

# California - Child and Family Services Review

## COUNTY OF SAN BERNARDINO System Improvement Plan Annual Progress Report

February 1, 2016



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## Introduction

### **PURPOSE**

The San Bernardino County System Improvement Plan (SIP) Annual Progress Report for February 1, 2016 reviews and evaluates the progress made on the SIP begun on August 19, 2013 to ensure the SIP addresses the needs of the child welfare population on an ongoing basis. This is the third Annual Progress Report submitted for the SIP. The Annual Progress Report will:

- Recap the activities of the SIP Oversight Committee. The SIP Oversight Committee, with its various subgroups, is the primary means of:
  - Maintaining stakeholder engagement in the Continuous Quality Improvement (CQI) process,
  - Following through on specific strategies and action items, and
  - Vetting data and new information and incorporating them into policy and practices, or providing suggestions for improvement;
- Review each of the individual strategies, describing the status of the various supporting action steps and noting where items have been completed or adjustments need to be made;
- Provide a written analysis of current Outcome Data Measure performance since the beginning of the five-year SIP period and determine if the SIP continues to accurately reflect current needs in the county;
- Analyze strengths, opportunities, challenges and barriers encountered during the implementation process, particularly as they relate to any of the seven systemic factors;
- Examine emerging strategies, promising practices and conjoint efforts with other initiatives in the County, such as the Business Redesign, Extended Foster Care/After 18 and the implementation of the Katie A. Core Practice Model; and, finally
- Review other areas of need identified by the most recent quarterly report.

### **CFSR 3**

The System Improvement Plan (SIP) was developed using the second Child and Family Services Review outcome measures (CFSR2). Revised measures were promulgated by the Administration for Children and Families (ACF) Children's Bureau (CB) in October of 2014 and revised in May of 2015. All documents and plans referencing CFSR, including SIP Annual Progress Reports, are required to use the new measures (CFSR3) beginning in October, 2015.

Some of the notable changes include:

- The number of measures were reduced to 7 from 17;
- Composite measures are no longer in use;
  - Composite measures are comprised of several measures that address performance in a particular area from several perspectives.
  - Difficulty in interpreting the results of composite measures led to their removal from the CFSR;
- Most of the cohorts (5 of the 7) are now entry cohorts:
  - Exit cohorts and cross-sectional cohorts can distort system performance outcomes because they represent biased subsets of all children who are served by the agency in a year;
  - Exit cohorts tend to over represent children who had brief stays in care.

- By focusing on only those children who exit (specifically to reunification which tends to take less time than other forms of permanency) as a denominator—there will be a bias toward those who had short stays (which make up the numerator).
  - Entry cohorts are not biased toward short stayers because they capture all children entering during a window of time and track them for the same amount of time.
  - The new permanency measure (P1) includes adoption and guardianship discharges which usually take longer than 12 months to achieve (thus performance on this outcome will be less than observed for CFSR2 permanency measures);
- Instead of using numbers, some measures were changed to rates using days in foster care as the denominator. The previous measure on Placement Stability, for example, only counted the total number of placement moves, regardless of how long a child had been in care. The new measure will look at total moves and compare to the number of days in care;
  - The establishment of companion measures. Any examination of P1, Achievement of Permanency within 12 months, must also look at P4, Foster care re-entry to ensure speeding up permanency is not impacting child safety;
  - Cohort windows for a number of measures were increased to 12-months from the previous 6-months. 5 of the 7 measures are 12 month cohorts (S1, S2, P1, and P4 & P5).

Unless otherwise indicated, the measures used in this report will be the CFSR3 versions. Where CFSR2 measures are referenced it will be clearly noted. When reviewing the established SIP goals, the specific differences between the new measures will be explored.

### Progress Overview

The San Bernardino County SIP identified two measures for improvement and also put forth two clusters of strategies to support these goals and assist with reinforcing other outcomes and systemic factors. The SIP established baselines for these measures and consequently, with the new methodology, new baselines would need to be identified.

- Reunification within 12-months of entry (CFSR2 C1.3). This will now be reviewed under P1 for CFSR3 and the new baseline figure from Quarter 2, 2012 (Q2 2012) is 35.8%;
- Permanency for those in care 24 months or longer (CFSR2 C3.1). This will now be reviewed under P3 for CFSR3 and the new baseline from Q2 2012 is 24.3%;
- Probation Strategies;
- Office of Child Abuse Prevention (OCAP) program strategies.

Progress on SIP goals, particularly for timely reunification, has been substantially hampered by unparalleled increases in the foster care entry rate and staff turnover in CFS. Combined, these two factors have led to enormous workload pressures causing a slowing or retrenchment in the progress of many SIP strategies.

Child Welfare participation rates have increased substantially:

- **Participation Rates: Referral Rates.** The participation rate went from a baseline of 61.8 per 1,000 to the most recent performance of 68.0 per 1000 (Q2 2015). There has been a 6.3% increase in the number of children with a foster care referral (36,197 children in Q2 2012 and 38,489 children in Q2 2015).
- **Participation Rates: Substantiation Rates.** The participation rate went from a baseline of 7.7 per 1,000 to the most recent performance of 9.1 per 1000 (Q2 2015). There has been a

- **Participation Rates: Entry Rates.** The participation rate went from a baseline of 3.5 per 1,000 to the most recent performance of 4.3 per 1000 (Q2 2015). There has been a 19.4% increase in the number of children entering foster care (2,050 children in Q2 2012 and 2,448 children in Q2 2015).
- **Participation Rates: In Care Rates.** The participation rate went from a baseline of 6.8 per 1,000 to the most recent performance of 9.0 per 1000 (Q2 2015). There has been a 30.3% increase in the number of children in foster care for point-in-time July 1, 2012 to July 1, 2015 (3,902 children in July 1, 2012 and 5,085 children in July 1, 2015).

The foster care entry rate is the highest in over a decade for San Bernardino County and is unique to this region of California. The following table shows FC entry rates for California and San Bernardino since 2004.

**TABLE 1: FOSTER CARE ENTRY RATES, SBC AND CALIFORNIA, 2004-14**

FC Entry Rates	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
SBC	3.9	3.6	3.3	3.3	2.6	2.8	3.4	3.5	3.7	4.3	4.3
Calif.	3.7	3.9	3.9	3.8	3.4	3.4	3.3	3.3	3.4	3.5	3.5
Cal entry	35,306	37,581	37,299	36,060	32,814	31,651	30,684	30,077	30,811	32,028	31,986
SBC entry	2,328	2,205	2,028	2,033	1,615	1,677	2,030	2,050	2,158	2,418	2,448

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 11/2/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare) (and for tables 2-3 in this section)

The table clearly shows a growth in the FC entry rate much higher than the state as a whole. Riverside County has a similar pattern, suggesting regional social and economic factors may be contributing to this growth.

- Notably, the timely (12-month) exits to permanency – CFSR3 P1 - rates generally declined as the FC entry rates increased:

**TABLE 2: COMPARISON OF FC ENTRY RATE FOR SBC WITH CFSR3 P1, 2008-13**

	2008	2009	2010	2011	2012	2013
FC Entry Rate/1000	2.6	2.8	3.4	3.5	3.7	4.3
Under CFSR3 P1, the percent exited to permanency	38.8	38.5	38.3	34.7	35.7	30.9

- In some respects it is arguable the SIP strategies had positive effect. In total, more clients achieved Permanency in 12 months than in most prior years:

**TABLE 3: NUMBERS ACHIEVING PERMANENCY IN 12-MONTHS, CFSR3 P1, 2008-13**

	2008	2009	2010	2011	2012	2013
Reunified	498	541	612	625	578	613
Adopted	31	36	22	20	27	21
Guardianship	7	5	10	24	21	29
Total	536	582	644	669	626	663

Looking at the rate as a ratio, since 2008, the expansion of the denominator (an increase of 63.2%) dwarfed the incremental gains of the numerator (23.7%).

- For a variety of reasons, experienced social workers left employment with San Bernardino County in unprecedented numbers beginning in the summer of 2014. CFS responded with aggressive recruitment. Currently, just over 50% of social work staff has two years or more experience and the turnover rate for staff is approximately 40%.

**TABLE 4: CFS STAFF HIRED OR SEPARATED SINCE 2013**

Hired OR Separated Since 1/1/2013				
Title	Total # of SSPs	Hired	% of Current Staffing	Separated
Social Service Practitioner	354	185	40%	126

Of course, new staff takes time to assimilate and train and new hires cannot be expected to work as productively as experienced staff.

The Children’s Bureau reports that reunification outcomes can be negatively impacted by high rates of staff turnover and inexperienced staff. New social workers tend to reunify children at a slower rate than more experienced social workers.

Children’s Bureau. (2011) Family Reunification: What Evidence Shows. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Moreover, there was unprecedented turnover in CFS management/leadership. This created a bumping effect, disrupting project and strategy momentum.

- The Permanency (P3) figures, unaffected by the recent influx, have fared reasonably well. The most recent exits to Permanency (Reunification, Guardianship or Adoption) for those in care 2 years or longer is 27.7%, up from the baseline of 24.3% (Q2 2012).
- The three Office of Child Abuse Prevention (OCAP) strategies were entirely implemented on January 1, 2014 as planned and their progress subject of the recent Annual Report submitted on October 31, 2015. In fiscal year 2014-2015, 7,481 CFS and at-risk clients received services through the Child Abuse Prevention and Treatment Services contracts and OCAP programs.
- The figures for Probation show improvement from the baseline Q2 2012 for P1 from 21.7% to 35.7% and for P3 from 8.6% to 14.3%. Perhaps of more significant note, for P3, the denominator in Q2 2012 was 35; in Q2 2015, 7. This means there were only 7 children in care 24 months or longer from the most recent cohort.
- Recent national data has linked the rise in foster care entries with an increase in substance abuse, particularly an increase in use of opioids. The San Bernardino Department of Behavioral Health Alcohol and Drug Services (ADS) reports a noticeable increase in the number of participants that received Perinatal, Outpatient and Residential Treatment from fiscal year 2011-12 to 2014-15.

**TABLE 5: DBH/ADS TREATMENT UTILIZATION, 2011-12 AND 2014-15**

	2011/12	2014/15	% increase
<b>Drug Court</b>	694	678	-2.3%
<b>Perinatal</b>	346	589	70.2%
<b>Outpatient</b>	1672	2793	67.0%
<b>Residential</b>	2044	2950	44.3%
<b>Totals</b>	4756	7010	47.4%

DBH/ADS, 2015

- Drug abuse violations by women have increased nationwide from 155,933 in 2011 to 172,923 in 2014, a 10.9% increase. Though during this same time period offenses against the family or children by women dropped from 13,642 to 12,578 (-7.8%), drug abuse violations may have triggered more child welfare involvement than in prior years. This would go along with the perinatal treatment figures noted above.
- Child population has steadily declined to 563,852 (estimate) for 2015 from a peak in 2007 of 614,554 (As cited on kidsdata.org, *Child population, by race/ethnicity*. (2015). California Department of Finance)
- On a more progressive note, CFS is transitioning to an **Integrated Service Model**, combining elements of established and promising practices into a coherent policy of productive engagement with children and families. This will help ensure a consistent approach is taken in all aspects of social work practice throughout the continuum of care. The primary elements of this integration include SIP strategies (such as SOP), State mandated programs (such as Child and Family Teams (CFTs) from the Katie A. Core Practice Model) and county initiatives under the Business Redesign.

The review of the strategies below will identify where action steps have been initiated, implemented or require some adjustment.

## SIP Progress Narrative

### STAKEHOLDERS PARTICIPATION

The SIP Oversight Committee is composed of representatives of Children and Family Services (CFS), the Probation Department, Human Services Research, Outcomes and Quality Support (ROQS), Human Services Program Development Division (PDD), Department of Behavioral Health (DBH) and the California Department of Social Services (CDSS). Other stakeholders are also invited to attend the Committee's monthly meetings.

The SIP Oversight Committee brings continuity to the direction and monitoring of all components of the C-CFSR processes and functions. The Committee created two subordinate workgroups to develop, implement and monitor strategies related to Reunification and Permanency. With much of their work completed these groups will be merging for the remainder of the cycle. A group under Probation is responsible for monitoring and implementing Probation strategies. The CFSR (Qualitative) Case Review unit will also be reporting out at the SIP Oversight Committee. Another group is being established to review Data and CQI issues, and particularly address concerns regarding the CFSR3 S1 measure, Maltreatment in Foster Care.

These workgroups are the main venue for engaging stakeholders and discussing the implementation of particular strategies. Stakeholder participants to date include the Children's Network, contracted providers (including community and faith based organizations), Group Home providers, Parent Partners, line staff and other county departments.

San Bernardino is exploring ways to implement the principles of Continuous Quality Improvement comprehensively and pervasively throughout its child welfare system. To that end, CFS and Probation have attended meetings with consultants to explore the applicability of the CQI logic model at various organizational levels, and establish a means to identify, examine, develop and implement program, policy and practice changes in a systematic manner. Tentatively, the SIP Oversight Committee will serve as the nexus for these developments.

CQI is also an integral part of California's federally approved Child and Family Services Plan (CFSP, 2015-2019) and CFSR Qualitative Case Reviews, begun in October, 2015, are one component in the CFSP and embody its essential principles, such as:

- Gathers information from participants in the child welfare process through interviews with children/youths, parents/guardians, foster parents and care providers, and social work and Probation staff;
- Provides feedback to stakeholders and decision makers for adjustment of programs and processes;
- Depends on the active participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process;
- Provides 'Root Cause' analysis of aggregate data to identify and analyze why a particular problem exists;
- Works to ensure staff throughout the agency use information on quality to make improvements.

Reports from the Qualitative Case Review unit will be provided to CFS and Probation management including Executive Teams and workgroups, the SIP Oversight Committee and

other designated groups regarding specific items identified in the reviews. It is also expected items will be presented to training and coaching personnel to guide practice.

### CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

San Bernardino County identified two Child Welfare Outcomes and Accountability measures as the focus of the 2013-18 System Improvement Plan:

- **C1.3 - Reunification Within 12 Months (Entry Cohort)** - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care: and,
- **C3.1 - Exits To Permanency (24 Months in Care)** - This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

With the advent of CFSR3, these measures will now be, respectively:

- **Permanency 1 (P1)** - Of all children who entered care in the 12-month period, the percent discharged to permanency within 12 months; and
- **Permanency 3 (P3)** - Of all children in care on the first day of the 12-month period who had been in care for 24 months or more, the percent discharged to permanency within 12 months.

The most recent data on **Measure P1 Reunification** indicates 29.6% of all children exited to reunification within 12 months. The baseline using the revised CFSR3 measures for Q2 2012 is 35.8% (Q2 2012: Jul 1, 2010 to June 30, 2011). The national goal is 40.5%.

**TABLE 6: CFSR3 P1, 2004-14**

From:	7/04	7/05	7/06	7/07	7/08	7/09	<b>7/10*</b>	7/11	7/12	<b>7/13*</b>
To:	6/05	6/06	6/07	6/08	6/09	6/10	<b>6/11</b>	6/12	6/13	<b>6/14</b>
Children with exit to permanency (%)	32.1	38.2	39.1	39.1	37.3	37.5	<b>35.8</b>	32.9	29.8	<b>29.6</b>
National Goal (%)	40.5	40.5	40.5	40.5	40.5	40.5	<b>40.5</b>	40.5	40.5	<b>40.5</b>
Children with entries (n)	1,932	1,854	1,708	1,655	1,377	1,479	<b>2,151</b>	1,847	2,262	<b>2,128</b>
Children with exit to permanency (n)	620	708	668	647	513	555	<b>771</b>	607	673	<b>629</b>
National Standard (n)	783	751	692	671	558	599	<b>872</b>	749	917	<b>862</b>

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/5/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

\*Baseline and current cohorts are in bold.

The newly revised measure includes guardianship and adoption as a permanency outcome; however, the majority of children achieve through reunification.

**TABLE 7: PERCENT OF CHILDREN ACHIEVING PERMANENCY WITHIN 12 MONTHS OF FC ENTRY BY PERMANENCY TYPE**

From:	7/04	7/05	7/06	7/07	7/08	7/09	<b>7/10</b>	7/11	7/12	<b>7/13</b>
To:	6/05	6/06	6/07	6/08	6/09	6/10	<b>6/11</b>	6/12	6/13	<b>6/14</b>
Reunified	33	30.1	36.0	36.6	37.1	34.2	<b>35.6</b>	33.8	30.4	<b>27.3</b>
Adopted	1.1	1.1	1.0	1.9	1.5	2.5	<b>1.8</b>	1.4	1.2	<b>0.9</b>
Guardianship	1.4	0.9	1.1	0.6	0.5	0.6	<b>0.1</b>	0.7	1.2	<b>1.6</b>
Permanency	32.1	38.2	39.1	39.1	37.3	37.5	<b>35.8</b>	32.9	29.8	<b>29.6</b>

Overall, less than 3% of the children exiting to permanency within 12 months of foster care entry established guardianship or were adopted. Since the new measure now includes these other forms of permanency, the Family Reunification workgroup will be looking to add strategies to improve adoption and guardianship permanency in the upcoming year.

