



# Mendocino County Health and Human Services Agency

*Healthy People, Healthy Communities*

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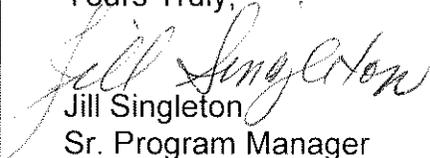
June 24, 2009

Cheron Laboissonniere  
Program Consultant  
CDSS, Children & Family Services Division  
Outcomes & Accountability Bureau

Dear Cheron:

Enclosed you will find Mendocino County's 2009 update to our System Improvement Plan. If you need to contact me about the document, you can reach me at (707) 463-7929 on Mondays and Wednesdays, and at 467-6016 on Tuesdays and Thursdays. I hope all is well with you, Cheron.

Yours Truly,

  
Jill Singleton  
Sr. Program Manager  
Mendocino County HHSA, C&FSOC  
Child Welfare Services

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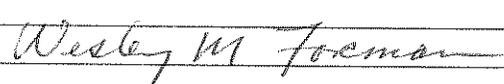
**California's Child and Family Services Review  
System Improvement Plan Update, May 2009**

<b>Responsible County Child Welfare Agency:</b>	Mendocino County Health & Human Services Agency, Family & Children's System of Care Branch, Child Welfare Services Division
<b>Period of Plan:</b>	May 2008—May 2011
<b>Period of Outcomes Data:</b>	January and April 2009
<b>Date Submitted:</b>	

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**Submitted by each agency for the children under its care**

<b>Submitted By:</b>	County Child Welfare Agency Director (Lead Agency)
<b>Name:</b>	Mary Elliott, Director Family & Children's System of Care
<b>Signature:</b>	
<b>Submitted By:</b>	County Chief Probation Officer
<b>Name:</b>	Wes Forman
<b>Signature:</b>	

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**MENDOCINO COUNTY  
HEALTH & HUMAN SERVICES AGENCY  
CHILDREN & FAMILY SYSTEM OF CARE  
SOCIAL SERVICES DIVISION  
AND DEPARTMENT OF PROBATION  
SYSTEM IMPROVEMENT PLAN  
UPDATE  
MAY, 2009**



The Child Welfare System Improvement and Accountability Act (AB 636) of 2001 provides a framework for measuring and monitoring each county's child welfare services performance in ensuring the safety, permanence and well-being of children. The system established by AB 636 builds upon standards established by the federal government and adds outcome and accountability measures developed by California-- the California Child and Family Services Review (C-CSFR).

One component of the C-CSFR is the County System Improvement Plan (SIP). The County SIP outlines how the County will improve its system of care for children and youth and provides a method for reporting on progress toward meeting improvement goals using the C-CSFR outcomes and indicators.

This is Mendocino County's first annual update to its second System Improvement Plan. The following are the focus outcomes for our Child Welfare Services (CWS) Division for this SIP: 1) No recurrence of maltreatment, 2) Timely social worker visits with children in foster care, 3) Placement Stability/Placement in Least Restrictive Setting, and 4) Independent Living Skills Program services. The focus outcomes for Juvenile Probation are: 1) Reunification within 12 months, and 2) Placement Stability/Placement in Least Restrictive Setting. For each of the focus outcomes, the CWS and Probation Department have established specific goals and strategies for achieving those goals. This SIP update describes how well the strategies have been implemented and the status of our progress toward the established goals.

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## Mendocino County System Improvement Plan

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## Narrative

### 2008 SYSTEM IMPROVEMENT PLAN

#### 1. Local Planning Bodies and SIP Team

In Mendocino County, the primary planning body that was used in development of the Self Assessment and System Improvement Plan (SIP) was the Policy Council on Children and Youth/Child Abuse Prevention Commission (PCCY/CAPC). The PCCY/CAPC has been in existence as a community and agency partnership for children since 1992. Key public and private agencies providing services to children are represented on this group, as well as community members and parents. The PCCY/CAPC serves as the Mendocino County Child Abuse Prevention Coordinating Council and is the advisory body for planning and allocating funds for a variety of child abuse prevention efforts. The PCCY/CAPC publishes a Status Report on Children and Youth and has developed an interagency plan for children's services. Several other councils and cabinets are linked to PCCY/CAPC by having representatives seated on PCCY. These include the Children's System of Care (CSOC), First 5 Commission, the Alliance for Rural Community Health (ARCH), the Workforce Investment Board (WIB) Youth Council and the Child Care Planning Council:

- The **FIRST 5 Commission** is a partnership of representatives from County agencies and the community. The Commission has developed a multi-year plan with priorities for Parent Education and Access to Health Care and has funded programs throughout Mendocino County with tobacco tax funds. Regional grants have ensured that services are provided in all geographic areas. FIRST 5 has provided funding to most of the Family Resource Centers. FIRST 5 also brings together all the grantees in each area to share information about their projects and to coordinate services.
- **CSOC** is an established collaboration that is directed toward preventing high-level residential placements for youth with mental health issues or reducing the levels of placement, and bringing youth back into the county. It serves children and youth countywide and involves MCDSS, Mental Health, Public Health, Probation, and the County Office of Education.
- All of the Community Health Clinics countywide work together to serve the people of Mendocino County. The six organizations have clinic sites in Ukiah, Willits, Long Valley, Potter Valley, Anderson Valley, Fort Bragg, Gualala and Point Arena. All six are founders and members of the **ARCH** a non-profit providing clinics with advocacy, training, technical and other support services.

- The **WIB Youth Council** has oversight responsibility for Workforce Investment Act (WIA) youth employment funding. It also coordinates a Youth Summit every other year and provides mini grants for youth-driven projects, with funding from Social Services. The Policy Council on Children and Youth and the Youth Council have linked together to channel youth development planning and coordination through the Youth Council
- The **Child Care Planning Council** is focused on improving the availability, accessibility, and quality of childcare throughout Mendocino County. Community members, parents, and allied agencies are represented on this group.

## **Children's Services and Probation Representatives**

- Becky Wilson, Deputy Director
- Pat Atkinson, Senior Program Manager
- AJ Barrett, Senior Program Manager
- Jody Johnson, Senior Program Manager
- Deborah Moody, Senior Program Manager
- Jill Singleton, Senior Program Manager
- Wes Forman, Chief Probation Officer
- Jean Glentzer, Probation Department
- Trish Lammie, Probation Department
- CWS Leadership Team (all managers and supervisors)
- Jerry Nicoletti, Consultant (2008 SIP)

## **2. Data Sources and Collection**

For this **SIP UPDATE**, we used the AB 636 data summary report dated January 2, 2009 with a data extract from Q2-08, and the same report dated April 7, 2009 with an extract date Q3-08, produced by the Center for Social Services Research at UC Berkeley. We also used Safe Measures and/or Business Objects reports.

## **CHILD WELFARE SERVICES**

Our current SIP is in keeping with the themes that emerged from our latest Self Assessment and our PQCR of May 2007. It is also the result of extensive discussions at management, supervision and staff level for purposes of inclusivity, creativity and buy-in to the culture change process envisioned. Each unit in the Division was met with individually for ideas and input which was then merged with input from the Self Assessment and PQCR as well as feedback via the PCCY/CAPC.

The 2008 SIP outlined a vision for the Division that was demanding and innovative at a time of continuing staffing deficits and budgetary constraints. Rather than minimize our vision or expectations in these focus areas, we challenged ourselves to think and plan outside the box, as it were, reinventing ourselves in several key areas of operation while looking to enhance some current programs and services. We also closely examined outcome areas that were strongly interconnected and lent themselves to a few key strategies influencing more than one outcome, while creating new resources or enhancing existing ones at the same time. We proceeded with little expectation of increased total positions for social work staff or lessened budgetary pressures over the course of the next few years, so we had to look for economies of scale and ways to redirect resources from within an already beleaguered system. **However, a certain degree of minimal staffing was an important predicate to this SIP.**

As is true across the State, our county has since been hit hard by the unprecedented budget crisis. We have been on a reduced work week since December, and have been prevented from filling vacancies since the start of the fiscal year. In addition, we were forced to reduce by one management position, which we have accomplished so far by diverting half of two managers' time to other departments or divisions.

