification	34
Permanent Placement	35

These caseloads are higher than what the State feels appropriate caseload sizes are for social workers to manage. They are even higher than what more recent studies have indicated were appropriate caseload sizes for social workers to manage effectively. Although the County is currently at full capacity in terms of filled social worker allocations, these allocations were determined based on past caseload numbers, which were significantly lower than the most recent numbers. There is a noticeable increase in the caseload size per social worker. This is partly due to the County decreasing the number of social workers to meet reductions in budgeted County costs and a trend of increased referral numbers and seriousness of the referrals, necessitating increased court intervention. Unfortunately, this trend appears to be the beginning of an ongoing trend for increased numbers and seriousness of referrals. Much of is due to the current economic crises and its effects on the Country, which directly impacts families in EDC. Financial stress and the secondary problems surrounding financial stress has been shown to be a risk factor for child abuse and neglect.

¹⁴ CWS/CMS Business Objects Report with estimation of the number of social workers involved in each service component.

2. Bargaining unit issues

The EDC Employees Association, Public Employees Union, Local #1 represents EDC social workers. Operating Engineers Local Unit # 3 represents probation officers. These relationships have been formalized via MOUs.

MOUs were recently extended through 12/31/08 and included salary increases for both probation officers and social workers to attempt to bring their salaries line with comparable neighboring and nearby counties. Negotiations for a new contract are ongoing but, due to the current economic situation, are at a standstill.

Historically, the County has had a good working relationship with employees and their unions. All attempts are made to resolve employee/management conflicts at the least formal level.

3. Financial/material resources

a. Source and expenditure of funds

The Probation Department receives primary annual funding from local County government. Federal reimbursement for eligible Title IV-E services is utilized.

EDC DHS receives funds from the following sources to pay for Child Welfare Services:

- o Basic CWS Allocation
- o CWSOIP Augmentation Allocation
- o CWS Planning Augmentation Allocation
- o CWS Outcome Improvement Project (CWSOIP) Grant
- o State Realignment

EDC DHS expends all funds on the administration of Child Welfare programs and on direct services to Child Welfare families. Augmentations and CWSOIP funds have allowed the Department to hire additional CWS staff and increase services to clients, in order to improve outcomes.

While outside funding opportunities are limited, EDC participates in available and applicable competitive grant processes, primarily locally, and has been awarded small grants for specific purposes such as updating visitation rooms to improve the ambient environment and encourage positive interactions between detained children and their parents. EDC was also recently awarded a \$10,000 Kids' Plates grant to enable the Child Abuse Prevention Council to conduct a safe co-sleeping habits educational campaign in the community.

The Department also assists in funding other programs that benefit children through contractual arrangements with community agencies through its SB 163 Wraparound Program savings. See Section G. 1. under Systemic Factors for a breakdown of what services are being funded.

4. Political jurisdictions

a. Number and type of political jurisdictions

EDC has the following political jurisdictions:

Political Jurisdictions	# in El Dorado County	Relationship
School Districts	15	On the Western Slope, CPS social workers are assigned to each school as a liaison. This improves CPS/school communication, as well as fostering trust.
Law Enforcement Agencies	3	<p>CPS staff have good working relationships with local law enforcement agencies.</p> <ul style="list-style-type: none"> • EDC Sheriff’s Department • Placerville Police Department • SLT Police Department <p>Cross training occurs as needed, and CPS supervisors and program managers meet with law enforcement staff to discuss policies and procedures that will improve social worker/law enforcement interactions.</p>
Tribes	2	There are 2 recognized Tribes in EDC, the Shingle Springs Band Miwok and the Washoe Tribe. DHS efforts continue to reach out and involve local tribes.
Cities	2	EDC is relatively rural with only two incorporated cities, Placerville and SLT, separated by the Sierra Nevada Mountains.

5. Technology level

The State of California mandated CWS/CMS computer application is utilized by the County to document and manage all CPS related activities. The County is classified as a “dedicated

county” in regards to the CWS/CMS application. This classification means that all aspects of CWS/CMS system including the hardware platform and network architecture are managed by the State. Application support is provided by the CWS/CMS Help Desk currently located in Boulder, Colorado.

Hardware

The County employs the following hardware assigned to CPS staff in the Placerville and SLT offices:

- 45 Dell desktop computers – warranty expired (> 5 years old)
- 24 Gateway desktop computers – warranty current
- 4 Gateway laptop computers – warranty expired (> 4 years old)
- 4 Lexmark T632 monochrome laser printers – warranty current
- 1 HP LaserJet 4250N monochrome laser printer – warranty current

The County’s goal is to replace as many of the aging and unsupported computers as fiscally possible this next year.

Recently CWS/CMS servers located at both the Placerville and SLT offices were “refreshed” by the State with new Dell PowerEdge 2900 series servers. The Placerville office also recently received a network router “refresh” in the form of a new Cisco 3800 Series router. CWS/CMS network switches at both offices are scheduled to be “refreshed” in January 2009.

Training Systems

The County has recently been chosen to pilot the State’s new CWS/CMS training server system. This system allows the County to connect to training servers located in Sacramento and use the actual CWS/CMS application with “dummy” data residing on these servers. Training workstations are designated for training only and are not used for production purposes. The County’s previous Training Region server located at the Placerville office is no longer supported by the State and has been decommissioned.

Remote Access

The State’s Server Based Computing Service (SBCS), using token authentication, has made it possible for after-hours social workers to access the CWS/CMS application from most internet enabled computers. A small physical token, which can fit on keychain, is assigned to after-hours social workers and produces unique passcodes at the touch of a button. The workers enter this passcode along with their username and personal password at a secure State website to gain access. This service has been well received and used by County after-hours CPS staff.

The County utilizes the State’s Outlook Web Access (OWA) which is used by CPS staff to remotely access their CWS/CMS email accounts. This service has also been well received and used by after-hours CPS staff.

Probation

The two probation officers each have computers at their desks, and a laptop computer is also available for field use.

6. Other Applicable Factors

N/A

D. Current Systemic Reform Efforts

Systemic Reform Effort

The following chart specifies the systemic reform efforts in which EDC is engaged:

<i>Systemic Reform Effort</i>	
CWS Redesign Early Implementing County	<input type="checkbox"/>
Family-to-Family (with Annie E. Casey or Stuart Foundation)	<input type="checkbox"/>
Family-to-Family (without Annie E. Casey or Stuart Foundation)	<input type="checkbox"/>
Integrated Services/AB 1741	<input type="checkbox"/>
Structured Decision Making	<input checked="" type="checkbox"/>
Wraparound Services	<input checked="" type="checkbox"/>
Other – Linkages	<input checked="" type="checkbox"/>
Other – Safe Measures	<input checked="" type="checkbox"/>
Other – Development of a Case Management System, Probation	<input checked="" type="checkbox"/>
Other – Placement Committee	<input checked="" type="checkbox"/>
Other – Children and Parents Resource Team (CPRT)	<input checked="" type="checkbox"/>

III. SYSTEMIC FACTORS

A. Relevant Management Information Systems:

CWS

Utilization of CWS/CMS

The County utilizes the CWS/CMS application fully as its sole database for tracking information regarding child welfare referrals and cases. Social workers use the application to efficiently manage their caseloads. Case Aides use the application to document supervised visits. Clerical documents placements and prepares notices for court hearings. Management uses reports generated from data in the application to analyze outcomes and quality indicators.

CWS/CMS Reporting Systems

The County utilizes Business Objects to query and organize CWS/CMS data into concise reports. Currently, weekly and monthly standardized reports are generated and distributed to authorized personnel. Ad-hoc reports are also created upon management approved request. The County utilizes many of the advanced features of Business Objects. The State will soon be “refreshing” the County’s current version of this reporting tool by upgrading to Business Objects XI. This new version is web-enabled and will allow the County to automatically publish periodic reports to authorized users.

The County continues to renew its subscription service to SafeMeasures. This web-based reporting tool uses a weekly extract of CWS/CMS data to produce reports, tables and charts. SafeMeasures assists CPS staff at all levels in monitoring referral and case compliance. All CPS staff members have received training in the use of this tool, and it continues to be a valuable component of the County’s data tracking capabilities.

Other Tools

Structured Decision Making (SDM) is another web-based service that the County subscribes to and utilizes. Using a data extract from CWS/CMS, this tool helps to validate and assist in making critical decisions about child welfare. It is used extensively in referral management. The most recent Peer Quality Case Review (PQCR) identified ways in which the County can benefit by expanding its usage in case management to achieve more consistency in social workers’ SDM determinations.

Probation

The Probation Department continues to lack access to CWS/CMS. In 2008, the Probation Department implemented a new case management system. This system is internal only; there is no access to other county probation departments. This case management system allows for improved collecting and recording of case information, including all case notes and placement information.

B. Case Review System

1. Court structure/relationship –

El Dorado County courts that hear CWS cases are located primarily in Placerville and South Lake Tahoe. Both judges and commissioners are employed to hear cases. The judges are elected by the general population, and the commissioners are appointed by the Administrative Office of the Courts. The commissioners hear the dependency cases (with the option of DHS or County Council requesting a judge rather than a commissioner), and the judges hear delinquency cases. In late 2008, a judge was appointed to hear the dependency cases in Placerville.

The PQCR process was completed in May 2008. Court focus groups were held both in Placerville and South Lake Tahoe.

Court Focus Group - Placerville

The purpose of the focus group in Placerville was to elucidate the role of the courts in re-entry. While the participants reported both great strengths and challenges within child welfare system, the majority of the time was spent discussing the ideology of the commissioner and the attorneys.

Major points of discussion included:

Court's stance on alcohol and drug addicted parents

- There is a strong belief that, if the parent has demonstrated success at recovery, they will be reunified with their children. The court representatives had a great understanding of alcohol and drug addiction. The court will take a risk on relapse and reunify children with their parents.
- The Court is very family oriented and does not believe their job is to "adopt out children."
- Dependency Drug Court will not use an individual's failure in drug court to affect that individual's other cases, but will use their success.
- Drug addiction often masks mental health issues, which require needs more focus and concentrated services.

Position on detaining children

- No matter who the attorney is representing, the first concern is always to protect the child. If the attorney does that, they will have a much higher goal for parents.
- There are times when the attorneys believe the social worker's moral judgment influence their view of the situation. This perception varies greatly depending on the social worker.
- It's not the attorney's job to adopt children out or terminate parents' rights.
- Social workers tend to want to keep the child with a great foster parent, instead of reunifying with an adequate biological parent. The Court believes the adequate biological parent is better than the stellar foster parent. The Court perceives that its job is to put the child with the biological parent.
- The position of the courts is that, statistically, children don't fare well in foster homes. The court asks "what can we do to have the child remain in the home?"

