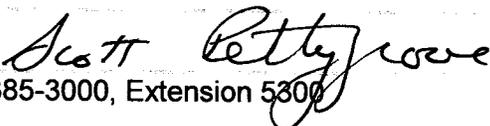


CALIFORNIA – CHILD AND FAMILY SERVICES REVIEW SIGNATURE SHEET

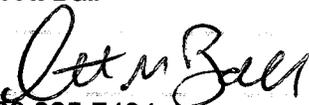
FOR SUBMITTAL OF: CSA SIP PROGRESS REPORT

County	Merced
SIP Period Dates	March 2, 2016 through March 2, 2021
Outcome Data Period	Q4, 2015, January 1, 2014 through December 31, 2014

County Child Welfare Agency Director

Name	Scott Pettygrove, Director
Signature*	
Phone Number	209 385-3000, Extension 5300
Mailing Address	2115 West Wardrobe Avenue Merced, CA 95341

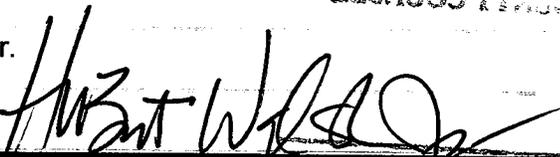
County Chief Probation Officer

Name	Scott Ball
Signature*	
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Public Agency Designated to Administer CAPIT and CBCAP

Name	Merced County Human Services Agency (same as County Child Welfare Agency)
Signature*	
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Board of Supervisors (BOS) Signature

BOS Approval Date	FEB 02 2016
Name	Hubert Walsh Jr.
Signature*	

Mail the original Signature Sheet to: *Signatures must be in blue ink	Children's Services Outcomes and Accountability Bureau Attention: Bureau Chief Children and Family Services Division California Department of Social Services 744 P Street, MS 8-12-91 Sacramento, CA 95814
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California - Child and Family Services Review

System Improvement Plan

MARCH 2, 2016 – MARCH 2, 2021



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INTRODUCTION

The California-Children and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill [AB] 636), was passed by the state legislature in 2001. AB 636 was designed to improve outcomes for children in the child welfare system while holding county and state agencies accountable for the outcomes achieved. This statewide accountability system, which went into effect January 1, 2004, is an enhanced version of the CFSR, the federal oversight system mandated by Congress and used to monitor states' performance. The C-CFSR is a cyclical process which begins with the identification and analysis of the current system through the Child Welfare and Probation County Self-Assessment (CSA) and Peer Review, and leads to development and implementation of solutions which are articulated for the agencies and the public in the System Improvement Plan (SIP). County Child Welfare and Probation agencies are responsible for ongoing evaluation and revision of those solutions for continuous improvement. To meet the changing needs of the system over time activities are monitored and may be updated through the Annual System Improvement Plan Progress Report (ASIPPR). As the C-CFSR is a continuous quality improvement model, Merced County has worked toward continuing development, implementation, and evaluation of strategies to improve safety, permanency, and well-being of children.

The SIP is based on data collected from many sources and described in the CSA. The SIP is the operational agreement between the county and state, outlining how the county will improve their system of care for children and families. The SIP includes a plan for how the county will utilize prevention, early intervention, and treatment funds (Child Abuse Prevention Intervention and Treatment/Community-Based Child Abuse Prevention/Promoting Safe and Stable Families [CAPIT/CBCAP/PSSF]) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. The SIP is a commitment to specific targeted and measurable improvements and is not intended to be the county's comprehensive child welfare plan. The SIP includes specific action steps, time frames, and improvement targets and is approved by the Merced County Board of Supervisors (BOS).

The CSA initiates the five-year cycle and is completed in coordination with local community partners. The CSA is a comprehensive program assessment to determine the effectiveness of current practice, programs, and resources across the continuum of child welfare and probation placement services (from prevention and protection through permanency and aftercare) and to identify areas for targeted system improvement. The CSA guides Merced County Child Welfare and Merced County Probation in:

- Identifying the successes and challenges in current practices, programs, and resources.
- Identifying the existence, prevalence, or magnitude of a need for services.
- Determining where efforts and funding should be focused to maximize positive outcomes for children and families.

The Merced County five-year CSA cycle was initiated on December 2, 2014, with a meeting of key staff from Child Welfare Services (CWS), Juvenile Probation, and California Department of Social Services Outcomes and Accountability (CDSS O&A). CDSS O&A was represented by Korena Hazen, Consultant, and Mary DeSouza, Office of Child Abuse Prevention (OCAP)

Consultant for Merced County. Program Manager Heidi Szakala represented Probation. Attending for CWS were Deputy Director Laura De Cocker; Program Administrators (PA) Baljit Gill, Jamie Johnson, Kamiko Vang, and Daphne Short; Analyst Janet Kasper; and Special Projects Coordinator Jane Norwood. Mayko Vang represented the Central California Social Welfare, Evaluation, Research and Training Center. CWS Supervisors were invited and several took advantage of the opportunity to learn about the C-CFSR requirements and process. The agenda covered the C-CFSR process, including team and roles, stakeholders, requirements for the CSA, the timeline, technical assistance, manuals, tools, templates, and next steps with timelines.

A Peer Review Team, Co-Chaired by Baljit Gill (CWS) and Heidi Szakala (Probation) was appointed to develop and implement the Peer Review. The Team met weekly and developed a planning and tracking tool to guide the work and maintain timeliness on tasks. The Team was responsible for planning all the logistical arrangements for the Peer Review and associated events. The committee determined the number of cases to be reviewed, the number of reviewers required, the case summary tool, the interview questions, and the agenda for the Peer Review week. The committee also determined the groups to participate in focus groups, the time, date and location of focus groups, and the assigned facilitator. Team members served as facilitators for some focus groups. The team also planned and implemented the initial CWS/Probation staff orientation, the training for social workers and probation officers who were designated to be interviewed.

Merced CWS, Probation, and CDSS O&A worked together to identify an issue important to each agency and to the community as a whole. Probation identified a rise in the number of youth in placement, without a corresponding rise in the number of youth entering the juvenile justice system. The important questions that Probation examined in the assessment process were 1) what interventions are effective in keeping youth in their own homes and communities and avoiding placement and 2) are the right decisions being made in regard to services at home.

CWS focused on a specific C-CFSR 2 indicator, C1.1 Reunification within 12 Months, Exit Cohort. CWS's performance on this indicator has been steadily declining and has failed to meet the federal standard/goal in the last six consecutive quarters. CWS approaches making changes to practice regarding reunification carefully because performance on a related indicator, C1.4 Re-Entry Following Reunification, has exceeded the national standard for the last five consecutive quarters. CWS wants to avoid reducing the time to reunification at the risk of placing children in an unsafe situation and exposing children to trauma and a re-entry into foster care.

With these two issues clearly identified, the two agencies jointly reached out to the community, families, youth, peers from other counties, colleagues in the office of O&A, and CDSS to help identify promising practices, community needs, service gaps, potential changes in practice, and information vital to developing the five-year SIP.

At the time these issues were identified, the CFSR 2 measures were in use by the state and the county. After completion of the CSA and prior to the initiation of the SIP, the CFSR 3 measures were released. Section 3B, Prioritization of Outcome Data Measures/Systemic Factors/and Strategy Rationale explains how the county transitioned from the CFSR 2 measures in the CSA to the CFSR 3 measures used in the SIP.

Merced County used three major information sources for identification of issues to address in the CSA. The first, the Peer Review, held April 14 – 17, 2015, involved nine peer reviewers

(Social Workers, Probation Officers, and Supervisors) representing eight counties. Fourteen Merced County Social Workers and four Probation Officers were interviewed.

The second source of information was the CFSR measures that are monitored on a quarterly basis by CWS and Probation management. The CDSS provides quarterly data reports that include county level outcome-based data focused on core safety, permanency and well-being measures. The data is derived from the Child Welfare Services/Case management System (CWS/CMS). Baseline data was analyzed in the CSA and used to inform and guide both the Peer Review and SIP. The quarterly data reports are used to track state and county outcome measure performance over time. Information from this source was supplemented by drill-downs into the details of the data or, in some cases, by additional routine or special reports. The data is used as a guide to direct attention to potential problems or successes.

The third source of information was the Merced community. Approximately 137 people participated in 17 focus groups. (It is possible that some individuals attended more than one focus group. Therefore the count of individuals is approximate.) Focus groups were held for Court Appointed Special Advocates (CASA), foster parents and relative care providers, probation supervisors, probation youth, Independent Living Program (ILP) youth, Placement Council, child welfare supervisors, All Moms Matter, Drug/Behavioral Services Court, Parents Supporting Parents, Community Providers, probation officers, Foster Family Association foster parents, child welfare social workers, All Dads Matter, Supportive On-Going Services, and drug court parents.

In addition to the focus groups, a meeting was held with the C-CFSR Team and Core Representatives. The planning team elected to meet with members of the expanded C-CFSR team in their natural environment, that is, in meetings that are well established and part of the network and fabric of the community. These meetings were held after the Peer Review so the key findings could be shared with the C-CFSR team. The monthly meeting of the Family Wellness Council (FWC)/Child Abuse Prevention Council (CAPC) is made up of judges, attorneys, child welfare, probation, CASA, mental health, education, foster youth, and community providers. In each meeting, representatives of CWS and Probation gave a brief overview of the SIP five-year cycle process, presented the issues each agency is examining, gave a summary of the Peer Review findings, and held an open discussion to solicit reactions, ideas, suggestions, and support for improvement efforts.

Summary of Findings from the CSA

Merced has an overall higher rate of referrals for child maltreatment allegations, substantiations, and entries into foster care than the California average. In 2014, the rate of substantiations fell below the state average, but the rate of entry into foster care remained higher than the state average.

Allegations of Child Maltreatment Interval (January through December)										
	2005 Per 1,000	2006 Per 1,000	2007 Per 1,000	2008 Per 1,000	2009 Per 1,000	2010 Per 1,000	2011 Per 1,000	2012 Per 1,000	2013 Per 1,000	2014 Per 1,000
Merced	61.3	62.3	64.5	59.7	58.1	55.0	57.7	70.4	73.6	67.0
California	50.3	50.5	51.5	51.0	50.6	51.6	51.6	53.2	53.0	54.7

Substantiations Interval (January through December)										
	2005 Per 1,000	2006 Per 1,000	2007 Per 1,000	2008 Per 1,000	2009 Per 1,000	2010 Per 1,000	2011 Per 1,000	2012 Per 1,000	2013 Per 1,000	2014 Per 1,000
Merced	8.4	14.8	13.7	12.9	11.3	9.4	8.8	11.1	10.6	7.8
California	11.5	11.3	11.2	10.2	9.9	9.6	9.5	9.3	9.2	9.0

Entries into Foster Care Interval (January through December)										
	2005 Per 1,000	2006 Per 1,000	2007 Per 1,000	2008 Per 1,000	2009 Per 1,000	2010 Per 1,000	2011 Per 1,000	2012 Per 1,000	2013 Per 1,000	2014 Per 1,000
Merced	5.3	5.4	4.6	5.4	5.2	5.1	4.3	5.4	5.8	5.0
California	3.9	3.9	3.8	3.4	3.4	3.3	3.3	3.4	3.5	3.5

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/24/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Black and Native American children are over represented in the incidence per 1,000 children compared to other groups in both allegations and substantiations. For black children, the incidence per 1,000 children for allegations is 180.5 in 2014 and the incidence of substantiations is 23.1. For Native American children, the incidence per 1,000 children for allegations is 142.2 in 2014 and the incidence of substantiations is 19.6. Entry into foster care for black children per 1,000 in 2014 was 18.8 and entry into foster care for Native American children was 19.6. While Merced does not dismiss the importance of being vigilant regarding disproportionality, the apparent high incidence is partially due to the very small number of black and Native American children in the county, creating a somewhat misleading statistical artifact.

The age group most likely to enter foster care is under one. Children in Merced County are most likely to be referred for general neglect. A complete analysis of the child welfare involved population is available in the 2015 Merced County Self-Assessment. (Merced CSA)

County Strengths

Probation

In the peer review, promising practices were identified for probation including:

- Case Plan specific to the needs identified by the youth and their family.
- Frequent contact with probation officer.
- Helping family problem solve, resulting in parents becoming more engaged.
- Focusing on success at getting off of probation to keep youth engaged.
- Setting limits without being overtly hostile.
- Assessing problems through understanding of culture resulting in engaging uncooperative and hostile parents.

- Getting parents involved.
- Parents Supporting Parents facilitated by Placement Officers, support group.
- Probation Officers educating families on available resources in the community that are free.
- Placement Officers participation in family counseling facilitated by the placement (group home).
- Placement Officers attending up to date training in regards to services for foster youth.
- Placement Officers being present for case reviews for the youth they are working with.

Promising practices in services were also identified, including:

- Concrete services, such as food, clothing, help with utility bill
- Parent partners
- Early services
- Behavioral Health Court and Drug Court
- Family focused work
- Wrap services

Organizational Strengths of Juvenile Probation include an appropriately educated and prepared workforce and strong working relationships with CWS and law enforcement agencies.