We have not given up on our vision for achieving best practices and changing our social services culture. Some implementation expectations have been reassessed, and certain strategies have been revised, however, because we have been called upon repeatedly this year to redeploy staff to cover vacancies all over the Division.

**These principal themes** emerged from an amalgamation of all three processes (Self Assessment/PQCR/SIP):

1. Increase voluntary services (Path I and Path II clients) in lieu of what has historically been a primarily court driven system, to increase both staff and client empowerment and free up valuable social worker time from court pursuits while reducing risk and improving outcomes for children. This included plans for more extensive in-home parenting support to enhance an already robust Family Resource Center system. Principal to these efforts was the key task of relationship-building with our families, and giving social workers the time to build and maintain such relationships, irrespective of program. It was our hope that as we diverted

appropriate families from court, we could dramatically increase the amount of time social workers had to do motivational engagement and relationship-building with families, as well as the amount of time social workers and social worker assistants had to do hands-on in-home support and training for families. We planned to include Family Group Conferencing in our standard practice. We also counted on the continued use and maturation of our newly existent Family Dependency Drug Court (FDDC) services to positively affect recurrence of abuse.

Since submitting our SIP, we have lost two of three Voluntary Services social workers whom we are not able to replace. Therefore, we have not managed to increase the number of voluntary vs. court cases. At the same time, we have been asked to scale back our multi-agency primary prevention program, Family Connections, and have reduced both the number and the amount of our contracts with Family Resource Centers. We have, however, expanded our FDDC cases. We have begun to assign SWAs to families moving from Family Reunification to Family Maintenance to provide more intensive follow-up and in-home support. We have sent all of our SWAs to extensive training through the Northern California Training Academy, and to a series of Triple P Parenting courses to prepare them for more hands-on work with our families. Finally, we have put the Voluntary Unit under the same manager as the Emergency Response Investigation Unit to facilitate our plan to conduct some investigations jointly and work with selected families together in the first 30 days. This strategy will begin to change the culture within our program so that we encourage more families to engage in services voluntarily.

2. Improve staff morale and increase staff retention rates, with a renewed emphasis on our social work roots. Sadly, instead of retaining staff, we've lost staff this last year—some to other jobs and other areas, many to long-term illnesses. Our staff members were subjected to several months of uncertainty about layoffs which was very hard on morale. Though the crisis has passed for the current fiscal year, fiscal year 2009/2010 is even more uncertain, and layoffs are again being considered.

We've moved forward, however, with our plan, though at a slower pace than we had hoped. Our Deputy Director implemented a requirement that all social workers accompany the children in their caseloads to any new placement, and supervise more of the visits in place of our SWAs. In addition, all of our social workers attended two days of training on Motivational Interviewing to enhance their relationship-building skills and effectiveness with their clients and with caregivers. As mentioned above, we've invested in our SWAs by offering them excellent training that will not only enhance the skills they need for their current assignments, but improve their chances of promotion when that opportunity arises again.

3. Invigorate multi agency collaboration and integration into our service delivery system as we metamorphose from a singular Department to a member of a Health and Human Services Agency (HHS). Plans were in the works to involve AODP and Mental Health in assessing families very early in their involvement with child welfare services. However, here too, we've had to adjust our expectations. The plan to "invigorate multi-agency collaboration" has worked, but not the way we had envisioned. Instead of utilizing a mental health clinician and AOD counselor to help us assess CWS clients, we have begun to utilize some of our staff to help out with Mental Health clients in an effort to provide services and also to address budget issues in both Divisions. Alcohol and Other Drug counselors continue to work with our clients in our Intake Support groups and through FDDC which has expanded. The budget crisis has required them to end or severely reduce other services, though.
4. Increase commitment to ILP services ILP-eligible youth represented a large number of our children in Permanency Planning and were part of a virtual tsunami of children in our caseloads age 13.5 through 18. This led us to consider re-distributing cases to allow for reduced and/or specialized caseloads, and a restructure of the ILP staffing configuration. Mendocino County had a robust array of I.L.P. services that would supplement these efforts.

This plan is among those that have been revised. We have not begun to serve the 13 ½-15-year olds, and the structure we've employed is different, but we have managed to expand services to youth, and increase the number of teens attending ILS classes. We have established one specialized youth caseload, with one full-time social worker assigned. This worker acts as liaison to Mendocino House, a local group home for youth. Youth develop a life plan at Mendocino House and are required to meet milestones and goals to graduate from the program. A SWA assigned to the Voluntary Unit will provide transportation and other services for the Summer Work Program, and staff of our partner agencies have stepped up to provide additional focused services for our youth. Independent Living Skills Program staff have been lead partners in the development and expansion of numerous collaborative projects and programs serving Mendocino County youth. In addition to Mendocino House, we've worked closely with Redwood Children's Services and Probation to develop Multi-Dimensional Treatment Foster Care (MTFC) here, which has recently expanded to add five beds, available to CWS youth. Key CWS staff members received MTFC training this last year. This program will allow Mendocino County teens who are in group homes to reside here in a less-restrictive setting, and work toward living in family foster care or returning to their own families. Over the past year, the ILSP coordinator has also been attending our regular case conferences whenever a youth was on the schedule for review. In this way, we

are ensuring that each child's readiness for transition to adulthood is being monitored and addressed at least every six months. Finally, the ILSP coordinator shares an office at a new youth resource center in Ukiah—the Arbor on Main. This co-location facilitates the participation of ILSP youth in the services and supports the center offers, which can continue for several years after they leave foster care.

5. Increase emphasis on Family Finding and Family Group Conferencing. To the extent that we were successful at reducing mandatory caseloads by increasing voluntary cases and creating other specialized caseloads, we hoped to free staff time to expand our Family Finding Efforts. We planned to identify family or non-related extended family members for new foster care entries prior to their exiting shelter care, and for other children who were without a permanent placement. We had hoped to expand our Family Finding pilot by focusing on two engagement points: 1) Up front as part of a Family Group Conference or similar model ; and 2) in Permanency Planning for children between the ages of 13 and 17. Family Group Conferencing was seen as a key strategy for addressing other issues and crises as they arise, and as a way of providing enhanced support to caregivers so that placement issues could be dealt with both in a timely, and supportive way. We hoped this would lessen placement changes for many of our children.

Unfortunately, the aforementioned budget crisis has prevented us from implementing this plan fully. We have conducted research about Family Group Conferencing and similar models and convened a workgroup of interested staff to design and pilot a model for our county. We have identified some potential facilitators and expect to begin holding regular FGCs on a small scale within the next two months.

6. Develop specialized and/or reduced caseloads. We determined at the time we developed our SIP that we had caseload growth potential in our Ukiah Voluntary Services unit to support our plan for enhanced voluntary services. By establishing a specialized youth caseload, as noted in #4 above, we also intended to create space in our existing "Continuing" units (FM, FR and PP cases) and allow the continuing social workers to engage in more relation-supporting work. The ongoing budget strife has required us to reconfigure caseloads more than once, but not in the way we had planned. At this writing, we have lost five social workers since July 2008. Five more are out on extended medical leave. We are unable to fill these positions, so instead of specializing caseloads, we are requiring staff to add to their responsibilities.
7. Ensure timely visits for the full spectrum of children on our caseloads. Timely social worker visits continue to be a top priority, regardless of our staffing losses. One of the cost-saving mandates

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imposed upon Child Welfare Services was to cut out-of-County travel to the bone. To make this possible, we have installed a huge travel board in our main office upon which any upcoming out-of-county trips are listed. Whenever social workers need to visit the children on their caseloads who are placed out of County, they check the board to see if another social worker making a trip to the same area could make the visit for them. However, to maintain their relationships with the children, and to ensure that all issues are addressed, social workers are required to be on the phone with the substitute social worker during the visit, and to speak with the child as well. The management team reviews Safe Measures regularly with the supervisors to ensure the requirement to make timely and effective visits with all the children in our care is enforced.