This measure has been in our SIP since 2003, our county has done an in-depth and sophisticated analysis of the delay in achieving reunification within 12 months of foster care entry. The prior SIP report indicates our county is more successful in achieving permanency for children in 18 months approximately 45% to 50% of the children achieve permanency at this time. In addition, at least 60% of the children achieve permanency within 24 months of foster care entry. There may be systemic factors that hinder the county's ability to reunify children within 12 months of foster care entry. In fact, the federal government has now added a second permanency measure for children achieving permanency within 12 to 23 months.

Delays in processing of cases through Juvenile Court may have impacted these figures. The courts have implemented a pre-hearing. Preliminary analysis shows the Review of Report (ROR) Hearings have not improved timely reunification to date. It is possible that with the staff changes and workload increases the positive ROR effects are being masked.

In October, 2014, the department's executive team approved the case read proposal. A target of the case read process was identification of the causal factors for this delay. The FR case read of 51 reunified cases (27 timely and 24 untimely) found families reunified more timely when the following factors were present:

- Stable housing,
- Employment,
- Having a social network,
- Absence of substance abuse issues,
- Fewer child abuse allegations,
- Consistent parental visitation while the child was in care,
- Children with two or fewer placements, and
- Families participated in TDMs.

The majority of these factors were supported by prior research. While families in our sample with unstable housing, substance abuse issues, unemployment, no-to-low social networks still reunified, the reunification took longer to achieve.

The San Bernardino County Homeless Partnership Point-In-Time Count for 2015 showed there were 2,140 persons who were homeless on January 22, 2015. The previous count, completed in 2013, counted 2,321 persons. A comparison of the last two counts reveals 181 fewer persons were counted in 2015, a decrease of 8%. This seems to make it unlikely an increase in homelessness has led to the increase in foster entries. Stable housing is still rightly considered an important factor in timely reunification.

With the case reads completed, a focus group will be held to gather information directly from SWs who tend to reunify their cases timely regarding their case practices and case management. Contact with other counties progressing on this measure has been initiated to review alternative approaches to policy, practice and systems to enhance timely reunification.

**TABLE 8: IN-CARE RATES BY RACE (PIT) FOR SBC**

Ethnic Group	Point In Time					
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000
<b>Black</b>	17.5	18.6	19.0	21.5	20.9	23.3
<b>White</b>	7.1	8.6	8.6	9.8	10.4	11.4
<b>Latino</b>	4.2	5.3	5.2	5.9	6.2	7.3
<b>Asian/P.I.</b>	0.8	1.1	1.6	1.5	1.7	2.1
<b>Nat Amer</b>	12.6	13.8	12.2	11.1	10.1	14.4
<b>Multi-Race</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total</b>	5.7	6.8	6.8	7.7	7.9	9.0

Data Source: CWS/CMS 2015 Quarter 2 Extract.

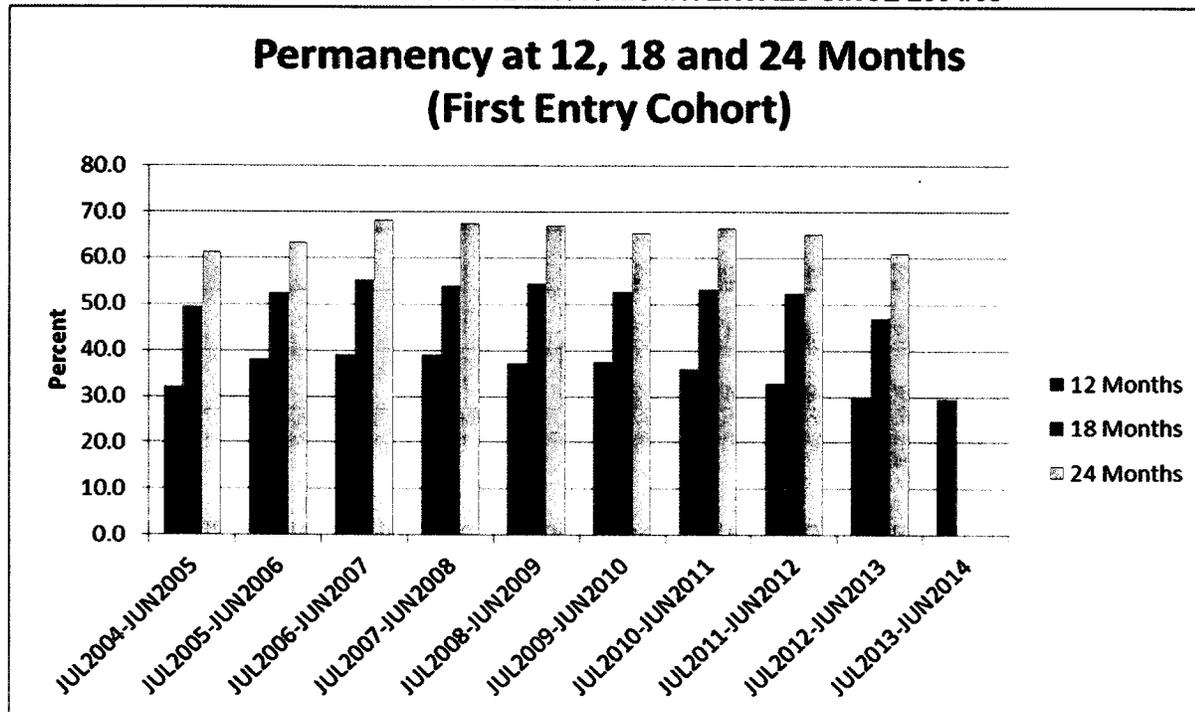
Population Data Source:

2000-2009 - CA Dept. of Finance: 2000-2010 - Estimates of Race/Hispanics Population with Age & Gender Detail.

2010-2015 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

The table below shows over time and in a very consistent way, about half the children in care reunify in 18 months, while between 60% and 70% reunify by 24 months. San Bernardino is committed, nevertheless, to the principle that no child should be in care any longer than necessary.

**TABLE 9: REUNIFICATION RATES AT 12 MO/18 MO INTERVALS SINCE 2004/05**



Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/28/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Outside of case specific information, the process of evaluating out cases will be reviewed. San Bernardino County has consistently evaluated out (EVO) referrals at a lower rate than most California counties. This may have an impact on the Foster Care entry rates. San Bernardino, for example, EVO'd referrals at 28.1% in FY 2012-13 (SafeMeasures). San Bernardino's EVO rate dropped to 21.6% in FY 2014-15 while the rest of the state was at 37.0% (42.5% if one removes Los Angeles County) but has increased to 29.4% for the first 6 months of FY 2015-16 (Safe Measures). With more entries, the denominator for the reunification measure is likely to continue to increase, causing the measure to drop.

**TABLE 10: SAN BERNARDINO COUNTY COMPARATIVE EVO RATES 2014-2015**

	FY 2014-15	FY 2015 (first 6 months)
San Bernardino County	21.6%	29.4%
Statewide (No SBC)	37.0%	36.3%
Statewide (No SBC or LA)	40.4%	40.7%

TDMs, use of Parent Partners, and the use of other SIP Reunification strategies will be discussed in the review of the Reunification Strategies.

Measure 3-P4, Reentry into Foster care is the companion measure for 3-P1. From the baseline of Q2 2012, San Bernardino County's performance has improved from a reentry rate of 14.3% to 10.3%. It is still, however, below the national standard of 8.3%. There is no intimation county efforts toward reunifying timely are adversely affecting the rate of reentry. (For a more extensive analysis of this measure see page 48.)

**Measure 3-P3 Permanency** shows an improving trend 27.7% of the foster children exited to permanency of all children in care for 24 months or more from Q2 2015.

The National Goal is 30.3%.

The baseline measure from Q2 2012 is 24.3%. The targeted SIP Goal is 27.6.

**TABLE 11: Q2 ANNUAL RESULTS CFSR3-P3 SINCE 2004**

From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	<b>7/11*</b>	7/12	7/13	<b>7/14*</b>
To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	<b>6/12</b>	6/13	6/14	<b>6/15</b>
Children exit to permanency (%)	24.8	20.2	21.7	26.9	25.7	28.6	26.2	<b>24.3</b>	25.2	29.8	<b>27.7</b>
In care 24 months or more	1,821	1,785	1,830	1,707	1,445	1,235	994	<b>837</b>	826	924	<b>970</b>
Children exit to permanency (n)	451	360	398	460	371	353	260	<b>203</b>	208	275	<b>269</b>

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 11/23/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

\*Baseline and current year are in bold.

In the prior CFSR2 measures, our county exceeded the prior SIP goal (26.2%) but still was below the national standards of 29.1%. The previous baseline was 23.9%. However, with the new CFSR3 measures, the national goal has increased to 40.5%. Furthermore, the increase in entries since 2013 has not yet impacted this measure. It is likely this measure will be adversely affected by this influx sometime toward the end of 2016

## STATUS OF STRATEGIES

To achieve the identified Permanency Outcomes and Accountability goals, the SIP includes 18 specific strategies:

- Five reunification strategies (CFSR3 P1)
- Six permanency strategies (CFSR3 P3)
- Four Probation strategies
- Three OCAP program strategies

### PERMANENCY 1 STRATEGIES

**PERMANENCY 1, STRATEGY 1: INCREASE TEAMING (E.G., TEAM DECISIONMAKING MEETINGS (TDMs) AND CHILD AND FAMILY TEAM MEETINGS (CFTMs)) TO ENHANCE EARLY ENGAGEMENT OF CHILDREN AND PARENTS. (PREVIOUSLY: INCREASE TEAM DECISIONMAKING MEETINGS (TDMs) TO ENHANCE EARLY ENGAGEMENT OF PARENTS).**

The use of Team Decisionmaking Meetings (TDMs) early in the child welfare process has demonstrably reduced times to reunification. The following table describes the current trends in TDM utilization by TDM type for San Bernardino County:

**TABLE 12: TDMs BY TYPE SINCE 2010**

	2010	2011	2012	2013	2014	2015, to 12/7
Imminent Risk	457	403	486	611	609	239
Emergency Placement	399	222	152	126	156	37
Placement Preservation	348	336	274	292	263	71
Exit from Placement	98	76	87	63	64	9
Missing	0	0	1	0	0	0
<b>Total</b>	<b>1302</b>	<b>1037</b>	<b>1000</b>	<b>1092</b>	<b>1092</b>	<b>356</b>

Data Source: TDM ETO database

The significant reduction in the number of TDMs (67%) compared to previous years is the result of caseload/workload pressures in a number of ways:

- Staff did not have time to arrange for TDMs because of competing workload priorities;
- TDM facilitators were assigned to caseloads, limiting their availability;
- Experienced staff were supplanted by staff not yet trained in the value of TDMs;
- There was confusion between when to have TDMs and when to have Child and Family Team Meetings (CFTMs), newly implemented under the Katie A. Core Practice Model.

CFTMs and TDMs bear notable similarities, but are also different in important ways:

- CFS developed a CFTM model using Safety Organized Practice (SOP) techniques and terminology, though some TDM practices are still used;
- TDMs are focused on placement issues while CFTMs are used to:
  - Develop Safety and Individualized Care Plans, and
  - Address child and family mental health needs;
- TDMs are held at critical decision points while CFTMs are designed to provide ongoing team support.

CFS has 11 specially trained full time TDM facilitators and a number of trained “part-time back-up” facilitators who will play a critical role in helping transition from event based team decision making meetings to a more holistic child and family team process occurring during the entire life of a case. The Reunification workgroup is developing protocol to clarify when a TDM should be held or a CFTM, and taking steps to increase the number of family team meetings of all kinds for 2016. Teaming protocols are being developed by the TDM Steering committee and the SOP/CFT Countywide Implementation group. It is anticipated SDM assessments will be mutually integrated into these teaming approaches. CFS will also be exploring how other counties integrate TDMs and CFTMs.

TDM facilitators have been redirected to case carrying social workers since the caseload pressures increased. The Family to Family Steering committee has also reduced its meetings.

This Strategy will be revised to include CFTMs and reference both kinds of teaming. The number of CFTMs held is an uncertain number, though recent figures suggest at least 252 were engaged in Intensive Care Coordination (ICC) in the past year, which requires at least one CFTM. In total, combining with available information from DBH, there were 905 TDM and CFT meetings in 2014/15. Policy to record CFTMs in CWS/CMS has been established and promulgated. Trainings for CFTMs have been implemented and are on-going through the San Bernardino County Performance, Education and Resource Center (PERC) and the Academy. Additional training for TDMs may be obtained through UC Davis. Regular reports on TDMs are presented and reviewed at the TDM Steering Committee.

Social workers and supervisors in each of the CFS regional offices completed training on facilitation of CFTMs in June, 2015. Sufficient coaching is in place to support skills development in both CFTM facilitation and SOP.

African-American infants had been targeted as the intended recipients of more TDMs. This, however, has not taken place:

**TABLE 13: TDMs FOR AFRICAN-AMERICAN INFANTS SINCE 2009**

Removal year	# of African American Infants Removed with TDM within 30 Days of Removal	# of African American Infants Removed in the Year	% of African American Infants Removed with TDM within 30 Days
2009	16	25	64.0%
2010	39	76	51.3%
2011	18	64	28.1%
2012	13	67	19.4%
2013*	12	77	15.6%
2014*	10	96	10.4%
Jan 1 to Nov 23, 2015*	5	133	3.8%

\*Note 2013 to 2015 YTD, cases transferred from another county have been excluded from the analysis.

The causes of the decline in TDMs have been noted and the increase in the number of African-American infants entering the Child Welfare System is discussed on pages 39-40 (Section on Obstacles and Barriers).

**PERMANENCY 1, STRATEGY 2: INCREASE AND ENHANCE THE ROLE OF PARENT PARTNERS IN EARLY ENGAGEMENT.**

The use of Parent Partners (PP) was identified in the County Self-Reassessment as a promising practice. There were a significantly greater proportion of children reunified when Initial PP referral or PP assignment occurred for the latest available quarter (7/1/2014 to 9/30/2014).

**TABLE 14: IMPACT OF PP SERVICES ON REUNIFICATION RESULTS, 2014**

	# Parents	# Children	# Children Reunified	% Reunified	Avg time to Reun	Median time to Reun
Parent Rejects PP Service/ No Services Delivered	186	259	53	20.5%	230.5	232
Parent Accepts PP Services	104	227	83	36.6%	287.3	300
<b>Total</b>	<b>290</b>	<b>486</b>	<b>136</b>	<b>28.0%</b>	<b>265.2</b>	<b>261</b>

Parents not receiving services reunified less frequently; but those that did reunify did so more quickly. A possible explanation might be some parents who reject/decline services are already well positioned to complete the reunification process. Notably, however, for both groups the median and mean times to reunification are less than 12 months.

The PP program expanded from 7 at the last report to 11. Parent Partners are engaged in a number of activities that help them in building connections with social workers and gaining information to better guide reunifying parents. Parent Partners participate in the initial training (O&I) of social workers, go to unit meetings and participate in TDMs and CFTMs. Parent Partners assisted in the development of the training curriculum for incoming Parent Partners.

The Parent Partner database has been completed by ROQS and data is currently being entered. It has the capability to account for how many parents have been given the opportunity to receive the service, whether at court or through a referral from their social worker (including those who have rejected the offer). The database also tracks how many of each service type was provided by a specific Parent Partner or how many have been provided in total over a given time period.

Parent Partners began facilitating court orientations in July, 2013. Every parent attending their detention hearing also attends a court orientation presented by a PP. They are offered the PP services then, but may still request one later or an SW may refer them. There are 361 open cases between all the active PPs (up from 257 Point-in-Time count last year), 981 closed PP cases and 484 parents who have declined PP services. Since July, 2013 PPs have provided services to a total of 603 parents, up from 339 at the last report.

**PERMANENCY 1, STRATEGY 3: SAFETY ORGANIZED PRACTICE (SOP)**

The initial phases of SOP training were completed last year and the training for trainers for new supervisors has been completed. SOP has become the cornerstone of CFS's Integrated Service Model and will be interwoven into all aspects of child welfare practice, including:

- Incorporating elements of SOP into the fundamental structure of Child and Family Team (CFTM) Meetings under the Katie A. Core Practice Model (CPM). Policy, training tools and materials are being used to expand CFTMs into standard practice. PERC provided training through June of 2015 in all county regions,
- Use of SOP techniques and terminology in assessments. SOP techniques are being utilized in Risk Assessment Meetings. The intent is to use SOP with SDM when it comes on-line early in 2016;
- Development of a supervisor checklist to ensure SOP techniques are reviewed during case conferencing is being developed;
- Incorporation of SOP into reunification planning with the newly implemented Progress/Action Plan Review Tool. Portions of the Harm and Danger statements and Safety goals are here transposed into individualized case plans, using behaviorally specific objectives;
- TDMs now employ SOP language, and facilitators report positive results;
- Workers are incorporating SOP into practice. Regions will be encouraged to use SOP to individualize case plans;
- All new staff will be instructed in SOP as part of their initial training;
- The number of Coaches has been increased to 7 and they will be available in every region to reinforce the use of SOP techniques. The available Coaches build in a systematic and on-going refresher training process. Coaches assist staff in working with SOP tools, risk assessment, safety mapping and planning and participation in CFTMs;
- An SOP/CFT Countywide Training workgroup has been initiated to oversee these training and utilization initiatives;
- CFSR Case Reviews will include a module for reviewing SOP practices. Realizing the difficulty in capturing the application of SOP techniques – essentially a qualitative practice – some form of surveying would be needed to determine the level of program penetration and application. Added to the CFSR review protocol is a section on SOP utilization and model fidelity review.