General issues

- CPS is late to pull children and late to detain, but early to release children. This is due to lack of available resources. The commissioner mentioned that the Administrative Office of the Courts reviewed the Family Court System in the spring of 2008 and found this to be a significant issue in El Dorado County. A closer assessment into this practice is being assessed and monitored.

Note: DHS is examining the process of detaining, Family Reunification and Family Maintenance of a long-term basis with the goal of establishing better outcomes.

- Social workers are not consistent with each other; some are much more lenient with clients, and others are stricter. The SDM Risk Assessment tools utilization is being more

closely monitored.

Note: DHS is monitoring more closely utilization of SDM tools.

- The majority of the court representatives viewed SDM as “useless.” The attorneys can see why it was developed and that it should lend consistency. However, the court believes SDM relies on the objectiveness of social workers and is therefore not uniformly productive.
- New social workers demonstrate lack of understanding for what clients have to go through or the number of services they are expected to complete. Gas prices and access to transportation are big issues.
- Attorneys reported that, at times, some social workers make promises and don't follow through on them. The result is that the clients feel betrayed by the attorney and perceive that the social worker lied.
- Parents represent that they receive mixed messages with the result that their trust in the social worker (and/or the Department) is diminished or gone.
- Parents often have more than one social worker, and there is miscommunication between the first and second social worker assigned to a case, so parents become frustrated with the process. For example, there has been a 180° change in case plans because of the change in social workers. This is an area of practice that will be closely monitored.

Court Focus Group – South Lake Tahoe

Strengths

- CWS staff is experienced and demonstrates real wisdom in working with families.
- CWS staff genuinely cares about families and the community.
- CWS maintains great collaboration with CASA.
- Some social workers could improve the depth of research and information presented.
- Drug Court is the shining star program in the County.
- The Court tries not to micro manage case plans and services to families.

Challenges

- There is a lack of services for families after reunification.
- There is a lack of local foster parents, with only three houses in the SLT area. As a result, children are placed quite far away, and have to attend a new school. This also increases families' resistance to becoming involved in CPS. The Court would like to see a commitment by CWS to recruit foster parents in South Lake Tahoe. (These recruitment efforts have been actively occurring with some success. Five homes in the SLT area are currently in the process of being licensed as FFAs.)
- Families fear their children will be removed and moved far away, which impacts the families' ability to seek help or services from CWS.

- Drug use is the most prevalent and significant issue for families in the South Lake Tahoe area. Drugs are easily accessible, which makes it easier for parents to relapse.
- The most significant challenge is Alcohol and Other Drug (AOD); there is only one substance abuse treatment provider, which has high staff turn-over. The Court is skeptical of the success of the treatment programs.
- The EDC Public Health Department, Mental Health Division, struggles to provide services for children in SLT.
- No consistency in staffing.
- There is a lack of County run quality transitional housing.
- CWS social workers often fail to identify co-occurring issues.
- Need to improve screening/assessment of mental health issues for substance abusing adults.
- Timelines for reunification are too short.
- Mental health and AOD issues are not identified timely by CWS.

2. Timely Notification of Hearings –

DHS utilizes its administrative support staff to notice parties to court hearings. Ideally, as soon as a hearing is scheduled, social workers provide support staff with the hearing dates, types of hearings and list of people to be noticed. Guidelines were developed, extensive training given and a specific clerical person is assigned to the noticing task. These efforts have improved the accuracy, timeliness and consistency of the noticing task.

Probation officers are responsible to provide notice to all parties for Court hearings.

3. Parent-child-youth participation in case planning –

For probation minors placed out of the home, the case planning process includes participation, input and review by the minor and parent(s)/guardian(s). Needs of the minor and family are discussed and indicated in the case plan, using all information gathered from the case file and the case management system. A specific case planning tool is not utilized; probation officers use their experience and knowledge of each minor and available services to develop case plans.

Parent/child/youth participation in CWS case planning involves the following:

- DHS uses SDM tools to assist social workers in determining areas in which the family most needs services to address factors that led to, or placed their children at risk for, further abuse and/or neglect. A specific tool that can identify a family's greatest strengths and greatest needs is the Family Strength and Needs Assessment. This is completed after an in

depth investigation of the abuse and neglect allegations, including thorough interviews of the parents/caretakers, children and other collateral sources who are aware of the family's situation. A service plan can then be designed utilizing the above methods and by factoring in the family's perception of their needs. The parent/caretaker is asked to sign the service plan, indicating their participation in and acceptance of the plan. In court cases, the court orders the Department to provide, and the parent/caretaker to participate, in services.

- Children are involved in the case planning process with the social worker through interviews, if the children are verbal. Most dependent children of the court are also assigned a CASA worker, who makes recommendations to the court. In addition, the child's out of home care provider, if applicable, provides information to the court and the social worker regarding the child's well-being and what services the child may need.
- All children over the age of 15 are eligible for Transitional Independent Living Plan (TILP). The TILP is updated every six months and becomes part of the case plan through the termination of dependency. The TILP identifies available resources, both within the family and in the community. The youth participates in this process.

4. General Case Planning and Review –

In Probation, a written case plan is required for any minor who is a ward of the Court pursuant to Section 725(b) of the Welfare and Institutions Code and is deemed, by the probation officer, as a reasonable candidate for foster care. If a minor is placed out of the home, and reunification services are offered to a parent/guardian, every minor and parent/guardian signs the case plan. The probation officer signs the case plan, and a supervising probation officer reviews, approves, and signs the case plan as well. An updated case plan is completed every six months, to coincide with each review hearing before the Court. The Probation Department consistently meets the responsibility of completing case plans in a timely manner.

The CWS/CMS case plan is a requirement of each CPS case. The case plan includes goals, objectives, activities, and services. When a child is placed into protective custody, parents are immediately offered and encouraged to begin receiving services. At the dispositional hearing, a written case plan is ordered by the court. This case plan is reviewed before the next court hearing by the parents, the attorneys, the social worker and the supervisor. The supervisor must indicate approval of the case plan in the CWS/CMS system. There is a consistent case consultation system in place for the social worker and the supervisor to discuss any needed updates to case plans. The County also has an MDT process to review cases with community partners to ensure that families are provided with services that are focused to meet their individual needs.

Court ordered case plans are reviewed and updated approximately every six months to determine if the families are receiving the appropriate services to meet their goals and to assess how well they have participated in and benefited from their case plan. This assessment can lead to a recommendation of a different goal for the family or child to include such things as reunification with the child at that time, providing the families with additional time to complete

services and/or determining that the services will no longer be provided to the family and services will be designed to provide a permanent plan for the child, such as adoption.

The County is in compliance with prescribed timeframes for permanency hearings. If parental rights are not terminated, and the child is not ordered for adoption, the court sets a permanency hearing every six months. The social worker and the supervisor assure that these hearings are conducted within the regulated time frames.

Concurrent case planning occurs on all cases, and individual case staffing is held on all children who have a poor prognosis for returning home. In addition, social workers gather appropriate documents and clarify paternity/ICWA issues early in a case.

Areas for Improvement identified in the last CSA where the County has shown improvement

- Conduct concurrent planning staffing on all children at the time they become dependents of the court.
- Improve the assessment process for identifying foster-adopt home potential at initial placement.

C. Foster / Adoptive Parent Licensing, Recruitment and Retention

1. General licensing, recruitment and retention

DHS staff engages in ongoing foster parent recruitment efforts and activities and participates in collaborative groups and provides periodic, ongoing orientations and training for foster parents.

A lack of foster homes, particularly in the SLT area is an ongoing issue, as identified by the May 2008 PQCR. As of August 2008, a half time social worker was hired to work exclusively on SLT Foster Parent recruitment. This social worker is also working collaboratively with SLT Foster Family Agencies to utilize resources and to broaden outreach to appeal to a larger pool of potential foster parents. As a result of these efforts, five new Foster Family Agency homes are in the process of being licensed.

EDC DHS, Folsom Lake College, Placerville Campus and Lake Tahoe Community College provide monthly foster and kinship care education classes, workshops and support groups designed to engage and educate caregivers regarding the educational, emotional, behavioral and developmental needs of children and youth. Support groups provide a forum where childcare experiences, problems and solutions are shared, and emotional support is available. No-cost structured and supervised childcare and food are provided.

DHS is involved in several area collaborative groups such as the Lake Tahoe Collaborative which build community partnerships, and in several team decision-making teams such as the School Attendance Review Board (SARB), Placement Committee, Wraparound and Children and Parent Resource Teams (CPRT), where cases are staffed across disciplines.

Probation does not participate in foster parent recruitment efforts. Foster parent lists created by DHS are used for Probation placements.

Support services and resources available to caregivers in the County include:

- The Foster Parent Association
- The Kinship Support Services Program
- The Foster and Kinship Care Education Program
- The DHS Foster Care team

2. Placement resources

EDC DHS utilizes a variety of placement resources for the children who come under our care.

EDC makes it a priority to place children in the least restrictive, most appropriate and most stable placement possible. There are factors, however, that affect the Department's ability to make the most appropriate placement, at least immediately, for some of the children who enter the CWS system, so children often experience more than one placement. These factors include:

- Obtaining information on available relatives and non-related extended family members (NREFMs) is often problematic, so children must often be placed in temporary placements while this information is being sought.
- Due to the lack of sufficient numbers of available homes, children are often temporarily placed on an emergency basis in an available foster home until a more suitable long term placement can be located.
- The relative approval process itself often cannot be immediately completed, especially in cases where the potential caregiver has lived out of State within the last five years, in keeping with the Adam Walsh Act.
- Placing sibling groups, particularly in groups of three or more, together is difficult due to the lack of available space in existing County and FFA homes.
- Special needs children are always difficult to place, but this problem has been somewhat mitigated in the cases of developmentally delayed children due to the recently acquired ability to place children in Alta Regional certified homes, per ACL 08-17.
- Teens continue to be a difficult population to place due to the lack of available homes willing to take children in this age group.

Fortunately, the Department is able to provide Wraparound services to some of the most at-risk youth in our continued efforts to decrease group home placements.

Lastly, the Department experiences difficulties placing youth who are dependents through the CPS system, yet exhibit behaviors more characteristic of the probation population. These children are often unable to be appropriately cared for in County-licensed foster family homes. As a result, these youth are frequently denied permanency and find their planned permanent living arrangement, unfortunately, to be group homes. Although this population of youth

represents a small percentage of our dependent population, this group has become increasingly difficult to place.

EDC has a multi-disciplinary Placement Committee to discuss placement needs of high-risk youth and to share resources. This committee meets weekly and is committed to providing our most vulnerable youth access to the most appropriate placement and mental health resources.

