

ORIGINAL

California - Child and Family Services Review

El Dorado County System Improvement Plan

April 17, 2017 through April 16, 2022

THE HEALTH AND HUMAN SERVICES AGENCY, CHILD PROTECTIVE SERVICES AND
THE PROBATION DEPARTMENT, JUVENILE SERVICES




California – Child and Family Services Review Signature Sheet


For submittal of: CSA SIP Progress Report

County	El Dorado
SIP Period Dates	April 17,2017 – April 16,2022
Outcome Data Period	3 rd Quarter Data, 2016


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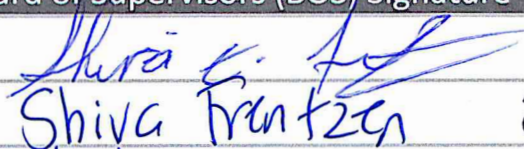
County Chief Probation Officer

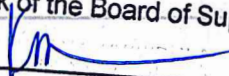
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Introduction

Background – Child and Family Services Review (CFSR)

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family services programs' conformity with the requirements of Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. This was the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. The Adoption and Safe Families Act (ASFA) of 1997 influenced the expectation of the reviews. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. At the conclusion of the CFSR cycle, the goal is to help states achieve consistent improvement in child welfare services delivery and outcomes essential to the safety, permanency and well-being of children and their families.

California – Child and Family Services Review (C-CFSR)

The C-CFSR, an outcome-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The first C-CFSR was in 2002. The C-CFSR sets forth requirements for each county in the State of California to complete a County Self Assessment (CSA) and System Improvement Plan (SIP) at least once every five years. This process is designed to allow each county, in collaboration with their community partners, to perform an in-depth assessment of Child Welfare Services (referred to as Child Protective Services (CPS) in El Dorado County) and Juvenile Probation programs. The goal of the C-CFSR is to establish and then strengthen a system of accountability for child and family outcomes resulting from an array of services offered by California's Child Welfare Services (CWS). As a State-County partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements as described above. El Dorado County's C-CFSR cycle is April 17, 2017, through April 16, 2022.

El Dorado County is located in the northern end of the Sacramento Valley in the Sierra Nevada foothills and mountains, bordered by Amador, Alpine, Placer and Sacramento counties in California and by Douglas County in Nevada. The population of El Dorado County has grown since the 2010 census (last CSA period) as the Greater Sacramento area has expanded into the region. A total of 185,441 people live in the 1,707 square miles in El Dorado County (Welldorado.org, 2016). The population density for this area, estimated at 107.8 persons per square mile, is less than the population density of California, which is estimated at 237.38 persons per square mile.

Eighty-two percent of El Dorado County's population resides in unincorporated areas of the County. The cities of Placerville and South Lake Tahoe are the only two incorporated cities within the County. Nearly 35% of El Dorado County is considered rural, with approximately 33% of the County's population residing toward the western border of the County in the El Dorado Hills and Cameron Park communities. The Tahoe Basin, on the eastern border of the County, is the second most populated center in the County. Vast areas of rural land and National Forest are found between these two population centers.

El Dorado County's racial and ethnic minority populations are proportionately small compared to the rest of California. The terms used to describe racial and ethnic groups in this report are consistent with

those used in the 2010 U.S. Census and are self-reports of race or ethnicity. Residents of El Dorado County tend to have more years of formal education when compared to residents in the rest of California. Approximately 93% of residents have a high school diploma (or equivalent) or higher compared to the California average of 81%. In addition, 32.1% of the population aged 25 and older obtained a Bachelor's level degree or higher.

The El Dorado County C-CFSR Core Team acts as the driver in the C-CFSR process at the county level and is made up of key participants including staff from CPS, Probation, and the California Department of Social Services (CDSS), (both the Children's Services Outcomes and Accountability Bureau (CSOAB) and the Office of Child Abuse Prevention (OCAP)). Each of the participating agencies serves a specific role in the C-CFSR process. During the CSA process, the Core Team met regularly – at a minimum of one time per month, and often on a weekly basis for planning activities for the Peer Review and the CSA. The Core Team also meets quarterly with CDSS staff. El Dorado County CPS and Juvenile Probation collected feedback from stakeholders and an array of service providers through stakeholder meetings and focus groups scheduled specifically to discuss focus areas as well as other community meetings during the writing of the CSA. Data was also collected from information obtained by the CDSS. This same information also provides rationale for the expenditure of federal and state OCAP funds: Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community Based Child Abuse Prevention (CBCAP) programs.

SIP Narrative

Core Team Representatives

The Core Team members for the El Dorado County CSA consist of staff from CPS, Juvenile Probation and the CDSS. During the CSA planning process, the Core Team members met regularly (two – four times per month) and provided analysis of some of the outcome indicators being studied in the assessment. In preparation for meetings with stakeholders, the Core Team also analyzed services currently being provided in the community, gaps in services, and additional service needs. All identified Core Team members were able to participate throughout the C-CFSR process.

CORE TEAM MEMBERS

Child Protective Services:

- Leslie Griffith, Deputy Director
- David Brownstein, Social Services Program Manager
- Kevin Hill, Social Services Program Manager
- Kathy Brook-Johnson, Social Services Program Manager
- Jeffrey McKay, Staff Services Analyst II
- David Dunning, Social Worker

Juvenile Probation:

- Karla Kowalski, Chief Deputy Probation Officer
- Gary Romanko, Supervising Deputy Probation Officer

Key Responsibilities of the County Agencies:

- Serve as lead agencies within the County for conducting the C-CFSR process.
- Responsible for establishing the Core Team.
- Responsible for the completion of the CSA process in partnership and collaboration with CDSS to include the Peer Review, Stakeholders' Meetings, Focus Groups, and the state-administered CWS/CMS System Case Review.
- Responsible for the completion of all required reports.
- Child Abuse Prevention (OCAP)

California Department of Social Services (CDSS):

- Korena Hazen, Social Services Consultant – California Department of Social Services Outcomes and Accountability Bureau (CSOAB)
- Katie Sommerdorf, Manager– California Department of Social Services Outcomes and Accountability Bureau (CSOAB)
- Laura Faubion, Social Services Consultant – California Department of Social Services Office of Child Abuse Prevention (OCAP)

Key Responsibilities of CDSS:

- Work with counties on all aspects of the C-CFSR process by providing ongoing support and assistance to improve the outcomes outlined in the federal CFSR System.
- Responsible for ensuring the requirements of the CAPIT/CBCAP/PSSF programs are met.
- Responsible for following federal guidelines to ensure counties are completing the C-CFSR process in a way that meets statutory and regulatory requirements.

County Self-Assessment (CSA) and Peer Review

The 2016 El Dorado County CSA was a collaborative process between the El Dorado County Health and Human Services Agency (HHSA) – CPS, the El Dorado County Probation Department – Juvenile Division, and in partnership with the CDSS.

This CSA is a comprehensive review of Child Welfare and Probation programs in El Dorado County ranging from prevention and protection through permanency and after care. The CSA includes an analysis of El Dorado County’s outcomes on three Federal goals: safety, permanency, and well-being. It measures and compares current data with data from the last CSA which was completed in 2012. Embedded in this process is the Peer Review. The design is intended to provide counties with issue-specific qualitative information gathered from outside peer experts. Information is gathered through intensive case worker interviews and focus groups. The information gathered helps to illuminate areas of program strength as well as those in which improvement is needed. The El Dorado County CSA is one piece of a larger continuous quality improvement process which relies on both qualitative and quantitative data to guide the El Dorado County CPS and Probation departments in planning for program enhancements. The state-administered Child Welfare Services (CWS) Qualitative Case Reviews also provides qualitative data. This information is what guides the development and implementation of the SIP.

The CSA report provides a history of all that has been accomplished during the current SIP (implemented in May 2012), and provides a road map for planning the next SIP, which is due April 17, 2017. Both departments have experienced significant program development and have accomplished a majority of the goals identified in the last SIP. Although improvements were made in many areas, those improvements cannot be definitively attributed to the implementation of the strategies identified in the previous SIP due to challenges with implementation and evaluation. However, we can surmise that the use of family team meetings, consistent use of Structured Decision Making (SDM), concerted efforts to initially place with relatives have all positively impacted the outcome measures. In the upcoming System Improvement Plan, we intend to focus on building an infrastructure that will sustain through staff and leadership changes, as well as evaluation tools that can provide feedback about whether the strategies are having the intended impact.

The CSA addresses both the successes and the areas that are still challenges, as the County moves forward in its commitment to improving outcomes for children and their families. The CSA findings highlight priorities within the County, which include services delivered by community partners. The assessment guides the County to determine focus areas to expand efforts and funding to maximize positive outcomes for children and families. It also provides rationale for the expenditure of Federal and State OCAP funds: Promoting Safe and Stable Families (PSSF), Child Abuse Prevention, Intervention and Treatment (CAPIT), and Community Based Child Abuse Prevention (CBCAP) programs. These funds support C-CFSR outcome improvement efforts. Allowable services and activities may be implemented or enhanced as strategies or action steps. This comprehensive review provides El Dorado County the tools to monitor, evaluate and revise strategies where improvement is needed.

Additionally, CPS and Probation must review systemic and community factors that correspond to the federal review. Areas needing improvement are incorporated into the five-year SIP, which is also developed in partnership with community stakeholders and partners. The SIP must be approved by the El Dorado County Board of Supervisors (BOS) and submitted to both CSOAB and OCAP at the CDSS.

Stakeholder Feedback

In addition to the Core Team, mandated participants, other county agencies and community based organizations providing services to the children and families of El Dorado County were invited to participate in the C-CFSR process.

EL DORADO COUNTY STAKEHOLDERS

El Dorado County HHSA

- Chief Assistant Director
- Assistant Director
- Deputy Director
- Social Services Program Managers
- Staff Services Analyst
- Social Work Supervisors
- Social Workers
- Adoption Supervisor
- Adoption Social Worker

El Dorado County HHSA, Mental Health, and Public Health Divisions

- Assistant Director
- Program Managers
- Clinicians
- ADP Staff
- Public Health Nurse

El Dorado County Office of Education

- Administration
- Foster Youth Services

El Dorado County Juvenile Probation Department

- Chief Deputy Probation Officer
- Supervising Probation Officer – Placement
- Probation Officers – Placement

El Dorado County Child Abuse Prevention Council (CAPC)

- Coordinator
- Council Members

OTHER PARTNERS

- Foster and Kinship Care Education
- Former Foster Youth
- Foster Parents/Relative Caregivers
- Faith Based Partners
- Law Enforcement
- Juvenile Court Representatives
- Community Based Organizations
- HHS Contracted Service Providers
- Court Appointed Special Advocates
- Miwok Tribe representatives

HHS is the County BOS Designated Agency to Administer CAPIT/CBCAP/PSSF Programs. CAPC is representative of the PSSF collaborative of community based organizations, County stakeholders and agencies committed to serving at-risk youth and families in El Dorado County.

The following methods were utilized to obtain stakeholder input:

- Peer Review: June 13 -16, 2016 (Counties include San Luis Obispo, Tuolumne, Stanislaus, Nevada, and Merced)
- CPS and Probation Stakeholder Meetings held on May 19, 2016 (South Lake Tahoe) and May 20, 2016 (Placerville)
- Two social worker focus groups
- One Probation officer focus group
- One focus group with caregivers/foster parents
- One focus group conducted with youth participants ages 15-18
- One focus group with the Miwok Tribe
- One focus group with the Court partners

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

Strategies represented in the SIP are to be consistent with the needs identified in the CSA. The California Child Welfare Indicators Project (CCWIP) is a collaborative between University of California at Berkeley (UCB) and the CDSS. Quarterly data reports are generated by UCB which collect information from the Child Welfare Services/Case Management System (CWS/CMS), California's child welfare administrative data system. These reports can be generated at:

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

These quarterly reports include key safety, permanency, and well-being outcomes for each county in California. Because these reports are used to track county performance over time for the purpose of quality improvement, this reporting cycle is consistent with the notion that data analysis of this type is best reviewed as a continuous process, as opposed to a one-time activity. These quarterly reports provide summary-level federal and state program measures that serve as the basis for both the assessment and planning processes, and are used to analyze policies and procedures.

The state and federal outcomes data are grouped into the three federal measures:

Safety outcomes measure whether children are, first and foremost, protected from abuse and neglect and are maintained safely in their own homes whenever possible and appropriate.

Permanency outcomes measure whether children have permanency and stability in their lives and family relationships and connections of children are preserved. Permanency outcomes include reunification measures, adoption measures, measures for children in long-term care, and placement stability and preservation of family relationships.

Well-being outcomes measure whether children receive services adequate to meet their physical, emotional, educational, and mental health needs.

For the purpose of the C-CFSR, systemic factors include: management information systems; county case review system; foster and adoptive parent licensing, recruitment and retention of staff and of resource families; training for staff, caregivers, and service providers; agency collaboration; service array; and a quality assurance system. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes and performance with federal and state outcomes helps staff to evaluate progress and modify the program or practices as appropriate. Program managers are able to make informed decisions about future program goals, strategies, and community partnerships as well as identify necessary systemic changes from information obtained from these reports. Although in many instances there is a lag in receipt of data information and input for quality improvement, this reporting cycle is consistent with the idea that data analysis is best viewed continually as opposed to one-time, thus quarterly reports are utilized.

There may be a correlation between enacted strategies in areas that are measuring well, and in other cases there may not be a correlation. While CPS has improved outcomes in timeliness to permanency, there is still room for improvement.

