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Briefly describe the general nature of the contract:

The San Bernardino County 2018-2023 System Improvement Plan to the California Department of Social Services regarding Child Welfare Services to provide an outline for improving the County's system of care for children and families, for the period of April 1, 2018 through January 31, 2023.

FOR COUNTY USE ONLY

Approved as to Legal Form

Michael Markel,
Principal Assistant County Counsel

Date 8-8-19

Approved as to Legal Form

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Reviewed/Approved by Department

Date

California - Child and Family Services Review

System Improvement Plan

APRIL 1, 2018 – JANUARY 31, 2023



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Introduction

The San Bernardino County 2018-2023 System Improvement Plan (SIP) is the final component in the County's review, assessment and plan for improvement of Child Welfare Services (CWS). This process operates on a 5-year cycle and a philosophy of continuous quality improvement (CQI), interagency partnerships, community involvement and public reporting of program outcomes. San Bernardino County is in its fourth cycle of this SIP process.

This process is mandated by California Assembly Bill (AB) 636 (effective January 2004), which created the Child Welfare Services Outcomes and Accountability System, also known as the California Child and Family Services Review (C-CFSR). The C-CFSR requires for each period in the cycle, each county will complete a:

- County Self-Assessment (CSA), including a peer review and stakeholder engagement
- Five-year SIP, and
- Annual updates.

The San Bernardino County 2018-2023 SIP will be in place from April 1, 2018 through January 31, 2023.

WHAT IS THE SYSTEM IMPROVEMENT PLAN?

The SIP is the operational agreement between the California Department of Social Services (CDSS), Children and Family Services (CFS) and the Probation Department and provides an outline for how San Bernardino County will improve the system of care for children and families. The SIP is a commitment to specific measurable improvements and is not intended to be the county's comprehensive child welfare plan. The SIP is a flexible approach to planning for system change and may be adjusted to address ongoing barriers and challenges to completing strategies. The SIP is updated as necessary, but at least annually, to identify any changes made to the plan, to document completed activities and to describe county successes and barriers in reaching performance goals.

The SIP includes a coordinated service provision plan for how the county will utilize prevention, early intervention and treatment funds to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Integrated into the C-CFSR since 2008 are the needs assessment and plan for the Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs. Overseen by the Office of Child Abuse Prevention, these programs are collectively referred to as the OCAP programs. OCAP programs provide services based on funding mandates targeting need areas throughout the continuum of care from pre-placement preventive services to permanent placement and post-adoption services, and, consequently, positively impact a number of SIP Child Welfare Outcomes and Accountability measures.

WHO PARTICIPATES IN SIP DEVELOPMENT?

The County lead agencies for the C-CFSR process are CFS and the Probation Department (Probation). CFS is responsible for outcomes in all areas related to children who are receiving child welfare Title IV-B and IV-E funded services. Probation is responsible for outcomes related to foster children under its direct supervision receiving Child Welfare Services. The SIP Oversight Committee acted as the C-CFSR team for San Bernardino County and is listed in the next section.

The SIPs from prior cycles and the CSA of 2017 serve as the foundation of the 2018-2023 SIP. The 2017 CSA comprehensively reviews the efforts and strategies made under the 2013-2018 SIP and evaluates their level of implementation and, to the extent data allows, their impact on the C-CFSR Outcome measures. The CSA provides information and analysis of external drivers and demographic trends influencing program effectiveness. The CSA also includes the Peer Review which brought in stakeholders and subject matter experts from other agencies and counties to focus on CFS's and Probation's case practices regarding timely reunification and reentry into care.

The SIP is developed every five years by the lead agencies in collaboration with the larger C-CFSR team. The C-CFSR team includes:

- Local child abuse and neglect prevention partners, including the Children's Network and Children's Policy Council, which acts as the local Child Abuse Prevention Council (CAPC),
- Community/Faith Based Organizations (CBO/FBO) and Service Providers,
- Youth, parents, resource families, guardians, adoptive parents, kin caregivers and other non-relative caregivers,
- Group home (GH), Foster Family Agencies (FFA) and Foster Care providers,
- Representatives of local Native American Indian Tribes,
- Juvenile Court, and
- Other County departments and local public agencies.

The California Department of Social Services (CDSS) provides technical assistance. The County Board of Supervisors and CDSS must approve the SIP.

HOW IS IMPROVEMENT MEASURED?

The purpose of the C-CFSR is to improve County performance and, thereby, improve outcomes for children in care and their families. AB 636 lists in broad terms the C-CFSR goals:

- Protect children from abuse and neglect.
- Have children safely maintained in their own homes whenever possible and appropriate.
- Provide children permanency and stability in their living situations.
- Preserve the continuity of family relationships and connections for children.
- Enhance families' capacity to provide for their children's needs.
- Ensure children receive appropriate services to meet their educational needs.
- Ensure children receive adequate services to meet physical and mental health needs.
- Prepare youth emancipating from foster care to transition into adulthood.

The C-CFSR requires CDSS to provide Quarterly Outcome and Accountability County Data Reports of key safety, permanency and well-being indicators. These quarterly reports provide summary level Federal and State program outcome measures that serve as the basis for the C-CFSR and are used to track State and county performance over time. The Federal outcome

measures are defined by the Federal Child and Family Service Review (CFSR), an oversight system mandated by Congress and used to monitor the performance of the states.

Federally established Performance indicators have been developed to measure progress toward achieving specific goals. The federal government has established National Standards for each one of these measures, which serve as goals for agencies to achieve. These indicators are:

- Safety 1, Maltreatment in foster care,
- Safety 2, Recurrence of maltreatment,
- Permanency 1, Permanency in 12 months for children entering foster care,
- Permanency 2, Permanency in 12 months for children in care 12-23 months,
- Permanency 3, Permanency in 12 months for children in care 24 months or more,
- Permanency 4, Reentry to foster care, and
- Permanency 5, Placement stability.

In addition to these federal measures, there are a number of process measures related to entry and participation rates, and state measures which, for example, detail placement in least restrictive settings, rates for dental and health exams, high school graduation rates or psychotropic medication use.

There are also seven systemic factors reviewed by the CSA that may become a focus for strategies under the SIP. Systemic factors were derived from the federal Child and Family Services Review (CFSR) and represent the larger processes that provide context, support, oversight or resources to every aspect of Child Welfare service and practice. The seven systemic factors are:

- Management Information Systems,
- Case Review Systems,
- Foster and Adoptive Parent Licensing, Recruitment and Retention,
- Staff, Caregiver and Service Provider Training,
- Service Array/Agency Collaboration,
- Quality Assurance Systems, and
- Agency Responsiveness.

In addition to requiring improvement of the outcomes for children and families, the C-CFSR holds CDSS and the counties accountable for the outcomes achieved.

WHAT MEASURES WILL BE THE FOCUS OF THE SIP?

Building on information gathered during the 2017 CSA, the following two Federal outcomes measures were selected for inclusion in the 2018 SIP for improvement of County performance by Children and Family Services:

- **P1 – Permanency in 12 months for children entering foster care** – This measure indicates of all children who entered care in a 12-month period, the percent discharged to permanency within 12 months.
- **S1 – Maltreatment in foster care** – This measure indicates of all children in care during 12-month period, the rate of victimization per day.
- **Staff, Caregiver and Service Provider Training** – Training is a systemic factor focusing on the social work skills of staff in engaging with clients to achieve optimum results.

The Probation Department will be focusing efforts on another measure:

- **P4 – Reentry to Foster Care** – This measure indicates of all children who enter care in a 12-month period who discharged within 12 months to reunification or guardianship, the percent that re-enter foster care within 12 months.
- **Service Array** - The Probation Department's capacity to provide service and how those services are delivered.

CDSS is required to monitor the completion of all activities under the C-CFSR for each county, including: ongoing tracking of county performance measures, reviewing county self-assessments for completeness, participation in the Peer Review, and review and approval of the county SIP. CDSS is required to provide guidance and technical assistance to counties during each phase of the C-CFSR process and ultimately track and report on progress toward measurable goals set by each county in its SIP.

SIP Narrative

C-CFSR TEAM AND CORE REPRESENTATIVES

The following list contains the names and titles of the California Child and Family Services Review (C-CFSR) Team for San Bernardino County and some of the many participants in the 2017 continuous quality improvement process. These participants meet the State's definition of "required core representatives".

The current System Improvement Plan (SIP) Oversight Committee (OC) includes:

- Representatives of Children and Family Services (CFS):
 - Marlene Hagen, Director
 - Jonathan Byers, Assistant Director
 - Teri Self, Deputy Director (DD) of System Resources Division,
 - Faye Johnson, Child Welfare Services Manager (CWSM)
 - Joyce Jones, DD
 - Nicola Hackett, DD
 - Laura Lee, DD
 - Helen Parrott, DD
 - Cathleen Farrar, DD
 - Mia Moore, DD
 - Kristine Brown, CWSM
 - Tony Muga, Staff Analyst II (SA II)
 - Elizabeth Gallegos, SA II
 - Ted Ciabattini, Project Coordinator
 - Christi Bell, Social Service Practitioner (SSP)
 - Charlie Leslie, CWSM
 - Janet Egan, Supervising Social Service Practitioner (SSSP)
 - Brenda Lopez, SSSP
 - Katherine Walker, Supervising Office Specialist (SOS)
 - Jane Canu, CWSM
 - Lakesha Thomas, SSP
 - Liza Arellano, SSSP
 - Marjorie Yanez, SSSP
 - Bambi Perry, SA II
- Representatives from Probation include:
 - Edward Barry, Division Director II
 - Joe Bakunas, Division Director I
- Representatives from other Human Services Departments and support divisions include:
 - Michael Schertell, Department of Behavioral Health (DBH)
 - Kelly Cross, Research Outcomes and Quality Support (ROQS) unit
 - Sean Christy, ROQS
 - Lory Klopfer, Program Development Division (PDD)
 - Akin Ogunrinde, PDD
 - Rod O'Handley, PDD
 - Michelle Phillips, PDD

- Christopher Rinewalt, ROQS
- Additional representatives of various agencies assisted in the CSA or Peer Review planning process include:
 - Priya Tharayil, Clinical Therapist II, DBH
 - Melvin Lewis, Director of Social Services, Fort Mojave Indian Tribe
 - Kim Kalloo-Violante, Performance, Education and Resource Center (PERC)
 - Laura Davis, Probation
 - Mark Miller, Public Child Welfare Training Academy (PCWTA)
 - Latricia Mathis, CFS
 - Terrakesha Currie, CFS
 - Valerie Croyle, CFS
 - Miranda Soto, CFS
 - Charles Flowers, CFS
 - Elizabeth Scott-Jones, CFS
 - Gester Hernandez, Peer and Family Assistant (PFA), CFS
 - Daniella McIlvain, CFS
 - Cathleen Wallace, CFS
 - Damion Wright, CFS
 - Keith Kollmann, CFS
 - Theresa Munoz-Cardenas, CFS
 - Veronica Beltran, CFS
 - Laura Schott, CFS
 - Kevin Anderson, CWSM
 - Adam Arentz, Staff Analyst II

A complete and comprehensive list of participants is contained in the Acknowledgement Attachment A-1.

SIP DEVELOPMENT PROCESS

The foundation of the 2018-2023 System Improvement Plan (SIP) is the preceding 2013-18 SIP and the County Self-Assessment (CSA) of 2017. The CSA provides information and analysis of results of prior efforts, external drivers and demographic trends that influence program effectiveness. The cycle for this process formally began on April 27, 2017 with the County Self-Assessment Kickoff event held at The Way World Outreach Church, 4680 Hallmark Parkway in San Bernardino. Approximately 150 partners and stakeholders participated in the CSA Kickoff. Speakers reviewed the County's performance data, recapped the improvements made since the previous CSA and provided additional background information for the focus groups. Eight focus groups were conducted, each with a different specific topic/focus on a particular aspect of the County's child welfare system, followed by a reporting out for each group.

In preparation for the event, source documents and information were made available online through googledocs to provide prospective participants with foundational information. The information included data from the California Child Welfare Indicators Project (CCWIP). In order to enhance focus group effectiveness, the Performance, Education and Resource Center (PERC) provided guidance on use of the ORID method, a facilitation framework enabling a focused conversation with a group of people. The acronym represents the four phases of focused discussion: Objective, Reflective, Interpretive and Decisional. The focus groups for the CSA Kickoff were:

- Core Practice Model (CPM) Implementation,

- Permanency,
- Timely Reunification,
- Health Care,
- Risk and Safety,
- Educational Outcomes, and
- Fairness and Equity.

The trainings for focus groups and focus groups outside of the Kickoff event are listed below:

TABLE 1: FOCUS GROUPS

| Date | Meeting | Purpose | Participants |
|--------------------|------------------------------|---|--|
| March 30, 2017 | Focus Group (FG) development | Reviewed format for conducting (FG) | CFS, Program Development Division (PDD), Performance Education and Resource Center (PERC). |
| April 6, 2017 | FG Training | Provided an overview to those conducting FGs for the kick-off event | Hosted by PERC. FG facilitators, scribes and Subject Matter Experts (SMEs). California Department of Social Services (CDSS) called-in. |
| April 17, 2017 | FG Training | Provided additional training for facilitators of FGs | Hosted by PERC. FG facilitators. |
| April 25, 2017 | FG Training | Provided additional training for scribes of FGs | Hosted by PERC. FG scribes. |
| June 19, 2017 | Peer Review Debrief | Reviewed Peer Review planning process | SIP Planning Team |
| June 22, 2017 | FG | Youth FG | FG team/PERC |
| June 22, 2017 | FG | Parent FG | FG team/PERC |
| July 6, 2017 | FG | Probation Officer FG | Probation/PERC |
| July 6, 2017 | FG | Group Home FG | Probation/PERC |
| August 16, 2017 | FG | Adoption Workers FG | FG Team/PCWTA |
| August 28, 2017 | FG | Vendor FG | FG team/PDD/PERC |
| September 20, 2017 | FG | Child and Family Services Review (CFSR) FG with social workers (SW) | FG team/PERC |
| September 21, 2017 | FG | CFSR FG with SWs | FG team/PERC |
| October 2, 2017 | FG | CFSR FG with SWs – Placement Resources Division (PRD) | PERC |
| October 4, 2017 | FG | CFSR FG with PRD SWs | PERC |
| October 4, 2017 | FG | CFSR FG with social workers – Eastern Region | PERC |
| October 11, 2017 | FG | CFSR FG with social workers – North Desert Region (NDR) Two session | PERC |

The Peer Review was held at the Radisson Hotel in Ontario, California, from June 12 to June 15, 2017 with representatives from nine counties participating. The Public Child Welfare Training Academy (PCWTA) Coach facilitated the event and, along with CDSS, trained the Peer Reviewers on use of the CDSS tool, conducting the interview sessions and how to participate in a successful debrief. CFS focused on the P1 measure; Probation, on P4. Results from the Peer Review were refined into suggested promising practices for both CFS and Probation.

A planning group under the SIP Oversight Committee met weekly since February of 2017, planned the events and focus groups, and drafted the CSA documents. The initial draft was sent to CDSS on August 11, 2017 and the final CSA document was approved by CDSS on November 2, 2017. Preparation for a SIP convening had been planned concurrently with the CSA and Peer Review.

The SIP convening was held on October 3, 2017 at PERC, 295 East Caroline Street in San Bernardino. In contrast to the larger CSA event, a smaller select group of CSA participants focusing on the identified measures (P1 and S1 for CFS; P4 for Probation) were designated to help identify appropriate strategies to address these need areas. Representatives from community and faith based organizations, service providers, congregate care providers, mental health agencies, law enforcement, the policy council, juvenile court, education agencies, training centers, tribes, and county departments were invited to participate in the focus groups.

Each focus group was led by a facilitator supported by a scribe and a subject matter expert. The questions discussed and the highlighted responses from each group were:

- Permanency 1
 - Question 1 (Q1): What is the most effective way to be inclusive of our community partners/partner agencies and increase their involvement in Child and Family Team (CFT) meetings?
 - Identify which resources are needed early in the case. The SW makes the initial judgement but families need to be sufficiently educated on the process to know to ask for what they need.
 - Engage with a broader variety of stakeholders – outreach using social media and knocking on doors. The County could do better engaging non-Judeo-Christian churches and other kinds of organizations.
 - Need increased cultural sensitivity, including awareness of how different regions should be engaged.
 - Use Social Media to engage families, particularly youth and for event announcements.
 - Improving engagement by refraining from “county talk,” building coalition and messaging in a way that conveys we are all in this together.
 - Be honest. They will not be able to help fix problems if they don’t know what they are.
 - Q2: What barriers prevent family involvement in case plan development and how can these barriers be overcome?
 - Q Families are afraid of the unknown, estranged from family and friends, and feel powerless, voiceless, and often give up. Empowerment depends on the initial engagement which is largely seen as an intrusion.
 - Solution focused approaches should reinforce the mission of safety and permanency.

- Meeting logistics and planning should accommodate parents, caregivers, youths and their schedules. The county should consider alternative work schedules and using various supports and venues to ensure meeting attendance.
 - Q3: What populations are underserved and what kinds of service would be most useful for them?
 - Underserved populations identified were:
 - Teens/Young Adult Parents,
 - Homeless children,
 - African American fathers, particularly those who are incarcerated, and
 - African American infants.
 - Use social media, culturally competent professionals and homeless advocates to engage young adults with positive messages.
 - Consider differential response and expanded family finding. Provide incentives to engage youths before they continue the cycle, and use mentor services.
- Safety 1
 - Q1: What can CFS do to improve placement conditions and reduce the risks for maltreatment in care?
 - Resource Family Approval (RFA) training needs to be trauma informed, mindful of root causes/nature of the abuse and how children act out, reform generational parenting practices and emphasize CFT participation. Approvals for resource family homes need to be finalized in a timely manner.
 - Social worker visits are undermined by staffing, caseload and resource problems. The child's needs must be met, but placement changes need to be minimized. Structured Decision Making (SDM) needs to be used and the child should be engaged alone, as appropriate given their age.
 - A second party needs to conduct out of home abuse (OOHA) investigations. This could improve child safety and safety planning, though it may increase placement changes.
 - Q2: What services can be provided that would reduce the risks for maltreatment in care?
 - Transition support teams should be developed and go into the placement home to help the transition, work with the caregiver, clarify to the caregiver and child appropriate behavioral expectations (rules) and identify the child's needs. Transition teams could assist in monitoring the child's progress and engaging in the community. May assist with staffing/caseload issues.
 - Educate caregivers on child's behavior, how to respond more effectively to the child's behavior (caregiver's response), educational and community resources. Engagement should be open and transparent.
 - Q3: What support and resources are most needed by resource families to be successful and to partner with CFS in order to maintain children in safe and stable placements?
 - Financial Compensation while awaiting RFA approval. Currently, the approval process requires caregiver to get on waiting lists for trainings,

assessments, approval. Resource families need money to take care of children. State needs to provide funding and structure Families need to have resource information to navigate systems such as Department of Motor Vehicles (DMV).

- Transition support teams will put more eyes on safety of the child and training/support of the caregiver to care for the child.
- Education support, navigating the educational system to help the child, and assigning educational rights appropriately.

Additional CFS focus groups were held after the initial draft of the CSA was completed. An Adoption Staff CFT Training and Forum was held on August 16, 2017 and facilitated by PCWTA. The questions discussed and highlights of the responses were:

Q1: What is different in CFTs pre-Termination of Parental Rights (TPR) and Post-TPR?

- Harm and Danger statements are not as significant post-TPR.
 - Perhaps the form could be changed.
- Focus shifts from reunification to the needs of the child.
- The entire adoptive family should be included, older siblings, etc., and perhaps the biological parents.
- Networks of support need to be built before finalization.

Q2 and 3: How can CFTs for adoption workers promote safety? Permanency?

- When the team is lead through Wrap, can discuss concerns about the family and-receive information regarding areas that could potentially be a concern in the future (get a heads-up on).
- CFTs can help prospective adoptive parents understand the adoption process.
- CFTS may improve communication between RFA and child safety worker.

Q4: How are case plans different?

- The goal is changed to adoption, of course, and
- The focus is on the child's needs (only occasionally on the caregiver).

Q5 & 6: How can service providers be engaged and preparations made for post-adoption?

- Need for services can vary significantly, but need to be arranged prior to finalization.
- Need more Post Adoption Services, such as:
 - Therapist trained under new National Training Initiative (NTI) standards,
 - Support Groups for adoptive parents, and
 - Parent-Child Interactive Therapy (PCIT).

The Program Development Division (PDD) and CFS hold Semi-annual Contractors Meetings (SACM). Time was set aside during a meeting on August 28, 2017 to conduct a focus group, facilitated by PERC. The questions and highlighted answers were:

Q1 - What services can be provided to best prevent child maltreatment (and foster care entry)?

- Have services available for all families. Make the current process of preventive referrals easier and accessible to all families.

- Have an Ad campaign for radio and TV. Distribute materials/information at all levels of school/education: preschool, kindergarten, junior high, high schools and colleges, in addition to local hospitals and doctor's offices.
- Additional services and supports identified include:

TABLE 2: SERVICE RECOMMENDATIONS

| | | | |
|---|---|---|--------------------------------------|
| Child Care/Funding – Respite. | Healthy relationships – DV education; | Co-parenting/blended family classes | Trauma informed mental health |
| Crisis Line/Family crisis intervention | Job skills | WIC services | Resource education /housing and jobs |
| Time Management | Health education/ hygiene | Child enrichment services. | Anger management classes |
| Life skills | Support groups | Counseling | Mentoring programs |
| Psycho educational groups/training at schools | Parent education early on prenatal stage, “Teen Moms” | NCTI – National Curriculum and Training Institute | Drug/alcohol resources (high school) |

- Other means or suggestions for service delivery included:
 - Frontload Services to caregiver in home
 - Work with school and community liaison in home
 - Identify at-risk individuals by amount of referrals
 - Strengthen relationships with community partners to provide services
 - Addressing cultural differences/cultural sensitivity training for social workers
 - Assess neglect referrals for basic needs and provide adequate assistance.
 - Perpetrators should be separated from victims
 - After school programs (Life skills, etc.)

Q2 – What are ways to improve the provision of culturally appropriate services?

- The County should:
 - Lower caseloads for social workers,
 - Seek diversity in hiring county staff,
 - Vendor trainings/conference on cultural topics/competence,
 - Survey primary stakeholders and clients to identify needs,
 - Provide training on Diversity Sensitivity, cultural competence/humility,
 - Provide Parenting classes and other services catered to specific populations,
 - Provide incentives for training, and
 - Utilize social media/YouTube.
- SWs/CFS staff should:
 - Get the Language right/understand what is being said, not just by the formal language, but the regional variations and phrasings,
 - Cultural match between child and alternative placement,
 - Provide forms in Spanish, Chinese, etc.,
 - Ask the “family story,” be curious, ask questions and listen to clients,
 - Social workers need to be aware of remaining objective in their practice and delivery of services (Check their own biases),
 - Ask clients to identify preference/needs,
 - Ensure appropriate interpreters are available, and
 - Include family members who may be acculturated to varying degrees as liaisons.

Q3 – What populations are underserved and what kinds of service would be most appropriate?
Underserved groups included:

TABLE 3: UNDERSERVED GROUPS

| | | | | |
|--|----------------------------|---|-----------------------------|------------------------------|
| African Americans | Early exposure to drugs | Medically fragile | Homeless children, families | Parents with felony records |
| single dads/parents | Veterans Military families | 3-5 year olds, young children | Self-referred | Grandparents |
| Parenting teens | Gang | Male domestic violence victims | Desert-mountain | Transitional age Youth (TAY) |
| Deaf community-ASL | Undocumented | Mentally ill (chronic) | Blended family | Resource Parents |
| Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) | | Commercially sexually exploited children (CSEC) | | |

Identified appropriate services (not previously mentioned) included:

TABLE 4: ADDITIONAL SERVICE RECOMMENDATIONS

| | | | | |
|---------------------------------------|--------------------------|---|----------------------|----------------------------------|
| FUN | Spirituality/faith based | Housing | Transitional housing | Wrap |
| Family Finding | Homeless Taskforce | Scholarship for extra-curricular activities | fatherhood success | transportation |
| Employment specialist felony friendly | Trade Schools | international justice mission | food pantries | Mobile services, In-home service |

Q4 – How can CFTs be used to enhance the provision of services?

- The County should support CFTs by ensuring:
 - Reduced caseload,
 - Child Care - Respite Care,
 - Fiscal support/reimbursement for therapist participation. Can also be specific to non-medical roles,
 - Use of technology (SKYPE) for SW/provider participation,
 - Increased efforts of SW Retention,
 - Increase funding for RFA contract teams, and
 - A tracking system is used
- SWs should improve CFT results by:
 - Follow through from all participants, assist families with identified “plan,”
 - Teaching networking abilities,
 - Increasing ownership of process,
 - Notifying all agencies when a new social worker is on the case,
 - Listening to children’s concerns,
 - including stakeholders in the scheduling,
 - Sharing CFT notes with providers, and
 - Following the core practice model.
- CFT participation and formatting should include:
 - Unbiased parent partners/independent advocates,

- Training for everyone that is specific to their roles and responsibilities, especially foster parents,
- Having enough skilled facilitators to meet the need for CFTs,
- Increased SW attendance and involvement,
- Non-religious affiliated coalitions,
- Increase family engagement/participation
- Mental Health/Schools,
- Public nurse,
- Community/natural support,
- Clergyman, coach, etc.,
- Utilizing in-house providers for faster access to services for clients,
- Not cancelling even if all individuals can't attend.

For the remainder of the focus groups for line workers the same format and questions were asked. Below are the consolidated answers:

What are some examples of concerted efforts to assess risk and safety?

- Stick to timeframes; meet in timely manner with family and collaterals.
- Complete initial SDM tool to determine safety risks and threats with SDM, consult with supervisors and use Risk Assessment Meetings (RAMS) and Daily Assessment Review Evaluations (DARES), then provide services to address threats.
- Engage the CFT; talk to resource parents and collaterals (though it is time consuming). Bring in parent partners; Utilize Domestic violence advocates and Alcohol and Other Drugs (AOD) counselors to help explain safety risks.
- To engage clients, be prepared by looking up history (e.g. C4); use solution focused questions and apply critical thinking skills. Spend time and listen to the family to provide a global assessment and improve family finding.
- Identified needs included:
 - Need ability to spend time to assess and collaborate with family
 - More workers, lower caseloads!
 - Need for more placements for all age groups
 - Need better communication between line staff and the RFA units to better match children to placements and identify potential safety issues.

What agency practices demonstrate concerted efforts to establish appropriate permanency goals and to achieve the permanency goals in a timely manner?

- Use CFTs with a Multi-Disciplinary Team (MDT) approach. CFTs can help revisit permanency plan with everybody involved present. Collaborate with parent partners in process
- Identify needs specific to family and child. Use screenings (Screening Universal Referral Form (SURF) and Universal Referral Form (URF)), transitional conferences (TC), referrals to Children's Assessment Center (CAC), and Community Partners. Follow up with primary reunification plan to ensure progress and move forward towards reunification.
- Increase placement options: Accept more assessment of relatives, take time to really talk to parents and ask them if they know someone who could be a permanent placement. Ask kids who is important in their lives. Revisit permanency later in case. Use concurrent planning and see other relatives.
- Staffing issues included:

- Frequent change and turnaround of social workers in child's life – lack relationship bonding. Avoid jumping from social worker to social worker. May have reoccurring issues and concerns.
- Proper training for staff – hiring practices – staff selection.
- Very high caseloads for carrier workers.
- It helps to have adoption staff at RAMS and DARES.
- Timely visits face to face.
- SWs should advocate for children and families, and share the truth when things go wrong. SWs should be careful not to make value judgements, be mindful of biases.
- Kids should have stability, people to rely on, and continuity of care. Court reports should be done on time, people in kid's life assessed appropriately for placement/permanency. If placement is stable, question if moving child is healthy for kid.
- Caregivers need funding. SW should engage in ongoing discussion with caregivers about permanency.

What agency practices demonstrate concerted efforts to provide ongoing assessment to meet the children's medical, dental and mental health needs?

- Concurrent Planning Reviews (CPR), CFTMs, Family Finding and Public health nurses help get information and set up needs appointments more quickly.
- Mental health being more involved at hotline level more availability for crisis services more involvement with mental health services. Mental health and Special health care needs specialized placement to deal with children with specific needs – training & higher level of payment. All cases required mental health screenings. Kids need placement that matches their needs.
- Expecting social worker to be “know-alls” of everything. Being mindful of social workers scope of practice at ARC. Engaging mental health providers, holding RAMS and DARES, making Children's Assessment Center (CAC) appointments, if necessary, and interviews with nurses and doctors will help identify health needs.
- Children need more and easier access to dental services for those with different needs.
- Social workers have safety issues as some children and families have hygiene issues – head lice, scabies, infectious disease, etc.

What are some ways we can ensure every foster child's educational needs are met?

- Stay in same school and maintain a stable foster home to stay in school of origin. Monitor results of the 9th grade interview pilot.
- Access Educational Liaison, Head Start, tutoring, and prevention and early intervention services (PEI). Provide transportation support. Participate in Individual Education Plan (IEP) and obtain and ensure transfer of relevant records.
- Proper teaming includes SW meeting with school staff to assess needs of child, getting partners involved and working together – parents, foster parents, caregivers, CBOs. Need better communication with people in child's life and school personnel. Include child in communication process (voice and choice), Schools should be clear on what social workers do.
- Court reports should have education information – that includes highlighting academic successes (catching the child doing well).
- There are concerns about high caseloads - can the social workers really do this?

The following is a summation of the Probation focus groups for the strategies addressing the P4 measure.

To obtain maximum benefit from the SIP convening, Probation sought a cross-representation of stakeholders from various groups to include representatives from group home/STRTP providers, Public Defender's Office, District Attorney's Office, County Schools, Human Services, County Council, Children and Family Services, Children's Fund and Department of Behavioral Health. As in the case of the CSA and Peer Review, the convening was to be conducted and facilitated through a third-party representative from the Performance, Education, and Resource Centers (PERC) department. Questions developed for the SIP focus groups were based on the above strategies and forecasted action steps.

