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El Dorado County Child Welfare



# System Improvement Plan

**May 2009**

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SIP Cover Sheet

<b>California's Child and Family Services Review System Improvement Plan</b>	
<b>County:</b>	El Dorado
<b>Responsible County Child Welfare Agency:</b>	Department of Human Services
<b>Period of Plan:</b>	May 22, 2009 – May 21, 2012
<b>Period of Outcomes Data:</b>	California Child Welfare Services, Outcome & Accountability County Data Report (Child Welfare Supervised Caseload) El Dorado January 2009
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# El Dorado County Child Welfare System Improvement Plan

May 2009

## Executive Summary

A County System Improvement Plan (SIP) is a required component of the Child Welfare Services Outcome and Accountability System, referred to as the California-Child and Family Services Review (C-CFSR) and developed by the California Department of Social Services (CDSS) in accordance with the provisions of Welfare and Institutions Code (WIC) 10601.2. This system commenced operation in California in 2004 pursuant to State Law (Assembly Bill 636), proceeds on an ongoing triennial cycle and focuses primarily on measuring outcomes in Safety, Permanence and Child, Youth and Family Well-Being. As a prerequisite to receiving child welfare services funding, local jurisdictions must participate in this evaluation process.

### Child Welfare Accountability System

Key components of the accountability system are:

- **Quarterly County Data Reports**  
Individual county performance on multiple data indicators is used to measure progress. The data is provided to each county welfare agency and is published online.
- **Peer Quality Case Review (PQCR)**  
Each county welfare agency forms teams comprised of its own social workers and probation officers, social workers and probation officers from other counties and CDSS staff to review randomly selected cases in at least one of its identified improvement areas. Teams conduct structured interviews to evaluate the cases.
- **County Self Assessment (CSA)**  
In collaboration with community partners and stakeholders, each county identifies its strengths and challenges. The information gathered in the CSA is used to prepare the County System Improvement Plan that is the final required component of the CWS Outcome and Accountability System and is intended to improve CWS outcomes. Reassessments occur in three-year cycles.
- **System Improvement Plan (SIP)**  
Based on results of its PQCR and CSA, each county welfare agency collaborates with local partners to develop a plan that identifies key focus areas and specifies improvement goals, strategies and action steps. The SIP represents an operational agreement between the County and the State outlining how the County will improve its system of care for children and youth and forms an integral part of the system for reporting on progress toward meeting improvement goals.

## **El Dorado County 2009 SIP Development Process**

This SIP is the final required component of the CWS Outcome and Accountability System. It delineates strategies that will be used to improve child welfare outcomes in El Dorado County in specific focus areas in which a need for improvement was identified during the PQCR conducted in May 2008 and the 2008-2009 CSA approved by the Board on March 10 2009.

The PQCR brought together key participants from the local child welfare system as well as CWS representatives from other counties to review randomly selected case files to assess local services and identify strengths and weaknesses and areas for improvement.

During the CSA process, community input was sought through distribution of a comprehensive survey that asked over sixty community partners and their extended contacts to identify those services they felt generated the best outcomes in the identified focus areas, as well as local barriers to provision of services, and to offer suggestions for service improvements. The CSA incorporated County demographic data; local child welfare services outcomes as compared to federal and state program measures; public agency characteristics, such as the size and structure of public agencies that provide child welfare services in the County; systemic factors, such as case review systems; services available in the County; County-wide prevention activities and strategies, community responses to the CSA survey and results of the PQCR.

The 2009 SIP was developed as required by the El Dorado County Departments of Probation and Human Services in collaboration with CORE Representative and with input obtained through consultation with other local community partners specified by CDSS. The Plan establishes program priorities and defines strategies, actions steps and specific percentage increases expected to be achieved in performance improvement. The SIP is based on information obtained from the PQCR, the CSA and community input.

### **Focus Areas**

The CSA identified three key system focus areas that are addressed in the SIP:

- Recurrence of Maltreatment
- Reentry Following Reunification
- Placement Stability

Strategies identified in the SIP are designed to improve Child Welfare outcomes to meet Federal and State goals. Strategies that address one or all system focus areas include:

- One social worker carrying a referral through the Disposition Hearing
- Fully utilizing the Structured Decision Making tool to assist in referral and case decisions
- Implementation of a team decision making protocol to address certain child welfare issues
- The expansion of family involvement in case planning

- Identifying and focusing on resolving the primary issue causing separation of children and youth from their families
- Limiting the number of services families receive concurrently
- The supervision/discussion of all cases on a regular basis to ensure compliance with regulations and court orders
- Expanded foster family recruitment, especially in the Tahoe Basin and among those foster families that may be able to provide permanency if determined necessary
- Expanded and improved concurrent planning, initiated earlier in the process

### **Challenges**

The current global economic decline and State budget cuts have impacted the County and created uncertainties relative to future funding availability. The concurrent increased need for services exceeds available resources.