CDSS recommends each county choose three to four outcomes or systemic factors to focus on for improvement. Outcomes and/or systemic factors not chosen for inclusion in the SIP will continue to be monitored by both El Dorado County and CDSS at least quarterly. If during the five-year SIP cycle, an additional systemic factor and/or outcome comes to the attention of the County or the CDSS, a plan will be put into place to address the factor or outcome.

Selected Outcomes:

El Dorado County CPS has chosen to focus on Outcome Measures S2 Recurrence of Maltreatment, P2 Permanency in 12 months (in care 12-23 months), P4 Re-entry to foster care in 12 months and 2B Time to Investigation (10 Day).

Probation has chosen to focus on P1 Permanency in 12 months (entering foster care) and P2 Permanency in 12 months (in care 12-23 months).

Selected Outcomes for SIP

CHILD WELFARE

S2 Recurrence of Maltreatment

Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?

QUARTER 2, 2016 – PERIOD COVERING JULY 1, 2014 TO JUNE 30, 2015

County	Maltreated during the 12-month period N = Children	Recurrence within 12 months N = Children	%
El Dorado	358	42	11.7%

National Standard: <=9.1%

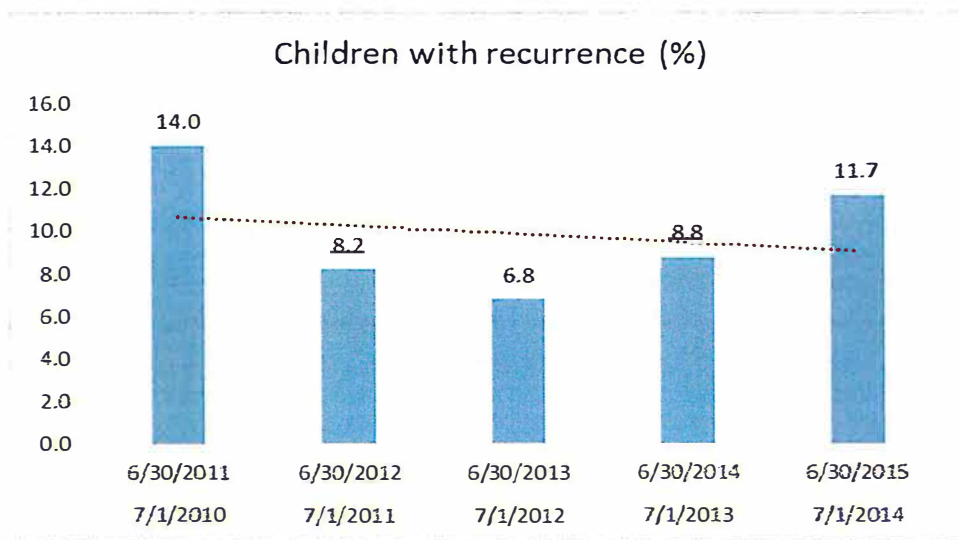
El Dorado County did not meet the national standard for this measure for the most current reporting period. There were 358 children who had a substantiated allegation of neglect or abuse for the 12-month period between July 1, 2014 and June 30, 2015. Of those, 42 children had another substantiation of abuse or neglect in the 12 months following the initial substantiation. Had the National Standard been met, at least 9 less children would have experienced recurrence of maltreatment.

TABLE 1 - CHILDREN WITH RECURRENCE OF MALTREATMENT, 2010-2015

From:	7/1/2010	7/1/2011	7/1/2012	7/1/2013	7/1/2014
To:	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015
Children with recurrence (%)	14.0	8.2	6.8	8.8	11.7
National Standard (%)	9.1	9.1	9.1	9.1	9.1
Children with substantiated allegations (n)	464	461	368	385	358
Children with recurrence (n)	65	38	25	34	42
National Standard (n)	43	42	34	36	33

There has been a downward trend in recurrence of maltreatment, but more recently a spike. Due to the small numbers of children (total 360-460), the trend shows variability with a few children. El Dorado does not want any children to experience recurrence of maltreatment.

FIGURE 1 - CHILDREN WITH RECURRENCE OF MALTREATMENT, TREND OVER 5 YEARS



Children aged 6-10 years old experienced the most recurrence of maltreatment during the period July 1, 2014 through June 30, 2015 at 15.3% (Table 2). Toddlers, aged 1-2 years, experienced the least amount of abuse.

TABLE 2 - S2 RECURRENCE OF MALTREATMENT BY AGE (JULY 1, 2014 THROUGH JUNE 30, 2015)

PERCENT	Age Group						All
	Under 1	1-2	3-5	6-10	11-15	16-17	
	%	%	%	%	%	%	
Children with recurrence	12.7	2.4	13.2	15.3	12.2	7.7	12.0
Children with no recurrence	87.3	97.6	86.8	84.7	87.8	92.3	88.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(extract CWS/CMS Q3 2016)

FIGURE 2 - S2 RECURRENCE OF MALTREATMENT BY AGE (JULY 1, 2014 THROUGH JUNE 30, 2015)

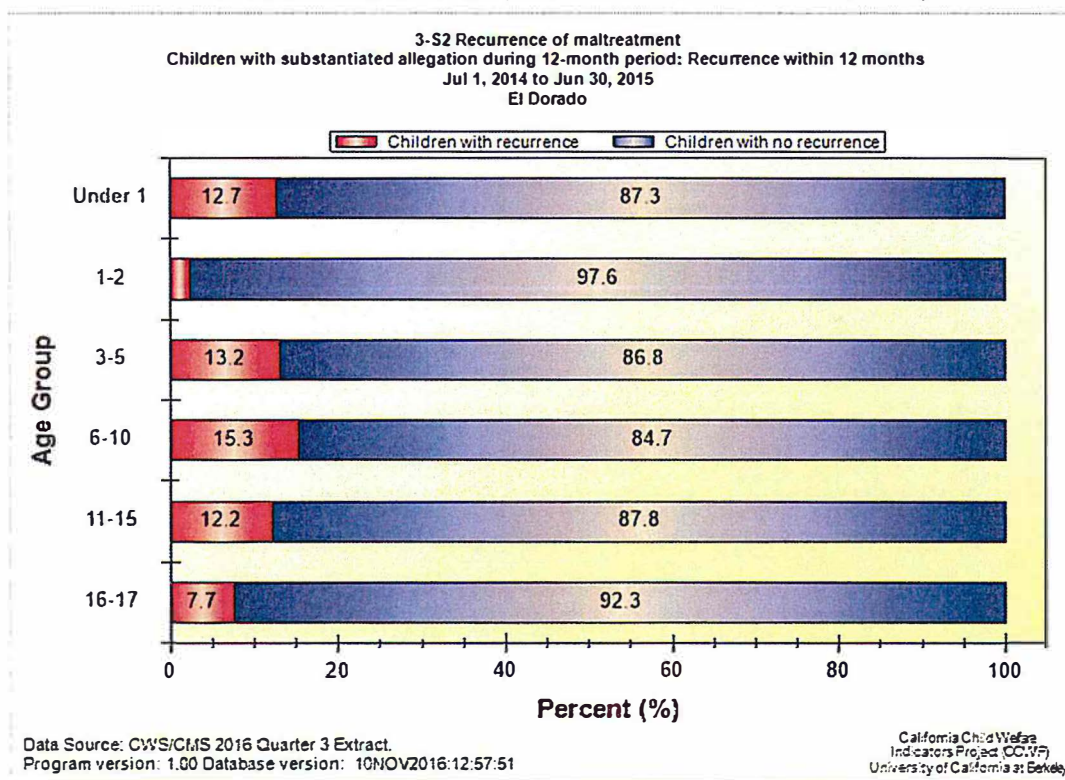


Figure 3 reveals that Native American and African American children experienced disproportionately higher rates of recurrence of abuse than children of other ethnicities. Examining the numbers of children reveals that more White children experienced recurrence of abuse. There were 43 children out of 358 children who experienced recurrence of abuse.

FIGURE 3 - S2 RECURRENCE OF MALTREATMENT BY ETHNICITY (JULY 1, 2014 THROUGH JUNE 30, 2015)

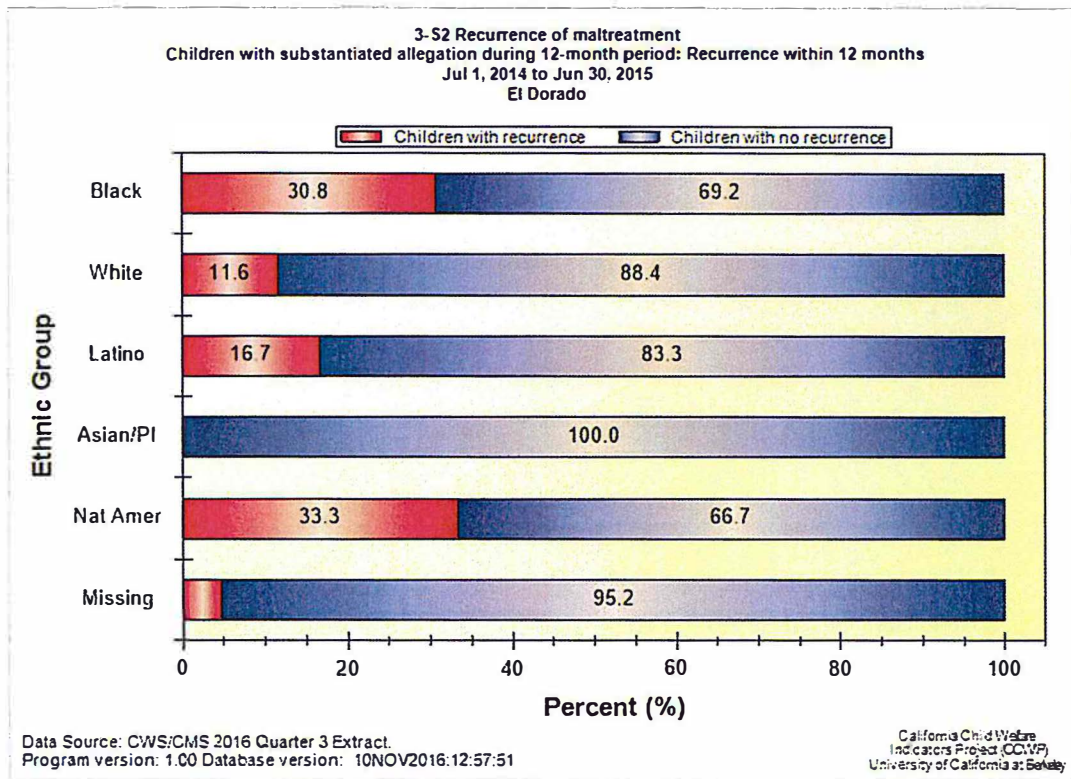
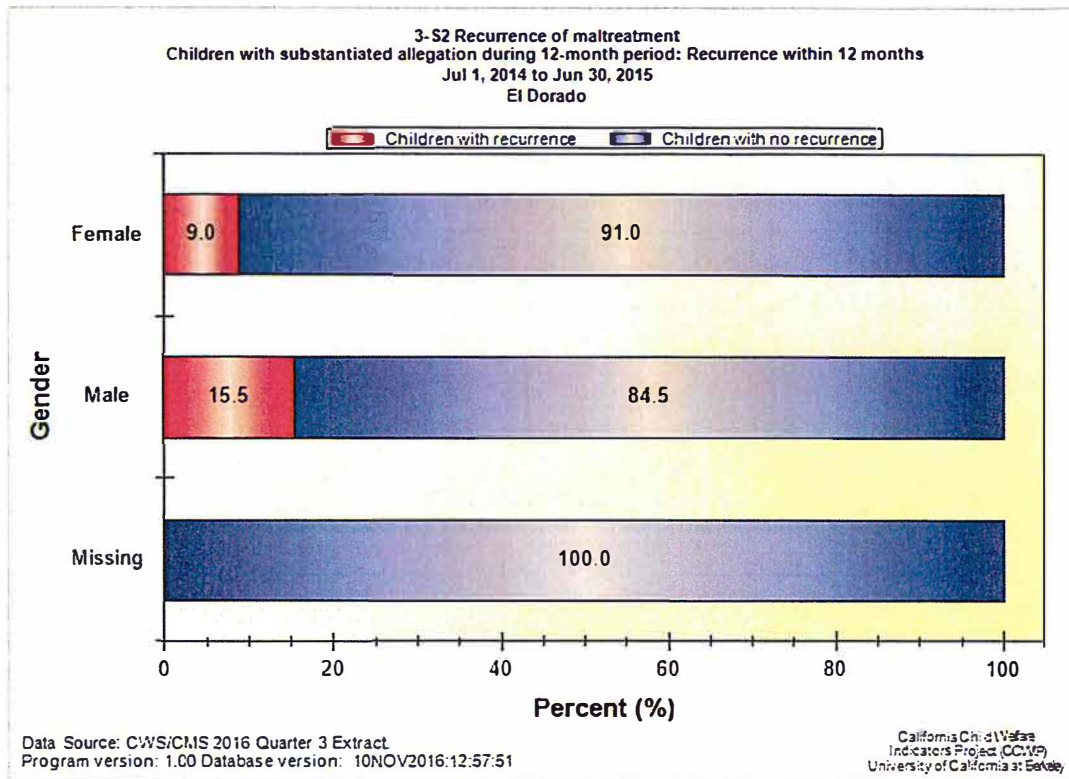


TABLE 3 - RECURRENCE OF MALTREATMENT BY ETHNICITY (BY NUMBER OF CHILDREN)

COUNT	Ethnic Group						Total
	Black	White	Latino	Asian/PI	Nat Amer	Missing	
	n	n	n	n	n	n	
Children with recurrence	4	25	10	0	1	3	43
Children with no recurrence	9	191	50	3	2	60	315
Total	13	216	60	3	3	63	358

Males experienced recurrence of maltreatment (15.5%) slightly higher than females (9.0%) per Figure 4.