Child Welfare Services

- The Peer Review designated promising practices for CWS, including:
- Individualized case plans developed with family, asking family what they need.
- Case plans focus on behavioral change rather than compliance with completing service.
- Social workers tailor service to parent, get feedback on services from parent, and change services to meet parents' needs.
- Social workers stagger services so it is not overwhelming for the family.
- File JV-180 at four months, returning the child, rather than wait for review hearing.
- Judge is frank with parents about time lines and also encouraging and tells parent to “partner” with Child Protective Services (CPS) worker.

Promising Practices – Services

- Families are engaged in services right way.
- Early referrals engage family when they are in crisis.
- Services providers check in with family often and had good relationship before closing case.
- Family counseling.
- Incarcerated parents are sent anger management and parenting material while in prison.
- Wrap.

Promising Practices – Placement and Visitation

- Family Finding works early in case and used to build support and connections.
- CASA helps engage family members and gives transportation.
- Maintaining connections for siblings.
- Relatives monitoring visits.
- Progressive visits with slow transition home.
- Visits are more frequent in timely reunification cases.
- Thirty-day trial visits – planned transitions.
- Keeping same social worker from Family Reunification-Family Maintenance (FR-FM).
- Warm handoff of family from one social worker to another.
- Social workers see foster children in placement at least once per month.
- Strong wraparound services keep children/youth in their homes.
- A low percentage of youth are placed in group homes.

Organizational strengths of CWS include a well educated and prepared workforce, spaces especially designed for family visitation and foster family recruitment, active participation in community coordination groups and strong working relationship with Juvenile Probation, Mental Health, and law enforcement.

Areas Needing Improvement

Peer reviewers and focus group members identified two categories of areas needing improvement. The first category is the type, quality, and variety of services available to families involved with either CWS or Probation. This category is discussed in the section below, Service Array Gaps and Needs.

The second category is agency policy or practice that have unintended consequences for achieving the desired outcomes for families.

For Probation, agency practices that have unintended consequences include:

- Some wraparound services are not available except to avoid the imminent removal of the youth to placement. If services were available sooner in the case, placement might be avoided.
- In some situations, services are provided without any actual hope that placement can be avoided in order to make the youth eligible for placement. “Going through the motions.”
- When a youth is moved to placement the case is transferred to another unit, and any relationship that has been built between the probation officer and the youth is severed.
- Probation officers may fail to refer a youth for services rather than take the case to Placement Council which can be viewed as time consuming and potentially a futile exercise.
- Independent decision-making for probation officers is a positive but can also lead to inconsistent treatment of youth.

For CWS, agency practices that have unintended consequences include:

- Policy of having social workers monitor all family visits limits the number of visits.
- Using the Visitation Center for family visits restricts the family interaction to an artificial setting and does not present opportunities for parents to practice parenting skills in a natural setting.
- Case group conferencing ensures consistency and appropriate oversight of practice, but lack of decision making authority in the field restricts the relationship between social workers, biological family, and foster families. The same is true for requirements that social workers consult with their supervisor before making certain decisions.
- Caseload size may be reasonable, but the amount of paper work required of the social worker can reduce the amount of time available to spend with families.

Service Array Gaps and Needs

Focus group and Peer Review participants identified the gaps in services available in the county. Frequently the gap occurs not because the service does not exist in the county but because of issues with timing, transportation, language barriers, or cost.

- Gap: Parenting Training and Education alternatives and scheduling

Parenting training education is provided by the Family Resource Council (FRC) under contract with Human Services Agency (HSA). Classes are offered at multiple locations in the county in both English and Spanish. The classes are focused primarily on parenting toddlers and preschoolers. A need was identified for classes on parenting pre-teens and teens. The existing program is a 16-week, sequential class. Parents must enter the program during the first three weeks and cannot miss more than three classes. If parents miss the start of a class and have to wait for a new class to begin, completing the

requirement for their plan can be considerably delayed. A need exists for non-sequential, enter any time classes. Suggestions from focus groups proposed in-home mentoring as an option for classroom based parenting education.

- Gap: Mental Health Services

Mental Health Services were cited more than any other resource as a need. Services are needed for adults and youth in a variety of settings with multiple approaches to treatment to meet individual needs.

- Gap: Anger Management Services

Several focus groups cited anger management services as a need. Currently only one provider is available in the county, and only one form of treatment is offered, regardless of the age or situation of the client. Choices in providers and treatment modalities are needed.

- Gap: Pro-social Activities for Children and Youth

Probation officers, though not the only ones to cite this need, were especially aware of the lack of engaging and positive activities for youth. Youth living outside the major population areas are isolated and have little outside of school to occupy their time in a positive way. While sports programs are available in some areas of the county, some have a cost that prohibits participation from children in families living in poverty. Some activities are available, but they are not universally available in the county.

- Gap: Gang Prevention Programs

The county has no gang prevention programs.

- Gap: Alcohol and Drug Treatment Programs

Although the county has both public and private alcohol and drug treatment programs, focus group participants cited a need for more programs using a variety of treatment techniques.

Decision Making Process – Child Welfare Services

Analysis of the data available from the C-CFSR, stakeholder feedback during the Peer Review, focus groups, and C-CFSR team meetings was reviewed and considered by CWS and Probation leadership with an eye towards important themes. Merced County began decision-making for the SIP during 2013- 2014 when the CSA report was being prepared. As data was discussed for that report it became evident that there were, and still are, outcome areas that Merced CWS and Probation need to address. In CWS shortening the time children are in foster care, or, in the case of Probation, avoiding placement when possible by providing appropriate and necessary services in the community to the child and the family. In the process of preparing the CSA, consumers, foster parents, relative caregivers, youth, and service providers, social workers and probation officers were either interviewed or attended focus groups. The vast majority of our stake-holders agreed that the focus on reducing the time to family reunification for CWS and reducing the number of youth in placement for Probation are appropriate and worthy goals. At the time of the CSA process, the CFSR 2 measures were used to isolate and define the issue with length of time to reunification. At the time of the CSA the

most recent report was Q4 2014. Although Merced exceeded the California average performance in most years, it was not meeting the federal standard, as the charts below illustrate.

Measure CFSR 2: C1.1 Reunification within 12 Months – Exit Cohort. Federal standard = 75.2

Interval (January through December)																
	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Merced	70.4	73.5	76.1	62.9	63.9	69.7	78.5	76.3	71.4	74.4	67.1	72.2	65.4	73.6	68.1	63.1
California	49.3	46.9	55.5	57.8	57.9	59.2	61.3	64.3	64.3	61.8	64.1	64.6	64.8	62.7	64.3	63.6

Measure CFSR 2: C1.2 Median Time to Reunification – Exit Cohort. Federal standard = 5.4 (months)

Interval (January through December)																
	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Merced	4.3	4.3	2.0	7.3	8.0	6.4	4.2	6.8	7.5	7.3	8.4	8.0	8.1	7.7	7.2	8.6
California	12.3	13.1	9.7	9.0	9.2	8.7	8.4	7.9	7.9	8.5	8.1	8.5	8.6	8.9	8.5	8.8

Measure CFSR 2: C1.3 Reunification within 12 Months – Entry Cohort. Federal standard = 48.4

Interval (July through December)																
	1999 %	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Merced	34.6	44.6	36.1	45.5	40.5	41.0	49.2	55.7	41.8	54.6	60.5	43.8	46.3	32.9	43.8	N/A
California	33.6	33.3	34.4	34.5	35.5	36.4	37.7	39.3	43.5	42.3	44.0	40.3	38.5	36.4	35.0	N/A

Measure C1.4 Re-Entry Following Reunification. Federal standard = 9.9

Interval (January through December)													
	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	
Merced	5.3	6.5	13.6	4.8	8.1	12.3	10.4	9.3	12.4	9.1	5.0	N/A	
California	11.6	12.0	12.9	12.6	11.6	11.8	12.1	11.9	12.3	12.4	12.1	N/A	

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/25/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

An important consideration for Merced CWS is to achieve the goal of reducing the time to reunification without compromising the achievement on Measure C1.4. There is agreement among all parties that reunification should occur only when the family is ready. The goal is to shorten the time to reunification without compromising child safety or risking additional trauma.

As of Q4 2014, baseline for this cycle of the CSA and SIP, Merced met or exceeded the federal standard for seven of the measures that have a federal standard.

- S1.1 No Recurrence of Maltreatment
- S2.1 No Maltreatment in Foster Care

- C1.4 Re-Entry Following Reunification (Exit Cohort)
- C1.4 Re-Entry Following Reunification (Exit Cohort)
- C2.1 Adoption within 24 Months (Exit Cohort) in Percent
- C2.2 Median Time to Adoption (Exit Cohort) in Months
- C4.2 Placement Stability (12 to 24 Months in Care)

As of Q4 2014, baseline for this cycle of the CSA and SIP, Merced did not meet or exceed the federal standard for seven of the measures that have a federal standard.

- C1.1 Reunification within 12 Months – Exit Cohort
- C1.2 Median Time to Reunification – Exit Cohort
- C1.3 Reunification within 12 Months – Entry Cohort
- C3.1 Exits to Permanency (24 Months in Care)
- C3.2 Exits to Permanency (Legally Free at Exit)
- C3.3 In Care 3 Years or Longer, Emancipated/Age 18
- C4.3 Placement Stability (At Least 24 Months in Care)

After examining the data considering the input of stakeholders, CWS leadership concluded that the focus on reducing the time to reunification would be the best choice for children, families, and the community. The transition from CFSR 2 to CFSR 3 measures is explained in the Section 3B, Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale.

Decision Making Process - Probation

Probation confirmed through focus groups and the Peer Review that the focus on providing services to youth and families in the community to avoid placement is a goal that stakeholders can endorse. Although there is not a specific quality measure that is appropriate to use as a measure, Probation uses the number of youth in placement as a primary indicator of success, along with other measures appropriate to the strategies.

SIP NARRATIVE

C-CFSR TEAM AND CORE REPRESENTATIVES

C-CFSR Team and Core Representatives

Required Stakeholders*

County Child Welfare*

CWS Administrators

Deputy Director, Laura De Cocker

Program Administrators

Baljit Gill, Jami Johnson, Daphne Short, and Kimiko Vang

Special Projects Coordinator, Jane Norwood

OCAP Coordinator, Brian Sterkeson

Probation*

Chief Probation Officer, Scott Ball

Assistant Chief Probation Officer, Jeff Kettering

Program Manager, Heidi Szakala

Probation Placement Supervisor

Supervising Probation Officer, Kalisa Rochester

County Agency Partners

Merced County Office of Education/Family Wellness Council

Dennis Haines

The C-CFSR Team is made up of managers from CWS and Probation programs and a representative of the FWC which serves as Merced County's Child Abuse and Family Violence Prevention Council. CWS Social Workers, Probation Officers and members of the Family Wellness Child Abuse Prevention Council participated in the development and review of strategies. During the CSA, stakeholders were engaged through a series of 17 focus groups that included service providers, probation and foster youth, foster parents, biological parents, CWS Social workers, Probation officers, and community volunteers. Notes were taken at each meeting and the themes recorded and reported in the CSA. Information from these meetings is included in the selection of goals and development of strategies.

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

The CFSR 3 measures were released after the completion of the CSA and before the initiation of the SIP. The initial prioritization of the measures was done using the CFSR 2 measures. With the release of the CFSR 3 measures, it was necessary to revisit the prioritization of the measures in light of new federal goals. Below is a summary of Merced's performance on the CFSR 3 federal measures.

3-S1 Maltreatment in Foster Care

Federal/CWS Outcomes Measure: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

National Standard: The national standard for this measure is performance less than or equal to 8.50 per 100,000.

Interval (January through December)										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
California	14.04	12.18	11.61	11.31	10.99	11.81	10.23	10.28	9.96	9.22
Merced	14.80	7.60	6.80	3.50	1.80	11.80	12.90	10.80	7.50	2.70

California did not meet the national standard in any of the last ten years. Merced County has exceeded the national standard in six of the last ten years, 2006, 2007, 2008, 2009, 2013, and 2014. 3-S1 is not a priority for Merced's SIP.

3-S2 Recurrence within Six Months

Federal/CWS Outcomes Measure: Of all children who were victims of a substantiated maltreatment allegation during a six-month reporting period, what percent were victims of another substantiated maltreatment allegation within six months of their initial report?

National Standard: The national standard for this measure is performance less than or equal to 9.1%

Interval (January through December)									
	2005	2006	2007	2008	2009	2010	2011	2012	2013
California	7.3	7.0	6.5	6.5	6.5	6.6	6.5	6.8	6.8
Merced	8.8	6.4	6.0	7.0	6.3	3.7	5.3	4.6	2.6

California has exceeded the national standard for the last nine years. Merced has exceeded the national standard for the last nine years. In 2006, 2007, 2009, 2010, 2011, 2012, and 2013. Merced's performance on this measure was better than the California average 3-S2 is not a priority for Merced's SIP.

3-S2 Recurrence within Twelve Months

Federal/CWS Outcomes Measure: Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?