Prior to the convening, Probation SIP Committee members met with the PERC facilitator to go over the proposed strategies, discuss potential action steps and to present the focus group questions. This allowed the PERC facilitator to grasp a general understanding of the Probation process as it relates to the specific strategies. Further, a timeline was established given the breadth of the information and the number of questions to be posed to the group.

SIP convening invitees were informed of the nature of the SIP Convening and asked to provide input regarding proposed strategies, to identify key actions and to suggest practical implementation steps. The attendees were able to offer counter-arguments and new suggestions as desired. Prior to each question, all participants were read a brief overview regarding the specific strategy and how it would be implemented to enhance positive youth outcomes.

The following strategies and questions were posed to the stakeholders during the SIP convening focus group. Their responses were transcribed directly by the convening scribe. Of note, some of the information and data collected from the group homes was received electronically as a result of limited time during the SIP convening.

ENGAGEMENT. Engage youth and their families from the onset of formal probation by instituting Child and Family Teams (CFT) to assist in creating and updating a living case plan throughout the continuum of care.

Overview: In accordance with the Continuum of Care Reform (CCR), as of January 1, 2017, Probation implemented Child and Family Team Meetings (CFTMs) for all youth ordered into out of home care. The process has received positive reviews from participants, youth, family and facilitators. Although all Probation juvenile services officers have been trained in CFTs, only a small portion of officers are currently utilizing the process based solely on the out of home care order from the Court. Through the above strategy, Probation looks to increase positive outcomes for youth by instituting CFTMs once a youth is placed under Court ordered formal supervision.

Q1: CCR mandates a CFTM be held initially at the time of a congregate care order and every 6 months thereafter. CFTMs are to be conducted, regardless of timeline, whenever there is a significant change in circumstances, such as a change of placement. If CFTMs are implemented upon an order for formal probation supervision absent a congregate care order, what timeline would be most appropriate and practical moving forward from a case management perspective?

Participants discussed many aspects of the CFT meeting process and timelines. In general, the focus group recommended CFTs be conducted within two weeks of a formal probation supervision order. In addition, subsequent CFT meetings were recommended at a three-month

interval. The group felt it was important that potential placements be discussed at the initial CFT meeting.

Q2: What would be a significant event during supervision to trigger a CFTM prior to the 6-month timeframe?

Significant events were identified as anything that could have an ongoing or lasting effect to the youth's response under supervision. Psychological issues, hospitalization, adverse school events, change of placement, substance abuse issues, family trauma and probation violations were all of great concern and should warrant a CFT meeting.

Q3: Who should participate in the CFTM?

CFT meetings should be comprised of those persons with a vested interest in the youth's wellbeing and development. In addition to the youth's family, relatives and supportive adults, many others were advocated as a positive inclusion in the process. These include school officials, therapists, social workers, coaches and youth advocates. The focus group participants felt it was important the attendees were coordinated between placement staff and group home workers if the CFT involves a youth in congregate care.

Q4: What strategies would you suggest to promote and emphasize the Case Plans as a living document?

Foremost in ensuring a Case Plan is updated as a living document is the inclusion and discussion of the plan at the CFT meeting. The goals and services (current and post-supervision) must be discussed by the team. Updates should be made as needed. The CFT meeting provides the educational opportunity to inform the youth, parents and stakeholders regarding the details of the Case Plan. This allows for buy-in.

Q5: What specific information gathered at the CFTM should be used to update the Case Plan?

The focus group emphasized the importance of supports being added to the Case Plan. Additionally, the safety network for the youth should also be included.

Q6: Family Finding is an important part of case management and expediting permanency. When youth and/or their family are in crisis, Family Finding can assist in finding temporary or long term/permanent (via Resource Family Approval – RFA) solutions focusing on stability. How can the CFTMs be utilized to increase the discussion and identification of potential appropriate Family Findings/resources?

Supports were again identified as important in this endeavor. In addition to the family, the youth is also a resource to identify potential permanency options. These options may be outside of cultural norms and barriers must be overcome. Developing trust with the youth is crucial when investigating relationships between the youth and potential resources.

Q7: The Wraparound program can be very beneficial for system involved youth. However, funding for the program is limited to Medi-Cal eligible youth. What strategies can be explored to increase the use of the program through alternate funding sources/methods and how can the CFTMs support the efforts of the family and youth in the program?

The focus group struggled with suggestions as to resources, but did feel Grants may provide potential funding for non-Medi-Cal eligible youth.

Q8: Quality Assurance (QA) is important in any program for real-time evaluation of effectiveness. What factors do you consider important as a focus of the QA process specific to engagement?

Tracking and data analysis are key factors in quality assurance. Development of data points should include ongoing CFT tracking as to attendees and their engagement. Additionally, a pre and post survey may be of great benefit in determining the effectiveness of the CFT meetings.

COLLABORATION. Develop, augment and increase baseline services to youth, families and Group Homes/STRTPs before, during and after out of home congregate care.

Overview: Probation, providers, families and youth are integral partners in obtaining positive youth outcomes. This is especially true for youth in congregate care. To reduce the likelihood a youth returns to placement post-graduation, true collaboration must permeate the relationship before, during and after congregate care.

Q1: Focus Groups identified the need to begin the reunification process well before graduation is considered. CFTMs were identified as a viable process. These meetings should include ILP Recruiters, Educational Liaison, Mentors, Mental Health, Probation and the Group Home in addition to the youth, their family and identified support structure. Is a 90, 60, 30 day prior to graduation timeline viable or should the process start sooner?

The earlier the CFT process starts, the more likely the youth outcomes will benefit. Each case is different, but those youth potentially emancipating, utilizing ILP services or AB 12 Extended Foster Care, will likely need the pre-graduation CFT process to start earlier. Youth returning home should find the 90-day pre-graduation timeline appropriate.

Q2: Focus Groups identified the use of a “punch list” to be used at CFTMs for identified items necessary to achieve graduation acknowledging completion of objectives while in congregate care and adequate support in place to achieve seamless reunification. Acknowledging each case is unique, what are the key areas for the “punch list” which would be pertinent for all youth?

Consistency was identified as one of the primary factors in achieving seamless reunification. This speaks to the youth, but also to the support network and the identified services needed for the transition. School enrollment for those not yet achieving graduation or GED and/or potential employment or military enrollment for youth post primary education was also identified. Follow up appointments should be scheduled prior to a youth’s graduation.

Q3: Would the addition of a “Transition Specialist” tasked with coordinating reintegration services both pre and post-graduation help the process and should this task remain with the assigned Probation Officer and Aftercare Officer? If neither seems fitting, what other suggestions do you have for assisting with coordinating reintegration services?

The group was supportive of one person in charge of coordination of services. The feeling is if too many people are added to the process, fidelity and connection with the youth would be lost. However, a neutral person, such as CASA, mentor, advocate, etc., was suggested as someone that could work collaboratively in the process.

Q4: Focus Groups identified the need to have regular and ongoing contact between the youth, treatment staff and the Probation Officer. Weekly or bi-weekly meetings were suggested as a

proposed timeline. Given our geographical challenges, to facilitate such, should congregate care providers be required to participate in these meetings through a Poly Com or similar system? (San Bernardino County Probation utilizes Poly Com.)

Members of the convening felt the contact with the Probation Officer would be necessary. An interesting point of distinction was to encourage the contact for both negative and positive behavior. Too often, communication does not occur when the youth are doing well. Staff and officers tend to talk more frequently when there is a problem. If communication is ongoing, and not situation specific, the likelihood of improved communication increases, which should have a positive impact on outcomes. These contacts, via web/Poly Com/etc., should be more informal in nature. This would help to put the youth at ease and facilitate a more open dialogue.

Q5: Prior to a youth's graduation, Probation would like to begin hosting parents at the Probation Department to brief them with an overview of the graduation process, requirements and services available throughout reintegration. Congregate care providers, Mental Health and the School Resource Officer would be encouraged to attend. What specific agenda items and/or presentations should be the focus of the meetings?

Agenda items and presentations to be discussed at the graduation process meeting must include specific guidelines for parents to continue to motivate and support their youth in completing school and the importance of ongoing therapeutic and support groups. Parents should be encouraged to play an active role in their youth's progress. Realistic expectations must be set with the youth and parents during the youth's transition. Groups must identify both positive and negative school triggers for the youth which can negatively impact behavior and generate unwanted consequences.

Since STRTPs are all now CHRIS providers, it may be good to encourage, and maybe even make it a condition of probation, for the youth to cooperate in receiving the Mental Health In-Home Based Services, and other aftercare services the County or STRTP is available to provide. These issues should all be discussed at a regularly scheduled CFT meeting.

Q6: How can those involved with the youth increase their networking and collaboration to enhance teamwork?

Communication is a very important part of forming a positive and functioning networking system that can assist the youth and their family in developing a positive team system. The Probation Officer should participate in this networking to assist the parents with skills for supervising their youth.

STRTPs should provide monthly reports to the Probation Officer for each of their kids. Emails are routinely sent to communicate to parents, schools, and workers with ongoing issues. The treatment team (STRTP and Probation Officer) should discuss issues before giving a youth or parent an answer. A cooperative effort and planning between the STRTP and Probation in providing aftercare services is essential in assisting with reintegration.

Teaming benefits when new Probation Officers assigned to an STRTP spend an afternoon/day to see the inner-workings of the program. Officers should be included in a group session. They should also glean some of the daily routine and what is provided to the youth. They would be encouraged to learn the provider's approach to treatment and why the approach is most effective for the particular STRTP.

Q7: What strategies can you suggest to collaborate with families residing in remote areas?

The technology of today can support families in remote areas via the internet and/or Face Time. The Probation Officer and/or provider staff can assist those families with information and support through these meetings. Skype, Face Time, Emails and phone calls are all viable options for families in remote settings. When appropriate, bus passes or transportation should also be considered by the Probation Department. A partnership between the STRTP and the Probation Department providing families lodging and transportation costs to facilitate a weekend visit would be beneficial if fiscally obtainable.

Q8: What strategies can you suggest to engage and collaborate with resistive/ambivalent parents?

Continue to mandate parents meet in person monthly with the Probation Officer. Courts should consider an order mandating parents actively participate in the programs. Keep open communication when times are good, so you already have a good report. Resistance and ambivalence can exist for multiple reasons. Identifying the reason, then creating a partnership with the parents is vital. Probation and the STRTP have to instill some hope the child can return home without recreating all the chaos and negative events that occurred before.

Q9: How can we better utilize Community Based Organizations (CBO) to promote positive youth outcomes?

We can better utilize CBOs by educating the parents and youth on what types of programs are in their schools and communities. Bus passes should be provided to assist the families in attending these CBO programs. A CBO Directory should be created.

One of the best ways to help youth transition, or even prevent placement in the first place, is a good Day Reporting Program. The program does not have to be mental health based, but behaviorally based at a minimum. It is less expensive and much more effective as the youth are living at home. Staff are able to address behaviors as they occur, both in the community and in the home.

Q10: If Probation is able to institute a 24-hour contact line for youth in placement and post-graduation, how can/should the congregate care providers participate?

Providers should educate the youth on the purpose of the contact line. Issues which can be addressed by the call in line should be identified and discussed with the youth upon entry into congregate care. Providers can post the phone number in their facility. Some care providers already allow graduated youth the ability to contact them 24 hours a day.

Q11: What strategies are needed to join probation, care providers, youth and their families during aftercare/post-graduation in ongoing efforts to ensure success?

The relationship between the participating parties while the youth is in placement should continue as an aftercare process. This will assist the family to continue the structure set by the placing agency and Probation. Providing a continuous and familiar support system will assist the youth in their successful reintegration.

Incentives should be offered to the youth and parents to get them to participate in aftercare services. Increased participation in the aftercare program offered by the provider should be required by the probation officer.

Q12: Quality Assurance (QA) is important in any program for real-time evaluation of effectiveness. What factors do you consider important as a focus of the QA process specific to collaboration?

Quality Assurance can be more efficient if all parties are committed and meet or communicate regularly. This will provide a bridge to effectiveness. QA must be measured to include school attendance and credits earned, a decrease in delinquent behaviors, vocational skills training to enhance their employability and pro-social involvement. Very few youth enter placement with a desire to change. Until they desire it, they do not change. This desire takes some time to cultivate, depending on the youth. A reduction in behaviors is successful, not just the elimination of them. QA must seek to ensure reinforcement of the benefits gained.

EDUCATION. Educate staff, care and service providers on the System Improvement Plan and best practice models fostering understanding regarding the interconnectivity of each and how individual actions effect youth outcomes.

Overview: Focus Groups underscored the need for the education of both service array providers and officers regarding the System Improvement Plan, the foundation of such and related support topics. There is a distinct connect between each component of the SIP. As it relates to any aspect of the SIP, individual actions are not, per se, individual in result.

Q1: Of the multitude of components that create, support and impact the System Improvement Plan, what topics are of mutual interest and should be identified as a priority education topic?

Topics that should be considered are parenting skills classes, effective communication and topics that can assist the youth with employment. As the STRTP process evolves, not all the information is disseminated. Continued sharing, communication and education is beneficial as one approach. One setting for every youth or behavior is not practical.

Q2: How often should training occur?

It was suggested by SIP participants that our training occur at least monthly. Weekly and ongoing was preferred as practicable and within acceptable timeframes. Careful consideration should be given for how much time training occupies balanced with time for implementation. Training can be of all types from formalized classroom to supervisor dialogue with staff to email/flyers providing updates.

Q3: What training format works best? Webinar, Web-based training, in-person, updates/newsletters, staff meeting, have groups cross-present at trainings or staff meetings?

Training is best when conducted in person. This facilitates interaction between all parties. The facilitator is able to monitor feedback and determine if the participants are grasping the subject matter. Other formats are acceptable based on the message being delivered. This depends on logistics. Otherwise, group trainings enable sharing which is very effective because of the commitment of those involved.

Q4: Would there be a benefit to conducting joint training with multiple groups present at the same training?

Conducting joint training with all the stakeholders would be of great benefit. This will provide the opportunity for various types of experiences to be shared through dialogue. STRTPs providing

training to probation personnel about some of the practical parts of congregate care, treatment and logistics would be helpful. Both providers and officers would benefit from learning about each other's role in service to youth.

Q5: Quality Assurance (QA) is important in any program for real-time evaluation of effectiveness. What factors do you consider important as a focus of the QA process specific to education?

Measuring outcomes by effective interaction of all parties and continual evaluation of progress is important. Education that goes both directions is important. Providers would like to present their issues to the regulatory bodies as well as the placing agencies. The QA process, to be effective, must involve all the involved agencies for it to be successful. Information sharing must employ bi-directional flow.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Children and Family Services (CFS)

Using baseline data from Q4 2016 and the most recent available data, the following Outcome Measures met or exceeded the national or state standards or have had a positive trend in the last 5 years and were, therefore, not included in the SIP:

- S2: Recurrence of maltreatment,
- P2: Permanency in 12 months (in care 12-23 months),
- P5: Placement Stability,
- 2B: Referrals by Time to Investigation,
- 2F: Monthly Visits in Residence (out of home),
- 5F: Authorization for psychotropic medications,
- 8A: Completed high school or equivalency,
- 8A: Obtained employment, and
- 8A: Permanent connection with an adult.

There were outcome or performance measures below the national standard or have shown a slightly negative trend not included in the SIP. These will be monitored for performance and addressed in the SIP as appropriate:

- P3: Permanency in 12 months (in care 24 months or more).
- P4: Re-entry to foster care in 12 months.
- 4A: Sibling Placements (All).
- 4A: Sibling Placements (All or some).
- 4C: Congregate care placements: one year or more.
- 5B(1): Rate of Timely Health Exams.
- 5B(2): Rate of Timely Dental Exams. and
- 8A: Have housing arrangements.

Overall, the outcome or performance measures considered for inclusion in the 2018 System Improvement Plan were:

- S1: Maltreatment in Foster Care,
- P1: Permanency in 12 months (entering foster care),
- PR: Entry Rates,
- PR: In Care Rates, and
- 2F: Monthly Visits (out of home).

The P1 and S1 measures are the identified outcome measures for improvement, with the entry and in-care rates addressed as strategies related to improving P1, and monthly visits included in action steps for S1.

Performance measures with no defined standard or requirement included:

- 2S: Timely caseworker visits in the home (monthly and yearly)
- 4B: Least restrictive placements,

- 4B: Point in time placements,
- 4E(1): ICWA eligible placement status,
- 4E(2): Multi-ethnic placement status,
- 6B: Individuals educational plans,
- 5A (1and2): Use of psychotropic medications,
- 5B (1and2): Use of anti-psychotropic medications, and
- 5C (1and2): Use of multiple concurrent psychotropic medications.

There are no established quantitative standards for evaluating systemic factors. In reviewing them, many are already undergoing changes brought on by other initiatives and, though there is room for improvement, priority was assigned to Staff, Caregiver and Service Provider Training. With child welfare in a state of fundamental change, training of social work and support staff has become an area of renewed focus.

The following systemic factors are being changed as a result of statewide initiatives:

- Management Information Systems (Child Welfare Services – California Automated Response and Engagement System (CWS-CARES) project),
- Case Review Systems (CFSR Case Reviews), and
- Foster and Adoptive Parent Licensing, Recruitment and Retention (Resource Family Approval (RFA) and Foster Parent Recruitment, Retention and Support (FPRRS)),

The following systemic factors will be monitored for performance and addressed in the SIP updates as appropriate:

- Service Array/Agency Collaboration,
- Quality Assurance Systems, and
- Agency Responsiveness.

Probation

Overall, the outcome or performance measures that should be considered for inclusion in the 2018 System Improvement Plan are:

- 2F: Monthly Visits (out of home),
- P3: Permanency in 12 months (in care 24 months or more), and
- P4: Re-entry to foster care in 12 months.

The following outcome or performance measures, though not meeting the national standard, are only slightly below the national standards or have been on an improving trend:

- P1: Permanency in 12 months (entering foster care), and
- P2: Permanency in 12 months (in care 12-23 months).

The following outcome or performance measures show the county meeting or exceeding the national or state standards or have had a positive trend in the last 5 years:

- S1: Maltreatment in Foster Care.
- P5: Placement Stability. and
- 2F: Monthly Visits in Residence (out of home).

The following are performance measures with no defined standard or requirement:

- 4B: Least restrictive placements,
- 4B: Point in time placements,
- 4C: Congregate care placements: one year or more,
- 4E(1): ICWA eligible placement status,
- 4E(2): Multi-ethnic placement status,
- 5A (1and2): Use of psychotropic medications,
- 5B (1and2): Use of anti-psychotic medications,
- 5C (1and2): Use of multiple concurrent psychotropic medications,
- 5F: Authorization for psychotropic medications,
- 6B: Individuals educational plans,
- 8A: Have housing arrangements,
- 8A: Permanent connection with an adult,
- 8A: Completed high school or equivalency, and
- 8A: Obtained employment.

While Service Array was not specifically identified as a need area in the CSA, it is recognized that this underlying measure reaches across the spectrum of measured outcomes and is integral in not only improving P4 outcomes, but also in potential overall improvement for youth under Probation's care. Probation will continue to monitor and report on developments related to the other systemic factors. At this time, they are not being included as priority items in the SIP.

CFS OUTCOME MEASURES

Following is a detailed review of the strategies developed to improve the indicated performance outcome measures and systemic factor, those being:

- **Safety 1 - Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?**

The maltreatment in Foster Care measure was revised for the Child and Family Services Review (CFSR3) round 3 in 2015. San Bernardino County did extremely well in the prior measure but did significantly worse in the revised measure due to a new methodology. The revised measure includes all substantiated maltreatment reports by any perpetrator while the prior methodology counted only substantiated maltreatment reports perpetrated by foster care caregivers or placement facility staff. Consequently, this measure was added to the prior SIP in 2016.

- **Permanency 1 - Of all children who entered care in the 12-month period, the percent discharged to permanency within 12 months.**

The P1 measure has proven intractable despite gains in total numbers achieving timely permanency. In Q4 2012 (covering the entry year of 2011), 668 children achieved permanency in 12-months; in Q4 2017, 861 achieved permanency, an increase of 28.9%. The cohort from which this was taken, however, (the denominator in the rate) also increased from 1,888 to 2,951, an increase of 56.3%. The rate therefore declined from 35.4% to 29.2%. The P1 measure was reviewed in the Peer Review and will continue to be a focus area for the SIP.

- **Systemic Factor - Staff, Caregiver and Service Provider Training and Development.**

With a variety of initiatives fundamentally altering essential child welfare functions, training of social work and support staff has become an on-going and revitalized component of agency efforts. Particularly, the Core Practice Model (CPM) implementation has increased demands for training, and training was repeatedly identified as a need area for CFS.

The following strategies were developed based on information provided in the County Self-Assessment (CSA), the previous SIP and independently held focus groups and analyses. The CSA identified a number of recurring themes needing to be addressed: Engagement, Collaboration, and Quality Assurance. This is reflected in the divisions of the strategies into Training, Practice and Administrative sections. The strategies are meant to address all these themes for each outcome measure and systemic factor. All strategies need to incorporate improvements in data entry and information processing practices so Children and Family Services (CFS) may more effectively engage in Continuous Quality Improvement (CQI).

The County CQI process will be used to evaluate how all strategies are affecting the CFSR3 outcomes and accountability measures. Strategies 1 and 2 incorporate the process of analyzing instances of maltreatment to identify root causes and suggest further solutions.

Strategy 1: Integrate Structured Decision Making (SDM) into Children and Family Services (CFS) policies, procedures and practices.

Two strategies were added to the 2013 SIP in 2016 and 2017. A Safety workgroup convened and oversaw a case read of all the instances of substantiated maltreatment and concluded the numbers overstated the amount of maltreatment because of various coding and procedural practices. Many of those practices were revised in policy with a second strategy, which made

policy and practice adjustments to more accurately reflect the amount of maltreatment in out of home care. Some examples include:

- Reported problems with birth parents during supervised visits that should not have been elevated to an allegation of abuse and neglect.
- Duplicative abuse reports of incidents occurring prior to removal reported during the placement episode.
- Group home/FFA licensing incidents that were better categorized as a Community Care Licensing (CCL) issue than maltreatment.
- There were a number of issues related to terminating guardianships that could have been handled through reentry and a 387/388 hearing.

The Risk Assessment Practice/Warrant Process Training group recommended the use of Comprehensive Assessment Tools (CAT) be replaced by Structured Decision Making (SDM). An SDM implementation workgroup was formed in March, 2015, and has been guiding implementation efforts, developing tools, timelines and a project plan. SDM was initially implemented on April 11, 2016 with a transition out of CAT tools through June, 2016. SDM oversight was recently moved under the Core Practice Model Steering Committee (CPMSC).

The CSA noted Structured Decision Making (SDM) could identify ongoing safety and well-being needs of children in care. A number of focus groups mentioned the need for ongoing training. It is anticipated enhanced use of SDM tools will provide structured risk and safety assessments throughout the life of a case to help limit maltreatment in care. Monitoring timeliness of tool use and fidelity will ensure more appropriate results.

Of particular note regarding maltreatment in out of home care, the Substitute Care Provider (SCP) Safety Assessment identifies safety threats and assists in the determination of whether to have the child remain in the home. Policy and procedure guidelines in SDM related to the SCP Safety Assessment define what cases are subject to assessment and guide the decision to remove a foster child from the SCP's home, based on whether threats to safety are present in the household and whether interventions are available and appropriate to maintain placement.

After a more complete review of SDM, Children and Family Services (CFS) will pursue the following approaches to integrating SDM into policies and procedures:

- Social workers (SW) are to practice according to SDM policy and procedures.
- CFS will clarify the:
 - Handling of referrals involving allegations of out of home care abuse and neglect, and
 - Use and structure of Risk Assessment Meetings (RAMS).
- CFS needs to conduct a thorough administrative review of out of home care providers where there is a history of fatalities or near fatalities caused by substantiated abuse or neglect to a child in the home
- CFS will expand the use of Voluntary Family Maintenance (VFM) cases where safety threats are absent but risk of future maltreatment is high.

A. Training

A1. Provide a series of SDM trainings for Supervisors and lead workers including case reads followed by coaching sessions.

A2. Conduct safety planning training in accordance with All County Letter (ACL) 17-107 for social work staff. Training will be supported by the use of Coaches to support workers in developing:

- Harm and danger statements,
- Safety mapping, and
- Behaviorally specific case plans.

A3. Provide in-service training to staff and management for the evaluating out of referrals so decisions are informed by the SDM Policy and Procedures Manual.

- Implement protocol for the review and approval of decisions to evaluate out referrals. Regional modifying of response determinations will not be allowed unless new information comes to light.

Individual training completion for all staff training conducted by Performance, Education, and Resource Centers (PERC) will be documented on the PERC Learning Management System (LMS). Policy and training should be completed by the end of 2018, and random SDM case reads of Evaluated Out (EVO) referrals to confirm that EVO procedures are followed will be conducted on an ongoing basis. Modifying response determinations will require a manager's approval.

A4. Supervisors and SWs will receive training on:

- Risk assessment and warrant training every 2 years incorporating usage of SDM tools; and,
- Safety planning training, incorporating the use of SOP and SDM tools.

Biennial risk assessment and warrant training will be delivered for CFS staff complemented by advanced simulations regarding assessment and safety planning to enhance transfer of learning. Materials for RFA Caregiver training will include items on risk and safety, and Trauma Informed practice as part of the overall training. Advanced trainings for staff on trauma will be pursued as part of the annual training plan developed with PCWTA and PERC.

Training classes are currently scheduled for the autumn of 2018. The goal is to improve critical thinking and clear delineation of how one comes to a decision.

A5. Develop and deliver advanced simulations regarding risk assessment and safety planning. Training will include 'Train the Trainers' modules. Simulations will include:

- Intake
- Assessment/Case Planning
- Placement
- Court

Policy and procedure will be revised to provide appropriate expectations.

The DD of CWT. will oversee implementation of risk assessment, warrant training and advanced simulations. The PCWTA simulation is designed to reinforce Case Planning and Safety Planning using SDM. The specific goals of the simulation training are to:

- Accurately identify which SDM tool applies to key decision points in referrals and cases.
- Express/explain the value of focusing, through carefully chosen questions, the case consultation interaction on the information that most relates to the SDM tool.
- Demonstrate in the simulation that the learner can intentionally guide the case consultation with questions and prompts that direct the caseworker to focus on the information needed for the appropriate SDM tool.

- Accurately identify the most common problematic issues that arise in Safety Planning with families.
- Demonstrate in simulation that the learner can anticipate typical problems in safety plans and ask questions to guide the worker toward fixing them.

Training classes began in March, 2018. Continued follow-up will be the responsibility of the DD and CWSM of CWT, with the assistance of ROQS and PERC. Training will be provided at least every two years. Regional management will review staff participation in advanced simulation training.

B. Practice:

B. Risk Management and ROQS will obtain a list of SB 39 reported fatalities and near fatalities with a current open referral or case in CMS to review during bi-weekly Case Review Unit meetings. Reinforce process that safety assessments and recommendations must be reviewed by the regional DD, with recommendations by the Assistant Director and Director for final determination, in order to continue placement with out of home care providers where there is a history of fatalities or near fatalities

C. Administrative

C1. Revise the CFS Handbook to clarify:

- The purpose of each of the SDM tools, hotline tool, initial safety, initial risk, substitute care provider safety assessment
- How each tool is to be used, and
- When each tool is to be used.

C2. Revisions of the Response Determination Policy will be made to ensure it conforms to SDM policy and procedure, and State regulations. Publish and notify staff of CFS Handbook revisions. Distribute CFS Handbook revisions to staff via in-service training with supervisors.

C3. Supervisors will complete 3-5 random case reads per month to review fidelity of the tool usage and develop feedback loop for social workers.

C4. Use department CQI structure to improve the timely first in person response and the timely use of SDM tools and use CFSR Federal case review results to identify relevant themes and effective case practices. Quarterly reports and presentations to staff on lessons learned will be used to adjust goals and replicate success.

- Quarterly Reports - Baseline performance, target goals, action plans will be created for the following measures:
 - 2B – Immediate Response
 - 2B – 10-day response
 - 2F – Timely Monthly Caseworker Visits (Out of Home)
 - SDM Initial Safety and Risk Assessments
- Improved performance will be reviewed monthly at Department-wide management meetings.

CFSR case review results are captured in regular reports and distributed at executive and managers meetings. The Department Assessment Monthly Report (DAMR) is a comprehensive summary of progress and trends of the CFSR outcome and accountability measures broken down

by region and division. The distribution and analysis of the DAMR 2.0 will assist in this ongoing monitoring and identify trends regionally and department wide. Also included are the county-specific CPM implementation figures on risk and safety assessments completed, SDM tool use, approved case plans, and Child and Family Team Meeting (CFTM) incidence.

The DAMR is used as the basis for discussion at the Combined Managers Meeting (CMM) where each region provides updates on lessons learned with the intent of replicating success agency-wide. For example, the Western region recently presented on improved performance on the 2F Face-to-Face visits measure, breaking down some techniques other regions may utilize.

In addition, monthly Department CQI meetings with managers and executives rotate focus on each of the above measures (2B-IR; 2B-10-day; and, 2F). The CQI group reviews progress on the measure, examines what is working well, identifies lessons learned, shares results and develops new strategies to be promulgated throughout the regions.

C5. The Program Development Division (PDD) in collaboration with System Resources Division (SRD) Risk Management Unit will revise RAMS tools to prompt and document a focus on the following:

- Risk and safety assessment, including Child Welfare Service/Case Management System (**CWS/CMS**) history review,
- Safety Plan,
- Identification of safety network members to support the safety plan,
- Review of appropriate use of SDM tools,
- Identifying those safety threats and risk factors and family needs to be addressed in the case plan, and
- Focus on risk, safety planning, identifying safety networks and reinforcing appropriate use of SDM tools.

C6. Revise the CFS Handbook to provide guidance for the opening of VFM cases where there is an absence of safety threats but high risk of future maltreatment.

C7. Revise the CFS Handbook to clarify the appropriate manner in which to handle:

- Associate referrals,
- Duplicate referrals,
- Secondary referrals, and
- Accurately recording the date of occurrence of maltreatment and an identified perpetrator, particularly for those referrals alleging abuse in out of home care.

C8. Implement monthly monitoring of SDM usage and fidelity of assessment tools including monitoring timeliness of tool use.