FIGURE 4 - S2 RECURRENCE OF MALTREATMENT BY GENDER (JULY 1, 2014 THROUGH JUNE 30, 2015)



Although recurrence of maltreatment was not a primary focus of the last System Improvement Plan (SIP), El Dorado County has recently focused on maintaining children in their home whenever feasible while providing services through community partners and/or voluntary services offered through the agency. This effort to keep children in the least restrictive environment while trying to support the family to address the issues that brought them to our attention may contribute to the increase in recurrence of maltreatment because children are not initially removed from the environment where the initial substantiated referral originated.

El Dorado County is exploring the use of a referral triage system that manages referrals utilizing a team approach. This team would meet regularly and address identified risk factors and identify appropriate referrals at the time of a referral closure. This triage system will be discussed in more depth under Measure 2B Timely Referrals.

We are also exploring how to provide more community services through our CAPIT funds. For example, we are exploring a partnership with community partners and CAPC to support family resource centers in our supervisory districts. We'd like to find a way to reach our families in a non-threatening, but easily accessible and efficient manner.

P2 Permanency in 12 Months for Children in Foster Care 12-23 Months

Of all children in care on the first day of the 12-month period who had been in care between 12 and 23 months, what percent discharged to permanency within 12 months?

QUARTER 2, 2016 – PERIOD COVERING JULY 1, 2015 TO JUNE 30, 2016

County	In care on the first day of the period N = Children	Children with exit to permanency N = Children	%
El Dorado	71	26	36.6%

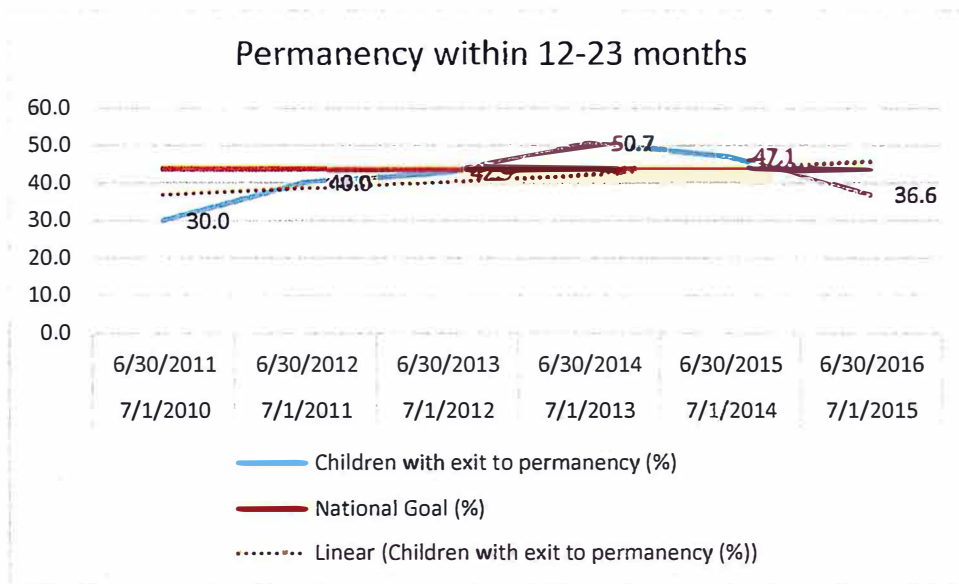
National Standard: >= 43.6%

El Dorado’s performance in this measure is below the National Standard of 43.6%. This outcome was the chosen focus area during the recent peer review.

TABLE 4 - PERMANENCY WITHIN 12-23 MONTHS, 2010-2015

	From: 7/1/2010	7/1/2011	7/1/2012	7/1/2013	7/1/2014	7/1/2015
	To: 6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015	6/30/2016
Children with exit to permanency (%)	30.0	40.0	42.9	50.7	47.1	36.6
National Goal (%)	43.6	43.6	43.6	43.6	43.6	43.6
In care 12-23 months (n)	60	60	42	75	68	71
Children with exit to permanency (n)	18	24	18	38	32	26
National Standard (n)	27	27	19	33	30	31

FIGURE 5 - PERMANENCY WITHIN 12-23 MONTHS, 5-YEAR TREND



El Dorado County did not achieve the National Standard or Goal in this measure during the last SIP period, 2010 through 2013. However, as shown in the table and figure above, there is a slight upward trend in improvement despite the most recent decrease to 36.6%.

Most children exited to adoption during this time period. Babies and children 3-5 years exited to adoption at the highest rates (Table 5). Oldest youth 16-17 years old and children aged 6-10 years old reunified at the highest rates at 16.7% and 16.0%. Overall, youth 16-17 years old exited to non-permanency (50%) at the highest rates.

TABLE 5 - P2 BY AGE AND TYPE OF PERMANENCY, JULY 1, 2015 TO JUN 30, 2016

	Age Group						
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	All
	%	%	%	%	%	%	%
Exited to reunification	.	.	11.1	16	9.5	16.7	11.3
Exited to adoption	.	70	44.4	16	.	.	21.1
Exited to guardianship	.	.	.	8	9.5	.	5.6
Exited to non-permanency	50	4.2
Still in care	.	30	44.4	60	81	33.3	57.7
Total	.	100	100	100	100	100	100

Data Source: CWS/CMS 2016 Quarter 3 Extract

Figure 6 shows that 60% (3 of 5 children) of Black children remained in care from the period July 1, 2014 to June 30, 2015. White (22 of 41 children) and Latino (9 of 18 children) follow with 53.7% and 50% respectively. Twenty-five (25) percent of Native American children remained in care (1 of 4 children). Of all children, White children (9 of 14 children) reunified at the highest numbers (Table 6).

FIGURE 6 -

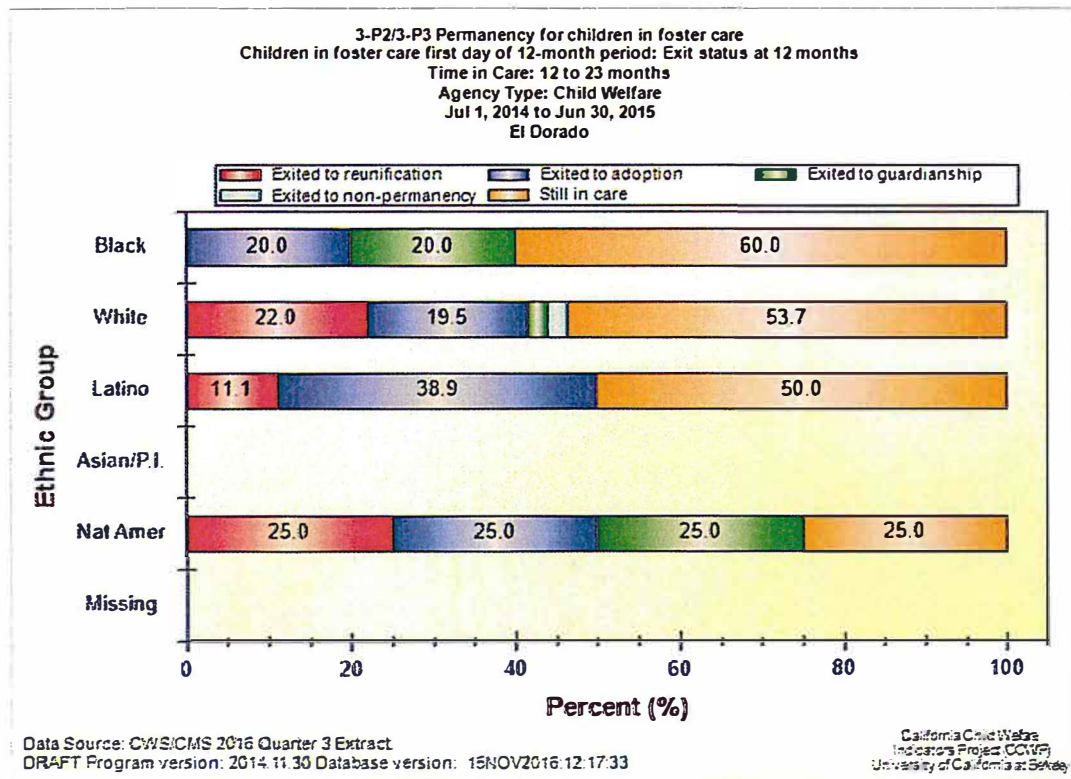


TABLE 6

	Ethnic Group						Total
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	n	n	n	n	n	n	
Exited to reunification	.	9	2	.	1		12
Exited to adoption	1	8	7	.	1		17
Exited to guardianship	1	1			1		3
Exited to non-permanency		1					1
Still in care	3	22	9	.	1		35
Total	5	41	18	.	4		68

The highest rates of permanency were children who exited from kin placements (16 of 32) (Table 7).

TABLE 7

	Placement Type										Total
	Pre-Adopt	Kin	Foster	FFA	Court Specified Home	Group	Shelter	Guardian	Other	Missing	
	n	n	n	n	n	n	n	n	n	n	
Exited to reunification		6	.	3		3					12
Exited to adoption	2	7	1	7							17
Exited to guardianship		3	.	.							3
Total Permanency	2	16	1	10	0	3	0	0	0	0	32

Review of the data shows that of the El Dorado County youth in permanent placement, roughly 40% of them are without a permanent plan. The average age of a child or youth in permanent placement (excluding adoption and guardianship) is 12.7 years. Males make up 66.1% of the population. They have been in care for an average of 46.8 months (in this episode, meaning they could have been removed previously and reunified). They average 5 placements in their most current episode. Although these youth came to the attention of CWS for a variety of reasons, the majority of them originated due to general neglect, emotional abuse, and caretaker absence/incapacity. The data shows that 40% of these youth are placed in relative/NREFM homes.

Just over 60% of children in permanent placement were assigned to adoptions or guardianship units. The average age of the youth identified for adoption or guardianship is 7.7 years. Males make up 58.43% of the population. They have been in care for an average of 28.55 months. They average 2.23 placements in their most current episode. This is comparable to those in Family Reunification, who currently average 2.23 placements. The data shows that roughly 30% of these youth are placed with relatives/NREFMs and 27% are placed in FFA homes.

Of the children who are successfully achieving permanency, the data shows they are younger, have been in care less time, and have had fewer placements. It is interesting to note that of the youth currently in care without a permanent plan, 40% are placed with relatives/NREFMs and roughly 40% of this group are between the ages of 15-17 years old. It is believed that access to services and housing for foster youth 18 to 21 years old created by extended foster care (AB 12), although positive, has contributed to the delay in timely permanency. In some cases, for older youth, extended foster care, which provides support while attending secondary education and working, can create a disincentive to reunification or other types of permanency. With the implementation of AB12, it is incumbent upon us to try to achieve permanency regardless of the age and remember that life-long connections and permanency outweigh the short-term benefits offered by AB12. Additional factors contributing to the delay in timely permanency include the increasing complexity of needs presented by children in care; the effectiveness and limitations (e.g. inadequate public transportation) of services to meet families' underlying needs; and challenges with engaging families experiencing mental health issues and/or substance abuse issues.

To support permanency in the form of adoption, we, as a state licensed adoption agency, strive to ensure children are well-matched with their perspective families. Through PSSF Adoption Promotion and Support funds, we provide programs which include:

- Assessment of the child's needs and capabilities
- Compiling the child's social and medical history
- After diligent attempts to reunify the family, the Adoptions staff will determine and may recommend to the Juvenile Court that parental rights be terminated
- Establishing if the child is legally free for adoption
- Coordinating placement of a child in a family that will meet the child's needs
- Coordination of the Adoption Assistance Program (AAP) for post-adoptive families and youth

P2 was selected as the focus of the Peer Review. Some contributing factors that impacted permanency from the Peer Review include:

- Social Worker turnover
- High caseload numbers
- Lack of formal transitions between social workers when cases transferred; families experience multiple social workers throughout the span of their case
- Lack of ongoing family finding to ensure permanency or lifetime connections
- Lack of services in South Lake Tahoe (include lack of adequate number of medical providers, mental health, foster parents)

From the previous SIP, strategy 1 and strategy 3 were intended to positively impact this measure. Staff was trained in Safety Organized Practice and a family teaming model was implemented. However, due to staff turnover at all levels the programs were not consistently utilized and sustained. (CSA p. 102) In addition, the effectiveness lacked comprehensive evaluation to understand the lasting impact that this

would have on this performance measure. In the upcoming System Improvement Plan, we intend to focus on building an infrastructure that will sustain through staff and leadership changes, as well as evaluation tools that can provide feedback about whether the strategies are having the intended impact.

P4- Children with entries during 12-month period, exits to reunification or guardianship within 12 months: re-entries within 12 months

Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?

QUARTER 2, 2016 – PERIOD COVERING JULY 1, 2013 TO JUNE 30, 2014

County	Children with entries, exits to reunification or guardianship	Children with re-entries	%
El Dorado	44	4	9.1%

National Standard: <= 8.3%

During the period covering July 1, 2013 to June 30, 2014, 4 children re-entered foster care after being discharged to permanency. This is very close to the National Standard which would mean less than one more child (0.5) would have re-entered foster care. El Dorado County has experienced significant improvement in this measure since the last CSA and through the current SIP period. The reentry rate for El Dorado County from 7/1/10 to 6/30/11 was 36.4% which translates to 20 children re-entering foster care.