## PROBATION

The Probation Department's 2008 SIP goal was enhanced reunification services for Probation wards and their families, which was their main theme during last year's PQCR. Probation chose to focus on placement stability as it relates to parental involvement, and utilizing the least restrictive environment. Probation's two selected measures within the Reunification Composite for this SIP were Reunification within 12 months, entry and exit cohorts, (C1.1 & C 1.3). Despite an out-of-home care population generally presenting with criminogenic needs, drug abuse, sexual victimization and perpetration and gang affiliation, the Probation Department felt the following strategies would yield improved outcomes for the areas under consideration.

1. Increase the safety and positive change for wards and their families while improving their prospects for successful reunification via the purchase of a new risk/needs assessment tool and case management software program. Among its capabilities are recording standardized risk/needs assessments and also transferring critical information to assist in case plan development. This new software program, PACT, is Title IVE compliant.

Probation followed through with its planned purchase of PACT, and subsequent training and implementation. Staff members have learned how to determine static and dynamic domain factors including: relationships, mental health history, living arrangements, drug and alcohol history, school history, aggression, current relationships and school status, record of criminal justice referrals, attitudes, behaviors, family history, use of free time and employment history. A score determines the youth's overall level of risk to re-offend. Staff members were also trained in Motivational Interviewing so that they can elicit as much information as possible from the youth.

Initial assessments were done on all wards, typically at Disposition. Reassessments are being done any time the situation changes substantially or at the time of the six-month review. Liaisons track cases for the completion of assessments, and have found the majority to be complete. Staff members have been cooperative and find the tool useful. New probation officers find it particularly helpful in determining the level of supervision needed, in identifying the specific areas that need to be addressed for each ward, and in selecting the appropriate services for the ward's needs.

2. Devote clerical support to improve the process of establishing eligibility, completing Title IVE mandated documents, developing parent manuals and resources, and communicating with agencies to gather needed documents.

In February 2008, a full-time clerical staff person was assigned to the Placement Unit. The job duties include: notifying the ward, the parents, and other interested entities about hearing dates; making eligibility determinations; applying for birth certificates and social security cards; preparing court orders for psychotropic medications; and preparing letters and informational materials for the parent support group.

3. Localize services, in alignment with the above strategy, to improve reunification efforts. Having the wards and their families in closer proximity to each other would facilitate the availability of resources and case management activities. Establishing relationships with existent Foster Family Agencies in order to build up local placement potential, including Intensive Foster Care, was a key component of this localization strategy. Probation has been utilizing "Mendocino House", a local group home with a time-limited treatment program that requires the participation of parents and other caretakers. One ward was placed in 2008 and so far three wards have been placed in 2009. In addition, Probation partnered with Redwood Children's Services, a local foster family agency and organizational provider for Mental Health to bring Multi-dimensional Treatment Foster Care (MTFC) to this county. Several new parents have been recruited specifically for wards. In addition, training for Probation staff has been completed. The first placement was made in August, 2008.

4. Recruit and develop foster homes specifically for probation wards. In keeping with the above, Probation and Redwood Children's Services began recruiting and developing foster homes specifically for probation wards. This program utilized Multidimensional Treatment Foster Care (MTFC) focusing strongly on engagement and training of foster parents and biological family members. The average duration to reunification for these wards would be 9 months, which would improve our time to reunification. Wards selected for these foster homes would have a history of severe and persistent problem behavior and multiple treatment or placement failures. See #3 above. Because of the new MTFC program, 13% of the Placement caseload was moved from group homes to foster care. The overall functioning of the participating families improved as well, especially in the areas

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of communication, limit-setting, establishing boundaries, expressing feelings of concern and demonstrating support.

5. Seek funding for additional services. Yet another strategy was to work with the community and foundations for funding of services for parents and wards, including prevention, education and intervention services, when appropriate. Probation approached the Mendocino County Angel Fund, and has made periodic requests of the Kiwanis Club. In addition, it has held a fundraiser, and the local Round table Pizza has donated pizza for the parents' group.
  
6. Continue and expand parent support and education. Probation families are referred to parent education classes held routinely at CWS-operated family centers. These parents have typically attended the "Discipline With Confidence" and "Basic Communication" classes, but some parents have been reluctant. Therefore, Probation started its own weekly Parent Support Group in June 2008, and added an all-day Saturday group.

## **2008 SIP FOCUS AREAS**

### **CHILD WELFARE SERVICES**

- **Timely social worker visits (2C)**
- **Recurrence of Maltreatment (S1.1)**
- **Placement Stability (C4.1-C4.3) with a subset of Placement in Least Restrictive Setting (4B)**
- **ILP (8A)**

### **PROBATION**

- **Reunification within 12 months (C1.1 & C 1.3).**
- **Placement Stability (C4.2) with a subset of Placement in Least Restrictive Setting (4B)**

## USE of CWSOIP FUNDS 2008/2009 CHILD WELFARE SERVICES

Mendocino County Child Welfare Services received a Child Welfare Services Outcome Improvement Project (CWSOIP) allocation of \$50,554 for Fiscal Year 2008/2009. At this time, we have claimed only through the third quarter of the fiscal year, so final expenditures are unknown. However, at the end of the third quarter, we had spent \$32,532 from this allocation. The funds expended were in support of the following outcome goals from our previous SIP:

### **Recurrence of Maltreatment, Improvement Goal 1.0**

“Engage a greater number of families with prevention services using enhanced Path I/Path II strategies and resources.”

### **Recurrence of Maltreatment, Improvement Goal 2.0**

“Improve support system and develop comprehensive services for families identified as at high risk for recurrence of abuse/neglect.”

### **Placement Stability/Placement in Least Restrictive Setting Goal 5.0**

“Increase the number of children who are experiencing fewer than two placements in their first year, and increase relative/NREFM placements”

<b>Expenditure</b>	<b>Amount To Date</b>	<b>Projected Amount</b>	<b>Outcomes/Goals Addressed</b>
Automated Data Collection & Reporting System for Family Resource Centers	\$17,900	\$18,500	<b>Recurrence of Maltreatment, Improvement Goal 2.0</b> Strategy 2.2 “Continued support of FRCs for provision of services countywide for enhanced early prevention and/or voluntary services”
Nuestra Alianza Family Resource Center, Latino Community, Willits	\$14,025	\$16,756	<b>Recurrence of Maltreatment, Improvement Goal 2.0</b> Strategy 2.2 “Continued support of FRCs for provision of services countywide for enhanced early prevention and/or voluntary services”
Staff Time to Family Resource Center Network	\$ 0	\$2,253	<b>Recurrence of Maltreatment, Improvement Goal 2.0</b> Strategy 2.2 “Continued support of FRCs for provision of services countywide for enhanced early prevention and/or voluntary services”
Triple P Parenting	\$0	\$12,300	<b>Recurrence of Maltreatment, Improvement Goal 2.0</b>

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<b>Expenditure</b>	<b>Amount To Date</b>	<b>Projected Amount</b>	<b>Outcomes/Goals Addressed</b>
Parent Workbooks & DVDs			Strategy 2.3 "Use our pool of social worker assistants countywide for hands-on in-home support and teaching/demonstrating services
Accurint Subscription (Family Finding Website)	\$607	\$745	<b>Placement Stability/Placement in Least Restrictive Setting Goal 5.0</b> Strategy 5.1 "Increase number of children exiting from Shelter Care into relative/NREFM placements as well as children in out-of-home placement in general."
<b>Totals</b>	<b>\$32,532</b>	<b>\$50,554</b>	

## **PROBATION**

The Mendocino County Probation Department is using its entire CWSOIP allocation to continue its use of an assessment and case management tool called Positive Achievement Change Tool (PACT). The tool is being used to assess wards at the time of disposition as to their risk for re-offending, and their criminogenic needs on 12 domains. Their risk for re-offending drives objectives and case planning. A reassessment, done at a minimum of every six months, evaluates changes to dynamic factors. The tool enables the Probation Department to assess more consistently the potential for wards to reunify with parents successfully and to be placed in less restrictive settings. The CWSOIP funds are being used for ongoing staff training on PACT and the 2009/2010 contract costs for the PACT software.