Implementation of SDM and use of fidelity assessments will be overseen by the Assistant Director. The Core Practice Model Steering Committee (CPMSC) currently reviews SDM tool use compiled by ROQS in regular reports. Additional information is also provided in the DAMR.

C9. Evaluate impact of Action Steps on improvement in CFSR3 S1 measure. Continue to analyze and assess occurrence and recurrence of maltreatment in care as part of Core Practice Model implementation.

C10. Track trainings, evaluation and attendance as appropriate. Review the information to identify training needs and strengthening of training curriculum.

Each action step is to be evaluated on its own for impact on the CFSR3 measures by the SRD DD. The SIP/CPM Committee, which replaces the SIP Oversight Committee, will review the effectiveness of these action steps. For example, on C7 of this Strategy, it is not sufficient to simply state that the handbooks have been updated. Those updates are tracked for improvement in performance of the coded information, which in turn is reviewed for impact on safety and permanency. The impacts on measures are also to be reviewed in aggregate or in combinations. For example, the A1 through A5 action steps all deal with training and can be reviewed for combined affect.

Using the approaches developed for the Child Welfare Core Practice Model, the SIP/CPM Committee will also:

- Monitor SIP Progress using available data, identifying and addressing areas needing improvement by utilizing the CQI process.
- Approve additional resources, as needed and available to move the work forward.
- Coordinate efforts with other Departments (DBH and Probation) and among other workgroups to improve effectiveness and avoid duplication of efforts.

NOTE: For a summary of efforts regarding the Integrated Core Practice Model, refer to the section on Child Welfare/Probation Placement Initiatives.

Trainings are to be reviewed and evaluated for participation and transfer of learning by Countywide Training. The reviews are to document changes in behavior related to receipt of specific trainings. Review of training impact is then to be used to update curriculum or training approaches.

Strategy 2: Improve placement practices in order to reduce the incidents of maltreatment for children in out of home care.

The RFA process is used to approve Resource Family placements. RFA staff under the Placement Resources Division (PRD) are also responsible for the following tasks:

- Process RFA applications;
- Conduct periodic evaluations including annual on-site visits;
- Conduct complaint and abuse investigations;
- Maintain a complaint log which is available for review by regional offices;
- Conduct a case assessment and initiate appropriate course of action when a complaint is substantiated, when the Resource Family home chronically fails to meet requirements, or is found non-compliant;
- Perform legal and administrative remedies; and
- Report data required for State and local data systems.

RFA is a new, mandatory approach for placement approval. Prior to full implementation, pilot counties reported a number of concerns with the process particularly with delays in approval for relatives and a reduction in the total number of relative placements.

Review of placement practices also showed CFS should take immediate steps to improve safety of children in out of home care, including:

- Better protect children in out of home care by performing an annual safety review of the home including a home health safety assessment, verifying background checks for all parties in the home, update family evaluation.
- Work to build the pool of safe and appropriate homes for children and youth, to include a more efficient Resource Family Approval (RFA) process.
- Better protect children in out of home care by verifying SW contact visits with children in out of home care occur in the child's placement setting at least 50% of the time.

A. Practice

A1. Implement two Open Case Investigation Units (OCI) within the Initial Response Operations (IRO) Division. Include a method to alert all social workers who have children in the home of the allegations.

The OCI units became functional in June, 2018. OCI staff investigate referrals for suspected child maltreatment of any child in out of home placement or having an open case. Policy includes investigative protocol, practice standards, the importance of teaming, cross-reporting and responding to out of county placements. The number of referrals processed by the OCI units increased from 89 in June, 2018 to 189 in July, 2018.

A2. SB 39 – Risk Management Unit Cross Report will go to Community Care Licensing (CCL) Regional Manager Riverside to ensure that children are not placed in homes with prior history of fatalities and near fatalities by substantiated abuse or neglect.

A3. CFS shall develop, implement and evaluate a process to ensure that all placement homes with lengthy referral and substantiated allegations with abuse or neglect are reviewed by management prior to utilization. Recommendations shall be made by Placement Resources Division Deputy Director to the Director, Assistant Director or her/his designee when the history involves substantiated abuse.

ROQS conducted an analysis of out of home placements with lists derived from PRD and **CWS/CMS**. Preliminary review was conducted for all caregivers with allegations and forwarded to CFS management for processing.

A4. Fully implement Article 9 Sections 9 02-05 of RFA Written Directives including a home health safety assessment, verifying background checks for all parties in the home, and update family evaluation.

The latest written directives are published online on the County Intranet for easy access. These include the requirements for assessments and background checks. Updated policy in support of RFA processing was published in April and September, 2018.

A5. Implement workflow improvement strategy to reduce backlog and improve resource family approval timeframes without reducing safety standards.

In accordance with State regulations, San Bernardino submitted the RFA Backlog Plan which includes identification of RFA applicants passed the 90 days and specific improvements for applicant processing:

- Improvements to documentation and tracking,
- Reallocation of staffing resources,

- Training for SWs and Supervisors,
- Processing goals,
- Monitoring and tracking of progress, and
- Transitioning to the one RFA/SW model.

The RFA Backlog Plan includes, specifically, the following provisions:

- **Workflow Improvement Strategy**

- Documentation and Tracking process:
 - Implementing Binti software by May 14, 2018 to streamline, automate, and track the Resource Family Approval (RFA) process. Binti will enable CFS staff to:
 - Provide an online RFA orientation by May 14, 2018,
 - Shift to online electronic applications,
 - Improve organization and tracking in house and contract providers, and
 - Access reports.
- Social worker (SW) process:
 - Begin implementing California Department of Social Services (CDSS) written report template by June 1, 2018.
 - Half day training for all Permanency Assessment workers will be provided to ensure proper application of the new template and expectations are understood.
 - Two RFA SWs per unit will attend a CDSS sponsored written report training in May, 2018.
 - The goal is to streamline written reports for the backlog and the overall RFA process.
 - Supervisors will work with SWs individually and collectively to increase the number of average approvals per month from 2.5 to the target 4.0 (45 per month to 80 per month in-house).
 - SWs will set aside time daily to review cases with no activity and complete withdrawal/denial process for applicable families (currently averaging 80 withdrawals per month over the past six months).
 - SWs will utilize time saving practices to increase proficiency, and clarify expectations between families and SWs. SWs will:
 - Contact families upon receipt of case to discuss the steps for approval, outline expectations and timelines for both parties,
 - Share the written plan with the family.
 - Set boundaries regarding answering and returning phone calls and texts,
 - Continue to receive support from supervisors to identify what details are required, and what can be eliminated from the written report,
 - Focus on balancing in-office report writing/case management with field time,
 - Collect paperwork, including the self-assessment, and draft portions of the written report before the first interview,
 - Document interviews in a format that can be copied into the written report, and
 - Increase direct communication with the child's SW and Child and Family Team to determine the SWs motivation to place, and the family's need for resources.

- During the next month, supervisors will meet with staff individually to discuss progress, barriers and timelines for completion of cases that exceed the 60-day approval timeframe, and notate the reason in the case.
 - The goal is to increase awareness of timelines and supervisor involvement/support.
- CFS will continue shifting to one RFA SW model:
 - SWIs will complete home evaluations (HE) only for ER placements. They will also be responsible for most annuals (complicated changes will be bumped up to Social Services Practitioners (SSPs), and Relative Approval Unit (RAU) changes such as adding a child or adult to the home, change of address, etc. Registered sex offenders follow up will be reassigned from SSP Investigators back to SWIs, who had this assignment prior to RFA.
 - SSPs will complete all other portions of the RFA assessment, unless appearing at a legal consultation is necessary (handoff to investigator SSP).
 - The goal of the one SW model is to reduce:
 - Confusion as caregivers interact with different SWs during the RFA process,
 - The number of cases with the assigned investigator, and
 - The time SWs spend communicating and coordinating while working through the HE assessment.
- Clerical process:
 - Office Assistants will email SWs when Live Scan results are received.
- Contract referral process (referring RFA families to contracted Foster Family Agencies (FFAs):
 - FFAs will receive 28-40 referrals per month (capacity).
 - RFA staff identified 33 ER placements with pending interviews and referred to contracts in April, to assist in clearing the ER backlog.
 - Beginning in May, RFA staff will identify 28-40 referrals from the non-placement backlog to send to contracted FFAs, to assist in clearing the non-ER backlog.
 - CFS will provide ongoing training for FFAs in June when the state written report is implemented by CFS.
 - The goal is to eliminate errors and omissions that result in sending reports back for correction.
 - CFS is exploring sending 20 family evaluations per month to state adoption agencies
- SWs will refer non-ER relative caregivers to orientation as a first step, before submitting a referral. This will increase awareness of the roles/responsibilities during the RFA process and decrease withdrawals. The process will:
 - Inform relative caregivers of RFA requirements before they submit an application, and
 - Allow CFS staff to record/track when a relative caregiver has been referred to the orientation.

- Numerous relative/NREFMs caregivers do not follow through with RFA requirements, despite expressing interest in being assessed for placement at time of removal.
- Community referral process:
 - SWs will refer community families to local FFAs, which will provide resource families with options and improve the timeliness of approvals. Community families can:
 - Sign up for orientation and receive an orientation packet, which includes FFA RFA approval information and a list of local FFAs, and
 - Receive information during orientation about the options to work with an FFA, and the different experiences families have working with an FFA vs. the county.
 - The goal is to provide resource families with options and improve timeliness on approvals.
- **Staffing Strategy**
 - CFS is in the process of adding additional units to RFA to handle the workload.
 - The anticipated benefit is additional two approvals per month per SW or 12.5% increase overall Investigator productivity per SW.
 - Three RFA units have interns/volunteers to help with the workload.

As implementation of the workflow improvement strategy continues, the PRD DD will periodically adjust and reallocate staff and resources to address unexpected problems or procedural bottlenecks.

A6. Utilize FPRRS and other available funds to conduct family finding and resource family specialist supportive services.

Resource Family Specialists (RFS) mentor and guide caregivers through the Resource Family Approval (RFA) process and provide support to caregivers by:

- Assisting Resource Families in understanding CFS expectations,
- Helping caregivers support reunification and concurrent planning goals,
- Providing linkages between Resource Parents and RFA and Regional SWs,
- Supporting early engagement for Resource Parent trainings,
- Gathering and providing information about resources for caregivers,
- Co-facilitating trainings and RFA workshops, and
- Helping caregivers understand funding options including submitting reimbursement requests and/or vouchers for hard goods, CPR/First Aid certification, child care, and respite care costs.

The Deputy Director of Placement Resources will monitor family finding and special project codes in **CWS/CMS** to demonstrate family finding efforts supported by the funding. FPRRS funding may be discontinued in future allocations. The resource family specialists have been a valuable support to RFA applicants. Should funding be discontinued, CFS will explore alternative funding such as through Promoting Safe and Stable Families (PSSF). Family Support services under PSSF includes services designed to increase the strength and stability of families, including adoptive, foster, and extended families, and efforts to support and retain foster families so they can provide quality family-based settings for children in foster care.

B. Administrative

B1. Update the CFS Handbook to clearly delineate procedures for the functional relationships between CAAHL, Open Case Investigations and Initial Response Operations (OCI/IRO) and the Regional Offices.

Policy for OCI was published simultaneously with establishment of the units in June, 2018. Supporting forms, tools and informing flyers were also published at that time.

B2. Reinforce the expectation that social worker contact visits with children in out of home care occur in the child's placement setting 50% of the time. In aggregate, the county is currently exceeding the standard.

Supervisors through case reads and case conferencing will review contact visits to follow-up on visit location and review the quality of the engagement, including if SOP techniques were used.

B3. Focus on ensuring an accurate recording in **CWS/CMS** of the:

- Date of occurrence of maltreatment, and
- Identified perpetrator, as well as
- Appropriate identification and handling of associated, duplicate and secondary referrals.

ROQS and Initial Response Operations (IRO) provide regular quarterly reports for reviewing input on these data elements. These reports will be reviewed by the SIP/CPM on a quarterly basis.

B4. Quarterly Monitoring – implement quarterly Quality Assurance Case Reads to review every Open Case Investigation where the Date of Occurrence of Maltreatment and/or the identified Perpetrator are missing from the Documentation as well as 25% of referrals assigned for investigation to the OCI Units to ensure updated procedures were followed.

The DD of IRO is to review information provided by ROQS to ensure dates and identified perpetrators are properly coded. Report is to be made to the SIP/CPM committee. Other emerging issues derived from data analysis are also to be reviewed.

B5. Evaluate impact of Action Steps on improvement in CFSR3 S1 measure. Continue to analyze and assess occurrence and recurrence of maltreatment in care as part of Core Practice Model implementation.

Each action step is to be evaluated on its own for impact on the CFSR3 measures by the IRO DD. The SIP/CPM Committee will review the effectiveness of these action steps. The effects in aggregate are also to be reviewed.

Strategy 3: Increase the number of children and families with Child and Family Teams and enhance early engagement of children and parents.

Child and Family Teams (CFT) are the cornerstone of recent statewide reforms and initiatives meant to integrate family voice and choice into the case planning process. The purpose of teaming is to ensure coordinated care and case planning is provided to all children and youth in the child welfare system. CFTs are defined in Assembly Bill (AB) 403 as: "A group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes

to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.”

CFTs, along with Safety Organized Practice (SOP) and Structured Decision Making (SDM), are an essential component of the Core Practice Model (CPM). The Core Practice Model Steering Committee (CPMSC) oversees and coordinates implementation of the CPM using regional subcommittees. CPMSC reviews regional progress, develops tracking tools, fidelity assessments, messaging materials, and assesses the effectiveness of these efforts. CPMSC has, for example, circulated and implemented a survey, developed with statewide partners, to take a ‘snapshot’ for use in evaluating the status of CPM implementation throughout CFS.

AB 403 set standards for what qualifies as a CFT and how frequently they are to occur. In calendar year 2017 CFS staff conducted 5,410 CFTs. CFS is looking to expand about 1,000 per year over the life of the SIP. Enhancing the use and effectiveness of CFTs will require, in accordance with the identified themes, concerted and sustained efforts to train line staff and track the effectiveness of those efforts. Orientation and Induction training contains a module on CFTs and PCWTA provides coaching services for CFS staff. Other means, such as entries the Child Welfare Service/Case Management System (**CWS/CMS**) outlined in All County Letter 17-104, and regional tracking tools will also be used to track results. The brief listing of elements to track are not meant to be exhaustive, but provide a starting point for tracking efforts.

A. Training

- A1. Include CFT training in initial curriculum for incoming social workers.
- A2. Provide the opportunity to attend refresher training sessions every two years.

CFS’s Orientation and Induction (O&I) Training is currently conducted by trainers from the Performance Education Resource Center (PERC). Any changes to this curriculum will be in place by July 1, 2018. It now includes delivery of a one-day CFT class. This curriculum is already developed and is being delivered for the first time to the cohort of newly hired social work line staff, who came on board in January, 2018. Additionally, half-day CFT refresher training is planned, in order to support the continued learning and development of our current workforce. It is expected to be in place no later than January, 2019 and be offered at various times throughout the duration of the SIP. This curriculum has been developed, but has not yet been delivered. The goal is to offer a small block of delivery dates, twice per year. The objectives of these refresher trainings are to support staff in further honing their knowledge and skill in the following areas:

- Basic facilitation skills,
- The basic steps of the Child and Family Team Meeting (CFTM),
- Conducting a Child and Family Team Meeting,
- Understanding their role as the facilitator and as a member of the team, and
- Completion of timely, accurate documentation for the CFTM.

Refresher training dates and number of enrollment slots will be determined by the Countywide Training Committee, in conjunction with PERC and the CFS Executive Team. Once set, dates will be advertised to regional leadership and decisions regarding specific staff enrollment will be made. Staff will receive initial confirmation of enrollment, as well as email reminders. All trainings of this nature are tracked in PERC’s Learning Management System (LMS) and training transcripts are available for review by staff, and all levels of leadership, through PERC’s eLearning platform.

A3. CFS will contract with Public Child Welfare Training Academy (PCWTA) to provide coaching sessions to enhance transfer of learning and reinforce model fidelity.

CFS currently partners with The Academy for Professional Excellence/Public Child Welfare Training Academy for practice coaches. Coaching has already begun and is expected to last until at least July, 2022. They are being utilized in a variety of areas, including, but not limited to:

- Case Mapping,
- Preparation for CFTMs,
- Facilitation of CFTMs,
- Structured Decision Making (SDM) tool usage,
- Safety Organized Practice (SOP) tool usage,
- Understanding and utilization of Core Practice Model principals, and
- Understanding and utilization of the CQI process.

The current coaching contract is for approximately nine coaching days, per month for each region. These hours are staffed by five Practice Consultants (coaches), and a Practice Consultant Supervisor. A monthly coaching report for each Practice Consultant is provided by PCWTA and will begin to be reviewed no later than July, 2018. It includes:

- Date of coaching session,
- Scope of session (see above),
- Amount of time for each session,
- Number of participants,
- Location of session, and -
- Description of what has worked well in the given month, what worries the coach had, and suggested/planned next steps the coach can offer.

In the CSA and following focus groups, stakeholders voiced concerns regarding not being clear on the importance of CFTs or their role. There is currently no direct count of the number of stakeholders participating in CFTs. The stakeholders in focus groups reported occasional but uncertain participation. Questions arose regarding the changes occurring as cases progress and the focus of service changes, who determines what providers attend, the role of the service provider in the safety network and who is responsible for calling a meeting. The suggestion was repeatedly made there should be an information campaign so community partners can understand the purpose and functions of CFTs and more effectively engage in them. The primary goal of increasing and enhancing stakeholder participation in CFTs is to support timelier reunification.

Optimizing available community resources means knowing who those resources are and having access to them. There is no established way to expeditiously track and retrieve information on community participation in CFTs. Consequently, CFS will survey community partners to obtain their feedback on CFT participation. In addition, CFS will develop random surveys to be distributed to CFT stakeholders for purposes of evaluating their understanding of CFTs and identify any limitations and areas of improvement. Survey results will be reviewed by SIP-OC and forwarded to CPM Steering Committee depending on the results.

B. Practice:

B1. Establish a marketing and messaging campaign to distribute materials and educate community partners and stakeholders on their role and the value of CFTs.

- Broaden engagement to non-traditional partners, including various faith based groups and philanthropic organizations.

Generally, the goal is to increase community partner and stakeholder involvement. The CFS Project Management group will take the lead on engaging with stakeholders and be supported by the Placement Resources Division (PRD), the New Initiatives units (NIU) in the operational regions and the CPM Steering committee. Engagement activities will begin no later than October 1, 2018 and continue through at least July, 2020.

CFS will develop and distribute materials through existing channels such as Community Partner meetings and the Semi-Annual Contractors meetings to optimize community partner participation in CFTs, especially those partners engaged with the family. Providing information and instruction will be a standing agenda item for these meetings. Information will be disseminated through brochures and flyers. Stakeholders will be made aware of existing mini-online trainings.

It was also noted CFS should expand its reach to other groups including faith-based groups representing all children engaged in child welfare, philanthropic and community service organizations, and including parent partners, domestic violence providers and alcohol and drug service providers in CFTs.

It is important both to increase the quantity and enhance the quality of CFTs. Review of CFTs are primarily the role of the Supervisor while conferring with line staff. The results of conferencing will be accumulated and forwarded to management to complete the feedback loop for training.

B2. Participate in CDSS sponsored Well-Being Institute biennially for shared learning regarding the children's system of care, Wraparound and CFTs.

Upon initiation by CDSS, CFS staff will participate in Well-Being Institute activities. The DD of PRD and Assistant Director will coordinate participation which will include the CPM deputy coaches. The goal of participation is to improve CFT use and implementation through shared learning experiences with surrounding counties.

B3. At monthly meetings with judges, update judges and attorneys, and receive feedback, regarding CCR initiatives: SOP, CFT and RFA.

Regular meetings are held with CFS and Juvenile Court where a variety of issues are discussed. The Continuum of Care Reforms will continue to be a regular topic of discussion to both update the Court on CFS activities and to obtain feedback in order to more effectively coordinate activities.

B4. Prioritize use of CFTs within 60 days of family involvement with CFS to inform case planning.

As part of rolling out CFTs, the initial priority will be to establish CFTs at the beginning of a family's participation in the child welfare system. This is both to meet the regulatory requirement and to inculcate the use of CFTs throughout engagement in the system. Though there was no specific indication potential delays in reunifying occurred in the early part of the case, the current guidance requires CFTMs to occur in the first 60 days for all children in foster care. Moreover, it is reasonable to postulate engaging families early on will yield dividends in reducing time to reunification as case plans, safety networks, service regimens and functional rapport between the team members are established more quickly.

C. Administrative

C1. Develop and implement supervisory case conferencing/consultation tools to record that individual case CFTs are discussed by the supervisor with social workers and that CFTs include case plan discussion targeted on long term supports and services to the family directly related to the reason(s) for CFS involvement.

C2. Supervisors will perform random monthly reviews of CFT model fidelity and ensure family needs assessment is included in CFT documentation.

The CPM Deputy Director and CWSM will lead improvements in Quality Assurance practices for CFTs, with support from CWT, PERC, and CPM Steering and regional implementation groups. Fidelity assessments and case conferencing tools are to be completed by supervisors beginning January of 2019 through random sampling to evaluate performance. The results are to be reviewed with the SW and, in a following CFT, the supervisor or a designated coach will observe and evaluate the worker's performance. Supervisors will in the short-term direct performance issues at the line level, ensure case plans include provision of services reflective of the reason for removal and identify training needs and elevate them through the monthly (CWT) meetings. For mid and long-term gains, training proposals will be formulated and reviewed by the Executive Team (E-Team). In addition, the supervisor will identify the individual training needs for staff, provide correction as needed, inform coaching efforts, and review for transfer of learning in six months.

C3. Implement alternative work schedules in order to schedule CFT meeting times and venues that maximize participation by parents, caregivers and youth and the identified networks.

Focus group participants frequently noted parent, caregiver and youth participation were limited by scheduling and venue selection for CFTs. CFS began implementing Alternative Work Schedules (AWS) in February, 2018 to meet the needs of CFS clients during the hours when clients are more likely to be available. AWS scheduling will help provide opportunities for off-hour scheduling of meetings. Schedules include 4/10 and 9/80 schedules, telecommuting and non-traditional daily work hours. Each region developed its own plans of operations to provide adequate staffing to meet the needs of their communities. Department reform of work schedules is overseen by the Director and Assistant Director. Prior to implementation, AWS was piloted in the Eastern Region and telecommuting was piloted by the Placement Resources Division (PRD). Results of the pilots were used to refine the process, reinforce program strengths and ameliorate any potential difficulties. All staff below the management level may adhere to an AWS.

C4. Conduct annual random surveys of community partners, parents, youth and caregivers to obtain feedback on CFT participation. Use results to inform policy and practice change.

Initially, existing forums such as the Semi-Annual Contractors Meeting (SACM) and Building Community Partners (BCP) meetings will be used to distribute and gather survey materials. CFS Project Management will direct these efforts with the support of Research, Outcomes and Quality Support (ROQS), PERC and CWT. These collaboratives will also be used to inform stakeholders on their role in CFTs, and other core practices such as SOP.

C5. Review CFT utilization monthly at CFS management – CQI meetings, focusing on the impact timely CFTs have on achievement of permanency within 12 months from the date of removal.

ROQS has already developed a scorecard for tracking attainment of mental health services and engagement in CFTMs. Clients can be tracked over time to follow the outcomes of those receiving CFTMs.

C6. Use of Substitute Care Provider (SCP) SDM tool per SDM policy for annual analysis of findings to inform training, policy, and practice.

ROQS routinely captures and summarizes SDM tool usage for a variety of reports. OCI will review use of the SCP tool and with ROQS, correlate its use with preventing maltreatment in care.

C7. Evaluate training and practices under this strategy for impact CFSR3 P1 measure.

Each action step is to be evaluated on its own for impact on the CFSR3 measures by the SRD DD, particularly with regard to the P1 measure. The SIP/CPM Committee will review the effectiveness of these action steps. The effects in aggregate are also to be reviewed.

Strategy 4: Safety Organized Practice (SOP) will be an integral part of social work practice.

CFS is implementing Safety Organized Practice (SOP), and has provided training to managers, supervisors and staff. Safety Organized Practices are child welfare approaches focused on the safety of the child within the family system. The SOP methodology is informed by a variety of best- and evidence-informed practices, Signs of Safety, Motivational Interviewing, and solution-focused treatment. SOP brings a common language and framework for enhanced critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues.

SOP is a best practice approach to casework designed to encourage all stakeholders involved with the child (parents, social workers and supervisors, attorneys, the extended family, and the child) to focus on assessing and enhancing child safety at all points in the case process. This approach emphasizes developing good working relationships, working as a team with the family, use of critical thinking with decision support tools, and creating detailed plans for enhancing child safety.

SOP works well with Structured Decision Making (SDM) and has been integrated into CFT practices. These combined practices and tools will enhance the social worker's ability to facilitate thorough assessments and plans for reunifying children as soon as it is safe to do so.

Emphasizing and enhancing training opportunities will lead to the effective utilization of SOP. Supervisors will be able to review SOP use to ensure proper application of appropriate techniques. Involving parents, youth, and caregivers includes clarifying the language and concepts for SOP including (but not limited to), Harm and Danger Statements, Safety Planning and Safety Goals. These practices are to be used to establish behaviorally specific goals. Tying achievement of behaviorally specific goals to less restricted visitation and trial home visits should expedite reunification while maintaining child safety.

A. Training

A1. Provide on-going training opportunities in SOP philosophy and technique through modules and individualized coaching.

The DD/CWSM of CWT will take the lead in SOP training, supported by ROQS, PERC and the regional CPM groups. SOP training is a mandatory component of O&I training for incoming social work staff. These particular trainings are facilitated by the Central Training Unit. Incorporation of SOP techniques into social work practice is done through CPMSC, as previously described. Coaching for supervisors and staff is provided by PCWTA, as previously described

A2. Supervisors will be coached on use of SOP techniques to identify behaviorally specific goals when case conferencing with SW.

PCWTA is contracted to coach line staff and supervisors on SOP and SDM. Progress is monitored through monthly reports from the Academy. Advanced refresher training will be provided for supervisors.

A3. Development and implementation of advanced simulation regarding court testimony and use of behaviorally specific actions/inactions of family in the protection of their children.

Designated CWSMs in the operational regions will oversee supervisor review of case plan development beginning no later than July, 2018. The survey distributed by CPM Steering Committee, as previously discussed, will review levels of SOP and SDM utilization both qualitatively and quantitatively. The survey also poses inquiries about the effectiveness of training and transfer of learning.

Overseen by the DD/CWSM for CWT, SW training is to include incorporating behaviorally specific content when reporting facts to the court, including in court reports and case plans, beginning no later than November, 2018 and lasting for at least one year. Advanced simulations are meant to reinforce the use of identifying behaviorally specific results in legal documentation. Simulation provides a real life-like environment in which facilitators guide the learners through critical thinking, analytical and problem solving processes simultaneously, as they try on new practice. This allows learners the time and space to demonstrate and increase in their own level of competence, knowledge, and skill. The opportunity to participate in a simulation, to observe others in their role play, and be provided with immediate and supportive feedback, increases the learner's ability to transfer learning into practice.

B. Practice

B1. Utilize established community forums to provide information/training.

The DD of PRD, using established forums, such as Faith in Motion, Building Community Partners and Semi-Annual Contractors Meetings, will inform stakeholders on SOP philosophy and practice, likely coinciding with CFT training, as was previously discussed (under Strategy 1, Action Step, B1). Because SOP practices have been incorporated into CFTs, training segments will include elaboration on SOP and how SDM is used to enhance safety and improve case planning. Presentations on SOP will continue through the duration of the SIP.

B2. Supervisors are to ensure CFS staff involve families and youth in case plan development through use of SOP/SDM tools, establishing behaviorally specific goals leading to progressive visitation and trial home visits.

C. Administrative

C1. Track, monitor and evaluate results of advanced simulation training and SOP utilization.

C2. Use CFSR Federal case review results to identify relevant themes and effective case practices. Quarterly reports and presentations to staff on lessons learned will be used to adjust goals and replicate success.

C3. Evaluate results of SOP utilization in achieving CFSR3 P1 improvement.

Each action step is to be evaluated on its own for impact on the CFSR3 measures by the SRD DD and Countywide Training team, particularly with regard to the P1 measure. Unlike some of the other action steps under the strategies, SOP can only be captured through a qualitative review. Once a case is identified as having used SOP techniques, then it can be tracked to outcomes and other results. The SIP/CPM Committee will review the effectiveness of these action steps. The effects in aggregate are also to be reviewed. The results are to be used to inform and revise training activities.

Strategy #5: Cultural Responsiveness Academy training for CFS staff.

Cultural awareness and sensitivity was frequently and repeatedly mentioned as an area needing improvement in a variety of focus groups. Cultural responsiveness was seen as a significant challenge to engagement efforts from a general mistrust and misunderstanding of the agency's efforts, to a reluctance to access services or contact CFS. Cultural issues were noted as a problem for placements, service provision, medication and aftercare. Demographic disparities were documented in the CSA data for African-Americans, particularly for infants, Native Americans and Hispanics; but additional groups not traditionally captured in data referenced in focus groups included LGBTQ individuals and military families. Though efforts will initially focus on African-American infants, any of these other groups may be a target group in coming years.

Current on-going efforts, including training provided at O&I, to improve cultural responsiveness, awareness and sensitivity include:

- The Department Diversity Committee efforts on obtaining staff recruitment results that align more with the service population. Social work staff is now more than 50% African-American/Hispanic and about 33% White (down from 45% in 2012).
- Resource Family Approval training includes a module on Cultural Humility.
- CFS has developed procedures for recruitment, assessment, training and support of families wishing to provide care to dependent children, in compliance with MEPA/IEPA (Multi-Ethnic Placement Act/Inter-Ethnic Placement Act).
- Contracted service providers are required to meet the needs of ethnic/minority populations including the provision of culturally appropriate services. PSSF/CAPIT providers are required to demonstrate services would be culturally and linguistically appropriate for clients and minority populations would be served.

CFS will continue to support the aforementioned efforts, among others, but will also look to further enhance cultural responsiveness. All activities under this strategy will be overseen by the Director, Assistant Director and DD of SRD, and are expected to begin in January, 2019.