Child Welfare Services System issues surrounding social worker retention continue to be problematic, but not unique to El Dorado County. The staff retention issue is limited to social workers and does not extend to other job classifications within the Department of Human Services. Ongoing factors include competing for social workers with other child welfare agencies, particularly in surrounding counties that offer higher salary and benefits and with the non-profit community where caseloads and requirements are not equivalent to those in child welfare services. Department social worker caseloads continue to exceed statewide averages and recommended levels. While training needs and strategies identified in the SIP will continue to be addressed, continuous staff turnover interferes with continuity in training procedure, process and effectiveness.

Additionally, as the economy deteriorates, families face increased stress from loss of income and household stability that can be expected to result in further increases in incidences of neglect or abuse. Caseloads have increased over the past three years and are expected to continue to rise.

### **Conclusion**

Ongoing challenges compromise to some extent the Department's ability to implement and maintain successful strategies for improved outcomes. Implementation of successful strategies to improve CWS outcomes requires creativity, balanced with the reality of declining resources. The Department of Human Services will continue to seek to improve coordination of services, eliminate duplication of services and improve organizational capacity to address these challenges through innovative internal approaches to case staffing and tracking and maximizing limited resources to ensure the best possible outcomes for at-risk children in El Dorado County.

## Introduction

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), was developed by the California Department of Social Services (CDSS) in accordance with the provisions of Welfare and Institutions Code (WIC) 10601.2 and focuses primarily on measuring outcomes in Safety, Permanence and Child and Family Well-Being. Key components of the new accountability system include:

- **Quarterly County Data Reports**  
Individual county performance on multiple data indicators is used to measure progress. The data is provided to each county welfare agency and published online.
- **Peer Quality Case Reviews**  
Each county welfare agency forms teams composed its own social workers and probation officers, social workers and probation officers from other counties and CDSS staff to review randomly selected cases in at least one of its identified improvement areas. Teams conduct structured interviews to evaluate the cases.
- **County Self-Assessments**  
In collaboration with community partners and stakeholders, each county identifies its strengths and challenges. Reassessments occur in three-year cycles.
- **System Improvement Plan**  
Based on the results of its PQCR and CSA, each county welfare agency collaborates with local partners to develop a plan that identifies key focus areas and specifies improvement goals, strategies and action steps. The SIP represents an operational agreement between the County and State outlining how the County will improve its system of care for children and youth and forms an integral part of the system for reporting on progress toward meeting improvement goals.

El Dorado County's (EDC) Peer Quality Case Review (PQCR) of May 2008 generated qualitative case data to help the County clarify needed improvement strategies. EDC's Self Assessment (CSA) of March 2009 identified areas for improvement in the Child Welfare System (CWS). Strategies to address those areas and improve outcomes were incorporated into this County System Improvement Plan (SIP), which has been developed by the EDC Departments of Human Services (DHS) and Probation, in collaboration with local community partners.

## I. Local Planning Bodies

Core representatives in the development of the System Improvement Plan included individuals from Probation, California Youth Connection, Foster Parent Association, the EDC Child Abuse Prevention Council (CAPC), DHS line, supervisory, management and administrative staff, from both the Placerville and South Lake Tahoe (SLT) offices and County Adoptions staff. Stakeholders consulted were Court Appointed Special Advocates (CASA), Public Health, Mental Health, Alcohol and Drug Division of Public Health, Law Enforcement, Labor, Legal Representatives of children and parents, Juvenile Court Bench Officers, Local Native Temporary Assistance for Needy Families (TANF) and the local Federally recognized Native tribe.

Core participants in the System Improvement Plan are listed below.

<b>Name</b>	<b>Agency</b>
Bonnie McLane	<i>El Dorado County Foster Parent Association, President</i>
Cathie Watson	<i>El Dorado County California Youth Connection, Lead Supporter</i>
Susanna James	<i>El Dorado County Child Abuse Prevention Council, Parent Representative</i>
Lorrie Evers	<i>El Dorado County Child Abuse Prevention Council, Parent Representative</i>
Katie House	<i>El Dorado County Child Abuse Prevention Council, Parent Representative</i>
Elizabeth Blakemore	<i>El Dorado County Child Abuse Prevention Council, Coordinator</i>
Karla Kowalski	<i>El Dorado County Probation Department, Supervising Deputy Probation Officer</i>
Janet Walker-Conroy	<i>El Dorado County Department of Human Services, Assistant Director</i>
Mark Contois	<i>El Dorado County Department of Human Services, Children's Protective Services, Program Manager</i>
Suzanne Ballen	<i>El Dorado County Department of Human Services, Children's Protective Services, Program Manager</i>



<b>Name</b>	<b>Agency</b>
Alisha Bist	<i>El Dorado County Department of Human Services, Children's Protective Services, Social Worker</i>
Kate McCullough	<i>El Dorado County Department Of Human Services, Children's Protective Services, Social Worker</i>
Debbie Spieth	<i>El Dorado County Department Of Human Services, Adoptions Supervisor</i>
Angela Wilson	<i>El Dorado County Department of Human Services, Children's Protective Services, Program Manager</i>
Mathieu David	<i>El Dorado County Department Of Human Services, Children's Protective Services, Social Worker</i>
Karan Sjolin	<i>El Dorado County Department Of Human Services, Children's Protective Services, Social Worker</i>
Deirdre Day	<i>El Dorado County Department Of Human Services, Children's Protective Services, Social Worker</i>
Cynthia Wallington,	<i>El Dorado County Department of Human Services, Children's Protective Services, Program Manager</i>
Jasara Bento	<i>El Dorado County Department of Human Services, Children's Protective Services, Staff Services Manager</i>
Cathy Kinzel	<i>El Dorado County Department of Human Services, Staff Services Analyst</i>

## **II. Findings that Support Qualitative Change**

El Dorado County's planning entities used both quantitative and qualitative data in developing the Self Assessment and System Improvement Plan.