As noted in EDC's PQCR Findings specific to Probation, EDC has limited placement resources that accept delinquent wards. Therefore, most probation minors are placed in other counties, many at a great distance from their homes. This situation causes family visitation and counseling to decline. Often the minor has grown and developed, but the family has not. This leads to more time spent in foster care prior to reunification.

D. Quality Assurance System:

1. Existing quality assurance system –

Probation

Both probation officers are supervised by the same supervising probation officer. Both have daily access to the supervisor for staffing immediate situations when necessary. Out of home placement cases are staffed with and reviewed by the supervisor on a regular basis. The supervisor has access to current case information via the department's case management system and reviews case files regularly. In addition, a comprehensive placement list is generated weekly, which assists both probation officers and the supervising probation officer assure that court reports, case plans and monthly contacts are completed timely.

CWS

DHS utilizes a number of tools to monitor quality assurance. These include:

- The use of SDM, completed by social workers on all referrals and cases, which assures a more uniform response to referrals and assessment of safety and risk.
- SafeMeasures is a tool that social workers, supervisors and program managers can utilize to monitor compliance with meeting mandates and to quickly measure several aspects of the status of referrals and cases. SafeMeasures is being utilized by program managers on a routine basis to provide factual, statistical based research to supervisors and social workers in relation to their performance on expectations in regards to referrals and cases.
- Program managers also conduct periodic quality assurance analysis on randomly selected referrals and cases, utilizing the CWS/CMS system.

E. Service Array:

1. Availability of services

CWS Services Available in El Dorado County

The services below are offered to children and families County-wide and individualized to meet the unique needs of children and families. The barriers are as identified by CSA survey participants and in EDC's May 2008 PQCR. Due to lack of funding, some community based service agencies in EDC have waiting lists. There is insufficient information available to determine if services are adequate, sufficient or effective. The perception from DHS's community partners is that housing and food assistance is insufficient to meet basic needs that support families, and this lack is directly linked to the prevalence of child abuse and neglect.

Category	Service	Barriers/Gaps
Services that assess the strengths and needs of children/families and are used to determine other services needs	<ul style="list-style-type: none"> ▪ Intensive in home family maintenance services and visits by social workers, public health nurses and other professionals. Home visits, identified by CSA survey participants to be one of the most effective and important services, is currently very limited in EDC due to funding issues. ▪ Intake and assessment ▪ Case management ▪ Health care screening in clinics ▪ Health care advocates in clients' homes ▪ Differential Response ▪ Children and Parents Resource Team (CPRT) ▪ Wraparound services ▪ Best Beginnings 0-5 ▪ Together We Grow 	<ul style="list-style-type: none"> ▪ Lack of funds ▪ Limited staff ▪ Limited bilingual and bicultural staff ▪ Limited public awareness of community resources ▪ Limited case management collaboration ▪ Some communities are physically isolated from the rest of the County, making service delivery difficult ▪ Limited public transportation ▪ Lack of parent mentors ▪ Limited family involvement ▪ Limited DHS staff, frequent change in social workers ▪ Culturally specific programs to address child abuse and neglect are minimal in EDC so some groups fall through the cracks, such as the Hispanic and Native American populations

Category	Service	Barriers/Gaps
Services that address the needs of the family/child to create a safe home environment	<ul style="list-style-type: none"> ▪ Intensive in home family maintenance services and visits by social workers, public health nurses and other professionals ▪ Intake and assessment ▪ Therapy/counseling ▪ Family Team meetings ▪ Parenting support groups ▪ Parenting skills training ▪ Health services ▪ Food assistance ▪ Financial assistance for temporary shelter and permanent housing ▪ Subsidized child care ▪ Anger management ▪ Substance abuse treatment ▪ CPRT ▪ Wraparound services 	<ul style="list-style-type: none"> ▪ Lack of parent mentors ▪ Lack of funds ▪ Limited DHS staff exacerbated by high turnover ▪ Shortage of bilingual and bicultural staff ▪ Limited family involvement ▪ Limited public awareness of community resources ▪ Shortage of affordable housing ▪ Limited case management collaboration ▪ Limited Public Transportation ▪ Counseling and Therapy available only to those with Medi-Cal or private insurance ▪ Some communities are physically isolated from the rest of the County, making service delivery difficult ▪ Slow response time for children at the shelter to decide whether or not they can return home

Category	Service	Barriers/Gaps
Services that enable children at risk of foster care placement to remain with their families	<ul style="list-style-type: none"> ▪ Early intervention through counseling and therapy ▪ Respite ▪ Home visits ▪ Parenting support groups ▪ Parenting skills training 	<ul style="list-style-type: none"> ▪ Lack of funding ▪ Limited DHS staff, high turnover ▪ Limited bilingual/bicultural staff, also identified in PQCR ▪ Lack of sufficient number of available emergency

Category	Service	Barriers/Gaps
Services that enable children at risk of foster care placement to remain with their families (continued)	<ul style="list-style-type: none"> ▪ Health services ▪ Food assistance ▪ Financial assistance for temporary shelter and permanent housing ▪ Crisis Intervention ▪ Subsidized child care ▪ Anger management ▪ Substance abuse treatment ▪ Shelter ▪ Teen Court (Probation) ▪ Informal probation supervision (Probation) ▪ Student Attendance Review Board ▪ Juvenile Drug Court (Probation) ▪ Dependency Drug Court for Court Ordered Voluntary Family Maintenance cases. ▪ CPRT ▪ Placement Team ▪ Mental Health Treatment Team Meeting ▪ Wraparound Services ▪ Family Reunification services (Probation) ▪ After Care (Probation) ▪ Substance Abuse Turnaround Education Program (Probation) ▪ Challenge Program (Probation) 	<ul style="list-style-type: none"> shelter/respite beds ▪ Strict relative approval regulations, which are limiting ▪ Limited Community knowledge of resources available ▪ Lack of parent mentors ▪ Initial intervention often not early enough to engage family in services before situation becomes a crisis. ▪ Residents in remote areas have limited access to services ▪ Limited Public Transportation ▪ Limited case management collaboration ▪ Limited family involvement ▪ Shortage of affordable housing ▪ Some communities are physically isolated from the rest of the County, making service delivery difficult ▪ Lack of funding for effective Native cultural programs for the Native community of 6,000 in EDC

Category	Service	Barriers/Gaps
Services that enable children at risk of foster care placement to remain with their families (continued)	<ul style="list-style-type: none"> ▪ Teen Choices 	

Category	Service	Barriers/Gaps
Services to help children safely and appropriately return to the families from which they were removed	<ul style="list-style-type: none"> ▪ Counseling and therapy ▪ Court advocacy and oversight ▪ Parenting support groups ▪ Children's group ▪ Kinship classes ▪ Substance abuse treatment ▪ Case management ▪ Parenting skills training ▪ Health services ▪ Food assistance ▪ Financial assistance for temporary shelter and permanent housing ▪ Subsidized child care ▪ Anger management ▪ Supervised visits ▪ CASA ▪ Drug Dependency Court ▪ Supportive and Therapeutic Options Program (STOP), through Mental Health, provides Mental Health services to families when children have returned home 	<ul style="list-style-type: none"> ▪ Lack of funding ▪ Limited DHS staff, high turnover ▪ Limited bilingual/bicultural staff ▪ Cultural differences ▪ Lack of parent mentors ▪ The SLT DHS office is close to the California/Nevada state line. Families frequently move from one jurisdiction to another, disrupting service continuity ▪ Residents in remote areas have limited access to services ▪ Limited case management collaboration ▪ Lack of supportive services ▪ Lack of sufficient number of foster families in SLT leads to children being placed outside the community, thus potentially affecting reunification ▪ Lack of post-placement services ▪ Lack of evidence-based services available in the County

Category	Service	Barriers/Gaps
Services to help children safely and appropriately return to the families from which they were removed (continued)	<ul style="list-style-type: none"> ▪ CPRT ▪ Wraparound ▪ Incredible Years, Trauma Focused Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> ▪ Limited Public Transportation ▪ Limited affordable housing in EDC ▪ Limited family involvement ▪ Limited Community knowledge of resources available ▪ Unemployment/lack of jobs in EDC ▪ Service providers sometimes get little notice that a family is reuniting, limiting pre-planning ▪ Court rulings may delay or accelerate reunification

Most Effective CWS Services

Participants in EDC’s CSA process were asked what services they felt were the most effective in preventing child abuse and neglect, most effective in helping parents reunite with their children and most effective in preventing re-entry into the foster care system. Fifteen surveys were returned from a wide variety of community partners. The following chart shows the results, the most effective services according to the respondents, in descending order.

Category	Service
<p>What services do you feel are the most effective in preventing child abuse and neglect?</p>	<ul style="list-style-type: none"> ▪ Intensive in-home family maintenance services/visits by social workers, public health nurses and other professionals. Home visits, identified by CSA survey participants to be one of the most effective and important services, is currently very limited in EDC due to funding constraints. ▪ Parenting Education ▪ Individual/Family Counseling ▪ Substance Abuse Programs ▪ Family conferencing/decision making ▪ Wraparound services ▪ Job training and assistance ▪ School based programs ▪ Affordable housing ▪ For the Native Community, traditional cultural prevention, family and parenting group programs ▪ After school programs

Category	Service
<p>What services do you feel are most effective in helping parents reunite with their children?</p>	<ul style="list-style-type: none"> ▪ Parenting Education ▪ Individual/Family Counseling ▪ Substance Abuse Programs ▪ Intensive in-home family maintenance services/visits by social workers, public health nurses and other professionals ▪ Wraparound services ▪ Family conferencing/decision making ▪ Affordable housing ▪ Job training and assistance ▪ System of Care approach; mutual goals and commitment by agency leaders, evaluation component and networking at direct service level on an interagency plan

Category	Service
<p>What services do you feel are the most effective in preventing re-entry?</p>	<ul style="list-style-type: none"> ▪ Intensive in-home family maintenance services/visits by social workers, public health nurses and other professionals ▪ Wraparound ▪ Parenting Education ▪ Substance Abuse Programs ▪ Individual/Family Counseling ▪ Family conference/decision making ▪ School based programs ▪ Job training and assistance ▪ Affordable housing ▪ Traditional cultural support groups

CWS Services needed in EDC

CSA participants were also asked if they were aware of any needed services in the County that were not currently available, but might be implemented. Responses were:

- Intensive Therapeutic foster homes could cut down on the number of children who require group home placement out of County due to more severe behaviors.
- Services have been cut all around so much in the past year through County Departments and Community Based Organization(s) (CBOs), we don't know what is still available. Mental Health (MH) and Public Health (PH) services are limited, CBOs have experienced lots of budget cuts and, anyone funded by the County has lost those programs like home visiting and MH's Wraparound program.
- More intensive community based home visitation. Family Connection's (FC) home visiting program ended 2 yrs ago due to funding cuts. This program is important in preventing child abuse and neglect. The only home visiting FC does now is through contracting w/CPS, definitely valuable, but from a prevention perspective, this County has dropped the ball.
- More Wraparound services.
- Need more AOD continuum of care: prevention, inpatient and after care.
- It would be helpful if services were more integrated and delivery planning and implementation included all levels of providers, i.e. Administration (planners and approvers) to implementation - direct service staff. Also, from my perspective, CPS does not have an adequate number of social workers, and frequent change of social workers can be a

problem. Second question, on what level is return to home and sustaining the return a total community priority?