TABLE 8 - RE-ENTRY AFTER REUNIFICATION

From:	7/1/2010	7/1/2011	7/1/2012	7/1/2013
To:	6/30/2011	6/30/2012	6/30/2013	6/30/2014
Children with re-entries (%)	36.4	7.8	13.2	9.1
National Goal (%)	8.3	8.3	8.3	8.3
Children with exits to reunification or guardianship (n)	55	64	68	44
Children with re-entries (n)	20	5	9	4
National Standard (n)	5	6	6	4

Figure 7 reveals that children 3-5 years old re-entered at the highest rate (16.7%), followed by 1-2-year olds (14.3%).

FIGURE 7 - CHILDREN WITH RE-ENTRIES BY AGE GROUP (JULY 1, 2013 – JUNE 30, 2014)

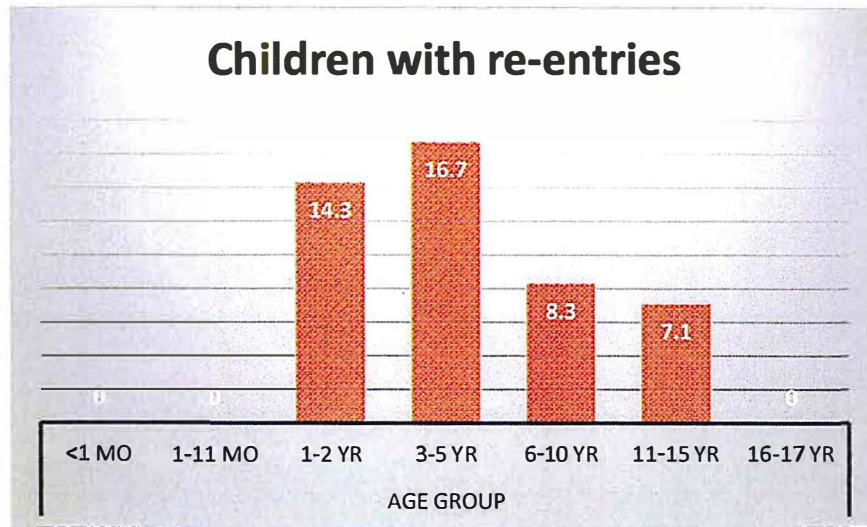


Figure 8 reveals that Black children re-entered at the highest rate at 14.4%. Table 9 shows the number of children these percentages represent.

FIGURE 8 - CHILDREN WITH RE-ENTRIES BY ETHNICITY (JULY 1, 2013 – JUNE 30, 2014)

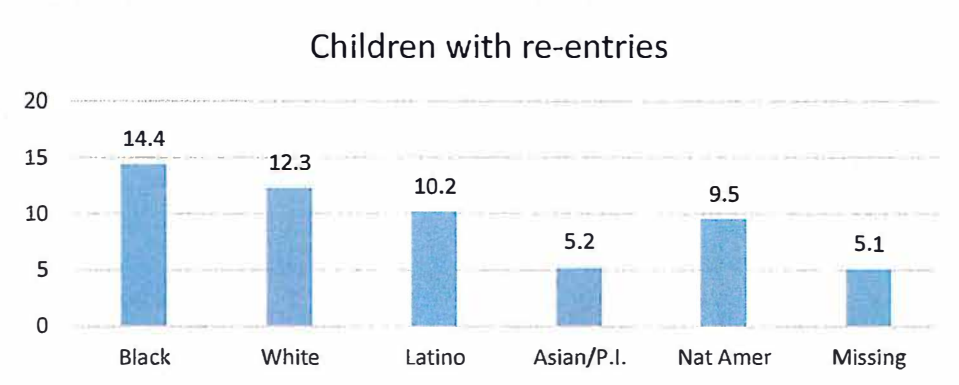


TABLE 9 - NUMBER OF CHILDREN WITH RE-ENTRIES BY ETHNIC GROUP, JULY 1, 2013 TO JUNE 30, 2014

	Ethnic Group						Total
	Black	White	Latino	Asian/P.I.	Nat Amer.	Missing	
	n	n	n	n	n	n	N
Children with re-entries	1	2	1	0	0	0	4
Children with no re-entries	2	28	7	0	1	0	38
Total	3	30	8	0	1	0	42

CPS continues to work towards striking a balance between reunifying children in a timely manner and engaging families over statutory time periods to ensure that these children do not return to out of home care. This involves the practice of working with families and children in strength-and-needs based, collaborative approaches utilizing the Safety Organized Practice (SOP) approach and the implementation of the Child and Family Team (CFT) meetings.

CPS will continue to identify ways to improve this outcome measure. The implementation of SOP and the CFT will assist in the engagement of families through the life of child welfare services involvement and ideally, positively improve reunification outcomes. This process naturally aligns itself with the family engagement requirements under Continuum of Care Reform (CCR) and represents a best practice model for CPS and the children and families we serve.

To address risk of re-entry into foster care, we will also utilize OCAP funds (CAPIT and PSSF) to facilitate the reunification of the child, safely, and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care.

2B Referrals by Time to Investigation - 10 day

QUARTER 2, 2016 - APRIL 1, 2016 TO JUNE 30, 2016

County	Referrals that received an in-person investigation within the specified time frame	Referrals Received	Timely Response %
El Dorado	137	222	61.7%

National Standard: >= 90%

In the past year, Intake and Emergency Response Units experienced extraordinary staffing challenges. CPS has actively recruited social workers to stabilize these units, and will strive for marked improvement in the 2B (10-day) measure in the upcoming SIP period. One possible intervention being considered is the implementation of a triage referral process such as the Safety Organized Practice (SOP) RED (Review, Evaluate, and Decide) Team which is a team decision making evaluation approach for referrals. The RED Team model encourages staff to meet daily to review all referrals that have come in the previous day. SOP counties utilizing this approach have seen a decrease in the percent of allegations of neglect and abuse that were substantiated. It is believed that this is due to RED Team's increasing involvement in the front end to help mitigate risk factors by getting families connected to services like wraparound, parenting classes, or those available through local community providers or stakeholder agencies. The RED Team approach is one strategy that CPS is evaluating to improve outcomes in this measure during the next SIP period. CPS will work within the program to address the policies and guidelines that contribute to performance in this outcome.

Additionally, CPS will ensure utilization of SafeMeasures to ensure compliance and track any trends or problematic areas (i.e. particular unit or staff person). CPS will also work closely with Human Resources to ensure continuous hiring of qualified social workers and analyze ways to deploy more staff to the front end of the system ensuring adequate staffing.

PROBATION

P1 Permanency in 12 months for children entering foster care

JULY 1, 2014 TO JUNE 30, 2015.

County	Entered foster care in a 12- month	Children discharged to permanency	%
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	period	within 12 months	
El Dorado	3	0	0%

National Standard: >= 40.5%

TABLE 10 - PERMANENCY IN 12 MONTHS BY TYPE OF PERMANENCY

	Percent					N	N	N	N	N
	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014	JUL2014- JUN2015	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014	JUL2014- JUN2015
	%	%	%	%	%	n	n	n	n	n
Reunified	0	37.5	28.6	20	0	0	3	2	1	0
Adopted	0	0	0	0	0	0	0	0	0	0
Guardianship	0	0	0	0	0	0	0	0	0	0
Emancipated	0	0	14.3	0	0	0	0	1	0	0
Other	50	12.5	0	20	33.3	2	1	0	1	1
Still in care	50	50	57.1	60	66.7	2	4	4	3	2
Total	100	100	100	100	100	4	8	7	5	3

P2 Permanency in 12 months for children in foster care 12-23 months

JULY 1, 2015 TO JUNE 30, 2016.

County	In care on the first day of the period	Children with exit to permanency	%
El Dorado	2	1	50%

National Standard: >= 43.6%

TABLE 11 - PERMANENCY IN 12 MONTHS FOR CHILDREN IN FOSTER CARE 12-23 MONTHS

	Interval													
	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014	JUL2014- JUN2015	JUL2009- JUN2010	JUL2010- JUN2011	JUL2011- JUN2012	JUL2012- JUN2013	JUL2013- JUN2014	JUL2014- JUN2015	JUL2015- JUN2016	JUL2016- JUN2017
	0	1	2	3	4	5	6	0	1	2	3	4	5	6
	%	%	%	%	%	%	%	n	n	n	n	n	n	n
Exited to reunification	0	0	66.7	100	50	50	0	0	0	2	1	2	1	0

Exited to adoption	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Exited to guardianship	0	0	0	0	0	0	50	0	0	0	0	0	0	1
Exited to non-permanency	0	100	0	0	0	50	0	0	2	0	0	0	1	0
Still in care	100	0	33.3	0	50	0	50	1	0	1	0	2	0	1
Total	100	100	100	100	100	100	100	1	2	3	1	4	2	2

Permanency whenever possible is a goal of the Probation Department. Most often, youth who are ordered to foster care either need a juvenile sex offender program or do not have a viable parent or guardian. Because youth are older (between 14-18 years old) and have specific mental health needs, timely permanency remains elusive. However, it is believed improvement in this area is imperative and will remain a focus of the Probation Department.

As soon as it appears probable that a probation youth will be ordered to foster care, the probation officer is conducting family finding efforts and engagement. These youths most often are in custody in a juvenile detention facility, so finding an appropriate placement in the least restrictive setting is a priority. However, if there are no timely family or appropriate non-family options, probation youth are often placed in group homes while family finding and engagement efforts continue. Family finding and engagement is a priority and an area that we will continue to focus on and improve.

Strategy Summary

Child Welfare

STRATEGY #1: IMPROVE PERMANENCY BY INCREASING THE USE OF FAMILY FINDING, ENGAGEMENT, AND SUPPORT TECHNIQUES

Purpose/Rationale

Family Finding and Engagement (FFE) was originally developed to address the needs of children and youth who lacked important connections and who were languishing in foster care. As reported in the CalSWEC Family Finding and Engagement Toolkit¹, children in foster care are living in homes and in situations where they don't have permanent family connections or physical and emotional connections with other adults.

Children and youth who don't feel connected to family or other adults are more likely to have trouble later in life. Some experience:

- Mental health challenges
- Behavioral problems
- Homelessness
- Placement disruptions, including multiple placements and/or mismatched placements
- School disruptions and failures
- Lack of Self-sufficiency
- Lack of permanency and support networks
- Loss of identity
- Feelings of groundlessness, among other things
- Incarceration

The Child and Family Services Reviews (CFSRs) indicated that a number of family engagement activities contribute to the success of family reunification efforts. Effective family engagement activities include involving birth families in planning and decision-making and the use of some type of family team meetings to facilitate reunification efforts promotes active involvement of both birth parents, extended family, and others to achieve permanency for children².

The focus on engagement will improve permanency, visitation with siblings and connections to extended family. The improved efforts to search for family will likely increase the timeliness of permanency (adoption and guardianship) and potentially provide more support to parents as they reunify.

We chose this strategy because our Peer Review clearly identified minimal efforts towards family finding including a lack of ongoing efforts to continue to identify family despite this being an identified strategy

¹ CalSWEC Family Finding and Engagement (FFE) Toolkit <http://calswec.berkeley.edu/toolkits/family-finding-and-engagement-ffe-toolkit/what-family-finding-and-engagement>

² Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

in the previous SIP. In addition, there have been numerous studies done on how to improve permanency for older youth. Family Finding is one of the evidence based practices proven to have a positive impact. Currently, limited efforts of exploring the extended family from both sides occurs. However, the Peer Review found that contact with extended family is not maintained on an ongoing basis for children and youth. Geographical distance was noted as a barrier. This strategy differs from the previous strategy by collaborating and contracting with Lilliput Children’s Services who has demonstrated knowledge and expertise in this area. They will focus their efforts on youth who have not achieved permanency while supporting our agency with developing an infrastructure that will encourage initial and ongoing identification and engagement of relatives. Additionally, we will explore ways to ensure distance does not get in the way of youth maintaining connections with their families.

Action Steps:

CPS will improve this strategy’s outcome by including the development of an enhanced guideline around family finding. We intend to collaborate with Lilliput Children’s Services to develop an effective FFE referral and delivery process. Next, we will review and analyze the current procedures in place and determine where the gaps and barriers are occurring. Then we will update the guidelines to reflect the best ways to practice FFE. This updated policy will include the ways to use gathered family information, frequency of conducting family finding searches, and ways to document those findings. Leadership will then finalize these guidelines and train staff to the new processes. We will additionally develop specific guidelines to the use of social media. How staff can use social media to search for family has not been clearly defined, so we will consult county counsel and develop this guideline. Our goal is to implement these new guidelines in October 2017 and then we will analyze the effectiveness for the remainder of the SIP. This in turn will improve engagement and support. Additionally, any family that is found can then be engaged in the Child and Family Teams (CFT), which are also being implemented (Strategy #2). We will also build upon the work we initiated in 2016 which included the selection of Lilliput Children’s Services to conduct family finding, engagement, and support through an RFP process.

Evaluation:

One of the action steps (F) is to develop an effective way to monitor family finding activities. We will explore the use of CWS, SafeMeasures, and CFSR case reviews to maximize tracking options. We will also track the number of children for whom FFE is conducted, as well as the results of those searches. We will then (action step G) evaluate the effectiveness of our efforts. This will include determining if any of these searches resulted in increased connections, placement and/or permanency.

STRATEGY #2: UTILIZE CHILD AND FAMILY TEAM MEETINGS (CFT) TO TEAM WITH FAMILIES AND YOUTH TO IMPROVE TIMELY PERMANENCY AND DECREASE RE-ENTRY INTO FOSTER CARE AFTER REUNIFICATION.