**PERMANENCY 1, STRATEGY 4: INCREASE TRAINING AND SUPPORT TO PARENTS, RELATIVES AND CAREGIVERS.**

Visitation Service Centers (VSC) have been in place and operable since June of 2013. Between June 1, 2013 and October 4, 2015 1,874 VSC referrals were made for 2,418 children to the 5 VSCs and 23,156 supervised visits have been conducted up from last year's reported number of 14,686. About 78% of the referrals included some element of FR in their Service Component designation. Referral and utilization patterns indicate, after an initial surge in 2013, referrals have more or less leveled off:

**TABLE 15: NUMBER OF CHILD-REFERRALS GENERATED FOR VSCs BY MONTH, 2015**

Visitation Center	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Christian Counseling	14	3	7	8	7	3	0	4
Family Services	1	0	0	3	1	3	2	7
Lutheran	5	2	0	3	2	4	9	1
Making a Difference	48	29	16	14	12	4	12	9
Walden	24	30	41	42	30	26	41	14
<b>Total</b>	<b>92</b>	<b>64</b>	<b>64</b>	<b>70</b>	<b>52</b>	<b>40</b>	<b>64</b>	<b>35</b>

**TABLE 16: VSC VISITS BY REGIONAL OFFICE**

CFS Office	#	%
Barstow/Needles CFS	63	3%
Central	306	16%
Fontana	142	7%
Gifford	765	40%
Placement Resources	8	0%
Rancho Cucamonga CFS	236	12%
Victorville CFS	234	12%
Yucca Valley	140	7%
<b>Total</b>	<b>1,894*</b>	<b>100%</b>

\*Does not match the 1874 figure above as some children were counted in more than one office.

Visitation can either be supervised or unsupervised. In addition, there are four (4) types of supervised visitation: monitored observational, interactive, intensive therapeutic and security. During interactive visits, a visitation monitor directly engages visit participants in interactive learning directed toward improving parenting behaviors, improving relationships skills, and integrating into the visit the parent's knowledge gained through parenting classes, therapy, and other case-plan related activities. Virtually all visits have been interactive or observational, with the majority of visits being interactive:

**TABLE 17: VSC VISITS BY TYPE AND PROVIDER**

Visitation & Support Center	Visit Type			Total by VSC	% by VSC
	Interactive	Observational	Unknown		
Christian Counseling Services	1,488	634	10	2,132	9%
Family Services Association	1,376	127	4	1,507	7%
Lutheran Social Services	984	14	0	998	4%
Making a Difference Association	4,158	2,764	3	6,925	30%
Walden	5,740	5,665	189	11,594	50%
<b>Total by Visit Type</b>	<b>13,746</b>	<b>9,204</b>	<b>206</b>	<b>23,156</b>	<b>100%</b>
<b>% by Visit Type</b>	<b>59%</b>	<b>40%</b>	<b>1%</b>	<b>100%</b>	

Above tables from VSC report, 2015 ROQS

The VSCs are, generally, providing service in a timely manner. On average there were 23 days between date of referral and date of first supervised visit. Since the VSCs have been operational 2,272 children have been seen at VSCs. Of these, 596 (26.2%, up from the 19% reported last year) children reunified after at least 1 visit to a VSC. Additionally, 178 children (7.8%) have had a VSC visit but were never removed (ER/FM/FR cases).

(There has been indication from the vendors documentation of visits noted above is lower than the actual due to data input issues. The actual figures are more likely higher).

Regarding Support Groups at least 35 agencies/vendors indicated they were able to provide support groups through the CAPTS program. Support Groups are being underutilized. There have been communication issues in determining what types of Support Groups are in demand and available. With a Request for Qualification (RFQ) scheduled to be released this year, CFS will more clearly identify the kinds of Support Groups required.

Regarding increasing support and outreach to kin caregivers and optimizing training resources, the Placement Resources Division (PRD) has engaged the Community Colleges (CC) and will circulate available trainings at the Kinship Centers. The following table shows the number of unduplicated participants in the Foster and Kinship Care Education (FKCE) program at Barstow College:

**TABLE 18: FKCE PARTICIPANTS, BARSTOW COLLEGE 2014-15**

Category	Unduplicated Count
1 Foster / Adoptive Parent	362
2 Prospective Foster / Adoptive Parent	15
3 Relative / Kinship Care Provider	53
4 Foster / Adoptive Parent and Kinship Care Provider	0
5 Non-Relative Extended Family Member	6
6 County Social Services Staff	0
7 County Probation Staff	1
8 Group Home Staff	1
9 Other Professional (Works w/ Youth)	15
10 Other	43
11 Unknown	15
<b>Total Served:</b>	<b>511</b>

FKCE, 2015

Local Community Colleges provide information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents.

The main venue for having caregivers serve as mentors was meant to be the VSCs but there have been some issues with expanding their role. There have been additional issues with identifying which foster parents and caregivers would be most open to acting as a mentor, and identifying which reunifying parents would be most receptive to that kind of support. It has also been acknowledged that a certain amount of mentoring does occur on an informal basis, though it is difficult to gauge its frequency and affect. With the expansion of CFTMs it is expected that this informal mentoring relationship will be increased and enhanced.

PRIDE information was presented to CFS Staff at the Combined Manager's Meeting in May, 2015. Additionally, curriculum will be disseminated using the available power points. CFS is exploring other foster parent training models.

Reunifying parents are routinely engaged in orientation at detention hearings. Additional engagement with social workers, reunifying parents and caregivers will likely be expanded through Child and Family Team meetings. If this occurs, it should be discernible through the Qualitative Case Reviews.

**PERMANENCY 1, STRATEGY 5: EMPHASIZE REUNIFICATION PLANNING TO FACILITATE EARLY TRANSITION OF CHILDREN TO PARENTS' HOME.**

SOP coaches are available in all offices and can assist in simplifying and individualizing case plans. The next round of SOP training is also meant to reinforce these improvements in reunification planning.

The case plan Progress Review tool has been developed to be individualized and focused on case plan goals. Originally conceived as a timeline informing the reunifying parents of upcoming court dates, it is now an 'Action Plan' or 'progress review tool' to help reunifying parents more

clearly understand what action items and services identified in their case plan need to be completed and by when. The Progress Review Tool, which incorporates SOP techniques and terminology, was implemented in September of 2015 with accompanying instructions. Training on the tool will be included in the initial training for social workers.

Furthermore, the intent is not simply to 'check-off' when a particular service has been completed, since the tool integrates SOP techniques into practice by incorporating use of Harm and Danger statements and scaling questions. The Progress Review reinforces the value of service objectives and uses the tool as a springboard for discussion regarding the real changes reunifying parents have assimilated into their lives.

This tool is meant to be one of many instruments and practices ensuring parents understand court timelines and processes related to reunification. Court orientation, Parent Partners and use of SOP in other contexts also contribute to assisting parents in understanding timeframes and the specific behaviors which need to change to facilitate reunification. SOP training and coaching has already been discussed and an increasing amount of social workers are utilizing SOP in assessment and case planning.

### **PERMANENCY 3 STRATEGIES**

**PERMANENCY 3, STRATEGY 1: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, TAY, ILP/PFA, WRAPAROUND AND CASA**

**AND**

**PERMANENCY 3, STRATEGY 2: EXPAND AND OPTIMIZE MENTORING PROGRAMS FOR PARENTS AND CAREGIVERS OF CHILDREN/YOUTH IN CARE OVER 24 MONTHS. PROGRAMS: IYRT, WRAPAROUND, CFS PARENT PARTNERS, KINSHIP CENTERS, VISITATION CENTERS AND PRESCHOOL SERVICES**

The purpose of these strategies is to provide mentoring services to youths, parents and caregivers by building on current efforts and bridging between caregivers and reunifying parents. Both strategies will be addressed together.

Programs providing mentoring services include Transitional Aged Youth (TAY), Independent Living Program/Peer Family Assistants (ILP/PFA), Wraparound and Court Appointed Special Advocates (CASA). In order to increase and maintain awareness of mentoring programs, CFS explored use of social media to increase referrals and utilization of programs to improve engagement and participation. In August 2014, the CFS Facebook Page was launched. Information about mentoring programs is included on both the CFS Facebook page and the ILP Facebook page. Social media is used to increase awareness of mentoring programs as well as to maintain awareness to promote participation in these programs.

The Children's Network (CN), through the Mentoring Task Force, has an extensive list of available mentoring services throughout the County and provided their listings for access by social workers. A portion of the list, the means to access it and contact information for the CN Mentoring program coordinator were provided to social workers.

Community-based resource fairs, regional staff fairs, "brown bag" training and vendor fairs are also activities that facilitate the increase of referrals to mentoring programs and their utilization to improve engagement and participation. Faith in Motion activities will include dispersing flyers promoting mentoring opportunities to faith and community based organizations. Additionally, New Initiative Supervisors promote mentoring services.

The Transitional Age Youth (TAY) Centers provide care and services that are gender specific, culturally and linguistically appropriate. Department of Behavioral Health (DBH), with CFS, Probation Department, Public Health (DPH), Transitional Assistance Department (TAD), Inland

Regional Center (IRC) and the San Bernardino County Superintendent of Schools (SBCSSS), address the needs of Transitional Age Youth (ages 16-25) with mental and behavioral disabilities, by providing coordinated and comprehensive support and direct services.

TAY One Stop Centers provide integrated mental health services to individuals who may be emancipating from foster care, group homes, the juvenile justice system or county jail. Since the inception of the program, over 900 TAY have received services. Services for TAY address employment, educational opportunities, living situations, community life, medication, mental health, physical well-being, drug and alcohol use, trauma, domestic violence, and physical, emotional and sexual abuse, with the goal of enhancing independence.

Special Project Codes utilized for Wraparound, CASA (Educational Advocate and Regular CASA) and annual reports for Wraparound are the established tracking methods and database utilized to determine outcomes. Through collaboration with the Department of Behavioral Health (DBH), data is shared with CFS via monthly reports.

It was also noted the Service Coordinators are providing effective assistance in helping CFS clients navigate the service referral process. This in turn has helped reunifying parents and other clients improve engagement and participation with contracted service providers (See the summary of the OCAP strategies.).

As part of implementing strategies under the Permanency workgroup, CFS is tracking stakeholder engagement efforts, particularly for mentoring services. The 4 regional offices operate independently in engaging the community and are consistently attending and hosting a variety of events in their service areas.

Contracted Aftercare providers provide mentoring, peer support and leadership development resources for young adults. Walden Family Services Aftercare runs a networking community of current and former foster youth which allows transition aged youth to meet in a social and supportive environment. Youth share resource information and mentoring support from peers and youth leaders. Youth chosen from this group are being developed to provide training in the community for other youth and community partners.

Aspiranet Aftercare initiated a pilot that created a community outreach program to establish a body of volunteer mentors called "experience coaches". The experience coach program will focus on intense recruitment, training, matching, and at least a one year commitment from the volunteers. This program was created based on feedback Aftercare received from young adults, regarding the need for such a connection. Aspiranet's Aftercare program was recognized by the City of Fontana at the 2015 Mentoring Recognition Appreciation Ceremony for the program's mentorship to the citizens of Fontana.

Vendor Information Fairs, organized by the Program Development Division, were held in all CFS regions in October and November of 2015.

**TABLE 19: CONTRACTED VENDOR FAIRS, 2015**

Vendor Information Fair- CFS Office Location	Vendors Attending	CFS Staff Attending
Barstow	8	14
Victorville	16	34
San Bernardino B E Street	24	35
Rancho Cucamonga	26	56
Fontana	27	39
San Bernardino Gifford	16	36
Yucca Valley	4	17

Program Development Division, 2015

Regarding Wraparound services, the following tables note how Wraparound enrollment dropped off and later rebounded.

**TABLE 20: WRAPAROUND ENROLLMENT BY MONTH**

Wrap Admit Month	Total FY11-12	FY12-13	FY13-14	FY14-15	FY 15-16
July	48	44	55	38	39
August	41	30	19	33	27
September	53	37	36	41	45
October	44	41	31	17	47
November	37	29	13	37	33 (through 11/25)
December	27	26	16	28	Na
January	34	39	27	26	Na
February	35	31	48	34	Na
March	44	49	29	51	Na
April	38	58	48	30	Na
May	50	29	31	26	Na
June	50	46	32	68	Na

Wraparound Tracking Log, 2015

The total number of clients engaged, after dropping to a low of 256 are now over 300 again.

**TABLE 21: WRAP POINT-IN-TIME COUNTS**

Mo-Yr	CFS	Probation	Total
Oct-13	265	53	318
Nov-13	253	49	302
Dec-13	236	48	284
Jan-14	229	48	277
Feb-14	219	37	256
Mar-14	230	45	275
Apr-14	234	46	280
May-14	254	45	299
Jun-14	268	45	313
Jul-14	262	37	299
Aug-14	265	34	299
Sep-14	258	33	291
Oct-14	264	33	297
Nov-14	265	31	296
Dec-14	280	26	306
Jan-15	260	27	287
Feb-15	260	32	292
Mar-15	264	40	304
Apr-15	278	41	319
May-15	277	36	313
Jun-15	277	37	314
Jul-15	284	42	326
Aug-15	304	42	346
Sep-15	302	43	345
Oct-15	302	45	347
Nov-15	299	43	342

Wraparound Tracking Log, 2015

Mentoring services are offered through Wraparound as part of the package of services available to families. Currently, there is no discrete account tracking utilization of mentoring; however, of the 81 Wraparound facilitators who participated in the Wraparound Fidelity Index interview for FY 13-14, 58 (71%) identified a family support partner or advocate being part of the Wraparound team.

Connecting parents and caregivers to resources in order to enhance their ability to care for children is an essential element in a number of strategies already reviewed:

- Teaming efforts, TDMs and CFTMs (Permanency 1, Strategy #1), are the primary venue connecting reunifying parents with other caregivers. This provides an opportunity to build a mentoring relationship. To date, however, this is not a formalized process but has been reported back as being accomplished informally.
- Parent Partners (Permanency 1, Strategy #2) are referenced in the action steps for this strategy because parents interacting with them can benefit from their experience. Parent Partners also may assist in resolving issues arising between parents and current caregivers.
- CFS Peer and Family Assistants (PFAs) are former foster youth working with CFS social workers to encourage youth who may not wish to participate in various CFS activities, such as transitional conferences. PFAs provide peer counseling and service to help other youth in the foster care system. PFAs understand their concerns firsthand, provide linkages to services and help recruit foster youth into the Independent Living Program (ILP).
- The Service Coordinators assist CFS clients in engaging in the services identified on their case plans provided by CAPTS contractors (See OCAP Strategies).
- SOP encourages the building of support networks by both identifying those connected and positively engaged with the family and accessing new resources, persons and entities that might assist in the achievement of family goals.
- Faith in Motion is an initiative under the Placement Resources Division (PRD) meant to engage the faith-based community and:
  - Build further partnerships between San Bernardino County's faith community and child welfare services to support and encourage our children and families.
  - Recruit, train, and support potential foster and adoptive families.
  - Enhance mentoring efforts.
  - Establish positive, lifelong relationships for foster youth.
- As mentioned in Permanency 1, Strategy #4, Placement Resources Division (PRD) has engaged the Community Colleges and will circulate available trainings at the Kinship Centers. Barstow CC, San Bernardino Valley CC and Citrus CC provided information regarding free classes on a wide variety of topics, including how foster parents can mentor reunifying parents. It is believed that these efforts will positively impact both measures. The Kinship Coordinator provides to all Kinship Centers community college Foster and Kinship Caregiver Education (FKCE). PRD is also developing a 'Resource Liaison' that will serve as a nexus for distributing this and other similar information to clients and social workers.
- Note: The funding for the promising Interagency Youth Resiliency Teams (IYRT) was eliminated and the program discontinued.

### **PERMANENCY 3, STRATEGY 3: INCREASE AND ENHANCE TRANSITION FROM GROUP HOME TO LESS RESTRICTIVE SETTING**

Group Home placements have been increasing in number, but only modestly as a percentage of total placements since 2010 for San Bernardino County (6.2% in Oct-2012; 6.9% in Oct-2015). In comparison, total placements increased for the State as a whole (8.9%), while GH placements decreased across the State by 1.6%.