## Outcomes, Improvement Goals, Strategies & Milestones – Child Welfare Services

### **Outcome/Systemic Factor: (CWS)**

**Recurrence of Maltreatment (S1.1):** This measure reflects the percent of children who were victims of child abuse/neglect with a subsequent substantiated report of abuse/neglect within specific time periods.

**County's Current Performance:** Per U.C. Berkeley's reports, this area shows *improvement* from the baseline of 01/02-12/02 versus 01/06-12/06, from 37.2 % to 27.7 % which is a 25.6 % positive change. However, for the most recent period reported (October 1, 2006 to September 30, 2007) the rate of no recurrence for Mendocino County was 92.7 %, lower than the federal standard of 94.6 %. *Per the October 2008 and the April 2009 Outcomes System Summaries for Mendocino County, we are continuing to improve from the baseline, and in the second quarter extract, exceeded the national goal for this measure.*

**Improvement Goal 1.0** Engage a greater number of families with prevention services using enhanced Path I/Path II strategies and resources. Expand CWS voluntary services (VFM/VFR) for Path II families and use court for Path III clients where risk cannot be reduced or where removal is the only prudent option at case inception. Services to an increased pool of clients will engage them prior to our ability to do so historically, and hopefully reduce re-substantiations.

**Strategy 1.1** Analyze caseloads department wide, particularly in the voluntary unit and on-going court units, to determine actual active caseload size and projections of where overall caseload growth can be achieved to accommodate enhanced VFM/VFR services.

**Strategy Rationale:** Increased and consistent voluntary services will provide a healthier array of options for families and social workers. It will also enable relationship building as one predicate to better outcomes and reduced resubstantiations. Initial and on going risk and safety assessment tools will document voluntary efforts and measure reduction of risk over time.

<p><b>Milestone</b></p>	<p><b>1.1.1</b> We are currently assessing caseloads department wide. Staffing constraints are most pronounced in Ft. Bragg and Willits at this time, so Ukiah may be the proper place to start. We currently see caseload expansion capacity in our current Ukiah voluntary unit.</p>	<p><b>Timeframe</b></p> <p>To be Completed by June 15, 2008  <i>Completed assessment, but revised. Loss of 2/3 of the social workers in the Voluntary unit and subsequent unfilled staff losses in other units have delayed the expansion of the voluntary caseload.</i></p>	<p><b>Assigned to</b></p> <p>Child Welfare Services (CWS) Program Managers for all programs, county wide</p>
<p><b>Strategy 1.2</b> Enhance our early efforts at Family Group Conferencing as an active component for all cases, including voluntary, and as an early intervention technique. Possibly start with VFM/VFR cases to “seed” this model and to help embrace the change of culture organizationally that it represents. Plan appropriate trainings to incorporate this approach into our services delivery.</p>		<p><b>Strategy Rationale</b> Increased family inclusion into case planning and decision making supports our enhanced voluntary services approach and can also be used in court services once the model has taken hold in voluntary services. This would also work to build and maintain relationships that promote the family’s acceptance of services and identify resources that improve their chances for success.</p>	

<b>Milestone</b>	<p><b>1.2.1</b> Decision made by management to include Family Group Conferencing as a departmental policy and to incorporate it into our practice, starting in voluntary services, and then extending into court services. Discussions with U.C. Davis regarding Family Group Conferencing training will commence with state approval of our SIP. <i>Key staff attended training in an adjoining county, and our State Liaison provided literature about various models. We formed a workgroup to develop a model for Mendocino County and have determined that we will implement a pilot for families entering our system and at key points in the process of the case such as moving from FR to FM and/or whenever placement decisions are needed. Some of our current staff members are experienced FGC facilitators.</i></p>	<b>Timeframe</b>	<p>Training to be completed by September 2008, ongoing Training as implementation expands. <i>Implementation of pilot is expected by June 30, 2009.</i></p>	<b>Assigned to</b>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
<p><b>Strategy 1.3</b> Enhance our multidisciplinary team approach to case conferencing and Family Group Conferencing to include all our HHSA partners, including AOD, &amp; Mental Health. Jointly determine where and how this approach may best work. Examine co-location and efficiency options.</p>		<p><b>Strategy Rationale</b> Multidisciplinary approach to client assessment and services broadens our understanding of family needs and dynamics while promoting integration, consensus and cooperation between HHSA agencies.</p>			

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Milestone</b></p>	<p><b>1.3.1</b> Coordination and discussion on implementing this model has begun at a high level in our HHSA and regular meetings have commenced on integration of services with HHSA Deputies and Managers. <i>Our Family Dependency Drug Court caseload has increased and includes a successful partnership with AOD and the Court. Plans to co-locate Mental Health and AOD staff with CWS staff and to collaborate with them on investigations has been delayed because of severe budget issues in Mental Health and AODP. Two CWS SWAs will, however, provide Therapeutic Behavioral Services(TBS) for Mental Health clients in the Family Strengths program, some of whom are also CWS clients.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Timeframe</b></p>	<p>2008-2009. <i>This will be an ongoing effort as both budget difficulties and program effectiveness require increasing our collaboration with other Divisions within the HHSA</i></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Assigned to</b></p> <p>CWS Deputy Director, Mental health Director, AOD Director, Children's System of Care Coordinator, Program Managers for all three Departments.</p>
<p><b>Strategy 1.4</b> Expanded use of existent Family Connections Program for Path I clients and also referral to, and coordination of, services with community partners such as domestic violence programs, health related services by Public Health to engage families earlier with support services to reduce re-referrals and potential resubstantiations.</p>		<p><b>Strategy Rationale:</b> Broader family engagement strategies will intervene earlier in the abuse/neglect cycle before issues become deep seated and much more difficult to ameliorate without drastic action. More families and more children will receive prevention services.</p>	

<b>Milestone</b>	<p><b>1.4.1</b> Family Connections programs now county wide. Ukiah also features services to Spanish speaking clients through "Nuestra Casa". Family Resource Centers are also county wide and provide an array of parenting and support services to clients. 1) CWS participation in the Family Connections program will contract because of budget and staffing constraints. However, we have recently initiated a collaboration with Mendocino College to utilize interns in their Human Services program to provide many Family Connections services in the place of CWS staff, and CWS will remain a partner 2) Eight Family Resource Centers(FRCs) in our county have recently formed a FRC Network with the mentoring of CWS staff and other partners. This promises to facilitate collaboration with CWS and to ensure that quality prevention services continue.</p>	<b>Timeframe</b>	<p>October 2007-2008                  1) September 2009                  2) May 2009 and ongoing</p>	<b>Assigned to</b>	<p>Program Administrator; CWS Program Manager.</p>
<p><b>Improvement Goal 2.0</b> Improve support system and develop comprehensive services for families identified at higher risk for recurrence of abuse/neglect. (Path II / Path III clients)</p>					
<p><b>Strategy 2.1</b> Use of "Family Strengths" program/staff from Mental Health as part of a Path III enhanced engagement strategy for higher risk families integrated into VFM/VFR services, and for some Path III families as well. Integrate Family Strengths into our Family Case Conferencing model and include their use of parent partners and mentors into our Family Group Conferencing model</p>			<p><b>Strategy Rationale:</b> Use of an strength based assessment and services provision model is an integral part of our culture change from a largely court driven system and supports our goals of both family, and social worker, empowerment. Changing our image and approach with families will inevitably change our self image and hopefully reduce burnout and increase retention of staff as well.</p>		