National Standard: The national standard for this measure is performance less than or equal to 9.1%

California nine year performance.

Interval (January through December)									
	2005	2006	2007	2008	2009	2010	2011	2012	2013
California	11.1	10.8	9.9	9.9	10.2	10.3	10.1	10.4	10.4
Merced	14.2	9.7	7.9	10.3	9.2	8.9	8.9	8.2	5.0

California has not met the national standard in the last nine years. Merced exceeded the national standard in 2007, 2010, 2011, 2012, and 2013. 3-S2 is not a priority for Merced's SIP.

3-P1 Permanency in 12 Months – Entry Cohort

Federal/CWS Outcomes Measure: Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

National Standard: The national standard for this measure is performance greater than or equal to 40.5%.

California – Percent Interval (January through December)									
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %
Reunified	35.6	37.3	39.9	39.5	40.9	38.1	37.5	34.2	33.3
Adopted	1.1	1.2	1.0	1.3	1.2	1.1	1.2	1.2	1.0
Guardianship	0.9	1.0	0.9	1.2	1.1	1.6	1.8	1.9	1.7
Total	37.6	39.5	41.8	42.0	43.2	40.8	40.5	37.3	36.0
Emancipated	0.8	0.9	1.0	1.2	1.1	1.0	0.6	0.7	0.6
Other	2.0	1.8	1.6	1.4	1.0	0.8	0.8	0.8	0.8
Still in Care	59.6	57.8	55.7	55.5	54.6	57.4	58.1	61.2	62.5
Total	100.0								

California met or exceeded the national standard in 2007, 2008, 2009, 2010, and 2011.

Merced – Percent Interval (January through December)									
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %
Reunified	48.5	54.5	45.8	47.2	51.6	44.7	46.5	40.6	42.8
Adopted	0.8	0.8	0.6	1.0	0.0	0.8	1.7	3.1	2.9
Guardianship	1.1	1.7	1.9	0.8	0.0	1.6	1.7	2.1	1.7
Total	50.4	56.9	48.3	49.0	51.6	47.1	49.9	45.8	47.4
Emancipated	1.1	1.1	1.9	0.5	1.1	2.1	0.3	0.0	0.5
Other	0.3	1.1	2.9	1.0	0.5	1.3	0.3	0.3	0.7
Still in Care	48.2	40.8	46.8	49.5	46.8	49.5	49.5	54.0	51.8
Total	100.0								

Merced has exceeded the standard for the most recent reported nine years. However, Merced CWS leadership and the feedback received from the community indicate that reducing the time to reunification is an important goal. This measure is a priority for Merced. The focus is on reducing the time to reunification for all permanency measures.

3-P2 Permanency in 12 Months – 12 to 23 Months

Federal/CWS Outcomes Measure: Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

National Standard: The national standard for this measure is performance greater than or equal to 43.6%

California – Interval (January through December)										
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Exited to Reunification	18.8	16.0	17.0	18.3	17.9	19.9	20.1	19.9	16.9	17.2
Exited to Adoption	17.3	17.9	19.8	19.0	20.6	18.1	19.4	20.0	19.4	19.4
Exited to Guardianship	6.6	6.8	5.6	7.6	8.4	7.9	8.0	9.3	9.7	9.4
Total	42.7	40.7	42.4	44.9	46.9	45.9	47.5	49.2	46.0	46.0
Exited to Non-Permanency	3.5	3.7	3.5	3.5	3.6	3.9	3.2	1.9	1.7	1.6
Still in Care	53.7	55.5	54.1	51.6	49.5	50.2	49.2	48.9	52.2	52.4
Total	100.0									

California met or exceeded this standard in 2008, 2009, 2010, 2011, 2012, 2013, and 2014.

Merced – Interval (January through December)										
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Exited to Reunification	10.9	20.6	17.8	16.8	23.5	26.7	15.0	16.0	24.7	22.3
Exited to Adoption	13.4	16.8	27.4	19.8	14.7	9.2	43.0	29.2	21.0	24.6
Exited to Guardianship	5.0	0.8	0.7	4.0	2.0	3.1	7.5	2.8	6.2	22.3
Total	29.3	38.2	45.9	40.6	40.2	39.0	65.5	48.0	51.9	69.2
Exited to Non-Permanency	3.4	1.5	1.5	9.9	3.9	5.3	3.7	4.7	0.0	4.6
Still in Care	67.2	60.3	52.6	49.5	55.9	55.7	30.8	47.2	48.1	26.2
Total	100.0									

Merced exceeded the federal standard in 2007, 2011, 2013, and 2014. This measure is a priority for Merced with the focus on increasing the percentage in reunification.

3-P2 Permanency in 12 Months – 24 Months or More

Federal/CWS Outcomes Measure: Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period?

National Standard: The national standard for this measure is performance greater than or equal to 43.6%.

California - Interval (January through December)										
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Exited to Reunification	4.8	4.0	4.0	4.1	3.9	4.1	4.5	3.6	3.5	3.4
Exited to Adoption	12.0	11.8	13.8	14.9	17.4	15.6	14.7	16.2	16.2	17.8
Exited to Guardianship	3.4	3.1	3.6	4.8	4.0	4.6	4.2	4.9	5.3	4.7
Total	20.2	18.9	21.4	23.8	25.3	24.3	24.4	24.7	25.0	25.9
Exited to Non-Permanency	7.4	7.7	7.8	7.9	8.0	8.5	8.1	4.3	4.0	3.7
Still in Care	72.4	73.3	70.9	68.3	66.7	67.3	67.4	70.9	71.0	70.4
Total	100.0									

California has not reached the federal standard in the last ten years.

Merced - Interval (January through December)										
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %
Exited to Reunification	0.5	2.3	3.1	2.4	4.2	3.2	2.5	2.3	4.1	4.9
Exited to Adoption	15.0	16.4	10.0	13.5	18.3	15.5	31.3	14.4	10.7	14.6
Exited to Guardianship	2.1	2.3	1.7	2.4	3.8	1.6	8.0	11.4	9.1	1.9
Total	17.6	21.0	14.8	18.3	26.3	20.3	41.8	28.1	23.9	21.4
Exited to Non-Permanency	8.6	5.2	4.8	9.0	8.5	6.4	6.0	3.8	5.0	4.9
Still in Care	73.8	73.7	80.3	72.7	65.3	73.3	52.2	68.2	71.1	73.8
Total	100.0									

Merced has not reached the federal standard in the last ten years. This measure is a priority for Merced.

3-P4 Re-Entry into Foster Care

Federal/CWS Outcomes Measure: Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?

National Standard: The national standard for this measure is performance less than or equal to 8.3%

Interval (January through December)								
	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %
California	13.9	12.4	11.5	12.4	11.5	12.1	12.1	11.2
Merced	10.9	4.0	6.8	11.8	4.6	6.3	12.6	4.8

California has not met the national standard in the previous eight years. Merced exceeded the federal standard in 2006, 2007, 2009, 2010, and 2012. This measure is not a priority for Merced. However, it is carefully monitored to maintain the 2012 level of performance. CWS leadership wants to avoid reducing the time to reunification at the risk of re-entry into foster care.

3-P5 Placement Stability

Federal/CWS Outcomes Measure: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

National Standard: The national standard for this measure is performance less than or equal to 4.12 per 1,000.

California - Interval (January through December)										
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
California	5.16	5.11	4.97	5.05	4.87	4.58	4.44	4.18	3.97	4.00
Merced	4.28	5.13	3.85	4.24	4.39	5.36	4.30	4.60	3.76	4.72

California exceeded the national standard in 2013 and 2014. Merced exceeded the national standard in 2007 and 2013. Since this measure is one where neither California nor Merced is performing at or above the national standard consistently, and Merced has met or exceeded the national standard only twice in the last nine years, this measure is a priority for the SIP.

As shown in the chart below, age is a factor in placement stability, with 11 to 15 year olds and 16 to 17 year olds having the highest rate of moves in placement.

Merced

Age Group	Foster Care Days for Children with Entries	Placement Moves	Per 1,000 Days
Under 1	11,018	35	3.17
1 – 2	8,061	46	5.70
3 – 5	8,662	41	4.73
6 – 10	12,160	47	3.86
11 – 15	10,036	61	6.07
16 – 17	2,181	16	7.33
Total	52,118	246	4.72

White and Asian/Pacific Islander have the highest rate of moves in foster care.

Merced

Ethnic Group	Foster Care Days for Children with Entries	Placement Moves	Per 1,000 Days
Black	4,197	25	5.95
White	9,861	75	7.60
Latino	34,353	127	3.69

Ethnic Group	Foster Care Days for Children with Entries	Placement Moves	Per 1,000 Days
Asian/Pacific Islander	2,912	18	6.18
Native American	705	1	1.41
Missing	90	0	0.00
Total	52,118	246	4.72

Females move more often than males.

Merced

Gender	Foster Care Days for Children with Entries	Placement Moves	Per 1,000 Days
Female	25,737	145	5.63
Male	26,381	101	3.82
Missing	0	0	0.00
Total	52,118	246	4.72

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Morris, Z., Sandoval, A., Yee, H., Mason, F., Benton, C., & Pixton, E. (2015). *CCWIP reports*. Retrieved 9/29/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Research and Literature

This summary is taken from the literature review written by the Northern California Training Academy at the University of California Davis entitled Factors, Characteristics, and Promising Practices Related to Reunification and Re-entry.

<http://www.childsworld.ca.gov/res/pdf/FactorsCharacteristics.pdf>. Retrieved September 29, 2015

Time to reunification is important. The Department of Health and Human Services (2003) reported that 72% of the children who ultimately reunify do so within a year of entering foster care, and the probability of reunification decreases after this point, such that by the third year, children are as likely to be adopted as they are to be reunited with their birth family (Wulczyn, 2004). In addition to influencing the possibility of reunification, time in foster care also puts children at risk for multiple placements, which has been linked to developmental and behavioral problems for children.

Reunification is more likely for families who continue to live within the same neighborhood or community, where parents can maintain consistent and frequent visits, and when services are directed at enhancing and/or improving the parent child relationship (Kimberlin, Anthony, & Austin, 2009).

Age: In a recent study with a sample from the California Treatment Outcome Project (Evans & Hser, 2004). Newborns and children under the age of 3 were less likely to be successfully reunified with their mothers (Grella, Needall, Shi, & Hser, 2009). Similarly, Connell and colleagues found that children ages 2 to 15 were much more likely to be reunified than younger children (2006). However, Wells and Guo (2003) found that children aged 12 to 16 were 98% delayed in being reunified as compared to children aged 8-11. Therefore, infancy/early childhood and the teen years are developmental periods that present distinct challenges for the reunification process.

Race: It is common for African American children to be placed in kinship care, and children placed in kinship care are typically less likely to be reunified than other children, and they tend to reunify less quickly (Barrick, Brodowski, Frame, & Goldberg, 1997). However, in a recent study among a California sample using case record review data, it was found that African American children were as likely to reunify as White Children (Hines, Lee, Osterling, & Drabble, 2006).

Children's behavioral/mental health issues: Often children are reunified to their families after they have experienced significant loss, resentment, and fear. Such experiences can contribute to children acting out and challenging their birth families. Contending with children who exhibit severe behavioral issues can be especially challenging and overwhelming to these parents and often times contributes to failed reunification and re-entry into foster care (Kimberlin et al, 2009).

Children with developmental disabilities are at increased risk of remaining in the child welfare system. Becker, Jordan and Larsen (2007) found that children with a developmental disability were 3.5 times less likely to leave foster care than children without such a diagnosis. Also, children with developmental disabilities placed in foster care are much more likely to be placed in a residential facility rather than family care and are significantly less likely to reunify with their birth parents.

Poverty: For some families, poverty can be the strongest predictor for not achieving reunification (Jones, 1998). In a study conducted in San Diego among 445 children, failed reunifications resulted from families having inadequate housing, unemployment, and residing in unsafe neighborhoods (Jones, 1998). Similarly, Wells and Guo (2003) found that increases in welfare income led to an increase in rate of reunification and that loss of income, either from work or welfare, led to slower rates of reunification.

Substance abuse issues: The issue of substance use/abuse is an immense issue and contributes to a great many cases re-entering the child welfare system. In fact, an estimated 60 to 75 percent of cases involve substance abuse in some way (Young, Gardner, & Dennis, 1998).

Parental Ambivalence: In some situations, children are reunified with their parents when there is significant parental ambivalence about effectively parenting their child(ren). This ambivalence is found to be associated with failed reunifications (Kimberlin et al., 2009).

Kinship Care: Though efforts are often made to place children with family members outside of the parental home, evidence suggests that this is not necessarily predictive of more probable or faster reunification. Courtney (1994) found that kinship care led to slower reunification and speculated that this may be because group home or non-kin foster placements may cause social workers to feel that reunification is more urgent so as to minimize the negative effects of placement. Similarly, Connell and colleagues (2006) found that children placed in a non-relative foster care home experienced significantly higher rates of reunification than children in relative foster homes.