The following table shows the distribution of placement types since 2010.

**TABLE 22: PLACEMENT TYPES SINCE 2010**

Placement Type	Point In Time						% Change from 2010	% in Placement
	1-Jul-10	1-Jul-11	1-Jul-12	1-Jul-13	1-Jul-14	1-Jul-15		
Pre-Adopt	46	11	27	29	52	53	15.2%	1.0%
Kin	953	1,327	1,371	1,642	1,723	1,997	109.5%	36.1%
Foster	268	284	284	330	329	320	19.4%	5.8%
FFA	1,071	1,330	1,269	1,427	1,393	1,719	60.5%	31.1%
Court Specified Home	11	5	9	14	11	8	-27.3%	0.1%
Group	192	228	230	275	325	362	88.5%	6.5%
Non-FC	34	26	35	25	34	38	11.8%	0.7%
Transitional Housing	12	2	2	2	18	45	275.0%	0.8%
Guardian - Dependent	125	88	60	72	99	93	-25.6%	1.7%
Guardian - Other	740	728	735	717	694	659	-10.9%	11.9%
Runaway	51	77	42	61	51	62	21.6%	1.1%
Trial Home Visit	5	1	4	11	12	19	280.0%	0.3%
SILP			13	59	95	108	730.8%	2.0%
Other	37	40	22	34	30	44	18.9%	0.8%
<b>Total</b>	<b>3,545</b>	<b>4,147</b>	<b>4,103</b>	<b>4,698</b>	<b>4,866</b>	<b>5,527</b>	<b>55.9%</b>	<b>100.0%</b>

Data Source: CWS/CMS 2015 Quarter 2 Extract. Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 11/12/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

There are 373 children in an open Group Home placement as of October 15, 2015. Approximately 35.9% of the children in Group Homes are of Hispanic/Latino origin; 31.6% are white non-Hispanic; and, 31.4% are Black, non-Hispanic.

**TABLE 23: GH PLACEMENTS BY RACE/ETHNICITY, 2015 (PIT)**

Race	# Non-Hispanic	# Hispanic	Total
Alaskan Native*	0	1	1
Black*	117	10	127
Caribbean	0	1	1
Declines to State*	0	65	65
Hawaiian*	2	0	2
Hispanic	0	5	5
Japanese*	2	0	2
Unable to Determine*	0	2	2
White*	117	50	167
White - Armenian*	1	0	1
<b>Total</b>	<b>239</b>	<b>134</b>	<b>373</b>

CWS/CMS extract, 2015

The majority of children in a Group Home are male (62.7%, 234) and the median age is 15 with a range of 6 to 20. There are 139 female children currently in a Group Home (37.3%) and the median age is 15 with a range of 6 to 18.

The most recent available data does support the picture of an intransigent congregate care population, particularly those who have been in care two years or longer. The following data is for all youth that had a Group Home placement under CFS in 2011 and a subsequent placement. Of the 424 youth in GH placement in 2011, these are the first placements outside the original Group Home for number of Youth with at least one placement change between placements in 2011 and 10/13/2015:

**TABLE 24: GH YOUTH PLACEMENT CHANGES, 2011-2015 (through October 15, 2015)**

Group Home	213	67.8%
FFA	44	14.0%
Relative/NREFM	31	9.9%
FFH	13	4.1%
Small Family	3	1.0%
County Shelter/Receiving Home	3	1.0%
SILP	3	1.0%
Court Specified	2	0.6%
Guardian Home	1	0.3%
Tribe Specified Home	1	0.3%
<b>Total</b>	<b>314</b>	<b>100.0%</b>

CWS/CMS extract, 2014

Where discernible, the subsequent Group Home placement was:

**TABLE 25: GH TO GH PLACEMENT CHANGE RCL**

Lower RCL	45	30.2%
Same RCL	46	30.9%
Higher RCL	58	38.9%
<b>Total</b>	<b>149</b>	<b>100.0%</b>

CWS/CMS extract, 2014

Of the remaining 101 (314 minus 213) that went to a **non-Group Home** placement

- 62 (61.4%) had a subsequent placement change after that non Group Home placement
- 29 (28.7% of the 101) had a change to another Group Home at some point
- 48 (47.5%) had the placement end within 30 days (9 were identified as behavioral issues or a higher level of care was required; 30 were AWOL).

To summarize and emphasize some notable points:

- A similar analysis last year showed nearly half of those that step down to a less restrictive setting end up going back to a GH at some point and over a quarter (26.7%) of those that step down to a non-Group Home setting end up changing placements within 30 days. This year those numbers, more or less, flipped: about one quarter returned to a GH setting while

almost half had their placements end in 30 days. The number of AWOLs in this group tripled.

- Most placement changes out of a GH are to another GH (67.8%).
- If a youth changes placement to another Group Home, it is more likely they will step up than step down (38.9% compared to 30.2%).
- About 25.9% in GH don't change at all (110 of 424) an improvement from last year's 34.5% (147 of 426).

The figures are more encouraging when one looks at all the subsequent placements for the 424 in the cohort (which totals to 532 placement changes):

**TABLE 26: GH SUBSEQUENT PLACEMENT CHANGES**

Group Home	243	45.7%
FFA	100	18.8%
Relative/NREFM	87	16.4%
FFH	38	7.1%
SILP	35	6.6%
Guardian Home	10	1.9%
Court Specified	7	1.3%
County Shelter	6	1.1%
Small Family	5	0.9%
Tribe Specified	1	0.2%
<b>Total</b>	<b>532</b>	<b>100.0%</b>

CWS/CMS extract, 2015

Though there is movement from GH to GH, when one looks at all the subsequent placements over time, you get comparatively more placements in less restrictive settings. The jump to permanency for those in long-term care who have had GH placements is still very difficult. Of the 269 children/youths that exited to care in the Q2 2015 cohort (7/1/14 to 6/30/15), only 18 exited that had either a current or prior GH placement. There are 211 children/youths from the cohort with some GH placement remaining in care.

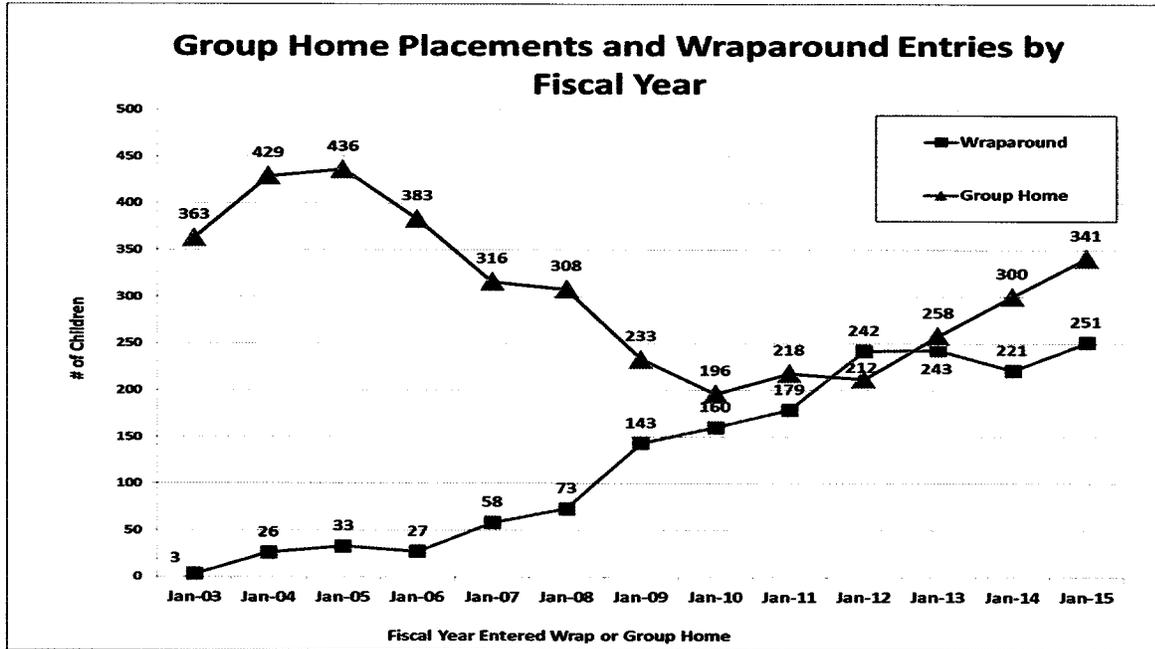
Efforts to reduce GH placements will hinge on developing and implementing placement models that assist in the transition from GH to family settings. San Bernardino supports the reform efforts under the Continuum of Care Reform (CCR) and has already initiated reforms related to CFTs. Efforts to increase social worker awareness and understanding of step down service to facilitate this transition have had positive impact. Group Homes provide some transitional therapy and transitional steps are addressed during TDMS. Development and expansion of the former Residentially Based Services (RBS) program, now Children's Residential Intensive Services (ChRIS) has led to greater utilization. Currently, ChRIS engages 38 youths. In FY13-14 there were a total 60 children served in the ChRIS Program (26 at RCL 14 and 34 at RCL 12). For comparison, in FY12-13 there were 19 children served in RBS, all at the RCL 14 level of care.

Another program with a similar target population is Intensive Treatment Foster Care (ITFC) which engages 32 youths thus far this year, having engaged 39 last year. A point in time count two years ago showed only 5 youths enrolled. ITFC serves to divert potential Group Home placement. In Wraparound, there are 296 CFS participants and 44 Probation participants for a total of 340.

The following table is from the San Bernardino County's Wraparound Program FY 2014-15 Annual Report prepared by Human Services, Research, Outcomes and Quality Support

(ROQS) Unit, and displays a point-in-time comparison of children in Group Homes and Wraparound placements. Group home placements began to decrease as Wraparound expanded (FY05-06) and enrollments in Wraparound increased.

**TABLE 27: WRAP AND GH PLACEMENTS SINCE 2003**



Research, Outcomes and Quality Support Unit Wraparound Report, 2014-15

For about the first 10 years, Wrap growth is concomitant to GH utilization decrease. In the past 4 years, however, use of Wrap has more or less leveled off while GH placements have increased 61%. Again, this may well be related to the surge in foster care entry and in-care rates, but may also reflect increased needs in this population or improvements in identifying those with greater needs, particularly behavioral issues.

**TABLE 28: PERCENT IN WRAP COMPARED TO GH PLACEMENT SINCE 2003**

	GH	WRAP	Totals	%in Wrap
2003	363	3	366	0.8%
2004	429	26	455	5.7%
2005	436	33	469	7.0%
2006	383	27	410	6.6%
2007	316	58	374	15.5%
2008	308	73	381	19.2%
2009	233	143	376	38.0%
2010	196	160	356	44.9%
2011	218	179	397	45.1%
2012	212	242	454	53.3%
2013	258	243	501	48.5%
2014	300	221	521	42.4%
2015	341	251	592	42.4%
10/1/15	367	302	669	45.1%

Research, Outcomes and Quality Support Unit Wraparound Report, 2014-15 and CWS/CMS 2015 Quarter 3 Extract.

Data shows GH placements and Wraparound point-in-time placements both continuing to increase through this year. Thus it appears where once engagement in Wrap siphoned off potential GH placements, and still may be to some extent, this direct relationship has been lost because of increased in-care rates and identified behavioral issues.

While the relationship between Wraparound enrollments and Group Home placements is correlational, it is, nevertheless, still reasonable to suggest that Wraparound has played a role in the decrease of Group Home placements. The available information indicates that engaging in Wraparound prior to transitioning out of a Group Home positively impacts certain well-being results and decreases some negative outcomes:

**TABLE 29: GH TRANSITIONS WITH WRAP (anytime in GH placement) 2013-15**

Discharge Reason	2014-15		2013-14	
	#	%	#	%
Graduation	52	37.4%	41	39.0%
Negative Outcomes (AWOL, Incarceration, Hospitalization)	12	8.6%	6	5.7%
Back to a Group Home	11	7.9%	3	2.9%
Other Dismissal Reasons	64	46.0%	55	52.4%
Total	139	100.0%	105	100.0%

Wraparound Tracking Log, cross referenced to CWS/CMS, 2013-2015

Compared to the larger group of those attempting to transition from congregate care, the figures for those engaging in Wraparound services prior to transitioning appear to show solidly that it substantially improves the results for that group - particularly in minimizing the adverse results (AWOL, incarceration, returning to GH) go down significantly.

A referral process is in place for mental health screenings for children that enter foster care via the Healthy Homes program and Screening Assessment Referral Treatment (SART) program. Policy and procedure have also been instituted for re-screenings at the time of case plan update. Child and Family Team (CFT) meeting policy has been published and is being implemented. Trainings for SWs to provide CFTMs for all Katie A. class members have been completed. Team Decision Making (TDM) and Transitional Conference (TC) meetings are ongoing in CFS regions.

TDMs have been used when placement changes in GHs are under review. TDMs, by and large, affirmed the need to maintain some level of GH placement. Along with the larger trend, TDMs for those in GHs decreased from 49 in 2014 to 12 in 2015 (6 of which led to a change to a non-GH setting). There is some anticipation CFTMs, being more focused on service and utilizing SOP techniques, may support and enhance more effective less restrictive placements. CFS also hired Social Worker II's to assist in family finding. Their first focus will be on out-of-state GH placements.

It was suggested that SWs engage the foster parents or new caregivers prior to changing placement by having step-down visits prior to the actual placement change. The Resource Liaison position is being established, in part, to assist in addressing these transitional issues. The Central Placement Unit supports the regions in the development and utilization of CFTMs and engagement of providers who can contribute when children are difficult to place.

**PERMANENCY 3, STRATEGY 4: IMPROVE ACCURACY OF CWS/CMS DATA ENTRY REGARDING NRLG (AKA, SERVICES ONLY GUARDIANSHIPS OR SOGs)**

The inclusion of Probate Guardians (called SOGs) in the Permanency figures had been weighing down outcome data. An effective protocol was developed and a 'data clean-up' completed in August of 2013. Since that time the Permanency figures have trended positively, or at or near the national standard.

**PERMANENCY 3, STRATEGY 5: TO BETTER MATCH CHILDREN/YOUTH TO FOSTER HOMES WHICH INCREASES THE LIKELIHOOD OF PERMANENCY.**

This strategy involves long-term project management in the redeployment of foster care recruiting resources. In August of 2014, CFS Placement Resources Division completed a project plan outline, in accordance with the action items under this strategy, to institute more effective means of matching children to foster homes. The process is continuing under Resource Family Approval (RFA) planning and implementation. Some of the developments under this project include:

- CFS' "Taking Care of Business Day (TCBD)" and other licensing processes were modified to more efficiently process paperwork. Resource parent applicants are receiving more timely home evaluations resulting in increased numbers of licenses issued and placement-ready foster and adoptive homes. San Bernardino County has increased licenses in force from 534 in August, 2014, to 597 in November, 2015, and capacity for placement from 1187 to 1298 in the same time period.
- CFS has determined that the largest need for substitute caregivers is in the City of San Bernardino. To meet the goal of this strategy, licensing staff reviewed recruitment/ licensing and support practices in other counties. Finalization of the project plan and recruitment strategy was completed by May 2015 with implementation in June 2015. Funding from the Foster Parent Recruitment Retention and Support Plan (FPRRS) utilizes a short-term funding option to enhance Faith in Motion efforts for recruitment in high need areas.
- A home study pre-licensing tool identifying applicants that may need additional review (form CFS 104A) is now part of the application process. Results have been promising. This allows both licensing and home study staff to focus efforts on other potential resource parents. This does not prevent others from withdrawing their applications later or passively closing their applications by not completing the process.
- The CFS Facebook page promotes "Be a Hero" under the "Heart Gallery" in efforts to recruit adoptive parents. It also posts FAQs regarding becoming a foster or adoptive parent, schedules of upcoming TCBD dates and locations, and various media coverage on CFS efforts to find homes for waiting children. The San Bernardino County Communications Officer has developed videos about SBC families who have completed adoptions and one who completed their adoption at the 2015 Annual Adoption Finalization Event that received national recognition.
- Adoptions and Licensing staff attended a variety of events and meetings in order to obtain information regarding the recruitment practices in nearby and similar counties. In addition to efforts made last year:
  - PRIDE training and Home Study staff attended SATARN, the Southern Area Training and Recruitment Network.
  - PRIDE staff also completed training on PRIDE Next Generation and processed one pilot group through a series of PRIDE NG training. This training involves approximately half of the training be completed on-line. The result of the pilot was it is not an appropriate time to implement with RFA implementation pending.