A. Social work staff will participate in Cultural Responsiveness training provided by contracted coach through PCWTA.

CFS has a 3-year contract with PCWTA to provide training through the Cultural Responsiveness Academy (CRA). Planning with PCWTA began in February 2018 with discussion of the contract, scope of work, and recruitment process for a CRA consultant. The CRA provides a unique learning experience emphasizing facilitated discussion, self-assessment, the development of skills and strategies to manage bias, and the opportunity to contribute to a specified project. This learning opportunity is a yearlong commitment that includes:

- E-Learning,
- 6 monthly in person modules,
- Coaching, and
- A group project that highlights a new way of being culturally responsive

Training is targeted based on staff level to three cohorts:

- Deputy Directors, Managers and Analysts,
- Supervisors and social workers, and
- Support Staff.

B. Evaluate results of training by tracking changes in:

- Disparity and disproportionality indices,
- Entry and in-care rates by ethnicity/race, and
- Placement type and stability by ethnicity/race.

In addition, to complete CRA staff must put together a project proposal addressing disparity and disproportionality of an identified group (African-Americans in child welfare in the first phase) and promote cultural awareness. The proposal is a complete project plan and will include:

- A complete description of the program,
- Identifiable and measurable goals with action items,
- An established process for implementation, review and follow-up,
- Expected outcomes and practice changes,
- Development of internal tracking methods including appropriate documentation, use of Special Project Codes and the means to measure improved outcomes, and
- Follow-up and oversight of program implementation and progress.

Project plan results will identify the number of clients served and evaluate impact based on project specifications. Focus groups of the project plan leads will be conducted to evaluate impact on sustainable practice. CRA will target different ethnic/cultural groups annually based on disproportionality and disparity data. They should also provide initial groundwork for the focus groups. The surveys will provide short-term qualitative understanding of training effectiveness while the data elements listed should show long-term quantitative improvement.

C. Use focus groups to evaluate qualitative results of training.

- Develop focus group materials designed to capture the engagement experience of people with various cultural backgrounds.
- Conduct focus groups on year 2 and year 4 and compare results.
- Have focus groups for parents and caregivers.
- Focus group results will be used to:

- Inform decisions on target populations to be the subject of CRA training, and
- Evaluate effectiveness of training on social work engagement practices.

The California Child Welfare Indicators Project (CCWIP) provides a number of disparity and disproportionality indices. For example, the disparity indices for first entry currently show Latino children are under-represented in foster care compared to the county population of Latino children. African American children are over-represented for first entries into foster care with a rate of 13.5 per 1,000 children. African American infants have the highest incidence rate for first entries in 2016 with 45.6 per 1,000 infants entering care. Other indices to be used would be placement configuration and stability, that is, are children placed and maintained in homes reflective of their backgrounds. In addition, surveys already planned in other strategies of staff and clients can be used to obtain information on engagement practices and cultural responsiveness.

Convening focus of groups of bio-parents and caregivers at two and four year increments will provide qualitative information on how trainings are manifested by line staff on a longitudinal basis. Trends and improvements can be evaluated over time, feedback obtained and appropriate modifications made to training. In addition, surveys will be conducted to help identify need areas and develop focus group questions.

PROBATION OUTCOME MEASURE

Analysis of the data collected from the CSA focus groups and the Peer Review stakeholders overwhelmingly identified three common themes relative to Probation youth outcomes. The emerging themes are: Engagement, Collaboration and Education. The themes also coincide with many of those identified by Children and Family Services in their respective focus groups and Peer Review process.

The CSA and Peer Review confirmed Probation's focus on the P4 measure as approved by CDSS during the CSA. Probation evaluated the CSA and Peer Review identified data in a small management/supervisor subgroup tasked with generating proposed strategies to present at the SIP Convening. The data and three themes were used as the foundation to create and evaluate appropriate strategies designed to support improved outcomes as it relates to the P4 outcome measure. The group generated three proposed strategies. Additionally, collateral items were added to each of the three proposed strategies as action items intended to support each of the strategies' implementation.

The initial collateral items were included by the Probation subgroup directly from Probation focus groups used to help write the SIP strategies. These were intended to be used as a conversation generator during the SIP convening. The intent was to build on the strategies and focus group provided collateral to develop approved strategies with concrete action steps by incorporating ideas generated from the SIP convening focus groups.

Our target improvement goal for the SIP is an overall 2.5% reduction which is akin to one less youth per quarter re-entering foster care. It is difficult to quantify a sustainable percentage improvement based on the small sample size measured for Probation relative to the P4 measure. With our reported sample size, changing the outcome for one youth is a difference of an approximate 2.5% decrease and a two youth difference is an approximate 5% decrease. If we were able to decrease the number of youth re-entering foster care by three per quarter, we would bring Probation below the National Standard. Even at current performance levels, we are performing 3% better than the California Probation performance percentage relative to P4. With only 6 youth reported as re-entering foster care pursuant to P4, Probation would have to reduce the returning youth number by 50% to achieve a 7.5% reduction in the measure. Although potentially obtainable, a statistical evaluation denotes caution. The low sample size with wide fluctuations in data quarter by quarter makes it challenging to forecast a reasonable performance percentage improvement. Therefore, we are recommending that probation work on decreasing foster care re-entry by one less youth per quarter and not focus as much on percentage improvements.

In addition, while Service Array was not specifically identified as a need area in the CSA and Peer Review, it was recognized this underlying measure reaches across the spectrum of measured outcomes and is integral in not only improving P4 outcomes, but also in potential overall improvement for youth under Probation's care. Probation is responsible, either directly or through providers, for obtaining or providing services to youth who are at risk of, or ordered into Probation placement. This includes intervention and applicable services to protect the public, protect the well-being of the youth, and help youth and families address issues that result in the Court ordering the youth into placement. As such, by improving the capacity of the department and/or the service providers to deliver a comprehensive service array Probation can potentially positively impact other outcome measures.

SIP Convening Summary:

Following the conclusion of the SIP convening, Probation committee members met to discuss the data and determine actions steps commensurate and supportive of the SIP strategies. Based on the received feedback, committee members expressed confidence in the three SIP strategies as submitted. Based on the CSA, Peer Review and the SIP convening data, concrete action steps were formulated by the team. The strategies and action steps were captured on the 5-year SIP chart (See Attachment A).

SIP Strategies and Action Steps for Probation

Probation Strategy 6: Engage youth and their families from the onset of formal probation by instituting Child and Family Teams (CFT) to assist in creating and updating a living case plan throughout the continuum of care.

A. Conduct CFT within 2 weeks of Disposition for all new formal supervision cases.

A1. Complete staff training on conducting CFTs.

A2. Phase in CFTs via a unit pilot program.

A3. Subsequent CFTs held at 6-month interval or as needed based on any significant case management issues.

Through this action step, the Probation Department will, via a pilot program, institute CFTs for all new formal supervision cases. It is important to note, the Probation Department fully implemented CFTs for all youth with out of home placement orders in accordance with Assembly Bill (AB) 403, the Continuum of Care Reform, effective January 1, 2017. Further, the continuum of care, as referenced in this strategy, speaks specifically to Probation services provided to youth/families from the first contact/intervention through case disposition and beyond.

The pilot program is for youth on formal Probation. Since final case dispositions are not known until the actual Court hearing and final orders of the Court are made the timeframe was established at two weeks from the Disposition hearing. Once Formal Probation Supervision is confirmed, the CFT process will be initiated.

The Probation Department will implement this step within 6 months of staff readiness to conduct CFTs. Our initial goal is to achieve 25% of all new formal supervision cases receiving a CFT within 2 weeks of Disposition. Each subsequent year, the goal will increase an additional 25% until full implementation. Full compliance in the pilot should be obtained by the 4th year of the SIP cycle.

B. Probation staff to attend CFT training which will promote the living document aspect of Case Plans.

To accomplish this step, the Probation Department will continue staff training in the facilitation of CFTs. The County's Performance, Education, Resource Center (PERC) will continue to provide ongoing training of new staff to conduct CFTs. In coordination with the Department CFT Coordinator, PERC will update the CFT training curriculum to include an emphasis on the living document aspect. Each assigned Probation Officer will conduct CFTs in accordance with the

established timeframe and phase-in goal. Additionally, once trained, they will understand and be able to convey the living document aspect while conducting/participating in CFT meetings.

The pilot will implement the CFTs within two weeks of a youth's Disposition of formal probation supervision. Additional CFTs will be held at a minimum six month interval. However, as case management warrants, CFTs may be conducted as needed at the discretion of the case management Probation Officer.

The timeline established for this action step is to complete training on CFT facilitation to any untrained existing staff as well as new staff. Once we have achieved staff readiness in the pilot unit, we will conduct CFTs within the above guidelines with a goal of 25% of all new formal supervision cases completing CFTs. Moving forward, we will increase an additional 25% of new formal supervision cases each year. We will reach 100% by the end of the fourth year. Training will continue ongoing due to staff turnover and transfers from other divisions.

As stated, an important aspect which must be emphasized in the CFT facilitation curriculum is the concept of the Case Plan as a living document. Current CFT training curriculum does not emphasize this point. Probation will work closely with PERC facilitators to make the necessary adjustment to the training. This step is foundational for the Probation Officers to work with Case Plans throughout the continuum of care.

C. Conduct CFT's when a youth's formal probation case is transferred within the San Bernardino County Probation Department to another San Bernardino County Probation Officer.

- C1. Include the incoming San Bernardino County Probation case supervision officer and outgoing San Bernardino County Probation case supervision officer.
- C2. Include the School Liaison Probation Officer in CFTs as necessary.
- C3. Track CFT attendance in Caseload Explorer and CFT database.

When conducting CFTs, it is essential to have stakeholders present. An educational representative can be of great value to the outcome of the CFT. One such representative is the School Liaison Probation Officer. The Probation Department recently added two such positions to the Department. The Department staffs one officer at each of the two Juvenile Detention and Assessment Centers (JDAC). The JDACs are located in accordance with the geographic realities of this large County. As such, each officer will have to support a large region. Although they may not be needed at every CFT, their participation is necessary to keep the youth's educational goals on track.

The School Liaison Probation Officers have been an underutilized resource in the CFTs the Department has conducted since January of 2017, as a result of the implementation of CCR. As with most new resources, some fault lies with informing staff of their existence and availability. Further, it will take an educational piece in the CFT training to underscore the benefits of utilizing this in-house resource. The onus on ensuring the School Liaison Probation Officers participate falls with the Supervising Probation Officer overseeing the Pre-Supervision Services Unit wherein the Liaison is assigned. Additionally, Supervising Probation Officers, in general, share a common responsibility for oversight of their staffs' CFTs to include proper stakeholder participation.

Inclusion of the School Liaison Probation Officers as an action step in this strategy is a direct result of the importance placed on having appropriate educational resources available to each youth at every CFT. Given the Department has not yet fully engaged this resource on a regular basis, not added this component to the CFT training nor made a full effort to inform staff of the importance and availability, this action step will ensure continued efforts will be realized.

Other members will be identified on a case-by-case basis and included in the CFT as appropriate and in accordance with established practice in our CFT process instituted pursuant to the CCR.

This practice has been fully established in all out of home supervision cases since the implementation of CCR. Through the pilot program, any time a youth on formal supervision has their case transferred from one San Bernardino County Probation Officer to another San Bernardino County Probation Officer, regardless of the reason, a CFT will be convened. For fidelity, the outgoing San Bernardino County Probation supervision officer must participate along with the receiving San Bernardino County Probation supervision officer. The CFT coordinator will be responsible for ensuring appropriate participation.

D. Increase use of the WRAP program through the implementation of a screening tool used by the Investigations Probation Officer.

D1. Weekly statistical monitoring of attendance will occur through the Caseload Explorer database.

D2. Monthly progress will be monitored through regular reports.

The Wraparound Program in San Bernardino County provides a variety of collaborative services to meet the individual needs of the youth and family regarding the specific area in which they reside. In addition to Wraparound's core components, supplemental services are provided as deemed appropriate including Drug Court Collaborative Services, Family Resource Centers, Therapeutic Behavioral Services, Transitional Age Youth Center, Family Search and Engagement Services, and specialized services for Military families.

Referrals are sent to a committee known as the Administrative Sub Committee (ASC). The ASC is comprised of members from Children and Family Services, Probation, Department of Behavioral Health and WRAP. If the youth is approved, services start the same day.

The Probation Department recently developed a pilot screening tool for utilization by Probation Officers conducting juvenile disposition reports. This screening tool was designed to enable officers to determine appropriate referrals to the Wraparound program from the onset of formal supervision. In the past, referrals to the wraparound program waited until community supervision officers determined a referral would be in the best interest of the youth under their supervision. In many cases these referrals were being made months into a youth's supervision period. This practice was found to be inefficient in that the youth would have been better served by an initial referral to the Wraparound program.

This action step will be of great benefit to youth best served by inclusion in the Wraparound program from the onset of formal probation supervision. The screening tool is currently undergoing revisions through a collaborative effort between the Probation Department, the Department of Behavioral health and specialty Court services. Once fully implemented through this action step, the screening tool will increase the number of youth appropriately referred to the Wraparound program for supervision services.

Two different unit supervisors are responsible for the implementation and on-going use of this screening tool. The Supervising Probation Officer assigned to Pre-Supervision Services unit, which conducts investigatory Dispositional reports on youth, will ensure on-going use by the assigned investigation officers. The Supervising Probation Officer assigned to the Placement Preventative Services unit will ensure timely processing of the referrals for Wraparound services.

It is very important youth are properly placed under supervision with the adequate services to meet their needs and those of their family. This gives youth under supervision the best chance for success. Matching the youth to the proper Department services ensures the teaming that takes place, especially through the CFT process, is the most appropriate and efficient. It also serves to better engage the youth and their family.

E. Increase the use of family finding.

Family finding was a standalone SIP strategy during the last SIP cycle. Although much was achieved during that cycle relative to family finding, the importance of this essential component remains a key factor in providing opportunities for many system involved youth. It is also a key factor in engaging appropriate family contacts in support of the youth.

The Department has a robust family finding process and continues to augment and develop the process through the Family Finding Committee (FFC). The FFC meets as needed for quality assurance and is tasked with the development and implementation of training in addition to ongoing support services for supervision and investigation officers. A social worker has been added to the Probation Department staff through Foster Parent Recruitment, Retention and Support (FPRRS) funding. The social worker provides direct support to the committee as well as to the officers on an as needed basis. The social worker also provides training as needed. It is important to note family findings are continued and augmented throughout the life of each case.

Family finding begins during the Investigation process and is documented in the Investigation Report. Identified family members would be included in the CFT only if appropriate. By starting the CFT process at the onset of Formal Probation supervision, extended family identified through Family Finding would be included if the youth was at imminent risk of removal. If not, they may still be included if it is determined they may be integral in assisting the youth in obtaining positive outcomes.

Through these efforts, the Department will be able to increase the use of family findings at a rate of 25% per year relative to all new incoming Dispositional reports. The family findings committee chairperson will be responsible for meeting this goal. However, supervisors throughout the Juvenile division share a responsibility in messaging, training and quality assurance. These efforts will be ongoing.

F. Ensure Quality Assurance through tracking of recidivism, parent and youth surveys, STRTP feedback and CFT evaluation. Use data to refine approaches and direct training efforts.

The Probation Department utilizes a Research Division to track all recidivism statistics Department wide. In addition, the division is able to create, administer and tabulate in-house developed surveys. The focus of the surveys will help the Department evaluate this action step relative to family engagement, CFTs, and the continual updating of a youth's case plan.

It is the intent of this ongoing action step to ensure data is recorded and evaluated in a timely effort to ensure fidelity. Such efforts will provide the Department with the baseline information necessary to continually evaluate the effectiveness of this strategy. It will provide the basis for the fine tuning of this action step as it moves throughout the entire cycle.

Probation Strategy 7: Develop, augment and increase baseline services to youth, families and Group Homes/STRTPs before, during and after out of home congregate care.

- A. Increase post-graduation services to include mental health and other necessary services prior to the youth's reintegration at 90, 60, 30 day CFT meetings held prior to graduation from out of home care.

A1. Identify services necessary to participate at the CFT meeting.

A2. Invite services to attend as required.

Each meeting will utilize a checklist of items necessary prior to graduation.

The Probation Department plans a partial immediate implementation of the pre-graduation CFT meetings based on the availability of a Transition Specialist and development of a Reintegration Program, formally classified as the Aftercare program. It is anticipated by the end of the first year 50% of placed youth will receive the services. The second year should see an increase to 75% with full implementation by the end of the 3rd year of the SIP cycle.

The creation of the Transition Specialist position and the transformation of the former Aftercare program are two key components in promoting seamless reintegration. The Transition Specialist will be created from an existing position working in the Out of Home Services Unit. This position will assist with all youth scheduled for an exit from congregate care. They will be the expert as it relates to reintegration and available services. Further, they will assist the assigned Probation Officer with the CFT meetings as outlined in the action step.

The Aftercare program has evolved over many years. However, one key component currently remains. The basis of the program has always involved the transfer of a placement graduated youth from the Placement officer to the Aftercare officer. By eliminating the transfer of the case and working typical aftercare issues during the pre-graduation CFT meetings, the Transition Specialist and the Placement officer can remain jointly involved in the youth's transition to the community. The time spent under formal probation supervision post-graduation should also see a reduction given the front-loading of services during the CFT meetings.

- B. Implement use of video conferencing.

B1. Conduct CFTs/ Video Conference with youth in placement one time per month.

B2. Initiate as needed video calls to address case management issues.

Video conferencing is a big step forward in embracing evolving technology which allows those geographically separated to feel like they are in the same room. With sight, sound and presentation ability all simultaneously available to the participants, meetings are not negatively influenced by typical "speaker phone" type conference calls. The ability to see those involved and interact with them as if they are sharing the same table with the other participants is a long overdue step.

Another benefit is the increased number of fruitful contacts with the youth and the treatment team. This increase in quality of interaction plays a direct role in assisting the youth throughout their stay in congregate care. Further, it increases their ability to have ready access to their Probation Officer and treatment team. It will also facilitate their connection with family and others in the greater support structure. The likely benefit of the increased contact facilitates better youth performance in the out of home setting and allows all involved to clearly define post-graduation expectations. The youth and family would also be able to reconnect with the treatment team post-graduation as needed by participating in these meetings hosted by the Probation

Department. This process will assist in increasing positive outcomes, which decreases the number of youth returning to the system.

The Probation Department has set a goal for an initial 25% increase in the amount of youth participating in these video conference services. There will be a lag time in increasing the use as certain congregate care providers do not have access to some of the more complex conferencing services. That said, simple Face Time or internet-based services could be used in the interim. Thus, a reasonable goal will increase the use of video conferencing by 25% per year with full implementation in the 4th year of the SIP cycle.

C Facilitate participation of families residing in remote areas.

- C1. Families can participate through poly-com/media services available at Probation offices.
- C2. Provide bus passes/transportation to families.
- C3. Use Internet/Face Time type solutions.

Youth and families living in remote settings provide a multitude of challenges throughout the course of system involvement. The challenge is exacerbated when a youth is removed from the home and placed in out of home care. Technology is providing an opportunity to lessen the impact of this geographical challenge.

Families can now be a regular part of the conversation through video conferencing methods. Whether they participate in their own home through readily available technology such as Face Time or internet based services or they participate at the Probation office, their voice is heard. This technology allows them to remain an integral part of the treatment team. It also is of great benefit when planning the transition to reintegration.

Probation will facilitate family participation by offering bus passes or providing transportation based on availability of either resource. Participation at the Probation office will be the preferred method and highly encouraged by the Probation Officer. However, this may not be possible for every meeting. Thus, staff will remain flexible and determine if web-based solutions can fill the gap. Often times, remote locations may still have access to City or County buildings which, through partnership with the Probation Department, may be able to allow the family access to use their existing tech solutions.

Probation recognizes each family's living situation is unique. However, even with the great geographic expanse that makes up this County, there is no reason this step cannot be accomplished with a modest goal of a 25% per year increase in the participation of remote families. The benefits of family involvement far outweigh the logistical challenges officers will be committed to meeting through this action step.

D. Increase Parent/Guardian Participation.

- D1. CFT meetings to utilize multifaceted group approach to connect with parents.
- D2. Train staff on facilitating difficult conversations both in and out of CFTs.

Parent/guardian participation and buy-in is critical to the success of system involved youth. Youth need to feel supported and know post-graduation they will have a support structure in place. Recognizing each case is different, parent/guardian participation varies greatly based on any number of factors.

The Probation Department seeks to improve the level of parent/guardian participation through these action steps. The CFT meetings are centered on the youth and the family. Although much of the discussion centers on the youth, it is an important opportunity for the Probation Officer to connect with the family. The family can be one of the biggest partners working with the officers for the wellbeing of the youth. When CFT meetings are conducted using a multifaceted group approach, parents should not feel isolated. They should feel they are a part of the team. Facilitators recognize this and strive to keep the CFT meeting an inclusive event.

Staff already receive training on the conducting/facilitating of CFT meetings. However, the Probation Department recognizes the need for comprehensive training for staff to engage people through these often difficult conversations. Staff need the skills necessary to defuse situations with the potential to run counter to best practice. Staff already receive training on the conducting/facilitating of CFT meetings. However, the Probation Department recognizes the need for comprehensive training for staff to engage people through these often difficult conversations. As such, additional training focused on trauma informed care, particularly the often multi-generational trauma and other stressors that can lead to a family to have dysfunctional coping behaviors that may impede intervention efforts, will be beneficial. By learning to support the family and youth through a more complete understanding of the underlying historical patterns, staff can show respect for individual feelings and points of view while simultaneously keeping the conversation moving forward toward agreed upon goals focused on benefit to the youth. This will be tracked through ongoing updates between the CFT Coordinator and the Central Juvenile Division Director.

The CFT process is an outstanding mechanism to engage parents/guardians when used effectively. Through additional training and facilitation, staff will be better equipped to guide the meetings toward achieving parent/guardian buy-in; the importance of which cannot be understated.

E. Increase participation and level of services offered by ILP Recruiters, Educational Liaison, Mentors, Congregate Care Providers, DBH, Parent Partners, Wrap or Transition Team (WRAP model), for youth exiting placement.

Appropriate team members must be included in the CFT meetings held at 90, 60 and 30 days prior to a youth's graduation from out of home care. This is a foundational aspect of the Reintegration Plan under development as a direct result of this SIP cycle. The plan includes the Transitional Specialist, the Probation Officer and the CFT. When participation is augmented by attendance of the listed advocates, the benefit to the youth and CFT process is enhanced.

The Reintegration Plan focuses efforts on youth in the out of home setting long before they return to the community. The collaboration between the Transition Specialist and the Probation Officer goes beyond graduation by continuing to provide traditional services formally classified as Aftercare services. The benefit in creating this new position and plan effectively eliminates the prior pitfalls of traditional Aftercare services by early involvement pre-graduation which continues through reintegration. These efforts will shorten the amount of time a youth remains under formal probation supervision based on the front-loading of services.

The Probation Department seeks partial immediate implementation based on the creation of a Transition Specialist and full development of the Reintegration Program. It is anticipated by the end of the first year 50% of placed youth will receive the services. The Placement Probation Officer and Transition Specialist Probation Officer will work in close coordination with the

Congregate Care Provider. In all Dual cases, the social workers will be an integral part of the process.

F. Increase collaborative efforts between Probation Officers and social workers on Dual Status youth.

F1. Increase collaborative education efforts with social workers and Probation Officers on roles and responsibilities distinct to the Dual Supervision model.

F2. Enhance joint efforts to provide timely notifications of status changes.

F3. Continue monthly meetings between Probation Officers and social workers to network regarding shared Dual Status youth.

Dual status cases pose challenges for both Probation Officers and social workers. From determining lead status to conducting placement visits, collaboration via communication serves of great benefit to both agencies. Relationships between the two agencies flourish when communication is increased.

The Probation Department will increase collaborative efforts with our partners from CFS. This will be on a macro level as opposed to individual officer contacts. This broad effort will schedule quarterly training sessions between the two agencies to demystify each other's process, facilitate understanding and forge a common bond between the agencies/officers working toward common goals. The process will ease the consternation often accompanied with working a dual status case resultant in better services for the involved youth.

As familiarity grows, communication will be enhanced. Personal contact will become the standard and the information flow will be strengthened. The benefit is increased timely contacts regarding case management decisions made by one agency or the other. This step moves both agencies forward in improving youth outcomes as it relates to dual status cases. As we move forward through this cycle, it is anticipated, as a result of these coordinated steps, working dual status cases will be mutually beneficial and streamline a once cumbersome process.

G. Implement additional services to youth:

G1. 24 hr. contact line for youth.

G2. Regional Resource List.

G3. Transition Aftercare services available post-graduation and post case Dismissal and Discharge to the (transition specialist team).

G4. Develop Client friendly web page for services.

G5. Increase availability of Youth Activities at the Day Reporting Centers (DRC).

The services listed are not currently available. Thus, the implementation of these will follow development, funding, MOUs, staffing and any needed technical resources. As listed above, the Transition Specialist Team indicates the cohort comprised of the Transition Specialist, the Placement Probation Officer and various other members of the CFT.

The development of a Resource list will be accomplished much quicker than the availability and design of a web page, which will follow the development and testing process. This is forecasted for implementation between two and three years into the cycle. The creation of a 24-hour contact line for youth is much more of a challenge based on funding, infrastructure, staffing, support and protocol development challenges. This will result in a projection for the later end of the cycle.

When services are added, based on lessons learned, we need to share this information with Probation Officers. In certain cases, training may be necessary. In either case, an ongoing targeted information campaign is essential for reinforcing the availability, sharing the benefits and exposing the programs to new and/or transferred staff.

H. Transitional Events: Host family nights at the Probation Department for families of youth in congregate care prior to graduation to facilitate with reintegration planning.

Graduation Family Nights will be hosted at the Probation Department by the Transition Specialist Team. This must occur prior to graduation. It will help the CFT monitor and assist with meeting reintegration planning/goals prior to a youth's graduation. The process plays a functional role in augmenting information for the pre-graduation CFT process.

Implementation is pending the availability of a Transition Specialist Probation Officer and development of the Transition Specialist Team to facilitate the meetings. Within 6 months of staff readiness, the Probation Department plans to achieve a 25% attendance with family participation. Subsequent years should reap an additional 25% increase each successive 6 month time period. Thus, full implementation of this step should be achieved within the first 3 years of the cycle.

I. Foster teamwork approach through the increased use of visual networking on a monthly basis.

Visual networking seeks to increase meetings between providers and Probation Officers to supplement the required one time per month in-care visit. By utilizing tech such as Polycom or other web-based multimedia platform, congregate care providers and Probation Officers can foster more personal connections than offered by a traditional phone conversation or, worse yet, an email. Through this direct and more personal contact, a teamwork approach is fostered. Tone, inflection and expression lost in emails becomes a thing of the past. Personal contact with video and audio available will become the preferred method. While this does not seek to eliminate emails or quick phone calls, it does take a major step forward in fostering better teamwork. The benefit is increased communication, understanding and case management planning, which is of great benefit to the youth.

These additional visual networking contacts between congregate care providers and the Probation Officer are not exclusive. Youth may be included on a crisis-management basis as necessary or simply when they want to talk with their Probation Officer. Youth need not feel isolated when they have the ability to visual network with their assigned officer as needed and not wait for a once per month visit. This helps foster consistency in the out of home setting.

Although specific implementation dates are still to be determined, they will be implemented as Group Home/STRTP providers acquire the technology/hardware to implement the visual networking calls. Initial goal is for 25% per year increase in the use of visual networking.

J. Increase Probation Officer Access to Juvenile Information Databases containing shared Court and social worker Information.

J1. Access to **CWS/CMS** to increase the timeliness of data entry and sharing.

J2. Access to JNET (Court database) to Probation Officers supervising Dual Supervision youth.

Information is power. Currently, certain child welfare information is unavailable to some Probation Officers and clerical staff due to limitations on system access. This causes delays when staff have to send requests for information to other agencies for information that is otherwise sharable.

Placement officers and placement clerical staff need to have access to all dependency databases to access information for case management and Court actions. Placement officers and clerical staff will need to be trained in the data base systems maintained by CDSS and CFS. This training is available in-house.

Currently, Probation has limited access to these database systems based on the number of allocated tokens, which allow a user to connect with a system. We will increase the number of tokens available for Officers working with foster youth with the first emphasis on those working with Dual Status youth. The Department's Automated Systems support personnel will be integral in obtaining the additional tokens. We will phase in the increased access at a rate to be determined by Automated Systems. Once the total number of tokens is determined, we will obtain maximum allowable user benefit within 1 year.

This project will be ongoing. The user access must be monitored by Automated Systems. Further, due to staff turnover/reassignments, removal of permissions must be initiated followed by new access granted to the incoming staff. Training will also require ongoing attention for new staff.

K. Quality assurance monitoring: Track Information with direct links to youth outcomes during and after congregate care.

The Probation Department utilizes an in-house Research Division to track data. It is the intent of this action step to ensure data is recorded and evaluated in a timely effort to ensure fidelity. Such efforts will provide the Department with the baseline information necessary to continually evaluate the effectiveness of this strategy. It will provide the basis for the fine tuning of this action step as it moves throughout the entire cycle.

Probation Strategy 8: Train staff, care and service providers on the System Improvement Plan and best practice models fostering understanding regarding the interconnectivity of each and how individual actions effect youth outcomes.

A. Provide targeted training to address staff needs with direct correlation to the SIP Strategies.

Administering the SIP over the course of the five-year cycle encompasses many challenges, most of which are overcome or met through a training plan. The plan must be implemented to reach all involved in the SIP. The training must be ongoing due to staff turnover. Additionally, best practice would advocate for refresher training throughout the cycle.

The Probation Department made the initial determination the following classes are instrumental in supporting our staff working within the SIP:

- Cultural Sensitivity Training
- Trauma Informed
- SIP, CPM, SDM, SOP, CCR
- Title IV-E
- Medi-Cal
- CHRIS Contract

- Placement Training as necessary/required
- CSEC Training as necessary/required
- LGBTQI

The above training programs support staff in their understanding of the SIP, their role within it and the correlation to the interconnectivity of actions to outcomes. SIP training, in and of itself, explores the wide range of services required and treatment methodologies to consider. SIP training makes the average participant a well-rounded and knowledgeable partner in the Department's success in carrying forward the actions steps. Through training, staff recognize their role and that of our counterparts, stakeholders, youth and families as it relates to youth outcomes. The trainings above specifically form the bases of case management as it relates to the SIP strategies, action steps and the goal of improving outcomes related to the P4 measure. An advantage to the design of the strategies and action steps is they foster more benefit than can be attributed solely to the P4 measure.