- Home visiting with both paraprofessionals and professionals. Programs such as nurse-family partnerships. We currently have best beginnings Home Visiting with nurses funded through First 5. We may want to expand this program and integrate with Public Health Nurse(s) (PHN)(s), social workers, etc.

The following are the multi-disciplinary teams in El Dorado County and their purpose.

- Wraparound Family Teams
These teams are made up of family members, close friends, neighbors, spiritual leaders, teachers, service providers, volunteers, social workers, probation officers and mental health providers. They determine the strengths and weaknesses of children/families and develop a strategy of services necessary to keep families together.

The Mental Health Services Act (MHSA) Wraparound program was recently eliminated in EDC due to budget cuts. A CSA survey comment is that this will put more children at risk for placement as it leaves some families with limited options. The DHS SB 163 Wraparound Program is still operational.
- Placement Team
Membership includes representatives from Child Protective Services, Mental Health, Probation and the County Office of Education. This team reviews children's needs to determine the most appropriate placement environments, including group homes.
- CPS Field Service Project
This project places a Public Health Nurse in CPS. The nurse works with CPS social workers to provide a collaborative approach to visiting children who are in, or referred to, the child welfare system. The nurse works with community resources and health care providers to furnish a skilled professional assessment, case finding, care coordination and intensive informing, support and referral that increases access to care for at-risk target populations. The PHN is a great link to families, providing the extra set of eyes needed to ensure the health of the children and assist the family to link up to needed services. Often viewed in a more favorable light by the families, the PHN can often intervene more effectively than DHS staff.
- School Attendance Review Board (SARB)
This Board is composed of representatives from various youth-serving agencies and helps truant or recalcitrant students and their parents or guardians resolve school attendance and behavior problems through the use of available school and community resources. The goal of SARB is to keep students in school and provide them with a meaningful educational experience. Per CSA input from Public Health: School performance is often the first indicator of family dysfunction and a key element for early intervention, as the child spends up to 6-8 hours a day in school. It is imperative that the DHS representative remain on SARB as well as the other attending agencies. One CBO translates for this group on the Western Slope for Spanish speaking families and supports the families to some degree when possible. Comment from another participating CBO: Our agency participates in SARB and feels it is a good use of time and resources. Many decisions are made at SARB that positively affect children and families. It is an excellent collaboration.

- The Divide Wellness Center in Georgetown
This is a collaborative between the Black Oak Mine School District, Marshall Hospital, Public Health and the Divide Community Services Network. It is a medical clinic which also provides social services. The clinic provides the only source of healthcare on the entire Georgetown Divide. With transportation off the hill being difficult and almost non-existent, it provides a vital service. Unfortunately, there is still no prenatal care provider on the Divide. Women are required to come to Placerville or go to Placer County for prenatal care.
- Young Parents Program
This program provides counseling and parenting skills training for young parents in the Tahoe Basin. It is made up of representatives from Tahoe Youth & Family Services, Public Health, and SLT schools. Public Health continues to assign a PHN to this project. The girls have a tremendous need for education, role modeling and mentoring on how to care for a baby.
- Concerned Advocates for Perinatal-Related Issues (CAPRI)
This group is a nonprofit organization whose mission is to improve the health and well being of the children and mothers in the Alpine/EI Dorado area that are at risk due to perinatal drug exposure. Toward that end, CAPRI works to ensure a comprehensive, coordinated approach to prenatal care, appropriate screening, assessment, referral and treatment and provides regional outreach and community education. The group includes Western Slope, SLT and Alpine County members from Public Health, DHS, hospitals, medical clinics, recovery centers, women's centers, education, the local Native American tribe, Healthy Start and First 5. This group is more active in the SLT area than on Western Slope. Totally grant funded, it lacks sufficient monies to provide much impact, although the need and willingness is present. Western slope physicians are hesitant to overtly screen for perinatal substance abuse for a variety of reasons, one being the lack of professional available affordable follow through treatment/care if abuse/need is discovered. Our preinatal substance abuse still remains one of the highest in the State. The last study revealed 23% of babies born in the County were toxicology positive for non-prescribed medication and illicit drugs.
- Sexual Assault Response Team (SART)
This SLT team meets quarterly and consists of representatives from the SLT Women's Center, EDC District Attorney, law enforcement (Douglas County and EDC Sheriff and SLT Police Department), CPS, CASA and Barton Hospital. It is a multi-disciplinary team that responds to adult and child survivors of sexual assault in SLT. This team creates protocols, case manages and responds as a team to sexual assaults in the SLT community.
- Community Alliance to Reduce Truancy (CART)
CART is a collaborative partnership between Probation and the high school districts, which stations juvenile probation officers at various high school campuses to create a safe school environment by deterring truancy, problem behaviors, delinquent activity and violence.
- Teen Court
This program involves Probation, Public Health, high schools, the community and the Juvenile Court, which work together to establish a court setting where delinquent juveniles receive a disposition from a jury of their peers. Current budget issues may impact the future availability of this program.

- Juvenile Drug Court Program
This team addresses the needs of non-violent juveniles for whom the primary basis of delinquent behavior is drug/alcohol abuse and develops treatment strategies. The team includes Juvenile Court, Probation, Public Health, Tahoe Youth and Family Services, Progress House, attorneys and treatment professionals. Public Health has had success in the past with intervention in the Juvenile Drug Court Program (and adult drug court). However, lack of funding now prohibits adequate PHN intervention.
- Native American Resource Collaborative
This collaboration serves EDC and is made up of members from Native TANF, Foothill Indian Education Alliance, Shingle Springs Behavioral Health and two Native American counselors from New Morning Youth and Family Services. The collaboration was formed to address the un-met and under-funded needs of the Native American community in EDC, which consists of Shingle Springs Rancheria members and a large Inter-Tribal Native American community of 6,000 individuals spread throughout EDC. The collaboration has surveyed the needs of the community and tries to find funding to meet these needs.
- Community Strengthening Coalition
This is a Western Slope group of non-profits, CBOs and individuals. The mission of the Community Strengthening Coalition is to work collectively to strengthen the lives of all community members on the Western Slope.

In working to accomplish this mission, the Coalition has set the following priorities:

- Primary: Children
- Secondary: Families
- Tertiary: Community

The Community Strengthening Coalition is united in the effort to create a healthy, safe and flourishing place to live. They do this by identifying and responding to the health, social-emotional and educational needs of the Western Slope Community, through collaborating, developing innovative solutions and maximizing resources. There are currently have approximately 51 representatives.

- Health Advisory Committee
This group meets twice per year to discuss the health needs of children in the community. The Health Advisory Committee is facilitated by the EDC Office of Education (EDCOE), Child Development Division. Membership consists of the EDCOE Health Coordinator, nutritionist, pediatrician and dentist, Director of Child Development, CBOs such as Family Connections, Progress House, Head Start and Early Head Start, consumers and County participants from various divisions of Health Services. The group reviews current health issues for younger children, reviews the status reports of the Head Start programs, gives a nutrition in-service training and receives presentations from various people. It is video-conferenced to participants in SLT.
- Children and Parents Resource Teams (CPRT)
EDC DHS is involved in Multi-Disciplinary Teams on both slopes of the County called Children and Parents Resource Teams, with public agencies and community-based organizations, to review cases across disciplines. This process leads to increased collaborative case planning and referral resources.

2. Assessment of needs and provision of services to children, parents, and foster parents

CPS social workers and probation officers meet regularly with children, parents, and foster parents to assess client needs and appropriateness of services and collaborate on the case plan and case plan updates, which are completed at least every six months.

DHS staff meets weekly to discuss new detentions and referrals that are determined to be a risk for further CPS intervention to come to a team agreement as to how to proceed with the referral. These meetings include supervisors, program managers, mental health, public health when indicated and the social worker who is assigned to the referral being discussed and staffed. In both Placerville and SLT, referrals are routinely staffed between the social worker and supervisor to determine the need for further intervention. In Placerville, the program manager is often involved in these case staffings.

DHS is involved in CPRT on both slopes of the County in order to review cases across disciplines with public agencies including the Probation Department and CBOs.

DHS uses Differential Response (DR) to capture those cases that would otherwise go without services due, in part, to client's interest to participate in services as well as the low level of risk given the allegations. The use of DR should decrease the recidivism rate of referrals back into the County CPS system.

The County Foster Parent Association meets monthly with CPS administration to discuss needs. There is also a foster parent training segment at each meeting.

At least some service providers in the County utilize pre and post tests and satisfaction surveys, completed by clients and/or therapists and other service providers prior to, during, and after service delivery, to determine if clients' needs are being met and if services provided are effective.

3. Services to Indian children

The Probation Department has not placed a Native American minor out of the home in the past three years; therefore, no services have been provided.

CWS services to Indian children are in compliance with ICWA. If a child is determined to be an Indian child, or there is a possibility that the child is Indian, the tribes are noticed of hearings and the right to intervene in the dependency process. If an Indian child is placed out of home, then every effort is made to place the child either with a relative who has Indian heritage or an Indian foster home.

F. Staff/ Provider Training:

Probation

All probation officers are required to complete forty hours of annual training approved under the State of California Standards and Training for Corrections (STC). The training provided to probation officers is determined by management after careful consideration of a variety of

factors, including overall department and staff training needs, budget limitations on travel, lodging and tuition and Judicial directive.

Probation officers assigned to supervised minors placed out of the home are required to meet all standards adhered to by social workers, but do not receive equal training provided to social work staff. However, the department recognizes the importance of specialized training for officers involved with minors placed out of the home. To meet CDSS regulations, by the end of the fiscal year, both probation officers supervising minors out of the home will have completed the "Probation Officer Placement Core," as offered by the Resource Center for Family-Focused Practice, Center for Human Services, at the University of California, Davis. This three module program consists of sixty-three hours of training in seven days. Further, the supervising deputy probation officer attended the eighteen hour supervisory course through UCD, "The Way Things Work and Why."