- Staff reviewed licensing and home study approval processes to assess bottlenecks. Under the RFA Permanency Assessment, a more in-depth review will be conducted of licensing, home study and the relative assessment unit (RAU).
- CFS and the Community College FKCE group continue to collaborate to provide relevant ongoing trainings to all resource parents.
- The matching process is integrating with teaming efforts (CFTMs, TDMs, and Transitional Conferences) to engage youth. For example, if a youth indicates he/she would like to pursue higher education, then an attempt is made to match them with Resource Parents that would make it a priority.
- Translation Services have also been added to assist with improved communication, which should lead to better matching.
- CFS is exploring the use of a shared database with Riverside County to facilitate the availability of Foster Family Agencies used by both counties.

A review of the current deployment of FFH and FFA resources in San Bernardino County revealed a surprising drop in the number of placements from other counties. For 7/2015, there were 320 children placed in FFH homes in San Bernardino county and of those 302 were San Bernardino county supervised children (94.4%) while 2 were supervised by LA county (0.6%), 15 supervised by Riverside county (4.6%) and 1 by Santa Cruz (0.6%) for a total of 5.6%.

There were 1,719 total children placed in FFAs in San Bernardino County by any California county and of those 1,381 were San Bernardino County children (80.3%). There were 338 children placed from other counties:

Riverside:	294 children – 87.0% of the 338 children placed from other counties
Los Angeles:	23 children – 6.8%
San Diego:	8 children – 2.4%
San Luis Obispo:	5 children – 1.5%
Inyo:	4 children – 1.2%
Fresno/Stanislaus/Orange:	4 children – 1.2%

As one of the initial steps in reform, CFS and Probation submitted a proposal for the Foster Parent Recruitment, Retention and Support (FPRRS) allocation authorized under the CCR. Among other things, the proposal would expand family finding services. \$555,250 was approved and will allow hiring of three SW II staff to conduct family finding services.

The Resource Family Approval (RFA) initiative, mandated to be online by 2017, supports family-based placements. RFA creates a unified, family friendly and child-centered caregiver approval process in family-based settings. CFS has a working group developing a project plan to implement RFA. RFA aims to decrease time to permanency as caregivers receive and adoptions level permanency assessment up-front.

**PERMANENCY 3, STRATEGY 6: CONTINUALLY AND SYSTEMATICALLY REASSESS PARENTS, RELATIVES AND SUPPORTS FOR RETURN AND/OR PLACEMENT OF CHILDREN IN CARE LONGER THAN 24 MONTHS.**

This strategy combines a few identified practices with elements of other strategies into a sustained practice of continual reassessment and search and engagement. For example, Case Assessment Forums (CAFs) are the primary vehicle used in reassessing Group Home placements for those in placement over a year and those under 12. The means to systematically capture the actual number of CAFs or similar meetings (Risk Assessment Meetings - RAMs and Daily Assessment Review Evaluations - DAREs) is being upgraded,

primarily with SPCs and tracking meetings at regional offices. RAM meetings for example are being tracked through an SPC in CWS/CMS.

**TABLE 30: RAMS BY REGIONAL OFFICE, 2012-2015**

<b>Office/Region</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015 ytd</b>	<b>Total</b>
Barstow/Needles	0	6	18	26	<b>50</b>
Central	18	13	8	60	<b>99</b>
CAAHL	3	0	1	0	<b>4</b>
Fontana	6	4	5	0	<b>15</b>
Gifford	20	56	27	13	<b>116</b>
PRD	0	0	5	0	<b>5</b>
Rancho	4	1	1	8	<b>14</b>
Victorville	88	53	66	7	<b>214</b>
Yucca Valley	1	3	1	2	<b>7</b>
<b>Total</b>	<b>140</b>	<b>136</b>	<b>132</b>	<b>116</b>	<b>524</b>

CWS/CMS extract, December 2015

CFS is currently in the process of developing methods to more efficiently capture DARE/CAF utilization figures, and also to transition from using the CAT to SDM. It is expected this may reduce the number of RAMs but make the ones conducted more effective. The Business Redesign includes a group reviewing RAM/DARE/CAF processes and documentation.

Family Search and Engagement (FSE) is an integral part of County Family to Family practices. SWs are mindful of the need to include tracking through collaterals and to case mine in search of appropriate placements. One aspect of FSE, case mining, can be time consuming. This hiring of SW II's in the near future should help with case mining efforts. SW II's, for example, under the Adoptions program had been previously tasked with case mining for family members and are expected to continue in that capacity. Nevertheless, a standard method to capture when FSE is performed on a case in order to track the results needs to be developed.

Training for Safety Organized Practice (SOP) and Child and Family Team (CFT) meetings (re Katie A.) began in August 2013. These activities are ongoing.

CHRIS, CASA, Wraparound have been discussed in previous sections. In this context, the intent is to optimize the assessment provisions of these programs and, again, it begins with understanding current utilization. SOP is also discussed in more detail in another section and is expected to impact the quality and number of reassessments. TDMs, TCs and other contacts are also to provide opportunities to inform reassessment efforts.

## **PROBATION STRATEGIES**

### **PROBATION STRATEGY 1: PROVIDE PARENTS AND THE YOUTH, AT THE ONSET, WITH TRAINING AND RESOURCES**

The purpose of this strategy is to provide youth and his/her parents with training and resources that assist with addressing non-compliant behavior at the earliest stage in the criminal justice process so as to avoid out of home placement. Probation's approach is twofold: 1) to increase the number of parental referrals to the Parent Project for youth on informal and formal probation, and 2) to refer an increased number of youth on informal and formal probation to the Big Brothers Big Sisters of the Inland Empire or similar mentoring program.

Data from 2015, January through November, reflects 144 referrals were made to Parent Project. Further, from July through November 2015, 3 referrals to Big Brothers Big Sisters of the Inland Empire have been received.

Officers have been trained on program availability and referral submissions. Supervisors have been encouraged to remind officers to submit referrals, and information has been disseminated electronically. Additional training will be mandatory for new officers completing CORE classes. In addition, regular and ongoing training will be provided throughout the regions at staff meetings.

A readily accessible tracking system is in development so referrals can be more frequently and easily monitored. One point of contact for referral submissions has been established for accurate entry of information and initial follow up for the Big Brothers Big Sisters mentoring program.

Obstacles include the lack of consistency in providing referrals to mentoring and the parent project programs throughout the life of the case. Big Brothers Big Sisters of the Inland Empire is a new program and overcoming initial skepticism is challenging due to the lack of services provided by the prior program. At this point, there is insufficient data to determine if there has been any positive effect. Follow up will need to be conducted with Probation Officers involved in case management to assess the length of time involved before the family is engaged, how frequently the mentoring sessions occur, and ensure all documentation is correctly and accurately entered in the department's case management system.

**TABLE 31: PROBATION REFERRALS TO PARENTING CLASSES**

	Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	AVG
<b>2013</b>	19	14	13	17	30	9	11	16	12	9	14	10	<b>14</b>
<b>2014</b>	15	11	14	11	18	8	32	35	8	27	26	9	<b>18</b>
<b>2015</b>	30	17	20	12	22	9	11	6	9	5	3	N/A	<b>13</b>

### **PROBATION STRATEGY 2: INCREASE USE OF THE WRAPAROUND PROGRAM**

The purpose of this strategy is to increase participation in the Wraparound program through the use of Probation screeners who would expedite the review and referral process for getting Probation youth into the program. The goal is to reduce the number of out of home placements by using the interventions offered by Wraparound. Wraparound assists families in working together in the home on problems that may affect the youth's successful completion of probation, thereby avoiding out of home placement. Two areas of Probation youth are the current focus for Wraparound referrals: those who have not reached a level of criminal behavior or family dysfunction requiring out of home placement and those who have returned from out of home placement and are at risk of returning due to family instability. With the increase in the

use of the Wraparound program, the number of youth placed in out of home placements will decrease, which is a goal of AB403, the implementation of which is on the horizon.

The development and implementation of guidelines and process for Wraparound screeners has been completed. Referrals are now completed by trained supervision and placement Probation Officers. Another source of referrals is court ordered referrals. The referrals are then screened and reviewed by a Wraparound Officer and Children and Family Services.

Officers were trained to complete the referrals and are receiving annual training from the Wraparound providers. Continued training regarding the benefits of having youth and their family involved in the Wraparound program is anticipated to increase the enthusiasm of Probation Officers to make the referrals to the program rather than keeping them on a supervision caseload.

A tracking tool was implemented in October 2014 which allows Wraparound referrals from the officers to be tracked in the department's offender management system. The referral tracking tool has been in place for over a year now and allows the officers to review the progress of the referral or the screening decision. This tool tracks the referral process, including the source of the referral, such as court or Probation Officer and allows for a quicker response and/or acceptance into the program. This tool has allowed us to monitor from what area the referrals are coming. Currently, the delinquency court and the officers make about the same number of referrals each month.

Wraparound's average monthly client numbers have decreased for the past five years, going from an average of 101 clients in 2010 to 33 in 2014. So far, this fiscal year, 2015-2016, the monthly average has increased to 39 and is expected to increase over the next twelve months. Additionally, the number of referrals increased from 70 (July-December 2014) to 95 (January – June 2015), an increase of 35 percent. It should be noted that the number of youth in a Probation placement has also decreased from an average of 205 per month in 2011 to 100 per month in 2014.

**TABLE 32: PROBATION YOUTH IN WRAPAROUND**

	Jan	Feb	Mar	Apr	May	Jun	Jly	Aug	Sep	Oct	Nov	Dec	AVG
<b>2013</b>	41	39	38	41	43	34	37	38	39	36	35	35	<b>38</b>
<b>2014</b>	36	38	34	37	36	32	37	36	34	31	23	na	<b>34</b>
<b>2015</b>	23	28	33	23	22	31	39	39	41	38	39	Na	<b>32</b>

Caseload Explorer, 2015

**PROBATION STRATEGY 3: INCREASE FAMILY PARTICIPATION AT MDT'S FOR ALL MINOR'S IN CUSTODY OVER 45 DAYS**

The purpose of this strategy is to ensure that youth ordered into out of home placement and remaining in custody over forty-five days receive support from family and other support systems while awaiting placement. The long term goal for these youth is for them to return home once they have completed out of home placement. Once placed, the timeframe for returning home can be from six to twenty four months. Thus, support from family, clergy, counselors, etc. is imperative during this time period.

Youth in custody awaiting placement over 45 days without acceptance into a placement are now assigned to a Multi-Disciplinary Team (MDT). The team addresses behavior in juvenile hall, as

well as the long term goal of reunification with family. The team also addresses mental health issues, trauma and post-traumatic stress, family instability, etc. This team may include juvenile hall staff, Probation Officers, nurses, family members, Department of Behavioral Health staff, clergy, school district representatives, and independent therapists.

A second part of this process involves assigning an independent therapist to assist these youth in custody over forty-five days with the goal of increasing positive behavior which will get the youth placed sooner and back home with their family. Funding for this component is being reviewed.

Finally, a tracking component through the Probation data system is being implemented which will look at the success of the MDT's in expediting the youth getting accepted into an out of home placement or possibly returning home without the need for placement.

Since November 2013, the Placement Unit has been successful in placing youth quickly after they have been ordered placed. In May of 2015 the strategy timeline, in consultation with CDSS, was reduced from 60 days to include youth in custody over 45 days awaiting placement. To date, this change has resulted in only one youth meeting the criteria. Consequently, with only one youth meeting the criteria, obstacles have not been identified.

#### **PROBATION STRATEGY 4: UTILIZE FAMILY FINDING TO LOCATE EXTENDED FAMILY MEMBERS FOR POTENTIAL PLACEMENT**

The purpose of this strategy is to reduce the number of out of home placements by implementing a comprehensive family finding program. The goal is to locate extended family members thereby introducing positive intervention by family members and friends which will reduce the need for out of home placement.

The first step in utilizing the family finding program was to implement training for all juvenile division Supervisors in the Probation Department. Training was completed in March 2015. Supervisors were then asked to train their individual units. Electronic emails have also been sent to Supervisors to assist with subject matter details in an effort to maintain a consistent knowledge base within the Probation Department.

Next, a protocol was developed for Probation Officers to begin the process of family finding once the youth is declared a ward of the Court. Probation Officers have been completing this process since March 2015. Family finding guidelines are now available in a power point posted in the Probation database and in the juvenile workbook as an educational resource for Probation Officers.

Finally, Probation implemented a tracking component which enables staff to track those youth who were placed with extended family members in lieu of foster care. Additionally, the Probation Department documents those family members interested in housing the youth should the need arise in the future. The Probation Department added a family finding section to each of our juvenile dispositional reports to keep all parties advised about the Probation Department's due diligence in attempting to locate extended family members.

Because statistical data entry began in March 2015, a comparison with 2014 data is not possible. However, statistical data as of March 2015 to the present time revealed 7 youth placed with other family members in lieu of placement. It is expected with more thorough family finding training these numbers will increase. Below you will find a chart that details how many times per month Probation was successful in placing youth with relatives in lieu of placement.

**TABLE 33: PROBATION RELATIVE PLACEMENTS BY MONTH, 2015**

March 2015	April 2015	May 2015	June 2015	July 2015	August 2015	Sept 2015	October 2015	Nov 2015	Dec 2015
2	0	0	0	1	0	4	0	0	0

Obstacles have included the need for ongoing training due to staff promotions, transfers and newly hired staff which require an additional investment of time for trainers and Probation Officers. To assist with training efforts, the power point presentation developed as a resource for Probation Officers was recently approved for posting into our department database. Unfortunately, the statistical component has not been used consistently which may have been the result of inconsistent training. Lastly, the statistical component requires constant audits to maintain data integrity.

## **OCAP STRATEGIES**

**OCAP STRATEGY 1: EXPAND THE NUMBER AND VARIETY OF SERVICE PROVIDERS FUNDED BY OCAP PROGRAMS.**

**OCAP STRATEGY 2: USE IN-HOUSE SERVICE COORDINATORS TO ENSURE ENGAGEMENT IS PROMPT AND TRACK REFERRALS AND ATTENDANCE.**

**OCAP STRATEGY 3: REVISE THE QUALITY ASSURANCE AND CASE REVIEW PROTOCOLS TO APPLY REVIEW STANDARDS TO THE NEW PROCESS AND UPGRADE THE EFFORTS TO OUTCOMES DATABASE.**

The Annual Report for the Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) was submitted to the Office of Child Abuse Prevention (OCAP) on October 31, 2015 and detailed utilization and outcome information for these programs.

Beginning January 1, 2014 CFS began using in-house service coordinators to facilitate engagement in services by CFS clients. Initially, there were 42 providers under contract with this new protocol. Currently there are 54 contractors in the provider network, down from 62 reported last year.

The revisions outlined in the Strategies should positively impact the Reunification and Permanency measures, as well as enhancing systemic improvements such as improved information management systems, collaboration and an expanded service array.

The number of clients served in the last fiscal year under these programs has rebounded after a transitional decline. For Fiscal Year 2012-13, there were 7927 unique clients supported by OCAP funding; 6710, for 2013-14; and, 7481, for 2014-15.

Services provided are shown below.

**TABLE 34: OCAP PROGRAM UTILIZATION, 2014-15**

	<b>Children</b>	<b>Children with Disabilities</b>	<b>Parents/ Caregivers</b>	<b>Parents/ Caregivers with Disabilities</b>	<b>Totals</b>
<b>Post-Adopt</b>	159	308	109	68	<b>644</b>
<b>Finalization</b>	88	0	133	4	<b>225</b>
<b>Therapy</b>	2075	58	2443	126	<b>4702</b>
<b>Domestic Violence Services</b>	12	0	294	23	<b>329</b>
<b>Kinship</b>	875	35	526	26	<b>1462</b>
<b>Parenting</b>	28	1	825	52	<b>906</b>
<b>Peer Support</b>	7	1	3	0	<b>11</b>
<b>Life Skills</b>	2	0	5	0	<b>7</b>
<b>Totals</b>	<b>3246</b>	<b>403</b>	<b>4338</b>	<b>299</b>	<b>8286</b>

OCAP Annual Report, 2015

Service counts are different than the unique client count because many clients received more than one service. Also there may be some discrepancies because the method of gathering data for the State OCAP report changed significantly in the last year.

Providers are required to administer exit assessments when clients leave the CAPTS program to evaluate the effectiveness of services. This year's results from 2820 completed exit

assessments are here compared to the adjusted baseline figures identified in the County Self Reassessment:

**TABLE 35: OCAP PROGRAM RESULTS, 2011-12 AND 2014-15**

Measure	Source	Baseline FY11-12	FY14-15
<i>Volume of service (# of clients annually)</i>	ETO	4628	5150
<i>CFS service referrals</i>	ETO	3839	n/a
<i>Referral Attrition Rate (# initial intake/# served at least one session)</i>	ETO	64.40%	n/a
<i>Time from Child Abuse and Neglect Referral to Service</i>	CWS/CMS and ETO	36 days 31 days (median)	44 days 35 days (median)
<i>Time from Service Referral to Service*</i>	ETO	14 days	15.4 days
<i>Program meets clients' needs</i>	ETO Exit	88.83%	79.89%
<i>Client Acquire Basic Concepts</i>	ETO Exit	55.04%	56.06%
<i>Client Acquire Competency</i>	ETO Exit	41.62%	48.05%
<i>Skill incorporation Rate</i>	ETO Exit	46.55%	49.65%
<i>Program Completion Rate</i>	ETO Exit	55.42%	63.62%
<i>Reunification/Family Stabilization Rates for those that complete service</i>	CWS/CMS and ETO	82.40%*	75.96%
<i>Permanency Rates for those that complete service</i>	CWS/CMS and ETO	98.10%	89.78%

\*Percentage for FY11-12 amended December 2015.