**Quantitative** data used in El Dorado County's Self Assessment and System Improvement Plan of 2009 assisted the County in identifying key areas for improvement. Data was obtained from:

- The Quarterly Outcome & Accountability County Data Report**  
 The data in this report focuses on critical safety, stability, family and well-being measures that are currently available and are provided to counties for ongoing assessment of their programs' performance.

- **Child Welfare Services/Case Management System (CWS/CMS)**  
Provides ongoing information on trends in safety and breakdowns of referrals by such factors as area, ethnicity, age, and language.
- **U.S. Census Bureau**  
**2007 El Dorado County Economic and Demographic Profile**  
**California Department of Finance, Demographic Research Unit; U.S. Department of Commerce, Bureau of the Census**  
Provides a demographic profile of the general population of El Dorado County.
- **California Employment Development Department**  
Provides information about El Dorado County's unemployment rate.
- **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.

**Qualitative** data was obtained from the PQCR and community input in the CSA. The focus of the PQCR in 2008 as well as in 2005 was foster care reentry. The PQCR findings helped to clarify strategies needed to assist in improving outcomes by identifying key factors leading to successful reunification as well as barriers. The CSA represented a County-wide analysis of child welfare services in El Dorado County and was developed by the El Dorado County Departments of Probation and Human Services in collaboration with local community partners specified by the California Department of Social Services (CDSS). Community input was sought through distribution of a comprehensive survey that asked over sixty community partners and their extended contacts to identify those services they felt generated the best outcomes in the identified focus areas, as well as local barriers to provision of services, and to offer suggestions for service improvements.

All safety outcomes identified as areas needing improvement in the CSA are addressed in the SIP. Although some other areas of concern identified in the CSA and PQCR are not addressed in the strategies of the System Improvement Plan, the County continues to strive to break down barriers to service delivery. These areas include:

- **Housing**  
The El Dorado County Continuum of Care Plan and Strategy (CoC) was approved by the Department of Housing and Urban Development (HUD) in December 2007, which allows the jurisdiction to apply for supportive housing opportunities to help ensure the needs of homeless individuals are met. In response to the Continuum of Care approval, the County submitted an application for \$176,301 of which \$13,500 was awarded to commence setting up a Homeless Management Information system software program which is the initial mandate under the CoC program. In July 2008 the County applied for and was awarded a \$1.470 million grant under the State Department of Housing and Community Development (HCD) to provide a permanent homeless shelter and supportive services. The jurisdiction is working with a local non profit agency to provide this program and service.

- **Contracted Services** – At the time of EDC's previous PQCR, CSA and SIP, accessing services for clients was an issue due to County contractual requirements. In order to be compliant with the County's Purchasing Ordinance and to be fiscally accountable, DHS initiated the process of contracting with all service providers. Contracts were established with existing services providers by the end of FY 2004/05 and the process is ongoing with all new identified service providers.

DHS has established and staffed a dedicated Contracts Unit in order to maintain full compliance with County Charter and purchasing requirements, provide for ongoing fiscal accountability and ensure that contracts are in place to allow for a wide range of available services that are immediately accessible and can be selected to best meet individual client needs. Contracts for services have been established with all local community partners and multiple individual providers. Contracts with no stated term have been established with all identified group homes and foster family agencies, locally, statewide and nationally. DHS has also obtained approval to use State-approved agreements for emergency placements with individual substitute care providers, including agencies with which full contracts will be initiated. A Short-Form Agreement is being developed to facilitate the immediate purchase of limited term or unique services from new providers. Once approved for use, this Agreement will be available for use by social workers in the field to streamline and expedite provision of necessary services without pursuing an ex parte court order. Contracts Unit staff are available to answer vendor questions about contractual issues and additionally facilitate communications between vendors and DHS program and fiscal staff. Educational Contracts Workshops for vendors were presented during June 2008 in an interactive forum that was well received and enabled vendors to obtain information about invoicing and other issues of concern. These workshops will be repeated annually.

- **Bilingual Services** – Subsequent to the Peer Quality Case Review in 2005, bilingual staff were added to DHS Children's Protective Services (CPS) and Eligibility units as well as to several service agencies in the SLT area including the Women's Center, Family Resource Center, Tahoe Youth and Family Services, Mental Health and the Sierra Recovery Center.

Although according to the caseload sizes in EDC CPS is not required to employ bilingual staff, as of March 2009, the Placerville CPS Unit has one County-certified Spanish-speaking Social Worker and one MSS-certified Spanish-speaking Social Services Aide who are able to provide Spanish-speaking interpreter services when required. There is also one non-certified Russian, Ukrainian and Romani-speaking Social Worker available to provide interpreter services.