Assessments: Parents/Caregivers who are assessed for their readiness to reunify with their children who are in foster care can lead to successful reunification (Kimberlin et al., 2009). While these "readiness" assessments may prevent achieving timely reunifications, they may contribute to successful reunifications whereby children do not re-enter foster care.

Provision of concrete services: Research finds that families who receive a larger number of concrete services such as food, day care, utility benefits, and basic home necessities are more likely to achieve timely reunification (Rzepnicki, Schuerman, & Johnson, 1997).

Workers attitudes/beliefs: An influential worker characteristic found to relate to successful reunifications is having a positive working relationship with families and not employing an authoritarian approach (O'Neill, 2005). Often these families have experienced significant adversity and need to be heard, and workers can support successful permanency outcomes when parents are engaged, encouraged and feel empowered. However, in the face of parental ambivalence and non-compliance with service referrals, workers may become more likely to develop a negative view of the parents making reunification less probable (Westat, 2001).

Age: As with reunification, infants and adolescents are at increased risk for re-entry into the foster care system. While young children are typically found to attain successful reunification with their families (Yampolskaya, Armstrong, & Vargo, 2007), infants experience higher rates of re-entry (Courtney, 1994; Shaw, 2006) as do teenagers (Kimberlin et al., 2009). In a controlled study of 174 families in Illinois, research found that children under the age of 1 were at the greatest risk of experiencing maltreatment recurrence within 60 days of being reunified (Fuller, 2005). The increased risk of re-entry for infants is believed to be related to the difficult and stressful transition that accompanies becoming a new parent, leading to inconsistent parenting skills (Shaw, 2006). Overall, in looking at children's age as it relates to re-entry, children who are between the ages of 2-10 typically experience a lower probability of reentering the foster care system. Thus, infants and teenagers are the greater risk for experiencing re-entry into foster care as was similarly found with these age groups of children being less likely to achieve family reunification.

Emotional and behavioral issues: Emotionally disturbed children are found to evidence the highest rates of re-entry into foster care. This issue, however, is complicated by the number of placements the child endures. For example, Courtney (1994) found that children with behavior issues that are correlated with multiple placements are likely to re-enter the foster care system. However, the relationship between placements and behavior problems complicates the interpretation of how problems and the possibility of re-entry are related, as the child's problems may cause foster parents to terminate a placement. Furthermore, children who have behavioral challenges and who are also 11 years of age and older are found to be the most likely to re-enter foster care (Wells, Ford, & Griesgraber, 2007). Overall, the issue of how emotional and behavioral problems relate to the possibility of re-entry is complicated.

Disabled children: Children with developmental disabilities are reunified with their biological families less often than non-disabled children. Similarly, children with developmental disabilities are more likely to re-enter foster care (Koh, 2007). Given the heightened stress and responsibility of caring for and parenting a child with a disability and given the likely presence of other problems within the family (i.e., substance issues, poor parenting skills), this population is at an increased risk for recidivism.

Ethnicity: African American children are typically found (Koh, 2007; Wells & Guo, 1999; Courtney, 1994) to experience the highest and fastest rate of re-entry into foster care as compared to other ethnic groups. A study examining case files in California found that the odds of re-entering foster care within one year of being reunified was 1.23 times higher for African American children.

Family Parental substance abuse: Children whose reasons for initial placement in foster include caretakers with both alcohol and drug involvement are much more likely to re-enter care following reunification (Brook & McDonald, 2009). Although questions remain as to how substance abuse relates to the potential for re-entry, substance abusing parents have been found to be inconsistent in providing discipline and less sensitive to the psychological and emotional needs of their children (Tartner et al., 1993). The existence of substance abuse treatment does not necessarily counteract this problem entirely. Brook and McDonald (2007) found that children of substance abusing parents were at a higher risk for re-entry, even after parents participated in a comprehensive service-delivery program designed to help parents with substance abuse issues. Wells and Guo (1999) found that children initially in the foster care system due to substance issues were much faster in re-entering the system than children who entered due to physical abuse. The authors suggest that this is because of better resources within the child welfare system for addressing issues of physical abuse than issues of substance dependency.

Poor mental health: A consistent finding in the literature is that a primary caregiver's (typically the biological parent) poor mental health is related to a greater likelihood for a child to experience re-entry into the foster care system. In an Illinois study, cases that involved caregivers who had a documented mental illness (e.g., depression, anxiety disorders) were nine times more likely to involve children experiencing recurrence of maltreatment (Fuller, 2005).

Family household characteristics: Family household characteristics such as the number of children in the home can also contribute to a greater probability of experiencing re-entry into the foster care system. In one study examining case files, the results revealed that children returned home when there are 4 or more children already present in the home are three times more likely to experience recurrence of maltreatment, and children who are returned to a single parent household at the same time as one or more siblings are five times more likely to experience re-entry into foster care (Fuller, 2005).

Previous experience with the CWS. Prior experience is among the strongest predictors of future child placements outside the home. While prior involvement may confer certain risks in itself (i.e., increased scrutiny and stress for parents), it is also related to other factors such as a being in foster care for less than 90 days. (Koh, 2007). Yampolskaya, Armstrong, & Vargo (2007) found that reunifying with the birth family before 6 months in foster care has occurred, was a strong predictor of re-entry. This suggests that while timely reunification is an important goal, time lines differ across families and the need for reunifying children quickly needs to be tempered with the desire to maximize the permanency of the reunification. However, the benefit of this delay does not appear to extend much past 1 year (Shaw, 2006).

Lack of reunification services and case management: Simms and Bolden (1991) found that both directed and intensive involvement by the service agency after reunification was a major predictor of placement stability. The need for reunification services may be even more critical in cases when children are reunified with their families very quickly (i.e., in less than six months), since the likelihood of changes in negative factors is unlikely (Fraser et al., 1996).

Family Engagement: One strategy argued to assist in achieving timely reunification for youths involved with child welfare services is implementing family engagement strategies (Dawson & Barry, 2002). Family engagement commonly refers to a strength-based approach that is family centered and involves team-based decision making with the overarching goal of sustaining the family-child (youth) relationship (Tippett, T., Child Protection Best Practices Bulletin, 2007).

The following summary is taken from A Literature Review of Placement Stability in Child Welfare Service: Issues, Concerns, Outcomes and Future Directions, Prepared by The University of California, Davis, Extension, The Center for Human Services, August 2008.

<http://www.childsworld.ca.gov/res/pdf/PlacementStability.pdf> Retrieved Sept 30, 2015.

Research finds that the initial phase of placement is when children are at greatest risk for experiencing placement instability, especially in the first six to seven months (Terling-Watt, 2001; Wulczyn, Kogan, & Harden, 2003). Evidence also suggests that infants experience the most placement moves during the first month of their placements as compared to older children (Newton et al., 2000).

Gender: Presently there is not conclusive evidence concerning children's placement stability and gender. However, research that addresses this issue examining placement stability in treatment foster care programs, finds that adolescent girls experience a greater probability of placement instability than adolescent boys (55% compared to 13%) (Smith, Stormshak, Chamberlain, & Whaley, 2001). One reason suggested for adolescent females experiencing greater placement disruption is that they may exhibit great relational aggression.

Age: One study found that infants experience more moves during the first month of placement than older children. While age is commonly cited as having a strong association with placement stability, one study found that when behavior problems are accounted for than age is not a factor in predicting disruption in one's current placement (Newton et al., 2000).

Race/Ethnicity: Another factor that appears to influence placement stability is the race/ethnicity of the child. Research finds that while children of color are more likely to be placed in kin care, African American children are less likely to be reunified and more likely to enter foster care than Caucasian children (Wells & Guo, 1999). However, while there is some consistent evidence that being African American is a predictor of unsuccessful permanency planning, other evidence suggests that African American race predicts greater stability (Webster, Barth, & Needell, 2000).

Type of Placement: Growth in kinship care has increased considerably in order to sustain permanency planning since the Adoption and Safe Families Act of 1997. Some research finds that children placed in kinship care fare better than children placed in foster care. Though not a heavily studied topic, research finds that children placed with kin experience fewer moves, with one study finding that kinship placements had a 70 percent lower rate of disruption than non-kin placements (Webster, Barth, & Needell, 2000). The contributing factors for why children placed with kin tend to do better is because they are more likely to remain in the same neighborhood, be placed with siblings, and have consistent contact with their birth parents as compared to children in foster care, and these contributing factors are believed to lead to more positive outcomes for children because there are less disruptions in the child's life.

Foster Parent Characteristics In examining the literature related to parent characteristics and placement stability it appears that without adequate preparation, training, and support for foster parents, children will experience disruptions in their placements (Redding et al., 2000). Foster parents who have greater social support systems, such as extended family are more likely to provide a stable placement for the child (Redding et al., 2000).

Worker and Agency Characteristics: Characteristics of the caseworker are also related to issues of placement stability. In one study looking at out-of-home placements in Illinois in 1995, the results revealed that children who were assigned to a caseworker with a Master's degree in Social Work spend approximately 5.15 months less in foster care than children who had a caseworker without a MSW level degree (Ryan, Garnier, Zyphur, & Zhai, 2006).

Worker Retention While child behavior problems are commonly linked to placement stability, research cites the importance of worker stability for lessening the risk for placement disruption (James, 2004; Potter & Klein-Rothschild, 2002). In one study there was evidence that system or policy related reasons accounted for 70% of the reasons for children being moved (James, 2004), and that the fewer workers that a child has is related to an increased probability that the child will be reunified with their parents (Potter & Klein-Rothschild, 2002). In part this relationship between caseworker turnover and placement disruption is attributed to both foster children and the foster parents receiving less contact and support, which can lead to a weakened relationship with a case worker (Unrau & Wells, 2005).

Strategy Rationale: Define the rationale for the county's selection of strategies and link the strategies chosen and the change expected in the outcome measure.

The rationale for the selection of strategies is the same for the first three strategies. In each case the C-CFSR team considered the feedback received in the Peer Review, the opinions expressed in focus groups, and the unique characteristics of the county to develop strategies to address the target outcome measure. Additionally, the team took into consideration the resources currently available in the community and the potential for developing additional resources. An additional factor considered by the team was the information from the literature reviews and evidence-based practices.

Describe the action steps, including the method for evaluating and monitoring strategies, including data reviews – CWS.

Each action step is described below with an explanation of why it was selected and how it supports the achievement of the strategy. The C-CFSR team reviews all the C-CFSR 3 measures quarterly as they are released. This review will be used to monitor achievement of the goals. In addition, if the initial review shows a radical or unexpected change in the data, drill downs are done using SafeMeasures[®]. The C-CFSR team will review the progress on each action step. The team anticipates each action step will have a detailed work plan established by the responsible party. The work plan will be used as a monitoring tool to ascertain that progress is being made on implementing the steps.

- **Strategy 1** – Facilitate family visits by increasing both frequency and quality of the experience.

Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, and 3-P3 Permanency in 12 Months – 24 Months or More

The focus on family visits was chosen for a variety of reasons. Research indicates children reunify faster when they are placed in their home neighborhoods, have frequent visits, and services are provided to enhance the parent child relationship. Peer Reviewers pointed out a positive about visitation in Merced County is that visits are monitored by the social worker, but the frequency of visits can be limited by the social worker's available time. In focus groups, biological parents, youth, social workers, and community partners all recommended more frequent, higher quality visits.

- Action Step A – Develop protocol for visits to provide guidance to social workers and institutionalize visitation policy and practice.

The purpose of developing a protocol and/or policy for social workers to follow in planning and implementing family visits is to provide consistency in guidance for social workers and supervisors while allowing for individual and specific planning for each family and avoiding a “cookie cutter” approach. The county anticipates looking at practices currently in place in neighboring counties who use the same providers as Merced. A pilot will be implemented and tested before a final protocol is developed. The county anticipates the protocol will be an on-going work in progress with adjustments made as feedback is received from social workers, supervisors, and families.

- Action Step B – Expand the available locations for visits to include settings where parenting skills can be practiced in natural public and private locations such as parks and restaurants.

Parents and youth asked for more variety in settings for visits. Youth especially expressed frustration with the “white box,” a term they used to refer to the visitation center. Although the visitation is a valuable tool for some types of visits, especially visits with infants and small children, the visitation rooms apparently seem confining to older youth. The one-way mirrors and cameras are an asset for observation and are especially valuable for programs such as Parent Child Interaction Therapy or other forms of parenting education and training, they are perceived as invasive to the older youth and some parents. Peer Reviewers cited examples from their counties where sites such as ice cream shops, parks, and restaurants are used for family visits. Both Peer Reviewers and focus group members expressed an opinion that more natural settings give parents experience in parenting in real life situations that cannot be duplicated in the confined area of the visitation center. While Merced leadership sees the advantages of expanding the locations for visits, we are also aware public locations must be chosen with care and with careful attention to the ability to maintain safety in the situation. Over time a list of acceptable locations will be developed and maintained. We anticipate a list of approved visitation locations would be specific for age appropriate activities.

- Action Step C – Include biological parents into pro-social activities such as youth sports, school events, doctor, and dentist visits.