The data indicates the processing and immediate impacts of service improved in important ways. Providers reported a significantly higher completion rate and modest increases in the acquisition and incorporation of skills into the clients' lives. However, these gains did not appear to positively impact the reunification and permanency outcomes. Notably the time from contact with CFS to initiation of services did not improve, though the time from service referral to service remained relatively flat.

The Regional Lead Agency experienced a number of capacity and funding issues while transitioning to the new protocol which adversely affected service referral and information processing. Consequently, there were difficulties in obtaining exit assessments in the transitional year, 2013-2014. It should be noted CFS Fiscal did a comparison of the timeliness to services using the information they had available. In FY13/14 it took 90 days (average) to receive services from the referral "start date of services requested." This year's figures then reflect stabilization in processing and information gathering from the previous year.

As service accessed by CFS clients has increased, program designated costs have increased. In order to maintain service utilization levels, the cost-effectiveness of current data collection methods is currently being reviewed by CFS.

## OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

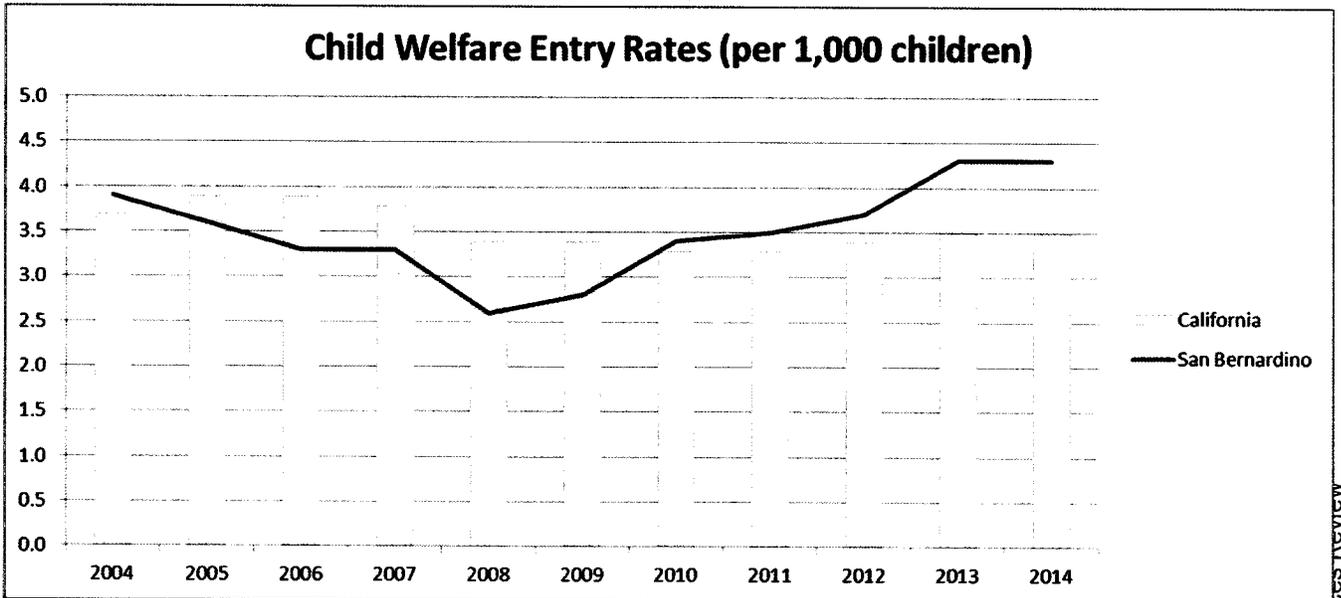
To facilitate engagement, understanding and acceptance of the SIP goals and strategies, CFS and Probation have posted a summary of the SIP for public consumption. The summary was developed with the assistance of the Program Development Division (PDD).

The document serves as an on-line primer and brochure for the SIP, explaining how the SIP acts as a roadmap to guide improved service. This document has been used to explain the purpose and focus of the SIP to supervisors and line staff with some success. For many SIP strategies, the key to success is buy-in and adherence to policy by line staff. The SIP Oversight Committee developed posters for regional offices in June of 2014.

The growth of foster care entry and in-care rates is the primary obstacle to successful attainment of SIP goals. As shown below when discussing Extended Foster Care, like many counties, the number of young adults that have chosen to stay in care was underestimated. This goes along with the larger trends in foster care entry rates. Compared to the State, in the last 4 years San Bernardino has had a higher rate of foster care entry.

- From 2005 to 2009, San Bernardino County has had a lower foster care entry rate than California.
- San Bernardino foster care entry rate for 2014 was 4.3 per 1,000 children compared to California's foster care entry rate of 3.5 per 1,000 children.

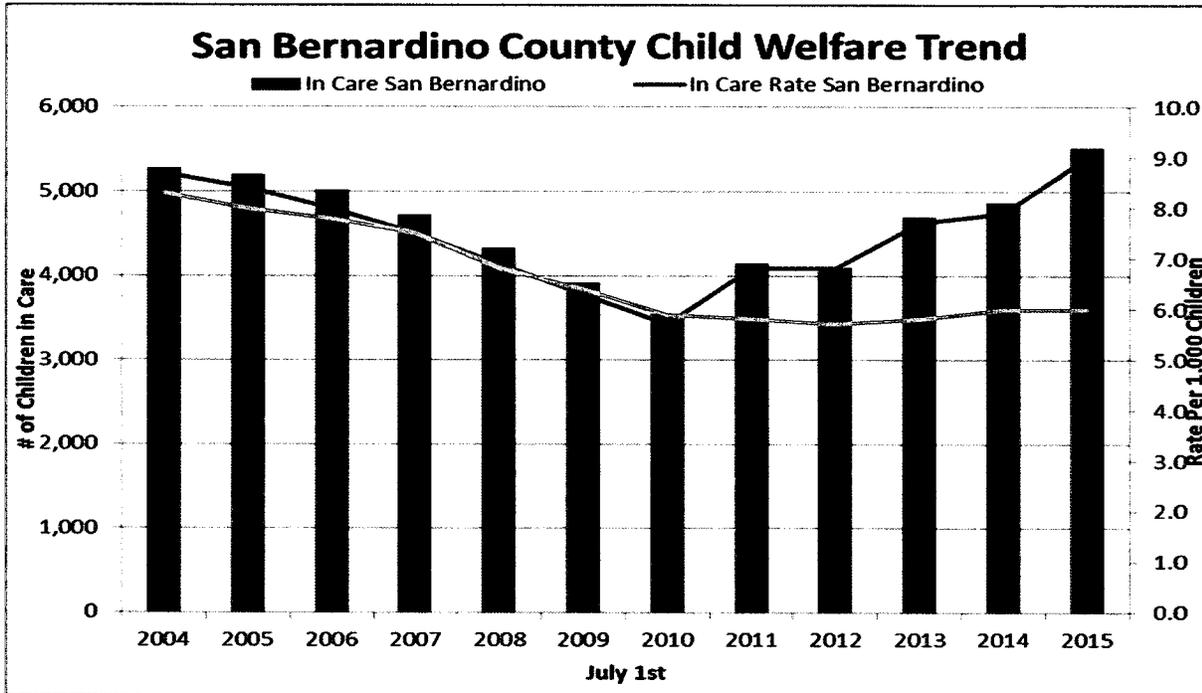
**TABLE 36: CHILD WELFARE ENTRY RATES SINCE 2004**



California has had declining in-care rates since 2003. San Bernardino County's in-care rates had been similar to the state's rates until July 1, 2011.

San Bernardino County's in care rate, for children age 0 to 17, had an increase from 7.9 per 1,000 children in July 1, 2014 to 9.0 per 1,000 children in July 1, 2015. The total number of children in care on July 1, 2014 was 4,465 children and in July 1, 2015 it was 5,085 children: about 620 more children/13.9% increase in the total children in care.

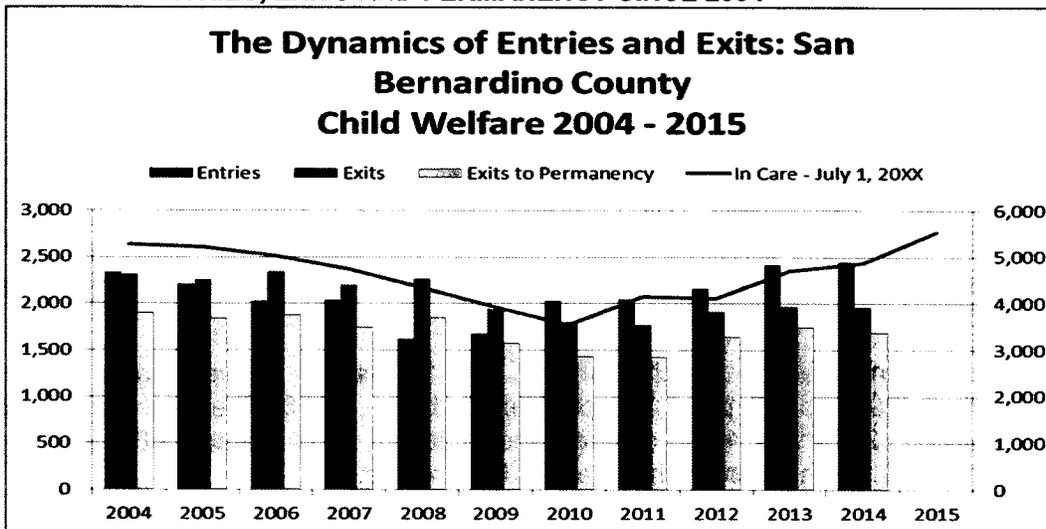
**TABLE 37: IN-CARE RATES SINCE 2004**



Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/5/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Since 2010, San Bernardino County has had more children entering care than exiting care. The number of children in foster care (point in time) had been declining since 2011, but has been increasing. Certainly part of that reduced number of exiting youths has been influenced by the number of transitional age youth remaining in Extended Foster Care. From 2013 to 2014 there has been 12.4% increase in the number of foster care entries (children age 0 to 17), a 0.4% decrease in exits from foster care, a 3.0% increase in the number of exits to permanency and 13.6% increase in the caseload.

**TABLE 38: ENTRIES, EXITS AND PERMANENCY SINCE 2004**



Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/29/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Expanded overall caseloads can serve as a barrier to implementing any particular strategy. Other demographic trends may have an impact on practice and strategy implementation. Recent data show an upsurge in the number of African-American youths entering care in San Bernardino County. There is also a trend of having younger children enter into care. Though the incidence rate/1000 is lower for African-Americans compared to the State (8.9 v. 11.9), the rate is still the highest for any group in the County. For individuals coming into care:

- 80% of the children are coming into care because of neglect allegations (2011, 2012).
- In 2014, Black and white children entered care at higher rates.
- Infants and younger children had higher rates of removal in 2014.

**TABLE 39: ENTRIES BY RACE/ETHNICITY, 2014**

Ethnic Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	44,564	398	8.9
White	122,618	711	5.8
Latino	350,315	1,273	3.6
Asian/P.I.	27,379	40	1.5
Native American	1,677	4	2.4
Multi-Race	19,562	0	0
Missing	0	22	.
Total	566,115	2,448	4.3

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/29/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

Data continues to show higher African-American in-care rates (per 1,000) compared to all other groups and high infant in-care rates:

**TABLE 40: IN-CARE RATES BY RACE (PIT) for San Bernardino**

Ethnic Group	Point In Time					
	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000	Per 1,000
<b>Black</b>	17.5	18.6	19.0	21.5	20.9	23.3
<b>White</b>	7.1	8.6	8.6	9.8	10.4	11.4
<b>Latino</b>	4.2	5.3	5.2	5.9	6.2	7.3
<b>Asian/P.I.</b>	0.8	1.1	1.6	1.5	1.7	2.1
<b>Nat Amer</b>	12.6	13.8	12.2	11.1	10.1	14.4
<b>Multi-Race</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>Missing</b>	.	.	.	.	.	.
<b>Total</b>	5.7	6.8	6.8	7.7	7.9	9.0

Data Source: CWS/CMS 2015 Quarter 2 Extract. Population Data Source: 2000-2009 - CA Dept. of Finance: 2000-2010 - Estimates of Race/Hispanics Population with Age & Gender Detail. 2010-2015 - CA Dept. of Finance: 2010-2060 - Pop. Projections by Race/Ethnicity, Detailed Age, & Gender.

**TABLE 41: ENTRIES BY AGE, 2014**

Age Group	San Bernardino County Total Child Population	Children with Entries	Incidence per 1,000 Children
Age Under 1	30,924	470	15.2
Age 1 to 2	60,987	361	5.9
Age 3 to 5	92,284	450	4.9
Age 6 to 10	157,620	549	3.5
Age 11 to 15	158,029	448	2.8
Age 16 to 17	66,271	170	2.6
Total	566,115	2,448	4.3

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 10/29/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

African American and white children continued to enter foster care at higher rates than any other ethnic group. African American infants are 1.77 times more likely to enter care than white infants. The disparity diminishes when African American infants exit care; they are 0.08 less likely to exit care than white infants. African American infants are 2.07 times more likely to be in foster care compared to white infants. The age ranges of African American/Black children with the highest disparity compare to whites was for children age 11 to 15 (1.73 times more likely to enter care than white children) and children age 16 to 17 (2.02 times more likely to enter care than white children).

For July 1, 2015, the largest segment of African Americans in care is children between the ages of 6 to 10 and 11 to 15. But African American infants have the highest rate of foster care entry (32.9 per 1,000).

Of the African American children age 6 to 10: 44.2% of the children had been in care for 24 months or longer, 22.7% had been in care from 12 to 23 months and 39.4% had been in care for less than 12 months. For the African American children age 11 to 15: 60.2% of the children had been in care for 24 months or longer, 9.5% had been in care from 12 to 23 months and 30.3% had been in care for less than 12 months.

For African American children age 6 to 10: the predominant placement types were kin (30.7%), then FFA (33.1%) and Guardian-other (17.1%). For African American children age 11 to 15 the predominant placement types were Guardian-other (29.4%), Group Homes (22.1%) and FFA (18.6%). Note Guardian-other may be improperly coded probate guardians.

For African American Children age 11 to 15:

- 91.2% of the Guardian-others were in care for 24 months or longer
- 49.0% of the Group Home children were in care 24 months or longer

One of the intended results in switching from CAT to SDM is to standardize responses across population groups. The hope is this will lead to reductions in racial disparity.

## PROMISING PRACTICES/ OTHER SUCCESSES

Some promising practices for CFS already included and previously described in the SIP are:

- TDMs
- Parent Partners
- SOP
- Service Coordinators for CAPTS

There are other promising practices that have been instituted by CFS and Probation recently to varying degrees, including:

- Monthly Juvenile Court/CFS **Bench Bar** meetings increase cooperation and coordination of court related activities. For example:
  - Discussions continue with the Court and Attorneys regarding timely reunification at Court Coordination and Bench Bar meetings.
  - Judges and Attorneys received some training/briefing on SOP and the SIP.
  - A Review of Report Hearing is now being scheduled prior to the 12-month hearing and should help facilitate timelier reunification.
  - Discussions are taking place regarding returning home at the 6-month hearing, returning home by packet and allowing a hearing between the 6th and 12th month.
- As previously mentioned, CFS is transitioning to an **Integrated Service Model**, combining elements of established and promising practices into a coherent policy of productive engagement with children and families. Some of the elements of this integration include:
  - Expanding teaming approaches beyond placement considerations to case planning and decision making;
  - Interweaving Safety Organized Practice (SOP) into all aspects of child welfare practice, including:
    - Integrating SOP techniques into Child and Family Team Meetings (CFTM), assessments and reunification planning;
    - Replacing the Comprehensive Assessment Tool (CAT) with Structured Decision Making (SDM), and combining with SOP;
  - Policies will be revised to embrace the principles of Continuous Quality Improvement (CQI) building in feedback loops so information will be synthesized into improving practice at all levels.
- Efforts are being made to incorporate the principles of **Continuous Quality Improvement (CQI)**, the logic model underlying the SIP, to other initiatives.
  - A consultant has been engaged to promote the principles of CQI and Data Driven Decision Making as an ingrained aspect of policy formulation.
  - Data and information elements are being reviewed and revised to provide comprehensive and concise reports to support decision making.
  - The Child and Family Services Qualitative Case Reviews have a designated policy of presenting information to the SIP Oversight Committee in order to synthesize the information into future action.
- One of the Initiatives developed from the Redesign Project was “Optimized Operational Scheduling”. Early on it became apparent a need existed to develop a thoughtful, effective and sustainable method to provide optimal emergency response services. The **Afterhours Response Center (ARC)** will provide 24/7 staffed response to Immediate Response (IR)

Referrals and a transition location for children while they await placement. The intent is to provide a more efficient means of providing after hours service and a secure place while children await placement.