<b>Milestone</b>	<p><b>2.1.1 Integration of Family Strengths Program</b>  <i>The Family Strengths Program is now under dual supervision by Mental Health and CWS and is integrated in that way. All Family Strengths parent partners and TBS workers attended the Certificate Program training series provided through the Northern Calif. Training Academy along with CWS SWAs. Staffing shortages in that program have limited their ability to work more closely with CWS clients. We have not yet expanded our use of FGC here. When we do, Family Strengths staff will be included as their staffing levels permit.</i></p>	<b>Timeframe</b>	<p><i>Ongoing, slow progress. FGC pilot implementation June 30, 2009.</i></p>	<b>Assigned to</b>	<p>CWS Deputy Director, Mental Health Director, AOD Director, Children's System of Care Coordinator, Program Managers for all three Departments</p>
<p><b>Strategy 2.2</b> Continued support for FRCs for provision of services county wide for enhanced early prevention and/or voluntary services (Path I/Path II).                  Progress: Support continues for FRCs including funding for software programs for recording of participation and success of families receiving services at FRCs and tracking whether re-referrals to CWS are abated by FRC usage.</p>		<p><b>Strategy Rationale</b> The continued support of these FRCs and support for establishing additional FRCs in other outlying communities and Native American communities will ensure support to families that might otherwise be isolated from services either because of geographic location or lack of services that are culturally sensitive.</p>			

<p><b>Milestone</b></p>	<p>Currently, six FRCs in Mendocino County that are independent non-profits or operated by school districts provide services to urban and outlying communities and to the Latino population in Ukiah. <i>CWS continues its support of FRCs and actively facilitated the formation of an FRC Network here. The number of FRCs has increased. Eight FRCs are now included in the network. FRCs are entering data into the County-developed data system on a regular basis. Both the FRCs and the County are able to generate accurate reports about the populations served, participation levels and services.</i></p>	<p><b>Timeframe</b></p>	<p><i>Ongoing</i></p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
<p><b>Strategy 2.3</b> Using our pool of social worker assistants county wide for hands-on in-home support and teaching/demonstrating services to VFM/VFR clients. This will buttress social worker efforts and supplement FRC services. Enhanced monitoring of child safety via increased presence in the home for VFM clients. Can also be used for court driven cases.</p>			<p><b>Strategy Rationale:</b> Expanding in home services for voluntary clients is in keeping with our early intervention/family empowerment model featuring Family Connections and Family Strengths efforts and expands our role of active engagement and reduction of re-abuse.</p>		

<b>Milestone</b>	<p><b>2.3.1</b> Plan for expanded use of social worker assistants as outlined above adopted and endorsed by CWS Management Team, including appropriate trainings to implement this strategy  <i>SWAs are being matched with families identified at our regular case conferences as moving to FM. In the Voluntary unit, SWAs are similarly matched to specific families. A written protocol and form are under development to ensure accurate communication from the social worker to the SWA about the specific in-home services needed. All SWAs and Family Strengths parent partners and TBS workers have been attending the Certificate Program Training offered by the Northern California Training Academy, and most SWAs became certificated Triple P Parenting trainers this year.</i></p>	<b>Timeframe</b>	<b>Assigned to</b>	<p>Start September 2008  <i>Ongoing</i>  <i>Written Protocol &amp; form for In-home work—July 2009</i>  <i>Triple P Parenting Certification—Completed May 2009</i>  <i>Completion of Certificate Program Training for Paraprofessionals—October 2009</i></p> <p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
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**Improvement Goal 3.0** Standardized risk and safety assessment tools system wide which support strength based practice.

**Strategy 3.1** In concert with State guidance, decide on whether to continue use of the Comprehensive Assessment Tool (CAT) after July 1, 2008 or to use Structured Decision Making (SDM).

**Strategy Rationale** CAT was implemented in Mendocino County August 2007, but implementation has been inconsistent. A standardized empirically based tool is needed.

<b>Milestone</b>	<b>3.1.1</b> Decide on which tool to use. <i>Selected SDM</i>	<b>Timeframe</b>	To be Completed Sept 1, 2008 <i>Done</i>	<b>Assigned to</b>	CWS/CMS Deputy Director and CWS Program Managers.
	<b>3.1.2</b> Train staff to use the tools and monitor progress and usage system wide. <i>Overview training completed with staff and partner organizations in October 2008 Staff and Supervisors completed SDM Program Training in February 2009, and Web SDM in March 2009. Managers are monitoring SDM usage and will begin quality control procedures by the end of June 2009.</i>		To be completed after September 2008 <i>Completed and continuing</i>		CWS/CMS Program Administrator

**Discuss changes in identified systemic factors needed to further support the improvement goals.**

The following systemic factors will incur changes as a result of the strategies outlined above:

- *Collaboration:* Collaborative efforts between CWS and our HSA partners, as well as other public and community organizations will be critical, in keeping with Path I/Path II goals.

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

*Staff Training:* Staff will receive ongoing training to support all the above strategies – ongoing. This includes training's that enhance change of organizational culture. Discussion of training and support needs, with State and U.C.Davis staff to commence upon approval of SIP

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

Other partners that will play a role in achieving the improvement goals above include:

AODP – providing staff time for case-conferencing for cases where they are providing substance abuse treatment.

Public Health, Mental Health, Redwood Coast Regional Center, and the Mendocino County Office of Education – providing staff time for conferencing and service coordination.

Nuestra Casa in Ukiah for Spanish speaking clients.

Family Resource Centers (FRC) – existing FRCs in continuing to work with MCDSS to provide the family empowerment program to outlying and minority communities and Native American tribes and other outlying communities in identifying potential new FRCs

**Outcome/Systemic Factor: (CWS)**

**2C Timely Social Worker Visits With Child:** This measure reflects whether social workers visit with the children in their care as required.

**County's Current Performance:** The CWS Systems Outcomes Summary dated 01/08/08 shows continued Mendocino progress with a +23.4 % *improvement* compared to baseline data with 56.9% compliance in 6/03 versus 78.6% in 6/07 (month 3). Measures for month 1 and month 2 also increased significantly from 63.7% to 86% and 59.6 % to 86.1 %. Our latest internal Business Objects report for March 08 (Attachment "D") shows 94.53% compliance for that month. This positive trend is testament to systems and protocols regarding this focus area established via our previous SIP (including updates) and Self Assessment processes, despite staffing/retention issues being a major concern over the last few years. This is an area of our SIP that involves central themes and concepts we discussed earlier in this document, such as forming specialized caseloads, reducing overall caseloads, and enabling social workers to spend more time building and maintaining relationships with their clients. All of these are key ingredients for improvement overall. They will, in turn, contribute to reduced burnout, and increased staff retention, and promote timely social worker visits as well. Assessing our current and future caseload capacity is key to our success in diverting resources into specialization and into new/enhanced program development in the voluntary area. Close monitoring of the results by supervisors and management will go hand in hand with an emphasis on timely visits in this new SIP. *Both the January 2009 and April 2009 CWS Outcomes System Summaries continue to show improvement over the baseline on this measure for the overall quarters cited (32.3% in the January summary and 40.8% in the April summary). Our performance varied, however, from month to month in both quarters. We fell below 90% compliance in May, June, July and August 2008, and exceeded 90% compliance in April and December 2008. Review of Safe Measures for the month of April 2009 shows our compliance at 95.2% over all.*

**Improvement Goal 4.0** Improvement of Social Worker visits to *all Mendocino County dependents or children of voluntary clients. Expanded from previous goal specifying out of county placements only.*

**Strategy 4.1** Monthly monitoring reports (Business Objects/Safe Measure) on Social Worker visits will continue to be provided to Social Worker Supervisors

**Strategy Rationale** Social Worker Supervisors will be better able to monitor the work of Social Workers and to identify problem areas and facilitate timely visits more effectively for all children in our caseloads to ensure that children receive the required monthly visits.