Purpose/Rationale

This strategy is similar to Strategy 1 in the previous SIP which implemented a Family Teaming Approach. El Dorado will continue to build upon what was started but recognizes that this has changed with the implementation of Safety Organized Practice and the mandates from the Continuum of Care Reform (AB403). El Dorado will utilize CFTs to accomplish several goals. First, per ACIN 1-52-16, counties are instructed to use the Child and Family Team (CFT) process as outlined in the Pathways to Mental Health Core Practice Model, and as required under Continuum of Care Reform (AB403). The Pathways to Mental Health Services Core Practice Model (CPM), Child and Family Teams are comprised of the child/youth, parents and/or caregivers, extended family members and other supportive people from the family and child’s community who agree to come together to create, implement, and refine a behavioral health plan with the child/youth (as developmentally appropriate) and the family. The goal of the plan is to build on the strengths of the child/youth and family and addresses their immediate and long-term

needs and aspirations. The primary focus of the CFT is always the safety and well-being of children and youth³. In this context, the CFT can be used to determine the level of care needed for the child and family. Additionally, the CFT can be used to engage families, collaborate, and identify mutual needs and goals.

Second, we will utilize CFTs to engage families in the reunification program. Per CalSWEC, “As a family-focused practice, Child and Family Teaming reflects the belief that families and youth benefit when they are respectfully and meaningfully engaged in the service planning process through ongoing opportunities to add their perspectives and exercise genuine leadership to choose among options, while receiving agency support to achieve their goals”. It also supports the youth stakeholders who shared a desire for “increased involvement in case planning and transparency of options.” (CSA, p. 5) The CFT will be used to ensure that family and children’s underlying needs are being identified and addressed. The development of an action plan and the subsequent CFTs for the life of the case will ensure that more appropriate services are identified and modified as needed. In particular for families in the South Lake Tahoe area where services are harder to find, the CFT can brainstorm ways to address any service deficits.

Finally, the CFT will be utilized to ensure that the transition to a safe and permanent home goes smoothly and that children and families are set up for success. The goal will be to decrease the chances that a child re-enters foster care. The CFT can specifically develop aftercare case plans for families who are exiting care. Additionally, the team can identify and engage natural supports to support the family once the case closes.

Action Steps

The bulk of the work to develop CFTs will occur in the first four months of 2017. CPS will improve this strategy’s outcome by creating a workgroup to research CFT literature and to develop a CFT model. The guideline will include best practices, documentation, monitoring and completion of CFTs. Then we will train staff and stakeholders to the CFT meeting model, including their roles and responsibilities in the CFT. As we will need to increase the pool of facilitators, we will hire a full time CFT facilitator. Then we will identify back up facilitators and ensure they are properly trained. Our goal is to implement CFTs on 4/17/17.

Evaluation

We will develop tracking mechanisms for CFT meetings, tracking the number of CFTs held for each child and family, outcomes of the meetings, and follow up needed from each meeting. Once this mechanism is developed, we will ensure we track all meetings and monitor compliance and outcomes.

STRATEGY #3: CREATE INDIVIDUALIZED BEHAVIORALLY-BASED SAFETY PLANS, VISITATION PLANS AND CASE PLANS

Purpose/Rationale

It is critically important to develop plans that are specific and tailored to the needs of the child, youth and/or family it is being created for. Although utilizing common templates or formats for plans is helpful for developing consistency, they too often devolve into “cookie-cutter” plans. A “one size fits all” approach does not assure safety of children, nor does it create meaningful visitation plans or case plans. The Juvenile Court stakeholders shared similar recommendations during the CSA:

- Improve the quality of parenting classes including avoiding a ‘cookie cutter’ approach to parenting class referrals and more intensive classes was identified as a priority service need.

³ Child and Family Teaming Curriculum, CalSWEC, Trainee Manual, May 2016

- Visitation policy and procedure needs to be reviewed and be consistent with best practices and meet the needs of both the parents and children. Specifically, the use of supervised visitation, allowing visits to occur in more normalized settings, use of third parties to supervise/accompany visits, and transition visiting polices were highlighted.
- Early engagement of the parents with services needs to be emphasized to ensure that they can make the best use of resources.
(CSA pg. 7)

Parents often have multiple challenges such as substance abuse, mental health disorders, domestic violence and problems related to poverty which can make developing a case plan or safety plan challenging for social workers. For example, the prevalence of parental drug and alcohol use in the county is a significant factor affecting referrals to the Child Welfare System. Most cases are the direct result of parental substance abuse, primarily involving heroin, methamphetamine, marijuana, alcohol, and prescription medications. (CSA p. 26) Being able to tailor case plans for each individual is crucial to ensure recovery is long lasting.

The purpose of this strategy is to engage families in order to remove the safety concerns that brought them to the attention of the agency. By creating plans that are based on the needs of the family, services and supports can be individually tailored which is intended to increase the child and family safety and well-being which will lower the recurrence of maltreatment and re-entry into foster care, as well as improve reunification rates.

Action Steps

CPS will improve this strategy's outcome by the development of a guideline in line with best practices in this area, including the implementation of Safety Organized Practice (SOP). We will develop a work group including the Northern Training Academy to identify best practices for creating case plans. The workgroup will research guidelines and training tools such as what is provided by CalSWEC and SOP for parents and youth. For example, there are Case Plan Field Tools which are designed to help social workers work with families to create quality case plans that increase the likelihood of safe and timely reunification. These tools help create measurable service objectives based on behavior change rather than merely completing services.⁴ The workgroup will then recommend and develop guidelines based on the identified best practices. Line staff and supervisors will be trained to this new guideline.

Next steps include communicating the changes to the Juvenile Court and to community partners. They are critical partners in ensuring children and families thrive.

Evaluation

We will develop an evaluation process that will review safety plans, case plans, and visitation plans to ensure they are family focused, strength based, and that can be maintained with natural supports in the community. The use of Case Review and Case Reading protocols will be considered to monitor the effectiveness of these new plans. The information gathered from case reviews will provide qualitative feedback that will be used to modify the guidelines and training of staff.

⁴ <http://calswec.berkeley.edu/emergency-response-and-case-plan-field-tools>

STRATEGY #4: DEVELOP ENHANCED PERMANENCY PROCESSES, INCLUDING CONCURRENT PLANNING, MATCHING, AND CHILD AVAILABLE

Purpose/Rationale

To improve permanency, enhancing permanency processes will be instrumental in ensuring change. First, concurrent planning is an approach that seeks to eliminate delays in attaining permanent families for children in the foster care system. Concurrent planning involves considering all reasonable options for permanency at the earliest possible point following a child’s entry into foster care and concurrently pursuing those options that will best serve the child’s needs. Typically, the primary plan is reunification with the child’s family of origin. With concurrent planning, an alternative permanency goal (e.g., adoption) is pursued at the same time rather than being pursued sequentially after reunification has been ruled out⁵.

Frame, Duerr Berrick, and Coakley (2006) examined the legislatively mandated implementation of concurrent planning (CP) in six California counties to identify factors that could be associated with success. They describe seven system characteristics that “appear necessary, in combination, for the full functioning of a system of CP.”⁶ These essential elements are:

- Agency support at all levels for the principles, priorities, and practices of concurrent planning.
- Institutionalization of the approach through the use of formal systems for resolution of paternity issues and relative search, documented reunification prognosis, tracked timelines, procedures for referral between workers, and regular review meetings.
- Support for caseworkers including formal and informal training, shared decision making, and manageable caseloads.
- Integration of child welfare and adoption units working toward the same concurrent goals.
- An adequate pool of concurrent caregivers who are willing and able to work toward both reunification and adoption.
- Services available to support birth parents in achieving reunification-related goals.
- Support from judges, attorneys, and other court personnel for concurrent planning philosophy and practice.

Implementation of a functional concurrent planning program will help improve permanency efforts of all types. We will also develop improved child available and child matching processes.

This strategy is intended to ensure there is an alternative permanent plan when reunification cannot occur. This strategy endeavors to improve timely permanency, in particular adoption and guardianship for children. As identified in the Peer Review, social workers need ongoing training in concurrent planning due to the turnover challenges. This strategy will ensure ongoing training occurs within the agency.

Action Steps

We will develop a workgroup to research and identify current and best practices for concurrent and permanency planning. Some guidelines might be to include an adoption social worker at the team meetings. It might include holding team meetings earlier in the court process, for example, a week after

⁵ Child Welfare Information Gateway. (2012). Concurrent planning: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

⁶ Frame, L., Duerr Berrick, J., & Coakley, J. F. (2006). Essential elements of implementing a system of concurrent planning. *Child and Family Social Work*, 11(4), 357–367.

the detention hearing. This would improve engagement with families and the identification of family members. The guidelines will also include a revised child matching process to improve placement stability and ultimately permanency. Once resources are evaluated and the guidelines identified, we will then train staff to the new guidelines. Due to the ongoing staffing challenges, we will develop an annual training plan to ensure all social workers receive the initial training and refresher training.

Evaluation

In order to monitor the effectiveness of the new procedures, we will monitor all CFSR Permanency measures, in particular P2-Permanency within 12-23 months. We will track the child matching process and identify the compliance with the new guidelines. We will also review case plans and court reports to ensure concurrent plans have been identified and are being implemented.

STRATEGY #5: UTILIZE A TRIAGE TEAM APPROACH TO ADDRESS COMPLIANCE AND IMPROVE TIMELINESS OF INVESTIGATIONS

Purpose/Rationale

To address recurrence of maltreatment, we will consider implementation of a triage team approach for referrals such as the Safety Organized Practice (SOP) RED (Review, Evaluate, and Decide) Team. The RED Team meets daily to review all referrals that have come in the previous day. SOP counties utilizing this approach have seen a decrease in the percent of allegations of neglect and abuse that were substantiated. It is believed that this is due to RED Team's increasing involvement in the front end to help mitigate risk factors by getting families connected to services like wraparound, parenting classes, or those available through local community providers or stakeholder agencies. The RED team is one strategy that CPS is evaluating to improve outcomes in this measure during the next SIP period, and CPS will work within program to address the guidelines that contribute to performance in this outcome.

Action Steps

First, we will gather policies and procedures related to the RED Team approach and other similar processes. We will analyze and identify best practices. A guideline will be developed and staff will be trained to the new procedures. We are also looking to include guidelines that incorporate SafeMeasures usage at all staff levels. We will train ER social workers and supervisors to the new process in February 2018 and implement the new triage process in June 2018.

Evaluation

To address compliance, we will track the 2B Timeliness to Investigation through SafeMeasures. To measure effectiveness, we will track the outcomes of the referrals that were taken through the triage process. Referrals will be tracked and data will be gathered as to the disposition of the referral and the ultimate outcomes of the referrals (case opened, referral closed, etc.). The tracking will also include dates related to the first contact with the child and family in the referral, through ultimate closure.

STRATEGY #6: IMPROVE THE ORGANIZATIONAL CLIMATE AND CULTURE TO INCREASE STAFF RETENTION.

Purpose/Rationale

The child welfare social worker provides vital services and supports to keep vulnerable children, youth, and families safe, stable, and healthy. The job of a social worker is characterized by many challenges, including demanding caseloads, life and death decisions, trauma for self, children and families, external oversight, media and community scrutiny, and low wages. Research has shown that staff turnover costs the agency \$54,000 for each worker leaving⁷, but it is also costly for families. Reduced turnover has been

⁷ Complete reference list: https://ncwwi.org/files/Why_the_Workforce_Matters_References.pdf

shown to improve timely investigations, increased contacts with children and families, better service delivery, improved safety, permanency and well-being, and overall more positive outcomes. All of these are goals we are trying to reach through this System Improvement Plan. El Dorado County recognizes that addressing staff retention is crucial to improving the outcomes for children and families because fewer changes in social workers increases the chances of stability for families and permanency for children.

Action Steps

El Dorado County is working with UC Davis Northern Training Academy to identify, administer, and review an organizational climate survey for staff. The results of the survey will be used to identify trends to build upon aimed at improving staff retention. A design team will be developed that will include staff at all levels, including line staff to develop and implement strategies designed to improve staff retention. There is much research available on effective strategies to improve retention that will need to be reviewed to determine strategies that will impact local retention.

Evaluation

In addition, evaluation tools will be developed that will allow us to evaluate the effectiveness of the implemented strategies and whether they have had the intended effect.

Child Welfare and Probation Combined

STRATEGY #7: IMPLEMENT THE EL DORADO COUNTY RESOURCE FAMILY RECRUITMENT, RETENTION, AND SUPPORT (FPPRS) ACTIVITIES TO SUPPORT RESOURCE FAMILIES AND IMPROVE REUNIFICATION AND CONCURRENT PLANS.

Purpose/Rationale

The recruitment, retention and support of caregivers is critical to providing stability for our children and youth. Placement stability is essential for family reunification. The implementation of the Resource Family Approval (RFA), which is mandated by the California Department of Social Services on January 2017, creates a platform for all Resource Families to receive the same information, training, and opportunity for support.

Per the Child Welfare Information Gateway, concurrent planning demands much from foster/adoptive families, who must be well prepared and supported. They must be willing to make a permanent commitment to a child placed in their home before the child is available for adoption, while at the same time work cooperatively with the agency and family of origin to effect reunification. Their work often includes teaching and modeling skills for birth parents and other family members as well as mentoring new foster/adoptive families⁸.

Additionally, Foster parents' support of contact between children and birth parents and the foster parents' direct support of birth parents (e.g., mentoring) facilitates achievement of reunification goals⁹.

By supporting caregivers, we believe both reunification and concurrent planning will be supported. As recommended by Probation Stakeholders in the CSA (p. 3), staff would like foster homes for probation youth so youth can transition to a lower level of care. "Youth are *kind of stuck* as they cannot return to their own community".