CWS

New CWS social workers attend CORE training, Phase I & II through the Northern Academy, Center for Human Services, UC Davis Extension, University of California, during their first two years of employment. The CORE Phase I program consists of a total of 14 days in 5 modules and is to be completed within the first year of employment. The CORE Phase II program requires the completion of a class within each of eight subject areas. CORE provides CWS social workers with a strong foundation to work with families and children in child welfare. New CWS workers are also trained by their supervisors and are "paired" with experienced social workers who mentor them. Forty hours of training every two years is required for ongoing CWS social workers and supervisors and is provided through the Northern Academy and in-house. In-house training for new and experienced CWS social workers is provided by experienced staff and community partners such as County Counsel, on specialized topics such as local resources, legal issues and new regulations. The University of California at Davis (UCD)'s Northern Academy has been most accommodating in providing training locally when the topic is one from which the majority of staff can benefit. DHS provides basic and specialized topic CWS/CMS training for CWS social workers. New social workers attend State-sponsored CWS/CMS training as soon as a new user class is available. New supervisors attend Supervisor CORE within their first year of employment as a supervisor, through UCD's Northern Academy.

Efforts are ongoing to identify key training issues and include instruction on said issues in desk guides. When coupled with mentoring of new staff and Northern Academy training, this allows new social workers to effectively assume greater case responsibility while simultaneously ensuring the CWS basics have been mastered, and allows experienced social workers to keep abreast of changing issues in the CWS arena.

Training areas identified in the May 2008 PQCR were:

- Structured Decision Making
- DSM/Mental Health training to assist in understanding MH diagnosis, psychotropic medications and dual diagnosis
- Identifying and recognizing signs of alcohol and other drug use (AOD)
 - Use of SASSI tool to identify treatment discrepancies that affect case management service direction

- Drug testing practices and how to determine results (several social workers mentioned test results are inconsistent even when testing is repeated after a very short period of time)
- Motivational interviewing
- Recognizing signs of sexual abuse
- Multidisciplinary Interview Center (MDIC) forensic interviewing

EDC DHS, Folsom Lake College, Placerville Campus and Lake Tahoe Community College provide monthly foster and kinship care education classes, workshops and support groups designed to engage and educate caregivers regarding the educational, emotional, behavioral and developmental needs of children and youth. Support groups provide a forum where childcare experiences, problems and solutions are shared and emotional support is available. No-cost structured and supervised childcare and food are provided.

G. Agency Collaborations:

1. Collaboration with public and private agencies

The Probation Department collaborates with the EDC DHS regarding contracting, eligibility, Medi-Cal and clothing allowances for relative and NREFM homes. Further, as indicated in the PQCR, probation officers work well and communicate efficiently with the DHS ILP social worker. Also, the Public Health Division of the EDC Health Services Department provides a part-time public health nurse to address health and medical related issues. In addition, the Probation Department works with a number of local service providers and agencies to ensure services are in place for each minor placed out of the home, including the Mental Health Division of the EDC Health Services Department, local foster family agencies and local counseling providers. Lastly, if a minor is placed out of EDC, the probation officer must assist in coordination of ILP services with the program coordinator in the county in which a minor is placed.

EDC DHS is involved in several collaborative ongoing public and private agency groups addressing child welfare issues. Some are:

- The Lake Tahoe Collaborative is comprised of local public and private agencies and has the expressed intent of sharing information regarding services and resources in the Tahoe Basin.
- DHS participates in an MOU among all law enforcement agencies in EDC, as well as Mental Health, Probation and the County Office of Education, regarding responsibilities for actions by each agency to handle dangerous behavior in schools.
- DHS is part of a CPRT on both slopes of the County. CPRT is a Multi-Disciplinary Team (MDT) with representatives from local public agencies and community-based organizations that meets to staff cases across disciplines. This process has led to increased collaborative planning for clients.

- Through an MOU with Public Health, nurses are housed at DHS, facilitating collaboration between these two agencies. Public Health Nurses work with CPS social workers to provide a collaborative approach to visiting children who are in, or referred to, the child welfare system.
- An addiction specialist from Public Health provides drug and alcohol assessments and acts as the facilitator for Dependency Drug Court.
- DHS is party to an MOU with Public Health and the Superior Court to provide a Drug Dependency Court in EDC. Drug Dependency Court was praised by CSA survey respondents as a success in EDC.
- DHS is a long standing member of SARB.
- DHS provides a Department Liaison to the CAPC to keep CAPC apprised of DHS issues and to facilitate CAPC contracts and Children's Trust Fund expenditures. A DHS representative at the program manager level also attends CAPC meetings when possible.
- SB 163 Wraparound Program, see definition in Glossary, represents a collaboration between DHS, Mental Health, Probation, Public Health and the EDC Office of Education. As well as providing direct Wraparound services to appropriate children, Wraparound savings funds are currently funding other programs in EDC:
 - Foster and Wraparound youth respite and/or shelter care
 - Foster and Wraparound youth crisis stabilization
 - Staffed transport and shelter support
 - Support for the annual California Youth Connection dinner with CASA
 - Support for the Town of Independence event with CASA and ILP
 - Support for the Incredible Years programs through Mental Health
 - Celebrating Families! Program
 - Foster and Wraparound youth groups through Mental Health (girls) and a Community-Based Organization (boys)
 - Foster and Wrap youth transportation expense reimbursement program through the Foster Parent Association
 - Support for the local shelter and programs to replace the high-risk youth funding that was cut from the Public Health budget this year

Collaboration with other agencies was mentioned as a strength in EDC's May 2008 PQCR. From the Court Focus Group in SLT came the statement, "CWS has great collaboration with CASA".

CWS also regularly collaborates with service providers and other agencies (e.g. Mental Health, Police Department, Public Health, CalWORKs staff, Women's Center, attorneys, ALTA) on referrals and cases.

DHS and Probation continue to have a closer, more collaborative relationship as a result of working together to develop on the PQCR, CSA and SIP.

Reports are published periodically by special interest groups that discuss the challenges children/families face and the County's progress in meeting their needs. They include:

- *First Five El Dorado (formerly known as Children and Families Commission of El Dorado County) 2006-2011 Strategic Plan* which addresses the emotional, social, physical and intellectual needs of children, ages 0-5.
- *Measuring Our Health – the Health Status of El Dorado County* assesses the impact of programs, services, systems and policy changes on the health and well being of individuals and communities.
- *Peer Quality Case Review, County Self Assessment and County System Improvement Plan* – address strengths and areas needing improvement in the Child Welfare System and the local community at large.

The PQCR, CSA and SIP processes all make it clear that there is a continued need for a broader community involvement and shared responsibility for the protection of children. DHS will continue to collaborate with, and work on improving communication with all of its child welfare partners.

2. Interaction with local tribes

EDC DHS continues to attempt to engage the Native community in processes such as the County Self Assessment. A Native TANF representative did participate in this CSA process. The County is grateful to have Native community input.

Mandated reporter training was provided to the Native TANF program in Placerville in late 2008 at their request.

IV. COUNTY-WIDE PREVENTION ACTIVITIES AND STRATEGIES

A. County-wide Primary Prevention Efforts

CAPC, as well as several other community partners, conduct public awareness/education activities on the healthy and positive development of children and parents and the prevention of child abuse and neglect in EDC on an ongoing basis. Activities conducted or sponsored by CAPC in 2007/2008 were:

- Child Abuse Prevention Education program in schools and pre-schools
- Annual Community Summit/Training, topic: Best Practices in EDC
- Annual Child Abuse Prevention month activities including:
 - Co-sponsorship of the local Kid's Expo which takes place during Child Abuse Prevention Month

- Staffing a booth at Kid's Expo to provide a craft activity for children and distribute Child Abuse Prevention educational materials to children and parents
- o Purchase of Shaken Baby Simulator and accompanying educational materials for loan to community partners to train staff and clients
- o Distribution of educational materials at a community training event on parenting by Dr. Karp, a nationally recognized pediatrician/child psychologist
- o CAPC provides Mandated Reporter training in the County, sometimes with the assistance of DHS CPS staff

Public awareness/education events sponsored by other organizations in 2007/2008 included:

- o Positive Parenting Solutions – A free six-session parenting program, including a meal and child care, provided in six different communities in the County, through a collaboration of the Western Slope Community Strengthening Collaborative and First 5
- o Play and Learn – A free parent education and child development program, conducted through the Western Slope Community Strengthening Collaborative
- o Mother Goose on the Loose and Ready to Read programs at local libraries
- o Ready by 5 – A free parenting and early literacy program in the Georgetown Divide area of the County
- o Steps to School – A free parent group to ensure children are ready for school, conducted for the Latino community in the SLT area and provided through the Lake Tahoe Collaborative
- o Youth Development Program – A free-to-the-public program that assists parents and children in all facets of development, includes an after school program, Parent Project, Positive Youth Engagement and drug and alcohol prevention, provided by the Vision Coalition of El Dorado Hills
- o Safe School Symposium – Promotes a safe school environment for all children, provided by the El Dorado County Office of Education (EDCOE)
- o Bullying Prevention Program – Provided in schools on the Western Slope of the County by The Center for Violence-Free Relationships
- o ACCEL Program (Access El Dorado) – An ambitious EDC initiative aimed at improving access to health care for its residents, particularly children, and employees of local businesses. Public and private partners work together to accomplish three main goals:
 1. Increase the number of people who have health insurance and a medical home
 2. Improve local health care delivery system
 3. Improve community return on investment in health care

The program provides access to health insurance products to the uninsured and underinsured who are not covered by other insurance or Medi-Cal. Through this program, there has been a significant increase in the number of children in EDC who have health insurance.
- o Best Beginnings – A nurse home visitation program offered to the families of all children born in EDC.

- o Early Childhood Specialist Program – Assists parents in determining if their children are meeting developmental milestones, a collaboration of the Western Slope Community Strengthening Collaborative and First 5.

The Probation Department will continue to exhaust all local resources prior to placing minors out of the home, when appropriate. These include in custody programs, as well as out of custody counseling and family services.

B. Prevention Partnerships

The EDC CAPC works to coordinate the community's efforts to prevent and respond to child abuse by providing Mandated Reporter training, Child Abuse Prevention Education in the County's schools and various Child Abuse Prevention education training and forums for agencies in the County that provide services to children and families and the public.

The Lake Tahoe Collaborative in SLT serves as a coordinator of child abuse prevention efforts for the Tahoe Basin. This group is made up of representatives of County and non-profit agencies that serve children/families in that community. They meet monthly to share information and coordinate efforts to prevent and respond to child abuse, among other issues.

The Western Slope Community Strengthening Collaborative in its current format is a recent addition to EDC. The group, which formed in 2006 with the stated purpose of identifying and addressing needs and gaps in services to children 0 to 5 and their families along the Western Slope of EDC, re-invented itself in 2008. Its new mission is to work collectively to strengthen the lives of all community members on the Western Slope.

