

EL DORADO COUNTY

County Self-Assessment

January 2012



CONDUCTED FOR

**THE HEALTH AND HUMAN SERVICES AGENCY,
CHILD WELFARE SERVICES AND THE PROBATION DEPARTMENT,
JUVENILE SERVICES**

AS PART OF THE CALIFORNIA CHILD AND FAMILY SERVICES REVIEW

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Introduction

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

This system operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes. The county Child Welfare agency and the county Probation agency work together during this process. The principle components of the process include the following:

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

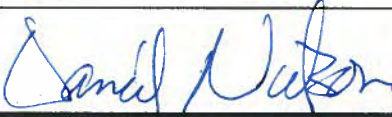
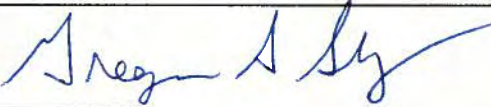
- State Technical Assistance and Monitoring: This assistance is provided by the CDSS to monitor the completion of these activities under the C-CFSR for each county, including ongoing tracking of county performance measures, reviewing county CSA's for completeness, participation in PQCR's and review and approval of the county SIP's. The CDSS provides guidance and technical assistance to counties during each phase of the C-CFSR process.

The Office of Child Abuse Prevention (OCAP) triennial needs assessment and plan for the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs have been integrated into this CSA. Integrating these two assessments streamlines duplicative processes, maximizes resources, increases partnerships and improves communication.

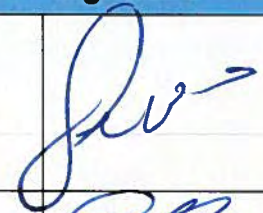

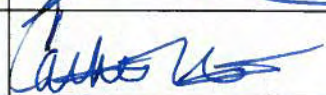
This is El Dorado County's third CSA with previous CSA's completed in 2006 and in 2009. Planning for the County's PQCR began in December of 2010 and the actual event was conducted May 16 through 19 of 2011. The final PQCR Report was submitted to the CDSS on July 19, 2011. Planning for the 2012 CSA began shortly after this as a development team was selected and began to meet regularly. An online community survey and stakeholder meetings open to the public on both slopes of the County were conducted. Additional focus groups including court, tribal and Independent Living Program (ILP) youth were asked for input. The next step in this process will be the development of the County's SIP which must be approved by the Board of Supervisors and is due to the State on May 20, 2012.

A. CSA Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
County:	El Dorado
Responsible County Child Welfare Agency:	Health and Human Services Agency 3057 Briw Road, Suite A Placerville, CA 95667 (530) 642-7300
Period of Assessment:	January 2009 through January 19, 2012
Period of Outcome Data:	CWS Outcomes System Summary Report Publication: July 2011 Data Extract: 2010 Quarter 4 (October 2010 - December 2010)
Date Submitted:	
County Contact Person for County Self-Assessment	
Name & title:	Mark Contois, Assistant Director of Human Services
Address:	3057 Briw Road, Suite A, Placerville, CA 95667
Phone:	(530) 642-7205 voice / (530) 626-7734 fax
E-mail:	mark.contois@edcgov.us
CAPIT Liaison	
Name & title:	Angela Wilson, Program Manager I - Protective Services
Address:	3057 Briw Road, Suite A, Placerville, CA 95667
Phone:	(530) 642-7385
E-mail:	angela.wilson@edcgov.us
CBCAP Liaison	
Name & title:	Angela Wilson, Program Manager I - Protective Services
Address:	3057 Briw Road, Suite A, Placerville, CA 95667
Phone:	(530) 642-7385
E-mail:	angela.wilson@edcgov.us

County PSSF Liaison	
Name & title:	Angela Wilson, Program Manager I - Protective Services
Address:	3057 Briw Road, Suite A, Placerville, CA 95667
Phone:	(530) 642-7385
E-mail:	angela.wilson@edcgov.us
Submitted by each agency for the children under its care	
Submitted by:	County Health and Human Services Agency Director (Lead Agency)
Name:	Daniel Nielson, M.P.A.
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Gregory S. Sly
Signature:	

Continued

In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Angela Wilson, El Dorado County Health and Human Services Agency	
County Child Abuse Prevention Council (CAPC)	Elizabeth Blakemore	
Parent Representative	Cathie Walker	
As Applicable¹		Name(s)
California Youth Connection	Not applicable	
County Adoption Agency (or CDSS Adoptions District Office)	Suzanne Ballen	
Local Tribes	Malissa Tayaba	
Local Education Agency	Sheila Silan	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

See Attachment 3

¹ As applicable, provide the name of a representative from each of these entities as pertinent to relevant outcomes (the adoption composite would include a representative that was engaged in that portion of the CSA, likewise, IEP measure (5A), IWCA (4E), etc. No signature is required.

B. Demographic Profile

1. Demographics of the General Population

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

El Dorado County's total land area is 1,710.8 square miles. Because population has increased while land area has remained constant, El Dorado County's population density has steadily risen over time. As of 2010, the population density in the County was 106 residents per square mile, putting it well below the statewide average population density of 239 people per square mile.² It is projected that by 2020 the population density in El Dorado County will reach 132 people per square mile.³

As of 2010, the population of El Dorado County was 181,058, a 15.8% increase from 2000², compared to a 10% increase in the State population during the same period. Of the two incorporated cities in El Dorado County, the South Lake Tahoe was the most populous, with 21,403 people in 2010. However, the Placerville was the fastest growing incorporated city in the County, with 10,389 people in 2010 and a population increase of 7.5 percent between 2000 and 2010.

During the same period, South Lake Tahoe's population decreased 9.3 percent. South Lake Tahoe's population is primarily based on service industries as it is a tourist and vacation destination. Lack of employment during the current economic downturn may have caused some residents to leave the area in an effort to find employment. This area is also known for seasonal work. As of November 2011 the South Lake Tahoe had an unemployment rate of 14.7%⁴.

² "El Dorado County QuickFacts from the US Census Bureau." State and County QuickFacts. Web. 19 Jan. 2012. <<http://quickfacts.census.gov/qfd/states/06/06017.html>>

³ *Eldoradocounty.org*. El Dorado County. Web. 19 Jan. 2012. <http://www.eldoradocounty.org/pdf/EIDoradoProfile10_11.pdf>.

⁴ State of California Employment Development Department Labor Force and Unemployment Rate for Cities and Census Designated Places <http://www.labormarketinfo.edd.ca.gov>

Population by Area		
Population	2000⁵	2010⁶
South Lake Tahoe	23,609	21,403
Placerville	9,610	10,389
Cameron Park	14,549	18,228
Diamond Springs	4,888	11,037
El Dorado Hills	18,016	42,108
Pollock Pines	4,728	6,871
Shingle Springs	2,643	4,432

Population by Age

The largest age group in El Dorado County in 2010 is the 50-59 year-old range, representing approximately 17.6 percent of the total County population. Between 2000 and 2010, the number of people over the age of 50 increased more than 55 percent, while those between ages 30-39 decreased nearly 27 percent, which likely contributed to the 5% decrease in the number of children between 0-9.

These trends, combined with rising unemployment rates, may indicate that the number of jobs for those between ages 30-39 has declined, while those looking towards retirement are migrating into the area. Residents over age 60 make up a higher percentage of the population in El Dorado County than that of the State average.⁷

See the following chart and graph for more details on population age distribution in El Dorado County since 2001.

Age Distribution⁸									
Year	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
2001	20,012	26,175	12,986	21,722	31,017	23,018	13,452	9,362	4,819
2002	19,538	27,065	13,243	21,091	31,697	24,441	14,132	9,540	5,107
2003	19,234	27,551	13,846	20,408	32,045	25,808	15,013	9,753	5,370
2004	18,973	27,936	14,717	19,667	32,324	27,269	15,838	9,976	5,620
2005	18,866	28,153	15,671	19,158	32,418	28,717	16,667	10,155	5,814
2006	18,640	27,990	16,949	18,303	32,058	29,875	17,494	10,353	5,985
2007	18,649	27,739	18,291	17,829	31,630	30,716	18,922	10,588	6,147
2008	18,758	27,361	19,740	17,330	31,099	31,709	20,158	10,967	6,277
2009	19,035	26,904	21,195	16,742	30,725	32,577	21,430	11,314	6,414
2010	19,458	26,245	22,714	16,113	30,351	33,377	22,790	11,692	6,568

⁵ U.S. Census Bureau, Census 2000

⁶ U.S. Census Bureau, 2010 Census Demographic Profile Summary File

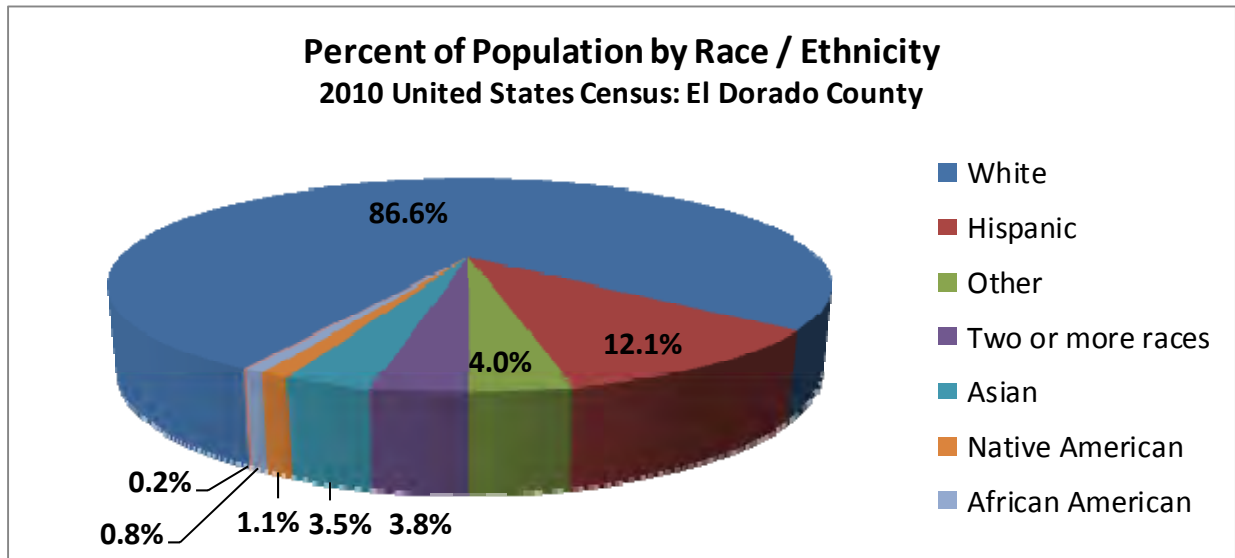
⁷ El Dorado County 2010-11 Economic and Demographic Profile

⁸ Ibid.

Population by Race/Ethnicity

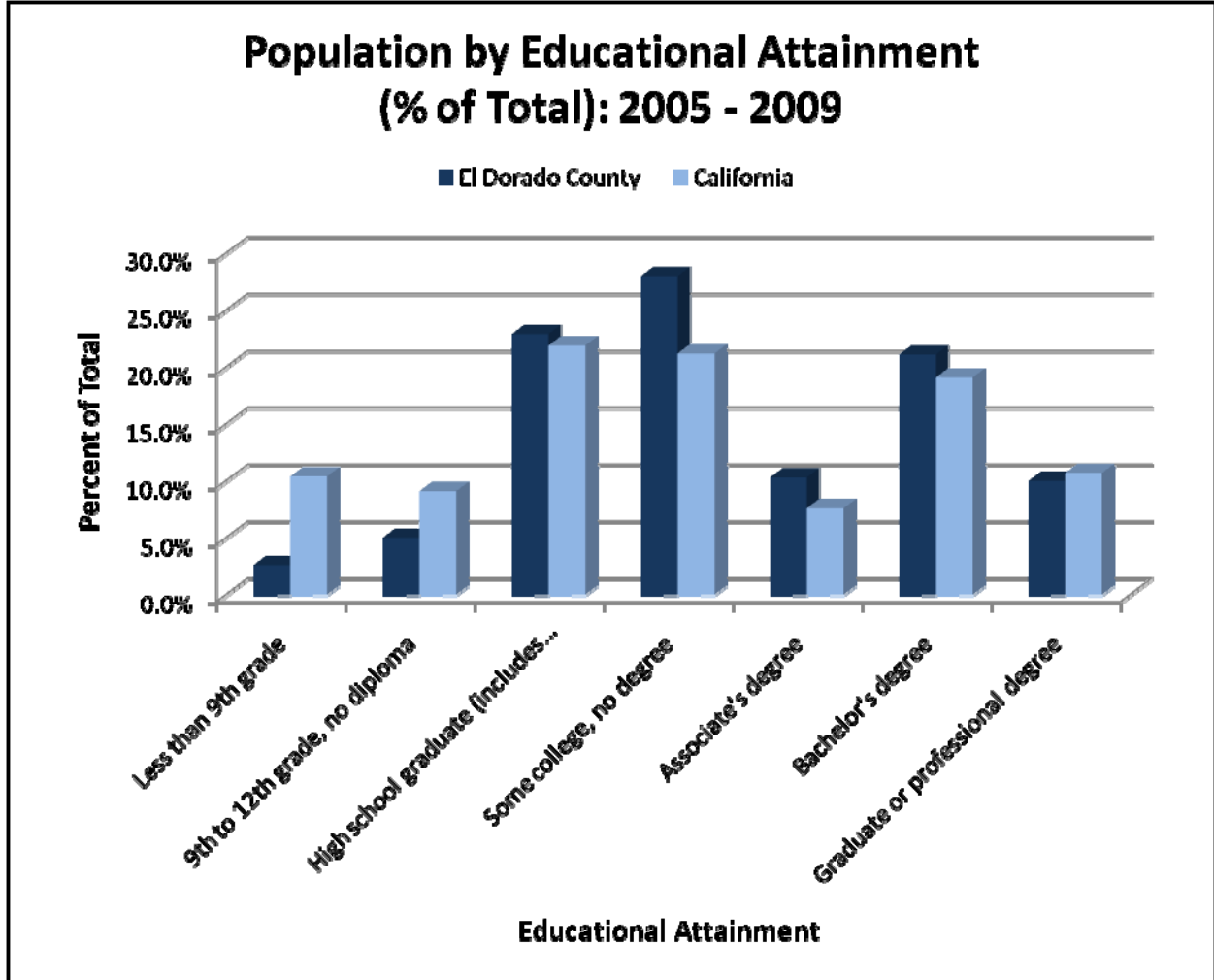
Statistics regarding population by race and ethnicity are determined by what respondents to the U.S. Census consider as their primary ancestry. American Indian, Asian, African American, and white are racial designations, while Hispanic is an ethnic designation that may be a mixture of white, African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

As shown in the following chart, approximately 86 percent of residents in El Dorado County classify themselves as white in 2010, while statewide the white population is 42.5 percent. Hispanics represented the next largest group, with 12 percent of the population in El Dorado County, compared to 37 percent in California. Those claiming other, 2 or more races, Asians and Native American are the next largest groups, with 4.0, 3.8, 3.5, and 1.1 percent, respectively. African Americans are the smallest census-classified group, with 0.8 percent.



Population by Educational Attainment

The chart below reflects population by educational attainment for El Dorado County and provides a comparison of educational attainment between El Dorado County and the State.⁹ The County population, as a whole, is relatively well educated in comparison to the State population.



⁹ 2005-2009 American Community Survey 5-Year Estimates, U.S. Census Bureau

Family and Health Demographics

El Dorado County is home to 41,175 children ages 0-17¹⁰, which represents less than one-half of 1% of California's child population. Compared to other counties in the State, El Dorado County ranks as follows¹¹:

- 17 out of 58 in the percentage of children with health insurance, which is 96%
- 4 out of 58 in the percentage of children in low-income households, which is 26%

The following charts paint a picture of the children and families in El Dorado County with demographics on local household composition, housing, employment, income, education, health and health insurance status, some as compared to the greater Sacramento Region and to the State¹². Any chart cell which depicts a dash (“-”) indicates that this information is not available.

Family Demographics

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

Employment, Income and Poverty	El Dorado County	Statewide
Median Household Income, 2009	\$68,778	\$58,925
Households with at least one working parent	96%	90%
Children living in poverty, 2009 ¹³	10%	20%
Households receiving CalWORKs ¹⁴	1,281	601,846

People Quick Facts (US Census)	El Dorado County	Statewide
Households, 2005-2009	65,379	12,187,191
Persons per household, 2005-2009	2.67	2.91
Per capita income (2009 dollars), 2005-2009	\$34,203	\$29,020
Persons below poverty, 2009	7.6%	14.2%

¹⁰ U.S. Census Bureau, Census 2010 Demographic Profile Summary File

¹¹ http://www.childrennow.org/subsites/publications/invest/cdb07/cdb07_rankings_county.htm

¹² All data from the following source unless otherwise noted: 2007 California County Data Book – El Dorado County, <http://publications.childrennow.org/> and the US Census, El Dorado County People Quick Facts

¹³ <http://datacenter.kidscount.org/ca>, 2009 data set

¹⁴ CA 237 CW report month 06/2011

Children Participating in School Lunch Program ¹⁵	El Dorado County	Statewide
Number of children enrolled, 2006	6,449	3,164,384

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

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

People Quick Facts (US Census)	El Dorado County	Statewide
Housing units, 2006	81,768	13,174,378
Homeownership rate, 2000	74.7%	56.9%
Housing units in multi-unit structures, percent, 2000	11.5%	31.4%
Median value of owner-occupied housing units, 2000	\$194,400	\$211,500

Family Health

Prenatal and Newborn Health Status, 2008, ¹⁶	El Dorado County	Statewide
Mothers receiving late prenatal care	2.9%	3.2%
Low birth weight infants	6.6%	6.8%
Teen birth rate	6.2%	9.4%

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

¹⁵ California Department of Education, Free/Reduced Meals Program & CalWORKs Data Files. Accessed online at <http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp> (October 2009).

¹⁶ <http://datacenter.kidscount.org/ca>, 2009 data set

2010 Immunization Status of Kindergarten Students ¹⁷	El Dorado County
Number of children receiving age appropriate immunizations	2,134
Percent of children receiving age appropriate immunizations	85%

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

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

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

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

Health Insurance Coverage ¹⁸	El Dorado County	Statewide
Insured	94%	92%
Not insured	6%	8%

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

¹⁷ <http://www.cdph.ca.gov/programs/immunize/Pages/ImmunizationRatesatCaliforniaSchools.aspx>

¹⁸ <http://datacenter.kidscount.org/ca>, 2009 data set

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

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

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

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

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

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

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

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

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

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

Number of Children on Child Care Waiting Lists

The number of children on El Dorado County Centralized Eligibility List (CEL) waiting for childcare as of June 7, 2011 was 508. Funding for CEL was eliminated in the California Budget Act of 2011 (Senate Bill 87, Chapter 33) and therefore more current data is no longer available. Families must now contact providers to get on a program waiting list for subsidized care.

The lack of child care for families who cannot afford it and/or do not have family supports was a need mentioned during stakeholder surveys and meetings. Community Based Child Abuse Prevention (CBCAP) funds could be employed to support child care but this funding is currently being used to coordinate the Multi-Disciplinary Team (MDT) the Children and Parents Resource Team (CPRT). The Family Reunification (FR) component of Promoting Safe and Stable Families (PSSF) can also be used in certain circumstances for child care.

Grandparents Raising Grandchildren

According to the 2005-2009 American Community Survey 5-Year Estimates, there were 2,913 grandparents living in households in El Dorado County with one or more of their own grandchildren under 18 years of age. Of those grandparents, 913 or 31% were responsible for those grandchildren.

Unemployment Rate

The following chart shows recent unemployment rates for El Dorado County¹⁹. As elsewhere in the State (11.9 as of August 2011) and the nation (9.1 as of August 2011)²⁰, unemployment rates in El Dorado County remain high.

While the most recent data for 2011 show that unemployment rates have slightly decreased since reaching a high of 13.1% in March 2011, it is too early to tell if the trend will continue. Unemployment rates in El Dorado County nearly doubled between 2008 and 2009 and continued to increase until March 2011. This added stress to families may be a contributing factor to increased reports of child abuse and neglect and increased Child Welfare Services (CWS) caseloads.

Unemployment Rate in El Dorado County (Not seasonally adjusted)					
Year	Period	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
2011	January	89,600	78,000	11,600	12.9%
2011	February	89,300	77,800	11,500	12.9%
2011	March	89,600	77,800	11,800	13.1%
2011	April	89,100	78,100	11,000	12.3%
2011	May	89,400	78,100	11,300	12.7%
2011	June	89,500	78,600	10,900	12.2%
2011	July	89,200	78,600	10,600	11.9%
2011	August	89,400	79,300	10,100	11.3%
2010	Annual Average	90,800	79,400	11,500	12.6%
2009	Annual Average	91,700	81,500	10,200	11.1%
2008	Annual Average	90,700	84,400	6,300	6.9%
Notes: 1) Data may not add due to rounding. The unemployment rate is calculated using unrounded data. 2) Labor force data for all geographic areas for 1990 to 2010 now reflect the March 2010 annual revision (or benchmark) and Census 2000 population controls at the state level.					

¹⁹ <http://www.labormarketinfo.edd.ca.gov/9/19/2011>

²⁰ <http://www.calmis.ca.gov/file/lfmonth/calpr.pdf> August 2011

Active Native American Tribes and Councils in El Dorado County

- El Dorado Miwok²¹. They are not federally recognized.
- Nashville Band of Miwoks, at the Cosumnes River on Highway 49. They are not federally recognized.
- Shingle Springs Band of Miwok Indians - Federally recognized. This tribe is made up of the Verona band of Miwoks from the Feather River area, possibly some other bands of Miwoks from that same area, some Maidu, and possibly another tribe. They were relocated to El Dorado County, and it is believed they joined forces with other small groups to gain federal recognition. Nick Fonseca is Chair. This Reservation serves only their members, but the Shingle Spring Tribal Health office serves any Native person enrolled in their tribe.
- The El Dorado County Indian Council, Inc. (EDC IC) is a non-profit Inter-Tribal Council that is made up of Native people from a number of tribes around the Americas who happen to reside in El Dorado County, but serves all Native people, enrolled or not. It includes the Foothill Indian Education Alliance, Inc. It provides various types of social services, support, assistance, educational serves, traditional classes and gatherings for Native Americans in the County.

Each tribe is independent in El Dorado County. They are not generally related, and none benefits from one or the others' money or programs. Like most of the small countries that form Europe, each is independent, having their own language and culture.

The federal government does not recognize hundreds of tribes for various reasons.

Most collaboration with the tribal community takes place during prevention activities. Tribal members are active in several community collaborative groups in which Child Welfare is a focus. The Health and Human Services Agency does contract with an Indian Child Welfare Act (ICWA) expert for court support during Child Welfare cases involving tribal children. Social workers check for possible ICWA eligibility and clerical staff assure that all possible tribal organizations are notified as mandated.

21 <http://edocket.access.gpo.gov/2011/pdf/2011-5874.pdf>

Education System Profile

According to the 2010 U.S. Census²², as of 2010, El Dorado County was home to 41,175 children, ages 0-17, which is less than ½ of 1% of California's child population. El Dorado County has 15 school districts and over 65 schools. Compared to other counties in the State, El Dorado ranks as follows²³:

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

Primarily from El Dorado County's 2007 County Data Book, the charts below reflect demographic information about various components of the educational system in the County, sometimes in comparison with the Sacramento Region and the State:

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

It must be remembered that El Dorado County has a predominantly white population with the closest race/ethnicity in size is the Latino population at 11%. These two groups have similar preschool enrollment. The other groups represent small populations and this is a possible reason why the percentages range significantly from 0 to 100%.

El Dorado County received \$13,336,605 (2010) in state and federal funds for child care subsidies for low-income children and families. Head Start provides comprehensive services at 23 sites across the County to better meet the needs of low-income and at risk children and families. Our county demographics display “pockets” of poverty, so dispersed services across various communities sites best meets the needs of the at-risk population. State funded preschool and general child care facilities services are offered at these 23 sites and eight additional sites throughout the county to best meet the needs of our low income working families. In addition, the largest child care contractor works directly with schools to co-locate services at as many schools as facilities and funding will allow. Alternative payment and CalWORKs-funded programs are based in Cameron Park and South Lake Tahoe to increase access by families with young children and these voucher-based programs allow parents to choose their child care provider.

²² <http://publications.childrennow.org/>

²³ <http://datacenter.kidscount.org/ca>, 2009 data set

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

K-12 Enrollment	El Dorado County	Sacramento Region	Statewide
Number of students in public K-12 schools	29,332	361,560	6,312,436
Number of children attending Special Education classes ²⁴	2,991	N/A	570,967
English Learners	5%	16%	25%

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

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

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

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

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

²⁴ California Longitudinal Pupil Achievement Data System (CALPADS), data as of 5/5/2011

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

Dropout rates in El Dorado County in 2009/2010 were lower than State Dropout rates and were reported by ethnicity as follows²⁵:

California Department of Education – School Year 2009/2010				
Ethnic Category	Grade 9-12 Dropout Total	Grade 9-12 Enrollment	Grade 9-12 Four-year Derived Dropout Rate	Grade 9-12 One-year Dropout Rate
American Indian/Alaska Native	6	137	18.3%	4.4%
Asian	0	253	0.0%	0.0%
Pacific Islander	3	37	36.5%	8.1%
Filipino	3	143	7.3%	2.1%
Hispanic or Latino (any race)	89	1,370	23.5%	6.5%
African American	33	174	58.7%	19.0%
White	122	7,271	6.5%	1.7%
Multiple (Two or more, not Hispanic)	7	152	18.8%	4.6%
No Response	1	52	8.3%	1.9%
County Total	264	9,589	10.6%	2.8%
Statewide	68,257	1,999,684	13.3%	3.4%

Post High School Training available within and near El Dorado County²⁶:

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

²⁵ <http://data1.cde.ca.gov/dataquest>

²⁶ <http://www.labormarketinfo.edd.ca.gov/> (9/20/2011)

Domestic Violence

The number of domestic violence calls for assistance from residents of all ages has increased from 995 during the year 2008 to 1,085 during the year 2010 per the El Dorado County's Sheriff's Office 2010 Annual Report.

Rate of Domestic Violence Calls for Assistance (Per 1,000 adults ages 18-69)²⁷				
Year	2005	2006	2007	2008
California	7.5	7.2	7.0	6.6
El Dorado	8.2	10.2	10.8	10.0
Difference	+ 0.7	+ 3.0	+ 3.8	+ 3.4

El Dorado County consistently has higher rates of domestic violence than the State average rate.

Alcohol and Drug Abuse

Rates for arrests for alcohol related offenses, alcohol involved motor vehicle accident fatalities and deaths due to alcohol and drug use are all higher than State rates.²⁸

El Dorado County's alcohol and drug treatment admission rate has been higher than the State's rate overall each year, since 2005. Admissions due to methamphetamine use accounted for 31 percent of all admissions in 2008. Alcohol use accounted for roughly 34 percent of admissions, marijuana for 20 percent of admissions, heroin for 4 percent of admissions, and crack/cocaine for 3 percent in 2008. Admission rates were highest among the smaller populations of American Indians and African Americans.

²⁷ <http://www.kidsdata.org/data/region/dashboard.aspx>

²⁸ http://www.adp.ca.gov/Prevention/risk_indicators_2010.shtml

2. Child Welfare Services (CWS) Participation Rates

All of the following child welfare data tables were extracted from the Child Welfare Dynamic Report System, a CDSS and University of California at Berkeley collaboration funded by CDSS and the Stuart Foundation²⁹. Unless otherwise specified, the data is for El Dorado County only.

Number of Children Age 0 - 18 in Population			
Time Period	Jan 2008 - Dec 2008³⁰	Jan 2009 - Dec 2009³¹	Jan 2010 - Dec 2010³²
California	9,987,363	9,987,363	9,295,040
El Dorado	38,770	38,770	41,175

The years 2008 and 2009 showed a decrease in child population from the previous years. During 2005, 2006 and 2007 in the previous CSA (2009) the child populations were all above 40,461. 2008 data was used for 2009.

Number of Children with Referrals by Ethnic Groups			
Time Period	Jan 2008 - Dec 2008	Jan 2009 - Dec 2009	Jan 2010 - Dec 2010
African American	35	38	66
White	1,480	1,343	1,571
Hispanic	293	299	336
Asian/Pacific Islander	25	24	39
Native American	18	21	40
Not Determined	678	645	613
Total	2,529	2,370	2,665

The number of children with referrals is increasing for all ethnic groups. The chart makes clear the lower number of persons related to African American, Asian/Pacific Islander and Native American groups. A disparity is noted between these three groups as the African American population is the smallest of these three but received more referrals than the other two populations.

²⁹ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2011). Child Welfare Services Reports for California. Retrieved November 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

³⁰ 2000-2008 - California Department of Finance: E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000-2008

³¹ 2009 - California Department of Finance: E-3 Race / Ethnic Population Estimates with Age and Sex Detail, 2000-2008. *2008 DATA UTILIZED*

³² 2010 - U.S. Census Bureau 2010 Census - Detailed Age by Race/Hispanic Origin by Gender.

Rate of Children with Referrals (Allegations) (Incident per 1,000 Children) by Ethnic Group						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
State vs County	California	El Dorado	California	El Dorado	California	El Dorado
African American	119.5	261.0	115.8	283.4	126.8	200.0
White	43.9	51.5	42.2	46.8	47.2	54.5
Hispanic	47.9	39.7	46.7	40.6	49.8	42.0
Asian/Pacific Islander	18.1	32.7	17.2	31.4	17.3	25.6
Native American	88.1	87.1	88.1	101.7	100.1	114.0
Not Determined	62.5	432.4	61.5	411.3	81.6	286.6
Total	48.7	65.2	47.2	61.1	51.6	64.7

El Dorado County has a higher rate of children with referrals when compared to the State. This remains consistent with data from the prior years of 2005 - 2007. Compared to the previous years of 2005, 2006 and 2007, there has been an approximate 5% increase in the number of children with referrals in El Dorado County. This is in contrast with an approximate 1% decrease in the number of children with referrals statewide. El Dorado County has experienced higher rates of domestic violence, alcohol and drug abuse and unemployment than the State during these time periods, and this may be contributing to the increase in referrals

Another factor contributing to the increase of referrals may be the rural nature of the County and the isolation of some families because of this. Preventative family support services may not be as readily available to these families, thus contributing to a higher rate of referrals.

The active efforts of the El Dorado County CAPC to increase awareness of child abuse and neglect and providing mandated reporter training in our communities may also be a factor. The El Dorado County Office of Education (EDCOE) is very thorough in assuring cases of suspected abuse and neglect are appropriately reported. Many communities, like South Lake Tahoe, are close knit and suspected cases of child abuse or neglect may be more likely to be reported.

Allegations of child abuse and neglect in the African American population are disproportionately higher than State rates, which include their own disparities related to this population. It should be remembered that this is one of the smallest census-classified groups in El Dorado County at 0.8% of the total population. Socioeconomic data for this group in El Dorado County is very limited and some child welfare statistics sources do not provide information due to the small population not being statistically significant. Also noted is the higher rate of allegations in the Native American population within El Dorado County, but it is not substantially different from the State's rate.

Number of Children With One or More Allegations by Allegation Type			
Time Period	Jan 2008 - Dec 2008	Jan 2009 - Dec 2009	Jan 2010 - Dec 2010
Sexual Abuse	156	140	174
Physical Abuse	255	313	436
Severe Neglect	25	22	74
General Neglect	1,811	1,671	1,759
Exploitation	1	7	3
Emotional Abuse	121	125	118
Caretaker Absence / Incapacity	44	42	33
At Risk, Sibling Abused	12	13	68
Substantial Risk	104	37	-
Missing	-	-	-
Total	2,529	2,370	2,665

Percent of Children With One or More Allegations by Allegation Type (State vs. County)						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
State vs. County	California	El Dorado	California	El Dorado	California	El Dorado
Sexual Abuse	8.8	6.2	8.8	5.9	8.9	6.5
Physical Abuse	18.7	10.1	18.8	13.2	19.3	16.4
Severe Neglect	1.4	1.0	1.3	0.9	1.4	2.8
General Neglect	42.3	71.6	43.4	70.5	44.9	66.0
Exploitation	0.1	0.0	0.1	0.3	0.0	0.1
Emotional Abuse	8.9	4.8	9.3	5.3	9.4	4.4
Caretaker Absence / Incapacity	2.4	1.7	2.1	1.8	1.9	1.2
At Risk, Sibling Abused	13.6	0.5	13.6	0.5	14.2	2.6
Substantial Risk	3.9	4.1	2.4	1.6	0.0	0.0

The most interesting disparity noted in the above is the much higher percent of general neglect allegations in El Dorado County compared to statewide. This may be attributed to the fact that many areas of the County are very rural in nature and isolated by access. Many people who move to these areas do so to because they prefer to be isolated to some extent. It is more difficult to provide community support to these families. Children of these families may be the recipients of more general neglect allegations as they do not have as much community support because of their isolation.