⁸ Child Welfare Information Gateway. (2012). Concurrent planning: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

⁹ Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

The Foster Parent Recruitment, Retention and Support (FPRRS) was developed and begun in June 2015. We are in our second fiscal year (16/17) and the following are included in the 15/16 and 16/17 plans:

1. Dedicated social worker to conduct recruitment activities
2. Family Finding Search Engine - Subscriptions to Lexis-Nexis' "Accurint" software (hereinafter, "Accurint")
3. Flex Funds - Funds are allocated to "normalize" the foster child's experience by supporting participation in activities and by purchasing personal needs items not funded through other means
4. Hub Home Concept Stipends and Supports - This activity included funding for "Hub Home Stipend" and "Hub Home Activities." The "Hub Home" concept was based on the "Mockingbird Family Model," whereby one experienced "Resource Family provider" serves as a mentor and support to up to six other homes in a Hub Home "satellite/constellation" configuration. The Hub Home also provides respite care for children that are among the Hub Home's satellites. (In El Dorado County, our Hub Home Model is called, "Resource Home Network.")
5. Expanded Recruitment, Retention and Support (Please note: Activity 4, Expanded Recruitment, Retention and Support, describes a set of activities that were not funded through FPRRS funds due to allocation constraints. Since the County felt these were important, the activities were supported through alternate funds. El Dorado feels that these activities contributed to the overall outcome of the FPRRS Program.) - Activities/services included but were not limited to:
 - "Super Saturday" licensing days that help expedite the foster care licensing process to provide assistance with paperwork finalization, CPR, and First Aid.
 - Foster Parent Appreciation Luncheon.
 - Foster Parent Recognition by Proclamation of County Board of Supervisors.
 - Inclusion in Pre-licensing classes of potential care providers who are foster children's relatives and NREFMS.
 - Through the monthly Foster Care meetings and regular meetings with the community colleges Foster/Kinship Education (FKCE) programs, FPRRS is crafting more "user-friendly" enrollment and participation processes and training that is more relevant and support services.
 - Increased outreach including a "Kid Zone" day at the County Fair and tables at community and four-year college Internship Fairs.
 - "Inreach" (outreach to internal staff) to case-carrying SWs throughout County CPS, garnering understanding, and support for the FPRRS concepts and program elements.
 - Through the monthly Foster Care meetings and regular meetings with the community colleges Foster/Kinship Education (FKCE) programs, FPRRS is crafting more "user-friendly" enrollment and participation processes and training that is more relevant and support services.
6. Child Care - For 2016-2017, the County requested FPRRS funds to engage a trained child care provider while the caregiver attends FKCE Program classes or monthly support groups. Feedback from current and potential caregivers is that they find it difficult and/or impossible to commit to regular meetings or classes because they have to care for children during the time the events are held.

Action Steps

El Dorado County will improve this strategy's outcome by developing a guideline and enhanced practices in this area. This in turn will improve engagement and support. We will begin by utilizing our Steering Committee to identify resources and gaps. Then we will define the roles and responsibilities of county

staff as well as Community Based Organizations (CBOs) in determining our approach to recruiting and serving caregivers under the RFA program. We will further refine our RFA program with the direction from CDSS. We intend to train staff to SAFE and work collaboratively with our community partners and community colleges.

Evaluation

We will monitor this strategy through our FPPRS grant. There are specific goals and objectives in the FPPRS plan that will be monitored and evaluated.

Probation

STRATEGY #8: IMPLEMENT FAMILY FINDING, ENGAGEMENT, AND SUPPORT ACTIVITIES TO IMPROVE PERMANENCY AND CONNECTIONS FOR PROBATION YOUTH.

Purpose/Rationale

As discussed in strategy #1, Family Finding and Engagement (FFE) was originally developed to address the needs of children and youth who lacked important connections and who were languishing in foster care. As many probation youth lack stable families in much the same way as Child Welfare families, family finding efforts will be strengthened to increase our ability to provide permanency within 24 months (Measures P1 and P2).

The Peer Review focused on P2 – Permanency within 12-23 months. Feedback from the Peers noted that Geographical location of placement and strained family relationships negatively impacted timely permanency. Family Finding was recommended to improve the youth’s options to connections and permanency.

Action Steps

Child Welfare has procured LexisNexis (Accurint) through the use of the County’s FPPRS funds. Probation will collaborate with Child Welfare to develop a protocol for use of the software. We will identify a point person for LexisNexis and develop guidelines for the process. We will also train our probation officers to the new policy as well as any other Family Finding training that we determine is needed. We will implement the use of LexisNexis by April 2017. We will also add training on all forms of permanency including concurrent planning for Probation Officers.

Evaluation

We will monitor the findings from LexisNexis to determine the effectiveness of the usage of this tool. We will track all guideline fidelity to measure the new policy. We will also track the number of children for whom FFE is conducted, as well as the results of those searches. We will then (action step J) evaluate the effectiveness of our efforts. This will include determining if any of these searches resulted in increased connections, placement and/or permanency.

Prioritization of Direct Service Needs

Prioritization and selection of direct service needs to be funded with Child Abuse Prevention Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funding is based on County needs and information obtained during the CSA and C-CFSR process and through allocations from OCAP.

The El Dorado County Board of Supervisors (BOS) designated the El Dorado County HHS as the local public agency lead and administrator for the Child Abuse Prevention, Intervention and Treatment (CAPIT) and Community-Based Child Abuse Prevention (CBCAP) programs. As the Board of Supervisors designated lead agency, HHS is responsible for the administration of funds, program, and fiscal oversight, submitting annual reports to the Office of Child Abuse Prevention (OCAP), and adhering to assurances and quality assurance of CAPIT/CBCAP/PSSF funded programs.

The El Dorado Child Abuse Prevention Council (CAPC) works with the community to increase awareness and respect for the rights of children to be free from abuse and neglect. CAPC members are appointed by the El Dorado County BOS and represent all areas of the County. The CAPC areas of focus include community education and training, outreach and interagency communication and collaboration. The CAPC meets regularly during the year and spends a full day laying out a strategic fiscal plan that deploys the limited OCAP funds available to educate our communities on issues that affect children, families, their health and well-being, as well as addressing issues that put children at potential risk of abuse or neglect. The important areas that impact the health and safety of children in El Dorado County as identified by the 2016 CSA include: Poverty, lack of education regarding safe child rearing and parenting practices, failure to report potential abuse or neglect, isolation from others, and the lack of resources and quality connections for new parents. At risk populations identified by the CSA are youth ages 3-15 and youth who have exited the child welfare system through reunification services. The CSA identified strategies to address these topics and the associated Federal and State outcome measures for child welfare services, and these strategies were incorporated into the SIP.

In the upcoming year, El Dorado plans to align some OCAP strategies with strategies identified by the Board of Supervisors to develop and maintain community based "hub" services throughout the County. We will also be strengthening the evaluation components of our funded programs and developing stronger collaborations and reporting mechanisms. The agency will be dedicating a portion of CAPIT funding to support the community hub initiative as identified in the County strategic plan and approved by the board of supervisors. This program activity will begin during FY 17/18 and will be reported in next year's SIP update.

The CAPC produces a yearly public resource guide titled "Strengthening Families and Communities." Additionally, CAPC participates in annual Child Abuse Prevention month activities including co-sponsorship of the local Kid's Expo and provides training ranging from mandated reporting to shaken baby education using a shaken baby simulator. CAPC also delivers evidence based education programs to engage minority fathers and parenting families within at risk communities. HHS provides a liaison to CAPC to keep them apprised of HHS issues and to facilitate CAPC contracts and County Children's Trust Fund (CTF) expenditures. A HHS representative at the Program Manager level or higher also attends CAPC meetings regularly. HHS may also team up with the CAPC to assist at mandated reporter trainings.

At this time, El Dorado County is not accessing training and technical assistance through federal partners or the various National Resource Centers (NRC) provided by Administration for Children and Families

(ACF), United States Department of Health and Human Services. El Dorado County will consider pursuing training and technical assistance with NRC if the need arises. El Dorado County does utilize the North Regional Training Academy for Core social worker and social worker supervisor training as well as coaching. El Dorado County also utilizes technical assistance from CDSS.

Child Welfare/Probation Placement Initiatives

Child Protective Services enjoys a robust and collaborative relationship with other County and community partners. This relationship translates into quality services that are provided to children and families in the community. The following section outlines El Dorado County's participation in current federal and state initiatives relative to services provided to children and families.

AB 12 – Extended Foster Care (EFC)

Effective January 1, 2012, El Dorado County implemented the Extended Foster Care (EFC) Program which allows foster youth to remain in foster care up to age 21. EFC placement options for Non-Minor Dependents include: Relative / Non-Related Extended Family Member Homes, Foster Family Homes, Foster Family Agency Homes, Group Homes (under limited circumstances), Transitional Housing Program Plus (THP-Plus), Transitional Housing Program Plus Foster Care (THP-Plus-FC), and Supervised Independent Living Placements.

This program has positively affected many lives over the past year, giving new opportunities and continued support to foster youth between the ages of 18 - 21. During the quarter from July 1, 2014 through September 30, 2014, of the 70 youth eligible for EFC during the quarter, 65 youth remained in care.

As outlined in the local protocol for Section 241.1 of the Welfare and Institutions Code, the El Dorado County Probation Department continues to make all efforts to identify foster care youth who qualify for services under AB 12. Once identified, appropriate youth undergo Court proceedings to transition them into Extended Foster Care status. Under this protocol, case management services typically fall under the jurisdiction of the Probation Department.

Katie A.

It is the policy of El Dorado County CPS to comply with the findings of the Katie A. lawsuit, the Core Practice Model Guide framework and to work collaboratively with El Dorado County HHSA-Behavioral Health to provide children and youth with thorough mental health assessments and services. Both departments have been working collaboratively and diligently to meet the requirements of Katie A., including:

- Integration of a Social Work Clinician into CPS specifically working to complete mental health assessments, coordinating with County Behavioral Health, and linking children and youth to appropriate mental health services.
- Comprehensive integration of the activities of all parties involved with services to the child/family.
- Treatment plans are prepared by the Clinical Coordinator working with the Child and Family Team and the Case Plans are prepared by the case carrying Social Worker.

Continuous Quality Improvement and Quality Assurance

El Dorado County CPS has recently implemented a new CFSR Case Review unit which consists of one Social Work Supervisor and two Social Workers. The team is in the process of being trained in

Continuous Quality Improvement. Additionally, El Dorado County was selected as one of five counties to pilot the new C-CFSR case review protocols, in advance of the August 2015 statewide rollout.

Approved Relative Caregiver (ARC) Program

El Dorado County elected to participate in the ARC program, effective June 1, 2015. This program provides approved relative caregivers the opportunity to receive payments equal to the basic Foster Care rate. In Fiscal Year 15/16, 109 families were identified as eligible for the program. To date, 51 families have entered the program and are receiving benefits from ARC.

Resource Family Approval (RFA)

The Resource Family Approval (RFA) Program is a new family and child-centered caregiver approval process that combines elements of the current foster parent licensing process and the approval process for relative, adoption and guardianship caregivers. The RFA will replace the existing caregiver approval processes and will implement one unified process for approval of all types of caregivers. This will streamline the processes by providing unified procedures for all caregivers, regardless of the child's case plan, and will begin implementation in January 2017. The vision and first priority of Child Welfare Services and the Probation Department is to have all children placed within their county community. This includes the need to increase the number of homes available for initial placement, finding homes in the county, or to place children with family, for those children currently placed out of county that appropriately may be brought back to their community. El Dorado County CPS has been rebuilding after several years of significant leadership and staff turnover. With the implementation of RFA, it is anticipated that a cohesive and integrated approach will assist the County and Resource Families in providing consistency, safety and support to all children and their caregivers.

The vision for RFA, Foster Family Recruitment, Retention and Support, and the Continuum Care Reform (CCR) in El Dorado County includes:

- In-county homes are available for all children that need placement.
- Bring home children already placed out of the community whenever possible and as appropriate.
- Provide consistency, safety and support for all children and their caregivers regardless of where they live.
- Increase permanency for all children.

RFA Implementation strategies will be developed according to this vision.

CalWORKS

The CalWORKS Program provides case assistance grants and welfare-to work services to families whose income is not adequate to meet the family's basic needs. In El Dorado County, Eligibility and Employment Services are co-located in the same locations as CPS which allows for regular interaction between both programs. El Dorado County participated in the Linkages Program for parents in both the CalWORKS and CPS programs and is currently participating in the Housing Support Program to address homelessness in the County.

FPPRS

The planned implementation of this activity is to work with El Dorado County Health and Human Services Agency's Resource Family Outreach, Recruitment and Support Program Plan by creating

additional resources specifically for Probation youth and for Dual Status Youth (DSY) that have involvement in both Probation and Child Welfare. The goal of this plan is to develop at least one, and hopefully two, local resource family homes that care specifically for Probation youth. These families will receive training, respite, material support, etc. to assist them with issues related to dealing with delinquent youth. As well, these families will serve youth who may need to “step down” from congregate care, which is often where delinquent youth are placed.

Case Review

El Dorado County has just begun the Case Review process. At this time, there is not enough information to utilize as a measure for program needs.

Commercially Sexually Exploited Children (CSEC)

In 2013, El Dorado County formed their Foster Youth and Human Trafficking (FYHT) Task Force, which is comprised of local representatives from the El Dorado County Sheriff's Office, the City of Placerville Police Department, the City of South Lake Tahoe Police Department, County Probation, the District Attorney's Office, the Public Defender's Office, County Mental Health, County Public Health, County Counsel, County Office of Education, Court Appointed Special Advocates (CASA), and coordinated by CPS staff who have been trained in CSEC identification and are readily familiar with Task Force protocols and procedures. El Dorado County Health and Human Services remains committed as the lead agency for the County's CSEC program.