B. Provide regular updates to all staff regarding the SIP, its' implementation and status.

- B1. Staff Meeting Updates.
- B2. Department Produced Video Updates.
- B3. Multimedia distribution of applicable reports.

Staff buy-in is required for obtaining success in implementation of these strategies. Communication is a requirement if you want to reach the staff. Multiple avenues have been selected in this effort to reach staff, provide updates and foster support.

Managers will convey SIP messaging during staff meetings with Supervisors. Supervising Probation Officers will, in turn, have a standing item on their monthly staff meeting agenda to cover SIP updates. They will provide the information they received to the staff. They will continue to foster ongoing dialogue for suggestions and to solidify what is working.

Due to cross bureau (Adult/Juvenile) transfers of staff, it is necessary to implement Department-wide video broadcasts featuring various topics related to the SIP strategies and action steps. This will assist in keeping staff working within the SIP informed and those that may transfer into a SIP involved assignment with a general understanding of the process.

The CSA, Peer Review, SIP and Annual Reports should all be shared with staff at time of release. These documents should be accompanied by messaging from command staff supporting the Department's role in the SIP cycle.

C. Adjust training over time by evaluating results

- C1. Provide refresher training.
- C2. Change topics over time.
- C3. Cycle in and out, as needed.
- C4. Review interconnectivity of training and transfer of learning.

A well-educated and proficient staff is the best hope in obtaining identified goals. To that extent, training cannot become stagnant. Provided training must be constantly evaluated and adjusted based on comprehension, proficiency, staff turnover, program/strategies/action step changes in addition to ongoing evaluation of efficacy. Ultimately, the training must get results and continue to do so as the SIP evolves. The Division Director for Central Juvenile will be responsible for

networking with the Department's in-house Training Division to ensure the training plan is being followed, updated and tracked for effectiveness.

D. CFSR Outcome Measures: Integrate into education an understanding of the interconnectivity of actions to outcomes.

D1. Implement refresher training for Juvenile Supervising Probation Officers on data and interpretation of the State and Federal Outcome Measures.

D2. Integrate Data Analysis into monthly staff meetings.

D3. Provide a yearly review of the data to all staff.

Through each component of education provided to staff relative to the SIP, a fundamental understanding must be instilled regarding an individual's actions and how they directly affect youth outcomes. The interconnectivity of the systems involved should be articulated to a level easily understood and grasped by those involved. Each person plays a significant role. Staff need to remember their actions affect the lives of system involved youth. How they determine and implement case management decisions speaks directly to a youth's potential outcome.

Understanding and interpreting the data is crucial in bridging the gap between individual staff actions and youth outcomes. To facilitate learning, refresher training must occur routinely with the Supervising Probation Officers. They are critical to the reinforcement of concepts with the line staff. Their complete understanding of how the outcome measurements are derived is a direct link to reinforcement of such with line staff. As such, in addition to the training, a monthly review of the data and subsequent analysis is required. At the end of each year, a more comprehensive review should be completed to analyze performance, identify trends and begin planning for the next year.

SIP Strategies Overview:

The developed strategies and action steps are designed to move Probation forward in achieving better youth outcomes as it relates to the P4 measure, while also aiming to augment the Department's service array. It was noted by the team, and intentional in design, to include strategies and actions steps which, although focused on improving P4, are also intended to reach across the spectrum of measured outcomes for a forecasted overall improvement for youth under Probation's care. These changes for Probation will also be of benefit to dual supervision youth under CFS lead.

The action steps articulated in the 5-year SIP chart systematically build the foundation to achieve our united goals. Each of the SIP strategies and corresponding action steps include a quality assurance piece critical to ensuring ongoing implementation and success specific to the initial themes called upon by the CSA, Peer Review and SIP; Engagement, Collaboration and Education. The quality assurance is nested in each of the key components of the three strategies in the form of tracking, surveys, provider/program feedback, ongoing education, outcome measure review and ensuring understanding of the interconnectivity of each action step to the whole of youth outcome improvement.

To that light, ongoing and focused education of staff and stakeholders is essential to success of the SIP. The committee deemed it so critical to the overall success of the SIP, strategy 8 was developed to ensure the importance was not lost. Although primarily an internally driven process, education must also be coordinated with our allied partners and stakeholders to ensure continuity in process and understanding. Ongoing dialogue with our CDSS consultant will continue to play

an important role. Further, the partnership between Probation and CFS cannot be underscored enough as to its importance in collaboration resultant in improved youth outcomes.

Evaluation of the data received from the CSA and Peer Review clearly identified the core themes of Engagement, Collaboration and Education. Reviewing the collected data shaped by feedback from our community stakeholders at the SIP convening provided a certain consensus the identified strategies will ultimately accrue positive outcomes for community youth under probation foster care orders. Further, dual supervision youth, under CFS lead, will also benefit from the change in practice relative to Probation's implementation of the developed strategies. It is expected through these three strategies and related action steps, an improvement will be seen across the spectrum, not only relative to the P4 measure, but also to permanency, safety, stability as it relates to youth outcomes, and the Service Array. The SIP strategies should also continue to move the bar proactively as it relates to a reduction to youth entry and in-care rates.

Pending approval, implementation should follow the established timelines. Data collection, the key to any transformation, must be implemented prior to any changes. Staff education will begin at the onset and will not sunset. The SIP strategies and action steps have been crafted as a direct result of this inclusive process. As drafted, they provide a roadmap to a better tomorrow for Probation system involved foster youth.

PRIORITIZATION OF DIRECT SERVICE NEEDS

The Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs (collectively referred to as the Office of Child Abuse Prevention – OCAP - programs) provide a variety of services to at-risk children and families in the County of San Bernardino and those involved with Children and Family Services (CFS). OCAP program services both positively impact a number of SIP outcome measures and are required to provide services based on the funding mandate. The service provision program in San Bernardino is called CAPTS – Child Abuse Prevention and Treatment Services. Adoption, Post Adoption and Kinship services are also supported through OCAP funding.

Revision of the process for screening of children entering child welfare and referral to the Department of Behavioral Health (DBH) for assessment and further treatment of Specialty Mental Health Services will divert children to Medi-Cal funded services. Aside from that, after reviewing the identified needs and available resources there will be no additional adjustment of priorities for direct service needs. This conclusion is based on information showing high need families have been able to access CAPTS services.

Addressing High Need clients

The Program Description and Evaluation attachments identify high need populations served by PSSF/CAPIT supported programs. The following identifies how those service needs were met. Other populations are also mentioned under the section discussing At Risk Groups.

There were 531 clients in fiscal year (FY) 16/17 that listed another language in the Efforts to Outcomes (ETO) database. 456 of those clients received services at an agency with available bilingual services.

There were 860 Case Plan adults whose referral originated in a high poverty area in FY 16/17, identified as San Bernardino City, Victorville, Barstow, Needles and Twentynine Palms-Yucca. The majority received services in or near the referral city. For those whose referrals originated in Victorville, many also received services in Hesperia. For those whose referral originated in Twentynine Palms, services were mostly received in Yucca and San Bernardino.

Families involved with CFS due to neglect allegations often require parenting classes. 395 individuals accessed parent education classes (there were 367 clients receiving parent education under a Case Plan service referral and 30 under a Preventive Referral) as a result of a referral involving a General Neglect and/or Caretaker Absence Incapacitated allegation.

A number of remote areas were identified in the CSA. The CFS Needles Office offers monthly bus passes at the social workers (SW) request frequently for customers to get around Needles, attend services and conduct needed business. In April 2017, there were 40 bus passes available for that area and, in December, 2017, 16 bus passes remained. In nine (9) months 24 local bus passes were issued.

A Social Service Aide (SSA) transports customers three times a week to and from Barstow and Victorville for visitation, and every other Saturday to Barstow. Transport is provided for placement of children and for court when needed. The train and Greyhound Bus are utilized on occasion. Gas cards are also available.

Post-adoption services are available for any adoptive family requesting them. The regimen of services is largely considered effective because so few AAP recipients require out of home placement, as seen in the figures below:

- # of AAP cases in FY 2016-2017: 6,211 (cases active at least one day in the fiscal year)
- # of individuals receiving at least one service from post adoption: 627
- # of post adoption children with out of home placement started in fiscal year: 2

Regarding the finalization event, though there are very few substantiated allegations against adoptive children throughout the county, there were none reported for any of the 80 children adopted during the finalization event in 2016. The event also serves as a means to recruit parents and logs will be kept of those receiving recruitment materials.

OCAP PROGRAMS PLAN AND STRATEGY

As outlined in the Expenditure Worksheet and Program Description chart, the Core Services provided by the OCAP program are:

- Individual Therapy
- Parent Education Classes
- Anger Management
- Domestic Violence Classes
- Family/Couples Therapy
- Group Therapy
- Life Skills
- Parent Child Interaction Therapy (PCIT)/Floor Play
- Support Groups
- Adoption information and referral
- Adoption Advocacy
- Adoption Crisis Counseling
- Special Needs Assessment – Adoption Assistance Program (AAP)
- Adoption Outreach Event

The County prefers use of evidence-based/informed services in its procurement process and reviews and addresses model fidelity when monitoring contractors.

Individual Therapy ranges from insight-oriented psychotherapy to various behavioral treatment strategies. In determining the specific type of individual therapy, caseworkers must consider the family or individual's current situation, their ability to verbalize feelings, and their capacity to make changes in their lives. Some of the issues to be addressed in individual therapy are past history of abuse; attitudes toward violence; cognitive patterns; anger/impulse control; sexuality; managing stress; and substance abuse.

All contractors are required to provide therapy using evidenced based approaches identified on the California Evidence Based Clearinghouse (CEBC) with an evidence based rating of 1, 2, or 3. Prospective providers list the type of modalities used to provide therapy services when submitting for a contract. There are many evidence-based modalities used including versions of cognitive behavioral therapy, trauma informed therapy, and Parent-Child Interactive Therapy (PCIT).

Parent Education classes strengthen parents' emotional attachment to their children and teach how to nurture children as well as understand general principles of care and supervision. The Request for Qualification (RFQ) to procure contracts indicates parenting programs should support the implementation of evidence-based and evidence-informed models. Child development, home management, and consumer education provided through social services and/or specialized formal instruction and practice in parenting skill achievement is done in accordance with Welfare and Institutions Code, Section 16507.7. Program can be targeted to adults, pregnant/parenting teens, parenting for fathers, and grandparents raising grandchildren.

Anger Management Classes are twelve (12) week training sessions that provide knowledge enhancement of self-awareness, self-control, social awareness, and relationship management. Curriculum should provide education for people who are interested in, or who need to learn how to deal with their anger or someone else's anger in a positive, functional way. Participants may also include people who internalize anger as well as those who act out verbally or behaviorally towards others.

Domestic Violence classes help clients gain insight into domestic violence issues and consequences and provide tools to offenders to better manage anger and aggression and to develop critical skills needed to maintain a non-destructive lifestyle. Survivors attend separate classes, to process their experience, begin the healing process, and develop critical skills needed to maintain a non-destructive lifestyle.

Family/Couple Therapy and Group Therapy offers unique opportunities to work on relationship issues, such as trust, individuation, self-responsibility. It may be used adjunct to other types of treatment and support for maltreating parents. Family therapy is designed to enhance interpersonal communication.

Basic life skills classes teach family economics and self-sufficiency, such as job preparation and search, budgeting, and food preparation.

Parent Child Interactive Therapy (PCIT) pertains to intensive positive interactive training involving the use of live coaching and incorporates both the parent and child within the treatment session.

Support groups are a group of people led by a therapist/facilitator who provide moral support, information, and advice to each other on problems relating to shared characteristics or experience. Support groups are intended to bolster individuals and families who are navigating the child welfare system and/or at risk of entering the child welfare system.

Psychological Evaluation is a system of assessing an individual's development, behavior, intellect, personality, emotional, and social functioning. Methods that may be used by the therapist may include, but are not limited to, interviewing, observing the client, and administering mental competence tests.

The Post Adoption Services-Adoption Assistance Program (PAS-AAP) provides Adoption Assistance funding and medical coverage for over 6,000 previously adopted children. The service is available until the child reaches 18 and sometimes to age 21. The program also provides counseling referrals, crisis intervention and assistance with navigating mental health, medical, educational, and financial assistance systems.

Post Adoption Services: Historical Information, Connections, Reunions and Referrals for Counseling (PAS-Historical) program provides historical information from case files to adoptees seeking to know how and why they were placed for adoption. This gives the adoptee a more

complete picture of their biological family, of their early life experiences and often propels them into seeking siblings who were not placed with them. The PAS social worker provides opportunities for various levels of connections between birth family members, or for reunions of birth family members (providing all necessary consents are completed). The PAS social worker also provides resources and referrals for counseling for the adoptee or birth parent who is seeking information. The specific allocated funded services therefore support the overall program.

The Annual Adoption Finalization Event is held in November in honor of National Adoption Month celebrates the commitment of our families moving to permanency. The event honors current adopting families and showcases motivational speakers touched by adoption in a variety of ways, and promotes activities to inspire future adoptions. The event is publicized in various media venues and helps promote adoption. The annual event is co-sponsored by San Bernardino County Superior Court, Juvenile Dependency Court. On this day, four Courtrooms are put in place at the event location and families finalize their adoptions. The Heart Gallery children are showcased during the Event and information is provided to anyone interested in learning more about adopting a special needs child. Community service providers are present and provide information and resources to adopting families. The 2016 event facilitated and expedited the adoption of 83 children.

At-Risk Groups

CFS clients, served through what are designated as 'case plan referrals', have demonstrable need and routinely receive services while in an open CFS case. The current process also allows social workers to provide authorization for individuals and families to receive services without involvement by a CFS social worker by means of a 'preventive referral'. This referral allows the at-risk family to receive services, chosen from an authorized list of providers by the family, for up to 120 days. This is in keeping with the program mandates to provide pre-placement preventive services through community based organizations. Information is gathered about the number of preventive referrals through billing for services. The total number of preventive referrals distributed is uncertain.

Services accessed through preventive referrals are detailed in the following table:

TABLE 5: SERVICES OBTAINED THROUGH PREVENTIVE REFERRALS

| Referral Type | Type of Service_127 | Clients served in FY16-17 |
|---------------|---------------------------|---------------------------|
| Preventive | Anger Management Classes | 79 |
| Preventive | Domestic Violence Classes | 91 |
| Preventive | Family/ Couples Therapy | 1025 |
| Preventive | Group Therapy | 19 |
| Preventive | Individual Therapy | 1532 |
| Preventive | Life Skills Classes | 3 |
| Preventive | Parent Education Classes | 248 |
| Preventive | PCIT/Floor Play | 10 |
| Preventive | Support Groups | 17 |

ETO DATABASE EXTRACT, 03022018

Preventive referrals served a diverse clientele, particularly Hispanics as the following table shows:

TABLE 6: PREVENTIVE SERVICES BY RACE/ETHNICITY

| RACE/ETHNICITY | Clients served in FY16-17 | % |
|---|---------------------------|------|
| Unknown | 35 | 2% |
| American Indian or Alaska Native | 9 | 0% |
| Asian | 31 | 2% |
| Black - non-Hispanic | 187 | 9% |
| Hispanic | 1286 | 62% |
| Native Hawaiian or Other Pacific Islander | 3 | 0% |
| Other | 37 | 2% |
| Two or More Races | 21 | 1% |
| White - non-Hispanic | 457 | 22% |
| Total | 2066 | 100% |

ETO DATABASE EXTRACT, 03022018

The need for preventive referrals to authorize service to at-risk families is well documented. Focus groups repeatedly mentioned the need to reduce caseloads. Line, supervisory and managerial staff universally acknowledged the importance of the issue and even vendors and community partners recited the refrain.

These impressions are supported by the available data. In California from 2012 to 2017 (Point in time, July 1) the number of children in-care increased slightly from 51,771 to 53,382 (an increase of 1,611 children); in San Bernardino the figures are, respectively, 3,905 and 5,896 – an increase of 1,991 children. Over the same time period the foster care entry rate in San Bernardino County has soared. In the past 5 years 13,925 children have entered care; in the 5 years before that (2008-2012) 9,528 children came into care. That is a difference of 4,397 children, over 879 more children per year (weighted heavily for the last 3 years). This occurred with the population of children in this county declining, and the economy, generally (though not for every group), improving. This trend is contrary to state and regional trends that indicate reduced or flat participation and foster care entry rates. In 2008, 1,614 children entered care in San Bernardino; in 2017, 3,254. The rates have gone from 2.6 per 1,000 to 5.3 per 1,000, more than doubling in less than 10 years. In 2008, San Bernardino's portion of children entering the child welfare system for all of California was under 5%; in 2017, it was over 11%.

Based on an unduplicated count of entries during time period. Data Source: CWS/CMS 2017 Quarter 4 Extract. Population Data Source: 2000-2009 - CA Dept. of Finance: 2000-2010 - Estimates of Race/Hispanics Population with Age & Gender Detail. 2010-2016 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender. Program version: 2.00 Database version: 6C66D2EB. Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Eyre, M., Chambers, J., Sandoval, A., Yee, H., Tran, M., Benton, C., White, J., & Cotto, H. (2017). CCWIP reports. Retrieved 12/7/2017, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

The department has continuous recruitment for social workers with hiring projections of up to 30 social workers each quarter for the foreseeable future. Attrition rates are beginning to decline but have still not stabilized. Of the 502 social work staff, at least 216 have Masters of Social Work degrees. Other acceptable qualifications include Master's degrees in counseling with an emphasis in marriage, family or child counseling, clinical psychology, gerontology or a closely related field. The Department Diversity Committee (DDC) actively works to recruit and retain staff and recommend improvements in this area. The DDC was created at the recommendation of the Equal Employment Opportunity Commission (EEOC) and through the efforts under the Business Redesign for a more diverse work force to meet the needs of the community. The gains in having

a workforce more aligned with the racial/ethnic configuration of CFS clientele reflect the efforts of the DDC.

In addition, the department strongly supports ways to improve resources for staff to enhance mobility and availability to families. Through improved technology, the department has issued case carrying staff cellular phones and has begun deployment of laptops. Alternate Work Schedules (AWS) have been approved by CFS administration and began in February, 2018. This allows for flexibility in work hours and location making staff available to meet families' needs. Caseloads continue to be monitored through the executive team to look at ways to evenly distribute caseloads across regions.

This alarming growth has affected the P1 measure. The number of children achieving permanency actually rose from Q2 of 2012 to the same quarter in 2017, 764 to 851. However, this increase of over 11% is dwarfed by the increase in the number entering the system: 2,117 to 2,670 or about 26%. This resulted in a decline of the measure from 36.1 per 1000 achieving timely permanency to 31.9.

There is no definitive answer as to why this increase has occurred. There has possibly been an expansion of the number qualifying as part of an 'at-risk' group. Trends in child poverty, concentrated poverty, incarceration rates, substance abuse, mental health issues, the number of petitions filed for physical and sexual abuse, and changes in the agency are all likely contributing factors.

San Bernardino County is generally considered a county with high levels of concentrated poverty and unemployment, notably:

- San Bernardino County – 19.5% of all individuals were below poverty level,
- By Census County Divisions (CCD) three high desert communities:
 - Barstow CCD– 27.8%,
 - Needles CCD – 25.6%, and
 - Victorville-Hesperia CCD – 24.4%,
- San Bernardino City CCD – 22.4%, and
- One low desert community of Twentynine Palms- Yucca Valley CCD – 21.3%.

Child poverty is also an issue with 27.1% of children (<18) living in households below the poverty level in the last 12 months in 2015. This is an increase from 2012 when 24.3% of the children lived in poverty.

Children living in households with Supplemental Security Income (SSI), cash public assistance income or Food stamps/SNAP benefits: 34.9%. In 2012, the percentage of children living in households with Supplemental Security Income (SSI), cash public assistance income or Food stamps/SNAP benefits was 24.3%.²

San Bernardino City has continued to show high unemployment rates, high child abuse and neglect rates and high child poverty. In San Bernardino County, the number of violent crimes increased from 8,434 incidents in 2013 to 9,947 in 2015. Domestic Violence calls increased from 7,002 to 8,052 in the same period.

¹ Report publication: Oct2017. Data extract: Q2 2017. Agency: Child Welfare.

² Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

<https://openjustice.doj.ca.gov/crime-statistics/crimes-clearances>

Incarceration of parents also impacts children in child welfare (removals, maintaining connections and reunification). Comparing jail incarceration rates from 2012 to 2014, there has been a 12.9% increase (415.5 per 100,000 in 2012 vs. 476.8 per 100,000 in 2016). It has been well documented that jail and prison incarceration rates impacts the minority population the most.

The jail incarceration rates have increased most significantly for African Americans (27.6%) and Asian/Pacific Islanders (51.0%). Incarceration rates, along with substance abuse issues, may be related to or have an impact on the number of domestic violence calls, the increasing number of infants being removed, and the number of grandparents raising children.

It has been hypothesized mental health has also played a role in the increase in foster care entries from 2012 to 2016. There has been over a 100% increase in the number parents and children receiving mental health services through the Office of Child Abuse Prevention (OCAP) funding. In State Fiscal Year (FY) 12-13, 2,761 unique clients received mental health services (1,793 adults and 968 children) and in FY16-17, 5,773 unique clients received mental health services (3,345 adults and 2,428 children).

Physical abuse allegations have increased as a percentage of overall petitions filed from 6.5% in 2012 to 7.3% in 2016. The total number of neglect petitions increased from 2,039 to 3,231 in that time period as well. In 2012, the allegations led to removals 6.0% of the time; in 2016 the figure was 8.5%. The total number of allegations declined slightly from 2012 to 2016 from 35,826 to 35,588, but as noted previously the number entering care has increased significantly.

Service Delivery Model

To procure services a RFQ is released on a regular basis, opening the funding stream to a wide variety of providers. If the RFQ applicant satisfies the qualifications listed on the application, the insurance requirements, and the encryption test, they receive a contract. RFQ applicant submissions are screened and reviewed by Human Services Contracts to ensure qualifications are met, and then the applicant is placed on a provider list.

SWs refer to services on the provider list based on the client's needs. In-house CFS staff who are Service Coordinators are tasked with ensuring clients are engaged in services promptly and service assignment is suitable based on client location, language and other characteristics. Service Coordinators are available in each of the operational regions (Central, Eastern, North Desert and Western).

Service arrangement is a collaborative process between the Service Coordinator, the CFS social worker, the client, and the CAPTS Provider. Having the Service Coordinator and the CFS social worker in the same region/office allows for expeditious communication, responses and turnaround times for documentation or trouble-shooting problems.

All contractors are required to provide a Progress Report for all Case Plan referrals noting client progress. The SW submits the reports to the court and makes recommendations regarding the family based upon the Progress Report and other service reports (example: visitation).

Management Information System (MIS) Upgrade

The County of San Bernardino contracts with Social Solutions for use of the Efforts-to-Outcomes (ETO) database system. The ETO database is designed to expeditiously capture participant

information for cross-referencing with the Child Welfare Services/Case Management System (CWS/CMS).

Model Results

The in-house service coordination model has improved on some baselines and provided service for San Bernardino's children and families efficiently and effectively.

- The combined OCAP programs served 9,792 CFS and at-risk clients up from 7,481 in the previous fiscal year and 7,141 (with an additional 500-600 served by Therapeutic Treatment Services contracts) in the baseline year of 2011-12.
- In FY 16/17, Preventive services were provided to 1,154 at-risk children (this is an increase of 10% compared to the prior FY). Of the 1,154 children, twenty eight (28) (or 2.0%) were on open cases after being referred for preventive services, and only nine (9) (or 0.8%) were on open cases after receiving preventive services.
- Since the baseline year of 2011-12, Providers reported roughly the same completion rate and modest increases in the acquisition and incorporation of concepts, skills, and competency into the clients' lives. These gains did not appear to positively impact the P1 timely permanency outcome (which for many reasons continued to decline).

Regarding the OCAP strategies, the increases in the number of clients served has been encouraging. In the coming year, it is expected that children currently served under OCAP funding through a case plan referral will shift to receiving more intensive therapeutic services under the Department of Behavioral Health. It is anticipated that this will free up resources for other uses, including continuing to provide preventive services.

Quality Assurance

PSSF and CAPIT funds have quality assurance and case review requirements, though there is a fair amount of flexibility on how each county approaches this requirement. Title IV-B regulations require that counties utilize quality assurance to regularly assess the quality of services under the state of California's Child and Family Services Plan and assure there will be measures to address identified problems. Counties must also have a Quality Assurance (QA) system that meets federal expectations of the State of California. Furthermore, each county agency must ensure effective fiscal and program accountability for the CAPIT and PSSF vendor/contractor activities. This process must be specific to CAPIT and PSSF programs and not limited to a general description of current county policies.

Human Services is responsible for monitoring CAPIT/PSSF contractors, ensuring the validity of data collection, program outcome evaluations, program and fiscal compliance, completion and submission of annual reports for OCAP programs. The RFQ and resultant contract outlines the services allowable under the funding stream and in accordance with the PSSF/CAPIT plan delineated in the SIP. To ensure adherence to the contract, representatives from Human Services (HS)-Auditing, and HS-Administrative Services (Contracts and Program Development Division-Contract Support) conduct regular monitoring on site visits (OSV) to each CAPIT/PSSF contractor. During the monitoring visits, in addition to reviewing client case files and other contract records, CFS representatives discuss and verify on a random basis the information submitted by the contractor. The purpose of regular monitoring is to:

- Ensure that contractors are complying with the terms and conditions of their agreement, including provision of service, method of service delivery, progress toward achieving desired outcomes, participation rates, and appropriate accounting practices to ensure funds are spent on allowable activities;
- Describe the efforts contractors make in attempting to overcome problems, and develop a collaborative relationship and provide input for future procurements; and,
- Document Children and Family Services' (CFS)'s exercise of due diligence in its oversight of contractors in accordance with various State and Federal regulations.
- Review assessments, treatment plans, and case notes to ensure the contracted modality is being used for therapy and the case notes sessions match the assessment and treatment plans.
- Account for Progress Reports and the documents contained in each client's case file.

The results of the monitoring report are compiled by Administrative Services Division staff and forwarded to the contractor. Findings are noted along with the needed corrective action and a timeframe for compliance. Monitoring staff regularly meets with a contractor on a compliance plan to ensure progress is being made and corrective action is being properly administered. Fiscal oversight is also exacted with review of monthly invoices. Failure to meet contract standards can lead to discontinuance of the contract.

Contract monitoring is one aspect of Quality Assurance. Other means to ensure contractors meet standards for service provision and adherence to the requirements of the funding stream include the:

- Request for Qualification (RFQ) approval process,
- Provision of Technical Assistance:
 - Technical Assistance is provided one-on-one to address contractor specific issues, and
 - Group technical assistance is provided yearly and focuses primarily on current issues from monitoring, needs of the department, or clarification to ensure the desired outcomes are achieved.
- Processing of monthly billing statements,
- Bidder's Conferences, contractor fairs and contractors meetings,
- Customer Service Surveys,
- Complaint and Grievance process, and
- Annual and quarterly reports under the System Improvement Plan (SIP).

Because monitoring efforts may overlap some of these approaches, and to provide efficient and effective review, monitoring utilizes the results of these endeavors in the monitoring report when appropriate.

Services are required to be available to meet the needs of ethnic/minority populations including the provision of culturally appropriate services. PSSF/CAPIT providers are required to demonstrate services would be culturally and linguistically appropriate for clients and minority populations would be served. Cultural competence is a reviewed element during monitoring for contract performance. Reviewing contractor adherence to cultural and linguistic service protocols is a standard element of monitoring. This includes reviewing accommodations provided for disabled clients and those with special needs.

In order to evaluate program impact and customer satisfaction, ROQS conducted a survey of CAPTS service recipients. 310 people were called and 79 completed the survey for an overall

response rate of 25.48%. The survey was conducted from 2nd week of May to the 3rd week in June, 2018 in English and Spanish, as appropriate. Preliminary results indicate the response was very positive towards the CAPTS programs. Further results from the report will be included in the PSSF/CAPIT Annual Report. Feedback is being obtained to improve responsiveness and sample size. Client surveys will be revised and conducted annually. A client satisfaction survey related specifically to the adoption finalization event had been circulated but will be revised to include questions regarding program impact on participants.

Surveys will be conducted on a quarterly basis beginning in the second quarter of 2019 based on the Strengthening Families Protective Approach (SFPA) and Protective Factors (PF). The SFPA is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. The five (5) Strengthening Family PFs are:

- Parental Resilience - Managing stress and functioning well when faced with challenges, adversity, and trauma.
- Social Connections - Positive relationships that provide emotional, informational, instrumental and spiritual support.
- Knowledge of Parenting and Child Development - Understanding child development and parenting strategies that support physical, cognitive, language, social and emotional development.
- Concrete Support in Times of Need - Access to concrete support and services that address a families need and help minimize stress caused by challenges.
- Social and Emotional Competence of Children - Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintaining relationships.

A number of survey delivery strategies may be used to gather client information, including:

- Direct phone calls,
- Email,
- Use of Select Survey, or similar web-based surveys,
- Direct mail, or
- A combination of the above.

For evaluation of long-term impact, data will be gathered on client participation and impact on the CFSR3 outcomes and accountability measures for each program as specified in Program Evaluation Descriptions. When reported it will be noted the entry time period for the cohort reviewed as it may take up to three years to gather results on these measures.

The County will also be developing provider surveys to better assess program impacts at the direct service level. Survey and analysis will review completion rates and client response to the services from the provider's perspective. Surveys may be provided during focus groups or as part of technical assistance.

CHILD WELFARE/PROBATION PLACEMENT INITIATIVES

Fostering Connections/After 18 program (AB 12, Extended Foster Care)

Assembly Bill 12 (AB12), the Fostering Connections to Success Act became effective January 1, 2012. This bill was designed to provide extended foster care (EFC) benefits to youth ages 18-21, who are aging out of the foster care system. The primary purpose of EFC is to prepare former foster youth for life beyond dependency.