The role of substance abuse in the County cannot be discounted when considering why allegations of general neglect are elevated when compared to the State. The most common

contributing factor associated with general neglect allegations is substance abuse and addiction.

Number of Children with Substantiated Referrals						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
California	97,498		92,680		88,830	
El Dorado	686		565		457	

Substantiations as Percent of Allegations (State vs. County) by Ethnic Group						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
State vs County	California	El Dorado	California	El Dorado	California	El Dorado
African American	21.6	31.4	21.0	23.7	19.3	10.6
White	20.6	31.0	19.8	26.9	18.5	21.3
Hispanic	20.8	39.2	20.8	31.8	20.1	17.9
Asian/Pacific Islander	21.8	20.0	19.8	29.2	16.4	20.5
Native American	25.7	33.3	24.8	57.1	20.9	5.0
Not Determined	7.2	13.3	6.7	12.6	6.9	7.8
Total	20.0	27.1	19.6	23.8	18.5	17.2

El Dorado County’s percentages of substantiations as a percent of allegations has been declining overall with the notable exceptions of the Asian / Pacific Islander and Native American groups, which are seen to vary substantially. One of the reasons may be that these two groups are a very small percentage of the total population. One family with multiple children who have a substantiated allegation in one of these groups may have a great effect on the percentage above.

When compared to the previous three year average of 2005 - 2007 (CSA 2009) the current average rate of children with substantiated referrals increased by 16.7%. El Dorado County’s rates have consistently higher than statewide but are recently showing a downward trend. It is interesting to note that El Dorado County’s Differential Response (DR) Program started in 2008, and may have provided support to some families who have come to attention of Child Protective Services (CPS) but did not meet the criteria for CPS intervention. These families many times are referred to the DR Program to provide preventative services. The goal is to prevent the escalation of at-risk families’ situations that could lead to child abuse and neglect. This strategy may be reducing at risk families who end up requiring CPS intervention in the future.

Another factor that may influence the decline in substantiated referrals is the caseload of the investigating social workers. As economic factors have limited the County’s ability to employ more investigative social workers and these same economic factors may be increasing the

number of referrals received, referrals may not receive the investigative time afforded them in the past.

Rate of Children with Substantiated Referrals (Incident per 1,000 Children) by Ethnic Group						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
State vs. County	California	El Dorado	California	El Dorado	California	El Dorado
African American	25.7	82.0	24.3	67.1	24.5	21.2
White	9.1	16.0	8.3	12.6	8.7	11.6
Hispanic	10.0	15.6	9.7	12.9	10.0	7.5
Asian/Pacific Islander	3.9	6.5	3.4	9.1	2.8	5.3
Native American	22.7	29.0	21.8	58.1	20.9	5.7
Not Determined	4.5	57.4	4.1	51.7	5.6	22.4
Total	9.8	17.7	9.3	14.6	9.6	11.1

El Dorado County’s rate of children with substantiated referrals has declined over the past three years and is approaching State rates. While the County’s rate for the African American population has been much higher than State rates, it has also declined and during 2010 was below State rates. It is interesting to note kidsdata.org shows the above data for African American, Asian/Pacific Islander and Native American during the years 2005 through 2009 as “LNE” or “Low Number Events”. This designation refers to data that has been suppressed because there were fewer than 20 children with substantiated cases of child abuse and/or neglect. These low numbers could be a factor in the data disparities noted.

Number of Children with First Entries by Ethnic Group			
Time Period	Jan 2008 - Dec 2008	Jan 2009 - Dec 2009	Jan 2010 - Dec 2010
African American	6	6	2
White	140	91	106
Hispanic	36	38	20
Asian/Pacific Islander	2	3	1
Native American	1	4	2
Not Determined	8	2	3
Total	193	144	134

The number of children with first entries is declining in El Dorado County. The above chart makes clear the numbers involved in the smaller populations.

Rate of Children with First Entries (Incident per 1,000 Children) by Ethnic Group						
Time Period	Jan 2008 - Dec 2008		Jan 2009 - Dec 2009		Jan 2010 - Dec 2010	
State vs. County	California	El Dorado	California	El Dorado	California	El Dorado
African American	8.8	44.7	8.4	44.7	8.2	6.1
White	2.3	4.9	2.2	3.2	2.6	3.7
Hispanic	2.7	4.9	2.6	5.2	2.6	2.5
Asian/Pacific Islander	0.9	2.6	0.9	3.9	0.7	0.7
Native American	6.8	4.8	6.8	19.4	7.1	5.7
Not Determined	0.1	5.1	0.2	1.3	0.2	1.4
Total	2.6	5.0	2.5	3.7	2.6	3.3

The statewide rate of children with first entries declined when compared to the previous three year period of 2005 - 2007 and their average rate of 3.9 (CSA 2009). During 2008, El Dorado County's rate reached a recorded high of 5.0% since 1998. Since 2008, El Dorado County's rate has been falling but still remains above statewide rates. The decline in the rate of children with first entries may be partially attributed to the success of the County's DR program and the CPRT. These programs both started in 2008, and serve a preventative role in child abuse and neglect and therefore may be contributing to the decline of first entries.

Number of Children in Care - Point in Time (PIT)				
PIT	Jul 1, 2008	Jul 1, 2009	Jul 1, 2010	Jul 1, 2011
California	65,432	59,445	55,047	54,055
El Dorado	276	273	255	251

Number of Children in Care by Ethnic Group - Point in Time (PIT)				
PIT	Jul 1, 2008	Jul 1, 2009	Jul 1, 2010	Jul 1, 2011
African American	18	13	10	11
White	199	198	194	189
Hispanic	45	51	45	40
Asian/Pacific Islander	6	4	3	3
Native American	8	7	3	7
Not Determined	0	0	0	1
Total	276	273	255	251

Rate of Children in Care by Ethnic Group - Point in Time (PIT) (Incident per 1,000 Children)						
PIT	Jul 1, 2008		Jul 1, 2009		Jul 1, 2010	
State vs. County	California	El Dorado	California	El Dorado	California	El Dorado
African American	30.1	134.2	26.9	96.9	26.3	30.3
White	5.5	6.9	5	6.9	5.3	6.7
Hispanic	6.0	6.1	5.5	6.9	5.4	5.6
Asian/Pacific Islander	1.7	7.8	1.6	5.2	1.5	2.0
Native American	20.6	38.7	18.1	33.9	21	8.5
Not Determined	0.0	0.0	0.0	0.0	0.0	0.0
Total	6.5	7.1	5.9	7.0	5.9	6.2

El Dorado County's rate of children in care is very similar to the statewide rate.

Probation

On April 1, 2011, thirteen minors were ordered to placement. Of these thirteen minors, eight were placed in group homes and five were recorded in categories indicating they were incarcerated in juvenile hall or in runaway status. The percentage of minors placed in each of these placement types exceeded the statewide rates.

C. Public Agency Characteristics

1. Size and Structure of Agencies

Description

Child Protective Services (CPS)

This unit within the Human Services division of the HHSA provides child welfare services for the County. The main management structure includes two Program Manager I-Protective Services positions. One is assigned to the Placerville office and the other assigned to the South Lake Tahoe office. These managers report to a Program Manager II, who in turn reports to the Assistant Director of Human Service. The Assistant Director of Human Services reports to the Chief Assistant Director of the HHSA, who reports to the Director of the HHSA.

Placerville

The Program Manager II, Assistant Director of Human Services, Chief Assistant Director of the HHSA and the Director of the HHSA are all co-located at the main Placerville Human Services building.

The Program Manager I-Protective Services manages five Social Services Supervisors II, who supervise approximately 25 to 30 social workers. In addition, there is a clerical support unit including five Office Assistants, who are supervised by an Office Assistant Supervisor, who answers directly to the Program Manager I-Protective Services. The small Adoptions Unit and Foster Care Licensing Unit at the Placerville office fall under Program Managers outside of child welfare. While the Adoptions Unit has a separate Program Manager I-Protective Services and Program Manager II, one supervisor is shared between this unit and the CPS intake unit. The Foster Care Licensing Unit has a separate Program Manager I-Protective Services and Program Manager II who are not involved with Adoptions or CPS.

A Staff Services Analyst II (SSAII) works with program managers to complete state-mandated reporting and plans, analyze new legislature and monitor child welfare outcomes. While the SSAII works in the child welfare program the analyst is a member of the administrative staff and can be assigned to handle other duties outside of the child welfare area. An Information Systems Coordinator (ISC) supports the Child Welfare Services/Case Management System (CWS/CMS) application and its usage by CWS staff. Other duties of the ISC include training staff and running ad-hoc reports.

In addition to the small Intake, Adoptions, Foster Care Licensing and Placement units there are three larger blended units that contain both investigative and ongoing social workers in each. The blending of both of these types of social workers in the units is meant to improve the transition of referrals to cases. Supervision remains consistent and the communication between investigative workers and ongoing workers is tighter. Each unit also has a social services aide assigned to it to assist with supervised visits and other duties.

In addition, the County utilizes a vertical model in which the investigative worker keeps referrals that turn into cases until after the dispositional hearing. They are responsible for filing custody warrants and writing the detention, jurisdictional and dispositional reports. While the intention of this type of organization is to reduce the number of different social worker's assigned during the life of a case and improve the worker's knowledge of the case, these added tasks make it more difficult for them to respond timely to referrals. Most recently, the County has changed the time at which the case will be transferred from the investigative worker to the ongoing worker to after the jurisdiction hearing. Additionally, a court officer has been added who will attend the court hearing in place of the social workers freeing up much of their time that was previously spent in court. With these measures, the expectation is that timely response to referrals will increase.

South Lake Tahoe Office

The South Lake Tahoe Program Manager I-Protective Services has oversight of one Social Services Supervisor II for CPS but also has additional responsibility for all Human Services programs at the South Lake Tahoe office. The supervisor handles an intake/investigative unit and an ongoing unit. When fully staffed, there are six full time social workers, one part time after-hours social worker, two Social Services Aides and one Office Assistant working at this office.

Linkages, CPRT and DR

The CalWORKs/Child Welfare Partnership Project, also known as Linkages, has been implemented in the county to develop a coordinated services approach between Child Welfare Services and CalWORKs (TANF) services to better serve families and improve outcomes. Program Managers from both Child Welfare and CalWORKs oversee this collaborative program. CPS and CalWORKs staff members meet weekly to staff cases shared between the two programs

One of the Placerville CPS supervisors coordinates the CPRT weekly meetings where Path I DR referrals are staffed with community partners.

Youth Shelter

Although El Dorado County does not operate a shelter, there is one youth shelter in the community, which is operated by New Morning Youth and Family Services, a non-profit counseling organization. This shelter serves all populations of runaway, homeless, abused and neglected youth. The shelter is not licensed to serve young children or infants and the County does not have a receiving home for such young children.

The shelter is a 3,600 square foot house that is able to accommodate 12 youth. It has 6 bedrooms and is open 24 hours a day, 365 days a year. It shelters a minimum of 150 runaway youth each year and provides drop-in services to a minimum of 50 youth per year. The shelter is staffed 24 hours a day by paid Youth Behavioral Specialists with a staff to youth ratio of 1:6. This ratio will increase to 1:10 if there are 10 or more youth on site. The staff ratio does

increase depending upon the needs of the youth staying at the shelter. It is not uncommon for the shelter to staff at a ratio of 1:4 given the complexity of the youth's issues and needs. A Case Manager is on site 40 hours per week, and a therapist is assigned to work with the youth on an as-needed basis.

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

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

To date, there has been adequate space to house both runaways and foster children. No runaway youth has been turned away due to lack of bed space. Should the time come when a runaway youth needs the bed space that is occupied by a foster child, the shelter's regulations stipulate that the runaway youth shall take precedence, and CPS must provide an alternative arrangement for the foster child. However, with the new shelter facilities doubling the capacity to serve youth from six to 12 beds, the shelter is poised to accept most youth, community or CPS, as space should not be an issue.

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

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

As therapy continues, parents increase their skills in communicating effectively, establishing and reinforcing boundaries and understanding youths' developmental needs. Parents overwhelmed by economic and social difficulties of their own may also be assisted with case management services to establish links with other service providers who can best meet their needs (for example, domestic violence services through The Center for Violence-Free

Relationships or employment assistance through Connections OneStop). In addition, family members such as grandparents, aunts and uncles and siblings are encouraged to participate in family counseling whenever their participation will increase the possibilities of a positive family reunification.

Additionally, El Dorado County contracts with the Sacramento Children's Home to assist in resolving emergency placement issues.

County Licensing

A Memorandum of Understanding (MOU) between the CDSS and El Dorado County, pursuant to Section 1511 of the California Health and Safety Code, establishes the County as the entity responsible to license Foster Family Homes located within El Dorado County.

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

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

El Dorado County receives funding for a 0.5 FTE (Full Time Equivalent employee) to perform the above-referenced licensing responsibilities.

County Adoptions

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

Many of the adoptions that are finalized by El Dorado County are for children considered "special needs children". Federal subsidies were created by Congress (through Public Law 96-272 - the Adoption Assistance and Child Welfare Act of 1980) to encourage the adoption of special needs children and remove the financial disincentives for families to adopt. Recognizing that adoptive parents often experience financial difficulty meeting the special needs of children placed in California's foster care system, the State Legislature created the Adoption Assistance

Program (AAP). In creating the program, the Legislature intended to benefit children in foster care by providing the security and stability of a permanent home through adoption. Children may receive a federally funded subsidy under Title IV-E or a State-funded subsidy per State guidelines. The adoption worker determines the child's special needs eligibility for participation in the AAP. If the child is eligible, the adoption worker, on behalf of the County, will negotiate a signed adoption assistance agreement, or a deferred adoption assistance agreement will be executed with the adoptive parents, prior to the adoption finalization. A reassessment of the child's needs and family's circumstances is conducted every two years. The amount of financial assistance is determined based upon the special needs of the child and circumstances of the family. An adopted child who receives AAP benefits from California may move anywhere in the world and still receive monthly subsidy payments until the age of 21.

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

The El Dorado County HHS currently employs two social workers and an adoption supervisor to provide adoption services, including post adoption services. The HHS handles adoption inquiries and requests for education/training regarding issues for children in the foster care/adoption system. The Agency also handles adoptions for Alpine County per a MOU. Because of Alpine County's small size, rarely does it require El Dorado County's assistance with adoptions. This MOU has very little impact on the Adoptions Unit.

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

To facilitate close working relationships, the Agency houses the Adoption Unit, Foster Care Licensing, and CPS in the same building in Placerville. This allows for more effective planning for the children who are dependents of El Dorado County.

The HHSA uses its PSSF Adoptions component allocation, which is 25% of the entire PSSF allocation, to fund Adoption Unit social workers. These social workers time study to the corresponding code when they deliver pre- and post-adoptive services as necessary to support adoptive families so that they can make a lifetime commitment to their children or perform activities designed to expedite the adoption process and support adoptive families.

Child Abuse Prevention Council (CAPC)

The El Dorado CAPC works with communities 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 Board of Supervisors 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 met earlier this summer and spent a day laying out a strategic plan that will deploy the limited funds available wisely, 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. 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 are each important areas that impact the health and safety of children in El Dorado County.

The CAPC produces a yearly public resource guide titled “Strengthening Families and Communities”, participates in annual Child Abuse Prevention month activities including co-sponsorship of the local Kid’s Expo and providing training ranging from mandated reporting to shaken baby education using a shaken baby simulator. CAPC also delivers Bridges Out of Poverty—Strategies for Professionals and Communities training. Based upon Ruby Payne’s groundbreaking research, Bridges Out of Poverty training provides powerful tools designed for social, health and educational services providers to address poverty in a comprehensive way. Participants develop a deeper understanding of class and poverty, learn strategies to improve effectiveness and communication with families and improve child and family outcomes. Trainings can be scheduled as a two-hour Bridges Out of Poverty Overview, full day seminar or multi-day training series. CAPC has three certified Bridges Out of Poverty Trainers.

The HHSA provides a liaison to the CAPC to keep them apprised of HHSA issues and to facilitate CAPC contracts and County Children’s Trust Fund (CCTF) expenditures. A HHSA representative at the Program Manager level also attends CAPC meetings when possible. The HHSA also supports the CAPC by providing \$25,000 of its CAPIT allocation to help fund their CAPC Coordinator. The HHSA may also team up with the CAPC to assist at mandated reporter trainings.

Connections - One Stop Workforce Development and Business Resource Center

Connections - One Stop represents a collaboration of the public and private sectors in El Dorado County to provide a comprehensive, integrated approach to high quality service for both job seekers and employers. Services are available to the public at no cost. The goal of

Connections - One Stop is to enhance employer business productivity, facilitate matching employers with job seekers, and provide information and referrals relating to workforce issues.

Services Available to Job Seekers

- Access to internet and job banks
- Current job listings
- Internet resume posting
- Training materials
- Assisted job search
- Job readiness workshops
- Employer forums
- Unemployment Information
- Disability information
- Special programs for youth and dislocated workers

El Dorado County Office of Education

Foster Youth Services (FYS)

This program, developed with California Department of Education (CDE) grants and Title I funds, focuses on alleviating problems leading to low academic performance and the subsequent long-term effects for foster youth. One of the statewide goals is to reduce the time foster youth spend out of school due to the many placement changes they experience. FYS assists districts in meeting the requirements of immediate enrollment and two-day transfer of records mandated by AB490 to attain this goal. In addition, FYS is asked to create services to improve academic achievement for foster youth. In El Dorado County, FYS provides the following services:

- **Records Assistance:** FYS assists local school districts in locating and transferring foster youth records from numerous counties across California. With their membership in the regional database operated by Sacramento County FYS and their statewide FYS collaboration, they are poised to assist any district with records problems.
- **Training and Consultation:** FYS offers all school districts training and consultation on new laws related to the education of foster youth, as well as links to other services and programs to assist with any foster youth issues that arise. In addition, FYS trains other foster youth serving agencies such as group and foster home care providers, CASAs and social workers on how to appropriately encourage and advocate for foster youth with regard to their education.
- **Individualized Services:** FYS accepts referrals for services for individual foster youth in El Dorado County public schools who need assistance to improve their academic performance. Outreach also occurs to educate placement workers, CASA workers, schools and other groups that work with foster youth about the program and to encourage referrals. Referrals are made through the FYS Program Coordinator. An

Individualized Education Plan (IEP) or Student Study Team (SST) with school, care provider and placement worker is necessary to establish the strengths and needs of the student. The Program Coordinator attends IEP and SST meetings and then is able to provide:

- Case management, advocacy and links to other local services;
 - Individualized behavioral and/or incentive plan assistance;
 - Foster parent training on supporting school success (usually home to school communication and accountability as well as structuring homework success);
 - Tutoring services created, assisted and/or funded; and
 - Funds for other gaps in services that directly impact school success.
- **Target Site Academic Support Services:** Another component of the project is providing services to targeted sites with large concentrations of foster youth. FYS currently provides a group home based tutoring program for Tahoe Turning Point, a school based program for Charter Community School, a tutoring program for El Dorado High School and a tutoring program for Camerado Middle School.

The Foster Youth Services Program Coordinator works closely with CPS and is a member of the CPRT.

School Attendance Review Board (SARB)

California compulsory education law requires everyone between the ages of six and 18 years of age to attend school, except 16 and 17 year-olds who have graduated from high school or passed the California High School Proficiency Exam (CHSPE) and obtained parental permission to leave. Some students, however, violate compulsory education laws and have a pattern of unexcused absences. Although truancy and excessive absenteeism are not new problems, they cause costly, long-term problems to the students, school and the community.

In 1974, the Legislature enacted a statute to enhance the enforcement of compulsory education laws and to divert students with school attendance or behavior problems from the juvenile justice system until all available resources have been exhausted. This statute created School Attendance Review Board (SARB), composed of representatives from various youth-serving agencies, to help truant or recalcitrant students and their parents or guardians solve school attendance and behavior problems through the use of available school and community resources. Although the goal of SARB is to keep students in school and provide them with a meaningful educational experience, SARB does have the power, when necessary, to refer students and their parents or guardians to court.

The El Dorado County SARB has developed a handbook, School Attendance Review Boards: Process, Procedures and Forms, to help local district and schools identify and handle attendance problems early. The handbook provides information on the SARB process and legal requirements; provides the by-laws for SARB operation; contains the SARB referral forms; gives helpful hints on how to work with students and their parents or guardians; suggests by-laws and standing rules; lists California compulsory attendance and other

related laws; and provides sample school site letters designed to communicate effectively with students and parents/guardians regarding school attendance and behavior.

In 2010, the California State Superintendent of Public Instruction announced that the El Dorado County Office of Education was designated as Models of Dropout Prevention by the State School Attendance Review Board (State SARB). This is the first year that a County SARB has been designated as a model SARB.

First 5 El Dorado

The vision of First 5 El Dorado is that the people of El Dorado County will promote nurturing, stable and loving family environments so that all children enter school physically and emotionally healthy, ready to learn. The First 5 El Dorado Commission is committed to improving the lives of children zero through five years of age and their families by promoting, enhancing and developing comprehensive early childhood systems through collaborative partnerships, early care and education, health and community services.

El Dorado County Early Care and Education Planning Council

The El Dorado County Early Care and Education Planning Council is a public-private partnership of business, education, community and government. The mission is to provide leadership for the planning and development of quality, accessible, affordable early care and education programs for children and families in El Dorado County.

CASA El Dorado - Court Appointed Special Advocate (CASA) For Children

The heart of this program is the CASA, a specially trained and supervised community volunteer, appointed by a Family Court judge. CASAs make a difference in the lives of abused and neglected children by investigating and monitoring cases involving children in foster care.

CASAs take only one or two cases at a time, allowing ample time to gather thorough information. They build relationships with their "CASA" kids, spending time with them, gathering facts about their life so they can report back to the judge who can then make a more informed decision as to what is best for the child.

CASAs work closely with CPS social workers and other agencies working in the child's best interest.

Unmet Resource Needs

El Dorado County lacks a receiving home that could allow more time to better assess a child and locate the best placement for them. El Dorado County currently contracts with the Sacramento Children's Home because of the lack of a receiving home in its own borders.

There is a continued need for additional County foster homes and foster parent recruitment. Foster parents also need to receive more training and more ongoing support. These resources are likely to improve placement stability by providing more home options and strengthening the foster parent's ability to deal with challenges that are likely to arise. In addition to this, the

full implementation of TDM or Family Decision Making could help make better decisions regarding a child's placement and stabilize difficult placement situations.

The County also lacks medical detoxification services for those addicted to opiate substances and must send clients to facilities in neighboring counties to be treated.

Transportation continues to be a need in supporting low-income families in rural areas and others who have challenges traveling to services.

Utilization of Child Abuse Prevention, Intervention & Treatment (CAPIT) / Community-Based Child Abuse Prevention (CBCAP) / Promoting Safe and Stable Families (PSSF) Funding

The HHS is responsible for administering CAPIT/CBCAP/PSSF funds in El Dorado County. One challenge that the County has had in utilizing these funds efficiently is the availability of the funds. State budget approval delays in past fiscal years have held up the confirmation and release of allocations making the funds unavailable during the early months of the State fiscal year. Community-Based Organizations (CBO) try to step up during this time with additional funding sources or grants they may have access to.

CBCAP

The entire CBCAP allocation that is received by the County is used to support the coordination of the CPRT which staffs DR program Path I referrals. The CPRT consists of public agencies and CBO staff from a spectrum of disciplines who meet together weekly to staff DR referrals. A court order has allowed this MDT to share client information after each member has signed confidentiality agreements. The DR program mission is to provide preventative support to at risk families with goal of preventing child abuse and neglect. The mission of the CPRT is to collaborate in determining the most appropriate services to deliver to families and to best utilize the funding available through all organizations.

The designated County CPRT coordinator documents time spent coordinating DR program Path I referrals and conducting CPRT meetings on their time study. A County clerical staff member also time studies to CBCAP when processing Program Disbursement Authorizations (PDA) using a computer database for services approved through DR Path I.

CAPIT

El Dorado County currently uses \$25,000.00 of its CAPIT allocation to support the CAPC Coordinator. The remaining CAPIT allocation is to pay for services delivered through the DR program as Path I or II. All CAPIT funds are utilized by service providers who have successfully completed a Request for Qualifications (RFQ) process through the County. This process allows the County to approve multiple vendors who meet the qualifications and who are willing to provide the services at the County's stipulated rate. Providers who are approved through the RFQ process must enter into a contract with the County to provide the services for a set period of time. The HHS provides a 10 percent in-kind match by providing a DR coordinator.

PSSF

The County's PSSF allocation is divided equally across the four categories of Adoptions, Family Preservation, Family Reunification and Family Support. The latter 3 categories are disbursed through the County's DR program. The Adoption category is used directly by social workers in the Adoptions Unit who time study to this program category.

2. County Government Structure

The County of El Dorado has operated under a charter since 1994. The Board of Supervisors is comprised of five members, one elected from each County district. The term of office is four years. Board members are limited to two consecutive terms. The elections are held every two years. The Board of Supervisors has authority to perform all the duties vested in it by the Constitution, general law, and the Charter. The Board of Supervisors appoints the Chief Administrative Officer (CAO), members of boards and commissions and non-elected department heads.

Department	Relationship
Board of Supervisors (BOS)	Governing Board, comprised of five officials elected to manage the affairs of El Dorado County, with oversight and responsibility for all County Departments, including the HHSA, District Attorney, County Counsel, Probation and the Sheriff's Office
County Counsel	Works with the Courts, HHSA, District Attorney, police departments, the Sheriff's Office, CASA and Probation as the lead agency in providing legal counsel for children's cases
Courts	Work with the HHSA, District Attorney, police departments, the Sheriff's Office, Probation, CASA and County Counsel as the lead agency in making legal determinations on children's cases
District Attorney (DA)	Works with the HHSA, police departments, the Sheriff's Office, Probation, CASA, County Counsel, Courts and non-profit agencies to implement El Dorado County Victim/Witness Assistance Program
Health and Human Services Agency (HHSA)	Consists of Public Health, Mental Health, Community Services and Social Services divisions. Works with the Sheriff's Office, police departments, Courts, County Counsel, Probation, DA, County Office of Education, CASA, hospitals and non-profit organizations as the lead agency in providing health and human services including CPS. The head of the agency is the Director who reports to the Board of Supervisors.

Department	Relationship
Probation	Works with the Sheriff's Office, police department, Courts, DA, County Counsel, HHSA, DA, CASA, hospitals and non-profit organizations as the lead agency in providing oversight of youth on Probation. The head of this department is the Chief Probation Officer who reports to the Board of Supervisors
Sheriff	Works with Probation, Human Services, County Counsel, Courts, Mental Health, DA, hospitals, County Office of Education, CASA and non-profit organizations. Provides law enforcement services. The head of this department is the Sheriff who is an elected official.

a. Staffing Characteristics / Issues

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

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

Program	FTE Staff
CWS (includes Augmentation)	34.4
Adoptions	2.0
CWSOIP - Outcome Improvement	0.6
ILP - Independent Living Program	0.5
KSSP - Kinship Support Services Program	0.3
Licensing	0.2
PSSF - Adoptions	0.2
Group Home Monthly Visits	0.2
CAPIT	0.1
Clerical Supervisor	1.0
Clerical Support – Placerville	5.0
Clerical Support – South Lake Tahoe	1.0

i. Turnover ratio

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

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

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

Recent turnover rates have declined, indicating an improvement in retention rate of social workers:

- 2009-10 = 5%
- 2010-11 = 12%

It is believed that the current economic climate has drastically affected the County's retention rate for the positive as many CPS staff in neighboring counties were recently laid off and finding a new job was challenging.

However, El Dorado County HHSA continues to be a training ground for new CPS social workers and it is feared that the turnover will return to pre-2009 rates when economic conditions improve. In fact the turnover rate so far in the 2011-12 fiscal year has continued to increase. CPS continuously trains new social workers who then seek employment in surrounding counties or community based organizations at increased pay. This is an unfortunate situation as the lack of having a large solid core of experienced social workers negatively affects the efficiency and capabilities of CPS. New workers spend extensive time in training and constantly determining where a new worker is best assigned leads to frequent unit assignment changes. New social workers are assigned smaller caseloads while they are being trained and the result is that experienced social workers have to carry heavier caseloads. This situation of having many inexperienced workers combined with added pressure placed on experienced workers can increase the odds of errors or important issues being overlooked when trying to protect at-risk children. While the County encourages and supports new social workers it should try to limit the turnover and subsequent increased ratio of new social workers on the job. This is a very difficult issue for the County to address in this economic climate. The HHSA is currently holding meetings to discuss this issue and come up with ideas to improve social worker retention. El Dorado County would be better served by a larger core of experienced social workers.

ii. Private Contractors

Not applicable

iii. Worker Caseload Size by Service Component

As of December 2011, El Dorado County has an approximate caseload per worker:

Service Component	Approximate Caseload
Referrals Being Investigated	20
Family Maintenance (FM) Cases	30
Family Reunification (FR) Cases	34
Permanent Placement (PP) Cases	32

Caseloads continue to be higher than what the State has identified as appropriate minimum caseload sizes are for social workers to manage effectively (SB2030) and they are much higher than the optimum caseloads recommended. The HHSA currently is not at full capacity in terms of filled child welfare social worker positions due to staff turnover. The influx of new social workers compounds this issue.

Because caseloads and child welfare mandates are overwhelming, many times CPS cannot complete all recommended tasks in regards to a referral or case and must choose to concentrate on safety and mandates. One example of this is that even though one of the strategies of the County's previous SIP was the fully utilization of the Structured Decision Making (SDM) application and all of its valuable tools, it has been difficult to expand beyond the safety and risk tools.

D. Peer Quality Care Review (PQCR) Summary

Focus Areas

Child Welfare Services

El Dorado County Child Welfare Services chose the California-Child and Family Services Review (C-CFSR) outcome measure C4.3 which attempts to measure the placement stability of all children served in foster care during the year that were in foster care for at least 24 months as the focus area for this PQCR. The national goal for this outcome measure is 41.8% or higher of one or two placements. El Dorado County most recent performance was 22.0% for the time period of January 1, 2010 through December 31, 2010 and has consistently performed well below the national goal.

Probation

El Dorado County Probation Department chose to focus on permanency, specifically how to help minors remain stable in placement and improve permanency options when reunification is not feasible. This includes a focus on family engagement and establishing connections with others. While the federal outcome measure, Exit to Permanency, provides data on children who have exited care to a permanent home prior to turning 18, the focus for this PQCR was to gather information on the youth who emancipate from the juvenile justice system without gaining permanency either through reunification with their biological family or adoption.

Structure

The PQCR included the following avenues for data gathering:

1. Case-specific interviews of social workers and Probation officers assigned to respective cases
2. Non-case-specific interview of the Probation supervisor
3. Focus groups were held with:
 - Youth involved in the ILP
 - Child Welfare supervisors
 - Foster Family Agency foster parents at South Lake Tahoe
 - County Foster Home parents at Placerville
 - Community partners who regularly participate in the County coordinated CPRT, in both South Lake Tahoe and Placerville.

Two peer interview teams, consisting of child welfare staff from Calaveras, Tehama and Yolo Counties and Probation staff from Amador and Placer Counties, conducted the case-specific

interviews of eight Child Welfare social workers, two Probation officers and the Probation supervisor of placement.

Findings

Child Welfare Services

Placement History

Interviews of social workers discovered that social workers made efforts to place youth within their home community and arranged to have them continue attending their original school when possible. Social workers valued the input youth have about their placements and their opinions are taken into consideration. Furthermore a community approach is many times used, including family members, community members and service providers in the search for the most appropriate home.

A challenge noted was a possible lack of a collaborative relationship between all CWS social workers and Foster Family Agency (FFA) social workers. It was mentioned during the interviews that sometimes FFA social workers will make placement moves without informing the County social worker or asking for their input.