<p><b>Milestone</b></p>	<p><b>4.1.1</b> Completed for out of county children per last SIP, now implemented for all children in CWS caseloads. <i>Monthly monitoring continues for all children in CWS caseloads through Safe Measures. SIP progress reports are issued periodically by the Management Team as well. These progress reports frequently comment on our overall progress on this measure as well as highlighting offices and individuals achieving 100% compliance.</i></p>	<p><b>Timeframe</b></p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
	<p><b>Strategy 4.1. 2</b> Assess current caseloads department wide, to determine active caseload size and projections of where overall caseload growth can be achieved in some areas in order to reduce caseloads in court services. Emphasis on consideration of specialized P.P. caseload(s) to reduce current mixed court caseloads (FM/FR/PP). We are currently assessing caseloads department wide. Staffing constraints are most pronounced in Ft. Bragg and Willits at this time, so Ukiah may be the proper place to start.</p>			<p><b>Strategy Rationale:</b> Even minor reductions on court FM/FR caseloads should improve social workers ability to make timely contacts in those programs, supplemented by enhanced voluntary services and specialized P.P. caseloads (cases exiting mixed caseloads). All these efforts should enhance the amount and quality of contacts with children, which hopefully will also enhance permanency, placement stability and relative placements. This will also improve social worker morale/retention as they will have more time for relationship building with all clients.</p>

<p><b>Milestone</b></p>	<p><b>4.1.3</b> Currently being done.  <i>Completed assessment, but revised. Loss of 2/3 of the social workers in the Voluntary Unit and subsequent unfilled staff losses in other units have delayed the expansion of the voluntary caseload, and precluded forming specialized caseloads as planned. Instead, we are looking at ways to a)consolidate some social worker functions to allow for adequate coverage, b)isolate other functions that have been performed by social workers and transfer these to program specialists, and clerical staff where appropriate to allow social workers to focus on their clients and on achieving "best practice".</i></p>	<p><b>Timeframe</b></p>	<p>To be Completed by June 15, 2008  <i>Completed. Re-assessment underway to maintain focus on best practice while allowing for optimal coverage—Ongoing pending budget outcomes.</i></p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
<p><b>Strategy 4.2</b> Establish Administrative Reviews for Permanency Planning cases.</p>		<p><b>Strategy Rationale:</b> Reduce social worker court activity time while improving outcomes for children in areas of contacts, ILP, Family Finding, relationship building, placement stability, improved social worker morale and retention via reduced court stress.</p>			
<p><b>Milestone</b></p>	<p><b>4.2.1</b> Decision made to conduct Administrative reviews</p>	<p><b>Timeframe</b></p>	<p>2008-2009   <i>No progress made on this milestone.</i></p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide.</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b>          The following systemic factors will incur changes as a result of the strategies outlined above:</p> <ul style="list-style-type: none"> <li>• <i>Quality Assurance:</i> Quality assurance efforts will be expanded and formalized.</li> <li>• Change from generic mixed caseloads to some degree of specialized caseloads.</li> <li>• Implementation of new program (Administrative Reviews).</li> </ul>					

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

- Conducting Administrative Reviews.
- Enhanced use of Safe Measures and Business Objects reports by Managers, Supervisors and Staff.
- Training and support regarding the agency culture and practice changes outlined in this SIP.

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

- Juvenile Court – Approval for Administrative Reviews and coordination of implementation.
- County Counsel – Training for Administrative Reviews.
- U.C. Davis – Safe Measures training

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

None

**Outcome/Systemic Factor: (CWS)**

**Placement Stability (C 4.1 – C 4.3):** This measure reflects the number of children with multiple placements.

**Subset for this factor :**

**Foster Care Placement in Least Restrictive Setting (increase in number placed with relatives – 4B)**

**Improvement Goal 5.0** Increase the number of children who are experiencing fewer than 2 placements in their first year in foster care and increase relative/NREFM placements. *We have continued to do poorly in the area of Placement Stability, declining overall from our baseline by 14.1% per the January 2009 CWS Outcomes System Summary, and by 23% in the April 2009 summary. We did show improvement, however for the children in their first year in foster care per the April 2009 summary. Our own most recent review of "Relative/NREFM" placements shows that we have increased the percentage of children placed with relatives and non-related extended family members in the period of April 2002 through April 2009 from 31.5% to 38.9%. A review of Safe Measures comparing placement entries in Quarter 2 of 2008 with placement entries for Quarter 2 for 2009 showed a dramatic increase in placements with kin, from 10.06% in 2008 to 33.2% in 2009. The Safe Measures report for April 2009 shows relative/NREFM placements as the highest percentage of Mendocino County placements in that month, at 36% of all placements.*

**Strategy 5. 1** Increase number of children exiting from Shelter Care into relative/NREFM placements as well for children in out-of-home placement in general.

**Strategy Rationale:** Increasing relative/NREFM placements has been demonstrated (PQCR) to increase placement stability for children in out of home care.

<b>Milestone</b>	<p><b>5.1.1</b> Define roles and responsibilities regarding relative/NREFM placements upon exit from Shelter Care. Include supervision and staff in centralized placement unit, ER-Court units and ongoing units (FR/PP) in discussions and implementation. <i>We have sharpened protocols about relative/NREFM placements and conscientiously seek such placements for children in our two emergency shelters. In addition, we have assigned a program specialist who attends Court on ICWA cases to learn of any potential placement options among relatives, NREFMs and other tribal members. From April 2008 to April 2009, 25 placements were made with relatives or NREFMs directly from the shelter. This will serve as a baseline for the next two years. This amounts to 30% of all our relative placements in that year, and 12% of all placements made directly from the shelter.</i></p>	<b>Timeframe</b>	<p><i>July 2008 and ongoing Ongoing</i></p>	<b>Assigned to</b>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for <b>Path III programs</b>, county wide.</p>
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Milestone		Timeframe		Assigned To	
	<p><b>5.1.2</b> Conduct research about regulations and funding impacts concerning relative/NREFM placements pending clearances, and before and after detention. Consult with County Counsel, &amp; CDSS to ensure that applicable State &amp; federal funds can be used to cover foster care costs. <i>We have determined that we must wait until clearances are completed before placing children with relatives and NREFMs in most instances, which sometimes prevents us from making such placements out of the two emergency shelters. We have refined our waiver process, however, for relatives and NRFEMS whose clearances require this.</i></p>		<p><i>June &amp; July 2008 Completed</i></p>		<p>AJ Barrett &amp; Deborah Moody, CWS Program Managers</p>

<p><b>Strategy 5.2</b> Reduced and/or specialized caseloads to increase social worker time and availability to do Family Finding in addition to currently assigned staff.</p>		<p><b>Strategy Rationale :</b> Increasing relative/NREFM placements has been demonstrated (PQCR) to increase placement stability for children in out of home care.</p>	
<p><b>Milestone</b></p>	<p><b>5.2.1.</b> We are currently assessing caseloads department wide. Staffing constraints are most pronounced in Ft. Bragg and Willits at this time, so Ukiah may be the best place to start. <i>Completed assessment, but revised. Loss of 2/3 of the social workers in the Voluntary Unit and subsequent unfilled staff losses in other units have delayed the expansion of the voluntary caseload, and precluded forming specialized caseloads as planned. We continue to subscribe to "Accurint" and to conduct Family Finding as before. We are exploring new options such as interns from our local community college who may be able to help expand our Family Finding efforts.</i></p>	<p><b>Timeframe</b></p>	<p>June 15, 2008 and <i>Ongoing</i></p>
		<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide</p>
<p><b>Strategy 5.2.2</b> Use of Family Group Conferencing to assist in identifying relative and NREFM options for children.</p>		<p><b>Strategy Rationale :</b> Bringing additional resources to the family finding effort will likely increase relative/NREFM placements and enhance placement stability. This will also enhance family participation, cooperation and general buy-in to case planning activities.</p>	

<b>Milestone</b>	<p>Has started but will be broadly implemented under this SIP.</p> <p><i>Key staff attended training in an adjoining county, and our State Liaison provided literature about various models. We formed a workgroup to develop a model for Mendocino County and have determined that we will implement a pilot for families entering our system and at key points in the process of the case such as moving from FR to FM and/or whenever placement decisions are needed. Some of our current staff members are experienced FGC facilitators.</i></p>	<b>Timeframe</b>	<p>2008-2009</p> <p><i>Implementation of pilot is expected by June 30, 2009.</i></p>	<b>Assigned to</b>	<p>CWS Deputy Director, Mental Health Director, Children's System of Care Coordinator, Program Managers.</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b></p> <ul style="list-style-type: none"> <li>• HHSA and CWS culture and practice changes outlined in this SIP focus area</li> <li>• Improve support and training to caregivers, particularly relative/nrefm placements.</li> </ul>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <ul style="list-style-type: none"> <li>• Training and support regarding the agency culture and practice changes outlined in this SIP area, particularly Family Finding and ,Family Group Conferencing.</li> <li>• Verification of funding options for relative/NREFM placements when all background clearances have not been received, and for post-detention placements.</li> </ul>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b></p> <ul style="list-style-type: none"> <li>• HHSA and FFA partners supporting our increased emphasis on relative/nrefm placement options for children</li> </ul>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p>None</p>					