Youth turning 18 must agree to voluntarily remain under the Juvenile Court's Transitional Jurisdiction and to meet one of five participation conditions, sign a Mutual Agreement for extended foster care, and remain in a supervised placement. There are many benefits of extended foster care, some of which include housing, financial support, employment and education assistance which are provided in order to encourage a successful transition to adulthood and independent living.

For Children and Family Services (CFS), policy and procedure has been in place since 2012. The average number of Nonminor Dependents (NMDs) has continued to increase each month since 2012, as have the July point-in-time counts. The monthly average caseload nearly doubled from 2012 to 2013. There has been some month-to-month variability (up and down) from May 2016 onward, but there are usually around 320 cases.

CWS/CMS extract, 7/2017

For probation, youth who had a placement order at the age of 18 and who have successfully met their rehabilitative goals can have their Delinquency Jurisdiction modified to Transitional Jurisdiction, pursuant to Welfare and Institutions Code (WIC) 450. This modification allows youth to access extended foster care benefits including case management and support services from probation without having the stigma of continuing juvenile probation as an adult.

The number of exits (including those aging out at 21) has continued to increase, but this is expected, as more youth remain in care until age 21. The number of re-entries peaked in 2014, dropped in 2015 then went back up in 2016. These are not necessarily unique youths as they can exit and re-enter at any time up until age 21.

The percentage turning 18 and remaining in foster care at least 30 days generally increased from 2012 to 2015, but then dropped in 2016. So far this year the percentage is greater, 88.4%, than any previous year. Overall, 85% of youth are staying in care 30+ days after turning 18.

Placement has changed dramatically over the years. The percentage placed in group homes has fallen from 13% in 2012 to 5.7% in 2017 (with the same number of NMDs - 18). Additionally, over the same span, those placed in FFAs have dropped from 29% to 10.7%; Relative/NREFM placements, from 34.8% to 11.7%. This was accompanied by an increase in more independent placements such as THP+FC, 5.9% in 2014 (first year placements began) to 17.7% in 2017 and SILPs, 8.7% in 2012 to 49.8% in 2017.

CWS/CMS extract, 7/2017

The counts of youth in each participation activity have varied with changes in the number of open cases, but the order has generally not. Using July point-in-time data, typically completing high school/equivalency is the most common activity, followed by enrollment in college/vocational

program. Removing barriers to employment is the third most common activity, followed distantly by employment. Though the absolute number of those participating in the two educational activities has changed little since 2014, those with the employment activity have increased from 50 to 86 while those with removing barriers to employment have decreased from 151 to 109. It is difficult to draw conclusions from this data as NMDs participate in more than one activity.

Katie A. v. Bonta, Continuum of Care Reform (CCR), Resource Family Approval (RFA), the Integrated Core Practice Model (ICPM, and Assembly Bill (AB) 1299

Since the release of the Katie A. Core Practice Model (CPM) and other related guidance from CDSS and the Department of Health Care Services (DHCS), CFS has been engaged with the Department of Behavioral Health and Probation in crafting policy for further provision of intensive health care services to qualifying children in foster care. CFS, DBH and Probation have approved a Memorandum of Understanding (MOU) establishing a formal Administrative Joint Management Steering Committee (AJMSC) to oversee the implementation and operations of the CPM. The MOU is currently under review by Human Services Contracts to be applicable to Continuum of Care Reform (CCR).

The AJMSC has been revamped and retooled to address CCR and Resource Family Approval (RFA). The AJMSC (or its Coordinating Committee-AJMCC) meets monthly, developed a project plan and instituted a number of work groups to implement the CCR. CCR, RFA and the CPM cover a broad range of discrete but often interrelated initiatives, programs and activities. To the optimum extent possible, the AJMSC endeavors to build on existing initiatives and engage extant workgroups to coordinate efforts as efficiently as possible and prevent unnecessary or counterproductive duplication of efforts.

To ensure youth and birth parent perspective and voice is meaningfully incorporated into implementation efforts, parent advocates and former foster youth are full and equal members of the AJMSC. The Transitional Assistance Department also regularly participates.

Progress on mental health screening and provision of Specialty Mental Health Services (SMHS) is reviewed through the Referral, Screening, Assessment and Treatment (RSAT) workgroup under the AJMSC. A number of dashboard reports have been devised and are regularly presented to review at RSAT along with the status of SMHS and other treatment provided.

Collaborative efforts to identify children in placements with mental health needs in order to link them firmly to necessary mental health services includes the Healthy Homes program (HH). HH is a collaborative effort between CFS and DBH in which DBH clinicians conduct assessments and initial psychosocial screenings to identify problem areas and treatment needs for children in out of home care. A DBH clinician conducts the Healthy Homes Assessment and provides a provisional diagnosis and screening. RSAT has overhauled the screening, assessment and referral processes under HH to make them more efficient, leverage use of the Service Coordinators for the CAPTS program and optimize Medi-Cal funding.

RSAT revised the Screening, Assessment, Referral, and Treatment Program (SART), which is an evidence-based program designed to improve the social, developmental, cognitive, emotional and behavioral functioning of high-risk and multiple-risk children from birth through age 5, and improve their lifelong outcomes. The SART program screens, assesses, and refers children and their families for treatment through a standardized process.

The Administrative Joint Management teams meet monthly. The AJMCC meets twice a quarter and the AJMSC once to coordinate efforts between the 12 official workgroups, and they also review the training needs for providers, CFS and Probation.

More recently, the AJMSC has suspended meeting until a new MOU outlining agency roles and responsibilities in accordance with the Integrated Core Practice Model (See All County Information Notice #I-21-18) is completed. Subgroups established by the AJMSC that are still active include RSAT, Legislative Review, CPM data and AB 1299. It is expected these groups will continue to operate under the new protocol.

The AJMSC and related policies for implementing the Katie A. Core Practice Model were the cornerstone of CFS's transition to an Integrated Service Model. CFS took an expansive approach and required Child and Family Team Meetings (CFTMs) for all class members prior to the passing of CCR. These CFTMs primarily employ Safety Organized Practice (SOP) techniques and productively engage with families to identify case plan goals and needed services. This will help ensure a consistent approach is taken in all aspects of social work practice throughout the continuum of care. For CFS, formal policy was issued requiring Child and Family Teams (CFTs) for all class members. Social workers and supervisors in each of the CFS regional offices completed training on facilitation of CFTMs in June, 2015. Sufficient coaching is in place to support skills development in both CFTM facilitation, Structured Decision Making (SDM) and SOP. Additional trainings for CFTs are currently rolling out through the San Bernardino County Performance, Education and Resource Center (PERC) and the Public Child Welfare Training Academy (PCWTA) and will be offered to new and existing CFS and Probation staff during the first and second quarters of 2017. To build internal training capacity, and to promote supervision to SOP standards and model fidelity, the majority of CFS line level supervisors have been trained to be SOP trainers and have assumed responsibility for SOP training delivery. The training has been revised and modified to include principles outlined in AB 403.

Probation has been participating in the aforementioned trainings. Probation has fully implemented CFTs as of January 1, 2017 as it relates to Probation youth with out of home placement orders.

Probation established an internal CCR steering committee chaired by a Deputy Chief Probation Officer. The Probation Steering Committee oversees 11 separate workgroups designed to implement specific mandates and requirements for probation, including:

- Designing and implementing processes for child and family team meetings,
- Collaborative completion of county Resource Family Approval implementation plan,
- Collaborative completion of county joint Foster Family Recruitment, Retention and Support plan,
- Completing arrangements for staff training and processes related to RFA,
- Messaging to department staff regarding CCR implementation,
- Revision to and creation of new forms and templates,
- Judge and attorney education on new processes,
- Staff training related to CCR implementation, and
- Integration of new outcomes, assessments, or data requirements into existing databases and processes.

Under the auspices of the AJMSC and the Southern Counties Policy Implementation Committee (PIC) for the Child Welfare Directors Association (CWDA), an inter-county, interagency workgroup was formed to address recent legislation, Assembly Bill (AB) 1299, regarding presumptive transfer of responsibility for Specialty Mental Health Services (SMHS) for foster children placed out of their county of jurisdiction. Contacts and invitees were arranged through PIC and included

representatives from nine counties and the child welfare, behavioral health, eligibility (Medi-Cal) and Probation departments in those counties. San Bernardino arranged and hosted the initial meeting and there have been three more since, with no fewer than 40 participants. Other participating counties include:

- Imperial,
- Kern,
- Los Angeles,
- Riverside,
- Orange,
- San Diego,
- Santa Barbara, and
- Ventura

Representatives from the Department of Health Care Services and CDSS now attend regularly. A representative from Santa Clara County listened in at the last meeting. A host of issues are under discussion, including:

- The scope and magnitude of the population affected;
- Difficulties with transferring Medi-Cal, related coding issues and anticipated problems generating alerts on the Medi-Cal Eligibility Data System (MEDS);
- Potential issues processing waivers and exceptions to transfer;
- Establishing Single Points of Contact and websites for access and information;
- Improving interagency and inter-county communication, including review of two draft forms from San Bernardino DBH;
- How this relates to current processes, particularly the Service Authorization Requests under Senate Bill (SB) 785;
- Funding of services;
- Additional complications related to holding child and family team meetings (CFTM), releases of information and consent to treatment;
- Uncertainty as to how Interagency Placement Councils (IPC), group homes and Short Term Residential Therapeutic Programs (STRTP) will be impacted;
- Integrating educational services, particularly for children with Individual Education Plans (IEP), into the presumptive transfer and exception/waiver process.

CDSS and DHCS released official guidance to support the legislation on July 14, 2017. The Inter-county Workgroup will meet again in Riverside in August. The goal of the group is to facilitate implementation of AB 1299 and ensure all children placed out-of-county receive needed SMHS.

San Bernardino is publishing policy on the process and has sent over 100 presumptive transfer notifications or waivers to Mental Health Plans (MHPs). The process thus far has been fairly smooth, though identified Points of Contact have been in flux.

Effective January 1, 2017, San Bernardino County implemented the Resource Family Approval (RFA) process for all new applicants. Ongoing resource families will be required to transition to the new standards by the end of 2019. This program directly impacts county welfare and probation departments, Foster Family Agencies and all foster care providers including relatives and Non-related Extended Family Members by creating a new foster caregiver approval process that replaces diverse, multiple existing processes.

CFS ensures all new related and non-related applicants participate exclusively in the RFA Program, including families being considered for probation placements. A Resource Family shall be considered eligible to provide foster care for related and unrelated children in out of home placement, shall be considered and approved for adoption or guardianship.

A committee under Placement Resources Division (PRD) was formed to implement RFA. The committee developed an implementation plan with a steering committee and various subcommittees, liaised with other statewide groups, drafted policy, developed dozens of new forms, engaged stakeholders, and assisted in training staff. The committee also reports out to the AJMSC in its capacity of overseeing the CCR.

The RFA implementation committee also sought to build on current practices. The department had been conducting orientations regularly where applicants for foster and adoptive placement began the application process. These orientations known as “Taking Care of Business Day” (TCBD) were held regularly throughout the county to expedite the timeframes and assist the applicant through the complex licensing process. The goal of TCBD is to reduce the length of time to obtain a license and improve the rate of licensing for qualified applicants. TCBDs have been retooled and expanded to enhance the RFA approval process and implement the statewide directives and requirements.

CFS participates in recruitment activities to educate community members in becoming resource families and to inform the community in general about the need for resource families. These recruitment activities are often conducted through the regional New Initiatives Units which strive to keep children in placements near their own neighborhoods and schools. In 2017 the focus of New Initiatives was to increase engagement with faith based organizations as a means of increasing support for CFS children and families and for the recruitment and support of San Bernardino County resource families. This collaborative effort is known as Faith in Motion. Two churches entered into contracts with CFS to recruit, train, and support resource families in our hardest to recruit areas (City of San Bernardino, Barstow, Needles, and Yucca Valley).

The social service practitioner (SSP) investigator under RFA conducts a background check assessment for each applicant and all adults residing or regularly present in the home of an applicant or Resource Family.

RFA staff works with placement staff during investigations and fully documents their process regarding investigating incidents or complaints on approved or pending approval Resource Parents for CDSS, Department of Justice (DOJ), Rap-backs, and Registered Sex Offenders (RSO).

RFA is a new approach for placement approval and is required by law. Prior to full implementation, pilot counties reported a number of concerns with the process particularly with delays in approval for relatives and a reduction in the total number of relative placements, resulting in financial hardship for those who accepted placements on an emergency basis. San Bernardino County has experienced similar problems. Along with the RFA administration in PRD, an Outcomes committee under the AJMSC will be reviewing these and other outcomes over time.

Continuous Quality Improvement

Continuous Quality Improvement is an integral part of California’s federally approved Child and Family Services Plan (CFSP, 2015-2019) and Child and Family Services (CFSR) Qualitative Case Reviews. CFSR Qualitative Case Reviews began in October, 2015, and are one component in

the CFSP and embody its essential principles. Reports from the Qualitative Case Review unit will be disseminated to various groups in CFS and Probation and are expected to inform training activities and practice.

San Bernardino is implementing the principles of CQI through Data Driven Decision Making (DDDM) comprehensively and pervasively throughout its child welfare system. CFS and Probation have attended meetings with consultants from the Casey Foundation to explore the applicability of the CQI logic model at various organizational levels, and establish a means to identify, examine, develop and implement program, policy and practice changes in a systematic manner. The CPM Steering Committee and the Combined Managers Meetings (CMM) have served as the nexus for these developments.

Core Practice Model (CPM)

To help families achieve positive outcomes, CFS has developed a shared Core Practice Model that identifies common values, standards, and principles to promote effective working relationships through collaborative efforts. The CPM group:

- Has helped develop and inform policy and procedure for Safety Organized Practice (SOP), Child and Family Teams (CFTs), SDM and the System Improvement Plan (SIP) measure.
- Makes recommendations for coaching, training and transfer of learning to support workforce development in all levels and areas.
- Develops and/or refines data tracking mechanisms tied to CPM application.
- Reviews and make recommendations regarding any initiatives (e.g., RFA/CCR), tools or practices to ensure alignment with and integration into the CFS mission.
- Connect, communicate and engage with stakeholders as needed to support CPM implementation.
- Serves as a hub of oversight and support for regional CPM Implementation Committees.

The County of San Bernardino would like to express our gratitude to those who assisted in the development of the 2013 – 2018 System Improvement Plan. Without the invaluable input of our partners and their genuine commitment to improving the lives of children and families this undertaking would not be possible.

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System Improvement Plan and County Self-Assessment Attachment A-1 - Acknowledgements

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System Improvement Plan and County Self-Assessment Attachment A-1 - Acknowledgements

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San Bernardino County 5 – Year SIP Chart

C H I L D W E L F A R E

Priority Outcome Measure or Systemic Factor: Safety 1 (S1) - Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

The denominator is, of children in foster care during the 12-month period, the total number of days these children were in foster care as of the end of the 12-month period. Complete foster care episodes lasting <8 days are excluded. Any report that occurs within the first 7 days of removal is excluded. Youth age 18 or more are excluded, as well as youth in foster care at 18 or more. For youth who start out as 17 years of age and turn 18 during the period, any time in foster care beyond his/her 18th birthday is not counted in the denominator.

The numerator is, of the children in the denominator, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) with a referral received date during a foster care episode within the 12-month period. Performance for this measure is the numerator divided by the denominator, expressed as a rate per 100,000 days. The rate is multiplied by 100,000 to produce a whole number which is easier to interpret

National Standard: Equal to or below: **8.5**

Baseline (Q4 2016): 13.35 During the calendar year 2016 there were 231 substantiated allegations of maltreatment for all children in foster care. Dividing by the total number of foster care days (1,730,835) that comes to a rate of 13.35 instances of maltreatment for every 100,000 foster care days.

Current Performance: 15.54 For CY 2017, there were 301 substantiated allegation in 1,937,129 foster care days.

Target Improvement Goal: 8.35 (5 point improvement in rate (per 100,00 Foster Care Days) over 5 years)

| Year ending February 1 st (Quarter Reporting) | Numerator | Denominator | # per 100,000 Foster Care Days |
|--|-----------|-------------|--------------------------------|
| 2019 (Q4 2017) | 301 | 1,937,129 | 15.54 |
| 2020 (Q4 2018) | 245 | 1,935,000 | 12.66 |
| 2021 (Q4 2019) | 215 | 1,935,000 | 11.11 |
| 2022 (Q4 2020) | 185 | 1,920,000 | 9.64 |
| 2023 (Q4 2021) | 160 | 1,916,000 | 8.35 |

| C | H | I | L | D | W | E | L | F | A | R | E |
|--|---|---|---|---|---|---|---|---|---|---|---|
| <p>Priority Outcome Measure or Systemic Factor: Child Welfare Services Staff, Caregiver and Service Provider Training and Development. Staff Training includes formal structured training, coaching, supervisory instruction and other staff development activities. Additional systemic support includes identification of ongoing training needs, evaluation of training programs and accessing training with collaborative agencies.</p> <p>National Standard: Not Applicable</p> <p>Baseline Performance: All of the targeted training initiatives have precursor trainings. Attendance/participation for all training will be tracked. Training effectiveness and transfer of learning will be evaluated by different means.</p> <p>Target Improvement Goal: The targeted areas for training are:</p> <ul style="list-style-type: none"> • Child and Family Teams, • Safety Organized Practice, • Structured Decision Making and other Risk and Safety Assessment practices, • Cultural Responsiveness, and • Court Testimony using advanced simulations. <p>Performance for this systemic factor will be evaluated based on the following:</p> <ul style="list-style-type: none"> • Number of staff receiving targeted training or coaching, or otherwise participating in staff development activities, • Ability of staff to (retain) display understanding of skills through practice and adhere to model fidelity in implementing initiatives, and • Specific impact of training program results on other outcomes. For example, receiving coaching on proper engagement techniques in Child and Family Teams leading to improved permanency outcomes. | | | | | | | | | | | |

| P | R | O | B | A | T | I | O | N |
|---|---|---|---|---|---|---|---|---|
| <p>Priority Outcome Measure or Systemic Factor: Service Array. Probation is responsible, either directly or through providers, for obtaining or providing services to youth who are at risk of, or ordered into Probation placement. This includes intervention and applicable services to protect the public, protect the well-being of the youth, and help youth and families address issues that result in the Court ordering the youth into placement.</p> <p>Baseline Performance: The CSA, PQCR, Focus Groups, and the SIP Convening identified gaps in current reintegration strategies utilized by the San Bernardino County Probation Department. Although baseline services exist, specialized focus on early, active, and meaningful involvement of the youth, families, Probation Officers, and group home/STRTP staff will help ensure a smooth and lasting transition from congregate care to each youth's family home and community.</p> <p>Target Improvement Goal: To develop, augment, and increase baseline services to youth, families, and group homes/STRTPs at the outset, during, and after out of home congregate care in order to reduce continued criminogenic behavior and possible re-entry into congregate care.</p> <ul style="list-style-type: none"> In 2018/2019 (Year 1 and 2), the Central Juvenile Division Directors in concert with the Supervising Probation Officers and applicable line staff will begin identifying potential mental health and other possible services which would be beneficial to the youth's reintegration. In addition, the aforementioned group will also investigate potential new and innovative technologies to increase participation and interaction between Probation, the youth, their families, and the service providers. Central Juvenile Division Directors will attempt to identify possible ways to create a transition specialist probation officer position. The Central Juvenile Division Directors will also begin researching and developing applicable methods for quality assurance monitoring. In 2020 (Year 3), the Out of Homes Services unit will begin implementing use of video conferencing, visual networking, and other social media/internet type solutions to facilitate more active participation between the youth, parents, service providers, and Probation staff in relation to CFTs, visiting, case management issues, etc. The Out of Home Services unit will also begin hosting family nights for the families of youth in congregate care prior to their graduation to help facilitate a smoother transition home. The Out of Home Services unit supervisor will work on increasing collaborative efforts between Probation and CFS in relation to dual status youth. In 2021 (Year 4), the Out of Home Services supervisor will begin incorporation of post-graduation/reintegration services and providers at CFTs to be held 90 days, 60 days, and 30 days prior to the youth's planned return home. The Central Juvenile Division Directors will begin to develop and implement potential post reintegration services for the youth and their families such as a 24-hour contact line, a regional resource list, a client friendly web page for services, and increased availability of activities at the Youth Day Reporting Centers. The Out of Home Services supervisor will work to increase participation of providers such as ILP, educational liaisons, mentors, congregate care providers, DBH, WRAP, parent partners, etc. in order to facilitate potential smoother reintegration for youth exiting congregate care. In 2022 (Year 5), the Central Juvenile Division Directors will investigate ways to increase Probation Officer access to different juvenile information databases to increase agency ability to share information for more collaborative youth/family response. | | | | | | | | |

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| Child Welfare Services (CWS) Strategy 1: Integrate Structured Decision Making (SDM) into Children and Family Services (CFS) policies, procedures and practices. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none">Improve Safety in out of home care (S1)Systemic Factor: Staff, caregiver and service provider training | |
| | <input type="checkbox"/> CBCAP | | |
| | <input type="checkbox"/> PSSF | | |
| | <input checked="" type="checkbox"/> N/A | | |
| Action Steps | Implementation Date: | Completion Date: | Person Responsible: |
| A. Training | | | |
| A1. Provide a series of SDM trainings for Supervisors and lead workers including case reads followed by coaching sessions. | August 1, 2018 | July 1, 2019 | Deputy Director System Resources Division |
| A2. Conduct biennial safety planning training in accordance with All County Letter (ACL) 17-107 for social work staff. Training will be supported by the use of Coaches to support workers in developing: <ul style="list-style-type: none">Harm and danger statements,Safety mapping, andBehaviorally specific case plans. | August 1, 2018 | January 1, 2019, initial completed and on-going through January 31, 2023 | Deputy Director System Resources Division |
| A3. Provide in-service training to staff and management for the evaluating out of referrals so decisions are informed by the SDM Policy and Procedures Manual. <ul style="list-style-type: none">Implement protocol for the review and approval of decisions to evaluate out referrals. Regional modifying of response determinations will not be allowed unless new information comes to light. | October 1, 2018 | February 28, 2019 to complete policy and training with ongoing monitoring | Regional Deputy Directors under the supervision of the Assistant Director |

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| <p>A4. Supervisors and SWs will receive training on:</p> <ul style="list-style-type: none"> • Risk assessment and warrant training every 2 years incorporating usage of SDM tools; and, • Safety planning training, incorporating the use of SOP and SDM tools. | <p>October 1, 2018</p> | <p>On-going through January 31, 2023</p> | <p>Deputy Director, Countywide Training</p> |
| <p>A5. Develop and deliver advanced simulations regarding risk assessment and safety planning. Training will include 'Train the Trainers' modules. Simulations will include:</p> <ul style="list-style-type: none"> • Intake • Assessment/Case Planning • Placement • Court <p>Policy and procedure will be revised to provide appropriate expectations.</p> | <p>October 1, 2018</p> | <p>On-going through January 31, 2023</p> | <p>Deputy Director, Countywide Training</p> |
| <p>B. Practice:</p> | | | |
| <p>B. Risk Management and ROQS will obtain a list of SB 39 reported fatalities and near fatalities with a current open referral or case in CMS to review during bi-weekly Case Review Unit meetings. Reinforce process that safety assessments and recommendations must be reviewed by the regional Deputy Director, with recommendations by the Assistant Director and Director for final determination, in order to continue placement with out of home care providers where there is a history of fatalities or near fatalities.</p> | <p>June 1, 2018</p> | <p>On-going through January 31, 2023</p> | <p>Children and Family Services Director and Assistant Director</p> |
| <p>C. Administrative</p> | | | |

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| <p>C1. Revise the CFS Handbook to clarify:</p> <ul style="list-style-type: none"> • The purpose of each of the SDM tools, hotline tool, initial safety, initial risk, substitute care provider safety assessment • How each tool is to be used, and • When each tool is to be used. | October 1, 2018 | February 28, 2019 to complete policy and training with ongoing monitoring | Deputy Director Program Development Division |
| <p>C2. Revisions of the Response Determination Policy will be made to ensure it conforms to SDM policy and procedure, and State regulations. Publish and notify staff of CFS Handbook revisions. Distribute CFS Handbook revisions to staff via in-service training with supervisors.</p> | October 1, 2018 | January 1, 2019 to complete policy and training with ongoing monitoring. Distribute to staff by February 28, 2019. | Deputy Director Initial Response Operations, Deputy Director Program Development Division Deputy Director System Resources Division |
| <p>C3. Supervisors will complete 3-5 random case reads per month to review fidelity of the tool usage and develop feedback loop for social workers.</p> | October 1, 2018 | June 1, 2019 and ongoing through January 31, 2023 | Children and Family Services Regional Deputy Directors under the supervision of the Assistant Director |
| <p>C4. Use department CQI structure to improve the timely first in person response and the timely use of SDM tools and use CFSR Federal case review results to identify relevant themes and effective case practices. Quarterly reports and presentations to staff on lessons learned will be used to adjust goals and replicate success.</p> <ul style="list-style-type: none"> • Quarterly Reports - Baseline performance, target goals, action plans will be created for the following measures: <ul style="list-style-type: none"> ○ 2B – Immediate Response ○ 2B – 10-day response ○ 2F – Timely Monthly Caseworker Visits (Out of Home) ○ SDM Initial Safety and Risk Assessments • Improved performance will be reviewed monthly at Department-wide management meetings. | August 1, 2018 | On-going through January 31, 2023 | Assistant Director Deputy Director System Resources Division |

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| <p>C5. PDD in collaboration with SRD Risk Management Unit will revise RAMS tools to prompt and document a focus on the following:</p> <ul style="list-style-type: none"> • Risk and safety assessment, including CWS/CMS history review, • Safety Plan, • Identification of safety network members to support the safety plan, • Review of appropriate use of SDM tools, • Identifying those safety threats and risk factors and family needs to be addressed in the case plan, and • Focus on risk, safety planning, identifying safety networks and reinforcing appropriate use of SDM tools. | July 1, 2018 | November 30, 2018 | Deputy Director Program Development Division |
| <p>C6. Revise the CFS Handbook to provide guidance for the opening of VFM cases where there is an absence of safety threats but high risk of future maltreatment.</p> | August 1, 2018 | On-going through January 31, 2023 | Children And Family Services Regional Deputy Directors under the supervision of Assistant Director |
| <p>C7. Revise the CFS Handbook to clarify the appropriate manner in which to handle:</p> <ul style="list-style-type: none"> • Associate referrals, • Duplicate referrals and • Secondary referrals, and to • Accurately recording the date of occurrence of maltreatment and an identified perpetrator, particularly for those referrals alleging abuse in out of home care. | September 1, 2018 | On-going through January 31, 2023 | Deputy Director System Resources Division |
| <p>C8. Implement monthly monitoring of SDM usage and fidelity of assessment tools including monitoring timeliness of tool use.</p> | March 1, 2018 | On-going through January 31, 2023 | Assistant Director; Supervisors and Managers |

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| C9. Evaluate impact of Action Steps on improvement in CFSR3 S1 measure. Continue to analyze and assess occurrence and recurrence of maltreatment in care as part of Core Practice Model implementation. | September 1, 2018 | On-going through January 31, 2023 | Deputy Director System Resources Division |
| C10. Track trainings, evaluation and attendance as appropriate. Review the information to identify training needs and strengthening of training curriculum. | July 1, 2018 | On-going through January 31, 2023 | Deputy Director and Child Welfare Services Manager Countywide Training |

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| Child Welfare Services (CWS) Strategy 2: Improve placement practices in order to reduce the incidents of maltreatment for children in out of home care. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> Improve Safety in out of home care (S1) |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps | Implementation Date: | Completion Date: |
| A. Practice | | |
| A1. Implement two Open Case Investigation Units (OCI) within the Initial Response Operations (IRO) Division. Include a method to alert all social workers who have children in the home of the allegations. | July 1, 2018 | On-going through January 31, 2023 |
| A2. SB 39 – Risk Management Unit Cross Report will go to Community Care Licensing (CCL) Regional Manager Riverside to ensure that children are not placed in homes with prior history of fatalities and near fatalities by substantiated abuse or neglect. | September 1, 2018 | On-going through January 31, 2023 |
| A3. CFS shall develop implement and evaluate a process to ensure that all placement homes with lengthy referral and substantiated allegations with abuse or neglect are reviewed by management prior to utilization. Recommendations shall be made by Placement Resources Division Deputy Director to the Director, Assistant Director or her/his designee when the history involves substantiated abuse. | July 1, 2018 | On-going through January 31, 2023 |
| | | Deputy Director Initial Response Operations Deputy Director System Resources Division Children and Family Services Director and Assistant Director |

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| A4. Fully implement Article 9 Sections 9 02-05 of RFA Written Directives including a home health safety assessment, verifying background checks for all parties in the home, and update family evaluation | June 1, 2018 | On-going through January 31, 2023 | Deputy Director Placement Resources Division |
| A5. Implement workflow improvement strategy to reduce backlog and improve resource family approval timeframes without reducing safety standards. | May 1, 2018 | On-going through January 31, 2023 | Deputy Director Placement Resources Division |
| A6. Utilize FPRRS and other available funds to conduct family finding and resource family specialist supportive services. | September 1, 2018 | On-going through January 31, 2023 | Deputy Director Placement Resources Division |
| B. Administrative | | | |
| B1. Update the CFS Handbook to clearly delineate procedures for the functional relationships between CAAHL, Open Case Investigations and Immediate Response Operations (OCI/IRO) and the Regional Offices | July 1, 2018 | On-going through January 31, 2023 | Deputy Director Program Development Division Deputy Director Immediate Response Operations |
| B2. Reinforce the expectation that social worker contact visits with children in out of home care occur in the child's placement setting 50% of the time. In aggregate, the county is currently exceeding the standard. | May 1, 2018 | On-going through January 31, 2023 | Children and Family Services Regional Deputy Directors under the supervision of the Assistant Director |
| B3. Focus on ensuring an accurate recording in CWS/CMS of the: <ul style="list-style-type: none"> • Date of occurrence of maltreatment and • Identified perpetrator, as well as • Appropriate identification and handling of associated, duplicate and secondary referrals. | October 1, 2018 | On-going through January 31, 2023 | Deputy Director Initial Response Operations Research, Outcomes and Quality Support |