It was not clear during the interviews what the permanency plan was for youth who had multiple placements. Focus group participants discussed that expertise and experience in creating concurrent plans is inconsistent amongst social workers.

El Dorado County regularly uses a youth shelter when placements are disrupted and it was noted that this could become an easy avenue for placement instead of working to keep the current placement intact. The focus groups identified the crisis nature of social work as a challenge to placement stability as social workers have little time to assist foster parents when placements are being disrupted.

Improved foster parent training and orientation could assist with placement stability. Many foster parents are not prepared for the issues and special needs many foster children have.

Promoting Family Connections

Social workers attempted to maintain connections between foster youth and their biological family. Computer search programs and interviews with family members are sometimes used to find family connections that could benefit the youth.

There are not enough foster homes within El Dorado County so social workers sometimes need to place some youth out of county. This can create significant stress on the foster youth who now needs to adjust to a new community, a new school and being distanced from family and friends.

Family finding seems inconsistent among social workers. Search tools are available but are not always used. When directed by the foster youth themselves, the social workers appeared very

supportive of family finding efforts and attempted to assist the youth in maintaining connections with family and other close people.

Some focus group members seemed to feel that while the child and the foster parents are the focus of the department efforts, the birth parents and biological family members might be overlooked. These comments were made in regards to family finding, family engagement and placing youth with family members.

Assessment: Mental Health and Behavioral Health

In the cases reviewed, most youth received mental and behavioral assessments from the onset of their case. Some were not provided assessments or referrals until their behavior began affecting placement stability, which social workers noted as an obstacle. Services for mental health issues were well regarded by social workers. Specialized counseling services were provided for each child.

It did not seem apparent that all children receive a formal mental/behavioral health screening or assessment, especially those children that do not present with significant symptoms (when behavior begins disrupting placements, assessments will be ordered).

Foster parents in several cases simply did not have the knowledge or understanding to work with the complexity of issues, both emotional and behavioral, that these foster youth displayed. However, this was exacerbated by placing youth with foster families without a formal mental/behavioral health assessment; as foster parents were then not aware of special needs. It was consistently noted that FFA social workers do not always coordinate with the County social worker and may not always provide important information regarding mental/behavioral health and or services to the social worker.

Focus groups corroborated the issue that foster children are not routinely or formally assessed for mental/behavioral health issues. While it does appear some foster children are screened and/or assessed, it is not clear when this happens during the case and who makes the referral to initiate the process.

Planning for Placement and Services: Educational and Disability History

In the cases reviewed, most children were formally assessed for learning disabilities and/or given an IEP. Tutoring was widely utilized. Social workers generally provided strong support for the youth's educational progress, facilitating and even sometimes stepping in to provide tutoring or schoolwork assistance, which clearly demonstrates the commitment of social workers to educational needs of youth. Additionally, it was noted that foster parents are often supportive of the education of the foster children.

Focus group participants applauded the co-location of foster youth services educational staff and social workers, citing this as a very successful program.

In both the interviews and focus groups, the lack of available foster homes in El Dorado County was discussed in great detail. While social workers attempted to place within the County, it was often difficult or nearly impossible, and as such, children also changed schools.

Engagement Services / Family Relationships

Social workers reported involving children in case planning, services and advocating for their relationships. Social workers also reported promoting visitation between family members and children after reunification services are discontinued. Furthermore, FFA social workers coordinated efforts during transition to provide consistency of services and visitation with family members and others.

It is not clear how much social workers formally engage family members in services or case planning. FFA social workers also seemingly take much responsibility over case planning/decision making and communicating with service providers, but these plans and decisions are not always relayed timely or at all to CWS social workers.

Placement Matching

Social workers attempted to match placements based on locality and the child's needs, which limited disconnections and disruptions in the child's life. Social workers also attempted to involve foster family and service providers in assessment of a child's placement needs.

The child's opinions and concerns were considered for placement options. In a few cases, social workers noted they worked with the foster parents and foster children to mitigate or resolve conflicts. While social workers attempted to make good placements, the lack of foster homes often makes it difficult and workers must place children in homes that may not be the best match. In the cases reviewed, the Youth Shelter was heavily utilized, often used as the first option for placement. Additionally, conflicts that arose between foster families and foster children did not see resolutions quickly, if at all. When foster parents submit a seven-day notice, it was not apparent that the social worker's priority was to save the placement and try to keep the foster children in the home.

Probation, Juvenile Services

Placement History

Officers attempted to match minors with placements that would meet their needs, and in the cases reviewed there were few placement changes per case. Officers discussed using an assessment process for placement that included using information from multiple parties (family members and other adults).

Former child welfare foster youth comprised all three cases reviewed, and reunification services had been terminated in each. Officers discussed the challenges biological family members pose by undermining placements. Additionally, it was difficult to engage some family members who appeared nonresponsive to the minors' needs.

Assessment and Services

In the cases reviewed, officers engaged the minor in the discussion of services and tried to see the overall picture of the minor's needs. It seems formal assessments were available for mental and behavioral health, although they are not routinely performed on every youth.

While officers informally assessed the minor's and his/her family's needs, no formalized assessment process to determine appropriate services exists. Efforts to keep the child and family engaged in services also proved difficult.

Family Engagement / Connections

El Dorado County Probation utilized computer-based tools to find family and extended family members for minors in placement. In addition, officers questioned minors and family members to search for potential relationships.

Officers emphasized placing children with a Non-Relative/Extended Family Member (NREFM) that had existing relationships with the minor, allowing minors to stay in the community and helping to stabilize placements. Officers also encouraged visitation between minors, parents and NREFMs, despite the status of minor's earned privileges in a group home, ensuring the minor stayed connected with important relationships.

Several minors had previous child welfare history and in all cases the family did not wish to reunify with the minor. While reunification was not possible, family members did still desire contact with the youth and visits were regularly scheduled. Once a family member was determined to be unsuitable for placement after an initial assessment, no subsequent reassessment occurred throughout the rest of the case.

Transitional Planning / ILP

Officers worked to ensure youth were prepared for transition to adulthood, seeking information on community college and trade schools. Additionally, officers worked for youth to be stabilized on medication before aging out.

Youth who were planning transition to adulthood faced challenges working with the system. For example, one youth could not participate in ILP services while they were in an out-of-county placement, as the placement was mid-semester and they missed enrollment dates. Additionally it can be difficult to stabilize mental health issues and medication prior to aging out of the system.

Permanency Planning

Youth were engaged in permanency planning efforts and advised of options at emancipation. The officers provided unconventional options to minors and attempted to engage them in permanency planning. Officers sought out life-long connections for minors. Peer review teams noted the officers believe their work with youth is not based on a cookie-cutter approach; individuals are not treated exactly the same due to the variety of their needs. Officers believed minors' behavioral issues affected both their permanency and placement options.

E. Outcomes

All of the following El Dorado County data tables were extracted from the Child Welfare Dynamic Report System, a California Department of Social Services (CDSS) and University of California at Berkeley collaboration funded by CDSS and the Stuart Foundation³³.

The Probation Department utilized the only Probation data available, the first quarter CWS Outcomes System Summary from July 1, 2011, through September 30, 2011, as reported by the Center for Social Services Research, University of California at Berkeley.

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

a) CFSR Measure S1.1 No Recurrence of Maltreatment											
▶ Percent with no recurrence of maltreatment within 6 months – National Goal: 94.6%											
Start End	Oct07 Mar08	Jan08 Jun08	Apr08 Sep08	Jul08 Dec08	Oct08 Mar09	Jan09 Jun09	Apr09 Sep09	Jul09 Dec09	Oct09 Mar10	Jan10 Jun10	Apr10 Sep10
California	92.7	93.0	93.1	93.0	92.9	93.2	93.0	93.0	92.9	92.9	93.2
El Dorado	92.6	94.5	88.8	89.1	90.7	90.6	95.5	96.3	91.5	93.8	93.8
Difference	- 0.1	+ 1.5	- 4.3	- 3.9	- 2.0	- 2.6	+ 2.5	+ 3.3	- 1.4	+ 0.9	+ 0.6
% of Goal	97.9	99.9	93.9	94.2	95.9	95.8	101.0	101.8	96.7	99.2	99.2

El Dorado County's outcomes for this measure have typically been slightly lower than the national goal of 94.6% during the last 11 reporting intervals. The County did exceed the national goal twice and remained within 5% of this goal over 80% of the time. California State Outcomes were exceeded on five occasions or 45% of the above reporting intervals. The County's minimum outcome percentage was 88.8 during the April 2008 - September 2008 time period and its maximum outcome percentage was 96.3 during the July 2009 - December 2009 time period. Most recently during the last five reporting intervals the County has either exceeded or remained within less than 1% of the national goal on four occasions or 80% of the time.

These outcomes are an improvement over the previous 11 reporting intervals noted in El Dorado County's County Self-Assessment 2009. During that time period the County did not exceed the National Goal at any time and only exceed State Outcome Measures three times.

One of El Dorado County's System Improvement Plan (SIP) strategies from 2009 to reduce recurrence of maltreatment, was the continued improvement of its DR program. While this

³³ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Simon, V., Hamilton, D., Lou, C., Peng, C., Moore, M., King, B., Henry, C., & Nuttbrock, A. (2011). Child Welfare Services Reports for California. Retrieved November 2011, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

program has limited funding the improvement of program procedures has made this a more effective program. Due to marketing and promotion, community partners are now well educated about the program and are working to support and expand it. The CPRT which staffs DR Path I referrals has become a solid institution in the County.

Another strategy employed was the goal of fully utilizing the SDM tool. While strides have been made in utilizing SDM more, there is still room for improvement and the County will continue to work toward this goal. While other caseload responsibilities sometime overshadow the use of all SDM tools, management and supervisory staff continue to support and encourage its use.

El Dorado County Program Managers and Supervisors stress the importance of child safety with the social workers and their priorities reflect such. A difficulty in this area arises from the lack of social workers to work with the number of referrals and cases that the County receives. The social workers are forced to quickly investigate and disposition their referrals due to the high number that they must respond to. This does not allow them to spend much time with the families, often they are only able to meet once with each family member. This hinders the ability of the social workers to truly provide case management for these families to prevent future acts of abuse or neglect. Additionally, there is a lack of resources in the community to address referrals in which CPS does not open a case after investigating a referral. The resources that are available to handle these families are primarily through DR funds and community partners. With increased community partner involvement, the gap in this area can be mostly addressed and help the County to achieve even better outcomes.

Probation

There is no data regarding this composite.

b) CFSR Measure S2.1											
No Maltreatment In Foster Care											
▶ <i>Of all children served in foster care during the year, what percent were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member? – National Goal: 99.68%</i>											
Start End	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	99.64	99.63	99.62	99.61	99.59	99.58	99.55	99.55	99.54	99.55	99.58
El Dorado	99.77	99.78	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Difference	+ 0.13	+ 0.15	+ 0.38	+ 0.39	+ 0.41	+ 0.42	+ 0.45	+ 0.45	+ 0.46	+ 0.45	+ 0.42
% of Goal	100.1	100.1	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3	100.3

El Dorado County's outcomes for this measure have typically been 100% and have exceeded the national goal of 99.68% during each of the 11 reporting intervals noted above. There was one case of domestic violence between married substitute care providers in a County foster home that was recorded during the October 2007 - September 2008 and January 2008 - December

2008 time periods. The foster youth was placed at another home and the County foster home's license was revoked.

The County has otherwise done well in this area. There has also been an increase in standards to license County foster home to include the foster parent having to complete 18 hours of Parent's Resource for Information, Development and Education (PRIDE) training, which should help the County to maintain these positive outcomes. PRIDE is a standardized model for the development and support of resource families. It is designed to strengthen the quality of family foster and adoptive parenting by providing a structured framework for recruiting, preparing, and educating foster and adoptive parents. The PRIDE format is generally found to be very informative and helpful to even the most seasoned parents in preparing to care for children not born to them, and those coming to their family after adverse circumstances.

Probation

No minors were maltreated while placed out of the home, exceeding the national standard.

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

(1) AB636 Process Measure 2B											
Percent of Child Abuse/Neglect Referrals with a Timely Response (Immediate)											
▶ <i>Was contact made in a timely manner for immediate referrals? – State Goal: 90.0%</i>											
Start	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11
End	Sep08	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11
California	97.2	97.5	98.0	97.9	97.8	97.7	97.7	97.7	97.6	97.7	97.4
El Dorado	94.6	89.2	94.2	96.6	88.7	94.4	98.3	95.8	95.5	94.8	87.1
Difference	- 2.6	- 8.3	- 3.8	- 1.3	- 9.1	- 3.3	- 0.6	- 1.9	- 2.1	- 2.9	- 10.3
% of Goal	105.1	99.1	104.7	107.3	98.6	104.9	109.2	106.4	106.1	105.3	96.8

El Dorado County's outcomes for this measure are typically below the State of California average but exceed the state goal of 90.0%. SafeMeasures data which has been updated since the above data shows Quarter 4, 2008 at 90.2% and Quarter 1, 2011 at 89.5%. The number of referrals determined to need immediate response did increase during the above time periods. A low of 52 immediate referrals was recorded during Quarter 3, 2009 and a high of 85 was recorded during Quarter 2, 2011.

There has been an increased turnover rate in social workers in the latter part of this time period (Jan 11-Mar 11) and a decreased number in social workers designated to perform investigative functions. Many of the social workers who have left were investigative workers. Additionally, the county has implemented a stricter stance on the ratio of referrals that are assigned as immediate response, as opposed to 10 day response, making it more challenging for the available investigation workers to meet these timelines. The primary reason for this is the

decision to focus more on child safety by the investigation of a larger ratio of incoming referrals. Recently some social workers were shifted from ongoing duties to investigative duties to support this effort.

In addition, the County utilizes a vertical model in which the investigative worker keeps referrals that turn into cases until after the dispositional hearing. They are responsible for filing custody warrants and writing the detention, jurisdictional and dispositional reports. These added tasks make it more difficult for them to respond timely to referrals. Most recently, the county has changed the time at which the case will be transferred from the investigative worker to the ongoing worker to after the jurisdiction hearing. Additionally, a court officer has been added who will attend the court hearing in place of the social workers, freeing up much of their time that was previously spent in court. With these measures, the expectation is that timely response to referrals will increase.

(1) AB636 Process Measure 2B											
Percent of Child Abuse/Neglect Referrals with a Timely Response (Ten-day)											
▶ <i>Was contact made in a timely manner for ten-day referrals? – State Goal: 90.0%</i>											
Start End	Jul08 Sep08	Oct08 Dec08	Jan09 Mar09	Apr09 Jun09	Jul09 Sep09	Oct09 Dec09	Jan10 Mar10	Apr10 Jun10	Jul10 Sep10	Oct10 Dec10	Jan11 Mar11
California	95.0	93.5	94.8	95.5	96.1	94.7	95.0	94.6	94.8	93.5	93.6
El Dorado	94.2	90.3	89.9	93.5	92.5	90.1	95.9	91.7	90.9	89.1	83.0
Difference	- 0.8	- 3.2	- 4.9	- 2.0	- 3.6	- 4.6	+ 0.9	- 2.9	- 3.9	- 4.4	- 10.6
% of Goal	104.7	100.3	99.9	103.9	102.8	100.1	106.6	101.9	101.0	99.0	92.2

SafeMeasures data which has been updated since the above data shows Quarter 1, 2009 at 90.0% and Quarter 1, 2011 at 87.7%.

There has been increased turnover in the latter part of this period (January - March 2011) and a lack of available social workers designated to perform investigative duties. Additionally, the County has taken a stricter stance in the latter part of this period on the referrals that are assigned for investigation as opposed to being evaluated out. These factors have made it more difficult for the investigative social workers to respond in a timely manner.

Probation

There is no data available for measure 2B.

**(2) AB636 Process Measure 2C
Timely Social Worker Visits with Children (2011)**

► For cases open during the selected month, were the required contacts made in a timely manner according to the indicated contact frequency? - **State Goal: 90.0%**

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
California	92.4	92.1	92.6	State Data Pending								
El Dorado	96.8	97.4	98.9									
Difference	+ 4.4	+ 5.3	+ 6.3									
% of Goal	107.6	108.2	109.9									

2011: El Dorado County continues to exceed the State goal of 90% Timely Social Worker Visits with Children.

Supervisors and social workers are now expected to monitor timely social worker visits on a monthly basis through SafeMeasures and report the progress of the social workers with these visits to management. Any shortfalls are expected to be addressed by the supervisors. An expectation has also been added that social workers enter their contacts in CWS/CMS within seven days of their actual contact so that they are recorded and can be measured. Timely face to face contacts are a top priority of the Agency, as they are related to safety of the children.

**(2) AB636 Process Measure 2C
Timely Social Worker Visits with Children (2010)**

► For cases open during the selected month, were the required contacts made in a timely manner according to the indicated contact frequency? - **State Goal: 90.0%**

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
California	91.6	91.4	92.1	92.0	91.7	92.1	91.8	92.4	92.3	92.4	91.9	92.3
El Dorado	89.6	91.3	94.5	96.1	97.5	96.3	96.9	96.6	94.5	96.6	95.9	95.9
Difference	- 2.0	- 0.1	+ 2.4	+ 4.1	+ 5.8	+ 4.2	+ 5.1	+ 4.2	+ 2.2	+ 4.2	+ 4.0	+ 3.6
% of Goal	99.6	101.4	105.0	106.8	108.3	107.0	107.7	107.3	105.0	107.3	106.6	106.6

2010: After several months (November 2009 - January 2010) of falling slightly below the State goal, a concerted effort was put forth by managers and supervisors to assure that all visits with children were being completed and documented. It was found that in most cases missing a monthly visit with the child that a visit actually occurred but that the social worker had not documented the visit yet. Managers and supervisors are now consistently monitoring this measure and the result has been the increased accuracy and consistency of visit documentation.

(2) AB636 Process Measure 2C												
Timely Social Worker Visits with Children (2009)												
▶ For cases open during the selected month, were the required contacts made in a timely manner according to the indicated contact frequency? - State Goal: 90.0%												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
California	91.6	92.0	92.6	92.6	92.0	92.4	92.3	92.3	91.8	91.5	91.2	91.7
El Dorado	94.2	94.5	95.8	94.7	94.0	91.8	89.5	90.3	92.9	94.4	87.5	89.0
Difference	+ 2.6	+ 2.5	+ 3.2	+ 2.1	+ 2.0	- 0.6	- 2.8	- 2.0	+ 1.1	+ 2.9	- 3.7	- 2.7
% of Goal	104.7	105.0	106.4	105.2	104.4	102.0	99.4	100.3	103.2	104.9	97.2	98.9

2009: El Dorado County typical meets and exceeds the State goal of 90% but did fall slightly below the State goal during the months of July, November and December.

(2) AB636 Process Measure 2C												
Timely Social Worker Visits with Children (2008)												
▶ For cases open during the selected month, were the required contacts made in a timely manner according to the indicated contact frequency? - State Goal: 90.0%												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
California	<i>County Self-Assessment 2009</i>						91.4	91.4	91.8	91.9	91.0	91.8
El Dorado							93.4	92.4	94.7	95.2	91.2	90.7
Difference							+ 2.0	+ 1.0	+ 2.9	+ 3.3	+ 0.2	- 1.1
% of Goal							103.8	102.7	105.2	105.8	101.3	100.8

2008: El Dorado County typical meets and exceeds the State goal for Timely Social Worker Visits with Children. The months including January through June documented in our previous County Self-Assessment of 2009 all exceeded the State goal.

Probation

Of the minors ordered to foster care placement that are not in runaway status, monthly visits are being made 100% of the time.

3. Permanency 1: Children have permanency and stability in their living situations without increasing reentry to foster care

(1) AB636 Process Measure 2C												
Timely Social Worker Visits with Children												
▶ For cases open during the selected month, were the required contacts made in a timely manner according to the indicated contact frequency? - State Goal: 90.0%												

See Measure 2C in previous outcome area.

(2) AB636 Process Measure 8A**Exit Outcomes for Youth Aging Out of Foster Care - Completed High School or Equivalency**▶ *Percent of all youth who aged out of foster care that completed high school or equivalency*

Start End	Oct08 Dec08	Jan09 Mar09	Apr09 Jun09	Jul09 Sep09	Oct09 Dec09	Jan10 Mar10	Apr10 Jun10	Jul10 Sep10	Oct10 Dec10	Jan11 Mar11	Apr11 Jun11
California	57.0	52.7	59.9	63.3	52.7	40.4	56.0	69.4	57.6	45.5	60.2
El Dorado	100.0	80.0	81.8	50.0	66.7	100.0	71.4	50.0	66.7	20.0	83.3
Difference	+ 43.0	+ 27.3	+ 21.9	- 13.3	+ 14.0	+ 59.6	+ 15.4	- 19.4	+ 9.1	- 25.5	+ 23.1

Positive high school completion outcomes may be attributed to the strong relationship both the ILP coordinator and social workers have with the Office of Education Foster Youth Services (FYS) coordinator. Their ready access to the FYS coordinator's advice and assistance is helpful in getting all school issues quickly addressed in a way that is beneficial to our youth. Much time in ILP contacts is also spent talking about the importance of finishing school, going on to further education and the practical financial benefits this holds for our youth. Possibly because of these factors, ILP youth tend to highly value the completion of high school.

(2) AB636 Process Measure 8A**Exit Outcomes for Youth Aging Out of Foster Care - Obtained Employment**▶ *Percent of all youth who aged out of foster care that obtained employment*

Start End	Oct08 Dec08	Jan09 Mar09	Apr09 Jun09	Jul09 Sep09	Oct09 Dec09	Jan10 Mar10	Apr10 Jun10	Jul10 Sep10	Oct10 Dec10	Jan11 Mar11	Apr11 Jun11
California	34.5	36.1	38.2	31.4	31.6	27.9	27.2	30.1	30.0	32.2	25.0
El Dorado	100.0	40.0	54.5	62.5	100.0	50.0	42.9	100.0	33.3	60.0	66.7
Difference	+ 65.5	+ 3.9	+ 16.3	+ 31.1	+ 68.4	+ 22.1	+ 15.7	+ 69.9	+ 3.3	+ 27.8	+ 41.7

The positive numbers here likely come from several factors. First, the ILP has maintained a strong relationship with our local Connections OneStops and Workforce Investment Act (WIA) program staff. When funding is available, the ILP coordinator has worked closely with WIA on Summer Employment programs. The majority of the ILP Lifeskills classes are held at the Connections OneStop, which has made this resource familiar and comfortable for youth. Also, WIA staff has often facilitated LifeSkills classes for ILP on Job Seeking, Resume Writing and Completing Applications. Finally, the ILP coordinator has a background in career counseling and this had enabled her to be helpful in one-on-one job search assistance with youth.

(2) AB636 Process Measure 8A**Exit Outcomes for Youth Aging Out of Foster Care - Have Housing Arrangements**▶ *Percent of all youth who aged out of foster care that have housing arrangements*

Start End	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11	Jun11
California	86.7	90.5	91.4	88.7	85.8	91.5	91.7	92.5	91.2	89.3	91.9
El Dorado	100.0	100.0	90.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Difference	+ 13.3	+ 9.5	- 0.5	+ 11.3	+ 14.2	+ 8.5	+ 8.3	+ 7.5	+ 8.8	+ 10.7	+ 8.1

Much time is spent with each youth during their entire time in the ILP discussing emancipation plans / living arrangements post-foster care. Starting early with this planning has enabled the majority of youth to leave care with a workable plan for housing. Having the THP-Plus program as an available housing option for youth has also assisted youth with few other options find housing in a difficult and expensive housing market.

(2) AB636 Process Measure 8A**Exit Outcomes for Youth Aging Out of Foster Care - Received ILP Services**▶ *Percent of all youth who aged out of foster care that received Independent Living Program (ILP) services*

Start End	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11	Jun11
California	79.0	86.9	88.3	86.9	85.8	83.1	85.8	89.4	88.1	86.7	90.9
El Dorado	100.0	100.0	90.9	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Difference	+ 21.0	+ 13.1	+ 2.6	+ 13.1	+ 14.2	+ 16.9	+ 14.2	+ 10.6	+ 11.9	+ 13.3	+ 9.1

The ability to ensure that El Dorado County youth have access to ILP services and can receive effective individualized services is likely due to the County having a dedicated social worker assigned to coordinate the program. In the past, social workers assigned to ILP have also been assigned a partial CPS caseload, which by their reports, gave them much less time to deliver ILP services beyond offering monthly LifeSkills classes. By having a social worker dedicated to ILP services, it affords the time needed for outreach, more individualized services and more intensive services to be offered to youth (particularly aftercare youth).

(2) AB636 Process Measure 8A**Exit Outcomes for Youth Aging Out of Foster Care - Have Permanency Connection**▶ *Percent of all youth who aged out of foster care that have a permanency connection*

Start End	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11	Jun11
California	80.9	86.9	90.0	89.5	90.5	86.7	90.9	93.4	93.7	89.4	93.3
El Dorado	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Difference	+ 19.1	+ 13.1	+ 10.0	+ 10.5	+ 9.5	+ 13.3	+ 9.1	+ 6.6	+ 6.3	+ 10.6	+ 6.7

Factors contributing to these numbers are likely based in the Agency, Foster Parent, Probation and Community Partner’s approaches to offering services to our County’s emancipating foster youth. There is a consistently strong commitment to our youth by all these groups, a readiness to solve problems, and ability to work together that promotes a high level of service to our youth. Being surrounded by multiple caring adults from different parts of their lives helps emancipating youth make those connections in the community that will last.

Probation

There is no data for this measure.

a) Permanency Composite 1: Timeliness and Permanency of Reunifications

(1) CFSR Measure C1.1												
Reunification Within 12 Months (Exit Cohort)												
▶ <i>Of all children exiting foster care to reunification during the selected 12-month period, what percent were reunified in less than 12 months from the date of their latest removal from the home? - National Goal: 75.2% or more</i>												
Start	Jul07	Oct07	Jan08	Apr08	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10
End	Jun08	Sep08	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11
California	69.4	68.2	67.7	68.4	68.8	68.4	69.8	69.4	69.6	70.1	70.0	70.3
El Dorado	77.4	78.9	79.5	81.4	81.4	77.1	77.6	69.0	69.2	68.6	66.3	80.8
Difference	+ 8.0	+ 10.7	+ 11.8	+ 13.0	+ 12.6	+ 8.7	+ 7.8	- 0.4	- 0.4	- 1.5	- 3.7	+ 10.5
% of Goal	102.9	104.9	105.7	108.2	108.2	102.5	103.2	91.8	92.0	91.2	88.2	107.4

El Dorado County typically meets and exceeds the national goal of 75.2% of children reunified in less than 12 months. During the time period of April 2009 through December 2010 performance dropped to typical statewide levels but quickly rebounded.

Legal mandates affect this measure as part of the system is geared towards returning children to their parents as soon as possible. It has been the court’s practice to meet these mandates and reunify children with their parents as soon as possible. Most parents are willing to fulfill immediate court orders to be reunified with their children.

Another factor helping this measure is the practice of not waiting for court orders to start delivering services. Services in many cases are started immediately and the client’s progress benefits from this early start.

There is concern by many community professionals that some of these legal mandates do not allow enough time for parents with drug or alcohol addictions to demonstrate a lasting change. Relapse is very common and can many times lead to children reentering foster care. It is felt by some that a child’s best interest may be better served by allowing more time to address these issues so that children are returned to a more stable environment.

(2) CFSR Measure C1.2**Median Time To Reunification (Exit Cohort)**

► *Of all children exiting foster care to reunification during the selected 12-month period, what percent were reunified in less than 12 months from the date of their latest removal from the home? – **National Goal: 5.4%***

Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	6.9	7.1	7.1	7.0	6.8	6.7	6.7	6.7	6.8	6.9	6.9	7.0
El Dorado	7.5	6.7	4.8	3.0	3.6	4.3	5.3	7.1	7.0	7.1	7.9	6.8
Difference	+ 0.6	- 0.4	- 2.3	- 4.0	- 3.2	- 2.4	- 1.4	+ 0.4	+ 0.2	+ 0.2	- 1.0	- 0.2
% of Goal	138.9	124.1	88.9	55.6	66.7	79.6	98.1	131.5	129.6	131.5	146.3	125.9

(3) CFSR Measure C1.3**Reunification Within 12 Months (Entry Cohort)**

► *Of all children who entered foster care for the first time in the selected six-month period, what percent were discharged to reunification within 12 months of their removal from the home? - **National Goal: 48.4% or more***

Start End	Jan07 Jun08	Apr07 Sep08	Jul08 Dec08	Oct08 Mar09	Jan08 Jun09	Apr08 Sep09	Jul09 Dec09	Oct09 Mar10	Jan09 Jun10	Apr09 Sep10	Jul10 Dec10	Oct10 Mar11
California	44.4	45.0	45.8	45.8	45.0	44.0	44.2	45.0	45.1	44.8	45.3	43.8
El Dorado	59.1	62.5	58.0	41.8	39.4	53.9	66.0	52.2	33.9	54.8	55.7	41.0
Difference	+ 14.7	+ 17.5	+ 12.2	- 4.0	- 5.6	+ 9.9	+ 21.8	+ 7.2	- 11.2	+ 10.0	+ 10.4	- 2.8
% of Goal	122.1	129.1	119.8	86.4	81.4	111.4	136.4	107.9	70.0	113.2	115.1	84.7

(4) CFSR Measure C1.4**Reentry Following Reunification**

► *Of all children exiting foster care to reunification during the selected 12-month period, what percent reentered foster care less than 12 months from the date of discharge? - **National Goal: 9.9% or fewer***

Start End	Jul06 Jun07	Oct06 Sep07	Jan07 Dec07	Apr07 Mar08	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10
California	12.1	11.7	11.6	11.3	11.3	11.6	11.8	12.0	12.1	12.0	12.0	11.8
El Dorado	20.9	18.1	21.4	23.1	21.7	19.3	23	18.6	18	17.9	13.2	13.4
Difference	+ 8.8	+ 6.4	+ 9.8	+ 11.8	+ 10.4	+ 7.7	+ 11.2	+ 6.6	+ 5.9	+ 5.9	+ 1.2	+ 1.6
% of Goal	47.4	54.7	46.3	42.9	45.6	51.3	43.3	53.2	55.0	55.3	75.0	73.9

Possibly one effect of returning children to their parents as soon as possible are the higher rate of reentry depicted above. A common contributing factor resulting in the removal of children is the parent's drug and alcohol addiction. Even if parents have completed drug and alcohol treatment this does not mean that they are fully prepared to care for their children. Relapse is common and may especially be triggered by the immediate return of parental responsibilities.

Often substance abuse treatment takes a longer time to be successfully complete than the mandated timelines for reunification allow, therefore increasing the likelihood that the parent

will continue to have difficulties with drug and alcohol abuse after the children are returned, leading to higher reentry rates.

El Dorado County routinely offers parents/caretakers family maintenance services for at least six months after reunification to try to continue to monitor and address any further issues that may arise due to the increased demands on the family with the children being back in the home. The lack of staff resources; however, make it difficult for the Social Workers to truly provide case management to families as they don't have enough time to spend with each family, which could also be a factor in reentry rates.

Prior to 2008 it was typical for reentry rates to be above 20%, sometimes reaching 25%. Since 2008, reentry rates have remained under 20% and for many time periods have been closer to 15%. This is a substantial improvement. Implementing SIP strategies including using a vertical model, the Linkages program with CalWORKs, increased SDM usage and concurrent planning may be influencing this positive trend and the County intends to continue with these strategies.

Probation

For this composite, there is limited information as only one case was represented in each measure. One case was discharged to reunification within twelve months of removal (C1.1), exceeding the national goal. The national goal for median number of months a minor was placed out of the home prior to reunification (C1.2) is 5.4; the one case represented indicated the minor was in foster care for 10.1 months. The national goal for reunification within twelve months (C1.3) is 48.4%; of the one case represented, there is no quantitative information. The national goal for re-entry into foster care within twelve months (C1.4) is 9.9%; again, one case is represented but there is no qualitative information. As it is believed this one case "re-entered" when a dependent child was adjudged a delinquent ward, it is believed this information is not accurate if defining re-entry as occurring when a delinquent ward was placed in foster care, reunified with a parent/guardian, then was again placed in foster care.