This step was recommended by focus group participants and by social workers. It is in keeping with the theme of keeping the biological parents involved in the lives of their children and maintaining the parent/child relationship.

In response, Merced County will incorporate criteria into their policies and procedures on when it is appropriate for parents to participate in activities and medical appointments with their children. For example, in cases where the family is already having unsupervised contact, attending these types of activities would be appropriate and present little risk to the child. Additionally, if a medical appointment is being attended by a foster parent, relative, or social worker that could provide supervision, then it may be appropriate for parents to also attend and support their child.

To help educate staff on the philosophy, policy and procedure of including biological parents in these activities, this information will be included in the induction curriculum for new staff and reviewed in team meetings and individual monthly conferences with supervisors and social workers. Additionally, supervisors will be able to guide staff in the decision-making process related to implementing these activities.

Another step toward implementing this activity is that an additional Social Services Program Worker is being requested in the 2016/2017 budget to assist in the transportation and supervision of these types of events. This will allow parents and children to spend additional time together in activities.

- Action Step D – Enhance the visitation center to include a more recreation center atmosphere, expanded hours, and use of space next door at the youth center.

Merced's visitation center has many advantages as a safe and secure location for family visits. Utilization of the center can be improved by expanding the hours to include early evenings and weekends, adding opportunities for additional activities, especially for teens, and incorporating the use of space next door in the existing ILP offices. The existing ILP offices are currently being expanded to accommodate more youth and family visitation. The ILP offices are equipped with a kitchen and recreation/game area. In focus groups, older youth asked for longer visitation time with parents when there are small children in the family. Older youth indicated a desire to do activities with parents that they would do at home such as playing computer games or table games. They also indicated a desire to spend time with their siblings when the siblings are in a separate placement. Expanding the hours and space for the visitation center will allow more options for visits to address these concerns.

- Action Step E – Provide expanded visits using parenting modeling and coaching during the visit using an Evidence-Based Parenting (EBP) model by trained staff or other providers.

Literature, research, and experience all acknowledge that children who have been traumatized by abuse and/or neglect and subsequent removal from their home can be difficult and challenging to parent. Some ages, specifically toddlers and teens, are the most difficult to reunify because of challenging behaviors. In focus groups, parents indicated that parenting education classes are focused primarily on young children and are not applicable pre-teens and teens. Merced's purpose in this action step is to use the family visit time as an opportunity to teach parenting skills using evidence-based models such as Parent Child Interaction Therapy (evidence-based scientific rating 1, well-supported by research evidence) or Circle of Security (evidence-based scientific rating 3, promising research evidence). An implementation plan will be developed to determine which program or programs will be used, whether county social workers or a contractor will be used to implement, and how families will be selected for the program.

- Action Step F – Implement the Resource Family Approval Model

Implementation of the Resource Family Approval Model is a state requirement which is directly related to Merced's SIP goals. The Resource Family Approval program, pursuant to Welfare and Institutions Code, Section 16519.5, requires the CDSS, in consultation with county child welfare agencies, foster parent associations, and other interested community parties, to implement a unified, family friendly, and child-centered resource family approval process. This new approval process will replace the existing processes for licensing foster family homes, approving relatives and non-relative extended family members as foster care providers or legal guardians, and approving adoptive families by combining elements of all the processes into a single approval standard. Resource Family Approval – also known as RFA – is a method of approving care providers to foster, adopt and/or provide legal guardianship

for related or unrelated children and youth in the care of the county child welfare system and/or probation department. Mandated by California State Statute, RFA creates a platform for all Resource Families to receive the same information, training, and opportunity for support. The term Resource Family, incorporates terms such as foster parent, relative caregiver, adoptive family, guardianship family, and relative/non-relative extended family member. Rather than going through multiple processes such as foster care licensing, relative approval and/or an adoption assessment, a Resource Family goes through one process and once approved, may provide care for a related or unrelated court dependent or ward on a short-term or long-term basis. In addition to the benefits of providing a loving home and committed relationship to a child or youth, Resource Families receive monthly financial assistance, agency sponsored resources, monthly home visits from the child's, youth's, or young adult's social worker, ongoing trainings and classes. The demographic served will include all families and children receiving child welfare services. Additionally, Merced County recently applied for additional recruitment and retention funding to provide needed support programs and financial assistance to resource families who care for foster youth. An emphasis on working with supporting families who take older youth or sibling groups was included in the request for funding.

An additional staff member to support resource families by offering parenting education and crisis intervention was requested. A program would be piloted to see if there is an increase in the length and permanency of placements with the additional supports in place.

- Action Step G – Use foster parents, relative caregivers, and volunteers to monitor, observe, and document visits.

In focus groups and Peer Review recommendations, Merced's current practice of having all visits monitored by social workers was cited as both a positive and negative. It is a positive because the social worker is very well informed about the parent child interaction, but it can limit the frequency and timing of visits because of the social worker's schedule. Responsibility for monitoring visits, including documentation and reporting, will be a cultural shift for social workers, foster parents, relative caregivers, and volunteers such as CASAs. Implementation of this step will require a detailed training plan for both social workers and those who will be assuming monitoring responsibilities. Merced anticipates this approach will be appropriate for some, but not all, families, just as some, but not all, foster parents, relative, and volunteers will be appropriate to supervise visitation.

- **Strategy 2** – Increase and enhance the parenting skills and abilities of biological families, relative caregivers, and foster parents.

Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, 3-P3 Permanency in 12 Months – 24 Months or More, and 3-P5 Placement Stability

- Action Step A – Implement the Resource Family Approval Model. (Same as 1F)
- Action Step B – Train foster parents, relative caregivers, and volunteers to teach parenting skills during family visits.

This step has the same qualifiers as Action Step G above. It will require a paradigm shift for foster parents, relative caregivers, and volunteers to see themselves in the role of mentor/coach for biological parents. Training for the foster parents, relative caregivers, and volunteers will have to emphasize how to be effective as a mentor coach and support for the parent. Not every parent will be ready or open to accepting coaching or mentoring, but in focus groups parents asked for parenting training specific to their family needs as opposed to generic class-room based training. This action step will include identification of an appropriate training program for parents, relative caregivers, volunteers, and social workers.

- Action Step C – Improve the first placement match with a resource family by creating and maintaining a resource binder with pertinent information about all possible placement families and utilizing a placement specialist to facilitate and assist the social worker in making the match.

This action step was selected because this practice has been implemented in the county in the past and was shown to be effective. Social workers appreciate the support from the placement specialist who is familiar with the options and can help the social worker make a selection. Additionally, the position of the placement specialist can be filled with a Social Services Program Worker, saving social worker time.

- Action Step D – Provide logistical and social services support for foster parents, including transportation, respite care, and a concurrent planning social worker who can assist foster parents quickly in a crisis.

This action step was selected because this practice has been implemented by one Foster Family Agency (FFA). Social workers have voiced their appreciation of the service and the need for an expansion of the service for all youth regardless of placement. Having one county social worker whose focus is strictly on concurrent planning and being a liaison for county foster parents, may help foster parents feel better supported by CWS. The foster parent recruitment, retention, and support funding opportunity allows Merced to apply for additional funding to support a concurrent planning social worker, a transportation worker, and a specially trained paraprofessional who can provide parenting training in-home with foster parents and relative care providers.

- Action Step E – Provide support for parents who are working with children with challenging behaviors in the form of support groups, parent partner, or psycho-education. (CBCAP)

Literature supports the idea that parents who are ambivalent about their ability to parent are less likely to reunify than confident parents and reunification is more likely to fail when parents are not confident. Action Step E is designed to provide additional support for parents who are working with children with challenging behaviors. Merced will research options for support groups (possibly using existing support groups in the community), matching parents with other parents dealing with the same issues, and/or psycho-education provided by either trained social workers or an outside provider.

- **Strategy 3** – Enhance the ability of parents to provide a safe and secure home for their children by providing additional services.

Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, and 3-P3 Permanency in 12 Months – 24 Months or More

- Action Step A – Increase role modeling of parenting skills by in-home visitors. (CAPIT and PSSF)

Merced has experienced success using in-home visitors as a prevention measure. Transportation and logistical problems make attendance at parenting classes difficult, and in-home visitors are able to customize training and role-modeling to the specific family needs. Literature supports that parent support increases the likelihood that reunification will be successful. Merced can build on its existing in-home visitor program to include more families working toward achieving or maintaining reunification.

- Action Step B – Increase role modeling of parenting skills by training foster parents, relative caregivers, and volunteers to provide role modeling during family visits. (See Strategy 2, Action Step B) (CAPIT and PSSF)
- Action Step C – Utilize CalWORKs Family Stabilization Program for eligible families.

Literature and practice wisdom reveal that poverty is a major factor influencing family reunification. Lack of housing, a stable income, and transportation prevent many families from establishing a safe and secure household. Merced County is funded for the Housing Support Program (HSP) for families who are CalWORKs eligible. This program helps families with deposits, initial rent, utilities, and other financial supports for establishing housing. Participants in the program also receive Family Stabilization Services through the Employment Services Branch (ESB). Some families working toward reunification who are also CalWORKs eligible can benefit from the services of Family Stabilization and Housing Support.

The family's social worker will screen to determine if a family appears to meet the eligibility requirements for the HSP program. If the family appears to be eligible, the social worker completes the HSP Form (24-3090) and routes it to the designated HSP intake location.

ESB has a linkages worker who carries a caseload of joint ESB/child welfare clients and to whom child welfare clients eligible for HSP will be assigned. The social worker and the Employment and Training (E&T) worker will work jointly to ensure barriers are removed and clients are able to access needed housing and support.

Additionally, when families have removed the safety factors that present a danger to their children, referrals to the Family Stabilization Program will be made and an E&T worker and a social worker from the Family Stabilization Program will help the family gain and maintain self-sufficiency by providing education and resources for housing, job skills, etc.

- Action Step D – Provide parenting training for families with children in the ten and up age group.

Closely related to Action Steps A and B, this action step ensures parents receive parenting training appropriate to the age of their children. The training methodology

can be classroom based, in-home, role-modeling, or through a support group model. The intent is to respond to requests from parents and social workers to provide training that addresses the needs of parents as the children age.

- Action Step E – Increase the options for anger management training and Alcohol and Drug services for parents and youth. (PSSF)

Lack of options for anger management training and Alcohol and Drug services was identified in the focus groups and Peer Review as a service gap in the community. The most obvious gap is for services for 10 to 13 year olds. Merced will explore what services are available in neighboring counties and the possibility of using a Request for Proposal (RFP) process to bring similar services to Merced.

- **Strategy 4** – Engage staff and community in achieving SIP goals and maintain a high level of awareness of progress among key partners.

Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, 3-P3 Permanency in 12 Months – 24 Months or More, and 3-P5 Placement Stability

- Action Step A – Review final SIP in all staff and/or team meetings.
- Action Step B – Review final SIP in meeting of the Child Abuse and Family Violence Prevention Council (aka FWC and/or Blue Ribbon Commission) and review annual performance on the target C-CFSR 3 measures.
- Action Step C – Review performance on target C-CFSR 3 measures in team meetings and/or all staff.
- Action Step D – Report goals of final SIP and update annually on progress in HSA Executive Team Meeting.

This strategy and action steps are designed to create and maintain an awareness of the county's SIP goals and engage staff and community partners in supporting the achievement of the goals.

Systemic changes needed to further support improvement goals.

Strategy 4 is a systemic change that supports the improvement goals by building awareness and support in the agency and in the community. No other systemic change is planned initially, but systemic changes may be identified as the action steps are implemented. For example, as the hours of the visitation center are expanded a decision will need to be made whether the visits will be monitored by the family's social worker or a team of social workers specially trained to monitor visits.

Educational and Training Needs

Training will be needed for social workers who are designated to implement clinical programs such as Parent Child Interactive Therapy or Circle of Security. Training will be needed for foster parents, relative caregivers, or volunteers who either monitor visits or act as parenting role models during the visit. Training will be needed for all staff involved in the implementation of the Resource Family Approval Model.

Roles of Partners

Many strategies will require support and assistance from community partners. FFA and other placement providers will be engaged to identify ways in which their respective agencies can provide more supportive services to foster youth and their biological families. Services providers, such as placement agencies, Aspiranet, Brett Green and Associates, Valley Crisis Center, and various alcohol and drug partners, will be asked to identify or create educational curricula that more directly addresses the needs of the families. Other county agencies such as Merced County Mental Health and the Merced County Office of Education (MCOE) will be involved in identifying ways in which resources can be expanded or developed. When necessary, inter-agency memorandum of understanding will be developed or RFP will be issued to contract with provider agencies for services that are not provided within the current County and Community Partner framework.

Technical Assistance

The county does not anticipate requesting technical assistance from the NRC, Western Pacific Implementation Center, or Quality Improvement Center.

Strategy Rationale: Define the rationale for the county's selection of strategies and link the strategies chosen and the change expected in outcome measures.