On or about January 27, 2015, the El Dorado County Board of Supervisor's ratified the FYHT MOU that codifies the commitment of this task force, to include the partnership of all involved. The FYHT Task Force functions as a multidisciplinary team (MDT), pursuant to California Welfare and Institutions Code (WIC) 18960-18964. Each FYHT Task Force Member Agency provides services for the identification, investigation, and prevention of CSEC and Domestic Minor Sex Trafficking (DMST). Each FYHT Task Force member agency has the responsibility, experience, and expertise to provide services as described. The FYHT Task Force utilizes a victim centered approach to ensure that all exploited and trafficked youth get the specialized support and services needed by victims of CSE and DMST. The primary goal of the FYHT Task Force is to help the youth victims of exploitation and trafficking by facilitating programs and services to address trauma, helping them develop the life skills needed to transition into adulthood, and contribute to society regardless of race, citizenship, sexual orientation, religion, gender, or age. It is the FYHT Task Force's desire to strategically respond to existing gaps in knowledge and practice around CSEC and DMST, in order to help agencies, who have direct contact with CSE or trafficked youth, understand the extreme physical, psychological, emotional, and social harms associated with exploitation and human trafficking. This includes a range of victim services across a number of agencies that will provide a continuum of care model to fully address the youth's needs.

El Dorado County is a CDSS designated Tier II County for the CSEC funding allocation. Tier II designation is awarded to those counties who are able to demonstrate active CSEC programs, to include an operational protocol and a memorandum of understanding between specified agencies operating as a multi-disciplinary team for the provision of services for CSEC victims.

Five-Year SIP Chart Goals

CHILD WELFARE Priority Outcome Measure or Systemic Factor:

3 – S2 Recurrence of Maltreatment: Federal/CWS Outcomes Measure

National Standard: 9.1%

CSA Baseline Performance (Q4 2015): 8.2%

Current Performance (Q2 2016): 11.7% (42 out of 358 children)

Target Improvement Goal: The goal is to decrease recurrence of abuse to below 9.1%. For this recent reporting period, that would mean that 10 less children would experience abuse.

Year 1 – decrease by 1% to 10.7% (4 less children)

Year 2 – Year 5 – decrease to 9.1% or below

3 – P2 Permanency in 12 months (in care 12-23 months):

National Standard: 43.6%

CSA Baseline Performance (Q4 2015): 40.0%

Current Performance (Q2 2016): 36.6% (26 out of 71 children)

Target Improvement Goal: The goal is to increase permanency to above 43.6%. For the most recent period, 5 more children would experience permanency within 12-23 months of entering foster care.

Year 1 – increase by 1% to 37.6%

Year 2 – Year 5 - remain at or above 43.6%

3 – P4 Re-entry to foster care within 12 months:

National Standard: 8.3%

CSA Baseline Performance (Q4 2015): 10.0%

Current Performance (Q2 2016): 9.1% (4 out of 44 children)

Target Improvement Goal: The goal is to decrease re-entry to less than 8.3%. For the most recent period, approximately 1 less child would re-enter foster care.

Year 1 – decrease by 1% to 8.1% (1 less child)

Year 2 – Year 5 – remain at or below 8.3% (1 less or more children)

2B Referrals by Time to Investigation

State Standard: 90%

CSA Baseline Performance (Q4 2015): 80.6%

Current Performance (Q2 2016): 61.7% (137 out of 222 children)

Target Improvement Goal: The goal is to increase compliance to above 90% for 10 day referrals. This would result in 200 children being seen in a timely manner.

Year 1 – increase by 20% to 81.7% compliance

Year 2 – increase by 10% to 90% compliance

Year 3 – Year 5 – remain at or above 90% compliance

PROBATION Priority Outcome Measure or Systemic Factor:

3-P1 Permanency in 12 months of Children entering Foster Care:

National Standard: 40.5%

CSA Baseline Performance (Q4 2010): 0% (0 of 6 children)

Current Performance (Q2 2016): 0% (0 of 3 children)

Target Improvement Goal: The goal is to increase permanency to above 40.5%. For the most recent period, this means that 1 youth would experience permanency.

Year 1 – increase by 33% to 33% (1 of 3 children)

Year 2 – increase by 33% to 66% (2 of 3 children)

Year 3 – Year 5 – remain at or above 40.5%

3 – P2 Permanency in 12 months (in care 12-23 months):

National Standard: 43.6%

CSA Baseline Performance (Q4 2015): 100% (1 of 1 child)

Current Performance (Q2 2016): 50% (1 of 2 children)

Target Improvement Goal: The goal is to continue to maintain a rate of permanency above 43.6%. For this last reporting period, this goal was met.

Year 1 – Year 5 – remain at or above 43.6%

Attachments

Attachment A: Child Welfare Five-Year SIP Chart

Attachment B: Probation Five-Year SIP Chart

Attachment C: CAPIT/CBCAP/PSSF Expenditure Workbook

Attachment D: CAPIT/CBCAP/PSSF Program and Evaluation Descriptions

Attachment E: Notice of Intent

Attachment F: Board of Supervisors' Minute Order/Resolution

Attachment A: Child Welfare Five-Year SIP Chart

<p>CWS Strategy 1: Improve Permanency by increasing the use of Family Finding, Engagement, and Support techniques</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): P2 Permanency within 12-23 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</p>	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Review and analyze current process and procedures around information gathered for family finding.</p>	4/17/17	7/31/17	Kevin Hill, Program Manager as Lead Staff Service Analyst
<p>B. Update guidelines to reflect best ways to use gathered information, frequency of conducting family finding searches, and ways to document findings. Present final draft to leadership team.</p>	7/31/17	9/31/17	Staff Service Analyst
<p>C. Develop guidelines specific to the use of social media (i.e. Facebook) in the Family Finding process in consultation with county counsel.</p>	7/31/17	9/31/17	Program Manager
<p>D. Train staff on new guidelines and engagement and support of families that are identified.</p>	10/1/17	12/31/17	Supervisors and Program Manager
<p>E. Implement new guidelines.</p>	10/1/17	ongoing	Staff
<p>F. Develop a way to evaluate the implementation and effectiveness of guidelines.</p>	7/31/17	12/31/17	Staff Service Analyst
<p>G. Evaluate the implementation and effectiveness of policy and procedures.</p>	5/31/18	ongoing	Leadership Team
<p>H. Collaborate with Lilliput Children’s Services to develop referral and service delivery process for FFE.</p>	1/1/17	Ongoing	

<p>CWS Strategy 2: Utilize Child and Family Teams (CFT) to team with families and youth in improve timely permanency and decrease re-entry into foster care after reunification.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): P2 Permanency within 12-23 months P4 Re-entry into foster care <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</p>	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Create a work group of external and internal stakeholders to provide guidance and implementation of CFT.</p>	04/17/2017	09/17/2017	Amanda Divine, Program Manager Lead
<p>B. Train internal staff and external members to understand participants necessary, their role and the purpose of the CFT.</p>	04/17/2017	07/17/2017	Supervisors
<p>C. Develop CFT guidelines to include best practices, documentation, monitoring, and completion of CFTs.</p>	04/17/2017	07/17/2017	Program Manager and Staff Services Analyst
<p>D. Identify dedicated and back-up facilitators.</p>	04/17/2017	01/17/2018	Leadership Team
<p>E. Train dedicated and back-up facilitators.</p>	04/17/2017	01/17/2018	Program Manager
<p>F. Implement CFTs.</p>	04/17/2017	On-going	Leadership Team
<p>G. Evaluate implementation and guidelines of CFT.</p>	01/17/2018	On-going	Leadership Team and Staff Services Analyst

<p>CWS Strategy 3: Create individualized behaviorally-based safety plans, visitation plans, and case plans, with the implementation of Safety Organized Practice (SOP).</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): S2 Recurrence of Maltreatment P2 Permanency within 12-23 months P4 Re-entry into foster care <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped allocation Project.</p>	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Develop a work group, including the Northern Training Academy, to identify and review best practices for creating individualized behaviorally-based safety plans, visitation plans, and case plans.</p>	04/17/2017	04/17/2018	David Brownstein, Program Manager as Lead
<p>B. Communicate changes of process and differences in documents with community providers and court.</p>	04/17/2018	12/17/2018	Deputy Director
<p>C. Develop guidelines based on best practice recommendations.</p>	04/17/2017	04/17/2018	Program Manager and Staff Services Analyst
<p>D. Train staff on guidelines.</p>	04/17/2018	12/17/2018	Supervisors
<p>E. Implement new strategies to create safety plans and case plans to be case specific and behaviorally based.</p>	01/17/2018	06/17/2020	Leadership Team
<p>F. Develop the evaluation process which could include case review feedback.</p>	01/01/2018	06/17/2020	Leadership Team and Staff Services Analyst
<p>G. Evaluate and refine the process.</p>	01/17/2018 On-going	04/17/2022	Leadership Team

<p>CWS Strategy 4: Development of Permanency Processes, including concurrent planning, matching and child currently available for permanency recruitment.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): P2 Permanency within 12-23 months</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Develop a work group to identify current and best practice for concurrent permanency planning and develop effective child available and child matching processes.</p>	4/17/2017	7/1/17	David Brownstein, Program Manager as Lead
<p>B. Develop guidelines.</p>	7/1/17	12/31/17	Program Manager and Staff Services Analyst
<p>C. Communicate changes of process and differences in documents with community providers and court.</p>	1/1/18	2/1/18	Deputy Director
<p>D. Train staff on guidelines and train annually thereafter.</p>	1/1/18	3/31/18	Adoptions Supervisor
<p>E. Implement updated guidelines.</p>	4/1/18	Ongoing	Leadership Team
<p>F. Develop the evaluation process, which could include case review feedback.</p>	9/1/17	12/31/17	Leadership Team and Staff Services Analyst

<p>CWS Strategy 5: Utilize a triage team approach to address compliance and improve timeliness of investigations</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 2B Referrals by Time to Investigation- 10 Day P4 Re-entry into foster care <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</p>	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Gather policies and procedures from California counties utilizing RED teams or similar staffing process in Emergency Response. Analyze and identify best practices.</p>	7/1/17	9/30/17	Kathy Brook-Johnson, Program Manager as Lead
<p>B. Develop guidelines.</p>	9/30/17	1/30/18	Program Manager and Staff Services Analyst
<p>C. Train ER social workers and supervisors to the new practice.</p>	2/1/18	6/1/18	Program Manager
<p>D. Implement the use of the triage approach.</p>	6/1/18	10/1/18	Leadership Team
<p>E. Monitor 2B Timeliness to Investigation measures in SafeMeasures monthly.</p>	4/17/17	ongoing	Program Manager and Leadership Team
<p>F. Track the outcomes of the referrals that were taken to the Triage Team.</p>	6/1/18	ongoing	Program Manager and Staff Services Analyst
<p>G. Evaluate the implementation and effectiveness of guidelines.</p>	6/1/18	ongoing	Staff Services Analyst

<p>CWS Strategy 6: Improve the Organizational climate and culture to increase staff retention.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Work with UC Davis Northern Training Academy to identify an organizational climate survey.</p>	<p>April 2017</p>	<p>May 2017</p>	<p>Leslie Griffith, Deputy Director</p>
<p>B. Independent organization to administer identified survey to CPS staff.</p>	<p>June 2017</p>	<p>June 2017</p>	<p>Leslie Griffith, Deputy Director</p>
<p>C. Review survey results to identify trends to build upon to improve staff retention.</p>	<p>July 2017</p>	<p>August 2017</p>	<p>CPS Leadership Team</p>
<p>D. Create meaningful client feedback opportunities that front-line staff is motivated to use.</p>	<p>April 2017</p>	<p>August 2017</p>	<p>CPS Leadership Team</p>
<p>E. Create a design team that involves all levels of staff to develop and implement strategies to improve staff retention based on the finding of the survey.</p>	<p>June 2017</p>	<p>December 2017</p>	<p>Leslie Griffith, Deputy Director</p>
<p>F. Develop and implement tools (i.e. surveys, focus groups) to evaluate the effectiveness of the implemented strategies.</p>	<p>November 2017</p>	<p>ongoing</p>	<p>Social Services Analyst</p>
<p>G. Review data on staff retention and modify strategies as necessary</p>	<p>June 2018</p>	<p>ongoing</p>	<p>CPS Leadership Team</p>

<p>CWS and Probation Strategy 7: Implement the El Dorado County Resource Family Recruitment, Retention and Support (FPPRS) activities to support Resource families and improve reunification and concurrent plans.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Permanency within 12 months (Probation only) P2 Permanency within 12-23 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.</p>	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
<p>A. Steering committee continues to meet to identify and refine resources.</p>	04/17/2017	04/17/2017 Quarterly thereafter	Amanda Divine, Program Manager as Lead
<p>B. Define roles and responsibilities of existing staff and community-based organizations and training to different duties.</p>	04/17/2017	12/17/2017	Program Manager and RFA Supervisor
<p>C. Continue to refine the implementation of the written directives.</p>	04/17/2017	12/17/2018	Program Manager and RFA Supervisor
<p>D. Look at development and appropriateness of resources in regard to training of resource families including continuing training.</p>	04/17/2017	12/17/2018	Leadership Team
<p>E. Continue to implement the Foster Parent Recruitment, Retention and Support (FPPRS) plan. These activities include funding a social work position to conduct enhanced recruitment of Resource Families, fund the FFE software (Accurant), utilize flex funds to support “normal” children’s activities that do not have other funding streams, implement the HUB home concept, Recruitment activities, and fund child care for Resource families.</p>	01/01/2017	06/30/2017 (ongoing if funding continues)	RFA Supervisor
<p>F. Increase engagement and support of resource families, for example revitalize foster parent (resource family) association.</p>	01/17/2018	12/17/2018	Leadership Team
<p>G. Maximize FPPRS dollars for direct support of current and newly identified caregivers.</p>	04/17/2017	On-going	Leadership Team
<p>H. Evaluate the implementation and effectiveness of guidelines.</p>	12/17/2018	04/16/2022	Staff Services Analyst