Reunification within twelve months is often difficult for minors placed in foster care. First, many are ordered to out of home placement because there are no biological parents willing or able to care for them, making reunification unlikely. Second, delinquent minors are older youth, ages twelve to eighteen, and often run away from placements, resulting in incarceration until another suitable placement is found. Also, minors who commit sexual acts of delinquency are placed in juvenile sexual offender group homes; this type of treatment often takes longer than twelve months to complete. Lastly, there are limited foster homes and only one group home in El Dorado County that accepts delinquent minors; a parent often has to travel long distances to visit a child placed in a group home. Often, issues arise that are related to travel, prolonging the completion of family counseling and ultimately affecting reunification.

b) Permanency Composite 2: Timeliness of Adoptions

(1) CFSR Measure C2.1												
Adoption Within 24 Months (Exit Cohort)												
▶ <i>Of all children who were discharged from foster care to a finalized adoption during the selected 12-month period, what percent were discharged in less than 24 months from the date of the latest removal from home? - National Goal: 36.6%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	29.7	29.4	30.6	30.0	30.0	28.8	28.1	29	29.8	31.9	33	33.2
El Dorado	63.3	42.2	44.2	37.2	23.5	23.8	16.1	18.5	33.3	40.0	31.3	26.3
Difference	+ 33.6	+ 12.8	+ 13.6	+ 7.2	- 6.5	- 5.0	- 12.0	- 10.5	+ 3.5	+ 8.1	- 1.7	- 6.9
% of Goal	173.0	115.3	120.8	101.6	64.2	65.0	44.0	50.5	91.0	109.3	85.5	71.9

(2) CFSR Measure C2.2												
Median Time To Adoption (Exit Cohort)												
▶ <i>Of all children who were discharged from foster care to a finalized adoption during the selected 12-month period, what percent were discharged in less than 24 months from the date of the latest removal from home? - National Goal: 36.6%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	30.4	30.2	30.2	30.5	30.6	30.9	31.2	31.1	31.0	30.7	30.3	30.0
El Dorado	22.8	26.6	26.6	28.6	28.6	27.4	27.4	27.4	27.4	24.9	32.5	32.5
Difference	- 7.6	- 3.6	- 3.6	- 1.9	- 2.0	- 3.5	- 3.8	- 3.7	- 3.6	- 5.8	+ 2.2	+ 2.5
% of Goal	83.5	97.4	97.4	104.8	104.8	100.4	100.4	100.4	100.4	91.2	119.0	119.0

(3) CFSR Measure C2.3												
Adoption Within 12 Months (17 Months In Care)												
▶ <i>Of all children in foster care for 17 continuous months or longer on the first day of the selected 12-month period as of the beginning of the year, what percent were discharged from foster care to a finalized adoption within 12 months? - National Goal: 22.7%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	18.5	18.8	18.5	19	19.1	20.2	20.9	21.3	20.8	19.9	18.5	18.2
El Dorado	22.4	32.9	27.6	31.1	34.4	38.1	33.8	29.9	12.3	2.9	12.3	16.1
Difference	+ 3.9	+ 14.1	+ 9.1	+ 12.1	+ 15.3	+ 17.9	+ 12.9	+ 8.6	- 8.5	- 17	- 6.2	- 2.1
% of Goal	98.7	144.9	121.6	137.0	151.5	167.8	148.9	131.7	54.2	12.8	54.2	70.9

(4) CFSR Measures C2.4**Legally Free Within Six Months (17 Months In Care)**

► *Of all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the selected six-month period, what percent became legally free within the following six months? - National Goal: 10.9%*

Start End	Jul07 Dec07	Oct07 Mar08	Jan08 Jun08	Apr08 Sep08	Jul08 Dec08	Oct08 Mar09	Jan09 Jun09	Apr09 Sep09	Jul09 Dec09	Oct09 Mar10	Jan10 Jun10	Apr10 Sep10
California	6.9	7.1	7.5	7.4	6.7	7.2	7.8	7.3	6.8	6.9	6.7	7.0
El Dorado	6.5	3.8	5.6	10.7	6.1	4.2	6.0	4.4	4.3	13.0	3.5	21.5
Difference	- 0.4	- 3.3	- 1.9	+ 3.3	- 0.6	- 3	- 1.8	- 2.9	- 2.5	+ 6.1	- 3.2	+ 14.5
% of Goal	59.6	34.9	51.4	98.2	56.0	38.5	55.0	40.4	39.4	119.3	32.1	197.2

(5) CFSR Measures C2.5**Adoption Within 12 Months (Legally Free)**

► *Of all children in foster care who became legally free for adoption during the selected 12-month period, what percent were then discharged to a finalized adoption within the following 12 months? - National Goal: 53.7%*

Start End	Jul06 Jun07	Oct06 Sep07	Jan07 Dec07	Apr07 Mar08	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10
California	55.1	55.2	55.0	55.4	56.0	56.9	58.0	59.6	61.5	63.2	64.3	65.0
El Dorado	53.8	55.8	50.0	42.6	41.7	46.5	48.4	64.0	54.2	18.8	11.1	3.4
Difference	- 1.3	+ 0.6	- 5.0	- 12.8	- 14.3	- 10.4	- 9.6	+ 4.4	- 7.3	- 44.4	- 53.2	- 61.6
% of Goal	100.2	103.9	93.1	79.3	77.7	86.6	90.1	119.2	100.9	35.0	20.7	6.3

In the past two years the Adoption Unit has experienced a turnover in its long term adoption staff. In the previous CSA, the Adoptions Unit had the most consistent staffing in the Agency. Adoptions workers had eight years and six years of adoption experience whereas currently, the adoption staff have two years or less of experience in adoptions. The newest staff has been assigned to the unit for six weeks. Due to the relatively new staff, this has contributed to the reduction in the number of adoptions to be completed in timely manner. The Agency anticipates that the number of adoptions to be finalized will increase as the workers become more familiarized with the adoption process.

c) Permanency Composite 3: Achieving Permanency

(1) CFSR Measure C3.1												
Exits to Permanency (24 months in care)												
▶ <i>Of all children in foster care for 24 months or longer on the first day of the selected 12-month period, what percent were discharged to a permanent home by the end of the 12-month period and prior to their 18th birthday?– National Goal: 29.1%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	22.7	23.5	23.1	23.4	23.6	23.9	24.5	25.2	25.3	24.4	23.1	22.9
El Dorado	13.7	23.7	15.4	28.8	33.3	32.8	31.2	30.6	25.9	4.2	16.3	29.9
Difference	- 9.0	+ 0.2	- 7.7	+ 5.4	+ 9.7	+ 8.9	+ 6.7	+ 5.4	+ 0.6	- 20.2	- 6.8	+ 7.0
% of Goal	47.1	81.4	52.9	99.0	114.4	112.7	107.2	105.2	89.0	14.4	56.0	102.7

(2) CFSR Measure C3.2												
Exits To Permanency (Legally Free At Exit)												
Legally free at exit: Exit to permanency before age 18												
▶ <i>Of all children discharged from foster care during the selected 12-month period who were legally free for adoption, how many were discharged to a permanent home prior to their 18th birthday? - National Goal: 98.0%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	96.8	96.8	96.8	96.8	97	97	96.9	97	96.7	96.4	96.4	96.4
El Dorado	100	100	97.5	97.6	98	97.4	96.7	96.2	76.9	55.6	84.2	87
Difference	+ 3.2	+ 3.2	+ 0.7	+ 0.8	+ 1.0	+ 0.4	- 0.2	- 0.8	- 19.8	- 40.8	- 12.2	- 9.4
% of Goal	102.0	102.0	99.5	99.6	100.0	99.4	98.7	98.2	78.5	56.7	85.9	88.8

(3) CFSR Measure C3.3												
In Care Three Years or Longer (Emancipated or Reach 18 in Care)												
▶ <i>Of all children in foster care during the selected 12-month period who were either discharged to emancipation or turned 18 in care, what percent were in care for three years or longer? - National Goal: 37.5%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	38.9	39.5	39.3	39.1	39.6	39.8	40.0	40.5	39.7	40.4	41.1	40.2
El Dorado	55.0	56.0	55.2	57.7	50.0	57.7	59.1	53.8	48.0	44.0	50.0	66.7
Difference	+ 16.1	+ 16.5	+ 15.9	+ 18.6	+ 10.4	+ 17.9	+ 19.1	+ 13.3	+ 8.3	+ 3.6	+ 8.9	+ 26.5
% of Goal	146.7	149.3	147.2	153.9	133.3	153.9	157.6	143.5	128.0	117.3	133.3	177.9

Probation

Regarding long term care, there was no data for the composite, or for measure C3.2. One case was represented for measure C3.1, the percentage of minors discharged to permanency who have been in foster care for twenty-four months or more. This one case was not discharged to permanency; therefore, the percentage did not meet the national goal of 29.1%. Two cases were placed in foster care for three years or longer (C3.3); this percentage also did not meet the national goal, of 37.5%. As the majority of delinquent minors are placed in foster care because there is no available parent/guardian, or because specific treatment needs necessitate (i.e. sexual offender counseling), most minors remain in foster care for twelve months or longer, resulting in long term care.

d) Permanency Composite 4: Placement Stability

Measure C4.3 was chosen as the focus of El Dorado County's Peer Quality Case Review (PQCR) due to consistent outcomes of over 20% below national goals.

(1) CFSR Measure C4.1												
In care during the year (at least 8 days but less than 12 months): Two or fewer placement settings												
▶ <i>Of all children in foster care during the selected 12-month period who were in care for at least eight days but less than 12 months, what percent had two or fewer placements? – National Goal: 86.0%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	82.6	82.4	82.4	83.1	83.2	83.6	83.6	83.6	83.6	83.8	84.1	84.4
El Dorado	79.1	78.7	79.8	77.2	76.1	75.7	78.3	80.7	78.4	77.2	78.3	78.3
Difference	- 3.5	- 3.7	- 2.6	- 5.9	- 7.1	- 7.9	- 5.3	- 2.9	- 5.2	- 6.6	- 5.8	- 6.1
% of Goal	96.0	95.8	95.8	96.6	96.7	97.2	97.2	97.2	97.2	97.4	97.8	98.1

(2) CFSR Measure C4.2												
In care during the year (at least 12 months but less than 24 months): Two or fewer placement settings												
▶ <i>Of all children in foster care during the selected 12-month period who were in care for at least 12 months but less than 24 months, what percent had two or fewer placements? – National Goal: 65.4%</i>												
Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	62.5	62.5	62.4	62.6	62.5	62.3	62.2	62.7	62.7	63.1	63.2	63.8
El Dorado	61.3	52.3	61.5	61.5	60.0	57.6	57.7	52.6	54.7	62.8	58.3	56.4
Difference	- 1.2	- 10.2	- 0.9	- 1.1	- 2.5	- 4.7	- 4.5	- 10.1	- 8.0	- 0.3	- 4.9	- 7.4
% of Goal	95.6	95.6	95.4	95.7	95.6	95.3	95.1	95.9	95.9	96.5	96.6	97.6

(3) CFSR Measure C4.3**In care during the year (at least 24 months): Two or fewer placement settings**

► *Of all children in foster care during the selected 12-month period who were in care for at least 24 months, what percent had two or fewer placements?– National Goal: 41.8%*

Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	33.3	33.4	33.4	33.4	33.4	33.2	33.0	32.9	32.7	32.6	32.3	32.9
El Dorado	31.6	33.7	34.6	35.2	37.1	29.4	31.4	34.9	30.4	21.7	22.0	23.8
Difference	- 1.7	+ 0.3	+ 1.2	+ 1.8	+ 3.7	- 3.8	- 1.6	+ 2.0	- 2.3	- 10.9	- 10.3	- 9.1
% of Goal	79.7	79.9	79.9	79.9	79.9	79.4	78.9	78.7	78.2	78.0	77.3	78.7

El Dorado County has had difficulty in this area, partially due to a lack of placement resources. Often times, the first placement of children is in youth shelter. As this is a temporary placement, within a short time period, the children have to be moved again, thus creating two placements within a short time period. Additionally, there is a lack of county foster homes, both due to stricter County standards at licensing and the lack of resources to conduct recruitment. There is a definite lack of specialized foster homes who are equipped to handle children with special needs, or behavioral issues. As a result, often times children who have special needs or behavior issues, end up with placement disruptions and have to be moved.

One of the County’s current SIP strategies called for the use of TDM. It is felt that this program would greatly affect placement stability for the better by involving more parties including the parents in decision making. While this strategy is in process the County has not yet included family members in TDM meetings. The resources required to support a TDM process include a trained coordinator. A TDM coordinator is currently being chosen and this social worker will receive training. The goal is to begin limited TDMs soon and then eventually fully implement TDMs with all placement change situations.

Probation

The national goal of those minors with two or fewer placements who were in foster care twelve months or less (C4.1) is 86%; four of six cases (66.7%) represented had two or fewer placements. However, this percentage does not meet the national goal. For those minors with two or fewer placements who were in foster care between twelve and twenty-four months (C4.2), the national goal is 65.4%; this standard was met for five of the six cases represented (83.3%). None of the six minors who were in foster care twenty-four months or more had two or fewer placements; therefore, the national goal of 41.8% was not met. Delinquent minors placed in foster care are often older children, ages 15 to 18, and often have absconding tendencies. Of the 14 minors placed out of the home in the past year, six were adjudged delinquents and subsequently terminated as dependent children. Further, all 14 cases had between one and three placements within the past year, which does not account for periods of incarceration in juvenile hall between each placement.

4. Permanency 2: The continuity of family relationships and connections is preserved for children

(1) AB636 Process Measure 4A (Placements with All Siblings)												
Foster Care Placement in Least Restrictive Settings												
▶ <i>Of all sibling groups what percentage have been placed together with all siblings.</i>												
Start	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	51.0	51.3	51.8	52.0	52.7	53.5	53.4	53.2	53.8	54.4	54.4	54.6
El Dorado	62.1	54.7	60.6	64.7	58.9	54.0	54.4	57.1	73.7	70.5	63.6	67.1
Difference	+ 11.1	+ 3.4	+ 8.8	+ 12.7	+ 6.2	+ 0.5	+ 1.0	+ 3.9	+ 19.9	+ 16.1	+ 9.2	+ 12.5

(1) AB636 Measure 4A (Placements with All or Some Siblings)												
Foster Care Placement in Least Restrictive Settings												
▶ <i>Of all sibling groups what percentage have been placed together with all or some siblings.</i>												
Start	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	71.4	71.8	71.9	72.2	72.6	73.2	73.2	72.8	73.2	73.5	73.3	73.3
El Dorado	79.5	75.3	77.1	78.4	74.7	73.7	72.1	70.6	77.4	77.3	75.8	79.3
Difference	+ 8.1	+ 3.5	+ 5.2	+ 6.2	+ 2.1	+ 0.5	- 1.1	- 2.2	+ 4.2	+ 3.8	+ 2.5	+ 6.0

(2) AB636 Measure 4B												
Foster Care Placement in Least Restrictive Settings - First Placement / Relative												
▶ <i>Of all children entering placement within a 12-month period beginning with the selected quarter, what percentage were placed with relatives?</i>												
Start	Jul07	Oct07	Jan08	Apr08	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10
End	Jun08	Sep08	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11
California	20.1	19.3	18.8	18.6	18.5	18.4	19	19.6	20.4	21.4	21.9	22
El Dorado	15.3	14.3	10.4	9.2	9	7.8	12.1	13.3	14.7	18.5	13.7	10.8
Difference	-4.8	-5.0	-8.4	-9.4	-9.5	-10.6	-6.9	-6.3	-5.7	-2.9	-8.2	-11.2

(2) AB636 Measure 4B												
Foster Care Placement in Least Restrictive Settings - First Placement / Foster Home												
▶ <i>Of all children entering placement within a 12-month period beginning with the selected quarter, what percentage were placed in a county foster home?</i>												
Start	Jul07	Oct07	Jan08	Apr08	Jul08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10
End	Jun08	Sep08	Dec08	Mar09	Jun09	Sep09	Dec09	Mar10	Jun10	Sep10	Dec10	Mar11
California	21.1	20.6	21	21.3	21.3	21	20.8	20.5	20.6	20.6	20.6	20.2
El Dorado	32.1	26	22.5	23.9	24.7	24.2	24.2	27.6	18.6	13.7	10.7	8.1
Difference	11.0	5.4	1.5	2.6	3.4	3.2	3.4	7.1	-2.0	-6.9	-9.9	-12.1

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - First Placement / Foster Family Agency**

► *Of all children entering placement within a 12-month period beginning with the selected quarter, what percentage were placed in a foster family agency home?*

Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	42.9	44.3	44.6	45	45.4	46.5	46.9	46.9	46.6	45.7	45.5	45.5
El Dorado	36.6	45.5	50	50	51.8	51	49.2	43.8	48.1	48.4	49.6	59.5
Difference	- 6.3	+ 1.2	+ 5.4	+ 5.0	+ 6.4	+ 4.5	+ 2.3	- 3.1	+ 1.5	+ 2.7	+ 4.1	+ 14.0

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - First Placement / Group Home**

► *Of all children entering placement within a 12-month period beginning with the selected quarter, what percentage were placed in a group home?*

Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	8.2	8.2	7.9	7.9	7.8	7.4	7	6.6	6.4	6.2	6.1	6.3
El Dorado	11.5	10.4	13.7	15.2	13.9	16.3	13.7	11.4	16.3	16.1	22.1	20.3
Difference	+ 3.3	+ 2.2	+ 5.8	+ 7.3	+ 6.1	+ 8.9	+ 6.7	+ 4.8	+ 9.9	+ 9.9	+ 16.0	+ 14.0

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - First Placement / Guardian**

► *Of all children entering placement within a 12-month period beginning with the selected quarter, what percentage were placed in a guardian home?*

Start End	Jul07 Jun08	Oct07 Sep08	Jan08 Dec08	Apr08 Mar09	Jul08 Jun09	Oct08 Sep09	Jan09 Dec09	Apr09 Mar10	Jul09 Jun10	Oct09 Sep10	Jan10 Dec10	Apr10 Mar11
California	2.5	2.4	2.4	2.2	2.3	2.3	2.2	2.2	2.1	2	2	2
El Dorado	4.6	3.9	3.3	1.6	0.6	0.7	0.8	3.8	2.3	3.2	3.8	1.4
Difference	+ 2.1	+ 1.5	+ 0.9	- 0.6	- 1.7	- 1.6	- 1.4	+ 1.6	+ 0.2	+ 1.2	+ 1.8	- 0.6

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - Point in Time / Relative**

► *What is the percentage of relative placements on the first day of each quarter?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	34.1	33.5	33.4	32.7	32.5	32.3	32.3	32.0	32.3	32.7	33.6	33.5
El Dorado	25.7	24.8	21.0	23.3	21.8	27.2	28.6	26.8	30.4	30.7	29.0	28.6
Difference	- 8.4	- 8.7	- 12.4	- 9.4	- 10.7	- 5.1	- 3.7	- 5.2	- 1.9	- 2.0	- 4.6	- 4.9

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - Point in Time / Foster Home**▶ *What is the percentage of county foster home placements on the first day of each quarter?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	9.9	9.8	9.9	9.8	9.6	9.5	9.4	9.7	9.8	9.8	9.8	9.9
El Dorado	8.2	10.2	10.8	8.9	10.4	6.3	9.5	8.4	8.0	8.4	6.9	5.8
Difference	- 1.7	+ 0.4	+ 0.9	- 0.9	+ 0.8	- 3.2	+ 0.1	- 1.3	- 1.8	- 1.4	- 2.9	- 4.1

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - Point in Time / Foster Family Agency**▶ *What is the percentage of foster family agency home placements on the first day of each quarter?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	26.7	27.3	27.4	28.2	28.5	29.2	29.3	29.7	29.6	29.6	29.0	29.1
El Dorado	36.4	40.1	43.9	43.1	42.5	43.7	38.9	39.2	41.1	39.8	40.9	42.9
Difference	+ 9.7	+ 12.8	+ 16.5	+ 14.9	+ 14.0	+ 14.5	+ 9.6	+ 9.5	+ 11.5	+ 10.2	+ 11.9	+ 13.8

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - Point in Time / Group Home**▶ *What is the percentage of group home placements on the first day of each quarter?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	7.1	6.9	6.9	6.8	6.6	6.6	6.5	6.5	6.6	6.5	6.7	6.9
El Dorado	8.2	9.2	8.5	8.6	10.7	11.6	10.3	10.0	8.7	8.8	10.8	9.7
Difference	+ 1.1	+ 2.3	+ 1.6	+ 1.8	+ 4.1	+ 5.0	+ 3.8	+ 3.5	+ 2.1	+ 2.3	+ 4.1	+ 2.8

(2) AB636 Measure 4B**Foster Care Placement in Least Restrictive Settings - Point in Time / Guardian**▶ *What is the percentage of guardian placements on the first day of each quarter?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	13.0	13.1	13.2	13.2	13	13.1	13.4	13.4	13.0	12.9	12.8	12.4
El Dorado	12.5	8.5	8.2	8.6	8.2	8.2	7.7	8.0	6.1	7.3	8.8	9.2
Difference	- 0.5	- 4.6	- 5.0	- 4.6	- 4.8	- 4.9	- 5.7	- 5.4	- 6.9	- 5.6	- 4.0	- 3.2

El Dorado County has a lack of local placement resources, including a lack of relatives that can be approved for placement and county foster homes. Many relatives have criminal histories that, if eligible, must have a criminal exemption. The criminal exemption process takes time as depending on the type of crimes, they must have multi-level review and approval. Therefore, initial placement with relatives is often hindered and the children have to be placed in a temporary emergency placement or another foster home until and if such time the relatives can be cleared and approved by the Agency.

The County does have a process in which the relatives can grieve a criminal exemption denial. The grievance review is done by the Director or by the equivalent of a Assistant Director who will also discuss with the relatives what they can do to make it more favorable for them to obtain a criminal exemption from the Agency in the future, if the grievance review does not overturn the denial at that time.

The County lacks county foster homes due to a stricter stance by the Agency for the licensure of county foster homes and the lack of resources to participate in recruitment of foster homes.

The County has designated a social worker to be a placement worker. This worker locates foster placements for the children and maintains a good relationship with placement resources. As the social worker has been in the position for almost a couple of years, she has greatly learned what each placement resource has to offer and has developed positive relationships with them. This has helped the County to make better placements. Additionally, the relationship with FFAs has improved and one of the FFAs is recruiting foster homes (to include homes that can care for special needs children) in El Dorado County.

Probation

Of the nine cases represented, the first placement for one minor is a relative home (11.1%), and the first placement for the remaining eight minors is a group home (89.9%). Unfortunately, delinquent minors are usually not appropriate for placement in a foster home or FFA due to inappropriate behavior, and locating and approving a relative or NREFM home often does not yield a first placement. The first placement for the majority of delinquent minors is a group home; this is demonstrated when looking at least restrictive placement at a point in time. Eight of 13 minors were placed in group homes on April 1, 2011. The remaining five were placed in “other,” which represents those minors who were incarcerated in juvenile hall awaiting adjudication or placement, and those minors who absconded from placement and an arrest warrant was active.

Indian Children Welfare Act (ICWA) Placements

(3) AB636 Measure 4E(1)												
Placement status for children with ICWA eligibility - Relatives												
► What percentage of ICWA eligible children were placed with relatives?												
Start (1st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	40.5	38.2	37.5	35.1	36.6	37.9	36.2	37.1	37.6	37.4	37.8	36.8
El Dorado	30.8	33.3	23.5	33.3	33.3	38.5	45.5	37.5	42.9	33.3	40.0	30.0
Difference	- 9.7	- 4.9	- 14	- 1.8	- 3.3	+ 0.6	+ 9.3	+ 0.4	+ 5.3	- 4.1	+ 2.2	- 6.8

(3) AB636 Measure 4E(1)**Placement status for children with ICWA eligibility - Non-Relative Indian Substitute Care Providers (SCP)**► *What percentage of ICWA eligible children were placed with non-relative Indian substitute care providers?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	2.6	2.6	2.5	3.1	2.6	2.8	2.5	2.8	2.9	3.2	3.4	2.3
El Dorado	0.0	6.7	5.9	5.6	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Difference	-2.6	4.1	3.4	2.5	4.1	-2.8	-2.5	-2.8	-2.9	-3.2	-3.4	-2.3

(3) AB636 Measure 4E(1)**Placement status for children with ICWA eligibility - Non-Relative Non-Indian Substitute Care Providers (SCP)**► *What percentage of ICWA eligible children were placed with non-relative non-Indian substitute care providers?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	31.0	32.3	32.4	34.0	32.2	31.3	32.6	31.4	31.3	30.7	29.4	30.6
El Dorado	23.1	20.0	29.4	27.8	20.0	23.1	27.3	37.5	28.6	22.2	20.0	20.0
Difference	-7.9	-12.3	-3	-6.2	-12.2	-8.2	-5.3	6.1	-2.7	-8.5	-9.4	-10.6

(3) AB636 Measure 4E(1)**Placement status for children with ICWA eligibility - Non-Relative Substitute Care Providers (SCP) Ethnicity Missing**► *What percentage of ICWA eligible children were placed with non-relative substitute care providers whose ethnicity was missing?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	18.1	19.4	20.4	20.0	20.6	19.7	20.3	20.4	20.6	21.1	22.4	22.5
El Dorado	30.8	26.7	29.4	27.8	33.3	30.8	27.3	25.0	28.6	44.4	40.0	50.0
Difference	+ 12.7	+ 7.3	+ 9.0	+ 7.8	+ 12.7	+ 11.1	+ 7.0	+ 4.6	+ 8.0	+ 23.3	+ 17.6	+ 27.5

(3) AB636 Measure 4E(1)**Placement status for children with ICWA eligibility - Group Home**► *What percentage of ICWA eligible children were placed in group homes?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	7.7	7.5	7.2	7.7	8.0	8.3	8.4	8.4	7.6	7.7	7.1	7.8
El Dorado	15.4	13.3	11.8	5.6	6.7	7.7	0.0	0.0	0.0	0.0	0.0	0.0
Difference	+ 7.7	+ 5.8	+ 4.6	- 2.1	- 1.3	- 0.6	- 8.4	- 8.4	- 7.6	- 7.7	- 7.1	- 7.8

(3) AB636 Measure 4E(2)**Placement status for children with primary or mixed (multi) ethnicity of American Indian - Relatives**

► *What percentage of children with primary or mixed (multi) ethnicity of American Indian were placed with relatives?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	34.6	33.3	32.4	32.0	31.9	33.2	32.9	32.3	31.9	31.9	33.0	31.5
El Dorado	8.3	7.1	0.0	6.7	0.0	18.2	33.3	28.6	16.7	40.0	23.1	11.1
Difference	- 26.3	- 26.2	- 32.4	- 25.3	- 31.9	- 15.0	+ 0.4	- 3.7	- 15.2	+ 8.1	- 9.9	- 20.4

(3) AB636 Measure 4E(2)**Placement status for children with primary or mixed (multi) ethnicity of American Indian - Non-Relative Indian Substitute Care Providers (SCP)**

► *What percentage of children with primary or mixed (multi) ethnicity of American Indian were placed with non-relative Indian substitute care providers?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	2.5	2.4	2.3	2.4	2.4	2.5	2.1	2.2	2.4	2.4	2.7	1.9
El Dorado	0.0	7.1	6.7	6.7	7.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Difference	- 2.5	+ 4.7	+ 4.4	+ 4.3	+ 5.3	- 2.5	- 2.1	- 2.2	- 2.4	- 2.4	- 2.7	- 1.9

(3) AB636 Measure 4E(2)**Placement status for children with primary or mixed (multi) ethnicity of American Indian - Non-Relative Non-Indian Substitute Care Providers (SCP)**

► *What percentage of children with primary or mixed (multi) ethnicity of American Indian were placed with non-relative non-Indian substitute care providers?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	36.2	37.3	37.7	38.5	37.3	36.0	37.3	38.2	38.2	37.7	36.4	38.9
El Dorado	16.7	28.6	20.0	20.0	23.1	27.3	22.2	28.6	16.7	10.0	7.7	11.1
Difference	- 19.5	- 8.7	- 17.7	- 18.5	- 14.2	- 8.7	- 15.1	- 9.6	- 21.5	- 27.7	- 28.7	- 27.8

(3) AB636 Measure 4E(2)**Placement status for children with primary or mixed (multi) ethnicity of American Indian - Non-Relative Substitute Care Providers (SCP) Ethnicity Missing**

► *What percentage of children with primary or mixed (multi) ethnicity of American Indian were placed with non-relative substitute care providers whose ethnicity was missing?*

Start (1 st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	16.1	15.6	16.9	16.6	17.0	16.9	17.4	17.5	18.0	18.0	18.1	18.4
El Dorado	66.7	50.0	60.0	53.3	61.5	45.5	44.4	42.9	66.7	50.0	61.5	77.8
Difference	+ 50.6	+ 34.4	+ 43.1	+ 36.7	+ 44.5	+ 28.6	+ 27.0	+ 25.4	+ 48.7	+ 32.0	+ 43.4	+ 59.4

(3) AB636 Measure 4E(2)												
Placement status for children with primary or mixed (multi) ethnicity of American Indian - Group Home												
▶ <i>What percentage of children with primary or mixed (multi) ethnicity of American Indian were placed in group homes?</i>												
Start (1st)	Jul 08	Oct08	Jan09	Apr09	Jul09	Oct09	Jan10	Apr10	Jul10	Oct10	Jan11	Apr11
California	6.8	7.2	7.1	7.2	7.5	7.1	7.2	6.9	6.4	6.5	6.8	6.7
El Dorado	8.3	7.1	6.7	6.7	7.7	9.1	0.0	0.0	0.0	0.0	7.7	0.0
Difference	+ 1.5	- 0.1	- 0.4	- 0.5	+ 0.2	+ 2.0	- 7.2	- 6.9	- 6.4	- 6.5	+ 0.9	- 6.7

While El Dorado County strives to place ICWA-eligible children in relative homes or in Native American homes, there is a definite lack of placement resources in this area in El Dorado County, especially with non-relatives. Future recruitment efforts need to target this population.

Probation

There is no data for this measure.

5. Well-being 1: *No Longer Used*

6. Well-being 2: Children receive services appropriate to their educational needs

(1) AB636 Process Measure 5A*												
Health and Education Passport												
▶ <i>Percent of children entering foster care, for the first time, who have an initiated health passport (health record).</i>												
Year Quarter	2008 Q4	2009 Q1	2009 Q2	2009 Q3	2009 Q4	2010 Q1	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2	2011 Q3
California	91.0	94.6	94.3	93.5	91.6	91.6	92.8	93.2	92.3	93.1	92.2	87.9
El Dorado	50.0	91.4	90.9	81.8	81.8	86.7	95.6	86.2	76.7	76.5	46.2	33.3
Difference	- 41.0	- 3.2	- 3.4	- 11.7	- 9.8	- 4.9	+ 2.8	- 7.0	- 15.6	- 16.6	- 46.0	- 54.6
* This measure was not available in the UC Berkeley CWS/CMS Dynamic Report System and so this data was obtained from SafeMeasures.												

The outcome of this measure has most likely been affected by turn over in Public Health Nurses (PHN) assigned to the CPS Unit. It takes several weeks for these nurses to be fully trained in child welfare specifics. During early 2011, CPS lost two very experienced and dedicated PHNs.

One was located at the Placerville office and the other at the South Lake Tahoe office. The corresponding decline in passports can be seen in 2011 quarter 2 and 3. The 2008 quarter 4 decline was also during a period of PHN staff change.

7. Well-being 3: Children receive services adequate to their physical, emotional and mental health needs

(2) AB636 Process Measure 5B

Children Who Have Received a Timely Medical Exam

► All children in placement on the last day of the selected quarter and whose placement had been open for more than 30 days (beginning on the day they were removed as Day 1). Also includes children whose placement closed in the selected quarter due to an adoptive status. Excludes children in non-dependent legal guardianships and those who returned home for trial visit for more than six months.