<p><b>Outcome/Systemic Factor: (CWS) I.L.P. Services (8A)</b> – Improve outcomes for youth to emancipate successfully and increase availability of post emancipation mentors .</p>	
<p><b>County's Current Performance:</b> This is a new outcome area for the 2008 SIP, but ties into placement stability, lifelong connections and least restrictive placement as well. The total number of ILP youth has grown consistently in Mendocino County. For 2001-2002, 54 clients received services, in 05-06, 68 clients and for 06-07, 82 received services. Other 8A outcome measurements for 06-07 remain somewhat consistent over time, with 8 of 54 Mendocino ILP clients attending college for 06-07, 18 of 54 completing High School, 10 of 54 receiving or completed vocational training and 29 of 54 obtaining either part or full time employment. <i>Per the CWS Outcomes System Summaries for January and April 2009, our ILP caseload continues to grow. The April 2009 report showed 98 youth received ILP services from October 2007 through September 2008, up from 82 in the previous year. The report also showed higher number of youth completing vocational training in that year and higher numbers employed or having other means of support.</i></p>	
<p><b>Improvement Goal 6.0</b> Increase relative/nrefm placements for ILP youth.</p>	
<p><b>Strategy 6. 1</b> Reduced and/or specialized caseloads to increase social worker time and availability to do Family Finding in addition to currently assigned staff.</p>	<p><b>Strategy Rationale<sup>4</sup></b> It has been demonstrated that relative/nrefm placements enhance placement stability while lessening multiple placements. We also believe that emphasizing emancipation programs/resources will increase likelihood of mentors and employment being found for ILP youth.</p>

<sup>4</sup> Describe how the strategies will build on progress and improve this outcome or systemic factor

<p><b>Milestone</b></p>	<p><b>6.1.1</b> We are currently assessing caseloads department wide. Staffing constraints are most pronounced in Ft. Bragg and Willits at this time, so Ukiah may be the best place to start. <i>Unfilled staff losses have precluded forming specialized caseloads as planned. However, we have assigned a social work position to carry a youth caseload and act as the liaison to Mendocino House, a local group home for youth. In addition, we are collaborating with our community partners to provide focused services to this population, and exploring options for utilizing internships through the Community College.</i></p>	<p><b>Timeframe</b></p>	<p>June 15, 2008 and on going <i>Ongoing</i></p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide</p>
<p><b>Strategy 6.1. 2</b> New Program Administrator to provide coordination, program development and support, as well as direct services (workshops), to I.L.P. and transition age/emancipated youth. A second "specialized" P.P. caseload would be included in the existing special needs unit, with two social workers and a full time social worker assistant providing case management and support for I.L.P. youth and support for such programs as Transition Age Youth (TAY) and Transitional Housing Program (T.H.P.) and other services/programs as noted on Attachment "C".</p>		<p><b>Strategy Rationale:</b> Administrative support and another social worker position focusing on ILP youth, along with a full time social worker assistant versus the current half-time position, should improve services and outcomes for I.L.P. youth while expanding programs that serve them. Also should improve relationship building.</p>			
<p><b>Milestone</b></p>	<p><b>6.2.1.</b> Administrator position budgeted and I.L.P. program structure endorsed by CWS Management Team.</p>	<p><b>Timeframe</b></p>	<p>Current and ongoing</p>	<p><b>Assigned to</b></p>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide</p>
<p><b>Strategy 6. 1. 3</b> Assess potential for expanding traditional I.L.P. services in specialized P.P. caseloads to include some youth age 13</p>		<p><b>Strategy Rationale:</b> Identifying special needs youth that need I.L.P. services prior to 15.5, and that are at higher risk for unsuccessful</p>			

½ to 15 ½		emancipation, should improve long term emancipation goals and outcomes per area 8A.			
<b>Milestone</b>	<p><b>1.3.1</b> We are currently assessing caseloads department wide in order to staff a second P.P. specialized caseload in addition to other support and services structure noted in this category.. Staffing constraints are most pronounced in Ft. Bragg and Willits at this time, so Ukiah may be the best place to start.</p> <p><i>Unfilled staff losses have precluded forming specialized caseloads as planned. However, we have assigned a social work position to carry a youth caseload and act as the liaison to Mendocino House a local group home for youth. SWAs from the Voluntary Unit and other units have pitched in to support the youth caseload and transport youth in the Summer Work Program. In addition we are collaborating with our community partners to provide focused services to this population, and exploring options for utilizing internships through the Community College. We have not yet expanded services to children aged 13 ½ to 15 ½.</i></p>	<b>Timeframe</b>	<p>Current and ongoing <i>Ongoing</i></p>	<b>Assigned to</b>	<p>CWS Deputy Director, Child Welfare Services (CWS) Program Managers for all programs, county wide</p>
<p><b>Describe systemic changes needed to further support the improvement goal.</b> Structural changes as noted above.</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b> Focus on emancipation services in a specialized P.P. caseload.</p>					
<p><b>Identify roles of the other partners in achieving the improvement goals.</b> Please see Attachment "C" for all I.L.P. partner agencies</p>					
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b> None</p>					

## Outcomes, Improvements Goals, Strategies & Milestones - Probation

<p><b>Improvement Goal 1.0 (Probation) Reunification within 12 months (C1.1 &amp; C 1.3 ) – Number of children that reunify within 12 months as an entry and exit cohort.</b></p>					
<p><b>County's Current Performance:</b> Time to reunification varies considerably for Probation wards over time. However, the median number of months to reunification since April to March 05-06 exceeds the twelve month outcomes measurement by just over seven months as previously noted. Percentage wise, the number of Probation children reunified within 12 months has also dropped since April-March 04-05, from 57.1 % to 16.7% for the same months in 06-07, likewise previously noted. Meanwhile, total children in out-of-home placement has stayed relatively stable from 24 in April 07 to 26 April 08 per the latest stats available from Probation directly.</p>					
<p><b>Strategy 1.1</b> Increase the safety and needs assessments for wards and their families while improving their prospects for successful reunification via the purchase of new data management and reporting software. Among its capabilities are recording standardized risk/needs assessments and also transferring critical information to assist in case plan development. This new software program, PACT, is Title IVE compliant.</p>			<p><b>Strategy Rationale</b> By standardizing and documenting initial and ongoing risk and needs assessments, wards will be uniformly evaluated using the latest tools with reporting capabilities providing in-depth analysis of trends and outcomes for this SIP. Case plan documentation will be IVE compliant with enhanced quality of the case plans themselves, predicated on the safety, needs and services assessments, and reassessments, at key junctures, for wards and their families</p>		
<b>Milestone</b>	<p><b>1.1.1</b> Purchase agreement is signed and program training has begun. <i>Contract with Assessments.Com for fiscal year 2007/2008</i></p>	<b>Timeframe</b>	<p>Current and ongoing <i>Complete</i></p>	<b>Assigned to</b>	<p>Chief Probation Officer</p>
	<p><b>1.1.2</b> Software will be installed and available for training and use. <i>Applications installed in September 2008 and went live in January 2009</i></p>		<p>September 2008 <i>Applications installed in September 2008 and went live in January 2009</i></p>		<p>Assessment.com</p>