There are currently two County-certified Spanish-speaking Social Workers, one MSS-certified Spanish-speaking CPS Office Assistant and one non-certified Spanish-speaking Social Services Supervisor assigned to the SLT CPS Unit should interpreter services be required for the Spanish-speaking population.

Qualified Spanish-speaking staff are also employed in the Clerical and other units in the Placerville offices and are available to provide translation services.

### **III. Summary Assessment of the Self Assessment, 2009**

#### **OUTCOMES - CWS**

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

Over the past several years, in response to the needs of the community, DHS has modified its prior program policies and created new policies and procedures, whereby the majority of referrals of suspected child abuse or neglect are investigated. DHS has continued to train on Structured Decision Making (SDM), further implemented the Differential Response (DR) Program in EDC and increased collaborations in the community, all with the goal of further protecting the children of our community.

The El Dorado County Child Abuse Prevention Council (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, Children and Parents Resource Team (CPRT), SB 163 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 voluntary and/or 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 recommending

children returning 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. However, EDC also 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 appropriate 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 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 focus 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 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 to which the families are referred 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 and foster family support and monitoring.

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

EI 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 continues to focus on maintaining minors safely in their homes whenever possible and appropriate. The strategies outlined remain continuous and ongoing. All Deputy Probation Officers supervising minors continue to implement these strategies in order to maintain these minors in their own homes. 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 placed out of the home in 2008, which includes those minors placed in relative and non-relative extended family member homes. 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. These strategies remain inherent to the philosophy of the Department to maintain children in their own homes whenever possible and appropriate. When placement becomes necessary, the first options researched are relative and non-relative extended family member homes, when appropriate.

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. The Probation Department will continue to utilize the THPP and THPP Plus, when appropriate, and believe these programs greatly assist the transition to adulthood.

## IV. SIP Plan Components

### A. Department of Human Services, Child Welfare Services

#### Outcome/Systemic Factor: S1.1 No Recurrence of Maltreatment

Of all children who were victims of a substantiated maltreatment allegation during the 6-month period, what percent were not victims of another substantiated maltreatment allegation within the next 6 months?

#### County's Current Performance:

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	JUL2007- JUN2008	
California	91.3	91.6	91.9	92.3	92.4	92.3	92.4	92.5	92.7	92.9	92.9	92.8	
El Dorado	90.5	90.3	92.5	93.4	95.6	90.5	89.5	91.8	89.2	91.1	91.2	91.5	

#### Improvement Goal 1.0

Increase no recurrence of maltreatment by 1% or >, to 92.5% or more or >



<b>Strategy 1. 1</b> All components of SDM will be utilized by all CWS social workers.		<b>Strategy Rationale</b> The use of all components of SDM on a consistent basis by all social workers will ensure that risk issues have been addressed and resolved to ensure the continued safety of children in the home.			
<b>Milestone</b>	<b>1.1.1</b> Ensure all staff are trained in all facets of SDM.	<b>Timeframe</b>	June 30, 2009 & Ongoing	<b>Assigned to</b>	Managers and Supervisors
	<b>1.1.2</b> Implement full utilization of all SDM components by all social workers.		June 30, 2009		Managers and Supervisors
	<b>1.1.3</b> Monitor SDM use.		June 30, 2009 & Ongoing		Supervisors
<b>Strategy 1. 2</b> 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.		<b>Strategy Rationale</b> Assisting clients with services through DR is expected to assist in alleviating the need for CPS involvement or further involvement as the provision of services assist in the resolution of family issues that place children at risk for abuse and neglect.			
<b>Milestone</b>	<b>1.2.1</b> Review current DR protocol and make any necessary changes.	<b>Timeframe</b>	May 31, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.2.2</b> Train staff on DR protocol.		May 31, 2009		Managers and Supervisors
	<b>1.2.3</b> Implement weekly staffing of DR referrals.		May 31, 2009		Managers and Supervisors
	<b>1.2.4</b> Monitor DR process to ensure implementation in accordance to the protocol.		May 31, 2009 & Ongoing		Managers and Supervisors

<b>Strategy 1.3</b> Utilize a Team Decision-Making (TDM) model to review referrals with previous history.		<b>Strategy Rationale</b> A multi-level team review of referrals with management involved will provide added oversight in developing a viable plan to assist families in resolving issues that are continuing to bring them to the attention of DHS.			
<b>Milestone</b>	<b>1.3.1</b> Develop a protocol for TDM on all CWS referrals that have a history of two or more previous referrals.	<b>Timeframe</b>	September 1, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.3.2</b> Train staff on the TDM protocol.		September 30, 2009		Managers and Supervisors
	<b>1.3.3</b> Implement TDM protocol.		October 1, 2009		Managers and Supervisors
	<b>1.3.4</b> Monitor protocol and change as needed.		October 1, 2009 & Ongoing		Managers and Supervisors
<b><u>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</u></b>					
Through collaboration with area service providers: <ol style="list-style-type: none"> <li>1. Encourage the development of additional Alcohol and other Drug (AOD) service availability in the South Lake Tahoe area, including services for the Latino population.</li> <li>2. Encourage the provision of evidence based parenting classes including those that would address the specific needs of families that come to the attention of CWS.</li> <li>3. Encourage the provision of evidence based in Home Visiting Programs that would provide hands-on parenting/life skills/support services similar to Wraparound-type services or Parent Partners Program.</li> </ol>					
<b><u>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</u></b>					
Training on: <ul style="list-style-type: none"> <li>▪ Motivational interviewing/engagement.</li> <li>▪ Drug addiction and associated issues.</li> <li>▪ Continuing training on available community resources.</li> </ul>					
<b><u>Identify roles of the other partners in achieving the improvement goals.</u></b>					