Start End	Jul08 Sep08	Oct08 Dec08	Jan09 Mar09	Apr09 Jun09	Jul09 Sep09	Oct09 Dec09	Jan10 Mar10	Apr10 Jun10	Jul10 Sep10	Oct10 Dec10	Jan11 Mar11	Apr11 Jun11
California	89.0	89.0	89.6	90.1	90.3	89.6	90.4	90.5	90.4	90.2	90.8	88.2
El Dorado	75.8	79.4	83.2	81.7	86.0	85.0	91.4	88.5	90.0	91.1	87.5	82.8
Difference	- 13.2	- 9.6	- 6.4	- 8.4	- 4.3	- 4.6	+ 1.0	- 2.0	- 0.4	+ 0.9	- 3.3	- 5.4

(2) AB636 Process Measure 5B

Children Who Have Received a Timely Dental Exam

► All children in placement on the last day of the selected quarter and whose placement had been open for more than 30 days (beginning on the day they were removed as Day 1). Also includes children whose placement closed in the selected quarter due to an adoptive status. Excludes children in non-dependent legal guardianships and those who returned home for trial visit for more than six months.

Start End	Jul08 Sep08	Oct08 Dec08	Jan09 Mar09	Apr09 Jun09	Jul09 Sep09	Oct09 Dec09	Jan10 Mar10	Apr10 Jun10	Jul10 Sep10	Oct10 Dec10	Jan11 Mar11	Apr11 Jun11
California	65.7	65.7	67.0	67.5	68.8	68.6	69.7	69.9	70.5	70.5	71.9	69.2
El Dorado	37.5	39.5	37.7	39.0	49.5	52.2	59.0	56.1	56.9	56.8	48.7	43.2
Difference	- 28.2	- 26.2	- 29.3	- 28.5	- 19.3	- 16.4	- 10.7	- 13.8	- 13.6	- 13.7	- 23.2	- 26.0

(3) AB636 Process Measure 5F

Foster Care Children Authorized for Psychotropic Medications

► Percent of children in care authorized for psychotropic medication.

Start End	2008 Q3	2008 Q4	2009 Q1	2009 Q2	2009 Q3	2009 Q4	2010 Q1	2010 Q2	2010 Q3	2010 Q4	2011 Q1	2011 Q2
California	11.3	11.8	12.1	12.5	12.6	13	13.3	13.4	13.1	12.7	12.8	13.3
El Dorado	5.9	5.2	4.7	4.8	4.9	6.2	6.1	6.6	5.5	5.6	5.4	5.7
Difference	- 5.4	- 6.6	- 7.4	- 7.7	- 7.7	- 6.8	- 7.2	- 6.8	- 7.6	- 7.1	- 7.4	- 7.6

F. Systemic Factors

1. Relevant Management Information Systems (MIS)

Child Welfare Services

Utilization of Child Welfare Services/Case Management System (CWS/CMS)

El Dorado County utilizes the CWS/CMS application fully as its sole database for tracking information regarding child welfare referrals and cases. Social workers use the application to manage their caseloads by documenting client information and services delivered and preparing court reports and other documents. Social Services Aides use the application to document supervised visits. Clerical staff documents placements and prepares notices for court hearings.

The CWS/CMS application is now aging and the technology used is rapidly becoming no longer supported. The CWS/Web project was an effort to create a new web-based application that solved many challenges with the aging CWS/CMS application. It was being designed to be federally Statewide Automated Child Welfare Information Systems (SACWIS) compliant, interface with other systems, include sections missing in the current application that were never completed and make modifications to the application easier. Unfortunately, the project was discontinued due to lack of funding. This is concerning for child welfare as several issues involved in continuing with the legacy system are coming to a head. Many of the platforms that support the CWS/CMS application are coming to the end of their supported lives. There is currently a report being prepared for the State Legislature that will recommend options to continue with the effort to update the application.

CWS/CMS Reporting Systems

While the CWS/CMS application does contain some management reports, the County utilizes Business Objects to query and organize CWS/CMS data into concise reports. Currently, weekly and monthly standardized reports are generated and distributed to authorized personnel. Ad-hoc reports are also created upon management-approved request. The County utilizes many of the advanced features of Business Objects. The latest version of this software that is being employed is web-enabled and allows the County to automatically publish periodic reports to authorized users.

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

Child welfare management and analysts also rely on the web-based UC Berkeley Child Welfare Dynamic Report System for historical outcome data. This was especially the case during the development of this CSA.

Other Tools

SDM is another web-based service that the County subscribes to and utilizes. Using a data extract from CWS/CMS, this tool helps to validate and assist in making critical decisions about child welfare. It is used extensively in referral management and is now also being used in case management. The most recent SIP identified the County's plan to utilize SDM more fully to improve the consistency in social workers' decisions.

Dedicated vs. Coexistent Counties

The CWS computer network infrastructure is provided to El Dorado County using the State's dedicated model. This means that workstations are setup with a dedicated CWS image and can only connect to the CWS network. Onsite servers and switches are also managed by the State's contractor. By contrast, a coexistent model uses a County's existing network infrastructure and non-dedicated computers which may connect to a variety of resources. Many times it is more beneficial for smaller counties to choose the dedicated model as it may be more cost effective and provides more support.

Hardware

CWS in El Dorado County employs approximately 70 personal computer workstations of various makes and models to run the CWS/CMS application. These computers are connected to a local authentication servers located at both the Placerville and South Lake Tahoe locations. Seven black and white laser printers are used to produce court reports and other documents pertaining to child welfare. A few QuickPads, a mobile keyboard processing unit, are used to record contact notes while the social workers are in the field. These units are many years old and will not be replaced. There is an effort to pilot two portable mini computers with cellular connectivity that could be used with a Server Based Computing Service token to access the CWS/CMS application, SDM and SafeMeasures while social workers are in the field.

Software

All CWS computers utilize Microsoft Windows XP as the operating system. Microsoft Office products Outlook and Word are employed on a daily basis by line, clerical and supervisory staff. Microsoft PowerPoint and Excel are also installed on these computers.

CAPIT/CBCAP/PSSF

The Health and Human Services Agency (HHS) employs a custom web-based database application to track authorized disbursements from the CAPIT/CBCAP/PSSF programs. This system documents client information, services authorized and services delivered and is only used by HHS staff. A separate spreadsheet log is also kept which includes a few data elements

(disability race) which are not tracked in the database application. There are plans to include this information in the database application at a future time. Disbursements from the CAPIT/CBCAP/PSSF programs are also documented in the County's main financial database system by labeling the expenditure with the appropriate program. These three systems are cross checked to assure accuracy when reporting the utilization of these program funds. This database does not record program effectiveness and substantial time would need to be spent to make this possible. The HHSAs would like to add this functionality but resources to do this are limited.

HHSAs share CAPIT/CBCAP/PSSF expenditure information with CBOs and recently conducted a meeting with them regarding who received funding for certain services.

Probation

The Probation Department gained access to CWS/CMS during 2011. While they still employ an internal case management system they also now use the CWS/CMS application to document federally mandated information regarding youth in Probation supervision who are receiving ILP services. Probation currently accesses CWS/CMS using the same Server Based Computing Service that after-hour child welfare social workers use. This entails gaining access to the application through a website using a physical token in addition to the user's login information.

2. Case Review System

El Dorado County courts that hear CWS cases are located primarily in Placerville and South Lake Tahoe. Both judges and commissioners are employed to hear cases. The judges are elected by the general population, and the commissioners are appointed by the Administrative Office of the Courts.

El Dorado County has recently designated a "Court Officer", who is a CPS supervisor to attend all court hearings and document results in CWS/CMS. This allows the social workers who previously attended court hearings to have more time to attend to other case needs. Additionally, it gives the court a consistent presence with a staff member who is recognized and respected by the Juvenile Court. This has improved the relationship between CWS and Juvenile Court. Additionally, the County has participated in "Brown Bag" meetings with the court to discuss any issues between the Court and CPS and how they can be resolved in the best manner possible, improving the relationship between the two agencies as they try to work together. The Juvenile Court and CPS work together to use continuances when necessary to obtain any additional information that is needed on the case, and to provide more time for services on the case. Termination of parental rights is recommended by the assigned Social Worker at appropriate junctures in the case and the Juvenile Court generally supports those recommendations, or if not, lets CPS know why and what else needs to be done to support those recommendations.

Meet and Confer is held between County Counsel and panel attorneys to discuss any issues that might arise on a case so that they can be mediated prior to going into a hearing if possible. HHSA utilizes its administrative support staff to notice parties to court hearings. Ideally, as soon as a hearing is scheduled, the court officer provides support staff with the hearing dates, types of hearings and list of people to be noticed. Guidelines were developed, extensive training given and a specific clerical person is assigned to the noticing task. These efforts have improved the accuracy, timeliness and consistency of the noticing task.

Probation officers are responsible to provide notice to all parties for Court hearings under their jurisdiction. Parent/child/youth participation in CWS case planning involves the following:

- HHSA uses SDM tools to assist social workers in determining areas in which the family most needs services to address factors that led to, or placed their children at risk for, further abuse and/or neglect. A specific tool that can identify a family's greatest strengths and greatest needs is the Family Strength and Needs Assessment. This is completed after an in-depth investigation of the abuse and neglect allegations, including thorough interviews of the parents/caretakers, children and other collateral sources who are aware of the family's situation. A service plan can then be designed utilizing the above methods and by factoring in the family's perception of their needs. The parent/caretaker is asked to sign the service plan, indicating their participation in and acceptance of the plan. In court cases, the Court orders the Agency to provide, and the parent/caretaker to participate, in services.
- Children are involved in the case planning process with the social worker through interviews, if the children are verbal. Most dependent children of the court are also assigned a CASA worker, who makes recommendations to the Court. In addition, the child's out of home care provider, if applicable, provides information to the court and the social worker regarding the child's well-being and what services the child may need.
- All children over the age of 15 are eligible for a Transitional Independent Living Plan (TILP). The TILP is updated every six months and becomes part of the case plan through the termination of dependency. The TILP identifies available resources, both within the family and in the community. The youth participates in this process.

El Dorado County has recently partially implemented the use of Signs of Safety (SOS), a tool that is effectively used to obtain the participation of parent/caretakers/families and children in case planning decisions. Staff has been trained on SOS both off-site through UC Davis and internally through UC Davis and through utilizing SOS at weekly multi-level review case staffing.

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

partners to ensure that families are provided with services that are focused to meet their individual needs.

Court-ordered case plans are reviewed and updated approximately every six months to determine if the families are receiving the appropriate services to meet their goals and to assess how well they have participated in and benefited from their case plan. This assessment can lead to a recommendation of a different goal for the family or child to include such things as reunification with the child at that time, providing the families with additional time to complete services and/or determining that the services will no longer be provided to the family and services will be designed to provide a permanent plan for the child, such as adoption.

The County is in compliance with prescribed timeframes for permanency hearings. If parental rights are not terminated, and the child is not ordered for adoption, the Court sets a permanency hearing every six months. The social worker and the supervisor assure that these hearings are conducted within the regulated time frames. Termination of parental rights is completed when there is a compelling reason to do so and documented both in CWS/CMS and the court reports.

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

The HHSA is working on implementing a true TDM or Family Decision Making process for the purpose of reviewing placement disruptions and hopes that this process can be expanded to further implement the TDM process to include all detentions.

3. Foster/Adoptive Parent Licensing, Recruitment and Retention

El Dorado County has not utilized the Family to Family Initiative strategy at this time. HHSA staff members have not been able to engage in foster parent recruitment/retention for the past couple of years due to a lack of resources to do so. Agency staff does participate in collaborative groups and provides periodic, ongoing orientations and training for foster parents.

El Dorado County HHSA, Folsom Lake College - El Dorado Campus in Placerville and Lake Tahoe Community College provide monthly foster and kinship care education classes, workshops and support groups designed to engage and educate caregivers regarding the educational, emotional, behavioral and developmental needs of children and youth.

Foster homes, to include relative and non-relative placements, must pass a criminal and child abuse index background check. For those relatives/NREFMS that have exemptible crimes, there is an exemption process set up whereby the potential placement resource can request an exemption by the Agency for the crime. These are reviewed on a case-by-case basis. This can be a barrier to placement, or to timely placement due to the time it takes to complete this process. Additionally, some relatives are unable to obtain an exemption due to the nature of the crimes. There is a mechanism in place for potential relative caregivers who were denied

placement, usually due to a denial of a criminal exemption, to request and have a grievance review hearing in relation to this. The County utilizes the Director or the equivalent of a Assistant Director to conduct these hearings and also to provide the potential caregiver with ways that they may improve their chances to eventually obtain a criminal exemption from the Agency.

Support groups for foster parents provide a forum where childcare experiences, problems and solutions are shared, and emotional support is available. No-cost structured and supervised childcare and food are provided. The County holds foster parent meetings on a monthly basis to discuss any changes in regulations, provide trainings and to have an open discussion about any difficulties the foster parents may be facing. Additionally, a designated social worker acts as a “placement worker” who assists in finding appropriate placements for children and acts as a liaison for the foster parents when they are unable to reach their social workers. This has improved relationships between the county and foster parents to include foster agencies, which has benefited both the Agency and the foster parents, thus allowing children to be placed in the best possible placement for their needs.

A lack of foster homes, particularly in the South Lake Tahoe area, is an ongoing issue. The HHSA recently implemented a stricter stance in licensing new foster homes to include requiring 18 hours of PRIDE training. As a result of that and the lack of recruitment, county foster homes have dwindled.

There is a definite lack of foster homes for certain populations, to include teenagers (specifically teenage females) and sex offenders. While the Agency is not actively recruiting homes for these populations at this time, the Agency has built good relationships with foster care agencies, one of whom is actively recruiting foster parents for special populations in El Dorado County.

The HHSA does not have a lot of resources to place children in ICWA homes; however, collaboration with local tribes is done in order to attempt to place children in ICWA homes when possible and if not, in relative placements.

The adoptions unit is comprised of two workers and a part time supervisor. The supervisor has additional responsibilities and assignments to other units within CPS. Due to the limited staffing, as was reported in the previous CSA, the Agency is unable to do its own adoption home studies and must refer families to private adoption agencies. We have to rely on the private adoption agency to complete the home studies in order for the adoption process to progress. This process has also contributed to the adoption not to be completed in a timely manner as the private adoption agencies have also struggled with their own staffing challenges.

As part of concurrent planning and striving for early permanence for children, we work with the existing care provider to determine if they are able to provide permanence for the child. The goal is to identify this placement early in the case in order to reduce the number of placements that children experience, and should the parent be unable to reunify, their current caregiver will be identified as permanent family for the child. When it has been determined that the family is committed to providing the child with permanence through a plan of adoption, the HHSA refers them to the private adoption agency to complete the home study. The HHSA has

struggled with some families, who while committed to the child and the permanent plan of adoption, do not actively pursue the completion of the home study in timely manner. The adoption worker and the agency social worker work with the family to encourage them to complete the process as soon as possible in order to terminate dependency.

In accordance with recruitment of adoptive parents, the County is incorporating the PRIDE training for newly incoming foster and adoptive parents who want to be licensed with the County. The families attend the trainings and complete the trainings prior to any placements. This training allows prospective foster and adoptive parents to understand the needs of the children to whom they will be providing care during the dependency matter and to understand the importance of concurrent plans that also occur when children are dependents.

When attempting to identify a placement for a child that has not been matched or their current family is unable to provide a permanent plan of adoption for the child, the HHSA employs several measures to ensure that staff members are diligently searching for a family for each child. The HHSA works with local adoption agencies by providing information on the children and attends local monthly meetings in which counties and adoption agencies present home studied families and children in hopes of matching. The HHSA also uses secured publishing sites for children for whom we have exhausted all our local and State-wide agencies and need to search nationwide for available families.

4. Quality Assurance System

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

Case Management

- The use of SDM, completed by social workers on all referrals and cases, which assures a more uniform response to referrals and assessment of safety and risk.
- SafeMeasures is utilized by social workers, supervisors and program managers to monitor compliance with meeting mandates and to quickly measure several aspects of the status of referrals and cases. SafeMeasures is being utilized by social workers, supervisors and program managers on a routine basis to provide factual, statistical based research to executive management and as feedback to social workers in relation to their performance on expectations in regards to referrals and cases.
- Program managers also conduct periodic quality assurance analysis on randomly selected referrals and cases, utilizing the CWS/CMS system. There is not a formal process for this. Current economic conditions have affected the HHSA's ability to fund quality assurance. At the beginning of the current quality assurance cycle, the HHSA had a full-time program manager and analyst to develop and perform quality assurance systems. The HHSA currently does not have a program manager and/or analyst dedicated to this role. The program manager who is now responsible for quality assurance is also responsible for running the daily operations of CPS at the Placerville

office and daily operations take priority. The program analyst now comes from a pool of administrative analysts and supports other functions outside of child welfare.

Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP) and Promoting Safe and Stable Families (PSSF)

- The County is currently tracking CAPIT and PSSF expenditures to collect data regarding families served by the DR program and if they subsequently became involved with child welfare. This will assist in giving an indicator regarding the effectiveness of the services delivered through the DR program and funded by CAPIT and PSSF.
- An informal discussion of service effectiveness and client progress is conducted at each CPRT meetings. There are currently no formal tools with the exception of the above used for discovering this information. The CPRT does continually staff the cases of families who are receiving services through DR Path I so that it can be determined whether or not they are engaging and benefiting from services. Additionally, the effectiveness of various services is discussed and when necessary, discussion with the service provider occurs to share how they could serve families better.
- The HHSA is developing more tools to track this information are planned for the next cycle and so far include:
 - A family satisfaction survey and protocol has been developed for determining the satisfaction of those clients receiving services funded by CAPIT/CBCAP/PSSF. HHSA has been unable to initiate and manage this survey protocol with service providers at this time due to limited resources. This continues to be an unmet need although client satisfaction is discussed informally at CPRT meetings. The implementation of this process will be an upcoming strategy.
 - A client progress report is being developed to determine quantitative and qualitative data regarding the effectiveness of services delivered with CAPIT/CBCAP/PSSF funds. These reports will be required from service providers with each invoice they submit for services delivered using these funds and invoices will not be processed until this progress report is received.
 - An effort will be made to add additional elements to the County's current database so that quantitative data can easily be extracted regarding CAPIT/CBCAP/PSSF expenditures and the clients served.

ICWA and Multiethnic Placement Act (MEPA)

ICWA and Multiethnic Placement Act (MEPA) compliance is both monitored by the Juvenile Court and by HHSA supervisors and managers. It is an added component that social workers must document on their investigative narratives and in contact notes.

Mental Health

The County completes mental health packets for all children that enter the CPS system. The Mental Health Division of the HSA then assesses the children to determine if they need mental health services or not. If so, Mental Health will serve them, unless they do not financially qualify for services through Mental Health. If they don't qualify for services, or Mental Health does not feel that they meet the criteria for services, yet the social worker believes services are necessary, the county will refer the child/family to services through a contracted vendor.

Special Needs

Special needs children are identified and a collaborative effort is made with Alta Regional Center and educational staff members to assure their needs are met. Additionally, there are a few designated foster homes (as well as Alta Regional Center homes) that are trained, willing and able to care for special needs children. Special Care Increments (SCI) are given when appropriate to out-of-home care providers for children with special needs.

El Dorado County does involve the child and family in case planning, but could make improvements in this area.

Concurrent planning is done on every case receiving reunification services on a routine basis. Termination of Parental Rights (TPR) timelines are monitored by social workers, supervisors, County Counsel and the Juvenile Court. Compelling reasons for TPR are documented both in the CWS/CMS system and in court reports.

El Dorado County has an ILP social worker who works with all youth who are eligible to receive services. This worker and the ILP supervisor assist the other supervisors and social workers with making sure that TILP's are completed timely for all youth age 16 and over. The TILPS for each eligible youth are tracked and monitored by the worker and supervisor and a list of any TILPS that are due (or overdue), are reported to the social worker's supervisor and social worker so that completion is ensured.

El Dorado County has not implemented the Family to Family Self-Evaluation initiative.

5. Service Array

The services below are offered to children and families County-wide and individualized to meet the unique needs of children and families. These services have fulfilled many of the community's needs and support vulnerable families. Prevention services delivered through the DR program have helped educate parents and provided needed resources. This has kept family situations from deteriorating to the point of CPS involvement. These services help families to meet the goals of their case plans whether being involved voluntarily with a CBO or Court ordered with CPS. They are pivotal in keeping families together and the reuniting children with their parents or caregivers when there has been a necessity to temporarily remove them. They are vital in protecting children from abuse and neglect.

The efficacy of these services is evident by the County's low rate of CPS involvement after community services have been delivered through the DR program. El Dorado County has also been very effective at reuniting families within mandated timelines.

i. Describe services available to meet the needs of ethnic/minority populations including an assessment of the availability of culturally appropriate services

Services available to meet the needs of ethnic/minority populations are available through some HHS social workers who are bi-lingual and multi-cultural. Additionally, service providers employ bilingual, multi-cultural staff to work with these populations. Service providers such as the South Lake Tahoe Family Resource Center, Tahoe Youth and Family Services and New Morning Youth and Family Services provide bilingual and multi-cultural support to Latino and Native American communities.

Family Connections El Dorado runs Proyecto Alborada which is a unique community outreach program serving Latino families on the western slope of El Dorado County. They provide:

- Community resources
- Advocacy
- Connections for families to mental health services
- Connections to the health and other community services
- Linkages to schools
- Family support (*CAPIT/PSSF*)
- Home visitation (*CAPIT/PSSF*)
- Transportation
- Interpretation

The county does still have a lack of staff members and service providers who can provide these services, making the provision of services sometimes challenging, as there are fewer staff members to handle these.

ii. Services that assess the strengths and needs of children and families assisted by the agency and are used to determine other service needs

- Intensive in home family maintenance services and visits by social workers, public health nurses and other professionals. (*CAPIT/PSSF*)
- Intake and assessment
- Case management
- Health care screening in clinics
- Health care advocates in clients' homes
- TDM (*CBCAP*)

- Systems of Care
- Best Beginnings 0-5
- Together We Grow

iii. Services that address the needs of the family, as well as the individual child, in order to create a safe home environment

- Intensive in home family maintenance services and visits by social workers, public health nurses and other professionals
- Intake and assessment
- Therapy/counseling (*CAPIT/PSSF*)
- Family team meetings
- Parenting support groups
- Parenting skills training (*CAPIT/PSSF*)
- Health services
- Food assistance
- Financial assistance for temporary shelter and permanent housing
- Subsidized child care
- Anger management (*CAPIT/PSSF*)
- Substance abuse treatment (*CAPIT/PSSF*)
- MDT (*CBCAP*)
- Systems of Care
- Home visitation (*CAPIT/PSSF*)

iv. Services and the delivery of services for children with disabilities and their families

Services and the delivery of services for children with disabilities and their families are coordinated through collaborative efforts with Alta Regional Center employees, educational staff and vendors. Family Connections El Dorado also offers P.R.I.D.E. & Joy an early intervention for children with special needs. Specialists in speech and language therapy, early development, physical therapy, occupational therapy, nursing and education evaluate each child's individual strengths and needs.

v. Services and the delivery of services targeted to children at risk for abuse or neglect

- Intensive in-home family maintenance services/visits by social workers, public health nurses and other professionals.

- Parenting education (*CAPIT/PSSF*)
 - Individual and family counseling (*CAPIT/PSSF*)
 - Substance abuse programs (*CAPIT/PSSF*)
 - Family conferencing/decision making
 - Systems of Care
 - Job training and assistance
 - School based programs
 - Affordable housing
 - For the Native Community, traditional cultural prevention, family and parenting group programs
 - After school programs
 - Home visitation (*CAPIT/PSSF*)
- vi. Services designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured**
- Early intervention through counseling and therapy (*CAPIT/PSSF*)
 - Respite
 - Home visits (*CAPIT/PSSF*)
 - Parenting support groups (*CAPIT/PSSF*)
 - Parenting skills training (*CAPIT/PSSF*)
 - Health services
 - Food assistance
 - Financial assistance for temporary shelter and permanent housing
 - Crisis Intervention
 - Subsidized child care
 - Anger management (*CAPIT/PSSF*)
 - Substance abuse treatment (*CAPIT/PSSF*)
 - Shelter
 - Teen Court (Probation)
 - Informal Probation supervision (Probation)
 - Student Attendance Review Board (SARB)

- Juvenile Drug Court (Probation)
 - Dependency Drug Court (DDC) for Court Ordered Voluntary Family Maintenance cases
 - Children and Parents Resource Team (CPRT) (*CBCAP*)
 - Placement team
 - Mental Health Treatment Team Meeting
 - Systems of Care
 - Teen Choices
- vii. Services designed to help children achieve permanency by returning to families from which they have been removed, where appropriate, be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services**
- Counseling and therapy (*CAPIT/PSSF*)
 - Court advocacy and oversight
 - Parenting support groups (*CAPIT/PSSF*)
 - Children’s group
 - Kinship classes
 - Substance abuse treatment (*CAPIT/PSSF*)
 - Case management
 - Parenting skills training (*CAPIT/PSSF*)
 - Health services
 - Food assistance
 - Financial assistance for temporary shelter and permanent housing
 - Subsidized child care
 - Anger management (*CAPIT/PSSF*)
 - Supervised visits
 - Court Appointed Special Advocate (CASA)
 - Drug Dependency Court (DDC)
 - Supportive and Therapeutic Options Program (STOP), through Mental Health, provides Mental Health services to families when children have returned home
 - System of Care

- Incredible Years, Trauma Focused Cognitive Behavioral Therapy

viii. Services accessible to families and children in all geographical locations including isolated areas of the county

Contracted vendors are often able and willing to provide services accessible to families and children in all geographical locations including isolated areas of the county. This could include services done in the home. There is a lack of these services however, and transportation is a significant barrier to families in isolated areas obtaining services. An example of a collaboration that services families who are in an isolated area of the County is the following.

- The Divide Wellness Center in Georgetown
This is a collaboration between the Black Oak Mine School District, Marshall Hospital, Public Health and the Divide Community Services Network. It is a medical clinic which also provides social services. The clinic provides the only source of healthcare on the entire Georgetown Divide. With transportation off the hill being difficult and almost non-existent, it provides a vital service.

ix. Services that can be individualized to meet the unique needs of children and families served by the agency

Services such as individual therapeutic counseling and home visitation can be individualized to meet the unique needs of families and children. Individual therapeutic counseling is by its nature tailored to meet the needs of the individual. Home visitation services are designed to help parents gain skills and tools they need to adequately care for their children and prevent abuse and neglect on an individual and in-home basis.

The HHSA is working with UC Davis to implement SOS. This approach focuses on the question, "How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?" This program has been seen as effective and valuable way to meet the unique needs of children and families. CPS staff members have been sent to SOS training and many follow ups and meetings have taken place with a pilot group of social workers. It is the goal of the HHSA to implement SOS system wide in CPS.

The DR program and the CPRT are also designed to consider a wide spectrum of family challenges and individualize services to best assist the family.

Parent Partners are funded by the HHSA via the System of Care (SOC) program to individually assist parents with a variety support tailored to their needs.

x. Availability of services/current gaps in continuum of care

El Dorado County needs a medically supported addiction treatment program to treat addictions to substances like opiates. Currently clients requiring this type of treatment must be sent to another county.

xi. Services to Native American children

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

Once a child has been identified as a member of a tribe in most cases the Native American tribe takes responsibility for the case and providing services.

Shingle Springs Band of Miwok Indians

The Tribe hosts many workshops that range from gaining job skills, to healthy living and habits. The Tribe depends very much on teaching of Miwok culture. There is a strong emphasis on the traditional sweat lodge, talking circles and traditional dance. The Tribal Council and the Tribe as a whole has supported a substantial increase of mental health services. The Tribe refers to this as "Wellness!". Working closely with the Tribal Health Clinic, the Tribe provides for a range of services.

The Tribe also administers its own Temporary Assistance for Needy Families (TANF) program. While engaged in this program they try to identify families who are at risk and have those families work with a "family advocate" instead of a "case worker". When a family advocate identifies the challenges the family is struggling with they will connect that family with services that are appropriate to help keep the children safe and the family stable.

There is a need for more parenting classes, educational activities and services. Lack of transportation also impedes the effectiveness of these programs if families have challenges traveling.

xii. Availability of child abuse prevention education

The El Dorado County CAPC provides the following training. These educational programs were determined to be significant needs for the County. The CAPC choose to add Shaken Baby Syndrome (SBS) and Safe Sleeping Habits Education after several child deaths due to improper sleeping and recent incidents of SBS which have occurred in the County.

- Mandated Reporter Trainings: Mandated Reporter Trainings are given to groups of all sizes, and can be 30 minutes, 1 hour, 2 hours, 4 hours, and 6 hours in

length. This training includes a Mandated Reporter Training Handbook and covers the following areas: The California Child Abuse Neglect and Reporting Law; Identification of Environmental Problems, Parental Clues, Physical and Behavioral indicators; Guidelines to Determine Reasonable Suspicion; and Major Treatment Issues. This training is provided to agencies, groups, staff and volunteers. When available, a CPS representative will attend those trainings with CAPC to field any questions relating to actual local Child Welfare practice.

- **Shaken Baby Syndrome (SBS):** Shaken Baby Syndrome (SBS) is a 90-minute training and includes printed training materials, demonstration with “Marianna” CAPC’s SBS simulator doll, and tools for coping to help parents and caregivers avoid shaking a child. This training is sometimes combined with Safe Sleeping Habits Education.
- **Safe Sleeping Habits Education:** Safe Sleeping Habits Education is very important for families who engage in co-bedding or co-sleeping or who have infants or children who do not have proper bedding in the home. Infants and children are at risk for injury or death when parents or caregivers co-sleep while under the influence of prescription or street drugs or alcohol, sleep with children on a chair or couch which is not set up for co-sleeping, and infants and children sleeping with improper or too much bedding or sleeping face down in their bed. This is a 1-hour training which includes printed training materials and education on safe co-bedding practices. This training can be combined with SBS training.

xiii. Availability of child and family health and well-being resources

The HHSA houses a Public Health Nurse (PHN) who responds with CPS to ensure that health needs of children are being met. These qualified nurses respond to any location in the County, including remote areas. The Public Health Division of the HHSA provides clinics in which families and children who have no medical insurance can obtain medical care. There is an effort made to deliver these clinics in various areas to include the more remote communities in the County.

xiv. Existence of established networks of community services and resources, such as family resource centers or other comprehensive community service centers

The Community Resource Center³⁴ operates in El Dorado County and provides a vast array of services to families to include providing basic needs, referrals to services, a drop in center and educational materials.

The Family Connections Family Resource Center serves the west slope of the County and provides services and support to families and parent education. The South Lake Tahoe Family Resource Center serves the east slope of the County and provides a wide variety of services and support to the South Lake Tahoe community including services culturally appropriate for the Latino population.

³⁴ <http://edc-crc.vpweb.com/>

There are three community strengthening networks in the County, one each for South Lake Tahoe, the Georgetown divide and the western slope. In addition, the El Dorado Hills Community Vision Coalition supports communication and coordination for community providers.

El Dorado County libraries have launched programs like the “Family Place” program at each library. This program supports an array of resources, early literacy, parent education, Play to Grow and StoryTime that are well attended by families with children of all ages. Family service providers give brief presentations and have family service information available during these regular events. This serves as informal opportunity for families to be educated about community services and resources. These programs serve to decrease social isolation, increase knowledge of child development, and support the social emotional development of children which are all protective factors for reducing child abuse and neglect. Services are provided in both Spanish and English.

Additionally, El Dorado County is home to Green Valley Community Church, Rolling Hills Christian Church, Saint Theresa Catholic Church and many other faith-based organizations. These are vital additional resources which provide a wealth of services to families and children that other agencies may not be able to provide. Some of these programs include providing counseling, food, housing, clothing, car repair, firewood and other assistance to families in need.

Barriers / Gaps

Home visits, identified by survey participants to be one of the most effective and important services, is currently very limited in El Dorado County due to lack of funding. There continues to be limited staff to deliver these services effectively and especially a need for more bilingual and bicultural staff members to do so. Frequent turnover of social workers can interfere with efficient service delivery.

Some service programs may not be utilized fully due to limited public awareness of these community resources. The CAPC produces an extensive Family Service Guide but due to the rural nature the County it is a challenge to distribute to every isolated area. Care management collaboration between public agencies and community based organization should be increased. It has also be mentioned that it would be beneficial if other professionals like teachers, law enforcement and fire personnel were more educated about family services available.

Because El Dorado County is mostly a rural area, some communities are physically isolated from the rest of the County, making service delivery difficult. In addition to this there is limited public transportation to bridge this gap.

A lack of parent mentors to support families receiving services and a lack of family involvement continue to hinder the successful delivery of services.

Funding

CBCAP funds are used primarily to fund staff time related to implementation, monitoring, running of the DR program and the CPRT, where DR Path I services are referred and monitored.