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	<p><b>1.1.3</b> Majority of staff will be trained for full implementation.  <i>Staff completed all necessary training by mid-December, 2008. Monitoring of cases for assessment completion has revealed that most cases have completed assessments. Staff find tool helpful, especially new probation officers.</i></p>		<p>January 2009  <i>Completed mid-December 2008</i></p>		Juvenile Probation Division Manager
<p><b>Strategy 1. 2</b> Devote new clerical support to improve the process of establishing eligibility, completing Title IV E documents, developing parent manuals and resources, and communicating with agencies to gather needed documents.</p>			<p><b>Strategy Rationale</b> Improve the speed and accuracy of document preparation and receipt.</p>		
Milestone	<p><b>1.2.1</b> Clerical staff has been assigned to placement unit and is currently training on eligibility procedures and court process.  <i>Clerical staff person began as part-time but subsequently was designated almost fully to the placement unit in February 2008</i></p>	Timeframe	<p>Ongoing  <i>Ongoing</i></p>	Assigned to	Placement Supervising DPOIII
<p><b>Strategy 1.2</b> Work with the community and foundations for funding services for parents and wards, including prevention, education and intervention services, when appropriate.</p>			<p><b>2.3.1 Strategy Rationale:</b> Funding for new resources for treatment will be needed. The MTFC program will augment present services and is funded by CSOC (Children's System of Care) agreement.</p>		
Milestone	<p><b>1.2.1</b> To be explored upon SIP approval.  <i>In 2009. Probation approached the Mendocino County Angel Fund for assistance with the cost of unfunded services for parents and wards. Probation also approached Kiwanis Club and held a small internal fund-raiser to provide travel costs for parents. The local Round Table Pizza donated pizza for the Parent's Group.</i></p>	Timeframe	<p>On going  <i>Ongoing</i></p>	Assigned To	Juvenile Division Manager, Placement Supervising DPO III and placement probation officers

<p><b>Strategy 2.3</b> Probation and Redwood Children’s Services is recruiting and developing intensive foster homes for wards. Utilizing Multidimensional Treatment Foster Care (MTFC).</p>		<p><b>Strategy Rationale:</b> MTFC model is a local less restrictive foster care program with shorter duration.</p>			
<p><b>Milestone</b></p>	<p><b>1.3.1</b> Conference calls with RCS, TFC consultant and probation. <i>Initiated on June 27, 2008</i></p>	<p><b>Timeframe</b></p>	<p>Currently and ongoing</p>	<p><b>Assigned to</b></p>	<p>RCS and Chief Probation Officer, Juvenile Division Manger and Placement Supervising DPO III</p>
	<p><b>1.3.2</b> Training for RCS staff and probation placement staff and implementation of program. <i>Staff training occurred in Oregon from July 21 through July 25, 2008. The First placement was made on August 20, 2008. That ward graduated on April 30, 2009 and has successfully reunified with her mother</i></p>		<p>Training set for July 2008 with program implementation scheduled for Fall of 2008. <i>Training completed July 2008. Program implementation was early—August 2008.</i></p>		<p>RCS staff, Placement Staff and TCF Consultant.</p>
<p><b>Strategy 1. 4</b> Probation will utilize DSS parenting and empowerment groups. Additionally probation is developing a parent support and education group for families with wards in placement, led by probation staff.</p>		<p><b>Strategy Rationale:</b> Enhanced services and support for parents of children in placements, improving coping skills, learning effective parenting techniques, understanding the dynamics of wards behaviors thereby improving chances for successful reunification.</p>			

Milestone	1.4.1 First class initiated June 10, 2008. (6 week program) <i>First class was initiated on schedule. Ongoing classes are held every Tuesday evening from 6PM to 7:30. In addition an all-day Saturday class began on November 15, 2008, facilitated by a Placement P.O. Finally, families are also making use of a Parent Partner who can offer support and answer questions. Probation parents continue to participate in "Discipline With Confidence" and "Basic Communication" classes through CWS.</i>	Timeframe	Assigned to	Supervising Placement DPOIII and Deputy Probation Officers
<p><b>Describe systemic changes needed to further support the improvement goal.</b></p> <ul style="list-style-type: none"> <li>• Development of new resources such as parenting education support services, improved transportation services, increased placement options.</li> <li>• Juvenile court ordering mandated services for parents of probation wards to optimize reunification efforts.</li> </ul>				
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <ul style="list-style-type: none"> <li>• Training in provision of parenting program</li> <li>• Utilization of DSS Family Finding services and training</li> <li>• Grant writing for foundations and governmental entities</li> </ul>				
<p><b>Identify roles of the other partners in achieving the improvement goals.</b></p> <ul style="list-style-type: none"> <li>• Wrap around services for an increased number of Probation youth and their families from CSOC.</li> <li>• Local Mental Health services for Probation wards and parents</li> <li>• Access to Family Resource Centers county wide housed within or aligned with CWS</li> <li>• Substance abuse services from A.O.D. for Probation wards and parents in Mendocino County</li> </ul>				
<p><b>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</b></p> <p>Ability to enforce the existing Welfare and Institution codes mandating parents participating in treatment as their needs are identified. The child breaking the law is often only one symptom of a dysfunctional family dynamic and the approach must include the entire family system.</p>				

**Improvement Goal 2.0 (Probation) Placement Stability (C 4.2):** This measure reflects the number of children with multiple placements.

**Subset for this factor :**

**Foster Care Placement in Least Restrictive Setting (4B)**

*The MTFC program enabled 13% of the Placement caseload to be moved from group homes to foster care.*

**Improvement Goal 2.0** Increase the number of children who are experiencing fewer than 2 placements in their first to second year in placement and utilize the lowest level of care possible.

**Strategy 2.1** Increase the number of wards moving from higher level to lower level (less restrictive) facilities while continuing to meet their needs.

**Strategy Rationale:** Develop local intensive foster care MTFC program able to meet the needs of probation wards.

**Milestone**  
**2.1.1** Utilizing result of PACT risk/needs assessment (at least every 4 months) to determine wards that are ready to move to a lower level of care. *Currently the assessments are being updated every six months unless there is a major change in circumstances.*

**Timeframe**  
*Anticipate tool will be available and staff will be trained by January of 2009.  
 Completed mid-December 2008*

**Assigned to**  
 Supervising Placement DPO III and Placement Probation Officers

**Strategy 2.2** Utilize local Mendocino House Program to prepare appropriate youth to move to transitional housing.

**Strategy Rationale :** Although this could temporarily increase the level of care (as this is a level 12) ultimately it will produce the desired outcome of moving the ward to transitional housing which is the least restrictive environment available.

<b>Milestone</b>	<p><b>2.2.1</b> Mendocino House is already available. This would require staffing appropriate wards and transitioning to the program as space is available. <i>Probation placed one ward in Mendocino House in 2008 and three wards so far in 2009</i></p>	<b>Timeframe</b>	<p><i>Ongoing</i></p>	<b>Assigned to</b>	<p>Placement Probation Officers</p>
<p><b>Strategy 2.3</b> Probation and Redwood Children's Services is recruiting and developing intensive foster homes for wards. Utilizing Multidimensional Treatment Foster Care (MTFC)</p>			<p><b>Strategy Rationale :</b> By utilizing MTFC foster care program wards will be moved or placed in MTFC foster care homes, which is a lower level of care. Parental involvement and participation is intensive and will prepare and assist the parents and the ward for rapid reunification.</p>		
<b>Milestone</b>	<p><b>2.3.1</b> Conference calls with RCS, TFC consultant and probation are currently underway. Training for RCS staff and probation placement staff and implementation of this program. <i>Conference calls and staff training were completed on or ahead of schedule. Since the initial training, the assigned Probation Officer meets weekly to discuss problem areas. Several new foster parents have been recruited and a training class for them is currently in progress.</i></p>	<b>Timeframe</b>	<p>Training set for July 2008 with program implementation scheduled for Fall of 2008. <i>Training complete July 2008 Program implemented early— August 2008</i></p>	<b>Assigned to</b>	<p>RCS staff, placement staff and TCF Consultant.</p>
<p><b>Discuss changes in identified systemic factors needed to further support the improvement goals.</b> Recruitment of foster families. Training and support to Foster families. Training and support to wards family members.</p>					
<p><b>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</b></p> <ul style="list-style-type: none"> <li>Utilization of the PACT to assess risk and needs to identify appropriate candidates for movement to less restrictive environments at the appropriate times.</li> </ul>					