Continued support from CAPC, CASA and Dependency Drug Court should assist in improving all outcomes. CAPC conducts Mandated Reporter and Shaken Baby Prevention training, provides for Child Abuse Prevention Education in schools and is involved in a Safe Sleeping Habits Campaign for the local Native American community.

When possible, partners could assist DHS in achieving improvement goals in this area by bringing evidence based practices to the community such as those listed above.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

No regulatory or statutory changes noted in this area.

**Outcome/Systemic Factor: C1.4 Reentry Following Reunification**

Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year?

**County's Current Performance:**

Reentry Following Reunification (Exit Cohort), Percent reentering in less than 12 months, C1.4											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	JUL2006- JUN2007	
California	11.5	11.5	11.6	11.9	11.9	12.1	11.9	11.3	11.1	12.0	
El Dorado	17.4	23.4	25	31.2	23.9	26.7	23.4	22.1	26.1	20.9	

**Improvement Goal 1.0**

Decrease Reentry by 1% or >, to 19.9% or <

**Strategy 1. 1**

Institute a Vertical Emergency Response (VER) protocol whereby social workers will carry a referral through the Dispositional Hearing process (whenever a child is taken into protective custody).

**Strategy Rationale**

This change in practice is intended to:

1. Establish more trust, rapport, and consistency between clients and social workers.
2. Result in social workers being adequately informed as to the historical and overall issues facing the family.
3. Result in more effective communication among social workers, parents, foster parents and service providers.
4. Result in more effective case management practice through avoiding gaps in information that can occur when a case is transferred from worker to worker.

<b>Milestone</b>	<b>1.1.1</b> Implement pilot VER Program.	<b>Timeframe</b>	March 10, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.1.2</b> Train identified VER pilot social workers in ER and Court Procedures.		April 30, 2009		Managers and Supervisors
	<b>1.1.3</b> Monitor pilot program. Make any changes necessary prior to full implementation.		June 1, 2009		Managers and Supervisors
	<b>1.1.4</b> Train remaining staff in ER and Court Procedures.		June 15, 2009		Managers and Supervisors
	<b>1.1.5</b> Fully implement VER Program. Monitor and implement changes to protocol if needed.		July 1, 2009 & Ongoing		CWS Managers and Supervisors
<b>Strategy 1. 2</b> Improve CWS case plans to include: <ol style="list-style-type: none"> <li>1. TDM protocol on all case plans.</li> <li>2. Family involvement in the development of the case plan.</li> <li>3. Identify the top three critical issues facing the family and address one issue at a time.</li> <li>4. Meeting with the family the Emergency Response social worker and the Ongoing social worker to transition reassignment of the case.</li> <li>5. Gradually increasing visits prior to children being returned home once parents are stable. Implement a step-down procedure from supervised visits to unsupervised visits to overnight stays. Conduct visits in the parents' home when appropriate.</li> <li>6. Assisting families to identify support persons who are able to help the family with issues such as transportation and supervising visits during the reunification process, and support the family after the court dependency is dismissed.</li> </ol>		<b>Strategy Rationale</b> Improved case plans are expected to lead to more successful outcomes as families will have: <ol style="list-style-type: none"> <li>1. The benefit of more than one expert assisting the family.</li> <li>2. Increased ownership of issues that led to CPS involvement.</li> <li>3. The ability to focus on concentrating their time and energy on the most critical issues that prevent them from caring for their children and not be overwhelmed by participating in multiple services at a time.</li> <li>4. The benefit of a smoother transition between workers.</li> <li>5. Support when transitioning from their children being placed out of the home to re-establishing themselves as a family unit.</li> <li>6. Support to assist in the reunification process and after the children have been returned to the home.</li> </ol>			

<b>Milestone</b>	<b>1.2.1</b> Develop the protocol to improve case plans.	<b>Timeframe</b>	September 1, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.2.2</b> Train staff on the new case plans protocol.		October 1, 2009		Managers and Supervisors
	<b>1.2.3</b> Implement case plan protocol.		October 15, 2009		Managers and Supervisors
	<b>1.2.4</b> Monitor protocol and change as needed.		November 1, 2009 and Ongoing		Managers and Supervisors
<b>Strategy 1.3</b> All components of SDM, including the risk re-assessment component, will be utilized by all CWS social workers.		<b>Strategy Rationale</b> The use of all components of SDM, including the risk re-assessment component, on a consistent basis by all social workers will ensure that risks have been resolved to ensure the continued safety of children in the home.			
<b>Milestone</b>	<b>1.3.1</b> Ensure all staff are trained in all facets of SDM.	<b>Timeframe</b>	June 30, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.3.2</b> Implement full utilization of all SDM components by all social workers.		July 1, 2009		Managers and Supervisors
	<b>1.3.3</b> Monitor SDM use.		July 1, 2009 & Ongoing		Supervisors
<b>Strategy 1.4</b> Utilize TDM model case review to include family, before the case is recommended for dismissal.		<b>Strategy Rationale</b> To ensure all the identified issues in the family have been successfully resolved to reduce the likelihood of reentry.			
<b>Milestone</b>	<b>1.4.1.</b> Develop a protocol on the TDM.	<b>Timeframe</b>	September 1, 2009	<b>Assigned to</b>	Managers and supervisors
	<b>1.4.2</b> Train staff on TDM protocol.		September 30, 2009		Managers and Supervisors