Attachment B: Probation Five-Year SIP Chart

Probation Strategy 8: Implement Family Finding, Engagement, and Support activities to improve permanency and connections for Probation Youth.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Permanency within 12 months P2 Permanency within 12-23 months <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Collaborate with child welfare for the use of LexisNexis and identify staff for point person. For the software.	04/17/2017	06/17/2017	Karla Kowalski, Deputy Chief Probation Officer
B. Develop policy for use of LexisNexis (Accurint Software) including when this process should be repeated, and documentation of information from the results.	06/17/2017	09/17/2017	Karla Kowalski, Deputy Chief Probation Officer
C. Train all probation officers on policies, and in all forms of permanency including concurrent planning.	10/17/2017	11/17/2018	Karla Kowalski, Deputy Chief Probation Officer
D. Implement use of LexisNexis (Accurint Software).	12/17/2017	04/17/2022	Karla Kowalski, Deputy Chief Probation Officer
E. Utilize the results from LexisNexis (Accurint Software) and other tools to engage families in family finding.	01/17/2018	04/17/2022	Karla Kowalski, Deputy Chief Probation Officer
F. Evaluate the effectiveness of strategy.	06/17/2018	Ongoing	Karla Kowalski, Deputy Chief Probation Officer

Attachment C: CAPIT/CBCAP/PSSF Expenditure Workbook

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: DRAFT (2) DATES FOR THIS WORKBOOK Draft thru Draft
(4) COUNTY: El Dorado (5) PERIOD OF SIP: 4/15/16 4/15/21 (5) YEARS: 1

(3) DATE APPROVED BY OCAP _____
Internal Use Only

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):	CAPIT: \$ 81,308	CBCAP: \$15,386	PSSF: \$95,221
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No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT		CBCAP		PSSF						OTHER SOURCES	NAME OF OTHER	TOTAL
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF is used for Administration	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Second Generation Project		The Center for Violence Free Relationships		\$20,327									\$0	\$0		\$20,327
2	Leaders for Change, Protective Factors in Action	Parent Leadership	CAPC				\$7,693			\$9,522					\$0		\$17,215
3	Supporting Father Involvement	Parent Leadership	CAPC				\$7,693			\$9,522					\$0		\$17,215
4	Fee for Service		Various		\$61,071				\$19,044		\$19,044				\$0		\$99,159
5	Adoption Promotion and Support Services		El Dorado County Health and Human Services Agency									\$38,088			\$0		\$38,088
6															\$0		\$0
7															\$0		\$0
8															\$0		\$0
9															\$0		\$0
10															\$0		\$0
11															\$0		\$0
12															\$0		\$0
13															\$0		\$0
14															\$0		\$0
15															\$0		\$0
	Totals				\$81,398		\$15,386		\$19,044	\$19,044	\$19,044	\$38,088		\$0	\$0		\$192,004

Attachment D: CAPIT/CBCAP/PSSF Program and Evaluation Descriptions

PROGRAM NAME

Fee for Service

SERVICE PROVIDER

Various Local Service Providers

PROGRAM DESCRIPTION

CWS will administer the provision of services to address the needs of children and families at risk for entry into child welfare services or of families whose children have been placed in foster care so that reunification may occur safely and timely (e.g. child care (temporary), transportation, mental health services or substance abuse treatment services). These services will be provided by various local service providers, and services will be linked to the individual needs of the youth or family being served.

Payment for services performed by providers will be paid by the Health and Human Services Agency directly to the provider via existing social service contracts. Money will not exchange hands with the client (i.e. family).

FUNDING SOURCES

<u>Source</u>	<u>List Funded Activities</u>
CAPIT	child care (temporary), transportation, mental health services or substance abuse treatment services
CBCAP	
PSSF Family Preservation	child care (temporary), transportation, mental health services or substance abuse treatment services
PSSF Family Support	
PSSF Time-Limited Family Reunification	child care (temporary), transportation, mental health services or substance abuse treatment services
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The 2016 CSA identified the following as priority service needs for children and families:

- Permanency outcomes for youth and families at risk for entry or re-entry into child welfare services (pp. 82-87, 114-116).

- The early identification and intervention for behavioral health, mental health, and substance abuse treatment needs (pp. 6, 82-87).

TARGET POPULATION

- Children that are removed from their home and placed in a foster family home or institution.
- Parents or primary caregiver of such a child, to facilitate the reunification of the child, safely, and in a timely fashion, but only during the 15-month period that begins on the date the child is considered to have entered foster care.
- Youth or families who are at risk for entry into the child welfare system.

TARGET GEOGRAPHIC AREA

Countywide, including South Lake Tahoe area

TIMELINE

The SIP cycle is April 2017-April 2022 and funding is subject to change during the annual SIP update and review.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Children reunify with their parents in a timely manner	75% of children reunify within 12 months of removal	CWS/CMS	Data review & analysis quarterly
Prevent or reduce entry or re-entry into child welfare services	New case openings in CWS/CMS	CWS/CMS	Data review & analysis quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Voluntary Client participation in or completion of services	Ongoing evaluation of client participation	Quarterly monitoring of provider reports and invoices to the Agency.	Work with community service providers to engage clients in services. Participation in services has been identified as a measure of client satisfaction due to the nature of these services being voluntary.

PROGRAM NAME

Second Generation Project

SERVICE PROVIDER

The Center for Violence Free Relationships

PROGRAM DESCRIPTION

Second Generation Project (SGP) serves children from violent homes and their non-abusing parent. Children and their parent come to the program with many after effects from their trauma. Through the group, they learn to talk about their experiences and cope in a healthy way. In a healing environment, children will:

- Learn how to talk about their experience
- Develop positive coping skills
- Meet other children with similar experiences
- and participate in group activities that foster growth and development

FUNDING SOURCES

Source	List Funded Activities
CAPIT	Domestic Violence Services
CBCAP	
PSSF Family Preservation	Domestic Violence Services
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The 2016 CSA identified the following as priority service needs for children and families:

- Permanency outcomes for youth and families at risk for entry or re-entry into child welfare services (pp. 82-87, 114-116).
- The early identification and intervention for behavioral health, mental health, and substance abuse treatment needs (pp. 6, 82-87).

TARGET POPULATION

- Children that are at risk for abuse or neglect due to the presence of domestic or interpersonal violence in the home.

- Parents or primary caregiver of such a child, in order to mitigate the risk and safety factors that could cause entry in the child welfare system. The program is designed to serve youth and the non-abusing parent through interwoven services.

TARGET GEOGRAPHIC AREA

Countywide, including South Lake Tahoe area

TIMELINE

The SIP cycle is April 2017-April 2022 and funding is subject to change during the annual SIP update and review.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Prevent or reduce entry or re-entry into child welfare services	New case openings in CWS/CMS	CWS/CMS	Quarterly data review and analysis

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey separated by parent/caregiver and by child(ren)	Completed by participants after program completion	Surveys reviewed by provider and Agency	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

PROGRAM NAME

Adoption Promotion and Support Services

SERVICE PROVIDER

El Dorado County Health and Human Services Agency

PROGRAM DESCRIPTION

El Dorado County is a state licensed adoption agency. The Adoptions program staff is responsible for assessing if adoption is the best plan for the child. They strive to ensure that a child and adoptive family are well-matched, and that the family will help the child develop to his or her fullest potential. Adoption is the social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family.

Services provided through the Adoptions Program include:

- Assessment of the child’s needs and capabilities
- Compiling the child’s social and medical history
- After diligent attempts to reunify the family, the Adoptions staff will determine and may recommend to the Juvenile Court that parental rights be terminated
- Establishing if the child is legally free for adoption
- Coordinating placement of a child in a family that will meet the child's needs
- Coordination of the Adoption Assistance Program (AAP) for post-adoptive families and youth

Who the Program Serves:

Children who are Court dependents, their parents, foster parents, and adoptive parents.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children; and activities designed to expedite the adoption process and support adoptive families (examples: adoptive parent recruitment or specialized adoption training).

OTHER Source(s): (Specify)	
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IDENTIFY PRIORITY NEED OUTLINED IN CSA

The 2016 CSA identified the following as priority service needs for children and families:

- Permanency outcomes for youth and families at risk for entry or re-entry into child welfare services (pp. 82-87, 114-116).

TARGET POPULATION

- Children that are removed from their home and placed in a foster family home or institution and receiving concurrent planning services
- Children who are Court dependents, their parents, foster parents, and adoptive parents

TARGET GEOGRAPHIC AREA

Countywide

TIMELINE

The SIP cycle is April 2017-April 2022 and funding is subject to change during the annual SIP update and review.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Children find permanent adoptive families	Children are adopted within the timelines as defined in State and Federal Statute	CWS/CMS	Quarterly data review & analysis

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
AAP participation and evaluation	Ongoing	Program eligibility is reviewed biannually and assessed on an as needed basis	Problem areas are addressed by staff, as appropriate to resolve issues and engage participant families

PROGRAM NAME

Parent Education: Supporting Father Involvement

SERVICE PROVIDER

CAPC

PROGRAM DESCRIPTION

Supporting Father Involvement (SFI) is a preventive intervention and education program designed to enhance fathers' positive involvement with their children. The facilitated curriculum is based on an empirically-validated family risk model. This model predicts that children's development is predicted by risks and buffers in five interconnected domains:

- Family members' characteristics
- 3-generational expectations and relationship patterns
- Quality of parent-child relationship
- Quality of parents' relationship
- Balance of stressors versus social support for the family.

The curriculum highlights the potential contributions fathers make to the family. Child care is also provided.

Program Goals:

- Strengthening fathers' involvement in the family
- Promoting healthy child development
- Preventing key factors implicated in child abuse

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	Parenting Education
PSSF Family Preservation	
PSSF Family Support	Parenting Education
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The 2016 CSA identified the following as priority service needs for children and families:

- Permanency outcomes for youth and families at risk for entry or re-entry into child welfare services (pp. 82-87, 114-116).
- The early identification and intervention for behavioral health, mental health, and substance abuse treatment needs (pp. 6, 82-87).

TARGET POPULATION

- Children that are at risk for abuse or neglect from a parent or primary care provider.
- Parents or primary caregiver of such a child, in order to mitigate the risk and safety factors that could cause entry in the child welfare system.

TARGET GEOGRAPHIC AREA

Countywide including South Lake Tahoe area

TIMELINE

The SIP cycle is April 2017-April 2022 and funding is subject to change during the annual SIP update and review.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Prevent or reduce entry or into child welfare services	New case openings in CWS/CMS	CWS/CMS	Quarterly data review & analysis

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after program completion	Surveys reviewed by provider and Agency	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

PROGRAM NAME

Leaders for Change, Protective Factors in Action

SERVICE PROVIDER

CAPC

PROGRAM DESCRIPTION

Leaders for Change, Protective Factors in Action is an evidence-based practice that provides a dynamic and interactive 20-hour training program for family leaders. It is grounded in the Strengthening Families Framework and builds knowledge and skills related to the Five Protective Factors, as well as core aspects of leadership, including knowledge of self, effective communication, and cultural awareness and respect. As Leaders for Change graduates, family leaders are equipped to create change in systems serving children and families.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	Parenting Education
PSSF Family Preservation	
PSSF Family Support	Parenting Education
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

The 2016 CSA identified the following as priority service needs for children and families:

- Permanency outcomes for youth and families at risk for entry or re-entry into child welfare services (pp. 82-87, 114-116).
- The early identification and intervention for behavioral health, mental health, and substance abuse treatment needs (pp. 6, 82-87).

TARGET POPULATION

- Children that are at risk for abuse or neglect from a parent or primary care provider. A criteria for participation in the program is to be a parent, and parents who participate in the program are referred for being at risk for entry into child welfare services.
- Parents or primary caregiver of such a child, in order to mitigate the risk and safety factors that could cause entry in the child welfare system.

TARGET GEOGRAPHIC AREA

Countywide, including South Lake Tahoe area

TIMELINE

The SIP cycle is April 2017-April 2022 and funding is subject to change during the annual SIP update and review.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Prevent or reduce entry or re-entry into child welfare services	New case openings in CWS/CMS	CWS/CMS	Quarterly data review & analysis

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Satisfaction Survey	Completed by participants after program completion	Surveys reviewed by provider and Agency	Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement

BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR EL DORADO COUNTY**

PERIOD OF PLAN (MM/DD/YY): 4/17/2017 THROUGH (MM/DD/YY) 4/16/2022

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates El Dorado County Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates El Dorado County Health and Human Services as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute¹:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

ATTEST: James S. Mitrising
Clerk of the Board of Supervisors
By Kim Dawson
Kim Dawson, Sr. Deputy Clerk

<u>Shiva Frentzen</u> County Board of Supervisors Authorized Signature	<u>4/11/17</u> Date
Shiva Frentzen Print Name	Chair, Board of Supervisors Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.cdsscounties.ca.gov/OCAP/>

Attachment F: Board of Supervisors' Minute Order/Resolution