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| <p>B4. Quarterly Monitoring – implement quarterly Quality Assurance Case Reads to review every Open Case Investigation where the Date of Occurrence of Maltreatment and/or the identified Perpetrator are missing from the Documentation as well as 25% of referrals assigned for investigation to the OCI Units to ensure updated procedures were followed.</p> | <p>October 1, 2018</p> | <p>On-going through January 31, 2023</p> | <p>Deputy Director Initial Response Operations</p> |
| <p>B5. Evaluate impact of Action Steps on improvement in CFSR3 S1 measure. Continue to analyze and assess occurrence and recurrence of maltreatment in care as part of Core Practice Model implementation.</p> | <p>October 1, 2018</p> | <p>On-going through January 31, 2023</p> | <p>Deputy Director Initial Response Operations</p> |

| Child Welfare Services (CWS) Strategy 3: Increase the number of children and families with Child and Family Teams and enhance early engagement of children and parents. | <input type="checkbox"/> CAPIT <input type="checkbox"/> CRCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A | | Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> Improve timeliness to Permanency (P1) Systemic Factor: Staff, caregiver and service provider training | |
|--|--|--|--|---|
| | Implementation Date: | | Completion Date: | Person Responsible: |
| | Action Steps | | | |
| | A. Training | | | |
| A1. Include CFT training in initial curriculum for incoming social workers. | July 1, 2018 | | On-going through January 31, 2023 | Deputy Director (DD) and Child Welfare Services Manager (CWSM), Countywide Training (CWT) |
| A2. Provide the opportunity to attend refresher training sessions every two years. | January 1, 2019 | | On-going through January 31, 2023 | Deputy Director and Children and Family Services, Countywide Training |
| A3. CFS will contract with Public Child Welfare Training Academy (PCWTA) to provide coaching sessions to enhance transfer of learning and reinforce model fidelity. | May 1, 2018 | | July 1, 2022 | Deputy Director, Countywide Training |
| B. Practice | | | | |
| B1. Establish a marketing and messaging campaign to distribute materials and educate community partners and stakeholders on their role and the value of CFTs. <ul style="list-style-type: none"> Broaden engagement to non-traditional partners, including various faith based groups and philanthropic organizations. | October 1, 2018 | | July 1, 2020 | Children and Family Services Project Management |
| B2. Participate in CDSS sponsored Well-Being Institute biennially for shared learning regarding the children's system of care, Wraparound and CFTs. | Upon Initiation by CDSS | | On-going through January 31, 2023 | Deputy Director of Placement Resources Division, Assistant Director and Core Practice Model Steering Committee Deputy Coaches |

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| B3. At Monthly meetings with judges, update judges and attorneys, and receive feedback, regarding CCR initiatives: SOP, CFT and RFA. | March 1, 2018 | On-going through January 31, 2023 | Deputy Director System Resources Division |
| B4. Prioritize use of CFTs within 60 days of family involvement with CFS to inform case planning. | September 1, 2018 | On-going through January 31, 2023 | Deputy Director System Resources Division |
| C. Administrative | | | |
| C1. Develop and implement supervisory case conferencing/consultation tools to record that individual case CFTs are discussed by the supervisor with social workers and that CFTs include case plan discussion targeted on long-term supports and services to the family directly related to the reason(s) for CFS involvement. | January 1, 2019 | On-going through January 31, 2023 | Operational Core Practice Model (CPM) Deputy Director, Coaches. |
| C2. Supervisors will perform random monthly reviews of CFT model fidelity and ensure family needs assessment is included in CFT documentation. | January 1, 2019 | On-going through January 31, 2023 | Operational Children and Family Services |
| C3. Implement alternative work schedules in order to schedule CFT meeting times and venues that maximize participation by parents, caregivers, youth and the identified networks. | March 1, 2018 | On-going through January 31, 2023 | Director, Assistant Director |
| C4. Conduct annual random surveys of community partners, parents, youth and caregivers to obtain feedback on CFT participation. Use results to inform policy and practice change. | January 1, 2019 | On-going through January 31, 2023 | Children and Family Services Project Management |
| C5. Review CFT utilization monthly at CFS management – CQI meetings, focusing on the impact timely CFTs have on achievement of permanency within 12 months from the date of removal. | October 1, 2019 | On-going through January 31, 2023 | Regional Deputy Director's |

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| C6. Use of Substitute Care Provider (SCP) SDM tool per SDM policy for annual analysis of findings to inform training, policy, and practice. | January 1, 2019 | On-going through January 31, 2023 | Open Case Investigation (OCI) supervision, Research, Outcomes and Quality Support (ROQS) analyst |
| C7. Evaluate training and practices under this strategy for impact on CFSR3 P1 measure. | October 1, 2019 | On-going through January 31, 2023 | Deputy Director System Resources Division |

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| CWS Strategy 4: Safety Organized Practice (SOP) will be an integral part of social work practice. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> Improve timeliness to Permanency (P1) Systemic Factor: Staff, caregiver and service provider training |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| | | |
| Action Steps: | | Person Responsible: |
| A. Training | | |
| A1. Provide on-going training opportunities in SOP philosophy and technique through modules and individualized coaching. | March 1, 2018 | Deputy Director and Children and Family Services, Countywide Training |
| A2. Supervisors will be coached on use of SOP techniques to identify behaviorally specific goals with families when case conferencing with SW. | July 1, 2018 | Operation Children and Family Services |
| A3. Development and implementation of advanced simulation regarding court testimony and use of behaviorally specific actions/inactions of family in the protection of their children. | November 1, 2018 | Deputy Director and Children and Family Services, Countywide Training |
| B. Practice | | |
| B1. Utilize established community forums to provide information/training. | March 1, 2018 | Deputy Director, Placement Resources Division (PRD) |
| B2. Supervisors are to ensure CFS staff involve families and youth in case plan development through use of SOP, establishing behaviorally specific goals leading to progressive visitation, and trial home visits. | July 1, 2018 | Operational Children and Family Services |
| C Administrative | | |
| C1. Track, monitor and evaluate results of advanced simulation training and SOP utilization. | November 1, 2018 | Deputy Director (DD) and Child Welfare Services Manager (CWSM), Countywide Training (CWT) |

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| C2. Use CFSR Federal case review results to identify relevant themes and effective case practices. Quarterly reports and presentations to staff on lessons learned will be used to adjust goals and replicate success. | April 1, 2018 | On-going through January 31, 2023 | Deputy Director System Resources Division |
| C3. Evaluate results of SOP utilization in achieving CFSR3 P1 improvement. | October 1, 2019 | On-going through January 31, 2023 | Deputy Director System Resources Division |

| CWS Strategy 5: Cultural Responsiveness Academy Training for CFS Staff | Applicable Outcome Measure(s) and/or Systemic Factor(s): • Systemic Factor: Staff, Caregiver and Service Provider Training | | | |
|---|---|----------------------|--|--|
| | <input type="checkbox"/> CAPIT | Person Responsible: | | |
| | <input type="checkbox"/> CBCAP | | | |
| | <input type="checkbox"/> PSSF | | | |
| | <input checked="" type="checkbox"/> N/A | | | |
| Action Steps: | | Implementation Date: | Completion Date: | Person Responsible: |
| A. Social work staff will participate in Cultural Responsiveness training provided by contracted coach through PCWTA. | | November 1, 2018 | On-going (1-year course to continue on an annual basis) through January 31, 2023 | Children and Family Services Director, Assistant Director, Deputy Director - System Resources Division |
| B. Evaluate results of training by tracking changes in: <ul style="list-style-type: none"> • Disparity and disproportionality indices • Entry and In-care rates by ethnicity/race • Placement type and stability by ethnicity/race. | | January 1, 2019 | On-going through January 31, 2023 | Children and Family Services Director, Assistant Director, Deputy Director - System Resources Division |
| C. Use focus groups to evaluate qualitative results of training. <ul style="list-style-type: none"> • Develop focus group materials designed to capture the engagement experience of people with various cultural backgrounds. • Conduct focus groups on year 2 and year 4 and compare results. • Have focus groups for parents and caregivers. • Focus group results will be used to: <ul style="list-style-type: none"> ○ Inform decisions on target populations to be the subject of CRA training, and ○ Evaluate effectiveness of training on social work engagement practices. | | January 1, 2019 | On-going through January 31, 2023 | Children and Family Services Director, Assistant Director, Deputy Director - System Resources Division |

| Probation Strategy 6: Engage youth and their families from the onset of formal probation by instituting Child and Family Teams (CFT) to assist in creating and updating a living case plan throughout the continuum of care. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): • P4 Re-entry within 12 months Reduce re-entry into foster care out of the Probation System | |
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| | <input type="checkbox"/> CBCAP | | |
| | <input type="checkbox"/> PSSF | | |
| | <input checked="" type="checkbox"/> N/A | | |
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| Action Steps: | Implementation Date: | Completion Date: | Person Responsible: |
| A. Conduct CFT within 2 weeks of Disposition for all new formal supervision cases. A1. Complete staff training on conducting CFTs. A2. Phase in CFTs via a unit pilot program. A3. Subsequent CFTs held at 6 month interval or as needed based on any significant case management issues. | December 1, 2019 | On-going through January 31, 2023 | Central Juvenile Division Director I |
| B. Probation staff to attend CFT training which will promote the living document aspect of Case Plans. | October 1, 2019 | On-going through January 31, 2023 | Central Juvenile Division Director I |
| C. Conduct CFTs when a case is transferred within the San Bernardino County Probation Department to another San Bernardino County Probation Officer. C1. Include the incoming and outgoing supervision officer. C2. Include the Educational Liaison in CFTs as necessary. C3. Track CFT attendance in Caseload Explorer and CFT database. | December 1, 2019 | On-going through January 31, 2023 | Child and Family Team Coordinator |
| D. Increase use of the WRAP program through the implementation of a screening tool used by the Investigations Probation Officer. D1. Weekly statistical monitoring of attendance will occur through the Caseload Explorer database. D2. Monthly progress will be monitored through regular reports. | October 1, 2019 | On-going through January 31, 2023 | Placement Preventative Services Supervising Probation Officer Pre-Supervision Services Supervising Probation Officer Central Juvenile Division Director II |

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| E. Increase the use of family finding. | January 1, 2020 | On-going through January 31, 2023 | Family Findings Committee Chairperson. |
| F. Ensure Quality Assurance through tracking of recidivism, parent and youth surveys, STRTP feedback and CFT evaluation. Use data to refine approaches and direct training efforts | December 1, 2019 | On-going through January 31, 2023 | Central Juvenile Division Director II |

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| Probation Strategy 7: Develop, augment and increase baseline services to youth, families and Group Homes/STRTPs before, during and after out of home congregate care. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> • Service Array |
| | <input type="checkbox"/> CBCAP | |
| | <input type="checkbox"/> PSSF | |
| | <input checked="" type="checkbox"/> N/A | |
| Action Steps: | | Person Responsible: |
| A. Increase post-graduation services to include mental health and other necessary services prior to the youth's reintegration at 90, 60, 30 day CFT meetings held prior to graduation from out of home care. A1. Identify services necessary to participate at the CFT meeting. A2. Invite services to attend as required. Each meeting will utilize a checklist of items necessary prior to graduation. | Implementation Date: January 1, 2021 | Completion Date: On-going through January 31, 2023 |
| | | Out of Home Services Supervising Probation Officer |
| B. Implement use of video conferencing. B1. Conduct CFTs/Video Conference with youth in placement one time per month. B2. Initiate as needed video calls to address case management issues. | December 1, 2020 | On-going through January 31, 2023 |
| | | Out of Home Services Supervising Probation Officer |
| C. Facilitate participation of families residing in remote areas: C1. Families can participate through polycom/media services available at Probation offices. C2. Provide bus passes/transportation to families. C3. Use Internet/Face Time type solutions. | December 1, 2020 | On-going through January 31, 2023 |
| | | Out of Home Services Probation Officer |

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| <p>D. Increase Parent/Guardian Participation.</p> <p>D1. CFT meetings to utilize multifaceted group approach to connect with parents.</p> <p>D2. Train staff on facilitating difficult conversations both in and out of CFTs.</p> | July 1, 2020 | On-going through January 31, 2023 | Out of Home Services Supervising Probation Officer |
| <p>E. Increase participation and level of services offered by ILP Recruiters, Educational Liaison, Mentors, Congregate Care Providers, DBH, Parent Partners, Wrap or Transition Team (WRAP model), for youth exiting placement.</p> | March 1, 2021 | On-going through January 31, 2023 | Out of Home Services Supervising Probation Officer |
| <p>F. Increase collaborative efforts between Probation Officers and social workers on Dual Status youth.</p> <p>F1. Increase collaborative education efforts with social workers and Probation Officers on roles and responsibilities distinct to the Dual Supervision model.</p> <p>F2. Enhance joint efforts to provide timely notifications of status changes.</p> <p>F3. Continue monthly meetings between Probation Officers and social workers to network regarding shared Dual Status youth.</p> | January 1, 2020 | On-going through January 31, 2023 | Out of Home Services Supervising Probation Officer |

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| G. Implement additional services to youth: G1. 24 hr. contact line for youth. G2. Regional Resource List. G3. Transition Aftercare services available post-graduation and post case Dismissal and Discharge to the (transition specialist team). G4. Develop Client friendly web page for services. G5. Increase availability of Youth Activities at the Day Reporting Centers (DRC). | December 1, 2021 | On-going through January 31, 2023 | Central Juvenile Division Director II |
| H. Transitional Events: Host family nights at the Probation Department for families of youth in congregate care prior to graduation to facilitate with reintegration planning. | March 1, 2020 | On-going through January 31, 2023 | Out of Home Services Probation Officer |
| I. Foster teamwork approach through the increased use of visual networking on a monthly basis. | March 1, 2020 | On-going through January 31, 2023 | Out of Home Services Probation Officer |
| J. Increase Probation Officer Access to Juvenile Information Databases containing shared Court and social worker Information. J1. Access to CWS/CMS to increase the timeliness of data entry and sharing. J2. Access to JNET (Court database) to Probation Officers supervising Dual Supervision youth. | October 1, 2022 | On-going through January 31, 2023 | Central Juvenile Division Director II |
| K. Quality assurance monitoring: Track Information with direct links to youth outcomes during and after congregate care. | January 1, 2020 | On-going through January 31, 2023 | Central Juvenile Division Director II |

| Probation Strategy 8: Train staff, care and service providers on the System Improvement Plan and best practice models fostering understanding regarding the interconnectivity of each and how individual actions affect youth outcomes. | <input type="checkbox"/> CAPIT | Applicable Outcome Measure(s) and/or Systemic Factor(s): • P4 Re-entry within 12 months Reduce re-entry into foster care out of the Probation System | |
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| | <input type="checkbox"/> CBCAP | | |
| | <input type="checkbox"/> PSSF | | |
| | <input checked="" type="checkbox"/> N/A | | |
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| Action Steps: | Implementation Date: | Completion Date: | Person Responsible: |
| A. Provide targeted training to address staff needs with direct correlation to the SIP Strategies. | March 1, 2020 | On-going through January 31, 2023 | Central Juvenile Division Director I |
| B. Provide regular updates to all staff regarding the SIP, its implementation and status. B1. Staff Meeting Updates. B2. Department Produced Video Updates. B3. Multimedia distribution of applicable reports. | July 1, 2020 | On-going through January 31, 2023 | Central Juvenile Division Director II |
| C. Adjust training over time by evaluating results C1. Provide refresher training. C2. Change topics over time. C3. Cycle in and out, as needed. C4. Review interconnectivity of training and transfer of learning. | January 1, 2021 | On-going through January 31, 2023 | Central Juvenile Division Director II |

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| <p>D. CFSR Outcome Measures: Integrate into education of the interconnectivity of actions to outcomes.</p> <p>D1. Implement refresher training for Juvenile Supervising Probation Officers on data and interpretation of the State and Federal Outcome Measures.</p> <p>D2. Integrate Data Analysis into monthly staff meetings.</p> <p>D3. Provide a yearly review of the data to all staff.</p> | <p>July 1, 2020</p> | <p>On-going through January 31, 2023</p> | <p>Central Juvenile Division Director II</p> |
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CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

| (1) DATE SUBMITTED: 2/1/19 | | (2) DATES FOR THIS WORKBOOK 7/1/18 thru 6/30/19 | | (3) DATE APPROVED BY OCAP | | | | | | | | | | | | | |
|---|---------------------------|---|--------------------------|--|----|----|-----------|-------|-----------|---------------|---------------|-------|-----------|----|-----|----|-------------|
| (4) COUNTY: San Bernardino | | (5) PERIOD OF SIP: 4/1/18 thru 2/1/23 | | Internal Use Only | | | | | | | | | | | | | |
| (7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): | | CAPIT: \$ 717,891 | | PSSF: \$2,130,422 | | | | | | | | | | | | | |
| No. | Program Name | Applies to CBCAP Programs Only | Name of Service Provider | Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP | D1 | D2 | CAPIT | CBCAP | PSSF | OTHER SOURCES | NAME OF OTHER | TOTAL | | | | | |
| | | | | | | | E1 | E2 | G1 | G2 | G3 | G4 | G5 | G6 | H1 | H2 | I |
| 1 | Individual Therapy | | See Attached | CAPTS network, April 1, 2018 | | | \$518,270 | | \$353,089 | \$224,872 | \$306,515 | \$0 | \$884,476 | | \$0 | | \$1,402,746 |
| 2 | Parent Education Classes | | See Attached | CAPTS network, April 1, 2018 | | | \$40,470 | | \$28,080 | \$295,425 | \$0 | \$0 | \$323,505 | | \$0 | | \$363,975 |
| 3 | Anger Management | | See Attached | CAPTS network, April 1, 2018 | | | \$11,850 | | \$4,860 | \$27,840 | \$13,080 | \$0 | \$45,780 | | \$0 | | \$57,630 |
| 4 | Domestic Violence Classes | | See Attached | CAPTS network, April 1, 2018 | | | \$15,145 | | \$8,550 | \$82,595 | \$31,680 | \$0 | \$122,825 | | \$0 | | \$137,970 |
| 5 | Family/Couples Therapy | | See Attached | CAPTS network, April 1, 2018 | | | \$122,216 | | \$34,335 | \$78,755 | \$89,385 | \$0 | \$202,475 | | \$0 | | \$324,691 |

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

| No. | Program Name | Applies to CBCAP Programs Only | Name of Service Provider | Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP | CAPIT | | CBCAP | | PSSF | | | | | | OTHER SOURCES | NAME OF OTHER | TOTAL |
|-----|----------------------------|--------------------------------|---|--|---------|----|-------|----|---------|---------|---------|----------|----------|----|---------------|---------------|----------|
| | | | | | E1 | E2 | F1 | F2 | G1 | G2 | G3 | G4 | G5 | G6 | | | |
| A | B | C | D1 | D2 | | | | | | | | | | | | | I |
| 6 | Group Therapy | | See Attached | CAPTS network, April 1, 2018 | \$5,155 | | \$0 | | \$3,350 | \$750 | \$5,960 | \$0 | \$10,060 | | \$0 | | \$15,215 |
| 7 | Life Skills | | See Attached | CAPTS network, April 1, 2018 | \$45 | | \$0 | | \$1,845 | \$1,220 | \$0 | \$0 | \$3,065 | | \$0 | | \$3,110 |
| 8 | PCIT/Floor Play | | See Attached | CAPTS network, April 1, 2018 | \$2,240 | | \$0 | | \$420 | \$1,260 | \$3,950 | \$0 | \$5,630 | | \$0 | | \$7,870 |
| 9 | Support Groups | | See Attached | CAPTS network, April 1, 2018 | \$2,500 | | \$0 | | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | | \$2,500 |
| 10 | Adoption Info & Referral | | County of San Bernardino Placement Resources Division | CAPTS network, April 1, 2018 | \$0 | | \$0 | | \$0 | \$0 | \$0 | \$34,417 | \$34,417 | | \$0 | | \$34,417 |
| 11 | Adoption Advocacy | | County of San Bernardino Placement Resources Division | CAPTS network, April 1, 2018 | \$0 | | \$0 | | \$0 | \$0 | \$0 | \$19,667 | \$19,667 | | \$0 | | \$19,667 |
| 12 | Adoption Crisis Counseling | | County of San Bernardino Placement Resources Division | CAPTS network, April 1, 2018 | \$0 | | \$0 | | \$0 | \$0 | \$0 | \$14,750 | \$14,750 | | \$0 | | \$14,750 |

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

| No. | Program Name | Applies to CBCAP Programs Only | Name of Service Provider | Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP | CAPIT | | CBCAP | | PSSF | | | | | | OTHER SOURCES | NAME OF OTHER | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | Dollar amount to be spent on CAPIT Programs | E1 | Dollar amount to be spent on CAPIT Programs | E2 | Dollar amount to be spent on CBCAP Programs | F1 | Dollar amount to be spent on CBCAP Programs | F2 | Dollar amount to be spent on Family Preservation | G1 | Dollar amount to be spent on Family Support | G2 | Dollar amount to be spent on Time Limited Reunification | G3 | Dollar amount to be spent on Adoption Promotion & Support | G4 | Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4) | G5 | PSSF is used for Administration | G6 | Dollar amount from other sources | List the name(s) of the other funding source(s) | Total dollar amount to be spent on this Program (Sum of Columns E, F, G5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | B | C | D1 | D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Individual Therapy (Line 1, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|---|---|---|---|
| A New Beginning Therapeutic Solutions Counseling | Behavioral Awareness Center of San Bernardino County | Christian Counseling Services of East Valley Inc. | Greater Hope Foundation for Children, Inc. |
| Asante Family Agency | Award Counseling | Babb, Cheryl | Catholic Charities |
| Center for Effective Life Transitions | Children's Plus Foster Family Agency | Family Matters Counseling Services | Family Service Agency of San Bernardino |
| Ciaglo, Maria Luisa | Leonard, Leah | Lighthouse Counseling, Inc. | Making A Difference Association |
| Healing Hearts Counseling Center, Inc. (Jenkins, Annette) | High Desert Child, Adolescent and Family Service Center | Health Group Psychological Services, Inc. | High Desert Child, Adolescent and Family Service Center |
| Institute of Advanced Studies, Inc. (New Horizons) | Lutheran Social Services of Southern California | Neighborhood Counseling Foundation (Dr. Bergin) | Stepping Stones Community Church of the Desert |
| Mikels, Deren | Martinez, Jessica | Outreach Nation | Parentz@work |
| Mountain Counseling & Training, Inc. | Matrix Institute on Addictions | Olive Branch Counseling Center | New Day Recovery Center |
| Sanches, Sharon | Rogers, Jim | Smith, Jeanne | Viero, Fran |
| Sisters of Soul Youth and Family | Vanderpauwert, Willem | Serenity Group Family Therapy, Inc. | Voll, Carole |
| Youth Hope | Samaritan Counseling | Life Skills Awareness | Lutheran Social Services |

PROGRAM DESCRIPTION

Individual Therapy ranges from insight-oriented psychotherapy to various behavioral treatment strategies. Therapy is provided to adults and children. Children are screened and assessed for Specialty Mental Health Services available through Medi-Cal and the Department of Behavioral Health.

Generally, clients receive one 60 minute session per week for 12 weeks.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--|------------------------|
| CAPIT | Individual Therapy |
| CBCAP | |
| PSSF Family Preservation | Individual Therapy |
| PSSF Family Support | Individual Therapy |
| PSSF Time-Limited Family Reunification | Individual Therapy |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): | |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral/Mental Health (CSA page 30) All contractors are required to provide therapy using evidenced base approaches identified on the California Evidence Based Clearinghouse (CEBC) with an evidence based rating of 1, 2, or 3.

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

Countywide. Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|----------|------------------|---|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Lutheran Social Services Carole Voll Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert Youth Hope Children's Plus Foster Family Agency |

TIMELINE

CLIENT PARTICIPATION IS FOR FOUR MONTHS, WITH POSSIBLE EXTENSION FOR THOSE INVOLVED WITH CFS. SERVICES ARE PRIMARILY PROVIDED WEEKLY WITH 12 (1 HOUR) SESSIONS TO BE COVERED IN THE FOUR MONTH TIME PERIOD (ALTERNATIVE SCHEDULES FOR 8 SESSIONS ARE SOMETIMES PROVIDED).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | | | | |
|---|--|--|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|--|----------|
| Case Plan Referrals: Reduction in recurrence of maltreatment toward meeting National Standard of 9.1 incidents per 100,000 foster care days. | CFSR3 S2 Measure Current Performance: S2 – 9.3 | San Bernardino County Efforts To Outcome (ETO) and CWS/CMS | Annually | | | | | | | | | | | | |
| Case Plan Referrals: Improved Exits to Permanency toward meeting the National Standards of: P1 – 40.5% P2 – 43.6% P3 – 30.3% | CFSR3 P1, P2, P3 or S2 Current performance: P1 – 29.1 P2 – 43.4 P3 – 33.9 Goal: NS for P2 and P3; Improve P1 per chart; <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts To Outcome (ETO) and CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Reduction in Foster Care Entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/ 1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 57-58); Fiscal reconciliation | Annually | | | | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|---|-----------|--|--|
| Client Surveys (Revising to include Protective Factors) | Annual | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery, evaluate program impact and identify additional needs. | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Family/Couple/Group Therapy; Parent Child Interactive Therapy; Psychological Evaluation (Lines 5 and 8, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|---|---|---|--|
| A New Beginning Therapeutic Solutions Counseling | Behavioral Awareness Center of San Bernardino County | Christian Counseling Services of East Valley Inc. | Greater Hope Foundation for Children, Inc. |
| Asante Family Agency | Award Counseling | Babb, Cheryl | Catholic Charities |
| Center for Effective Life Transitions | Children's Plus Foster Family Agency | Family Matters Counseling Services | Family Service Agency of San Bernardino |
| Ciaglo, Maria Luisa | Leonard, Leah | Lighthouse Counseling, Inc. | Making A Difference Association |
| Healing Hearts Counseling Center, Inc. (Jenkins, Annette) | High Desert Child, Adolescent and Family Service Center | Health Group Psychological Services, Inc. | Samaritan Counseling Center |
| Institute of Advanced Studies, Inc. (New Horizons) | Lutheran Social Services of Southern California | Neighborhood Counseling Foundation (Dr. Bergin) | Stepping Stones Community Church of the Desert |
| Mikels, Deren | Martinez, Jessica | Outreach Nation | Parentz@work |
| Mountain Counseling & Training, Inc. | Matrix Institute on Addictions | Olive Branch Counseling Center | New Day Recovery Center |
| Sanches, Sharon | Rogers, Jim | Smith, Jeanne | Viero, Fran |
| Sisters of Soul Youth and Family | Vanderpauwert, Willem | Serenity Group Family Therapy, Inc. | California Clinical Specialists, Inc. |
| Youth Hope | Voll, Carole | Yang, Julie | Life Skills Awareness |

PROGRAM DESCRIPTION

Contractors are required to provide therapy using evidenced base approaches identified on the California Evidence Based Clearinghouse (CEBC) with an evidence based rating of 1, 2 or 3.

Family/Couple/Group Therapy offers unique opportunities to work on relationship issues, such as trust, individuation, self-responsibility. It may be used adjunct to other types of treatment and support for maltreating parents. Family therapy is designed to enhance interpersonal communication.

Parent Child Interactive Therapy (PCIT) – Pertains to intensive positive interactive training involving the use of live coaching; incorporates both parent and child within the treatment session.

Psychological Evaluation – A system of assessing an individual’s development, behavior, intellect, personality, emotional, and social functioning. Methods that may be used by the therapist may include, but are not limited to, interviewing, observing the client, and administering mental competence tests.

Generally, clients receive one 60 minute session per week for 12 weeks.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|---|---|
| CAPIT | Family/Couple/Group Therapy; Parent Child Interactive Therapy; Psychological Evaluation |
| CBCAP | |
| PSSF Family Preservation | Family/Couple/Group Therapy; Parent Child Interactive Therapy; Psychological Evaluation |
| PSSF Family Support | Family/Couple/Group Therapy; Parent Child Interactive Therapy; Psychological Evaluation |
| PSSF Time-Limited Family Reunification | Family/Couple/Group Therapy; Parent Child Interactive Therapy; Psychological Evaluation |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): | |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral /Mental Health. The number of parents and children receiving mental health services through the Office of Child Abuse Prevention (OCAP) funded programs has more than doubled since 2012. In State Fiscal Year (FY) 12-13, 2,761 unique clients received mental health services (1,793 adults and 968 children) and in FY16-17, 5,773 unique clients received mental health services (3,345 adults and 2,428 children).