In working to accomplish this mission, the Coalition has set the following priorities:

- Primary - Children
- Secondary - Families
- Tertiary - Community

The primary self-defined role of the Coalition is to identify gaps and unmet needs and work to address them through ongoing collaboration, communication, advocacy and coalition development. The Coalition is comprised of individuals and agencies that have an interest in the mission and activities of the Coalition.

EDC DHS participates in Multi-Disciplinary Teams on both slopes of the County called Children and Parents Resource Teams (CPRT), with public agencies and community-based organizations, to review cases across disciplines. This process leads to increased collaborative case planning and referral resources.

Differential Response (DR) Path II referrals can be brought to the CPRTs for discussion if CPS feels the need for broader input. Families who are in need of assistance in order to not enter the CWS system can be referred to appropriate community services allowing CPS referrals to be closed. Community agencies are also able to refer their clients to these resources without going

through CPS. Absent other resources, DR Path II and community provided preventative services can be funded with appropriate Child Abuse Prevention and Intervention or Promoting Safe and Stable Families funds. DR Path I referrals are initiated by CPS Intake staff to area resources.

School Attendance Review Board (SARB) is composed of representatives from various youth-serving agencies and helps truant or recalcitrant students and their parents or guardians resolve school attendance and behavior problems through the use of available school and community resources. The goal of SARB is to keep students in school and provide them with a meaningful educational experience.

The Probation Department will continue to work together with local and State agencies to ensure minors and families receive appropriate services in order to improve child and family welfare.

C. Strategies for the Future

Strategies for the future will be more fully developed in the County's upcoming System Improvement Plan (SIP) and will include:

- o Continue and increase efforts to collaborate with community partners in venues such as the CPRT, Wraparound and Placement Committee in order to focus on achieving improved outcomes for children and families in our community
- o Continue and increase efforts to work with community partners and in-house to capture pertinent data to measure outcomes
- o Continue to develop current written policies and procedures to assist social workers in fulfilling their duties
- o Continue and expand the use of SDM to assure uniform response and assessment on referrals and cases
- o Continue to further involve families in case plans
- o Incorporate plans with community partners for support/services needed by the family after reunification to assure re-entry of children to the system is minimal
- o Continue efforts to reduce social worker turnover, providing increased consistency for clients
- o Investigate the possibility of having one social worker for the life of a case

The Probation Department will continue to develop written out of home placement policies and procedures to assist probation officers to fulfill their duties.

V. SUMMARY ASSESSMENT

OUTCOMES

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

For the past several years, in response to the needs of the community, the Department modified its prior program policies and created new policies and procedures, whereby the majority of referrals of suspected child abuse or neglect are investigated. The Department has continued to train on SDM, further implemented the DR program in EDC and increased collaborations in the community, all with the goal of further protecting the children of our community.

CAPC has become increasingly active in bringing awareness to the community of child abuse and neglect issues and resources.

Social workers are receiving both formal training and in-house training on policies, procedures and child abuse and neglect related issues in an effort to keep them updated on new research and also on the best way to investigate referrals so that child safety is assessed to the best of their ability. Social workers are being mentored by their supervisors and program managers and given a clear message that children are, first and foremost, to be protected from abuse and neglect.

2. Children are maintained safely in their homes whenever possible and appropriate.

First and foremost, the children in EDC are maintained in their homes whenever possible and appropriate. Through DR, CPRT, Wraparound and Family Maintenance programs, families are assisted with issues that could cause child abuse and/or neglect, without the need to remove children from the home. Children are only removed when there is no other choice to ensure the safety of the children.

Families are provided with both services and ongoing monitoring to ensure that children can safely remain in their homes. This can occur through both voluntary and court ordered services.

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

EDC continues to seek permanency for foster care children. EDC has implemented several case management practices over the last few years, including SDM and concurrent planning staffing with the adoption supervisor, contributing to children being placed in a permanent living situation.

Data demonstrates that EDC exceeds the State average and the National Goal in median time to reunification, reflecting that DHS exercises caution in returning

children to their families but is still within mandated time frames. EDC exceeds the State average and National Goal in the percent of children exiting to reunification in less than 12 months and the percentage of children reunified in less than 12 months. EDC exceeds the State average and National Goal in foster care re-entry following reunification. Possible reasons and areas for improvement are listed under Reunification Composite on pages 26 and 27 of this document. Improvement on this outcome measure will be the primary focus of EDC's upcoming System Improvement Plan.

EDC exceeds the State average and National Goals in all Adoption measures except adoption within 12 months (total 27 months in care). The County will increase efforts to ensure that concurrent planning begins earlier in a case, that fos-adopt homes are identified, that CWS/CMS data entry issues are addressed and that compliance is monitored in order to improve this outcome.

EDC continues to address barriers that present challenges to permanency, including continued recruitment of foster homes, particularly in the SLT area. The County also continues to work with community partners to address the challenge of providing post-placement services to support families once children have been returned home.

EDC will continue to assess the relationship between early reunification and reentry rates, as it appears that children may have experienced increased reentry into foster care due to returning home too soon to parents/caretakers who are not yet ready to care for the children in their homes. EDC can ask that a family continue to be involved in a dependency case through court ordered family maintenance cases after children are returned home. This may assist with children being able to remain safety in their homes after being reunified.

EDC and service providers can better serve families and children by assessing their true needs as early on in the case as possible and providing services as quickly as possible. In that way, the time constraints that CPS, families and Courts have in relation to federal mandates may be utilized much more efficiently so that families/children can truly benefit from services in the amount of time available.

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

Although there has only been a slight increase in the number of foster homes over the past three years, (54 as of December 2006, 57 as of December 2007 and 59 as of December 2008), the County has been able to increase the placement of sibling groups in the same foster homes over time and is above the State average in sibling co-placement.

When siblings cannot be placed together, the County supports family relationships and connections by encouraging sibling visits.

A lack of sufficient numbers of foster homes, particularly in the SLT area, is an ongoing issue, as also identified by the PQCR. As of August 2008, a half time social worker was hired to work exclusively on SLT foster parent recruitment. This social

worker is also working collaboratively with SLT Foster Family Agencies to utilize resources and to broaden their outreach efforts to appeal to a larger pool of potential foster parents. As a result of these efforts, five new Foster Family Agency homes are in the process of being licensed. EDC continues to focus on foster family recruitment and retention to enable children to be placed closer to their families, as well as with their siblings.

5. Children receive services adequate to their physical, emotional and mental health needs.

Children will be appropriately assessed early on in the dependency case as to their physical needs through medical examinations and training to care providers and their emotional and mental health needs, through mental health providers. Based on the professional assessments and recommendations, children will be provided with appropriate services.

6. Children receive services appropriate to their educational needs.

EDC utilizes a foster child educational liaison to ensure that foster children are receiving services appropriate to their educational needs. Social workers can continue to attend such education meetings as Individualized Education Plans (IEPs) to ensure that children are receiving services to meet specialized educational needs. Foster parents can be trained and encouraged to participate more in their foster children's education. Parents, who also continue to have educational rights, are court ordered to stay involved in their children's educational lives.

7. Families have enhanced capacity to provide for their children's needs.

Families' needs will continue to be assessed utilizing the SDM tools. Appropriate services can be provided either through CPS or through community agencies that the families are referred to through CPS, the DR program, SARB and other programs designed to help children. Families involved in court cases can be encouraged to be more involved in meeting their children's needs through social worker, foster family support and monitoring.

8. Youth emancipating from foster care are prepared to transition to adulthood.

El Dorado County ILP has continued to work actively with ILP youth, community partners, CASA, community colleges and OneStops to provide the services our youth need for successful emancipation. Life skills classes and individual appointments are provided on site at either local OneStops or community colleges to encourage youth to utilize those services. The Town of Independence camp, conducted yearly in coordination with CASA, has been very popular with the youth, providing life skills instruction as well as leadership opportunities for aftercare youth

serving as peer counselors. ILP has also been actively working with the County's new California Youth Connection chapter.

The Emancipation Prep(aratory) meetings, held quarterly for each youth, provide the individual attention needed by ILP youth in emancipation planning. These meetings have been very successful in creating a team approach by involving social workers, CASAs, foster parents and other important adults in assisting each youth with addressing their emancipation needs. By partnering, we have been able to make available resources and staff time stretch further, and thus better serve our ILP youth.

El Dorado County ILP has also been working on strengthening and growing our transitional housing program. The EDC ILP coordinator meets regularly with our contracted agency to discuss progress in both the THPP and THP Plus programs. Effort has also been made to educate social workers, youth and foster parents on what the transitional housing programs have to offer our youth, which has resulted in higher participation numbers in both programs. The THP Plus program has been in operation for nearly two years and has just doubled in size from five to ten beds. This program has been filled to capacity continuously and has been key in preventing homelessness for many of our community's former foster youth.

Probation

Regarding the eight outcomes, the Probation Department focuses on maintaining minors safely in their homes whenever possible and appropriate. Probation supervision, in conjunction with in and out of custody programs focusing on substance abuse, family counseling, and life skills, assists most minors to remain in the homes of their parent(s)/guardian(s). These programs prove helpful, as only sixteen minors were in out of home placement in 2008. All minors are referred to services addressing the emotional, mental health, and educational needs of each, whether they remain in the home or are placed out of the home. Lastly, as indicated in the PQCR, minors who are placed out of the home and are preparing to transition to adulthood are encouraged to participate in ILP services, as those who participate benefit greatly.

A. Discussion of System Strengths and Recommendations/Areas Needing Improvements, from the County Self Assessment and the May 2008 PQCR.

CWS focused on re-entry in the May 2008 PQCR.

CWS System Strengths

- o Many social workers are dedicated, strong and committed to helping their families by heavily involving them with case planning development in the beginning while empowering them throughout the case. These social workers continually reassess the case plan as the family

dynamics evolve, customizing the case plan objectives as the client's needs change, and tailoring case management approach and engagement with families based on the strengths and needs of the family rather than on the minimum specified by policy.

- Many social workers are knowledgeable about local resources, have built relationships with providers and are proficient at connecting clients with the right services. They maintain good collaborative contacts with service providers, including monthly calls and written feedback to facilitate case plan goals.
- Parent partners. Those parents with Parent Partners greatly benefited from their support.
- Parents report making strong improvements in their lives as a result of their involvement in the Child Welfare System.
- EDC's Drug Court is a huge success. CBOs have seen much progress in clients involved in the Drug Court.
- There is an improvement in CPS partnering with agencies, utilizing resources more effectively.
- CWS provides parents with access to resources and parenting programs.
- CPS provides support for day care, AOD treatment, and counseling for parents and youth.
- CASA provides a great benefit to families and youth.