	<b>1.4.3</b> Implement TDM protocol.		October 1, 2009		Managers and Supervisors
	<b>1.4.4</b> Monitor/change protocol as necessary.		October 1, 2009 & Ongoing		Managers and Supervisors
<b>Strategy 1. 5</b> Analyze re-entry data.		<b>Strategy Rationale</b> Analyzing data on a regular basis will ensure that any incorrect data input issues are identified and resolved. Reasons for reentry can be tracked and further strategies developed to improve this outcome.			
<b>Milestone</b>	<b>1.5.1</b> Develop and implement procedure to analyze reentry data.	<b>Time frame</b>	May 1, 2009 & Ongoing	<b>Assigned</b>	Manager, Supervisors, Analyst and Administrative Technician
<b>Strategy 1. 6</b> Staff cases on a regular basis.		<b>Strategy Rationale</b> Supervisors will be knowledgeable about all cases in their units and can assist in case decision making.			
<b>Milestone</b>	<b>1.6.1</b> Develop and implement case staffing protocol.	<b>Timeframe</b>	July 31, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.6.2</b> Implement case staffing protocol.		August 1, 2009		Managers and Supervisors
	<b>1.6.3</b> Monitor case staffing protocol.		August 1, 2009 & Ongoing		Managers
<b>Strategy 1. 7</b> Fully implement the Linkages Program.		<b>Strategy Rationale</b> Improve services being provided to clients.			
<b>Milestone</b>	<b>1.7.1</b> Identify and assign a CWS Liaison to the Linkages Program.	<b>Timeframe</b>	June 30, 2009	<b>Assigned to</b>	Managers and Supervisors
	<b>1.7.2</b> Update Linkages Program protocol with CWS/Linkages staff.		June 30, 2009		Managers and Supervisors
	<b>1.7.3</b> Establish weekly Linkages meetings.		July 1, 2009		Managers and Supervisors

<b>1.7.4</b> Implement Linkages protocol.	July 1, 2009 & Ongoing	Managers and Supervisors
<p><b><u>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</u></b></p> <p>Through collaboration with area service providers:</p> <ol style="list-style-type: none"> <li>1. Encourage the development of additional Alcohol and other Drug (AOD) service availability in the South Lake Tahoe area, including services for the Latino population.</li> <li>2. Encourage the provision of evidence based parenting classes including those that would address the specific needs of families that come to the attention of CWS.</li> <li>3. Encourage the provision of evidence based in Home Visiting Programs that would provide hands-on parenting/life skills/support services similar to Wraparound–type services or Parent Partners Program.</li> <li>4. Encourage the development of a program that would provide educational support after children are returned home.</li> </ol> <p>The Department often recommends that children remain in foster care and Family Reunification. At times, 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 case law indicates that children belong with a marginal parent rather than an exemplary foster family, and it is sometimes necessary to take a chance on parent(s) relapsing and return children to their biological parents.</p> <p>Avoid social worker changes to the extent possible, as the transition can be difficult for children, families, foster families and planning teams.</p> <p>Review and evaluate the Multidisciplinary Interview Center (MDIC) protocol between law enforcement and the District Attorney.</p>		
<p><b><u>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</u></b></p> <p>Training needs as identified by the PQCR:</p> <ul style="list-style-type: none"> <li>▪ Ongoing training in CWS/CMS data entry.</li> <li>▪ Ongoing SDM utilization training.</li> <li>▪ DSM/Mental Health/Psycho-tropic Medications and Dual Diagnosis.</li> <li>▪ MDIC interviewing techniques (re: sexual abuse), youth sex offender profiles.</li> <li>▪ AOD testing practices.</li> <li>▪ Motivational interviewing/engagement.</li> <li>▪ Drug addiction and associated issues.</li> <li>▪ Continuing training on available community resources.</li> </ul>		



- 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.
- Training on court's position regarding detention and reunification.
- Training on the importance of 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 the Transitional Independent Living Plan (TILP) represents, how to make it a useful document and how to engage youth in participating in completion of TILP.

**Identify roles of the other partners in achieving the improvement goals.**

Continued support from CAPC, CASA and Dependency Drug Court should assist in improving all outcomes.

When possible, partners could assist DHS in achieving improvement goals in this area by bringing evidence-based practices to the community as listed above.