TARGET POPULATION

CFS families with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

Countywide Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|-----------------|------------------|---|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Lutheran Social Services Carole Voll Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert |

| | | |
|--|--|--|
| | | Youth Hope Children's Plus Foster Family Agency |
|--|--|--|

TIMELINE

CLIENT PARTICIPATION IS FOR FOUR MONTHS, WITH POSSIBLE EXTENSION FOR THOSE INVOLVED WITH CFS.
SERVICES ARE PRIMARILY PROVIDED WEEKLY WITH 12 (1 HOUR) SESSIONS TO BE COVERED IN THE FOUR MONTH TIME PERIOD (ALTERNATIVE SCHEDULES ARE SOMETIMES PROVIDED).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | | | | |
|--|--|--|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|--|----------|
| Case Plan Referral: Improve Exits to Permanency toward meeting the National Standards of: P1 – 40.5% P2 – 43.6% P3 – 30.3% | CFSR3 P1, P2, P3 Current performance: P1 – 29.1 P2 – 43.4 P3 – 33.9 Goal: NS for P2 and P3; Improve P1 per chart; <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| Case Plan Referral: Reduce recurrence of maltreatment toward meeting the National Standard of 9.1/100k FC days. | CFSR3 S2 Current performance: S2 – 9.3 | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Reduce Foster Care Entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |

| | | | |
|------------------------|---|--|----------|
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 64-66); Fiscal reconciliation | Annually |
|------------------------|---|--|----------|

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|--|------------------|--|--|
| Client Surveys (Revising to include Protective Factors) | Annual | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery, evaluate program impact and identify additional needs. | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Parent Education Classes (Line 2, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|--|---|--|--|
| A New Beginning Therapeutic Solutions Counseling | Behavioral Awareness Center of San Bernardino County | Christian Counseling Services of East Valley Inc. | Greater Hope Foundation for Children, Inc. |
| Asante Family Agency | Award Counseling | Babb, Cheryl | Catholic Charities |
| Center for Effective Life Transitions | Children's Plus Foster Family Agency | Family Matters Counseling Services | Family Service Agency of San Bernardino |
| Sisters of Soul Youth and Family | Serenity Group Family Therapy, Inc. | Lighthouse Counseling, Inc. | Making A Difference Association |
| New Day Recovery Center | High Desert Child, Adolescent and Family Service Center | Health Group Psychological Services, Inc. | Samaritan Counseling Center |
| Institute of Advanced Studies, Inc. (New Horizons) | Olive Branch Counseling Center | Neighborhood Counseling Foundation (Dr. Bergin) | Stepping Stones Community Church of the Desert |
| Mikels, Deren | Martinez, Jessica | Outreach Nation | Parentz@work |
| Sanches, Sharon | Youth Hope | Smith, Jeanne | Life Skills Awareness |
| Mountain Counseling & Training, Inc. | Matrix Institute on Addictions | | |

PROGRAM DESCRIPTION

Parent Education classes strengthen parents' emotional attachment to their children and teach how to nurture children as well as understand general principles of care and supervision. Child development, home management, and consumer education provided through social services and/or specialized formal instruction and practice in parenting skill achievement is done in accordance with Welfare and Institutions Code, Section 16507.7. Evidence-based/informed programs supported by the funding include:

- Systematic Training for Effective Parenting (STEP)
- Triple P – Positive Parenting Program
- 1-2-3 Magic: Effective Discipline for Children
- Nurturing Parenting program

Generally, clients receive one 60 minute session per week during the 12 weeks of class.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--|--------------------------|
| CAPIT | Parent Education Classes |
| CBCAP | |
| PSSF Family Preservation | Parent Education Classes |
| PSSF Family Support | Parent Education Classes |
| PSSF Time-Limited Family Reunification | |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): Government | Parent Education Classes |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Neglect (CSA p. 34 – Removals for Neglect increased 50% since 2012)

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. - (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

Countywide. Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|----------|------------------|---|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert Youth Hope Children's Plus Foster Family Agency |

TIMELINE

CLIENT PARTICIPATION IS FOR FOUR MONTHS, WITH POSSIBLE EXTENSION FOR THOSE INVOLVED WITH CFS. SERVICES ARE PRIMARILY PROVIDED WEEKLY WITH 12 (1 HOUR) SESSIONS TO BE COVERED IN THE FOUR MONTH TIME PERIOD (ALTERNATIVE SCHEDULES ARE SOMETIMES PROVIDED).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year,

2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | | | | |
|--|---|---|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|---|----------|
| Case Plan Referrals: Improve Exits to Permanency toward meeting the National Standards of: P1 – 40.5% P2 – 43.6% P3 – 30.3% and S2 - Reduce recurrence of maltreatment toward meeting National Standard of 9.1 incidents per 100,000 foster care days. | CFSR3 P1, P2, P3 or S2 Current performance: P1 – 29.1 P2 – 43.4 P3 – 33.9 S2 – 9.3 Goal: NS for P2 and P3; Improve P1 per chart; <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Reduce Foster Care entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/ 1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to- Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 64- 66); Fiscal reconciliation | Annually | | | | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|---|-----------|---|--|
| Client Surveys (Revising to include Protective Factors) | Annual | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery evaluate program impact and identify additional needs | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Anger Management (Line 3, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|--|---|---|--|
| A New Beginning Therapeutic Solutions Counseling | Behavioral Awareness Center of San Bernardino County | Christian Counseling Services of East Valley Inc. | Greater Hope Foundation for Children, Inc. |
| Asante Family Agency | Award Counseling | Babb, Cheryl | Catholic Charities |
| Center for Effective Life Transitions | Children's Plus Foster Family Agency | Family Matters Counseling Services | Family Service Agency of San Bernardino |
| Mountain Counseling & Training, Inc. | Matrix Institute on Addictions | Lighthouse Counseling, Inc. | New Day Recovery Center |
| Neighborhood Counseling Foundation (Dr. Bergin) | High Desert Child, Adolescent and Family Service Center | Stepping Stones Community Church of the Desert | Institute of Advanced Studies, Inc. (New Horizons) |
| Smith, Jeanne | Martinez, Jessica | Outreach Nation | Youth Hope |
| Sisters of Soul Youth and Family | Serenity Group Family Therapy, Inc. | Olive Branch Counseling Center | Samaritan Counseling Center |
| Life Skills Awareness | | | |

PROGRAM DESCRIPTION

Anger Management Classes – A twelve (12) week training session that provides knowledge enhancement of self-awareness, self-control, social awareness, and relationship management. Curriculum provides education for people who are interested in, or who need to learn how to deal with their anger or someone else's anger in a positive, functional way. Participants may also include people who internalize anger as well as those who act out verbally or behaviorally towards others.

Generally, clients receive one 60 minute session per week during the 12 weeks of class.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--------|------------------------|
| CAPIT | Anger Management |
| CBCAP | |

| | |
|--|------------------|
| PSSF Family Preservation | Anger Management |
| PSSF Family Support | Anger Management |
| PSSF Time-Limited Family Reunification | Anger Management |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): | |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral/Mental Health

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

Countywide Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|----------|----------------------|---|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert Youth Hope Children's Plus Foster Family Agency |
| 92392/5 | Victorville | Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. |
| 92345 | Hesperia | Life Skills Awareness A New Beginning Therapeutic Solutions Counseling |
| Varies | Mountain communities | Mountain Counseling & Training, Inc. Christian Counseling Services of East Valley Inc. Family Service Agency of San Bernardino |

TIMELINE

CLIENT PARTICIPATION IS FOR FOUR MONTHS, WITH POSSIBLE EXTENSION FOR THOSE INVOLVED WITH CFS. SERVICES ARE PRIMARILY PROVIDED WEEKLY WITH 12 (1 HOUR) SESSIONS TO BE COVERED IN THE FOUR MONTH TIME PERIOD (ALTERNATIVE SCHEDULES MAY BE ARRANGED).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | | | | |
|--|---|--|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|--|----------|
| Case Plan Referrals: Improved Exits to Permanency toward meeting the National Standards of P1 – 40.5% and Timely reunification | CFSR3 P1 & Reunification at 15 months Current performance: P1 – 29.1 Goal: Improve P1 per chart; <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Foster Care Entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 64-66); Fiscal reconciliation | Annually | | | | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|---|-----------|--|--|
| Client Surveys (Revising to include Protective Factors) | Annual | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery, evaluate program impact and identify additional needs. | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Life Skills Classes (Line 7, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|--|---|---|--|
| A New Beginning Therapeutic Solutions Counseling | High Desert Child, Adolescent and Family Service Center | Children's Plus Foster Family Agency | Christian Counseling Services of East Valley |
| Family Matters Counseling Services | Family Service Agency of San Bernardino | Greater Hope Foundation for Children, Inc. | Health Group Psychological Services, Inc. |
| Matrix Institute on Addictions | Mountain Counseling & Training, Inc. | Neighborhood Counseling Foun- dation (Dr. Bergin) | Stepping Stones Community Church of the Desert |
| Lighthouse Counseling, Inc. | Samaritan Counseling Center | Serenity Group Family Therapy, Inc. | Olive Branch Counseling Center |
| Youth Hope | Asante Family Agency | Life Skills Awareness | Outreach Nation |
| Making A Difference Association | | | |

PROGRAM DESCRIPTION

Provide basic life skills classes or in-home services for caregivers and youth to teach family economics and self-sufficiency, such as job preparation and search, budgeting, and food preparation. Instructional topics may include Social Skills such as Communication as a parent, with community resources (medical benefits, housing, jobs, and dealing with employers; Decision Making Skills: Solving problems, maintaining a good attitude, adapting to change. Money Management: Using bank vs. Check Cashing Center, How to save money, creating a budget; Family Responsibilities: How to run a house – getting everyone on the job (cooking, cleaning, making medical appointments, keeping involved with children's school and activities, and negotiating transportation).

Generally, clients receive one 60 minute session per week during the 12 weeks of class.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--|------------------------|
| CAPIT | N/A |
| CBCAP | N/A |
| PSSF Family Preservation | Life Skills Classes |
| PSSF Family Support | Life Skills Classes |
| PSSF Time-Limited Family Reunification | N/A |
| PSSF Adoption Promotion and Support | N/A |
| OTHER Source(s): Government | Life Skills Classes |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Unemployment/economic hardship (CSA page 24)

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

Note: participation not restricted to unemployed or those experiencing economic hardship.

TARGET GEOGRAPHIC AREA

County-wide Providers in areas of high poverty include:

| Zip Code | City | Providers with offices in the zip code |
|----------|----------------|---|
| 92392/5 | Victorville | Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. |
| 92345 | Hesperia | Life Skills Awareness A New Beginning Therapeutic Solutions Counseling |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert Youth Hope Children's Plus Foster Family Agency |

TIMELINE

Client participation is for four (4) months, with a possible extension for those involved with CFS. Services are primarily provided weekly with 12 (1 hour) sessions to be covered in the four month time period (alternative schedules are sometimes provided).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | | | | |
|---|--|---|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|--|----------|
| Case Plan Referrals: Improve Exits to Permanency toward meeting the National Standards (NS) of: P1 – 40.5% P2 – 43.6% P3 – 30.3% | CFSR3 P1, P2, P3 Current performance: P1 – 29.1 P2 – 43.4 P3 – 33.9 Goal: NS for P2 and P3; Improve P1 per chart; <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Reduce Foster Care Entry | Participation Rates: Entry Rates – Reduce FC entry from 5.6/ 1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files. | Contract Monitoring (see SIP Narrative, pp 64-66); Fiscal reconciliation. | Annually | | | | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|---|-----------|---|--|
| Client Surveys (Revising to include Protective Factors) | Annually | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annually | To improve upon service delivery, evaluate program impact and identify additional needs | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence Services (Line 4, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|--|---|---|--|
| A New Beginning Therapeutic Solutions Counseling | Behavioral Awareness Center of San Bernardino County | Christian Counseling Services of East Valley Inc. | Greater Hope Foundation for Children, Inc. |
| Asante Family Agency | Outreach Nation | Babb, Cheryl | Catholic Charities |
| Center for Effective Life Transitions | Making A Difference Association | Family Matters Counseling Services | Family Service Agency of San Bernardino |
| Mountain Counseling & Training, Inc. | Matrix Institute on Addictions | Lighthouse Counseling, Inc. | New Day Recovery Center |
| Neighborhood Counseling Foundation (Dr. Bergin) | Health Group Psychological Services, Inc. | Stepping Stones Community Church of the Desert | Institute of Advanced Studies, Inc. (New Horizons) |
| Sisters of Soul Youth and Family | Serenity Group Family Therapy, Inc. | Olive Branch Counseling Center | Samaritan Counseling Center |
| Life Skills Awareness | Youth Hope | Viero, Fran | |

PROGRAM DESCRIPTION

Domestic Violence classes help clients gain insight into domestic violence issues and consequences and provide tools to offenders to better manage anger and aggression and to develop critical skills needed to maintain a non-destructive lifestyle. Survivors attend separate classes, to process their experience, begin the healing process, and develop critical skills needed to maintain a non-destructive lifestyle.

Generally, clients receive one 60 minute session per week during the 12 weeks of class.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--------------------------|----------------------------|
| CAPIT | Domestic Violence Services |
| CBCAP | |
| PSSF Family Preservation | Domestic Violence Services |
| PSSF Family Support | Domestic Violence Services |

| | |
|---|----------------------------|
| PSSF Time-Limited Family Reunification | Domestic Violence Services |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): Government | Domestic Violence Services |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic Violence

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

Countywide Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|----------|----------------------|--|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. Lighthouse Counseling, Inc. A New Beginning Therapeutic Solutions Counseling |
| 92404 | San Bernardino | Asante Family Agency |
| 92401 | San Bernardino | Stepping Stones Community Church of the Desert Youth Hope |
| 92392/5 | Victorville | Greater Hope Foundation for Children, Inc. Lighthouse Counseling, Inc. |
| 92345 | Hesperia | Life Skills Awareness A New Beginning Therapeutic Solutions Counseling |
| Varies | Mountain communities | Mountain Counseling & Training, Inc. Christian Counseling Services of East Valley Inc. Family Service Agency of San Bernardino |

TIMELINE

CLIENT PARTICIPATION IS FOR FOUR MONTHS, WITH POSSIBLE EXTENSION FOR THOSE INVOLVED WITH CFS. SERVICES ARE PRIMARILY PROVIDED WEEKLY WITH 12 (1 HOUR) SESSIONS TO BE COVERED IN THE FOUR MONTH TIME PERIOD. ALTERNATIVE SCHEDULES MAY BE ARRANGED.

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency |
|--|---|--|-----------|
| Case Plan Referral: Reduction in recurrence of maltreatment toward meeting the National Standard of 9.1 incidents per 100,000 foster care days. | CFSR3 S2 Current performance: S2 – 9.3 | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually |
| Case Plan Referral: Children remain safely in their home | 22% (or more) of Families Remain in a Voluntary Family Maintenance (VFM) or FM case. Longitudinal review for FC entry and FR. | San Bernardino County Efforts To Outcome (ETO) & CWS/CMS | Annually |
| At-risk (Preventive) Referrals: Foster Care Entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/ 1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually |
| Quality Assurance (QA) Monitoring | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 64-66); Fiscal reconciliation | Annually |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|--|-----------|--|--|
| Client Surveys (Revising to include Protective Factors) | Annual | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery evaluate program impact and identify additional needs. | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Peer Support – Support Groups (Line 9, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

| | | | |
|---|---|--|--|
| ASANTE FAMILY AGENCY | BABB, CHERYL | CENTER FOR EFFECTIVE LIFE TRANSITIONS | CHILDREN'S PLUS FOSTER FAMILY AGENCY |
| CHRISTIAN COUNSELING SERVICES OF EAST VALLEY | FAMILY MATTERS COUNSELING SERVICES | FAMILY SERVICES AGENCY OF SAN BERNARDINO | GREATER HOPE FOUNDATION FOR CHILDREN, INC. |
| HEALTH GROUP PSYCHOLOGICAL | HIGH DESERT CHILD, ADOLESCENT AND FAMILY SERVICE CENTER | INSTITUTE OF ADVANCED STUDIES, INC. (NEW HORIZONS) | LIFE SKILLS AWARENESS |
| LIGHTHOUSE . COUNSELING, INC. | MAKING A DIFFERENCE ASSOCIATION | MARTINEZ, JESSICA | MATRIX INSTITUTE ON ADDICTIONS |
| MOUNTAIN COUNSELING & TRAINING, INC. | NEIGHBORHOOD COUNSELING FOUNDATION (DR. BERGIN) | OUTREACH NATION | SAMARITAN COUNSELING |
| SANCHEZ, SHARON | SERENITY GROUP FAMILY THERAPY, INC. | SISTERS OF SOUL YOUTH AND FAMILY | STEPPING STONES COMMUNITY CHURCH OF THE DESERT |
| YOUTH HOPE | | | |

PROGRAM DESCRIPTION

A group of people led by a therapist/facilitator, who provide moral support, information, and advice to each other on problems relating to shared characteristics or experience. Support groups are intended to bolster individuals and families who are navigating the child welfare system and/or at risk of entering the child welfare system

Generally, clients receive one 60 minute session per week during the 12 weeks of class.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--------------------------|-------------------------------|
| CAPIT | Peer Support – Support Groups |
| CBCAP | |
| PSSF Family Preservation | |

| | |
|---|-------------------------------|
| PSSF Family Support | |
| PSSF Time-Limited Family Reunification | |
| PSSF Adoption Promotion and Support | |
| OTHER Source(s): Government | Peer Support – Support Groups |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Clients in remote or isolated areas (CSA page 35-36)

TARGET POPULATION

CFS parents with service as part of their case plan and at-risk families engaged through an investigation and given a preventive referral. (See narrative for specific impact on high needs populations).

TARGET GEOGRAPHIC AREA

County-wide Providers with offices in identified high need areas by zip code include:

| Zip Code | City | Providers with offices in the zip code |
|-----------------|----------------------|---|
| 92277 | Twentynine Palms | Institute of Advanced Studies, Inc. (New Horizons) |
| 92307 | Apple Valley | Cheryl Babb |
| 92284 | Yucca Valley | Institute of Advanced Studies, Inc. (New Horizons) |
| 92311 | Barstow | Family Service Agency of San Bernardino Greater Hope Foundation for Children, Inc. High Desert Child, Adolescent and Family Service Center Lighthouse Counseling, Inc. |
| Varies | Mountain communities | Christian Counseling Services of East Valley Inc. Family Service Agency of San Bernardino Mountain Counseling & Training, Inc. |

TIMELINE

Client participation is for four months, with possible extension for those involved with CFS. Services are primarily provided weekly with 12 (1 hour) sessions to be covered in the four month time period (alternative schedules are sometimes provided).

The programs listed are currently in operation. A request for qualification will be released in January/February, 2019, and new/renewed contracts will be in place for the State Fiscal Year, 2019-2020. Typically contract cycles are for three years, though another RFQ may be authorized prior to 2022.

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency |
|---|---|--|------------------|
| Case Plan referral: Reduce recurrence of maltreatment toward meeting | CFSR3 S2 Current performance: S2 – 9.3 | San Bernardino County Efforts to Outcome and CWS/CMS | Annually |

| the National Standards of S2 – 9.1% | | | | | | | | | | | | | | | |
|---|---|--|------------|----------------|------|----------------|------|----------------|------|----------------|------|----------------|------|--|----------|
| Case Plan Referral: Improved Exits to Permanency toward meeting the National Standards of: P1 – 40.5% P2 – 43.6% P3 – 30.3% | <div>CFSR3 P1,P2,P3</div> <div>Current performance: P1 – 29.1 P2 – 43.4 P3 – 33.9</div> <div>Goal: NS for P2 and P3; Improve P1 per chart;</div> <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) | 32.4 | 2023 (Q4 2021) | 34.0 | San Bernardino County Efforts to Outcome and CWS/CMS | Annually |
| Year ending February 1 st | Percentage | | | | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | | | | |
| At-risk (Preventive) Referrals: Foster Care Entry | Participation Rates: Entry Rates Reduce FC entry from 5.6/1000 to 5.0/1000 over life of the SIP. | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | | | | |
| Tracking participation | ETO entry and billing information matched with contract provider case files | Contract Monitoring (see SIP Narrative, pp 64-66); Fiscal reconciliation | Annually | | | | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|---|-----------|--|--|
| Client Surveys (revising to include Protective Factors) | Annually | To improve upon service delivery | Make any necessary changes in the new contract |
| Provider Surveys | Annual | To improve upon service delivery, evaluate program impact and identify additional needs. | Make any necessary changes in the new contract |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Adoption Parent Recruitment/Annual Adoption Finalization Event (Line 14, CAPIT/CBCAP/PSSF Expenditure Workbook)

SERVICE PROVIDER

San Bernardino County Superior Court and San Bernardino County Juvenile Dependency Court

PROGRAM DESCRIPTION

The Annual Adoption Finalization Event is held in November in honor of National Adoption Month, and to celebrate the commitment of our families moving to permanency. The event not only honors current adopting families, it showcases motivational speakers who have been touched by adoption in a variety of ways; shares stories of San Bernardino County adoptive families; and promotes those activities to inspire future adoptions. The event is publicized in various media venues and one of the finalization events made national news; thereby helping promote adoption throughout the United States.

At this event, the Heart Gallery children are showcased, and information is provided to anyone interested in learning more about adopting a special needs child. Community service providers are present and provide information and resources to adopting families.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--|--|
| CAPIT | |
| CBCAP | |
| PSSF Family Preservation | |
| PSSF Family Support | |
| PSSF Time-Limited Family Reunification | |
| PSSF Adoption Promotion and Support | Adoption Parent Recruitment/Annual Adoption Finalization Event |
| OTHER Source(s): | |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Permanency (CSA p. 120). Maintaining adoption levels is essential to meeting permanency goals, particularly long-term goals (P2 and P3).

TARGET POPULATION

Adoptive Families

TARGET GEOGRAPHIC AREA

County-wide. Families participate from every CFS operational region.

TIMELINE

ANNUAL

EVALUATION

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

| Desired Outcome | Indicator | Source of Measure | Frequency | | | | | | | | | |
|---|--|--|-----------|--------------------------------------|------------|----------------|------|----------------|------|----------------|------|----------------|
| Improved Exits to Permanency and Reentry rates toward meeting the National Standards of: P1 – 40.5% P2 – 43.6% P3 – 30.3% P4 – 8.3% | CFSR3 P1, P2, P3, P4 | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually | | | | | | | | | |
| | Current performance: | | | | | | | | | | | |
| | P1 – 29.1 | | | | | | | | | | | |
| | P2 – 43.4 | | | | | | | | | | | |
| | P3 – 33.9 | | | | | | | | | | | |
| | P4 – 8.5 | | | | | | | | | | | |
| | Goal: NS for P2, P3 and P4; Improve P1 per chart; | | | | | | | | | | | |
| | <table><tr><th>Year ending February 1st</th><th>Percentage</th></tr><tr><td>2019 (Q4 2017)</td><td>29.2</td></tr><tr><td>2020 (Q4 2018)</td><td>30.5</td></tr><tr><td>2021 (Q4 2019)</td><td>31.5</td></tr><tr><td>2022 (Q4 2020)</td><td>32.4</td></tr><tr><td>2023 (Q4 2021)</td><td>34.0</td></tr></table> | | | Year ending February 1 st | Percentage | 2019 (Q4 2017) | 29.2 | 2020 (Q4 2018) | 30.5 | 2021 (Q4 2019) | 31.5 | 2022 (Q4 2020) |
| Year ending February 1 st | Percentage | | | | | | | | | | | |
| 2019 (Q4 2017) | 29.2 | | | | | | | | | | | |
| 2020 (Q4 2018) | 30.5 | | | | | | | | | | | |
| 2021 (Q4 2019) | 31.5 | | | | | | | | | | | |
| 2022 (Q4 2020) | 32.4 | | | | | | | | | | | |
| 2023 (Q4 2021) | 34.0 | | | | | | | | | | | |
| Quality Assurance (QA) Monitoring | | | | | | | | | | | | |
| Tracking Family Participation | Finalized Adoptions and Reentry rates | Placement Resource Division - Adoptions | Annually | | | | | | | | | |

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|--|-------------------------------------|--|--------------------------------------|
| Client Surveys (Revising to include Protective Factors) | Annually – distributed at the event | To improve upon service delivery And gauge the effect of the event on promoting and expediting adoptions. | Revise event activity and promotion. |

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Post Adoption Services and Adoption Assistance Program (PAS-AAP) (Lines 10, 11, 12 and 13
CAPIT/CBCAP/PSSF Expenditure Workbook)

Post Adoption Services-Historical (PAS-HISTORICAL)

SERVICE PROVIDER

SAN BERNARDINO COUNTY CHILDREN AND FAMILY SERVICES

PROGRAM DESCRIPTION

The Post Adoption Services (PAS): Adoption Assistance Program PAS-AAP program provides Adoption Assistance funding and medical coverage for over 6,000 previously adopted children. The service is available until the child reaches 18 and sometimes age 21. Requests for specialized care increments are reviewed and evaluated by the PAS unit. The program also provides counseling referrals, crisis intervention and assistance with navigating mental health, medical, educational, and financial assistance systems.

Post Adoption Services: Historical Information, Connections, Reunions and Referrals for Counseling: The PAS – Historical program provides historical information from case files to adoptees seeking to know how and why they were placed for adoption. This gives the adoptee a more complete picture of their biological family, of their early life experiences and often propels them into seeking siblings who were not placed with them. The PAS social worker provides opportunities for various levels of connections between birth family members, or for reunions of birth family members (providing all necessary consents are completed). The PAS social worker also provides resources and referrals for counseling for the adoptee or birth parent who is seeking information.

FUNDING SOURCES

| SOURCE | LIST FUNDED ACTIVITIES |
|--|--|
| CAPIT | |
| CBCAP | |
| PSSF Family Preservation | |
| PSSF Family Support | |
| PSSF Time-Limited Family Reunification | |
| PSSF Adoption Promotion and Support | Case Management (Post Adoption Services) |
| OTHER Source(s): | |

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Permanency (CSA p. 120).

TARGET POPULATION

Adopted children and families. Over 2800 children (2017) received a specialized care increment (SCI) along with their AAP basic rate. SCI's are obtained by completion of the special needs/ specialized care rate assessment process.

TARGET GEOGRAPHIC AREA

County-wide

TIMELINE

UP TO 21 YEARS OF AGE AFTER ADOPTION

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

| Desired Outcome | Indicator | Source of Measure | Frequency |
|---|---|--|-----------|
| Improved Reentry rates for adoptive families toward meeting the National Standards of: P4 – 8.3% | CFSR3 P4 Current Performance: 8.5% | San Bernardino County Efforts-to-Outcome and CWS/CMS | Annually |

Quality Assurance (QA) Monitoring

| | | | |
|------------------------------------|---------------|---|----------|
| Tracking contact and participation | Reentry rates | Placement Resource Division - Adoptions | Annually |
|------------------------------------|---------------|---|----------|

CLIENT SATISFACTION

| Method or Tool | Frequency | Utilization | Action |
|--|-----------|----------------------------------|---------------|
| Client Surveys (Revising to include Protective Factors) | Annually | To improve upon service delivery | Revise Policy |

ATTACHMENT D: BOS Notice of Intent

This form serves as notification of the County's intent to meet assurances for the CAPIT/CBCAP/PSSF Programs.

**CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES
FOR _SAN BERNARDINO_ COUNTY**

PERIOD OF PLAN (MM/DD/YY): _04/01/18 THROUGH (MM/DD/YY) _01/31/23_

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates __CHILDREN AND FAMILY SERVICES__ as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates __CHILDREN AND FAMILY SERVICES__ as the local welfare department to administer PSSF.

FUNDING ASSURANCES

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

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

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

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

County Board of Supervisors Authorized Signature

Date

Print Name

Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.dss.cahwnet.gov/cfsweb/PG2287.htm>

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Board Agenda
Item

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Board Agenda
Item


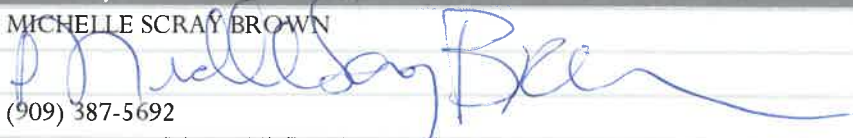

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Board Agenda
Item

Contact Information

| | | |
|--|-----------------|--|
| Child Welfare Agency | Name | TERI SELF, DEPUTY DIRECTOR |
| | Agency | CHILDREN AND FAMILY SERVICES |
| | Phone & E-mail | (909) 386-8396 tself@hss.sbcounty.gov |
| | Mailing Address | CHILDREN AND FAMILY SERVICES 150 SOUTH LENA ROAD SAN BERNARDINO, CA 92415-0515 |
| Probation Agency | Name | JENNIFER VILLA, DIVISION DIRECTOR II |
| | Agency | PROBATION DEPARTMENT |
| | Phone & E-mail | (909-383-2701) www.sbcounty.gov/probation |
| | Mailing Address | CENTRAL JUVENILE DIVISION SAN BERNARDINO COUNTY PROBATION DEPARTMENT 150 WEST 5 TH STREET SAN BERNARDINO, CA 92415 |
| Public Agency Administering CAPIT and CBCAP (if other than Child Welfare) | Name | N/A |
| | Agency | |
| | Phone & E-mail | |
| | Mailing Address | |
| CAPIT Liaison | Name | ANGEL Y. RODRIGUEZ, DEPUTY DIRECTOR |
| | Agency | CHILDREN AND FAMILY SERVICES |
| | Phone & E-mail | (909) 428-4222 OR (909) 945-3887 Angel.Rodriguez@hss.sbcounty.gov |
| | Mailing Address | CHILDREN AND FAMILY SERVICES – WESTERN REGION 9518 EAST 9 TH STREET RANCHO CUCAMONGA, CA 91730 |
| CBCAP Liaison | Name | N/A |
| | Agency | |
| | Phone & E-mail | |
| | Mailing Address | |
| PSSF Liaison | Name | ANGEL RODRIGUEZ |
| | Agency | CHILDREN AND FAMILY SERVICES |
| | Phone & E-mail | (909) 428-4222 OR (909) 945-3887 Angel.Rodriguez@hss.sbcounty.gov |
| | Mailing Address | CHILDREN AND FAMILY SERVICES – WESTERN REGION 9518 EAST 9 TH STREET RANCHO CUCAMONGA, CA 91730 |

California – Child and Family Services Review Signature Sheet

For submittal of: CSA ☐ SIP ☒ Progress Report ☐

| | |
|--|---|
| County | SAN BERNARDINO COUNTY |
| SIP Period Dates | FEBRUARY 1, 2018 – JANUARY 31, 2023 |
| Outcome Data Period | QUARTER 4, 2016 |
| County Child Welfare Agency Director | |
| Name | MARLENE HAGEN, DIRECTOR |
| Signature* |  |
| Phone Number | (909) 388-0242 |
| Mailing Address | CHILDREN AND FAMILY SERVICES 150 SOUTH LENA ROAD SAN BERNARDINO, CA 92415-0515 |
| County Chief Probation Officer | |
| Name | MICHELLE SCRAY BROWN |
| Signature* |  |
| Phone Number | (909) 387-5692 |
| Mailing Address | PROBATION DEPARTMENT – ADMINISTRATION 175 WEST 5 TH STREET, 4 TH FLOOR SAN BERNARDINO, CA 92415 |
| Public Agency Designated to Administer CAPIT and CBCAP | |
| Name | N/A |
| Signature* | |
| Phone Number | |
| Mailing Address | |
| Board of Supervisors (BOS) Signature | |
| BOS Approval Date | August 20, 2019 |
| Name | Chairman Curt Hagman |
| Signature* |  |

Mail the original Signature Sheet to:

*Signatures must be in blue ink

Children and Family Services Division
Outcomes and Accountability Section
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD
LYNNA MONEILL

Clerk of the Board of Supervisors
of the County of San Bernardino

By

Deputy