CAPIT and PSSF funds are largely used to fund services that the County wouldn't otherwise be able to provide, through the DR program to include:

- Home visitation services, in which in home parenting skills are provided to families;
- Family counseling;
- Psychiatric evaluations;
- Health services, to include mental health such as counseling, psychological evaluation, medication evaluations;
- Individual and group counseling;
- Inpatient, residential and outpatient substance abuse services;
- Domestic violence services;
- Parenting classes; and
- Co-parenting classes.

The County initiated a Request For Proposal (RFQ) in 2009 to request qualification on home visitation services. Highly qualified organizations or associations were sought to implement an Evidenced-Based Home Visitation Program Model that has undergone rigorous research, has been proven to be effective in different settings and among different populations and has demonstrated significant positive effects on important program-determined child and parent outcomes such as reducing abuse and neglect, improving prenatal health, improving child health and development, improving school readiness, reducing juvenile delinquency and improving family economic self-sufficiency. The Home Visitation Model used needed to be either: 1) affiliated with a national model and be currently certified or credentialed by the national office of that program model; or 2) federally-funded and authorized to provide the program model.

As a result, the County entered into contracts with three community providers of home visitation. These providers and the Evidence Based Practice (EBP) models they employ include:

- El Dorado County Office of Education: Early Head Start Home Based Program Option³⁵;
- Family Connections El Dorado: Healthy Families America³⁶; and
- South Lake Tahoe Women's Center: Nurturing Parenting Program³⁷.

These proven evidence based models are used to serve families through DR. The specialized parent training delivered in family homes focuses on the parents meeting the critical needs of

³⁵ www.ehsnrc.org

³⁶ www.healthyfamiliesamercia.org

³⁷ www.nuturingparenting.com

their children and some topics include: Ages & Stages, "Never Shake a Baby", child abuse and domestic violence information, self-care, stress reduction, resources and family goals. The majority of the families that are served with home visitation are those that do not have an open CPS case, but either had a referral to CPS that was investigated, and then turned over to the community partner to follow up with home visitation services (such as DR Path II cases) and referrals from the community on families that have children at risk for abuse/neglect, but don't meet the threshold to have CPS investigation/intervention. This has been widely used to attempt to prevent child abuse and neglect and the necessity of CPS becoming involved in these families' lives.

6. Staff/Provider Training

New CWS social workers attend CORE training, Phase I & II, through the Northern Academy, Center for Human Services, UC Davis (UCD) Extension, University of California, during their first two years of employment. The CORE Phase I program consists of a total of 14 days in five modules and is to be completed within the first year of employment. The CORE Phase II program requires the completion of a class within each of eight subject areas. CORE provides CWS social workers with a strong foundation to work with families and children in child welfare.

New CWS workers are also trained by their supervisors and are "paired" with experienced social workers who mentor them. Forty hours of training every two years is required for ongoing CWS social workers and supervisors and is provided through the Northern Academy and in-house training. In-house training for new and experienced CWS social workers is provided by experienced staff and community partners, such as County Counsel, on specialized topics such as local resources, legal issues and new regulations. UCD has been most accommodating in providing training locally when the topic is one from which the majority of staff can benefit. The HHS provides basic and specialized topic CWS/CMS training for CWS social workers. New social workers attend State-sponsored CWS/CMS training as soon as a new user class is available. New supervisors attend Supervisor CORE within their first year of employment as a supervisor, through UCD. The HHS's executive management and CPS management have encouraged the social workers to complete CORE training, especially Phase I as soon as possible after they are employed by the county. The supervisor assists by assuring there is coverage for the social worker's duties while they are in training so they can focus on their education.

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

Additional training efforts are done internally. At times, UCD staff members have come to the Agency to train social workers in-house on such practices as SOS. Management and supervisors, as well as County Counsel, also provide training to social workers on such topics as

court report writing, custody warrants, handling dangerous animals in the field, after-hours procedures, etc.

The HHSA, Folsom Lake College, Placerville Campus and Lake Tahoe Community College provide monthly foster and kinship care education classes, workshops and support groups designed to engage and educate caregivers regarding the educational, emotional, behavioral and developmental needs of children and youth.

The County does support training for county liaisons and parent consumers to attend required meetings, conferences and training events with CAPIT funds. The CAPC Coordinator receives part of the County's CAPIT allocation to support prevention activities. Part of these CAPIT funds are braided with Office of Education funds to help parent consumers attend parent leadership training.

The County meets with the CPRT group, which includes liaisons, vendors/contractors during which cases are discussed and general child welfare/DR services training is provided informally.

7. Agency Collaborations

On November 1, 2011 the El Dorado County Board of Supervisors combined the Health Services Department and the Human Services Department into the Health and Human Services Agency (HHSA). This decision was made after a 60-day study of the feasibility of combining the two departments. Daniel Nielson, the Director of the Human Services Department was appointed Director of the new agency. This new agency consists of four divisions including Social Services, Community Services, Public Health and Mental Health. The goal of this new agency is to optimize the collaborative opportunities that exist between these divisions to better serve the community.

The HHSA continues to attempt to engage the Native American community in processes such as the CSA.

The HHSA is involved in several collaborative ongoing public and private agency groups addressing child welfare issues. Included are:

- The Lake Tahoe Collaborative is comprised of local public and private agencies and has the expressed intent of sharing information regarding services and resources in the Tahoe Basin.
- The HHSA is part of a CPRT on both slopes of the County. The CPRT is a MDT with representatives from local public agencies and community-based organizations. They meet regularly to staff cases across disciplines. This process has led to increased collaborative planning for clients.
- Registered Nurses (RN) from the Public Health Division of the HHSA are seated with CPS social workers from the Human Services Division, facilitating collaboration between these two divisions of the Agency. These Public Health Nurses (PHN), as they are

classified by the County, work with CPS social workers to provide a collaborative approach to visiting children who are in, or referred to, the child welfare system.

- An addiction specialist from Public Health Division provides Alcohol and Other Drugs (AOD) assessments and acts as the facilitator for the Dependency Drug Court (DDC).
- The HHSA Social Services Division is party to a MOU with Public Health Division and the Superior Court to provide a Drug Dependency Court (DDC) in El Dorado County. Drug Dependency Court was praised by CSA survey respondents as a success for the County.
- A contracted therapist provides AOD assessments for CPS clients through the CPS/CalWORKs Linkages program.
- HHSA Human Services Division is a long standing member of the SARB.
- HHSA Social Services Division provides an agency liaison to the CAPC to keep members apprised of agency issues and to facilitate CAPC contracts and CCTF expenditures. A HHSA Human Services Division representative at the program manager level also attends CAPC meetings when possible.
- Systems of Care (formerly Wraparound), represents collaboration between HHSA divisions including Human Services, Mental Health and Public Health. El Dorado County's Probation Department and the Office of Education are also a vital part of this collaboration. Direct services are provided to children and families through Systems of Care.

The HHSA has employed a "parent partner" who acts as the parent advocate in these teams and assists the parents. This parent partner supports the parents with home visits and parenting guidance, going to children's medical appointments with the parent and other activities related to caring for their child. The parent partner provides links to services and emotional support.

The HHSA also regularly collaborates with service providers and other agencies (e.g., Law Enforcement, Women's Center, attorneys, Alta Regional Center) on referrals and cases. Vendors are required to report on the progress of their clients through services as part of their contract with the HHSA. Annual reports are part of this process. The HHSA utilizes both the CPRT and in-house meetings to discuss and address the needs for services, effectiveness of services, any changes needed, etc. When changes or new needs are indicated, a meeting with the services provider will take place between the manager, the vendor and contracting staff to ensure that the contract that is modified or developed reflects the needs of the County and the concerns of stake holders.

The Linkages project has been fully implemented in El Dorado County. The Linkages project is a collaborative effort between CalWORKs program and CPS. Linkages joint staffing meetings are held every other week and include the assigned CPS social worker and CalWORKs Welfare-to-Work (WTW) worker, as well as CPS supervisors and manager and WTW supervisors. During the meetings, the clients who the social worker and WTW worker have in common are discussed to ensure that they have a coordinated case plan through both CPS and WTW, they

are receiving the most appropriate services possible and information is not lost, or families are not falling through the cracks. The Linkages project has served to encourage and enhance the relationship between CPS and WTW. By enhancing this relationship, the families greatly benefit by having coordinated case plans and are not being asked to complete conflicting services, for example not being required to choose between getting employment and getting their children back. Additionally, when the CPS and WTW workers discuss the family, they often learn things from the other. This helps them to see what the true issues are in the family that need to be addressed and what services will best meet their needs. Another positive result of Linkages is that resources are pooled between CPS and WTW, generally saving CPS money on services. WTW is benefited as the tasks that they are requiring of the client can be added into the court ordered CPS case plan, giving WTW's requests more weight. The success of Linkages has largely been due to management's support for the program and understanding the benefits of Linkages and continuously getting workers to remain involved in the process.

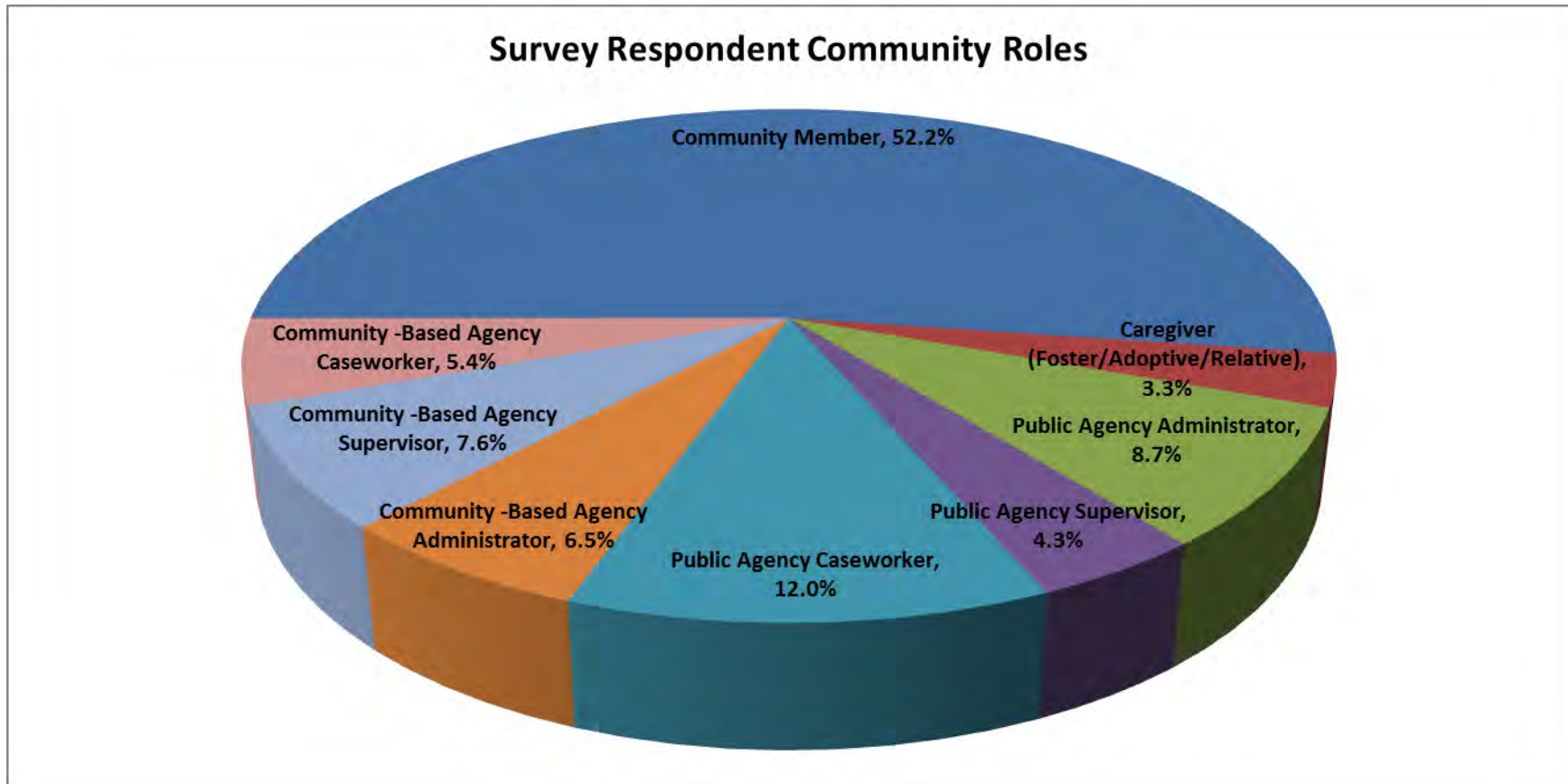
HHS and the Probation Department continue to have a closer, more collaborative relationship as a result of working together during the C-CFSR cycle to develop the PQCR, CSA and SIP over the last several years. Additionally, a supervising Deputy Probation Office (DPO) regularly participates in the CPRT in Placerville and provides input on her Probation families and how things might work better between the two agencies. Probation is often involved when staffing a case about a youth who may be, or may become a Probation client. The Probation Department was also recently provided access to the CWS/CMS database application so that they can both document their contacts with families and can obtain information they need from child welfare system about their families.

8. Local Systemic Factors

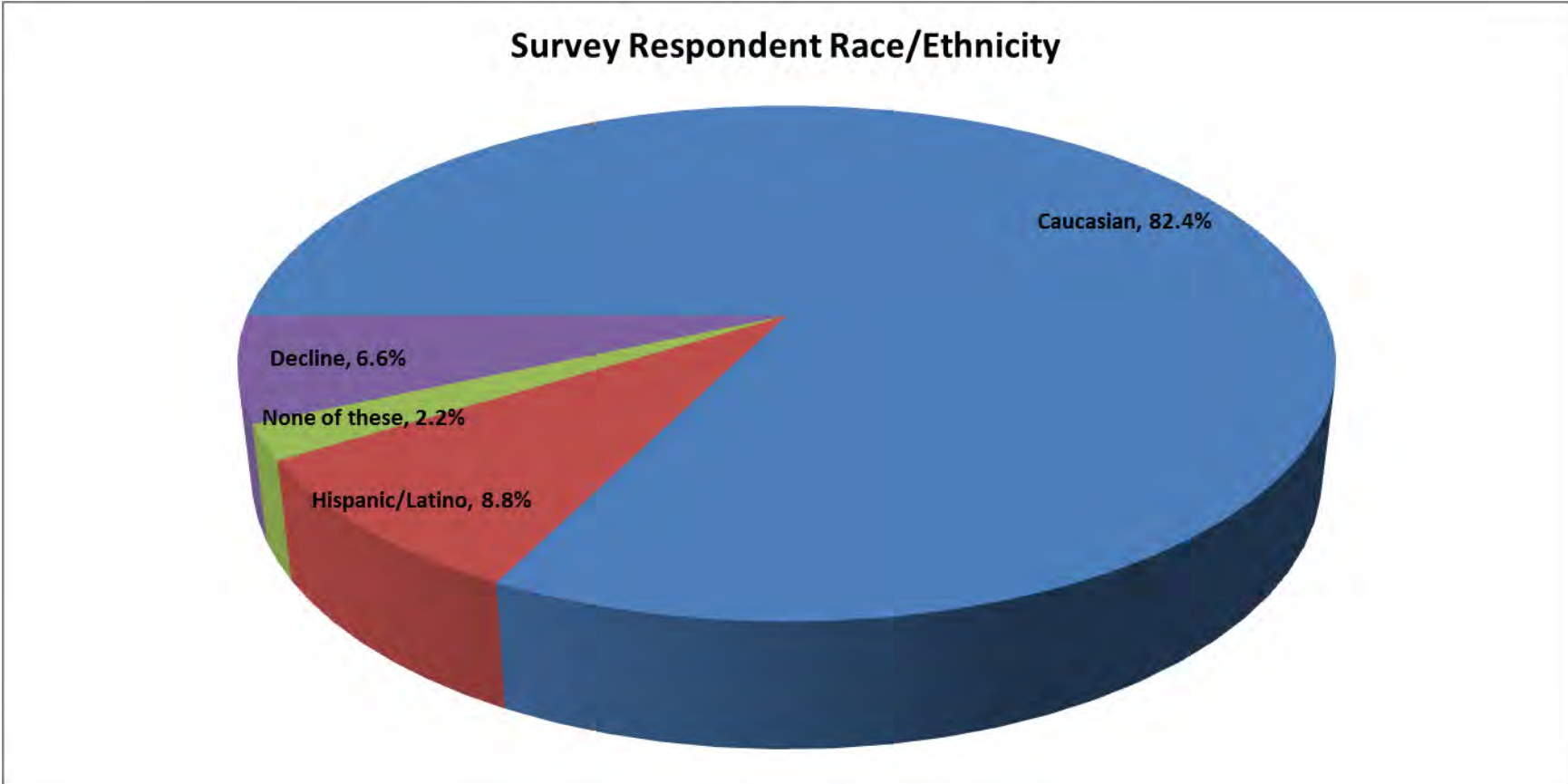
Community input from a community survey, community stakeholder meetings and a youth focus group along with information about the use of the vertical model in CPS, has been included in the following section.

Community Survey

El Dorado County developed a brief online survey using SurveyMonkey.com as a method to solicit input from the community. Several announcements were made on the County's public website regarding this survey and invitations to participate were also group emailed to community partners. This tool was found to greatly increase the number of community members participating in the process. The survey was available for two weeks and captured 94 community responses. Of those who identified their residence, 84.1% were from the west slope of the County and 15.9% were from the Tahoe basin. A little over half of the respondents identified themselves as currently having a child in their home. The respondents identified themselves in the following categories.

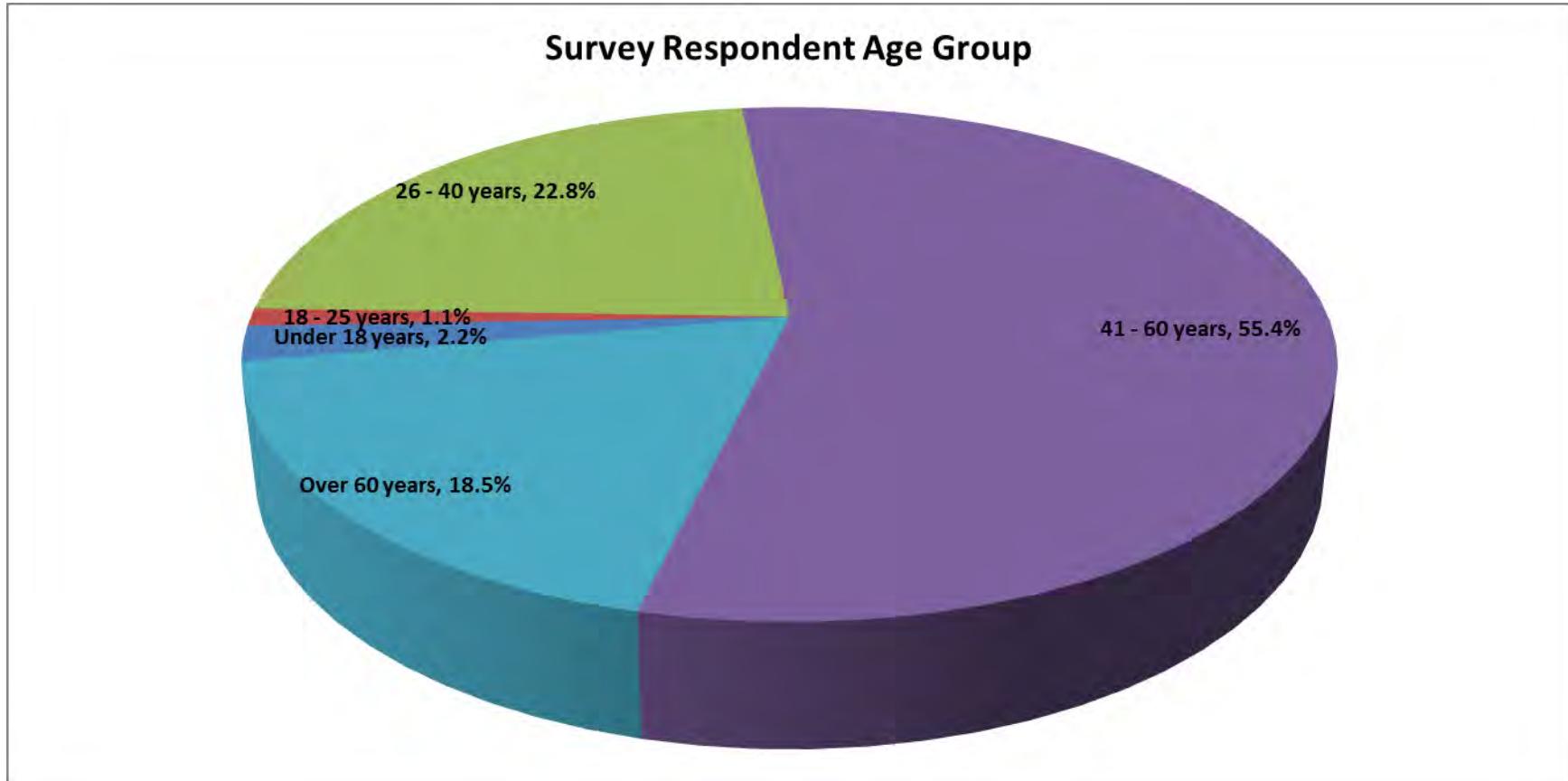


Approximately 50% of the respondents identified their role as a staff member of either a public or community agency. The other 50% identified themselves as general members of the community. A few participants identified themselves as caregivers for a foster, adoptive or family-related child. Additional choices included foster youth, juvenile Probation youth and under 18, but no respondents identified themselves this way. In an effort to include this age group, this survey was discussed at a ILP youth meeting. The ILP youth comments made during this meeting will be included in the following survey questions narrative.



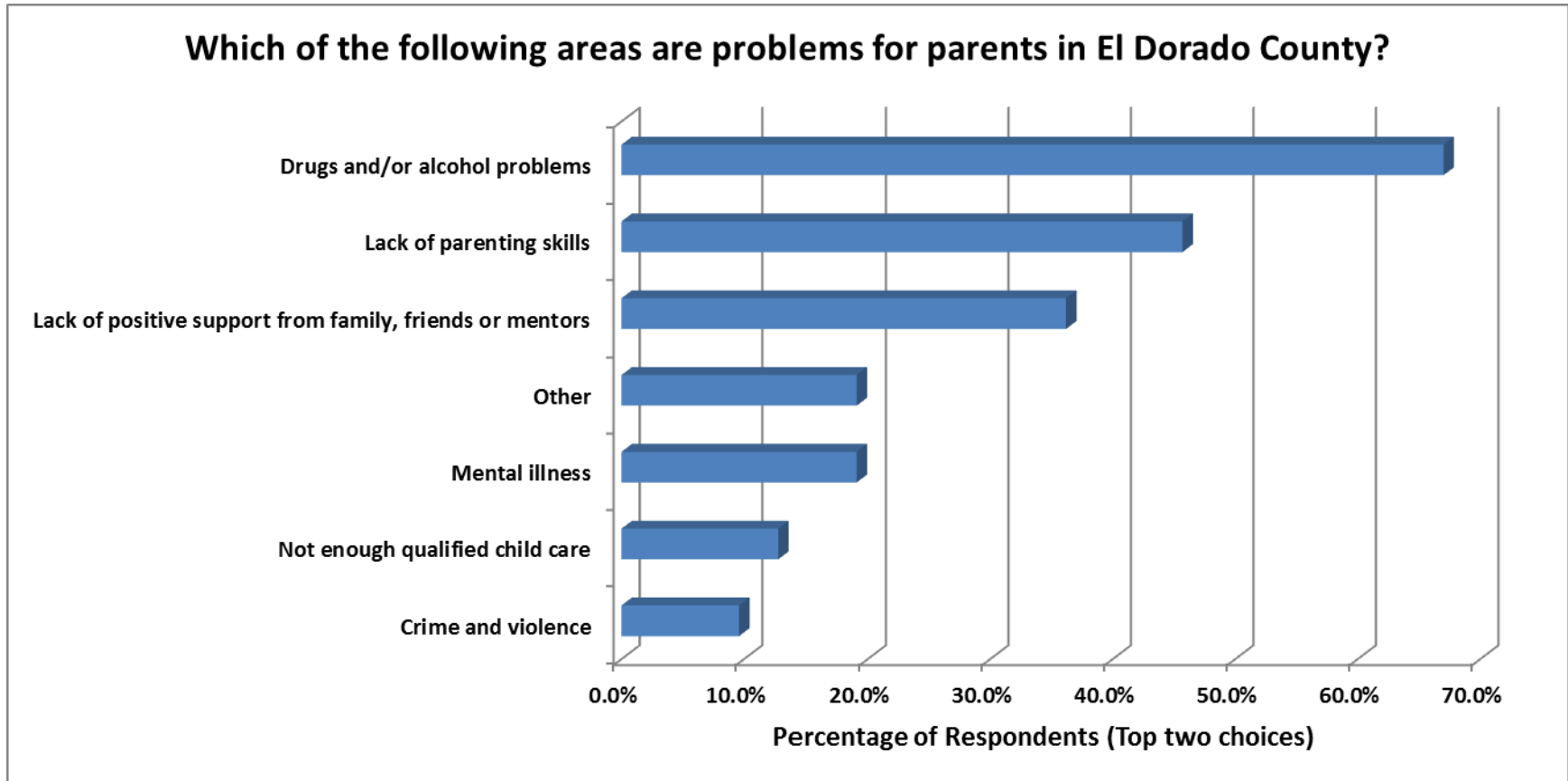
The respondent's race/ethnicity results generally reflect the percentages seen for the entire County population. It is possible that at least some of 2.2% who identified as "None of these" were of Native American decent. It was brought to the County's attention that

the categories available for this survey question did not include Native American but staff was unable to rectify the issue as the survey had ended.



The largest age group responding to this survey was the 41 - 60 year-old group at a little over 55%. Also, 18.5% of the people who participated identified being over 60 years old. Very few respondents were 25 years old or younger.

Survey Question 1

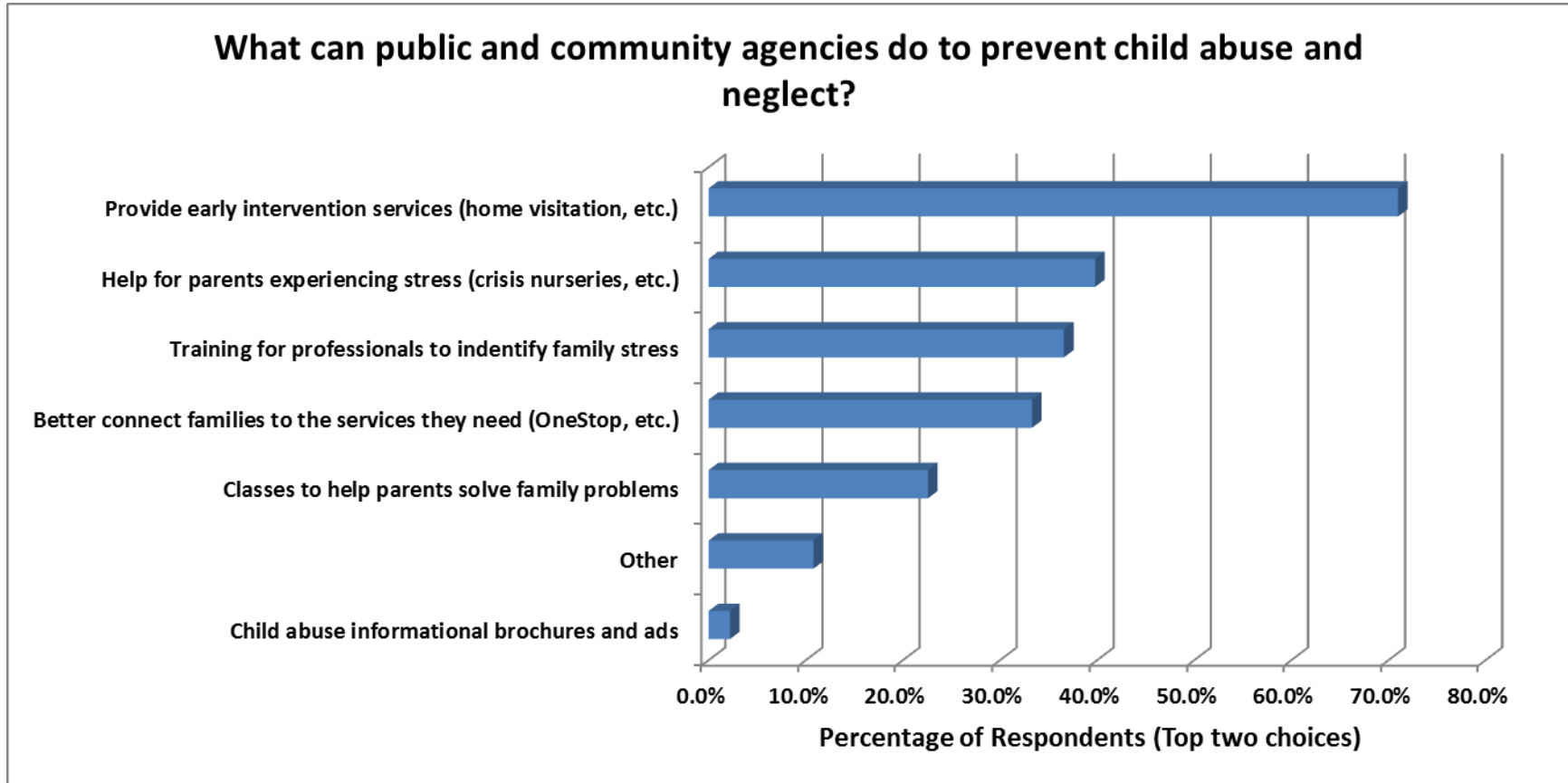


The majority of Child Welfare cases handled by both CPS and the Probation Department include a challenging alcohol or drug component. In addition to parent’s ability to protect their children from abuse and neglect being impaired, there is also a high incident of alcohol/drug abuse among juveniles in El Dorado County.

The secondary issues noted included the lack parenting skills and positive support from others. This can especially be the case with many young parents. Some of these young parents are still youths themselves and are poorly prepared to be a parent. Some of the difficulty experienced by these parents can be minimized if they have good support from family, friends or even a mentor.

In the “Other” category, concerns included the lack of widely available transit options, child care, domestic violence, lack of respite care, lack of community centers and positive activities for youth to be engaged in and lack of marketing and referrals to services already available. Many of these issues are challenges in rural areas like El Dorado County.