- At the direction of the Executive Team (ETeam), the 24 hour operations centers in other counties were examined.
  - A project plan was developed and a committee convened to ensure program implementation and coordination with the Child and Adult Abuse Hotline (CAAHL).
  - ARC is not a shelter. It is a method for CFS to provide optimal emergency response services. Currently, workers are on duty at night and respond to referrals called to the hotline. Children detained will be at the ARC office until they are placed
  - Youth will not be receiving assessments onsite. If there are concerns the child may be taken to a hospital. CFS is looking at having a PHN available during ARC hours.
  - Written policy, forms and supporting tools are currently being drafted and finalized.
  - The details of the transition location have yet to be finalized.
  - The ARC is targeted to be operational in May, 2016.
- CFS is transitioning from use of the Comprehensive Assessment Tool (CAT) to use of **Structured Decision Making (SDM)**. The **SDM** model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children.
    - This evidence- and research-based system identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
    - The SDM model additionally includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls.
    - Training on SDM begins on January 25, 2016. Transition from CAT will begin in April, 2016 and full implementation of SDM is expected in June, 2016.
    - CFS has convened a regularly meeting committee to oversee implementation of SDM and coordinate with other initiatives, such as SOP and the Afterhours Response Center.
  - The purpose of the **Evaluate Out (EVO) Referral Unit** at the Child and Adult Abuse Hotline (CAAHL) to assess referrals for resolution prior to regional assignment, and eliminate intrusive investigations, when an investigation is not necessary.
    - The EVO unit was originally part of a temporary plan designed to reduce inordinate workload pressures in a particular region. The plan went into effect in March of 2015 and was expected to be obsolete in March of this year.
    - The utility of the EVO unit helped perpetuate it and intake supervisors from all regions now use their services to assist in addressing marginal cases.
  - The Jurisdictional/Dispositional (J/D) Writer approach is a particular type of blended unit where typical intake and carrier responsibilities are divided differently for the purpose of improving services. CFS instituted a new approach: the **J/D Writer unit**.
    - The purpose of the J/D Writer Unit is to improve the quality of services to families, including referral investigations, communication, risk assessment, in depth J/D reports and transitions between CFS staff.
    - The approach has proven an enormous relief to pressured intake workers and is believed to have improved early case management efforts.

- J/D writer units work at the regional level in conjunction with sibling units to optimize efficiency.
- The J/D writer units differ from the Court Support unit in that they are regionally located and focused on completing the court reports for J/D. Court support is located at the Juvenile Court and supports SWs in all their interactions with Court staff.
- The **Automated Specialist (AS) Technician** position will serve a key role in providing:
  - Technical expertise for product evaluation and development,
  - Job specific training, implementation and problem solving skills related to business applications, the use of CWS/CMS, Safe Measures, JNET and the Risk Assessment tool, particularly on SDM and the roll out of related tools.
  - This position was designed to help end-users be more effective in the use of departmental applications and business related tools.
- **Faith in Motion** is an initiative under the Placement Resources Division (PRD) building on a program used in Riverside and other counties meant to engage the faith-based community, build further partnerships between San Bernardino County's faith community and child welfare services. A committee has been formed to recruit and engage the community and encourage participation.
- The **Resource Liaison** established under the Placement Resource Division will:
  - Facilitate connections for caregivers and staff;
  - Find needed services and to bridge connections between caregivers, staff and community partners. Services will include hard goods, treatment and support services, and training opportunities.
  - Bridge connections, including distributing newsletters, conducting surveys to assess current needs, connecting with all partners at key meetings, linking all partners whenever possible, collaborating with recruitment efforts, and coordinating pertinent trainings for all partners.
  - The expected outcome will be better informed caregivers, county staff, and community partners; which will lead to better care of children in out of home care.
- Children and Family Services (CFS) formed a strategic workgroup focused on engaging fathers involved in the San Bernardino County child welfare system. One of the strategies borne was the **Annual Fatherhood Breakfast**. The 2015 Fatherhood Breakfast hosted 155 fathers. Also, 34 vendors and 33 volunteers participated.
  - The event engages father's and serves as a one-stop shop for resources, services and camaraderie offered to promote the value of the role men play in their children's lives and in the greater social context of building safe and stable families.
  - Male role models (Social Workers, Resource Parents/Foster Parents, male caregivers (relative and non-related) and Parent Partners) are present and provide opportunities for partnership with our fathers.
  - There is also an aligned partnership with Preschool Services Department and the Inland Empire Fatherhood Coalition in identifying children and youth at the most crucial developmental stages and supporting the fathers' involvement with their children.
  - The Annual Fatherhood Breakfast is an Achievement Award Winner from the National Association of Counties.

- **Centralized Absent Parent Searches.** Correct and timely notice to parents of dependency hearings is required under WIC Section 290. To expedite this process, Court Officers now initiate the search request immediately for any parents not present at the initial detention hearing so that J/D notice is completed. Upon complete search, notice to parents/guardians is done by certified mail. As a result of the change in these two practices, nearly all of J/D noticing is completed within statutory time frames allowing for the case to proceed.
- San Bernardino County Aftercare Providers have completed the last requirement for their Human Rights Seal. The Human Rights Seal represents the competency and commitment of Aftercare in working with the LGBT community. Aftercare staff have undergone training and will continue with annual trainings to help them remain current in their understanding and skills regarding these issues.
- The **Juvenile Court Behavioral Health Services (JCBHS) Committee** works to provide additional oversight for the monitoring of psychotropic medications requested for dependency children.
  - JCBHS is a collaboration with DBH, Public Health and CFS.
  - CFS has recently streamlined the process by adding a clerk and specialized psychotropic meds desk at Juvenile Court to:
    - Address noticing of the parties and
    - Have a centralized person for inquiries.
  - The result has been expedited service to the children with requests usually processed within 2 weeks.
- **Girl's Court** is a collaboration between the Court, District Attorney's Office, the youths' attorneys and the Probation Department with a focus on providing services for young females, currently subject to Probation supervision, who are at-risk of becoming victims of human trafficking.
  - Program goals include providing services and information relative to Self-Esteem and Human Trafficking/Prostitution. Additional information is provided regarding how to access CSEC resources, job interview skills and job maintenance. Youth who successfully complete Girl's Court may be eligible for an early termination of probation.
  - For dual jurisdiction or girl's in child welfare, Girl's Court coordinates with Court Appointed Special Advocates (CASA) to:
    - Identify teen girls to attend a once per month meeting to work on issues of self-esteem in order to reduce the likelihood of these girls being subjected to sexual exploitation.
    - Attend court with a judge identified to work with their specialized issues. This is not a typical hearing and the courtroom is closed to others so their situations are kept confidential.
- The **Southern California Inter-County Transfer Protocol** was put into place in August, 2014, as a pilot program between the counties of Imperial, Los Angeles, Orange, Riverside, San Bernardino and San Diego to improve the service to families and the efficiency of the transfer process between counties. The pilot was completed and this process was implemented September 8, 2015, with the finalized version of the protocol.
  - The cases are transferred based on three tenets:
    - The child or parent/legal guardian resides in the receiving county,
    - The transfer is in the child's best interest and
    - The level of services needed by the family can be provided by the receiving county.

- The protocol allows electronic transfer of cases between the participating counties which expedites the process.
  - Applying a new transfer motion, the modified JV-550, with verification of address, requires more information to be shared at the time of transfer and results in fewer cases being transferred erroneously.
  - The Judges of the involved counties will meet annually to discuss the protocol and make any adjustments needed.
- The **Independent Living Program (ILP) Introductory Picnic** is an event that is held for Pre-ILP eligible youth (ages 14-15), as well as ILP eligible youth who have never participated in ILP activities. The Introductory Picnic (is):
    - Educates youth about ILP and the benefits of participating in ILP activities.
    - Held in August and promotes Life Skills Classes and other services.
    - A partnership between CFS, Probation ILP, Aftercare Providers, CFS Education Liaisons and other agencies.
    - Provides a fun-filled day, consisting of games, prizes and food and an opportunity for youth to have their questions answered regarding the programs and services.
    - Provides youth with an opportunity to meet and form connections with the Children and Family Services ILP Peer and Family Assistants (PFA) and Probation ILP Recruiters. The PFAs are former foster youth who help support and mentor ILP participants.
- San Bernardino County has established an Administrative Joint Management Steering Committee (AJMSC) with the Department of Behavioral Health that is guiding implementation of the directives under Katie A. and the Core Practice Model. The establishment of a joint management structure is one of the goals of Katie A. and is meant to ensure that gains made in providing Mental Health Services are sustained in the long-term.
    - The AJMSC will, initially, take responsibility for implementing the Continuum of Care Reforms, particularly the expansion of CFTMs to all families involved in child welfare.
    - The AJMSC will also review and provide input regarding some aspects of the upcoming Resource Family Approval changes.
    - Other issues to be addressed this year will be services for children placed out of county and coordinating mental health services for those receiving care below the level of medical necessity.
- CFS and Probation collaborate with each other and with other agencies in order to achieve mutual goals. San Bernardino County has a long history of collaborative activities. Collaboration can take many forms:
    - Community and interagency partnerships at the highest administrative levels,
    - Formal interagency programs,
    - Contractual relationships,
    - Networks of community agencies,
    - Interagency task forces and committees targeted at specific issues, and
    - Informal partnerships, often at the level of service.

CFS and Probation partner with all manner of entities concerned about children's issues, from large governmental entities to small community and faith based organizations. CFS and the Probation Department are well aware that collaboration is essential to success.

- Collaborations with outside service providers and working in concert with community stakeholders has improved the way in which Probation can offer services to the juvenile population. Additionally, specialized programs in both adult and juvenile divisions have allowed the Department to facilitate a broader impact in the way clients are supervised in the community. Listed below are some of the key programs that are either in use or are under consideration for implementation.
  - **GRACE:** The San Bernardino County Probation Department's Gender Responsive Adolescent Caseload Enrichment (GRACE) program provides specialized services to adolescent female probationers with a history of abuse, trauma, substance abuse, or runaway behaviors. The program gives Probation Officers new, innovative ways to provide meaningful community service and educational opportunities to these young women. The program helps girls grow into young women with a sense of self-worth and the ability to pursue individual goals including continuing education, employment or good parenting.
  - **Integrating New Family Opportunities (INFO)** is a collaboration with the Department of Behavioral Health using Functional Family Therapy to target family dynamics and provide an outcome-driven prevention and intervention program for youth involved in the criminal justice system. The program serves approximately 100 youth and families each year.
  - **Youth Accountability Board (YAB)** is a collaborative program between the Probation Department and community partners who work together with families to divert first time and first-time low-risk juvenile offenders from further intervention by the criminal justice system.
  - **AB12:** The AB12 program was developed in 2011 to provide, on a voluntary basis, Non-Minor Dependents with services and assistance in a youth's transition to independence. Probation Officers support youth with a wide variety of life skills including finding a residence, enrolling in college, and job searches. (See the section under State Mandates for a review of CFS efforts).
  - **Probation's Day Reporting Centers (DRC's)** offer youth an opportunity to take advantage of a wide variety of programs including anger management, drug and alcohol counseling, domestic violence program, cognitive life skills, victim awareness, petty theft, teen parenting, gang programs, graffiti programs and truancy classes. Parents and guardians can also attend The Parent Project program. The DRC's are located in the west valley, central and high desert regions of the County.
  - **The Independent Living Program (ILP)** assists ILP eligible youth with life skills development while in a placement setting and upon their return to the community. Youth are introduced to a vast array of information and programs, which afford them the opportunity to design a plan to make positive strides in their life. For example, the Probation ILP team conducts workshops on self-esteem development for boys and girls, attends a yearly live theater event to introduce youth to the Arts, conducts a yearly health fair to educate youth about topics relevant to their well-being, hosts two education and employment workshops, conducts several credit workshops and offers a yearly parenting and pregnancy conference. Once accepted, ILP youth remain eligible for these services up to the age of 21. CFS and Probation collaborate on events such as LA Film School where both CFS and Probation split the costs. Other ILP collaborations include the Health Fair, Employment Conference and Independent City. Event and workshop information are posted on the Probation Department webpage.
  - Probation continues its' collaborative efforts with City and County Schools. This includes use of the **Restorative Justice Model** in the schools. Monthly meetings with the schools, School Police/resource officers, and Probation help facilitate seamless communication.

- **The San Bernardino County Coalition Against Sexual Exploitation (CASE)** program: The Probation Department, in collaboration with allied agencies including CFS, dedicates staff and resources to work directly with youth identified as at-risk for or survivors of sexual exploitation.
  - A large focus of CASE is on decriminalizing the youth’s behavior and providing services to effectively treat the trauma and support the survivors in their efforts to neutralize circumstances surrounding their victimization.
  - A monthly collaborative meeting is held between the Probation Department, CFS and allied agencies for case planning purposes. The collaborative also promotes education and the development of CSEC specific resources available in the community.
  - On a yearly basis, this collaboration participates in the CASE walk, which promotes public education of this growing epidemic. Members of the CASE team have expanded their collaborative efforts through their attendance and training at national conferences.
  - CFS also has a dedicated case worker. CFS ILP provides services to sexually exploited youth by providing education to the public via conference presentations, conducting training for department employees about commercially sexually exploited children, hosting periodic events in the community to raise awareness and providing case management to those youth selected for this special caseload.
- Mental Health Court and Drug Court support juvenile rehabilitative measures and assist families in their ability to better manage difficult behaviors. Both Courts are collaborative efforts providing services to identified youth meeting the screening criteria. These efforts better serve the youth in a setting adept at understanding and working with youth effected by mental health or substance abuse issues.
- **Group Home Meetings** are a collaboration of County agencies and Group Homes from both out-of-state and neighboring counties that provide an educational and informative networking forum. The Group Home Meeting provides training and gives various updates including trends regarding community care licensing, new assembly bills, and academic support. The meeting promotes the well-being of foster care youth.

## OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

The following Outcome Measures were not trending positively or fell below a standard threshold in the last reporting cycle. Given some of the changes in these figures, the County intends to continue to monitor all these measures to discern if these trends are aberrant or require some direct action to remedy. At the time of the County Self-Assessment, all of these measures had been trending in the right direction, or had been above the baseline standard.

### 3-S1: Maltreatment in Foster Care

The current rate of victimization is 16.54 per 100,000 days in foster care, the national standard is 8.50. Our revised baseline performance is 14.88.

**TABLE 42: MALTREATMENT IN FOSTER CARE SINCE 2009**

From:	7/1/2009	7/1/2010	7/1/2011	7/1/2012	7/1/2013	7/1/2014
To:	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015
Rate of substantiated maltreatment (per 100,000 days)	19.63	19.41	14.88	18.47	14.31	16.54
National Standard (per 100,000 days)	8.50	8.50	8.50	8.50	8.50	8.50
Foster care days (n)	1,003,333	1,092,156	1,182,671	1,245,077	1,376,436	1,511,171
Instances of substantiated maltreatment (n)	197	212	176	230	197	250
National Standard (n)	86	93	101	106	117	129

Data extract Q3 2015

Further investigation needs to be done on this measure to see what is causing the high rate of Out-of-Home Abuse (OOHA). While this is a newly revised measure there may be some policy or procedure issues inflating the rate of substantiated maltreatment. When the preliminary and unofficial measures were made available in the summer of 2015, the SIP Oversight committee did make note of the poor performance. It was still not certain that the final official numbers would remain at that performance level, given there was still data refinement taking place. With the official numbers released in the last quarter of 2015, the SIP Oversight Committee directed the formation of a Safety Workgroup (also working with Data/CQI) to review this measure and assess its sources and possible solutions.

As a consequence of these developments and in consultation with our CDSS partners, the S1 Measure is being formally added to the SIP.

- An identified goal of reducing the rate (from 17.05 reported in Q2 2015) by .5 points the first year and by 2 points the following year to 14.55/100,000 foster care days is being added to the 5-year Chart.
  - Some reforms to procedure are expected to be in place before July, 2016; however, given the natural lags in data collection and how change impacts cohorts, it is not anticipated reforms could provide significant impact to this measure before the end of the calendar year.
  - Goals are only being made for 2 years because a new County Self-Assessment will be completed in 2017 and a new System Improvement Plan should be in place February, 2018.
- The initial and sole preliminary strategy will be for the Safety Workgroup to review and assess the measure and identify the root causes of the high OOHA rate.
  - The initial focus will be on data entry and other procedural issues.