Areas Needing Improvement

- Continue to expand use of good practice by providing documentation as to why children need to remain in foster care and not return home until the family is ready.
- Continue increased monitoring of full utilization of SDM at every court hearing to support the Department's recommendations.
- Support families by having pre-placement visits prior to the children returning home full time. This will allow both the child and parent to re-acclimate to being together as a family.
- When children are returned home, continue to provide additional six months of family maintenance services when possible. This allows the social worker to closely monitor how the family is readjusting.
- Institute an ongoing quality assurance process to monitor compliance.
- Conduct monthly concurrent planning meetings with all units in both offices.
- Begin concurrent planning sooner, especially for older children, in hopes of identifying an older adult that would provide permanency.
- Strive for better concurrent planning earlier in the case.
- Identify need for adoption plan sooner in the life of the case.
- Continue to increase efforts for recruitment and retention of local foster homes.
- Recruit for resource families that can not only foster but can possibly adopt the children they care for.

- Expand efforts to attempt to identify placements that can accept all siblings.
- Identify resource families who are willing to have teens placed in their home.
- Work with teens to assist in identifying important adults who may be able to become their foster parent.
- If possible, include the child when determining placement options.
- Avoid social worker changes when possible, which are hard on children, families and planning teams and can delay service delivery.
- Continued implementation of the CPS, CalWORKs and Employment and Training Linkages program.
Note: Two Linkages Trainings were provided by UCD Extension Resource Center for Family-Focused Practice to CalWORKs, Employment and Training and CPS staff in January 2009, Integrated Basic Services Orientation and Integrated Services Coordinated Case Planning.
- Continued training on use of and monitoring of full utilization of SDM.
Note: Advanced SDM Safety Assessment training was given on site by UCD 1/21/09.
- Routine case staffing on all cases.
- Continued development of and training on CWS guidelines.
- Increase family engagement in case plan development and case plan activities.
- Support the re-institution of the Celebrating Families! (CF!) program.
Note: A contract with a local CBO was recently executed and CF! is scheduled to commence in March 2009.
- Ensure support is in place for the family before closing their CPS case.
- Collaborate with other agencies to increase service availability, effectiveness, reporting and timeliness when possible.
- Continue to improve the County's DR program with the goal of lowering child abuse report rates, recurrence of maltreatment rates and re-entry rates.
- Encourage in home support service availability.

Community Improvement Suggestions from the CSA Survey

- There are no longer trained personnel at local hospitals in the County to perform sexual abuse exams. Therefore, children who have been molested have to travel all the way to UC Davis for an invasive medical exam which I feel is an injustice to those kids.
- There is a huge need for training of law enforcement on how to respond to cases of sexual abuse.

Training needs

- Conducting thorough assessments to determine if placements are appropriate to meet the needs of children.
- Determining and relating complete adoptive funding information to families.
- Assessing medical health of child and of prospective family.

- Concurrent case planning.
- Ongoing training in CWS/CMS data entry.
- Ongoing SDM training utilization.
- DSM/Mental Health/Psycho-tropic Medications and Dual Diagnosis.
- MDIC interviewing techniques (re: sexual abuse), youth sex offender profiles.
- AOD testing practices.
- Motivational interviewing/engagement.
- Drug addiction and associated issues.
- Continuing training on available community resources.
- Pursue training on the importance of learning family history as soon as possible after receiving a case. This could include meeting with the prior social worker, reading case history and meeting with the service provider(s).
- Training on the importance of providing consistency in case plan goals even if there is a change in social workers.
- Pursue a goal/plan to not change social workers unless it is absolutely necessary.
- Training on court's position regarding detention and reunification.
- Training on expected communication with service providers to improve their understanding of the family.
- Training on client anger issues, i.e. a true issue for the client or only specific to CWS.
- Training on avoidance of overwhelming and cookie cutter case plans.
- ILP training needed for CWS and Probation staff so that they understand what TILP is, how to make it a useful document and how to engage youth in participating in completion of TILP.

Probation

In the PQCR, the Probation Department focused on minors who are transitioning to adulthood and are receiving services through the Individual Living Program (ILP). All three cases selected received ILP services. Results from the survey and the focus groups indicated that minors who participated gained much knowledge and appreciated the services received. Effective communication was found to be extremely necessary and important between the ILP Coordinator and the probation officer. Further, training in ILP services would be beneficial to probation officers.

Overall Probation Recommendations

- Probation department to work closely with DHS to develop more services for older youth. Difficult to find appropriate placements for youth 17-18 years of age, both during placement and after.

- o Fill positions to reduce caseload size; consider dedicating one full-time position to Placement Unit.
- o Enhance coordination between EDC ILP coordinator and out-of-county ILP services to reduce delays when youth are placed out of county.
- o Train probation officers in Medi-Cal eligibility and services, i.e. drug assessment, mental health assessment and services.
- o Probation officers should be encouraged and provided the opportunity to attend meetings of the Northern California Placement Committee (NCPC) to allow networking with other probation placement officers and to enhance knowledge of placement facilities and programs.
- o Continue development of a probation placement policy and procedure manual.

Glossary

Best Beginnings	<p>Best Beginnings 0-5 is a Nurse-based home-visiting program operated by EDC's two hospitals. Marshall Hospital in Placerville and Barton Hospital in SLT received grants to enhance services to new mothers who give birth at these hospitals. The grants provide for the hospitals to offer home visits following childbirth, as well as follow up phone calls.</p>
Children and Parent Resource Team (CPRT)	<p>CPRT is a Multi-Disciplinary Team (MDT) comprised of a group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, public and private agencies, service providers, law enforcement and other community organizations) that interact and coordinate efforts for children and families, pooling their skills to offer comprehensive, coordinated services. The purpose of the CPRT is to improve the provision of services to at-risk children through interagency collaboration, strength based needs assessment, coordinated case management, advocacy, planning and education. This effort has allowed for the mutual intense review of a large number of difficult or complex cases, resulting in the provision of innovative interdisciplinary services to more than 200 children, parents, caregivers and families in EDC during SFY 2007/2008.</p>
Concurrent Planning	<p>The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home.</p>
Differential Response	<p>A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.</p>
Family-to-Family	<p>An initiative designed in 1992 and field tested in communities across the country that effectively incorporates a number of strategies consistent with the values and objectives of Redesign, including comprehensive assessment, family team decision-making, neighborhood placement in families and concurrent planning to assure children permanent families in a timely manner.</p>
Family Well-Being	<p>A primary desirable outcome of child welfare services whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional and social support) and provide age-appropriate supervision and nurturing of their children.</p>
Initial Assessment	<p>The intake function, the focus of which is to learn more about the immediate safety issues affecting the child, as well as obtain background information about the parent through collateral contacts.</p>

Glossary

Kinship Support Services Program	The Kinship Support Services Program (KSSP) started in EDC in April 2008. The program assists kin caregivers in and out of the foster care system with everything from assistance in filing legal guardianship, to case management, targeted financial assistance, support groups and recreational activities. In the quarter ending 12/28/09, EDC's KSSP assisted 43 clients with various case management services in addition to information and referral services and community outreach activities.
Maltreatment	An act of omission by a parent or any person who exercises care, custody and ongoing control of a child that results in, or places the child at risk of, developmental, physical or psychological harm.
Multi-Disciplinary Team	A group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, service providers, law enforcement and other community organizations) who interact with and coordinate efforts for children and families, pooling their skills to offer comprehensive, coordinated services.
Performance Indicators	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	A primary desirable outcome for child welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time.
Prevention	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Resource Families	Relative caregivers, licensed foster parents and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of various multidisciplinary teams.
Safety	A primary desirable outcome for child welfare services whereby all children are, first and foremost, protected from abuse and neglect.

Glossary

SB 163 Wraparound Program	<p>The Senate Bill (SB) 163 Wraparound Program allows the County flexible use of State foster care dollars to provide eligible youth with family-based service alternatives to group home care. Wraparound is a family-centered, strength-based, needs-driven process for creating individualized services and support for youth and their families. The program serves youth who are currently residing, or at risk of being placed, in a group home licensed at a rate classification level of 10-14. The program also serves, through reinvestment of program savings, additional at-risk youth and their families who may not meet the eligibility criteria to occupy a service allocation slot.</p>
Structured Decision Making (SDM)	<p>SDM is a standardized, research-based tool used to assist social workers in making critical assessments and decisions in regard to children and families.</p>
System Improvement Plan (SIP)	<p>A key component of the C-CFSR, this operational agreement between EDC and the State outlines a county's strategy and action plan to improve outcomes for children and families.</p>
Teen Choices	<p>El Dorado Council on Alcoholism Lifeskills offers a program designed for teens that are just beginning to make poor decisions and, based on those decisions, are facing consequences at home or at school or probation. Teen Choices is a one-time, 6-hour class covering a variety of topics that pertain to what teens are going through and providing them with the tools to make more position decisions.</p>
Together We Grow	<p>Together We Grow is a program through EDCOE's Special Education Local Planning Area (SELPA), which provides assistance to parents in determining if their child is meeting developmental milestones. Along the way, they also provide good parenting information.</p>
Vulnerable Families	<p>Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, those facing homelessness/poverty, victims of domestic violence and those with members whose mental health is compromised.</p>

Acknowledgments

The El Dorado County Department of Human Services thanks the following individuals and organizations for their assistance in the development of the County Self Assessment 2009.