Survey Question 2

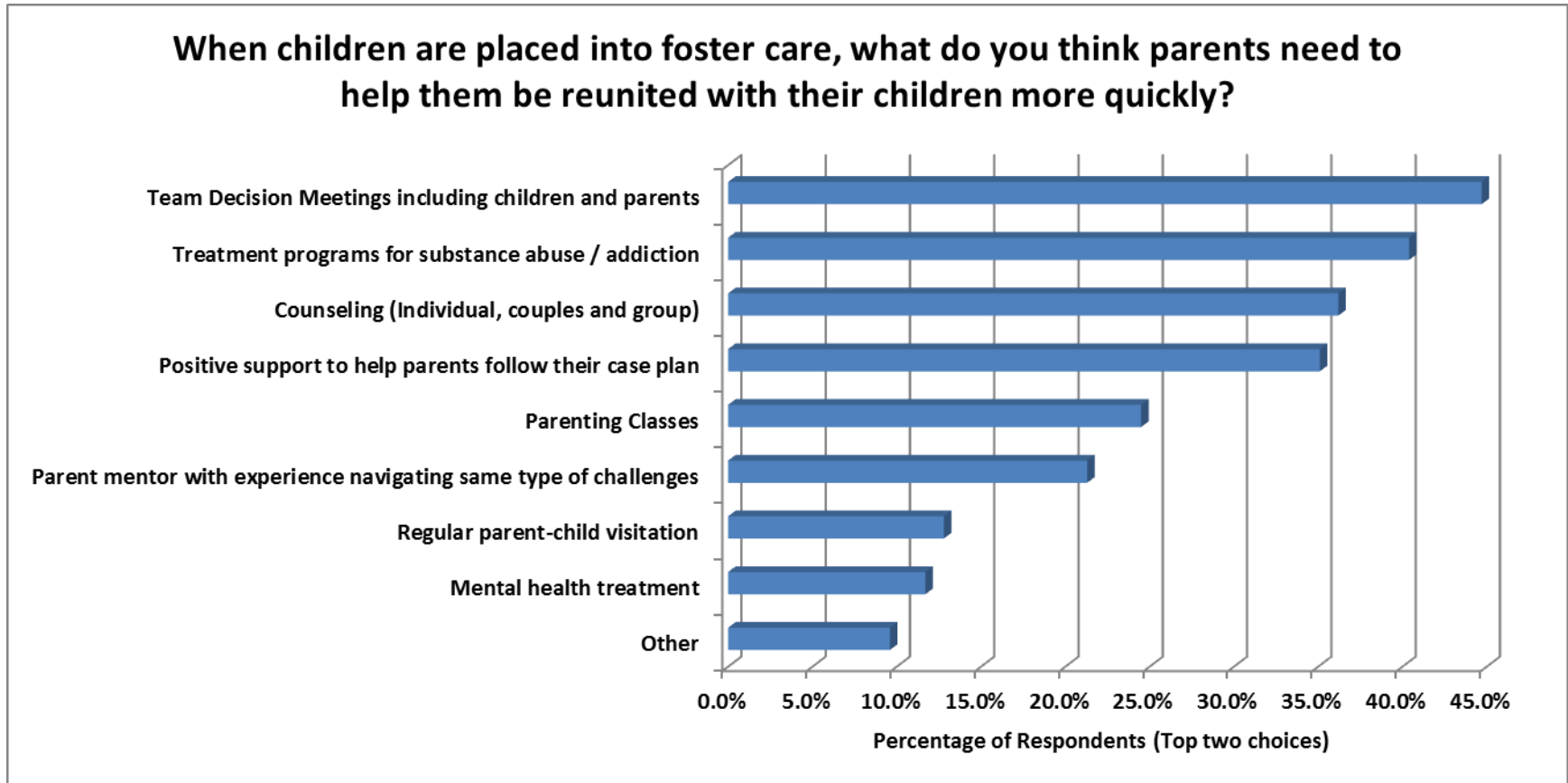


A large majority of the respondents felt that providing early intervention services like home visitation would do the most to prevent child abuse and neglect. Part of early intervention services would include educating the community about the services that are available to help them in difficult family situations. It seems that to many, some resources are not being utilized fully because the

existence of the services are not known or consistently promoted. Crises nurseries or other respite care is seen as another way to prevent abuse and neglect. Community members also need to be assured that they will not be stigmatized by using these services and that they will be treated with respect.

Respondents believed that better training for professionals to identify family stress and not just child abuse would also help. These professionals should be aware of services available to parents undergoing stress and attempt to refer them to services before the ongoing stress manifests as child abuse and a referral to CPS must be made. The DR Program Path I utilized by the CPRT, a MDT, operates on this premise. Members refer family situations which do not warrant CPS involvement at the current time but could progress to abuse and/or neglect. Team members work with community resources to strengthen the families.

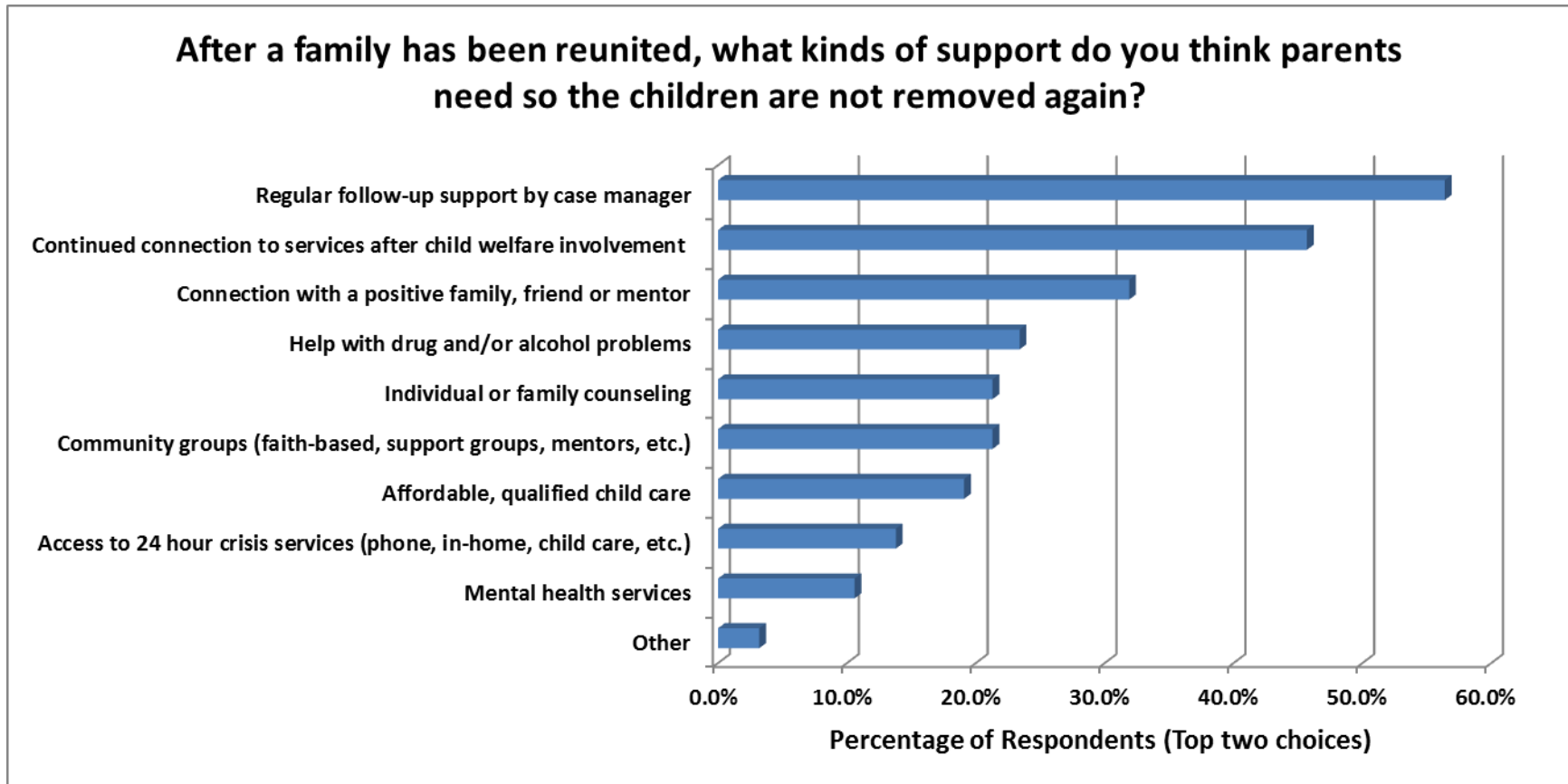
Survey Question 3



The TDM model which includes family members, friends, community partners and other possible supports conducted by a County social worker coordinator is seen as an effective way to assist in reunification. The majority of reunifications are dependent on the success completion of substance abuse/addiction programs, counseling and parenting classes. Positive support in completing these programs successfully is crucial. With County social worker’s overwhelming caseloads and growing mandates it was discussed that some of this support should come from the community. Parent mentoring has been discussed over the last several years and could serve to partially fill this need. If parents who have successfully completed these programs would be willing to volunteer their time to mentor current clients it is felt that a substantial increase in a parent’s immediate and longer term success could be realized.

Regular parent-child visitation and mental health treatment were also considered important. Many felt that mental health evaluations should be performed on all clients instead of only dealing with mental health issues when they clearly manifest themselves.

Survey Question 4

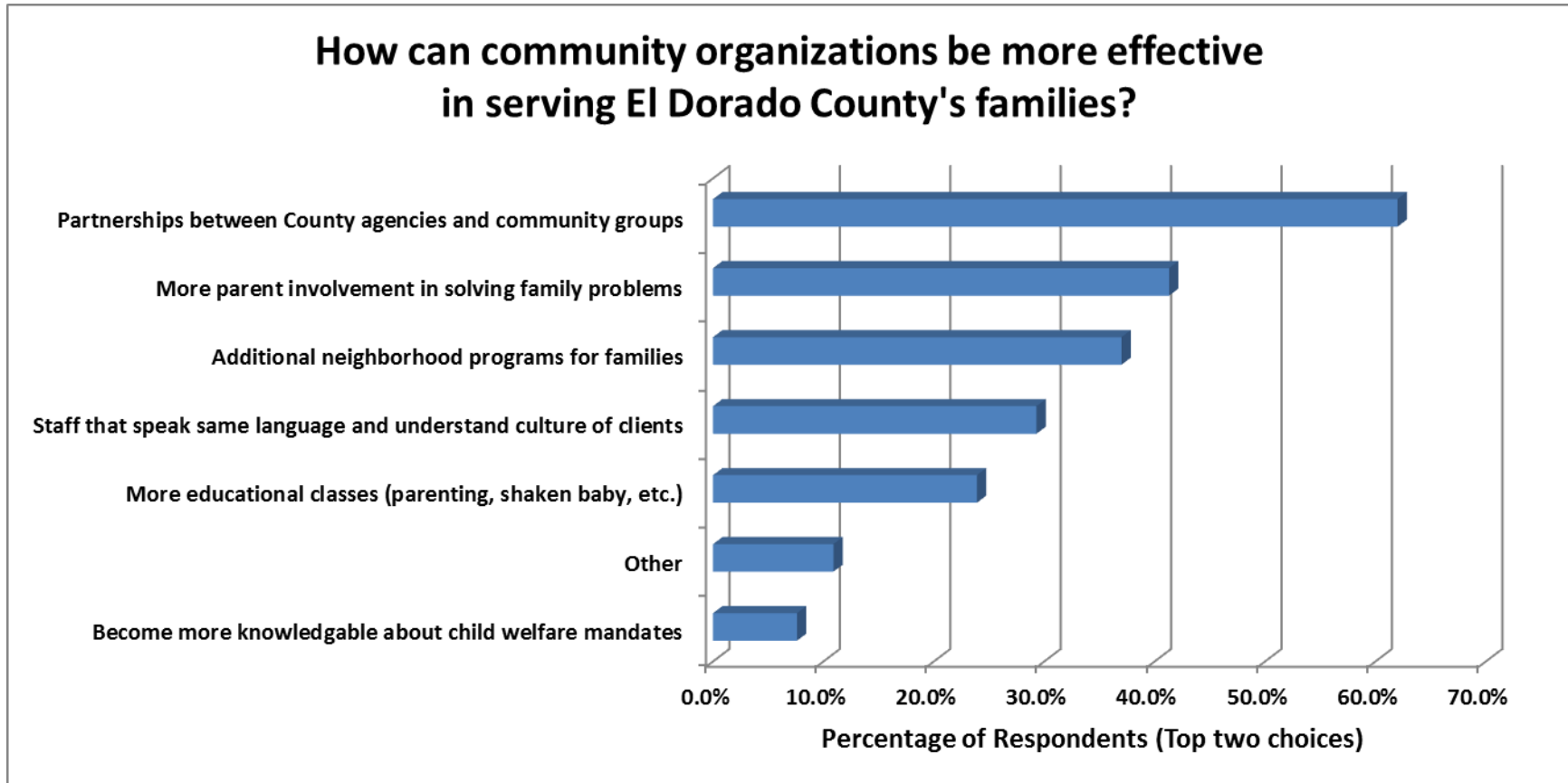


Historically while El Dorado County’s reunification outcomes have been strong, reentry has been a challenge. Substance abuse/addiction is a major factor and many times these issues are not completely overcome upon the completion of initial services.

The likelihood of relapse can be high and returning a child too soon may increase the likelihood of relapse and possible subsequent abuse or neglect. When determining if parents are ready to reunify, it is a difficult balancing act.

One challenging situation respondents mentioned was that at some point in a parent's success their service supports can be suddenly lost. When a child welfare case is closed funding is terminated for all services through the Agency and many times the parents may not be solidly connected to community supports. This may contribute to higher instances of reentry.

Survey Question 5



Respondents felt that partnerships between County agencies and community groups were very important. Working together to best utilize the funds available is also seen as very important. The CPRT is a prime example of County agencies and community groups working together and it is felt that it is an effective program. Involving parents in solving family problems was repeatedly addressed and is the driving force behind the desire for fully implemented TDM. Community organizations are encouraged to continue to develop additional neighborhood programs for families and promote participation in them. It is important that these organizations try to make their services available in other languages and train their staff to understand the different cultures of their clients. While El Dorado County residents are primarily white there is a growing population of Spanish speaking residents.

Survey Question 6

If you needed the following services, where would you feel the most comfortable receiving them?				
	In my home	At my child's school	At a community agency	At a family community center in my neighborhood
Parenting classes	14.0%	15.1%	18.3%	52.7%
Help with drug and/or alcohol problems	18.5%	0.0%	56.5%	25.0%
Finding health insurance	12.1%	5.5%	51.6%	30.8%
Disciplining children	35.6%	15.6%	20.0%	28.9%
Child care	23.1%	27.5%	15.4%	34.1%
Crisis assistance	41.9%	1.1%	37.6%	19.4%

Few respondents desired to have services delivered at their child’s school with the exception of child care. This may mean that parents would like to drop off their children early before school or pick them up late after school. Services involving disciplining children were strongly preferred in home. This can be a sensitive issue and so many may prefer the privacy of their own home. Crisis assistance was preferred in home with services being delivered at a community agency was a strong second option. The majority of respondents would go to a community agency or family community to receive parenting classes, help with drug and/or alcohol problems, or finding health insurance.

Stakeholder Meetings

Two community stakeholder meetings were conducted in El Dorado County, one meeting was held in South Lake Tahoe on October 10, 2011, and the other in Placerville on October 13, 2011. The previously completed survey was used to develop the discussion topics for the meetings. Following are the comments made regarding each of the discussion topics at each location.

Discussion Topic 1: Early Intervention and Prevention Services

South Lake Tahoe

- Community stakeholders felt there is need for more family and individual counseling support for young families to address underlying issues. The Mental Health Services Act (MHSA) funding could be used to help provide integrated mental health and other community support services to those whose needs are not currently met through other funding sources.
- A community Family Resource Center (FRC) is seen as a valuable asset for strengthening the community. An FRC would provide a one-stop safe resource for all services and supports.
- Public agencies should work with community partners for funding facilities and program coordination.
- Every agency should become a family strengthening place, where people connect to each other and to concrete supports.
- There is a continued need to address the issues that cause stressors in families – substance abuse, financial problems, lack of affordable child care. It was suggested that prevention funds could be used for child care.
- More comprehensive school based services were recommended. 21st Century Grants through the U.S. Department of Education could be pursued.
- Needs assessments for family to assess stressors and strengths are beneficial.
- First responders need have more education regarding the complete array of services which are available in the community.

Placerville

- El Dorado County should emphasize home visiting as a prevention strategy. It is felt that this service is under-utilized.
- Find ways to make funded services consistently available. DR funding streams including CAPIT, CBCAP and PSSF are subject to delays due to State budget / allocation disbursement. This causes services through DR to be on hold for several months and then a subsequent rush to disburse the funds to client services.

- El Dorado County needs to find additional resources to augment current prevention dollars.
- The CPRT is effective.
- El Dorado County needs more resources for preschool/daycare and transportation to these services

Discussion Topic 2: Alcohol and Other Drugs (AOD)

South Lake Tahoe

- El Dorado County needs a medically supported addiction treatment program. Currently family members requiring this type of treatment must be sent to another county.
- There is need for more mental health services as some AOD issues may have an underlying mental health component.
- The medical marijuana is becoming a challenging issue and it needs to be addressed.
- Stakeholders believe that there is a critical need for more in-patient treatment services

Placerville

- Reunification timelines don't match the AOD treatment cycle and mental health needs. Reunification timelines are short in comparison to AOD treatment cycles. Reunification timeliness should have more flexibility to better support family recovery.
- There is a need for more support for families when they relapse since relapse is a normal part of recovery
- El Dorado County has a lack of medical detox services locally to treat addictions to opiates, prescription drugs and others with serious withdrawal symptoms that may require medical treatment. There is limited availability of AOD treatment services other than 12-Step and court ordered programs. Voluntary treatment services are expensive for those who volunteer for treatment.
- El Dorado County should include parents more in case planning and support services.
- Developing parent/family mentor support services is seen as important component to assist in lasting recovery.

- Client relationships in their current community may not be healthy and fail to support recovery. Explore an exchange program with another county to assist in getting people away from their current drug culture and have a new start.
- Promote the use of victim services funds through the El Dorado County District Attorney. Some community members can use these funds to help provide counseling when other funds cannot.

Discussion Topic 3: Placement Stability

South Lake Tahoe

- More specific training for foster parents and birth parents
- Develop and encourage support groups for foster parents/families. Foster families experience many of the same challenges and meeting with others in their same situation can help them learn from others, relieve stress and encourage them.
- Foster youth support groups are also seen as a benefit to placement stability for the same reasons as foster parent/family support groups.
- Readily available respite care is seen as service which could help increase placement stability. Foster children many times have special needs or difficult behaviors which will wear on a foster parent. Having an option to take a brief break can reduce a caretaker's stress.

Placerville

- Community stakeholders feel that the county needs to have a receiving home. A receiving home will allow a better assessment of children, will be able to make more efforts to find a good match and will better examine possible relatives.
- TDM including parents, children, family, friends and community partners could better engagement foster youth families to make placements less traumatizing and stable.
- It is felt that foster parents require and deserve more support. Social workers may have difficulty returning foster parent phone calls and placement problems escalate until the foster parent is no longer willing to deal with them and files a seven day notice. While foster parents are now beginning to receive the PRIDE program training it is felt that more needs to be done to prepare our foster parents. Some foster youth need to be transported to many medical, counseling and other service locations. In a rural county this can be very time and cost intensive. More supports for foster parents in regards to transportation continue to be a concern.

Discussion Topic 4: Preventing Reentry

South Lake Tahoe

- Need to keep supports in place so families don't reenter the system, specifically family counseling.
- Need more low cost children's programs so parents can get the counseling.
- Need more centralized location for services and more variety of times available to meet family needs so they can keep jobs.

Placerville

- El Dorado County needs a 211 service. Dialing "211" provides individuals and families in need with a shortcut through what may be a bewildering maze of health and human service agencies' phone numbers. By simply dialing 211, those in need of assistance are referred, and sometimes connected, to appropriate agencies and community organizations.
- There is a need to stabilize families by providing after care supports and services. Encourage clients to reach out if they are having trouble, we need to see this as a strength, not a failure.
- Need a warm hand-off to community based supports after CPS involvement is complete.
- More supportive home visiting.
- A parent mentor support program has been discussed many times and it needs to move forward into development.
- Continue to educate County leadership on value of prevention.
- Emphasize strength based assessments.
- It is felt there is need to better screen children and assess social-emotional status.

Discussion Topic 5: Team Decision Making (TDM)

South Lake Tahoe

- The short notice or time constraints will be a challenge for all participants, especially because of the county's rural nature.
- There needs to be candid but positive communication and this will require a skilled facilitator/coordinator.
- During the TDM meeting there is a need to identify positive support person.

- The commitments are significant for both public and community based organizations.

Placerville

- Stakeholders feel that a TDM process should be made a priority, acknowledging the benefits.
- The benefit of involving family and community partners in placement and other decisions has been successful in other counties. Family involvement is a key factor.
- The short notice timing of these meetings may present a challenge. Transportation for families can also be a challenge in a rural county.
- A dedicated and trained coordinator / facilitator would most likely be needed to make this process successful.
- Community partners would need to support this process that will be happening on a regular basis. Many of the stakeholders present felt that their organizations would commit to support the process.
- It was mentioned that independent interpreters should be a part of the meeting when required. Children should not serve as interpreters.
- A family advocate should be included in all TDM meetings.

Independent Living Program (ILP) Focus Group

What do you think are the factors related to improving placement stability and how can El Dorado County improve?

- The youth said that they thought more time needs to be taken before a placement is made to ensure a better fit between the youth and the foster family.
- Most youth said that visiting the home before being placed there for a weekend or two would help everyone have a better idea of whether the home was a good fit or not.
- One youth thought that having both the youth and the foster parent take some kind of personality or values assessment before placing might help to make better matches.
- Another comment from youth was that they would like to have more of a chance to reconcile with former foster families when there are problems.

Drug and alcohol problems were cited as the greatest area of challenge for parents, and as a critical factor for reunification. What do you think can and needs to be done to address the issue of parental drug and alcohol use?

- Youth felt that the community offers good AOD services, but felt that stronger measures needed to be taken to make parents participate in them.
- One youth wanted parents to have the Court levy punishments along the lines of what occurs with DUI violations – the youth felt these might be severe enough to motivate parents.

Need for alcohol/drug treatment was cited in the survey as a needed service. What are the issues, access, effectiveness or something else?

- Youth stated that they thought that there was a good amount of AOD services available in El Dorado County. They were however not aware of much that was tailored to teens.
- More than one youth stated that AA type meetings were “boring for teens” and not very helpful.

What is your opinion of TDM meetings?

- Youth who had experienced TDM-type meetings said they were helpful when youth were open to them.
- Some youth stated that they like the positives in the meetings, but “tuned out” when the group was talking about their problem behaviors.

South Lake Tahoe Court Focus Group

- Staff uses the limited resources as well as can be expected. They know what exists and are aware of the limitations and strengths of providers.
- Staff care deeply about families and the children.
- Collaboration with CASAs is overall excellent. Mutual communication and respect for role of CASA and role of CPS.
- Beginning investigations are very thorough. Ongoing has to re-identify needs at various important points, like "layering an onion". They identify needs well, but there are limited and sparse resources that understand and work well with CPS guidelines.
- Court reports are thorough and good. Attachments are timely, appropriate and complete.
- Insufficient staff. Need more even when fully staffed. Another Social Services Aide to do all the visitations that are being ordered would be helpful.
- Resources to really meet the needs of family are insufficient or not available.
- Need local foster homes. This is our biggest challenge.
- Also need a child therapist who understands the issues of grief and loss and time-limited services for children and families.
- Need to quit using phrase "making good progress" unless this can be specifically defined - especially treatment providers.
- When CPS takes kids and reunification is not immediate, the focus seems to shift to the parents. All involved need to talk to the kid before and after court hearings, counseling and any changes.
- Accessing services and getting adequate information in the middle part of a case is difficult. Be careful with "everything is fine" comments to the kids and the Court.
- Look at ways to be more efficient with court reports rather than repeating the same information on a variety of reports and at several places within the same report.
- Need services specific to dependency, not just rehab and stop gap financial or counseling services.
- More foster families in the South Lake Tahoe area to eliminate the travel times for visits and the time out of school for kids when they see their families. Closer to home, closer to community.

Vertical Model

The vertical model was implemented in El Dorado County in 2009 as part of the last SIP. This model includes the practice of investigative workers holding onto a new case until after the disposition hearing. Most recently, in response to difficulties with caseloads in investigations, the Agency adjusted the time when the investigative worker transfers the case to after the jurisdiction hearing. By implementing the vertical model, the county has decreased the number of social workers that are involved in the case early on from three to two. This benefits the family in that they do not have to quickly adjust to new social workers. This benefits the Agency by ensuring that the information that is gained during the investigation process is not lost by attempting to transfer this information to a separate worker to write the court reports. Rather, the same social worker who completes the investigation also writes the initial petition, detention and jurisdiction reports. The challenges with the vertical model are that if there are not enough investigative workers to handle the referrals/court cases, the investigative workers have difficulty getting it all done. This at times shows in lower timely responses on 10 day response referrals and less of an ability to close referrals timely. El Dorado County has had difficulty keeping the staff numbers adequate in investigations over the last couple of years due to a lack of staff. Most recently, the Agency has shifted some ongoing staff to investigations with the expectation that this will assist the investigative workers in working with the vertical model more effectively. Unfortunately, this does put more burdens on the ongoing workers.

G. Summary Assessment

Strengths and Areas Needing Improvement

Safety 1: Children are, first and foremost, protected from abuse and neglect

El Dorado County's outcomes for no recurrence of maltreatment have typically been slightly lower than the national goal of 94.6% (within 5% of this goal over 80% of the time) during the last 11 reporting intervals. El Dorado County Program Managers and Supervisors stress the importance of child safety with the social workers. A difficulty in this area arises from the lack of social workers to work with the number of referrals and cases that the County receives, as the social workers don't have much time to spend with the families. Additionally, there is a lack of resources in the community to address referrals in which CPS does not open a case after investigating a referral; however, some of these gaps have been filled through DR services. The County has also fully implemented the Linkages program, which is a collaborative effort between CPS and WTW staff, designed to coordinate case plans between the two programs for common families that are served. The expectation is that this will decrease the numbers of recurrence of maltreatment.

El Dorado County's outcomes for no maltreatment in foster care have typically been 100%.

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

El Dorado County's outcomes for timely response are typically below the State of California but exceed the State goal of 90.0%.

There has been a decrease in the number in social workers designated to perform investigative functions, as well as the county taking a stricter stance on the ratio of referrals that are assigned as immediate response, as opposed to 10-day response, making it more challenging for the available investigative workers to meet these timelines. This includes the County's policy of responding to immediate response referrals within two hours of the referral being received. This is a more immediate response than the State's required response within 24 hours.

In addition, the county utilizes a vertical model in which the investigative worker keeps referrals that turn into cases until after the dispositional hearing. These added tasks make it more difficult for them to respond timely to referrals.

2011: El Dorado County continues to exceed the State goal of 90% timely social worker visits with children (2011)

Timely face-to-face contacts are a top priority of the Agency, as they are related to safety of the children. Compliance with this is monitored by the supervisors and social workers through SafeMeasures.

Permanency 1: Children have permanency and stability in their living situations without increasing reentry to foster care

Positive high school completion outcomes may be attributed to the strong relationship between the Agency and the Office of Education FYS coordinator.

Employment is a high priority and the ILP has maintained a strong relationship with the local Connections OneStops and WIA program staff.

Much time is spent with each youth during their entire time in the ILP discussing emancipation plans / living arrangements post-foster care. Starting early with this planning has enabled the majority of youth to leave care with a workable plan for housing. The Transitional Housing Placement Plus (THP-Plus) Program is also an available housing option for youth.

The county has a dedicated social worker assigned to coordinate the ILP, which has helped ensure that all youth who are eligible, receive ILP services.

There is a consistently strong commitment to our youth by the Agency, Foster Parents, Probation and Community Partners, that promotes a high level of service to them. This assists emancipating youth in having a permanency connection.

Permanency Composite 1: Timeliness and Permanency of Reunifications

El Dorado County typically meets and exceeds the National Goal of 75.2% of children reunified in less than 12 months. Much of this has been due to the court's practice of reunifying children with their parents as soon as possible.

Possibly one negative effect of returning children to their parents as soon as possible are the higher rate of reentry following reunification. A common contributing factor resulting in the removal of children is the parent's drug and alcohol addiction, which treatment often takes much longer to complete than mandated timelines for reunification allow, therefore increasing the likelihood that the parent will continue to have difficulties with drug and alcohol abuse after the children are returned, leading to higher reentry rates.

The lack of staff resources makes it difficult for the Social Workers to truly provide case management to families as they don't have enough time to spend with each family, which could also be a factor in reentry rates.

Permanency Composite 2: Timeliness of Adoptions

In the past two years, El Dorado County's Adoption Unit has experienced a turnover in long-term adoption staff, which has resulted in new staff needing to be trained, contributing to the reduction in the number of adoptions completed in timely manner.

Permanency Composite 3: Achieving Permanency

El Dorado County has had difficulty in this area possibly due to a lack of resources for permanent placement and for older youth.

The majority of delinquent minors are placed in foster care through the Probation Department because there is no available parent/guardian or because the youth have specific treatment needs that result in most minors remaining in foster care for twelve months or longer.

Permanency Composite 4: Placement Stability

El Dorado County has had difficulty in this area, partially due to a lack of placement resources. Some of these challenges were flushed out in the PQCR. Often times, the first placement of children is in the Youth Shelter. Additionally, there is a lack of County foster homes, both due to stricter County standards at licensing and the lack of resources to conduct recruitment. There is a definite lack of specialized foster homes that are equipped to handle children with special needs or behavioral issues. As a result, often times children who have special needs or behavior issues, end up with placement disruptions and have to be moved. CPS social workers indicated a lack of collaboration with FFA staff, stating that at times FFA staff move children without CPS social worker's prior knowledge or approval.

Delinquent minors placed in foster care are often older children, ages 15 to 18, and often have absconding tendencies.

The County has designated a social worker to be a placement worker, which is a strength. This worker locates foster placements for the children and maintains a good relationship with placement resources

The County has recently partially implemented TDM for potential placement disruptions, hoping to decrease the number of disruptions and increase placement stability.

Permanency 2: The continuity of family relationships and connections is preserved for children

El Dorado County has a lack of relatives that can be approved for placement and county foster homes. Many relatives have criminal histories that, if eligible, must have a criminal exemption. Therefore, initial placement with relatives is often hindered and the children have to be placed in a temporary emergency placement or another foster home until and if such time the relatives can be cleared and approved by the Agency.

As to Probation youth, the first placement for most is a group home (89.9%), as delinquent minors are usually not appropriate for placement in a foster home or FFA due to inappropriate behavior, and locating and approving a relative or non-relative extended family member home often does not yield a first placement.

ICWA Placements

While El Dorado County strives to place ICWA-eligible children in relative homes or in Native American homes, there is a definite lack of placement resources in this area in El Dorado County, especially with non-relatives.

Strategies for the Future

The County has already begun to take some measures to improve outcomes where improvement is needed and to maintain outcomes where expectations are already met. These include the following:

The County participates in DR and has recently involved community partners and contracted providers more in the planning process and to identify the most appropriate, effective use of DR funds and services paid for through those funds.

In 2009, the County put out an RFQ for home visitation services and consequently contracted with three different providers to provide these services, largely through DR funds. This practice is continuing with this year's DR funds.

The county continues to utilize and to increase the number of agencies and community partners etc. who attend CPRT meetings on a weekly basis. This team discusses families who have children at risk for abuse/neglect and children who are at risk of removal, as well as educational needs and concerns. This assists the Agency in ensuring that families most in need are obtaining the services needed to reduce risks and to prevent child abuse/neglect, out of home placement and placement in higher level of care, as well as other issues. The continued addition of partners on the CPRT and the dedication of the County to include those partners in planning and prevention efforts should have a positive impact on outcomes across the board.

There has been an increase in standards to license County foster homes to include the foster parent having to complete PRIDE training, which should help the county to maintain its positive numbers in no maltreatment while in foster care.

The county having a stable placement worker has allowed the Agency to make better placement matches and develop collaborative relationships with FFAs and foster homes. One of these FFAs is planning to begin recruitment efforts of foster homes in El Dorado County, especially specialized foster homes, which should increase placement stability.

In regards to timely referral responses and recurrence of maltreatment, which has been somewhat hindered by a lack of staff to fully address referrals/cases, the County has recently implemented some strategies to allow the social workers more time to meet timely responses and to spend time with families to prevent further abuse/neglect issues. These strategies include a change in the time at which the case will be transferred from the investigative worker, who is continuing to use the vertical model, to the ongoing worker at an earlier point in the case. Additionally, a court officer has been designated is attending the court hearings in place of the social workers, freeing up much of their time that was previously spent in Court and allowing them to work more with families. With these measures, the expectation is that timely response to referrals will increase and recurrence of maltreatment will decrease.

The Agency anticipates that as the newer adoptions workers and supervisor are trained and become more familiar with the adoption process, the number of adoptions to be finalized will increase.

The County has implemented a process whereby when relative placement resources, who are denied a criminal exemption have the ability to have an in-person meeting with the Director or by the equivalent of a Assistant Director, who will discuss with the relatives what they can do to make it more favorable for them to get a criminal exemption from the Agency in the future (if appropriate).

The County needs to devote staff to both the retention and recruitment of foster parents so that there is more availability of local foster homes in which to place children. This recruitment needs to especially focus on homes that can care for special needs children, teenagers and ICWA children.

Recently the Department of Human Services was combined with the Department of Health Services into the HHSA, which should increase the collaboration between the two. A Public Health Nurse (PHN) is currently being recruited/assigned back to CPS, after not having one for several months, causing a sharp decrease in health and education passports being completed. This will greatly increase the completion of health and education passports.