Encourage the development of a program that would provide educational support after children are returned home.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

Reunification timelines may be too short for some families who need more time and services, particularly when alcohol and drug treatment issues are involved.

State mandates need to be updated to reflect current trends and research on referral and caseload standards.

Additional financial support is needed to carry out mandates and bring evidence-based practice services to the County.

**Outcome/Systemic Factor: C4 Placement Stability**

Of all children served in foster care during the year who were in foster care for:

- at least 8 days but less than 12 months (measure C4.1)
- at least 12 months but less than 24 months (measure C4.2)
- at least 24 months (measure C4.3)

what percent had two or fewer placement settings?

**County's Current Performance:**

<b>C4: Placement Stability Composite</b>														Nat'l Std or Goal 101.5
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	JUL2007- JUN2008	
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	94.1	
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	90.4	

<b>Placement Stability (8 Days To 12 Months In Care), Percent with two or fewer placements - C4.1</b>														Nat'l Std or Goal 86.0
	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008	JUL2007- JUN2008	
California	81.8	81.7	81.3	81.3	81.4	81.4	81.7	82.4	82.5	81.8	81.7	82	82.4	
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	78.8	

<b>Placement Stability (12 To 24 Months In Care), Percent with two or fewer placements, C4.2</b>														Nat'l Std or Goal 65.4
	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008	JUL2007- JUN2008	
California	58.8	59	59	59.9	60	60.5	60.3	60	60.5	61	61.3	62	62.6	
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	61.7	

Placement Stability (At Least 24 Months In Care), Percent with two or fewer placements - C4.3														Nat'l Std or Goal 41.8
	JUL2004- JUN2005	OCT2004- SEP2005	JAN2005- DEC2005	APR2005- MAR2006	JUL2005- JUN2006	OCT2005- SEP2006	JAN2006- DEC2006	APR2006- MAR2007	JUL2006- JUN2007	OCT2006- SEP2007	JAN2007- DEC2007	APR2007- MAR2008	JUL2007- JUN2008	
California	34.4	34	33.5	33.2	32.9	32.7	32.7	33	33.2	33.2	33.3	33.3	33.2	
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	31.6	

**Improvement Goal 1.0**

Increase Placement Stability Composite by 1% or more, to and average of 91.4% or more.

**Strategy 1.1**

Increase the number of local foster homes.

**Strategy Rationale**

Even though recent recruitment efforts have been successful, continuing and expanding efforts on an ongoing basis is expected to result in increased numbers of foster homes in a broader range of geographic areas and, therefore, more local placement choices with fewer placement changes for children.

Milestone	1.1.1 Review current recruitment efforts.		Timeframe	Assigned to
		1.1.2 Survey Foster Parents regarding current orientation and training to identify suggested improvements.		

	<p><b>1.1.3</b> Develop a plan for increased foster family recruitment efforts to include:</p> <ol style="list-style-type: none"> <li>1. Recruit for families that can not only foster, but can possibly adopt the children they care for.</li> <li>2. Identify families willing to have teens placed in their home.</li> <li>3. Expand efforts to attempt to identify placements that can accept all siblings.</li> <li>4. Improvements in current orientation and training as identified in review and survey.</li> </ol>		November 1, 2009		Foster Care Licensing Supervisor and Manager
	<p><b>1.1.4</b> Implement plan for increased foster family recruitment efforts.</p>		January 1, 2010		Foster Care Licensing Supervisor and Manager
	<p><b>1.1.5</b> Monitor results and revise plan for foster family recruitment as needed.</p>		January 1, 2010 & Ongoing		Foster Care Licensing Supervisor and Manager
<p><b>Strategy 1. 2</b> Improve and expand concurrent planning.</p>		<p><b>Strategy Rationale</b> Planning for possible long term needs earlier in the case is expected to result in fewer placements.</p>			
<b>Milestone</b>	<p><b>1.2.1.</b> Develop a plan to improve and expand concurrent planning to include :</p> <ol style="list-style-type: none"> <li>1. Begin concurrent planning earlier in the case.</li> <li>2. Continue to conduct monthly concurrent planning meetings in both offices.</li> <li>3. Work with teens to assist in identifying important adults who may be able to become their foster parent.</li> <li>4. Identify the need for a permanent plan earlier in the case.</li> <li>5. If possible, include the child when determining placement options.</li> </ol>	<b>Timeframe</b>	September 1, 2009	<b>Assigned to</b>	Managers and Supervisors

<b>1.2.2</b> Train staff in concurrent planning.	November 15, 2009	Managers and Supervisors
<b>1.2.3</b> Fully implement concurrent planning.	December 1, 2009	Managers and Supervisors
<b>1.2.3</b> Monitor and change plan as necessary.	December 1, 2009 & Ongoing	Managers and Supervisors

**Describe any additional systemic factors needing to be addressed that support the improvement plan goals.**

Explore other foster parent training programs such as Parent Resources for Information, Development, and Education (PRIDE) a model for developing and supporting foster families and adoptive families.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

- 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.

**Identify roles of the other partners in achieving the improvement goals.**

The Foster Parent Association and Foster Parent Education program will collaborate with the Department to develop and implement a plan to improve foster parent orientation and training.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

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.