The Merced County Probation Department has chosen to focus on improving the quality and timing of services to youth and families. During the Peer Review, positive relationships between the Deputy Probation Officer (DPO), youth, and family were cited as a strength. But, the availability of services and the timing of service delivery were identified as a challenge. Specifically, the CSA reported the following issues regarding services: offered too late, lack of early services, not enough specifically in anger management, alcohol and drugs, mental health, and parent training in how to manage teen behavior, service providers have too much turnover, unclear why youth gets accepted or denied, and too few get services.

Describe the action steps, including the method for evaluating and monitoring the strategies, including data reviews - Probation.

Each action step is described below with an explanation of why it was selected and how it supports the achievement of the strategy. The Probation Program Manager and Supervising Probation Officers will review the progress of each action step. The team will identify who the responsible party will be. The responsible party will develop a work plan and it will be used as a tool to monitor the progress of the action step they are responsible for. The team will meet monthly to discuss the action steps that are assigned to ensure everyone is on track with their assignments.

- **Strategy 1** – Preventative Services – Juvenile Behavioral Health Court and Juvenile Drug Court

The purpose of focusing on Juvenile Behavioral Health Court (JBHC) and Juvenile Drug Court (JDC) is based on the number of youth who have failed JBHC or JDC and were subsequently removed from the home and placed into out-of-home placement.

- Action Step A – Provide feedback from the JBHC and JDC referral team to the referring agency explaining the reason for acceptance or denial by revising the referral form to capture this information.

The purpose of revising the referral form is to create transparency between the DPOs and JBHC and JDC team. In the Peer Review, the DPOs identified they were not familiar with the process and were not informed if a youth they referred was accepted into one of the programs or not. Revising the referral form to add a section to include notations explaining why the youth was approved or not will assist the DPO in identifying other services if applicable.

- Action Step B – Evaluate the criteria of how youth are accepted/denied services. Revise criteria if it is found to not meet the needs of the youth of Merced County.

The purpose of evaluating the criteria of why youth are accepted or denied services is to ensure we are serving the right population of youth. The department is working on EBP and reviewing research to see which services work and which do not. The JBHC and JDC teams have attended EBP trainings with the department. The intended goal is to provide the appropriate services to the youth that are identified through research as being appropriate for the programs.

- Action Step C – Develop an evaluation tool to assess the fidelity of the program.

The purpose of developing an evaluation tool is to ensure the services are provided appropriately and youth are receiving the services identified through their risk assessment. The evaluation tool will be developed with the JBHC and JDC team. Research material in regards to appropriate fidelity tools will be reviewed and the team will work together to create the evaluation tool.

- Action Step D – Implement the evaluation tool. Assess the programs and identify the strengths and weaknesses of the program.

The purpose of implementing the evaluation tool is to identify which services are effective and which are not. The tool will be used by a Probation Program Manager and/or Supervising Probation Officer.

- Action Step E – Improvement Plan to be developed by JBHC and JDC teams to address the areas identified as requiring improvement.

The purpose of developing an improvement plan with JBHC and JDC teams is to establish buy-in by all parties on the importance of improving in the areas identified. By utilizing a team approach, it is believed everyone will be open to change and enhancing the services provided to the youth.

- **Strategy 2 – Preventative Services – Contracted Provider (Wrap-Around)**

The purpose of focusing on preventative services from contracted providers is based on youth who are identified as being at imminent risk of removal. These youth are referred to Wrap-Around services to assist the youth and their families with criminogenic factors that place the youth at risk of removal. The wrap-around services are imperative for family maintenance within the home. Without the services, the youth would be at risk of being removed and placed into out-of-home placement.

- Action Step A – The contract provider will provide orientations to DPOs on wrap-around services.

The purpose of providing orientations to probation staff is based on the Peer Review findings. DPOs were not familiar with DoWith or WeCan Services or the criteria for youth to be eligible. Therefore, they were not referring youth to the service providers who were in need of services. By having yearly orientations the DPOs will refer the youth who are identified as being at Imminent Risk of Removal to the appropriate service.

- Action Step B – Develop a quality assurance tool to monitor the number of referrals submitted, approved, and denied.

The purpose of developing a quality assurance tool is to ensure youth are receiving the appropriate services identified through their risk assessment and if they were denied or approved for services. The intent of this tool is to minimize errors in youth not being provided the appropriate services they need.

- Action Step C – Develop an evaluation tool to assess the fidelity of the services being provided.

The purpose of developing a tool to assess the fidelity of the services being provided is to ensure the service provider is delivering quality services as required by the contract. In the Peer Review, it was noted the clinicians changed frequently and the services were not provided on a consistent basis. With the fidelity tool, it will be able to identify the strengths and weakness of the services rendered.

- Action Step D – Implement the evaluation tool. Assess the programs and identify the strengths and weaknesses of the programs.

The purpose of implementing an evaluation tool is to assess the services rendered without any bias. The tool will identify the provider's strengths and weaknesses for both programs, WeCan and DoWith. A formal report will be generated and shared with the contracted service provider.

- Action Step E – Meet with the contracted service provider in regards to the findings and develop an Improvement Plan to address the areas that require improvement.

The purpose of meeting with the service provider is to acknowledge the strengths and weakness found in the evaluation. The purpose of this meeting is to collaborate with the service provider to identify approaches to improve services that are identified as not meeting the expectations of the contract or not meeting the needs of the clients.

- **Strategy 3 – Preventative Services – Mental Health and Alcohol and Drug Services**

The purpose of focusing on Mental Health and Alcohol and Drug Services is based on findings from the Peer Review. The DPOs expressed concerns in regards to not knowing if youth receive services once they are referred to the agency. Without knowing if a youth is meeting with a Mental Health clinician or a Drug and Alcohol clinician, the DPO is unable to identify if the youth is working on a criminogenic factor that is identified within the youth's risk assessment. These youth are not in placement and services to them are not related to Katie A. These preventative services are focused on keeping the youth at home and out of placement.

- Action Step A – Providers to conduct orientations for probation staff on the services they provide to youth and the steps required to ensure continuum of care.

The purpose of having the provider's present information to the probation officers is to ensure the probation officers are familiar with the types of services that are available to the youth and families. By educating the officers on the different types of services that Mental Health and Alcohol and Drug Services can provide; they will be able to refer the youth to the services when it is identified as a need through the youth's risk assessment.

- Action Step B – Develop a tool that will track the referrals submitted to the providers and the ability to enter the date services were rendered or if the client failed to make their appointments.

The purpose of developing a tool to track referrals is to ensure youth are being referred to the appropriate services based on their risk assessment. The tool will also identify if the youth is attending scheduled appointments or not.

- Action Step C – There will be quarterly meetings with representatives from Mental Health, Alcohol and Drug Services, and Probation to evaluate the referral process and to identify if there are areas that require attention.

The purpose of having quarterly meetings is to ensure everyone is consistent with the process of referring youth to services.

- **Strategy 4 – Preventative Services – Systemic Probation**

The purpose of focusing on Preventative Services – Systemic Probation is to ensure the department is offering the appropriate services for the youth and families that are clients. By monitoring the system, it is the intent the youth and families will be provided the appropriate services that will reduce the risk of the youth being at Imminent Risk of Removal from the family.

- Action Step A – Develop a report that will identify the services that were offered to the youth prior to referral to placement.

The purpose of developing a report is to ensure the department has exhausted all resources at the local level prior to removing the youth from the home.

- Action Step B – Provide an overview to probation staff on the preventative services offered within the county.

The purpose of providing an overview on the preventative services offered within the county is to ensure the DPOs are aware of them. In the Peer Review, it was identified within the findings that some of the DPOs were not familiar with the preventative services that were available. Therefore, youth were not being referred to services. By having an overview, the DPOs will have a clear understanding of what is available.

- Action Step C – Identify trainings that would assist in services rendered to the public. Include partner agencies when applicable.

The purpose of identifying trainings and including partner agencies when applicable is to ensure we are providing services that have been identified as EBP that are known to work. In addition to strengthening the comradery amongst the agencies, the staff will attend the trainings together as a team approach.

- Action Step D – Develop a report that will provide information to probation staff about the SIP, the goals, and outcomes that are found through the process.

The purpose of developing an informational report for the Juvenile Services Division is to ensure everyone is aware of what the SIP entails, the goals, outcomes, and achievements. There are four strategies the Juvenile Services Division will be working on and it is important to keep them up to date on the steps that are taking place. In addition, the report will recognize their efforts in achieving the goals.

- Action Step E – Annual All Hands Meeting with Juvenile Services Division

The purpose of having an All Hands Meeting is to present the SIP plan to the Juvenile Services Division staff and review the informational report with them. Presentations will highlight the achievements that were made during the year and identify the next steps in the SIP.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Merced County incorporated the feedback received from community and public agency partners, parents, youth, the courts, and others during our CSA into the development of the SIP. Based on that feedback and a study of the demographic and cultural needs in the community, Merced attempted to identify and meet as many community needs as possible. Demographic data indicated that Merced has a high rate of adolescent pregnancy (470 children born to teen parents in 2012, last reported year), a large Spanish speaking population, high poverty rate, high rate of substance abuse, and low education rates. Merced also has a higher rate of allegations than the average in California. The feedback from the community during the Peer Review and CSA indicated that parenting classes for parents of older youth, in home visitation, and parenting education in the home was preferable to classroom training. More support was needed for foster parents and adoptive parents.

Merced has had some success working with the Home Visiting program and allowing specially trained paraprofessionals to go into the family home and provide EBP education (Nurturing Parenting). Differential response referrals are given to home visitors who can provide in-home services to families in the community who have at risk children and youth, with the idea this would keep children from entering the foster care system. There has been a decrease in the number of children in foster care in the last year. Additionally, Home Visiting has worked well with families participating in the Dependency Drug Court Family Reunification and Family Maintenance Services. Home visiting can continue after the family has completed services with CWS and offers extra support to the family during a transition time. Merced has seen a steady decrease in the number of children re-entering foster care. While the home visiting program is not a specific evidence-based program, the services they offer like Nurturing Parenting, education, and developmental assessment using the ASQ-ED are EBP.

This next SIP cycle, Merced will explore offering these same home visiting services and parenting education to foster parents, relatives, and adoptive parents in the hope these can be used with the foster children living in their homes and also allow them to assist birth families when appropriate. Additionally, Merced is going to assist connections between birth families and

foster families in the hope of caring for children and a seamless transition for the child when reunification is successful. Parenting education classes and fatherhood services will also be offered to relatives and substitute care providers to help fathers take a more active role with the children placed in their homes.

Fatherhood services through the All Dad's Matter (ADM) drop-in center and the Boot Camp for New Dad's program will continue to offer services to first time fathers and target the adolescent fathers within Merced County. This approach will help prevent shaken baby and other forms of neglect and abuse. Father's taking an active role in their children's lives will also improve the timeliness of FR. The men's support groups allow men the peer and professional support they sometimes need when navigating government systems and participating in community services. Boot Camp for New Dad's is not yet an EBP, but the peer-to-peer support it offers fathers has been successful in Merced.

Merced's Drug Dependency Court is not an EBP but it is similar to the STARS program. An Alcohol and Drug Counselor, a Mental Health Clinician, home visitor, and social worker all assist clients in accessing and completing services that enable individuals to remain drug free and begin to provide a safe and stable environment for their children. As Merced has a high rate of substance abuse, this program is greatly needed.

CHILD WELFARE/PROBATION PLACEMENT INITIATIVES

CHILD WELFARE

Merced County does not participate in Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP), the California Partners for Permanency (CAPP) Grant, or the Continuum of Care reform. As of July 2015, Merced County has 104 youth between the ages of 18 to 20 participating in AB 12. Of those, 39 are in an FFA home, one is in a county foster home, 13 are in a group home, two are in a guardian home and 49 are in a Supervised Independent Living Program (SILP). Thirty-nine youth turned 18 in the first six months of 2015. All of these youth chose to remain in foster care and take advantage of the AB 12 benefits.

Youth are informed monthly during placement visits with their social workers about the benefits of extended foster care from age 16. In addition, the ILP program also educates youth on the benefits of extended foster care. Youth are utilizing the extended foster care benefits because there are other placement options besides being placed in a foster home. Non-minor dependents like the Transitional Housing Placement-Plus-Foster Care (THP+FC) and SILP placement options as these options allow them to live independently in their community of choice.

Merced County began implementing best practices recommended by the Katie A. lawsuit settlement in September 2013. Following the guidelines of the Core Practice Model, social workers screen all youth in an open child welfare case for the necessity of mental health services. County Mental Health, and a contracted provider, review all screenings and complete Mental Health assessments and service referrals for all youth who meet screening criteria for needing an assessment. If a determination of sub-class eligibility is made, youth are assigned an Intensive Care Coordinator to ensure their mental health needs are met.

PROBATION

AB 12 strengthened the transition components for youth who were 18 years of age, who had completed placement and were going to be living independently. For Probation, a dedicated DPO position was created to work specifically with youth who fall under the scope of AB 12. The DPO collaborates with the Merced County HSA ILP, and Transitional Housing Program Plus (THP-Plus) through their contracted provider, Aspiranet. The DPO also works with Sierra Quest for transitional housing as well and other providers for services the youth needs.