El Dorado County has recently partially implemented TDM for placement decisions on potential placement disruptions. This should have a positive impact on placement stability as more placements can be salvaged and saved with the practice of TDMs.

El Dorado County plans to further implement TDMs to include having a one when a child has been detained, prior to the detention hearing. This should have the positive impact of preventing initial removal from the home.

El Dorado County has also partially implemented SOS and plans to further implement this practice, by continuing to utilize it in group supervision settings and continuing to send staff to training. The further use of SOS should have a positive impact on the number of children who have to be placed out of home and on recurrence of maltreatment.

El Dorado County plans to continue practicing Linkages and to continue to further develop it as it is quickly becoming a "business as usual" practice. This should have a positive impact on the number of children that have to be placed out of home and on recurrence of maltreatment, as CPS and WTW continue to discuss families in common and to coordinate case plans so that families are getting appropriate services to address all of their needs related to child abuse and neglect, without being overloaded with demands from the Agency.

Glossary

Term	Acronym	Description
Best Beginnings	N/A	Best Beginnings 0-5 is a Nurse-based home-visiting program operated by EDC's two hospitals. Marshall Hospital in Placerville and Barton Hospital in SLT received grants to enhance services to new mothers who give birth at these hospitals. The grants provide for the hospitals to offer home visits following childbirth, as well as follow up phone calls.
Children and Parent Resource Team	CPRT	CPRT is a Multi-Disciplinary Team (MDT) comprised of a group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, public and private agencies, service providers, law enforcement and other community organizations) that interact and coordinate efforts for children and families, pooling their skills to offer comprehensive, coordinated services. The purpose of the CPRT is to improve the provision of services to at-risk children through interagency collaboration, strength based needs assessment, coordinated case management, advocacy, planning and education. This effort has allowed for the mutual intense review of a large number of difficult or complex cases, resulting in the provision of innovative interdisciplinary services to more than 200 children, parents, caregivers and families in EDC during SFY 2007/2008.
Concurrent Planning	N/A	The process of coupling aggressive efforts to reunify the family with careful planning for the possibility of adoption or other permanency options should circumstances prevent the child from returning home.
County Self-Assessment	CSA	The CSA is part of the C-CFSR process and is driven by a focused analysis of child welfare data. This process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and probation services provided within the county. The CSA is developed every three years by the lead agencies in coordination with their local community and prevention partners.
Differential Response	DR	A graduated system for addressing referrals to the Child Abuse Hotline/Intake involving an initial assessment designed to identify immediate steps necessary to assure child safety and family engagement in such services as may be required to support them in performance of their parenting responsibilities.

Family to Family	N/A	An initiative designed in 1992 and field tested in communities across the country that effectively incorporates a number of strategies consistent with the values and objectives of Redesign, including comprehensive assessment, family team decision-making, neighborhood placement in families and concurrent planning to assure children permanent families in a timely manner.
Family Well-Being	N/A	A primary desirable outcome of Child Welfare services whereby families demonstrate self-sufficiency and the ability to adequately meet basic family needs (e.g., safety, food, clothing, housing, health care, financial, emotional and social support) and provide age-appropriate supervision and nurturing of their children.
Health and Human Services Agency	HHSA	El Dorado County's newly formed agency which incorporates Health Services, Mental Health, Human Services and Community Services
Initial Assessment	N/A	The intake function, the focus of which is to learn more about the immediate safety issues affecting the child, as well as obtain background information about the parent through collateral contacts.
Kinship Support Services Program	KSSP	The Kinship Support Services Program (KSSP) started in EDC in April 2008. The program assists kin caregivers in and out of the foster care system with everything from assistance in filing legal guardianship, to case management, targeted financial assistance, support groups and recreational activities. In the quarter ending 12/28/09, EDC's KSSP assisted 43 clients with various case management services in addition to information and referral services and community outreach activities.
Maltreatment	N/A	An act of omission by a parent or any person who exercises care, custody and ongoing control of a child that results in, or places the child at risk of, developmental, physical or psychological harm.
Multi-Disciplinary Team	MDT	A group of professionals and paraprofessionals representing an array of disciplines (e.g., resource families, service providers, law enforcement and other community organizations) who interact with and coordinate efforts for children and families, pooling their skills to offer comprehensive, coordinated services.

Office of Child Abuse Prevention	OCAP	<p>The Office of Child Abuse Prevention (OCAP) administers federal grants, contracts, and state programs designed to promote best practices and innovative approaches to child abuse prevention, intervention and treatment. The OCAP serves as a statewide source of information, developing and disseminating educational material regarding prevention/early intervention programs, activities, and research. The federal grants administered by OCAP are the Child Abuse Prevention and Treatment Act (CAPTA); Community Based Child Abuse Prevention (CBCAP); and Promoting Safe and Stable Families (PSSF). The OCAP also oversees the State Children’s Trust Fund. Additionally, OCAP monitors the federal grant for the Linkages Project which was awarded to the State in September 2006.</p>
Outcomes and Accountability Bureau	OAB	<p>The Outcomes and Accountability Bureau (OAB) has primary responsibility for the provision of comprehensive statewide oversight of county CWS operations through a variety of activities that include analysis, review, evaluation and monitoring of county performance on identified federal and state outcome indicators, systemic factors and specific case investigations. Additionally, OAB is responsible for federal reporting requirements pursuant to the federal Child and Family Services Review (CFSR) process. The activities of the OAB are critical in ensuring that the State and counties are able to maximize positive outcomes for children and families through improvement in the quality of CWS including ensuring that promising practices are identified, encouraged and disseminated to other counties leading to uniformity and consistency with program goals and targeted outcomes.</p>
Parent’s Resource for Information, Development and Education	PRIDE	<p>PRIDE is a standardized model for the development and support of resource families. It is designed to strengthen the quality of family foster and adoptive parenting by providing a structured framework for recruiting, preparing, and educating foster and adoptive parents. The PRIDE format is generally found to be very informative and helpful to even the most seasoned parents in preparing to care for children not born to them, and those coming to their family after adverse circumstances.</p>

Peer Quality Case Review	PQCR	Peer Quality Case Reviews are an important component of the California Child and Family Services Review for each county. On a tri-annual basis, county child welfare and juvenile probation complete a self-assessment in partnership with their community, followed by Peer Quality Case Reviews that focus on county selected outcomes. Colleagues from other counties and representatives from the California Department of Social Services join with county representatives to engage in case reviews, interviews, and focus groups to create a picture of child welfare and probation services that is both broad and deep.
Performance Indicators	N/A	Specific, measurable data points used in combination to gauge progress in relation to established outcomes.
Permanence	N/A	A primary desirable outcome for Child Welfare services whereby all children and youth have stable and nurturing legal relationships with adult caregivers that create a shared sense of belonging and emotional security enduring over time.
Prevention	N/A	Service delivery and family engagement processes designed to mitigate the circumstances leading to child maltreatment before it occurs.
Public Health Nurse	PHN	Registered Nurse (RN) who is employed by the El Dorado County HHSA.
Resource Families	N/A	Relative caregivers, licensed foster parents and adoptive parents who meet the needs of children who cannot safely remain at home. Resource families participate as members of various multidisciplinary teams.
Safety	N/A	A primary desirable outcome for Child Welfare services whereby all children are, first and foremost, protected from abuse and neglect.
Signs of Safety	SOS	The Signs of Safety is an innovative strengths-based, safety-organized approach to child protection casework, created in Western Australia by Andrew Turnell and Steve Edwards working with over 150 front-line statutory practitioners. The Signs of Safety model is an approach created by practitioners, based on what they know works with difficult cases. The approach has attracted international attention and is being used in jurisdictions in North America, Europe and Australasia.
Structured Decision Making	SDM	SDM is a standardized, research-based tool used to assist social workers in making critical assessments and decisions in regard to children and families.

System Improvement Plan	SIP	A key component of the C-CFSR, this operational agreement between EDC and the State outlines a county’s strategy and action plan to improve outcomes for children and families.
Systems of Care	SOC	Systems of Care is a service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based care practices; cultural competence; community-based services; accountability; and full participation of families and youth at all levels of the system. A centralized focus of systems of care is building the infrastructure needed to result in positive outcomes for children, youth, and families.
Teen Choices	N/A	El Dorado Council on Alcoholism Lifeskills offers a program designed for teens that are just beginning to make poor decisions and, based on those decisions, are facing consequences at home or at school or Probation. Teen Choices is a one-time, 6-hour class covering a variety of topics that pertain to what teens are going through and providing them with the tools to make more position decisions.
Together We Grow	N/A	Together We Grow is a program through EDCOE’s Special Education Local Planning Area (SELPA), which provides assistance to parents in determining if their child is meeting developmental milestones. Along the way, they also provide good parenting information.
Vulnerable Families	N/A	Families who face challenges in providing safe, nurturing environments for their children, including those demonstrating patterns of chronic neglect, those with young children (ages 0-5), those impacted by alcohol and drug abuse, those facing homelessness/poverty, victims of domestic violence and those with members whose mental health is compromised.

Attachment 1: CWS Outcomes System Summary Q4 2010

CWS Outcomes System Summary for El Dorado County--06.10.11
Report publication: JUL2011. Data extract: Q4 2010. Agency: Child Welfare.

									Comparison to baseline	
Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance ¹	National Standard or Goal	Most recent perf. rel. to nat'l std/goal ²	Direction? ³	Percent change ⁴
PR	Participation Rates: Referral Rates	01/01/10	12/31/10	2,674	39,626	67.5	N.A.	N.A.	No	50.8%
PR	Participation Rates: Substantiation Rates	01/01/10	12/31/10	447	39,626	11.3	N.A.	N.A.	No	46.9%
PR	Participation Rates: Entry Rates	01/01/10	12/31/10	164	39,626	4.1	N.A.	N.A.	No	133.1%
PR	Participation Rates: In Care Rates	07/01/10	07/01/10	255	39,626	6.4	N.A.	N.A.	No	61.2%
S1.1	No Recurrence Of Maltreatment	01/01/10	06/30/10	226	240	94.2	94.6	99.5	No	-2.4%
S2.1	No Maltreatment In Foster Care	01/01/10	12/31/10	396	396	100.00	99.68	100.3	Yes	0.00%
C1	Reunification Composite	N.A.	12/31/10	N.A.	N.A.	116.0	122.6	90.9	No	-14.8%
C1.1	Reunification Within 12 Months (Exit Cohort)	01/01/10	12/31/10	64	99	64.6	75.2	86.0	Yes	0.3%
C1.2	Median Time To Reunification (Exit Cohort)	01/01/10	12/31/10	N.A.	99	8.7	5.4	62.1	No	26.1%
C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/09	12/31/09	34	61	55.7	48.4	115.2	Yes	6.8%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/09	12/31/09	20	151	13.2	9.9	74.7	No	40.4%
C2	Adoption Composite	N.A.	12/31/10	N.A.	N.A.	56.5	106.4	11.5	No	-85.0%
C2.1	Adoption Within 24 Months (Exit Cohort)	01/01/10	12/31/10	5	16	31.3	36.6	85.4	No	-40.1%
C2.2	Median Time To Adoption (Exit Cohort)	01/01/10	12/31/10	N.A.	16	32.5	27.3	84.0	No	37.7%
C2.3	Adoption Within 12 Months (17 Months In Care)	01/01/10	12/31/10	10	81	12.3	22.7	54.4	No	-8.0%
C2.4	Legally Free Within 6 Months (17 Months In Care)	01/01/10	06/30/10	2	57	3.5	10.9	32.2	N.A.	N.A.
C2.5	Adoption Within 12 Months (Legally Free)	01/01/09	12/31/09	3	27	11.1	53.7	20.7	No	-71.4%
C3	Long Term Care Composite	N.A.	12/31/10	N.A.	N.A.	96.2	121.7	64.4	Yes	12.7%
C3.1	Exits To Permanency (24 Months In Care)	01/01/10	12/31/10	9	55	16.4	29.1	56.2	No	-17.1%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/10	12/31/10	16	19	84.2	98.0	85.9	No	-15.8%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/10	12/31/10	11	22	50.0	37.5	75.0	Yes	-33.3%
C4	Placement Stability Composite	N.A.	12/31/10	N.A.	N.A.	84.3	101.5	66.6	No	-22.6%
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/10	12/31/10	133	171	77.8	86.0	90.4	No	-9.4%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/10	12/31/10	56	96	58.3	65.4	89.2	No	-4.3%
C4.3	Placement Stability (At Least 24 Months In Care)	01/01/10	12/31/10	22	100	22.0	41.8	52.6	No	-24.9%
2B	Timely Response (Imm. Response Compliance)	10/01/10	12/31/10	71	76	93.4	N.A.	N.A.	No	-4.5%
2B	Timely Response (10-Day Response Compliance)	10/01/10	12/31/10	261	293	89.1	N.A.	N.A.	No	-4.9%
2C**	Timely Social Worker Visits with Child (Month 1)**	Oct 2010	Oct 2010	334	353	94.6	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 2)**	Nov 2010	Nov 2010	320	349	91.7	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 3)**	Dec 2010	Dec 2010	308	348	88.5	N.A.	N.A.	Yes	42.7%
4A	Siblings (All)	01/01/11	01/01/11	84	132	63.6	N.A.	N.A.	Yes	22.5%
4A	Siblings (Some or All)	01/01/11	01/01/11	100	132	75.8	N.A.	N.A.	Yes	21.5%
4B	Least Restrictive (Entries First Plc.: Relative)	01/01/10	12/31/10	23	162	14.2	N.A.	N.A.	No	-23.6%
4B	Least Restrictive (Entries First Plc.: Foster Home)	01/01/10	12/31/10	17	162	10.5	N.A.	N.A.	N.A.	-51.0%
4B	Least Restrictive (Entries First Plc.: FFA)	01/01/10	12/31/10	78	162	48.1	N.A.	N.A.	N.A.	20.4%
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	01/01/10	12/31/10	36	162	22.2	N.A.	N.A.	No	41.4%
4B	Least Restrictive (Entries First Plc.: Other)	01/01/10	12/31/10	8	162	4.9	N.A.	N.A.	N.A.	15.2%
4B	Least Restrictive (PIT Placement: Relative)	01/01/11	01/01/11	75	261	28.7	N.A.	N.A.	Yes	32.5%
4B	Least Restrictive (PIT Placement: Foster Home)	01/01/11	01/01/11	18	261	6.9	N.A.	N.A.	N.A.	-63.1%
4B	Least Restrictive (PIT Placement: FFA)	01/01/11	01/01/11	106	261	40.6	N.A.	N.A.	N.A.	49.8%
4B	Least Restrictive (PIT Placement: Group/Shelter)	01/01/11	01/01/11	28	261	10.7	N.A.	N.A.	No	61.9%
4B	Least Restrictive (PIT Placement: Other)	01/01/11	01/01/11	34	261	13.0	N.A.	N.A.	N.A.	-49.7%
4E (1)	ICWA Eligible Placement Status	http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx				N.A.	N.A.	N.A.	N.A.	N.A.
4E (2)	Multi-Ethnic Placement Status	http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx				N.A.	N.A.	N.A.	N.A.	N.A.
5B (1)	Rate of Timely Health Exams	10/01/10	12/31/10	190	214	88.8	N.A.	N.A.	Yes	2.9%
5B (2)	Rate of Timely Dental Exams	10/01/10	12/31/10	100	185	54.1	N.A.	N.A.	No	-32.7%
5F	Authorized for Psychotropic Medication	10/01/10	12/31/10	16	286	5.6	N.A.	N.A.	N.A.	-26.5%
6B	Individualized Education Plan	10/01/10	12/31/10	6	258	2.3	N.A.	N.A.	N.A.	-87.0%
8A*	Completed High School or Equivalency*	10/01/10	12/31/10	2	3	66.7	N.A.	N.A.	N.A.	N.A.
8A*	Obtained Employment*	10/01/10	12/31/10	1	3	33.3	N.A.	N.A.	N.A.	N.A.
8A*	Have Housing Arrangements*	10/01/10	12/31/10	3	3	100.0	N.A.	N.A.	N.A.	N.A.
8A*	Received ILP Services*	10/01/10	12/31/10	3	3	100.0	N.A.	N.A.	N.A.	N.A.
8A*	Permanency Connection with an Adult*	10/01/10	12/31/10	3	3	100.0	N.A.	N.A.	N.A.	N.A.

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

¹ Participation Rates: rate per 1000; C1.2 and C2.2: median (months); Composites: estimated score (estimates <50 set to 50, >50 set to 150 consistent with fed range and to control outliers); All Others: percent (%).

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

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

⁴ Percent Change=[(most recent perf-50)/(baseline perf-50)]*100 for composites; (most recent perf/baseline perf-1)*100 for C1.2, C2.2; [(most recent n/most recent d)/(baseline n/baseline d)-1]*100 for others. Composite formula adjusts for scale of 50 to 150.

*8A data are available from Quarter 4, 2008 onwards.

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

C.D.S.S. / U.C. Berkeley Center for Social Services Research: CWS/CMS Dynamic Report System
http://cssr.berkeley.edu/ucb_childwelfare

Full Excel version of this file:
http://cssr.berkeley.edu/ucb_childwelfare/Ccfsr.aspx

Attachment 2: Office of Child Abuse Prevention (OCAP) Checklist

The checklist is required to be submitted to the OCAP with the draft and final version of the CSA to expedite the review process.

County Name: EI Dorado
Start date of the System Improvement Plan: May 22, 2009
End date of the System Improvement Plan: May 21, 2012

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
		Contact Information			
1	14	Name, mailing address, e-mail address, phone and fax number of lead agency (County CWS Agency)	<u>3</u>		
2	14	Name, mailing address, e-mail address, phone and fax number of CAPIT liaison	<u>3</u>		
3	14	Name, mailing address, e-mail address, phone and fax number of CBCAP liaison	<u>3</u>		
4	14	Name, mailing address, e-mail address, phone and fax number of PSSF liaison	<u>4</u>		
		Evidence the CSA was developed in collaboration with identified representation as directed by the CSA guide. The following list is pertinent to CAPIT/CBCAP/PSSF and does not include all core representatives.			
5	13	Submits a list of the CSA planning participants. Include a list of names with affiliations and identify which participant is representing the required core representatives.			
6	12	List includes: CAPC representative	<u>5</u>		
7	12	List includes: CAPIT/CBCAP/PSSF Liaisons	<u>3</u>		
8	12	List includes: Parent/consumers	<u>5</u>		
9	12	List includes: CCTF Commission or CAPC representative if acting as the CCTF Commission	<u>5</u>		
10	12	List includes: County Board of Supervisor's designated agency to administer CAPIT/CBCAP/PSSF	<u>3</u>		
11	12	List includes: PSSF Collaborative, if applicable	<u>3</u>		
		Demographics of General Population (Needs Assessment)			
12	15	County population	<u>6</u>		
13	15	Active Tribes in the county (Identify all federally recognized tribes)	<u>16</u>		
14	15	Number of children attending school	<u>18</u>		
15	15	Number of children attending special education classes	<u>18</u>		

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
16	15	Number of children born to teen parents	<u>11</u>		
17	15	Number of children who are leaving school prior to graduation	<u>19</u>		
18	15	Number of children on child care waiting lists	<u>14</u>		
19	15	Number of children participating in subsidized school lunch programs	<u>11</u>		
20	15	Number of children receiving age-appropriate immunizations	<u>12</u>		
21	15	Number of babies born with low-birth weight	<u>12</u>		
22	15	Number of families receiving public assistance (CalWorks)	<u>10</u>		
23	15	Number of families living below poverty level	<u>10</u>		
24	16	Number of families with no health insurance (suggested)	<u>12</u>		
25	16	County unemployment rate (suggested)	<u>15</u>		
26	16	County rate of drug and alcohol abuse (suggested)		✓	
		CWS Participation Rates			
27	16	Number of children age 0-18 in population	<u>21</u>		
28	16	Number and rate of children with referrals	<u>21</u>		
29	16	Number and rate of first entries	<u>25</u>		
30	16	Number and rate of children with substantiated referrals (suggested)	<u>24</u>		
31	16	Number and rate of children in care (suggested)	<u>26</u>		
		Public Agency Characteristics - County Government Structure - Financial/ Material Resources			
32	18	Description of opportunities, interagency collaborations and/or resources including CAPIT/CBCAP/PSSF funds, CCTF and other funding sources, and their impact on the ability to achieve positive outcomes for children and families.	<u>37</u>		
		Identify the page # for each outcome/measure analysis, if the analysis indicates either unmet need(s) or continued need(s) for services which qualify for CAPIT/CBCAP/PSSF funds. Indicate "N/A" if the outcome/measure analysis does not indicate a need to utilize CAPIT/CBCAP/PSSF funds.			
33	19	CFSR Outcome Measure S1.1: No Recurrence of Maltreatment	<u>47</u>		
34	19	CFSR Outcome Measure S2.1: No Maltreatment In Foster Care			✓
35	19	AB636 Process Measure 2B: Percent of Child Abuse/Neglect Referrals with a Timely Response			✓
36	19	AB636 Process Measure 2C: Timely Social Worker Visits with Children			✓

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
37	19	AB636 Process Measure 8A: Exit Outcomes for Youth Aging Out of Foster Care			✓
38	19	CFSR Outcome Measure C1.1: Reunification Within 12 Months (Exit Cohort)	<u>55</u>		
39	19	CFSR Outcome Measure C1.2: Median Time To Reunification (Exit Cohort)	<u>56</u>		
	19	CFSR Outcome Measure C1.3: Reunification Within 12 Months (Entry Cohort)	<u>56</u>		
	19	CFSR Outcome Measure C1.4: Reentry Following Reunification	<u>56</u>		
	19	CFSR Outcome Measure C2.1: Adoption Within 24 Months (Exit Cohort)	<u>58</u>		
	19	CFSR Outcome Measure C2.2: Median Time To Adoption (Exit Cohort)	<u>58</u>		
	19	CFSR Outcome Measure C2.3: Adoption Within 12 Months (17 Months In Care)	<u>58</u>		
	19	CFSR Outcome Measure C2.4: Legally Free Within Six Months (17 Months In Care)	<u>59</u>		
	19	CFSR Outcome Measure C2.5: Adoption Within 12 Months (Legally Free)	<u>59</u>		
	19	CFSR Outcome Measure C3.1: Exits to Permanency (24 months in care)			✓
	19	CFSR Outcome Measure C3.2: Exits To Permanency (Legally Free At Exit)			✓
	19	CFSR Outcome Measure C3.3: In Care Three Years or Longer (Emancipated or Reach 18 in Care)			✓
	19	CFSR Outcome Measure C4.1: In care during the year (at least 8 days but less than 12 months): Two or fewer placement settings			✓
	19	CFSR Outcome Measure C4.2: In care during the year (at least 12 months but less than 24 months): Two or fewer placement settings			✓
	19	CFSR Outcome Measure C4.3: In care during the year (at least 24 months): Two or fewer placement settings			✓
	19	AB636 Process Measure 4A: Siblings Placed Together in Foster Care			✓
	19	AB636 Process Measure 4B: Foster Care Placement in Least Restrictive Settings			✓
	19	AB636 Process Measure 4E: Rate of ICWA Placement Preferences			✓
	19	AB636 Process Measure 5A: Percent of Children in Care for More Than 30 Days with a Health and Education Passport			✓

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
	19	AB636 Process Measure 5B: Receipt of Health Screenings - Percent of Children in Care with CHDP, Dental Exams, Psychotropic Medications and Immunizations that Comply with Periodicity Table.			✓
	19	AB636 Process Measure 5F: Foster Care Children Authorized for Psychotropic Medications			✓
Systemic Factors - Requirements of the Report					
Relevant Management Information Systems (MIS)					
40	24	Description of the county's MIS or the process for gathering, storing and disseminating program information as required by CAPIT/CBCAP/PSSF.	<u>72</u>		
Quality Assurance System					
41	26	Briefly describe how the designated county agency ensures effective fiscal and program accountability for the CAPIT, CBCAP, and PSSF vendor/contractor activities. This description must be specific to CAPIT, CBCAP, PSSF programs and not limited to a general description of current county policies. Briefly describe how prevention programs are evaluated, include:	<u>78</u>		
42	26	Description of the methodology used to assess client satisfaction.	<u>78</u>		
43	26	Describe how the county assesses the vendor's service delivery system to identify the strengths and needs.	<u>78</u>		
44	26	Describe the mechanisms used to report to the agency on the quality of services evaluated and needs for improvement.	<u>78</u>		
45	26	Description of the methodology or the process for reporting information regarding the outcome of the evaluation and issues of non-compliance.	<u>78</u>		
46	26	Description of the methodology or process used to evaluate the vendor/contractor to determine if the corrective action was developed and implemented.	<u>78</u>		
Service Array					
47	27	Analysis of the efficacy and availability of the community-based and prevention-focused programs and activities provided by public and private, nonprofit organizations, including faith-based programs and how they fit in to an overall continuum of family-centered, holistic care.	<u>79</u>		
48	28	Description of services available to meet the needs of ethnic/minority populations including an assessment of the availability of culturally appropriate services.	<u>80</u>		
49	28	Description of services and the delivery of services for children with disabilities and their families.	<u>81</u>		

No.	Page in Guide	Element	Element Present (provide page no.)	Element Not Present	Element N/A
50	28	Description of services and the delivery of services targeted to children at high risk for abuse or neglect.	<u>81</u>		
51	28	Description of services designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured.	<u>82</u>		
52	28	Description of services designed to help children achieve permanency by returning to families from which they have been removed or be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services.	<u>83</u>		
53	28	Description of services accessible to families and children in all geographical locations including isolated areas of the county.	<u>84</u>		
54	28	Description of services that can be individualized to meet the unique needs of children and families served by the agency.	<u>84</u>		
55	28	Description of services to Native American children	<u>85</u>		
56	28	Description of the availability of child abuse prevention education.	<u>85</u>		
57	28	Description of the availability of child and family health and well-being resources.	<u>86</u>		
58	28	Description of the existence of established networks of community services and resources, such as family resource centers or other comprehensive community service centers.	<u>86</u>		
59	28	Description of outreach activities that maximize participation of parents as well as racial and ethnic populations, children, and adults with disabilities, and members of other underserved or underrepresented groups.	<u>80</u>		
60	28	Does the description of the service array (3a-3m) indicate which services are funded by CAPIT/CBCAP/PSSF.	<u>79</u>		
61	29	Description of the county's current efforts on the development and implementation of Evidence-based and Evidence-informed prevention program and practices	<u>88</u>		
		Training			
62	29	Description of county's infrastructure and capacity to allocate CAPIT/CBCAP/PSSF funds for county liaisons and parent consumers to attend required meetings, conferences, and training events.	<u>90</u>		
63	29	Description of additional training and technical assistance specifically for CAPIT/CBCAP/PSSF county liaisons, vendor/contractors, and parent liaisons/consumers.	<u>90</u>		
		Agency collaboration			
64	30	Description of the county/community partnership's extent of shared responsibility, risks, development of resources, supports, blending/braiding of multiple funding streams.	<u>90</u>		

Attachment 3: Participants

Name / Title	Organization / Agency	Role
Alissa Nourse	Tahoe Youth & Family Services	Service Provider CAPC Member
Amanda Morozumi Case Manager	Court Appointed Special Advocates (CASA) El Dorado	Community Organization
Andrew Craver	El Dorado County Probation Department	Probation
Angela Swanson	City of South Lake Tahoe	Public Agency
Angela Wilson Program Manager I, Protective Services Child Protective Services	El Dorado County Health and Human Services Agency Human Services Division	Child Welfare Services CSA Development Team CAPIT/CBCAP/PSSF Liaison
Arturo Rangel	Lake Tahoe Community College	Education
Ashley Franklin Social Services Consultant	State of California Department of Social Services Office of Child Abuse Prevention	State Technical Assistance
Cathie Watson Program Director	Court Appointed Special Advocates (CASA) El Dorado	Community Organization CAPC Member Parent/Consumer
Cathy Bouriand	The Center of Violence Free Relationships	Service Provider
Cristina Lugin	South Lake Tahoe Family Resource Center	Service Provider
Cynthia Kjellin Staff Services Analyst II	El Dorado County Health and Human Services Agency	Child Welfare Services CSA Development Team
Deirdre Slater	El Dorado County Office of Education	Education
Derek Reddin Staff Services Analyst II	El Dorado County Health and Human Services Agency	Child Welfare Services CSA Development Team
Diana Hankins	National Alliance on Mental Illness El Dorado County	Mental Health
Dylan Sullivan Court Commissioner	El Dorado County Juvenile Court	Court
Elizabeth Blakemore, MEd Coordinator	El Dorado County Office of Education	Education CAPC Coordinator
Frances Quigley	Independent Living Program (ILP)	Youth Representative
Hayley Caldwell	Independent Living Program (ILP)	Youth Representative
Heather Grudin	New Morning Youth and Family Services	Service Provider
Janet Stevens	El Dorado County Health and Human Services Agency Mental Health Division	Mental Health
Josefina Solano	El Dorado County Health and Human Services Agency Public Health Division	Public Health

Name / Title	Organization / Agency	Role
Judi Rehmann Family and Community Coordinator	El Dorado County Office of Education Child Development Programs	Education
Judy Knapp Executive Director	Big Brothers Big Sisters of El Dorado County	Service Provider
Julie Lowe	First 5 El Dorado	Early Childhood Education / Child Care
Juline Aguiler Director/Curriculum Specialist	Folsom Lake College Foster and Kinship Care Education	Education
Karen Nalgeli	Tahoe Turning Point	Service Provider
Karla Kowalski Supervising Deputy Probation Officer	El Dorado County Probation Department	Probation CSA Development Team
Kimberly Brown Social Services Consultant	State of California Department of Social Services Outcomes and Accountability Bureau	State Technical Assistance
Lance Bulkhalter	Independent Living Program (ILP)	Youth Representative
Leanne Wagner	South Lake Tahoe Women's Center	Service Provider CAPC Member
Lorrie Evers	Family Connections El Dorado Family Support & Projecto Alborada	Service Provider CAPC Vice Chair
Malissa Tayaba Family Service Director	Shingle Springs Rancheria	Native American Tribe
Marissa Killsback	Independent Living Program (ILP)	Youth Representative
Mark Contois, MSW Assistant Director of Human Services	El Dorado County Health and Human Services Agency Human Services Division	Child Welfare Services CSA Contact Person
Mary Ault Program Manager I, Protective Services South Lake Tahoe Human Services	El Dorado County Health and Human Services Agency Human Services Division	Child Welfare Services CSA Development Team
Melissa Pereira	Together We Grow	Early Childhood Education / Child Care
Michelle Gilliland	South Lake Tahoe Library	CSA Stakeholder
Nathan Fairchild	Independent Living Program (ILP)	Youth Representative
Nicole Williamson	Alpine County Health and Human Services	CSA Stakeholder
Patricia Harper Social Services Consultant	State of California Department of Social Services Office of Child Abuse Prevention	State Technical Assistance
Peggy Briggs Manager	State of California Department of Social Services Outcomes and Accountability Bureau	State Technical Assistance
Ruth Zermeno	Family Connections El Dorado Family Support & Projecto Alborada	Service Provider
Sally Williams	El Dorado County Health and Human Services Agency Mental Health Division	Mental Health

Name / Title	Organization / Agency	Role
Shannon Bezak	Green Valley Community Church Hope House	Faith-Based Organization
Sheila Silan Program Coordinator	El Dorado County Office of Education Foster Youth Services	Education Foster Parent / Caregiver
Sherry Geurin	Marshall Medical Center	CSA Stakeholder
Sophie Cabrera	El Dorado County Health and Human Services Agency Mental Health Division	Mental Health
Susan Meyer Victim Witness Program Coordinator	El Dorado County District Attorney	Law Enforcement
Suzanne Ballen, MSW, MS Program Manager I, Protective Services Adoption Services	El Dorado County Health and Human Services Agency Human Services Division	Child Welfare Services CSA Development Team
Tara Turrentine	Placerville Union School District	Education
Tina Barna	Choices for Children	Service Provider
Tina Stevens Social Worker Independent Living Program	El Dorado County Health and Human Services Agency Social Services Division	Child Welfare Services Social Worker
Tony Cervantes	Shingle Springs Band of Miwok Indians Shingle Springs Tribal TANF	Native American Tribe
Wendy David LTUSD Board President & First 5 Chair	Lake Tahoe Unified School District First 5 El Dorado	Education Early Childhood Education / Child Care CAPC Chair