## B. Probation Department

<b>Outcome/Systemic Factor: Children are maintained in their own homes whenever possible and appropriate.</b>			
<b>County's Current Performance:</b> Monthly snapshots of wards on probation and placed out of the home include: <ul style="list-style-type: none"> <li>▪ January of 2007 – 12 (11 in group homes and 1 in a foster home)</li> <li>▪ July of 2007 – 18 (7 in RNREFM homes)</li> <li>▪ January of 2008 – 11 (6 in RNREFM homes)</li> <li>▪ July of 2008 – 5</li> <li>▪ March of 2009 – 8 (5 in RNREFM homes).</li> </ul>			
<b>Improvement Goal 1.0:</b> Continue to refer minors to local resources in an attempt to keep minors in their homes with their families, keeping the number of minors placed out of the home under 15. Probation will utilize local resources in an attempt to keep a minor at home with his/her family, including out-patient counseling and related services, negating the need for placement. Local resources also include in-custody (juvenile hall) programs, such as the 60-day Substance Abuse Turnaround Education Program (STEP), the 120-day Family Reunification Program (FRP), and the 180-day Challenge Program.			
<b>Strategy 1. 1:</b> The Deputy Probation Officer (DPO) will evaluate each case and refer the minor and parent(s) to appropriate local resources.		<b>Strategy Rationale:</b> A referral is made to an appropriate local resource in an attempt to get a minor and parent(s) involved in education or counseling programs to address the minor's issues and, hopefully, prevent further behaviors which may lead to removal from the parental home.	
<b>Milestone</b>	<b>1.1.1:</b> DPO will review the case file and case management system, investigate the minor's needs, and discuss these needs with the minor and parent(s) at the initial meeting to determine necessary services; the DPO will then make a referral to an appropriate local resource.	<b>Timeframe</b>	Ongoing
		<b>Assigned to</b>	DPO

	<p><b>1.1.2:</b> The Supervising Deputy Probation Officer (SDPO) will review cases regularly to ensure appropriate local resources are in place or the minor has been referred.</p>		Ongoing		SDPO
	<p><b>1.1.3:</b> The DPO will continue to supervise the minor during participation, and after completion, of a program.</p>		Ongoing		DPO
<p><b>Strategy 1. 2:</b> If a minor is ordered by the Court to participate in an in-custody program, the minor will be supervised by a DPO while in the program and will be referred to appropriate local resources upon release from custody.</p>		<p><b>Strategy Rationale:</b> After a minor has completed an in-custody program, continued counseling and support is often necessary, and immediate participation in an appropriate local resource is crucial to the minor's success in transitioning home.</p>			
<b>Milestone</b>	<p><b>1.2.1:</b> DPO will evaluate minor's needs with the Coordinator of the appropriate in-custody program and either (1) a referral will be made prior to the minor's release, or (2) an appointment will be made for the minor to attend an appointment as soon as possible following release.</p>	<b>Timeframe</b>	Ongoing	<b>Assigned to</b>	DPO
	<p><b>1.2.2:</b> The Supervising Deputy Probation Officer (SDPO) will review cases regularly to ensure appropriate local resources are in place or the minor has been referred.</p>		Ongoing		SDPO
<p><b>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</b> None</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Prior to making a referral, the DPO will need to have an understanding of what each local resource has to offer and what services can be provided. This understanding develops through on-the-job training and knowledge of the community.</p>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> Each local resource will provide service to a minor and family, and written or verbal communication addressing a minor's participation and/or completion of a program will be provided to a DPO. Communication between the local resource and the DPO is essential to assist the minor and parent(s) in completing a program.</p>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None</p>					

<b>Glossary</b>	
Children and Parents Resource Team (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.
Concurrent Planning	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.
Differential Response (DR)	A graduated system for addressing referrals to the Child Abuse Hotline/Intake including 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.
Fos-adopt Home	A fos-adopt home is a foster family home that has an approved adoption home study.
Maltreatment	An act of omission by a parent or another person who exercises care, custody, and ongoing control of a child which results in, or places the child at risk of, developmental, physical or psychological harm.
Multi-Disciplinary Teams (MDT)	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 and coordinate efforts for children and families, pooling their skills to offer comprehensive, coordinated services.
Multi-Level Review/Team/Process	A process wherein a group of professionals come together to review CWS referrals and cases. This group may be the social worker, supervisor and manager, the Children and Parents Resource Team, Linkages, Drug Court Team or any other Multi-level team.
Peer Quality Case Review (PQCR)	Each county welfare agency forms teams composed of its own social workers, staff from other counties and CDSS staff to review randomly selected cases in at least one of its identified improvement areas. Teams conduct structured interviews to evaluate cases.



## Glossary

Permanence	A primary 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.
Safety	A primary outcome for child welfare services whereby all children are, first and foremost, protected from abuse and neglect.
Structured Decision Making (SDM)	SDM is a standardized, research-based tool, used by social workers for making critical safety and risk assessments and decisions in regard to children and families.
Team Decision-Making (TDM)	An established protocol whereby a group of people come together to make team decisions about a particular issue or particular issues. The protocol may involve different levels of staff such as social workers, supervisors or managers and/or family and support system individuals.