Prior to a youth exiting placement, the youth's assigned placement officer works with the youth on their Transitional Independent Living Program (TILP) and agreement. The youth completes the State of California standardized TILP and Agreement form and enter information into the CWS/CMS. The youth identifies goals they plan to work on for the next six month. The youth selects activities from a list of courses provided by the ILP that intend to assist them with achieving their goals. The youth identifies responsible parties that can assist them with achieving their goals and identify expected completion dates. The DPO places a copy of the TILP in the youth's case file. The placement officer will complete a 90-day Transition Plan with the youth and a Transitional Independent Living Case Plan created by the Administrative Office of the Courts. The placement officer also identifies if the youth will be placed in a THP+FC Placement or a SILP. The THP-Plus placements are through Aspiranet and Sierra Quest. The placement officer works with the provider and housing arrangements for the youth are made

prior to their exit from placement. The youth is assigned a case worker from the provider who works with the youth as a life coach. For youth who go through a SILP, there are three housing options: University/College approved housing, shared roommate setting/single resident occupancy, apartment, room and board or room rental and on or near a reservation, approved by the tribal placement agency.

Once the youth has transitioned to live independently their case is transferred to the AB 12 DPO who works with the youth in regards to their TILP, 90-day Transition Plan and non-minor Case Plan. The DPO coaches the youth on what they need to do to achieve their goals. The officer works closely with the youth and the providers to ensure the youth is receiving the appropriate services to live successful, independent lives once they reach the age of 21.

FIVE-YEAR SIP CHART

CWS

<p>Priority Outcome Measure or Systemic Factor: 3-P1 Permanency in 12 Months – Entry Cohort National Standard: 40.5% or higher CSA Baseline Performance: 47.5% Target Improvement Goal: Maintain or exceed baseline performance for each year of the SIP.</p>			
<p>Priority Outcome Measure or Systemic Factor: 3-P2 Permanency in 12 Months – 12 to 23 Months National Standard: 43.6% or higher CSA Baseline Performance: 69.2% Target Improvement Goal: Maintain or exceed baseline performance for each year of the SIP.</p>			
<p>Priority Outcome Measure or Systemic Factor: 3-P3 Permanency in 12 Months – 24 Months or More National Standard: 43.6% or higher CSA Baseline Performance: 22.3% Target Improvement Goal: Year 3 => 28.8%; Year 4 => 36.2%; Year 5 => 43.6%. (Due to time involved in implementing strategies and methodology, the county does not anticipate data changes until year 3.)</p>			
<p>Priority Outcome Measure or Systemic Factor: 3-P5 Permanency Stability National Standard: Less than or equal to 4.12 per 1,000 CSA Baseline Performance: 4.72% Target Improvement Goal: Year 3 =< 4.52%; Year 4 =< 4.32%; Year 5 =< 4.12%. (Due to time involved in implementing strategies and methodology, the county does not anticipate data changes until year 3.)</p>			
<p>Strategy 1: Facilitate family visits by increasing both frequency and quality of the experience.</p>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, and 3-P3 Permanency in 12 Months – 24 Months or More <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Develop protocol for visits to provide guidance to social workers and institutionalize visitation policy and practice.	March 2019	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
B. Expand the available locations for visits to include settings where parenting skills can be practiced in natural public and private locations such as parks and restaurants.	March 2016	March 2019	Program Administrator for Family Reunification, Family Maintenance, and Court
C. Include biological parents into pro-social activities such as youth sports, school events, and doctor and dentist visits.	March 2017	March 2020	Program Administrator for Family Reunification, Family Maintenance, and Court
D. Enhance the Visitation Center to include more recreation center atmosphere, expanded hours, and use of space next door at the ILP center.	March 2017	March 2019	Program Administrator for Permanency Planning and Visitation

E. Provide expanded visits using parenting modeling and coaching during the visit using an EBP model by trained staff or other providers.	March 2018	March 2021	Program Administrator for Family Reunification, Family Maintenance, Court, and Program Administrator for clinical supervision
F. Implement the Resource Family Approval Model.	March 2016	January 2017	Program Administrator for Adoptions, Child Abuse Treatment Program (CHAT), Home Assessment Team (HAT), Legal Clerks, and Westside Family Service Center (WFSC)
G. Use foster parents, relative caregivers, and volunteers to monitor, observe, and document visits.	March 2017	March 2020	Program Administrator for Family Reunification, Family Maintenance, and Court
Strategy 2: Increase and enhance the parenting skills and abilities of biological families, relative caregivers, and foster parents.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, 3-P3 Permanency in 12 Months – 24 Months or More, and 3-P5 Placement Stability. <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Implement the Resource Family Approval Model. (Same as 1F)	March 2016	January 2017	Program Administrator for Adoptions, CHAT, HAT, Legal Clerks, and WSFC
B. Train foster parents, relative caregivers, and volunteers to teach parenting skills during family visits.	March 2018	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
C. Improve the first placement match with a resource family by creating and maintaining a resource binder with pertinent information about all possible placement families and utilizing a placement specialist to facilitate and assist the social worker in making the match.	March 2016	March 2017	Program Administrator for Adoptions, CHAT, HAT, Legal Clerks, and WFSC
D. Provide logistical and social services support for foster parents, including transportation, respite care, and a concurrent planning social worker who can assist foster parents quickly in a crisis.	March 2018	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
E. Provide support for parents who are working with challenging children in the form of support groups, parent partner, or psycho-education. (CBCAP)	March 2018	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court

Strategy 3 Enhance the ability of parents to provide a safe and secure home for their children by providing additional services.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, and 3-P3 Permanency in 12 Months – 24 Months or More <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Increase role modeling of parenting skills by in-home visitors. (CAPIT and PSSF)	March 2019	March 2021	Program Administrator for Emergency Response (ER), Court Officer, and Home Visitors
B. Increase role modeling of parenting skills by training foster parents, relative caregivers, and volunteers to provide role modeling during family visits. (See Strategy 2 Action Step B) (CAPIT and PSSF)	March 2018	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
C. Utilize CalWORKs Family Stabilization Program for eligible families.	March 2016	March 2017	Program Administrator for Family Reunification, Family Maintenance, and Court
D. Provide parenting training for families with children in the ten and up age group.	March 2019	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
E. Increase the options for anger management training and Alcohol and Drug services for parents and youth. (PSSF)	March 2019	March 2021	Program Administrator for Family Reunification, Family Maintenance, and Court
Strategy 4: Engage staff and community in achieving SIP goals and maintain a high level of awareness of progress among key partners.	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): 3-P1 Permanency in 12 Months – Entry Cohort, 3-P2 Permanency in 12 Months – 23 Months, 3-P3 Permanency in 12 Months – 24 Months or More, and 3-P5 Placement Stability <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Review final SIP in all-staff and/or team meetings.	March 2016	April 2016	Program Administrators and Supervisors
B. Review final SIP in meeting of the Child Abuse and Family Violence Prevention Council (aka FVC and/or Blue Ribbon Commission) and review annual performance on the target C-CFSR 3 measures.	March 2016	March 2021	Deputy or designate
C. Review performance on target C-CFSR 3 measures in all-staff and/or team meetings.	March 2016	March 2021	Program Administrators and Supervisors
D. Report goals of final SIP and update quarterly on progress in HSA Executive Team Meeting.	March 2016	March 2021	Deputy

PROBATION

Priority Outcome Measure or Systemic Factor: Prevention of Placement Youth National Standard: CSA Baseline Performance: Target Improvement Goal: 3% increment reduction of placement youth per year and in five years a total of 15%.			
Strategy 1: Prevention Services Juvenile Behavioral Health Court (JBHC) and Juvenile Drug Court (JDC)	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date	Completion Date	Person Responsible
A. Provide feedback from the JBHC and JDC referral team to the referring agency explaining the reason for acceptance or denial by revising the referral form to capture this information.	March 2016	May 2016	Probation Program Manager and/or Supervising Probation Officer, JBHC and JDC Team
B. Evaluate the criteria of how youth are accepted/denied services. Revise criteria if it is found to not meet the needs of the youth of Merced County.	April 2016	June 2016	Probation Program Manager and/or Supervising Probation Officer, JBHC and JDC Team
C. Develop an evaluation tool to assess the fidelity of the program.	March 2017	September 2017	Probation Program Manager and/or Supervising Probation Officer
D. Implement the evaluation tool. Assess the programs and identify the strengths and weakness of the program.	November 2017	June 2018	Probation Program Manager and/or Supervising Probation Officer
E. Implement Plan to be developed by JBHC and JDC teams to address the areas identified as requiring improvement.	August 2018	March 2021	Probation Program Manager and/or Supervising Probation Officer, JBHC and JDC Team
Strategy 2: Preventive Services Contracted Provider (Wrap-Around).	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date	Completion Date	Person Responsible
A. The contract provider will provide orientations to deputy probation officers on wrap-around services.	March 2016 March 2017 March 2018 March 2019 March 2020	March 2016 March 2017 March 2018 March 2019 March 2020	Probation Program Manager and/or Supervising Probation Officer, and Contracted Service Provider
B. Develop a quality assurance tool to monitor the number of referrals submitted, approved, and denied.	March 2017	October 2017	Probation Program Manager and/or Supervising Probation Officer
C. Develop an evaluation tool to assess the fidelity of the services being provided.	June 2017	November 2017	Probation Program Manager and/or Supervising Probation Officer

D. Implement the evaluation tool. Assess the programs and identify the strengths and weakness of the program.	February 2018	September 2018	Probation Program Manager and/or Supervising Probation Officer
E. Meet with the contracted service provider in regards to the finding and develop an Improvement Plan to address the areas that require improvement.	November 2018	March 2019	Probation Program Manager and/or Supervising Probation Officer, Service Provider, Child Welfare Representative, and Mental Health Representative
Strategy 3: Preventative Services; Mental Health and Alcohol and Drug	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps	Implementation Date	Completion Date	Person Responsible
A. Providers to conduct orientations for Probation staff on the services they provide to youth and the steps required to ensure continuum of care.	March 2016 March 2017 March 2018 March 2019 March 2020	March 2016 March 2017 March 2018 March 2019 March 2020	Mental Health and Alcohol and Drug Representatives, Probation Program Manager, and/or Supervising Probation Officer
B. Develop a tool that will track the referrals submitted to the providers and the ability to enter the date services were rendered or if the client failed to make their appointment.	June 2017	June 2018	Supervising Probation Officer and/or DPO, Probation Administration Division Director, County IT, or contract provider
C. There will be quarterly meetings with representatives from Mental Health, Alcohol and Drug Services, and Probation to evaluate the referral process and to identify if there are areas that require attention.	January/May/September 2018 January/May/September 2019 January/May/September 2020	January/May/September 2018 January/May/September 2019 January/May/September 2020	Probation Program Manager, Supervising Probation Officer, Mental Health – Children’s SOC Coordinator, Mental Health Program Manager, and Alcohol and Drug Services Program Manager

CAPIT/CMCAP/PSSF EXPENDITURE WORKBOOK

CAPIT/CMCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: 3/2/16 (2) DATES FOR THIS WORKBOOK: 3/2/16 thru 3/2/21 (6) YEARS: 1

(3) DATE APPROVED BY CCAP: 12/28/2015
Internal Use Only

(4) COUNTY: Merced

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):
CAPIT: \$ 94,502 CMCAP: \$ 119,912 PSSF: \$ 302,158

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown. Date Revised Workbook to be Submitted to CCAP	CAPIT		CMCAP		PSSF				OTHER SOURCES	NAME OF OTHER	TOTAL		
					Dollar amount to be spent on CAPIT Programs	CAPIT is used for Administration	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time-Limited Reimbursement	Dollar amount to be spent on Adoption Promotion & Support				Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Home Visiting Parenting Education		Aspinnet		\$94,502		\$0		\$0		\$0		\$0		\$372,469	Do with Kids Plus	\$366,971
2	Case Management		Merced County		\$0		\$119,912		\$0		\$0		\$119,912		\$0		\$181,079
3	Parenting Education	Direct Service	Merced County		\$0		\$0		\$0		\$0		\$0		\$0		\$19,912
4	Parent/Sibling Visitation		Merced County		\$0		\$0		\$0		\$75,539		\$75,539		\$0		\$75,539
5	Substance Abuse Services				\$0		\$0		\$0		\$0		\$0		\$0		\$75,540
6					\$0		\$0		\$0		\$0		\$0		\$0		\$0
7					\$0		\$0		\$0		\$0		\$0		\$0		\$0
8					\$0		\$0		\$0		\$0		\$0		\$0		\$0
9					\$0		\$0		\$0		\$0		\$0		\$0		\$0
10					\$0		\$0		\$0		\$0		\$0		\$0		\$0
11					\$0		\$0		\$0		\$0		\$0		\$0		\$0
12					\$0		\$0		\$0		\$0		\$0		\$0		\$0
13					\$0		\$0		\$0		\$0		\$0		\$0		\$0
14					\$0		\$0		\$0		\$0		\$0		\$0		\$0
15					\$0		\$0		\$0		\$0		\$0		\$0		\$0
Totals					\$94,502		\$119,912		\$75,540	\$75,540	\$75,540	\$75,539	\$302,158		\$372,469		\$689,041

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Home Visiting

SERVICE PROVIDER

Aspiranet

PROGRAM DESCRIPTION

Based on the strengthening families and home visiting programs for the prevention of child abuse and neglect model, specially trained paraprofessionals provide direct support and coordination of services in the family home. Services are provided to families who may or may not have an open case or referral in the CWS system. Differential response referrals are given to the contracted provider, Aspiranet for follow up. Specially trained paraprofessionals provide:

- Parenting education using the Nurturing Parenting and Positive Discipline curriculums.
- Education on child development and assessment using the ASQ-SE for children under the age of five.
- Budgeting and home maintenance and care education.
- Nutritional education.
- Assistance in gaining access to community services and support networks.