Elizabeth Blakemore, *Coordinator, Child Abuse Prevention Council, Early Care and Education Planning Council, Community Strengthening Coalition*

Karla Kowalski, *El Dorado County Probation*

Kathy Brook-Johnson, *New Morning Youth and Family Services*

Cathie Watson, *CASA El Dorado*

Leanne Wagoner, *South Lake Tahoe Women's Center*

Marie Meagher, *Lake Tahoe Unified School District*

Phyllis Goldie, *El Dorado County Public Health*

Cheree Haffner, *El Dorado County Department of Mental Health*

Darryl Keck, *El Dorado County Department of Mental Health*

Christy Tibbets, *Tahoe Youth and Family Services*

Bonnie McLane, *El Dorado County Foster Parent Association*

Sheila Silan, *El Dorado County Office of Education, Program Coordinator, Foster Youth Services*

Karen Houser, *Boys and Girls Club of Lake Tahoe*

Wendy Wood, *Family Connections*

Kathy Cocking, *Barton Healthcare*

Mary Calligan, *El Dorado County Office of Education, Charter Community School*

Elizabeth Velasco, *Member, El Dorado Indian Council, Inc.*

Susanna James, *Parent Member, Child Abuse Prevention Council*

Lorrie Evers, *Parent Member, Child Abuse Prevention Council*

Doris Jones, *El Dorado County Department of Human Services*

Derek Reddin, *El Dorado County Department of Human Services*

Ken Weston, *El Dorado County Department of Human Services*

Debbie Spieth, *El Dorado County Department of Human Services*

Lee Jackson, *El Dorado County Department of Human Services*

Angela Wilson, *El Dorado County Department of Human Services*

Suzanne Ballen, *El Dorado County Department of Human Services*

Jasara Bento, *El Dorado County Department of Human Services*

Ren Scammon, *El Dorado County Department of Human Services*

Mark Contois, *El Dorado County Department of Human Services*

Lorrie Ogden, *El Dorado County Department of Human Services*

Tina Stevens, *El Dorado County Department of Human Services*

Janet Walker-Conroy, *El Dorado County Department of Human Services*

Cathy Kinzel, *El Dorado County Department of Human Services*

CWS Outcomes Summary EDC 10.01.08

Attachment A

Report publication: OCT2008. Data extract: Q1 2008. Agency: Child Welfare.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance ¹	National Standard or Goal	Most recent perf. rel. to nat'l std/goal ²	Comparison to baseline	
									Direction ? ³	Percent change ⁴
PR*	Participation Rates: Referral Rates*	01/01/07	12/31/07	2,483	40,461	61.4	N.A.	N.A.	No	37.0%
PR*	Participation Rates: Substantiation Rates*	01/01/07	12/31/07	577	40,461	14.3	N.A.	N.A.	No	85.8%
PR*	Participation Rates: Entry Rates*	01/01/07	12/31/07	179	40,461	4.4	N.A.	N.A.	No	149.2%
PR*	Participation Rates: In Care Rates*	07/01/07	07/01/07	270	40,461	6.7	N.A.	N.A.	No	67.1%
S1.1	No Recurrence Of Maltreatment	04/01/07	09/30/07	125	137	91.2	94.6	96.4	No	-5.4%
S2.1	No Maltreatment In Foster Care	04/01/07	03/31/08	405	406	99.75	99.68	100.1	No	-0.20%
C1	Reunification Composite	N.A.	03/31/08	N.A.	N.A.	101.0	122.6	70.2	No	-20.8%
C1.1	Reunification Within 12 Months (Exit Cohort)	04/01/07	03/31/08	77	99	77.8	75.2	103.4	Yes	20.7%
C1.2	Median Time To Reunification (Exit Cohort)	04/01/07	03/31/08	N.A.	99	7.1	5.4	76.1	No	2.9%
C1.3	Reunification Within 12 Months (Entry Cohort)	10/01/06	03/31/07	35	65	53.8	48.4	111.3	Yes	3.2%
C1.4	Reentry Following Reunification (Exit Cohort)	04/01/06	03/31/07	24	92	26.1	9.9	38.0	No	176.5%
C2	Adoption Composite	N.A.	03/31/08	N.A.	N.A.	128.0	106.4	138.3	Yes	37.5%
C2.1	Adoption Within 24 Months (Exit Cohort)	04/01/07	03/31/08	17	30	56.7	36.6	154.8	Yes	8.6%
C2.2	Median Time To Adoption (Exit Cohort)	04/01/07	03/31/08	N.A.	30	23.1	27.3	118.2	Yes	-2.1%
C2.3	Adoption Within 12 Months (17 Months In Care)	04/01/07	03/31/08	12	70	17.1	22.7	75.5	Yes	29.4%
C2.4	Legally Free Within 6 Months (17 Months In Care)	04/01/07	09/30/07	5	52	9.6	10.9	88.2	N.A.	N.A.
C2.5	Adoption Within 12 Months (Legally Free)	04/01/06	03/31/07	16	25	64.0	53.7	119.2	Yes	64.6%
C3	Long Term Care Composite	N.A.	03/31/08	N.A.	N.A.	102.4	121.7	73.1	Yes	13.1%
C3.1	Exits To Permanency (24 Months In Care)	04/01/07	03/31/08	14	62	22.6	29.1	77.6	Yes	17.4%
C3.2	Exits To Permanency (Legally Free At Exit)	04/01/07	03/31/08	30	30	100.0	98.0	102.0	Yes	0.0%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	04/01/07	03/31/08	11	17	64.7	37.5	58.0	Yes	-13.7%
C4	Placement Stability Composite	N.A.	03/31/08	N.A.	N.A.	89.0	101.5	75.7	No	-5.5%
C4.1	Placement Stability (8 Days To 12 Months In Care)	04/01/07	03/31/08	149	192	77.6	86.0	90.2	No	-9.6%
C4.2	Placement Stability (12 To 24 Months In Care)	04/01/07	03/31/08	62	102	60.8	65.4	92.9	No	-0.3%
C4.3	Placement Stability (At Least 24 Months In Care)	04/01/07	03/31/08	28	90	31.1	41.8	74.4	Yes	7.3%
2B	Timely Response (Imm. Response Compliance)	01/01/08	03/31/08	42	43	97.7	N.A.	N.A.	No	-0.2%
2B	Timely Response (10-Day Response Compliance)	01/01/08	03/31/08	330	348	94.8	N.A.	N.A.	Yes	1.2%
2C**	Timely Social Worker Visits with Child (Month 1)**	Jan 2008	Jan 2008	374	385	97.1	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 2)**	Feb 2008	Feb 2008	375	383	97.9	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 3)**	Mar 2008	Mar 2008	368	381	96.6	N.A.	N.A.	Yes	52.8%
4A	Siblings (All)	04/01/08	04/01/08	90	157	57.3	N.A.	N.A.	Yes	14.6%
4A	Siblings (Some or All)	04/01/08	04/01/08	120	157	76.4	N.A.	N.A.	Yes	27.4%
4B	Least Restrictive (Entries First Plc.: Relative)	04/01/07	03/30/08	33	168	19.6	N.A.	N.A.	Yes	5.8%
4B	Least Restrictive (Entries First Plc.: Foster Home)	04/01/07	03/31/08	44	168	26.2	N.A.	N.A.	N.A.	22.2%
4B	Least Restrictive (Entries First Plc.: FFA)	04/01/07	03/31/08	67	168	39.9	N.A.	N.A.	N.A.	-0.3%
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	04/01/07	03/31/08	18	168	10.7	N.A.	N.A.	Yes	-31.8%
4B	Least Restrictive (Entries First Plc.: Other)	04/01/07	03/31/08	6	168	3.6	N.A.	N.A.	N.A.	-16.7%
4B	Least Restrictive (PIT Placement: Relative)	04/01/08	04/01/08	86	273	31.5	N.A.	N.A.	Yes	45.3%
4B	Least Restrictive (PIT Placement: Foster Home)	04/01/08	04/01/08	23	273	8.4	N.A.	N.A.	N.A.	-54.9%
4B	Least Restrictive (PIT Placement: FFA)	04/01/08	04/01/08	86	273	31.5	N.A.	N.A.	N.A.	16.2%
4B	Least Restrictive (PIT Placement: Group/Shelter)	04/01/08	04/01/08	23	273	8.4	N.A.	N.A.	No	27.1%
4B	Least Restrictive (PIT Placement: Other)	04/01/08	04/01/08	55	273	20.1	N.A.	N.A.	N.A.	-22.2%
4E (1)	ICWA Eligible: Relative	01/01/08	03/31/08	5	17	29.4	N.A.	N.A.	N.A.	N.A.
4E (1)	ICWA Eligible: Non-Relative Indian SCP***	01/01/08	03/31/08	1	17	5.9	N.A.	N.A.	N.A.	N.A.
4E (1)	ICWA Eligible: Non-Relative Non-Indian SCP	01/01/08	03/31/08	2	17	11.8	N.A.	N.A.	N.A.	-70.6%
	ICWA Eligible: Non-Relative - Ethnicity SCP									
4E (1)	Missing	01/01/08	03/31/08	7	17	41.2	N.A.	N.A.	N.A.	-31.4%
4E (1)	ICWA Eligible: Group Home	01/01/08	03/31/08	2	17	11.8	N.A.	N.A.	N.A.	N.A.
4E (1)	ICWA Eligible: Other	01/01/08	03/31/08	0	17	0.0	N.A.	N.A.	N.A.	N.A.
4E (2)	Multi-Ethnic: Relative	01/01/08	03/31/08	3	17	17.6	N.A.	N.A.	N.A.	58.8%
4E (2)	Multi-Ethnic: Non-Relative Indian SCP	01/01/08	03/31/08	2	17	11.8	N.A.	N.A.	N.A.	N.A.
4E (2)	Multi-Ethnic: Non-Relative Non-Indian SCP	01/01/08	03/31/08	0	17	0.0	N.A.	N.A.	N.A.	-100.0%
4E (2)	Multi-Ethnic: Non-Relative - Ethnicity SCP Missing	01/01/08	03/31/08	11	17	64.7	N.A.	N.A.	N.A.	94.1%
4E (2)	Multi-Ethnic: Group Home	01/01/08	03/31/08	1	17	5.9	N.A.	N.A.	N.A.	N.A.
4E (2)	Multi-Ethnic: Other	01/01/08	03/31/08	0	17	0.0	N.A.	N.A.	N.A.	-100.0%
5F	Authorized for Psychotropic Medication	01/01/08	03/31/08	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	High School Diploma*	10/01/06	09/30/07	58	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	Enrolled in College/Higher Education*	10/01/06	09/30/07	18	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	Received ILP Services*	10/01/06	09/30/07	191	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	Completed Vocational Training*	10/01/06	09/30/07	9	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
8A*	Employed or Other Means of Support*	10/01/06	09/30/07	88	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

NOTE: " " or "#DIV/0!" = value not available due to 0 denominator

¹ Participation Rates: Rate per 1,000; C1.2 and C2.2: Median (Months); Composites: Estimated score (estimates <50 set to 50, >150 set to 150 consistent with fed range and to control outliers); All others: Percent (%).

² Performance relative to national std or goal=(Perf-50)/(Std-50)*100 for composites; (Perf)/(Std or Goal)*100 for measures with desired increase; (Goal)/(Perf)*100 for measures with desired decrease.

³ Percent change as compared to column P 'Directional Goal'. Percent change=0.0% (no change) or matching direction = "Yes".

⁴ Percent Change calculated=(most recent n/most recent d)/(baseline n/baseline d)-1.

*Participation Rates reports are published as calendar years only and Youth in Transition reports are published October through September only.

**Comparisons ('Percent change' and 'Direction?') between baseline rate month 1 and most recent rate month 3.

***SCP=Substitute Care Provider.

C.D.S.S. / U.C. Berkeley Center for Social Services Research: CWS/CMS Dynamic Report System

http://cssr.berkeley.edu/ucb_childwelfare

Full Excel version of this file:

http://cssr.berkeley.edu/ucb_childwelfare/Ccfsr.aspx