Additionally, Merced County provides a home visitor specifically to families participating in Dependency Drug Court services. These families receive weekly contact with the home visitor assigned to Drug Court prior to the children returning to the home. Once the children are returned to the home, the home visitor provides weekly services in the family home.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	Home visiting and parenting education.
CBCAP	
PSSF Family Preservation	

Source	List Funded Activities
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	SB163 Wraparound savings dollars Kids Plate

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Merced County has a higher rate of allegations (67.1 per 1,000) than California (54.6 per 1,000). (CSA page 28)
- Fifty percent of all allegations are for neglect. (CSA page 29)
- Under age one is the largest population in foster care. (CSA page 29)

TARGET POPULATION

- At risk families either involved with the CWS system or who have a differential response referral.
- Families who are involved in Dependency Drug Court and are close to reunifying with their children or families whose children were just recently returned home (within 60 days).

TARGET GEOGRAPHIC AREA

Any family living in Merced County with a focus on the outlying rural areas where it is difficult for families to access other services.

TIMELINE

SIP cycle March 2, 2016 through March 2, 2021; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT AND QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Decrease the number of substantiated general neglect referrals.	80% of parents will complete parenting education or home visiting program.	Protective Factors survey and CWS/CMS.	Reviewed monthly by CWS supervisors/PA and Aspiranet supervisor.

Date Approved by OCAP: 12/28/15

Desired Outcome	Indicator	Source of Measure	Frequency
Decrease the number of children reentering foster care after completing family reunification or Dependency Drug Court participation.	95% of children remain with their parent after reunification.	CWS/CMS database.	Reviewed quarterly during data review.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Survey	Completed by participant after case closure.	Surveys reviewed by HSA contracts and CWS staff.	Problem areas will be addressed and resolved.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Case Management, Parent/Sibling Visitation, Substance Abuse Services

SERVICE PROVIDER

Merced County HSA

PROGRAM DESCRIPTION

- Family Preservation – Case management services to families receiving voluntary family maintenance services with an open CWS case. Case management services from a trained social worker and a paraprofessional trained in educating parents on parenting skills provide direct services and referrals to community services with the intention of preventing maltreatment of at risk children and youth. In-home parenting uses the EBP curriculum, Nurturing Parenting. There is also a focus on building healthy and loving relationships between parents and children using the Circle of Security model, also evidence based practice.
- Family Support – A specially trained home visitor offers support to families involved in the Dependency Drug court program. Home visitor teaches Nurturing Parenting, and assists in helping parents learn daily living skills. A social worker and home visitor also assist families in accessing services – for example Merced’s Housing Support Program and the CalWORKs Family Support Services as well as other community programs.
- Merced County social workers and SSPW will provide increased parent/child/sibling visitation to promote Family Reunification and parent/child relationships.
- Adoption Promotion and Support Services – The Adoption Program provides case management services to foster youth and prospective adoptive families to facilitate permanency and well-being of children and youth. The Adoption Team works with prospective adoptive families to ensure they are meeting the needs of foster children. Social workers assist the family removing barriers and helping the family progress towards finalization of adoption in a timely manner.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	
PSSF Family Preservation	Case management, parenting education, home visiting, peer support.
PSSF Family Support	Case management, referrals to community services, parenting education, home visiting
PSSF Time-Limited Family Reunification	Parent/Sibling visitation
PSSF Adoption Promotion and Support	Case management, assistance with adoptions process, evaluation and referrals to community resources.
OTHER Source(s): (Specify)	Cal Works Family Stabilization CWS funds, SB 163 funds

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Merced County has a higher rate of allegations (67.1 per 1,000) than California (54.6 per 1,000). (CSA page 28)
- Fifty percent of all allegations are for neglect. (CSA page 29)
- Under age one is the largest population in foster care. (CSA page 29)

TARGET POPULATION

- Parents participating in the CWS voluntary case program.
- Parents with and open FR case and families participating in Dependency Drug Court.
- Families trying to adopt or considering adoption.

TARGET GEOGRAPHIC AREA

- Merced County
- West Side of the County (Los Banos, Dos Palos area) offers Family Support, Preservation and Reunification services.

TIMELINE

SIP cycle March 2, 2016 through March 2, 2021; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT AND QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Decrease the number of children in foster care by improving timeliness to reunification.	Time to family reunification.	CFSR - measure. CWS/CMS database.	Compared quarterly with CWS data.
Increase the number of children that remain in their home of origin.	Decrease in the number of children in foster care.	CWS/CMS database.	Review quarterly during data review.
Decrease the time it takes to complete adoptions.	Time to adoption.	CFSR measure. CWS/CMS database.	Review Quarterly data.

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Federal Case Reviews and Quarterly Data Extracts.	During case openings and after case closure.	Cases are chosen at random and reviewed, participants interviewed.	Problem areas will be addressed and resolved.

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

Parenting Education – All Dads Matter

SERVICE PROVIDER

Merced County HSA

PROGRAM DESCRIPTION

The All Dad's Matter (ADM) Program includes Boot Camp for New Dads and a therapeutic men's support group. ADM has a drop-in center for fathers that need assistance with parenting, child development education, systems engagement, and generalized support. Father's may or may not be involved in the CWS system. All programs are offered in English and Spanish.

Boot Camp for New Dads is a unique father-to-father, community-based workshop that inspires and equips men of different economic levels, ages, and cultures to become confidently engaged with their infants, support their mates, and personally navigate their transformation into dads. Boot Camp for New Dads directly addresses shaken baby syndrome, including explaining what it is and how to avoid getting in a situation that could lead to Shaken Baby Syndrome. Boot Camp also reinforces the positive role an involved, loving father has in his child's life which impacts the child's future in a variety of positive ways.

ADM also offers Nurturing parenting classes that target and cater to teaching fathers. These 16-week classes are taught by specially trained paraprofessionals.

FUNDING SOURCES

Source	List Funded Activities
CAPIT	
CBCAP	Parenting education, fatherhood outreach, Boot Camp for New Dads, nurturing parenting classes
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	

Source	List Funded Activities
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	CalWORKs Family Stabilization CWS funds

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Merced County has a higher rate of allegations (67.1 per 1,000) than California (54.6 per 1,000). (CSA page 28)
- Fifty percent of all allegations are for neglect. (CSA page 29)
- Under age one is the largest population in foster care. (CSA page 29)
- Merced County has a high rate of adolescent parents. (CSA page 28).

TARGET POPULATION

- Boot Camp for New Dads is accessible to first time fathers in the Merced community, adolescent fathers, and fathers involved in the CWS system.
- Fathers with high or at risk children.
- Fathers with alcohol and other drug issues, domestic violence behavior, and lack of parenting are referred to the Men's support group.

TARGET GEOGRAPHIC AREA

- Merced County
- West Side of the County (Los Banos, Dos Palos area)

TIMELINE

SIP cycle March 2, 2016 through March 2, 2021; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Decrease the number of substantiated general neglect referrals	80% of new fathers complete boot camp.	No further child maltreatment referrals within the 12 months after completion of boot camp.	Compared quarterly with CWS data.
Decrease the number of children in foster care.	Reunification rates for fathers and children will improve and no reentry into foster care.	CWS/CMS database.	Reviewed quarterly during data review.

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Survey	Completed by participant after case closure.	Surveys reviewed by HSA contracts and CWS staff.	Problem areas will be addressed and resolved.

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 _____ COUNTY	
PERIOD OF PLAN (MM/DD/YY): _____	THROUGH (MM/DD/YY) _____

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates _____ 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 _____ as the local welfare department to administer PSSF.

FUNDING ASSURANCES

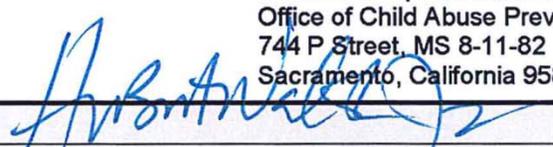
The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute¹:

- 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 System Improvement Plan to:

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

MERCED COUNTY COUNSEL
JAMES M. FINCHER

 _____ County Board of Supervisors Authorized Signature	FEB 02 2016 _____ Date
HUBERT HUB WALSH JR. _____ Print Name	Chairman _____ Title

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

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EVIDENCE BASED AND EVIDENCE INFORMED PROGRAMS AND PRACTICES (EBP/EIP) CHECKLIST



Office of Child Abuse Prevention
www.childsworld.ca.gov/PG2289.htm

EVIDENCE-BASED and
 EVIDENCE INFORMED (EBP/EIP)
 PROGRAMS and PRACTICES CHECKLIST

The Federal Office of Management & Budget requires that all programs and practices supported by CBCAP funds be rated for their effectiveness. Please follow the steps below to rate your funded programs/practice.

Instructions:

1. Categorize each of your funded programs/practices under one of the levels on the following page. Expectation: the corresponding evidence of your program/practices level is available for review in the event of an audit. It is recommended that counties and funded partners keep a completed checklist for each CBCAP-funded program/practice for audit purposes.
2. Review the two definitions below to determine if the program/practice can be considered Evidence-Based or Emerging and Evidence-Informed:
 - a. **Program:** consists of a collection of practices that are done within specific known parameters (philosophy, values, service delivery, structure, and treatment components). This refers to a specific set of activities that forms the entire program.
 - b. **Practice:** consist of a skill, technique, and strategy that can be used by a practitioner. General strategies such as a "therapy" or "parenting classes" would not qualify as an EBP/EIP alone. The practice would need to be implementing a specific technique or components of a curriculum with positive evidence such as Parent-Child Interaction Therapy (PCIT).
3. Begin with Level 1 and assess a "yes" or "no" for each program feature. If all answers in a Level are "yes", go on to the next Level.
4. Program/practices must receive a "yes" response for every item in a Level in order to meet the criteria for that Level.
5. Future intentions or partially-completed work should be recorded as a "No".
6. Continue through the self-assessment until you have determined the appropriate EB/EIP level for your program.
7. Record the program/practice information for each funded program in County Self-Assessment Report, System Improvement Plan and OCAP Annual Reports.
8. CBCAP funded activities such as public awareness and brief information and referral activities are not required to be rated for effectiveness at this time.

Programs or practices that do not meet the threshold for Level I will be counted as Level 0:	LEVEL 0
1. The program is not able to articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes.	
2. The program does not have a book, manual, other available writings, training materials that describe the components of the program.	
3. Two or more randomized, controlled trials (RCTs) have found the practice has not resulted in improved outcomes, when compared to usual care, OR	
4. If multiple outcome studies have been conducted, the overall weight of evidence does NOT support the efficacy of the practice, OR	
5. No evaluation has been conducted. The program may or may not have plans to implement an evaluation.	

>>>> Next Page for Level 1-4 Decision Tree >>>>



EVIDENCE-BASED and
EVIDENCE INFORMED (EBP/EIP)
PROGRAMS and PRACTICES CHECKLIST

Office of Child Abuse Prevention
www.childsworld.ca.gov/PG22B9.htm

Follow instructions on reverse to determine your program/practice level.

CHARACTERISTICS	EMERGING	PROMISING	SUPPORTED	WELL-SUPPORTED
	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
1. The program can articulate a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.				
2. a. Level 1 or 2: The program may have a book, manual, other available writings, training materials, OR the program may be working on documents that specify the components of the practice protocol and describes how to administer it. b. Level 3 or 4: The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.				
3. The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.				
4. There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.				
5. The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.				
6. Programs and practices have been evaluated using less rigorous evaluation designs that have with no comparison group, including "pre-post" designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an "untreated" group OR an evaluation is in process with the results not yet available.				
7. At least one study utilizing some form of control or comparison group (e.g. untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to or better than an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of abuse or neglect. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.				
8. The program is able to provide formal or informal support and guidance regarding program model.				
9. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.				
10. The local program can demonstrate adherence to model fidelity in program or practice implementation.				
11. The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.				
12. Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.				
13. If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice. (If screening for Level 3 and not applicable you may skip this question.)				
14. The detailed logic model or conceptual framework depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.				
15. The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion: a. At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g. university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature. OR b. At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well supported; or superior to an appropriate comparison practice.				
16. Multiple Site Replication is Usual Practice Settings: At least two rigorous randomized controlled trials (RCTs) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published peer-reviewed literature.				
Follow instructions on reverse to determine your program/practice level.				