- The group will employ a case read of a sample of the identified OSHA cases in the most recent annual cohort to decipher some possible means to reduce the OSHA rate.
- The group will be reviewing current policy and procedure to determine if social work practice conforms to the current established standard. The standards themselves will also be reviewed for clarity and any possible revisions that might remove inappropriate entries.
- The Safety Workgroup will be given the widest latitude in identifying the root causes and possible solutions to any identified safety issues including to:
  - Engage stakeholders,
  - Hold focus groups,
  - Review policies from other locales,
  - Use feedback from CFSR Case Reviews,
  - Interview social work staff, and
  - Collaborate with existing reform groups, such as
    - The Resource Family Approval and Continuum of Care Reform groups,
    - Safety assessment groups such as the Structured Decision Making and Safety Organized Practice/Child and Family Team committees, and
    - The Afterhours Response Committee.
- Recommended changes will be reviewed by the SIP Oversight committee and forwarded through current policy implementation and training channels. In keeping with the philosophy of the SIP being a “living document” informed by a process of Continuous Quality Improvement, the findings of this group may lead to the establishment of formal additional strategies and action steps.
- The two current workgroups (P1 and P3) will be combined to follow through on the remaining strategies and action items for the remainder of this cycle.

It is worth noting this is a new revised measure that includes *all* substantiated maltreatment reports by *any perpetrator*. The prior CFSR2 measure methodology counted all substantiated maltreatment reports by foster care caregivers or agency staff. The CFSR2 measure S2.1 also measured maltreatment in care and showed San Bernardino County at or superior to the overall state performance since 2011. That is, it appeared the County was doing reasonably well on this important Safety measure and did not need to focus on this measure in our SIP strategies.

**TABLE 43: CFSR2 S2.1 MALTREATMENT IN FOSTER CARE SINCE 2011**

PERCENT	Interval			
	OCT2011- SEP2012	OCT2012- SEP2013	OCT2013- SEP2014	OCT2014- SEP2015
	%	%	%	%
<b>California</b>	0.35	0.32	0.33	0.24
<b>San Bernardino</b>	0.32	0.22	0.28	0.2

Data Source: CWS/CMS 2015 Quarter 3 Extract.

There may be reasons related to how data is entered into CWS/CMS affecting the substantial discrepancy between the CFSR2 and CFSR3 results. For example, practices in other counties may be keeping maltreatment rates comparatively low.

- Current San Bernardino County policy does not allow referrals of prior abuse before entering foster care for foster care children to be evaluated out (as is the practice in other California counties). The referrals are substantiated with a referral date being the date of report and not the date of the incident.

- Most counties use SDM and San Bernardino will be transitioning from CAT to SDM this year. There may be approaches in SDM affecting this measure.

It will be the task of the Safety workgroup to examine these issues. The workgroup will also look at relevant systemic factors, current practices and policy, external influences and other factors to determine what changes need to be instituted to improve on this measure.

Preliminary findings from the initial case reads by the Safety Workgroup indicate substantial improvement may largely be a matter of improving data entry practices. Of 43 OOHA cases reviewed, 13 were for abuse that occurred prior to foster care entry. An additional substantiation was for a grandmother reporting the abandonment by parents who had already been incarcerated for abuse. The Safety Workgroup will continue its case sampling to confirm these preliminary results and identify other substantive means to improve safety in out of home care.

### 3-S2: Recurrence of Maltreatment

The current rate is 12.0%, which is above the national standard (9.1%) and the current state performance, 10.2%.

**TABLE 44: RECURRENCE OF MALTREATMENT SINCE 2008**

From:	7/1/2008	7/1/2009	7/1/2010	7/1/2011	7/1/2012	7/1/2013
To:	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014
Children with recurrence (%)	9.9	12.1	10.2	10.5	12.3	12.0
National Standard (%)	9.1	9.1	9.1	9.1	9.1	9.1
Children with substantiated allegations (n)	4,059	3,957	4,576	3,842	4,546	4,415
Children with recurrence (n)	401	477	465	403	561	531
National Standard (n)	370	361	417	350	414	402

Analysis of this measure, shows at the 6 month mark, 7.1% of the children have had a recurrence of maltreatment which is just slightly above the state measure of 6.7%. However, when the measure is extended to the full 12 month time period, the county's current performance is 12.0% which is 1.8% higher than the state at 10.2%.

Further drilling down of this measure from the CCWIP website shows:

- Children age 3 to 5 overall had the highest recurrence of maltreatment (13.6%), then children age 1 to 2 (12.4%) and children age 6 to 10 (12.3%).
- Asian/Pacific Islander children and African American children had the highest maltreatment rates, 15.5% and 13.6% respectively. The Asian/Pacific Islander children had a larger percentage due to the small sample size (9 out of 58 children).
- For African American children, babies under the age of 1 (14.4%) and children age 6 to 10 (16.3%) had the highest maltreatment rates.
- For white children, the ages with the highest maltreatment was 3 to 5 (17.4%) and under 1 (14.6%).
- Hispanic/Latino children had one of the lowest recurrences of maltreatment as a group (11.6%). Within the Hispanic/Latino group, children age 1 to 2 (13.8%) and 6 to 10 (12.9%) had the highest recurrence of maltreatment.
- There was no evidence that gender has any impact on recurrence of maltreatment, both males (12.0%) and females (12.1%) had almost the same percentage as the overall

county performance. However, when the ethnic groups: Native American boys had higher incidence of recurrence of maltreatment (14.5%) vs. Females (0%), Asian males (17.1%) compared to Asian females (13.0%), white females (13.3%) compared to 11.8% for white males and finally Latino/Hispanic Males (12.0%) vs. Latino/Hispanic females (11.3%).

Additional research on this measures shows that many of referrals are being documented as recurrence of abuse are duplicate referrals (same abuse date, abuse type, child but different reporter) and should be associated referrals instead of new referrals of abuse. Refresher training is being put into place to address this issue, as this is a continuing training focus.

### 3-P2 Permanency in 12 Months (in care 12-23 months)

This measure computes the percentage of children exiting to permanency (adoption, guardianship or reunification) within 12 months that had been in care for 12 to 23 months on the first day of the 12 month time period. Overall, the county has met or exceeded the national goal of 43.6% in this measure except for the most recent quarter (Q2 2015). A bad quarter does not make for a trend; at the moment it is not necessary at this time to add this measure to the SIP.

It is possible that the high staffing turnover and large caseloads the county had experience may delay the reunification of children at 12-23 months in care.

**TABLE 45: PERMANENCY IN 12 MONTHS, 12-23 MONTHS, SINCE 2008**

From:	7/1/2008	7/1/2009	7/1/2010	7/1/2011	7/1/2012	7/1/2013	7/1/2014
To:	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013	6/30/2014	6/30/2015
Children with exit to permanency (%)	50.5	50.3	49.6	48.2	46.7	44.4	41.1
National Goal (%)	43.6	43.6	43.6	43.6	43.6	43.6	43.6
In care 12-23 months (n)	773	696	587	685	905	851	1,118
Children with exit to permanency (n)	390	350	291	330	423	378	460
National Standard (n)	338	304	256	299	395	372	488

### 3-P4 Re-entry to foster care in 12 months

This measure computes the percentage of children re-entering foster care within 12 months to a reunification or establishing guardianship discharge. The county has been trending in the wrong direction for several quarters. However, the current performance is below the state performance of 11.4. At this time it is not necessary to add this measure to the SIP; while higher than the national goal it is still lower than the state's performance.

**TABLE 46: REENTRY TO FC IN 12 MONTHS SINCE 2006**

From:	7/1/2006	7/1/2007	7/1/2008	7/1/2009	7/1/2010	7/1/2011	7/1/2012
To:	6/30/2007	6/30/2008	6/30/2009	6/30/2010	6/30/2011	6/30/2012	6/30/2013
Children with re-entries (%)	11.0	7.9	8.6	14.3	7.1	9.9	10.3
National Goal (%)	8.3	8.3	8.3	8.3	8.3	8.3	8.3
Children with entries, exits to reunification or guardianship (n)	635	621	477	526	736	583	651
Children with re-entries (n)	70	49	41	75	52	58	67
National Standard (n)	53	52	40	44	62	49	55

Further analysis of the measures shows:

- Female children 2 and younger placed in a Foster Family Home or Foster Family Agency had the highest percentage to reenter care (26.8%). When those children are compared by race, African American children had the highest reentry rate (57.1%), followed Hispanic/Latino children (28.0%) and then white children (19.0%).
- Asian/Pacific Islander children re-enter foster care at the highest rate (33.3%) but that maybe due to low numbers (1 out of 3 children). Followed by African American children (14.0%), White children (9.8%) and then Hispanic/Latino children (9.1%).
- When the age ranges of children were examined, the ranges that were the most likely to reenter were children age 0 to 2 years (12.8%).
- African American infants age 1 to 11 months (25.0%) and children age 1 to 2 years (20.0%) had the highest reentries for their ethnic group. For children under the age of 3, 20.0% of the children reentered care.
- Surprisingly, the last placement type before the child exited to permanency had an impact, with Foster Family Homes (26.5%) and Foster Family Agencies (13.2%) having the largest reentry rates. (Note, the Foster Family Homes percentage may be high due to the low sample size: 13 out of 49 children).

**2B: Timely Response (IR and 10 Day).** The measure computes the percentage of referrals in which a face-to-face contact with a child occurs, or is attempted within the regulatory time frame. For the 10 day, San Bernardino County fell below the state standard of 90% to 87.8%. Factors that may have hindered timely response to referrals include the growth of the foster care entry rate noted previously and high turnover of staff.

**2F: Monthly Visits (In Home).** This measure reports on the number of children in care required to have an in-person caseworker contact and the number of contacts the children had. For Q3 2015, the monthly contacts were at 92.5% which is below the national goal of 95.0%. The national goal was increased from 90.0% to 95.0% during 2015. Again, one factor that may have hindered improvement in this measure was the high turnover of staff in late 2014 and 2015.

Efforts have been made to make improvements on this measure by entering into CWS/CMS the Foster Family Agency social worker contacts (MPP 13-320.611(c)). Even with this change, the county was unable to make the national standard. When analyzing the data by placement type, certain placements tended to have lower contact compliance (guardian dependents, court specified homes, pre-adoption homes all had contacts percentages below 90%).

**TABLE 47: VISITS BY PLACEMENT TYPE, 2014/2015**

Placement Type	Children in Placement (Oct 2014 to Sep 2015)	Children Visited	Percent Visited
Pre-Adopt	610	544	89.2%
Kin	21839	20394	93.4%
Foster	3382	3195	94.5%
FFA	17549	17142	97.7%
Court Specified	73	64	87.7%
Group	3737	3486	93.3%
Guardian-Dependent	1350	452	33.5%
Runaway	652	201	30.8%
Trial Home Visit	122	113	92.6%
Total	49320	45597	92.5%

**4B: Least restrictive (Entries First Placement: Group Home/shelter).** This measure computes of all the children that entered care during a specific time period, what percentage of the children first placement into foster care was in a group home or a shelter care. While the first placement in foster care tends to be a rare occurrence, there has been a 42.0% increase in the last 3 three years from the baseline Q2 2012: 3.1% to the current performance Q2 2015: 4.4%. At this time it is not necessary to add this measure to the System Improvement Plan but the county will continue to monitor these placements as required by the state. There are efforts mandated by the state to address the issue of group home placements (2015 AB 403 Continuum of Care Reform, ACL 13-86, ACL 13-87 and I-43-15).

**4B: Least restrictive (Point-in-Time Placements: Group Home/Shelter).** This measure computes on a specific date what percentage of the children in foster care were placed in a group home/shelter. Q2 2012 baseline performance was 5.6% with 231 children in a group home placement out of 4,103 foster children compared to Q2 2015 current performance of 6.5% with 362 children in a group home placement out of 5,527 foster children. Again, while the trend is moving in the wrong direction, other efforts are being made to address this issue. It is not necessary at this time to add this measure to the county's System Improvement Plan.

**5B (1) Rate of Timely Health Exams.** This measure computes the number of children due a health exam based on the Child Health and Disability Prevention schedule (CHDP) and the number of children that received a timely health exam. The baseline performance was 92.9% and the current performance is 81.5%. While there was an 11.4% decrease from baseline to current, there have been other systemic factors that have led to the decrease (loss of social worker staff and increase in caseloads). It is expected that the next quarters will show an improvement as staffing levels increase. It is not necessary at this time to add this measure to the county's System Improvement Plan.

**5B (2) Rate of Timely Dental Exams.** Similar to timely health exam, this measure computes the number of children due a dental exam based on CHDP and Division 31 regulations schedule and the percentage of children that received a timely dental exam. For Q2 2012 (baseline), 78.2% of the children received a timely dental exam compared to Q2 2015 (current) where 57.2% of the children had a timely dental exam. There are many difficulties with this measure 1) low number of providers that accept Medi-CAL, 2) long wait times to see the dentist and 3) increase staff turnover/high caseloads. Again, there has been a drop in performance but the county expects to see improvement in the following quarters when staffing levels increase.

## Probation Outcomes

### Analysis of Measures – Probation

- **Participation Rates: Entry Rates.** The participation rate went from a baseline of 0.30 per 1,000 to the most recent performance of 0.20 per 1,000 (Q2 2015). There has been a 20.8% decrease in the number of wards entering probation (168 wards in Q2 2012 and 133 wards in Q2 2015).
- **Participation Rates: In Care Rates.** The participation rate went from a baseline of 0.40 per 1,000 to the most recent performance of 0.20 per 1,000 (Q2 2015). There has been a 52.9% decrease in the number of in wards foster care for probation point-in-time as of July 1, 2012 to July 1, 2015 (259 wards in July 1, 2012 and 122 wards in July 1, 2015).

The number of Probation youth entering foster care is falling based on several factors. At

the forefront, fewer youth were placed on probation than in previous reporting periods. Additionally, there has been an increased focus on family finding and alternatives to placement. Also, the success of pre-placement preventative services, including Wraparound Services, and the GRACE Program, Day Reporting Center programming components, have continued to reduce the number of youth placed. Diversion programs, such as the Youth Accountability Board and the Community Service Team afford youth the opportunity to resolve their criminal matters outside of the formal juvenile justice system. Youth successful in the program have their cases settled out of court. Parental involvement has played an integral role in the success of the youth involved in diversion programs. It should be noted that the 241.1 dual jurisdiction process has been in place since 2012. In 2014, of the 66 cases in the 241.1 process 16 had Probation as lead (24%); in 2015. 34 of 69 cases (49%) had a Probation lead.

**SAFETY MEASURES**

**3-S1: Maltreatment in Foster Care:**

The current rate of victimization is 16.19 per 100,000 days in foster care, the national standard is 8.50. Our revised baseline performance is 7.81. While the rate of victimization is higher than the State (Q2 2015: 3.59) and the national standard (8.50), the number of individual maltreatment reports was very low (3) and the number of days Probation wards were in foster care was also very small (18,526 days) which thus inflates the rate.

Note this is a newly revised measure that includes all substantiated maltreatment reports by any perpetrator. The prior CFSR2 measure methodology only counted all substantiated maltreatment reports by only foster care caregivers or agency staff.

**TABLE 48: MALTREATMENT IN FC SINCE 2008 - PROBATION**

Rate of Maltreatment Per 100,000 Foster care Days	JUL2008-JUN2009	JUL2009-JUN2010	JUL2010-JUN2011	JUL2011-JUN2012	JUL2012-JUN2013	JUL2013-JUN2014	JUL2014-JUN2015
San Bernardino	4.39	10.00	1.88	7.81	3.44	18.45	16.19
Maltreatment in Foster Care	2	5	1	5	2	5	3
Foster Care Days	45,477	49,951	53,081	63,967	58,074	27,091	18,526

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoenl, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

With the recently released Q3 2015 measures, the Probation performance for this measure is at 5.88 maltreatment reports per 100,000 foster care days which exceeds the national standard. It appears that the rate of maltreatment is highly volatile. With the low numbers of Probation youth in foster care, any instance of maltreatment will significantly inflate the percentage.

**3-S2: Recurrence of maltreatment - n/a for Probation**

**PERMANENCY MEASURES**

**Issues affecting Permanency measures:** the Probation Department has been very successful in reducing the number of wards entering foster care and reducing the number of wards remaining in foster care for 12 months or longer. In Q2 2012, there were 161 wards

entering care compared to Q2 2015 where 143 wards entered care (11.2% decrease). In addition, the Probation Department has had a 67.2% decrease in the number of wards remaining in care over 12 months from Q2 2012 (58 wards) to Q2 2015 (19 wards). This successful reduction in wards remaining in foster care has not translated into improved reunification percentages. It is possible the wards remaining in foster care have more needs, including delinquency issues, which make reunification more challenging. Another possible issue may be data entry of closing the case due to court Ordered Termination instead of Reunification. In addition, youth on warrant status continue to be counted as an entry to foster care without reunification. Youth can remain on warrant status for an indeterminate amount of time, thus skewing the reunification data.

### 3-P1 Permanency in 12 months (entering foster care)

Current Performance: 35.7%

National Standard: 40.5%

Currently, Probation is below the national standard, however the two previous quarters Probation was above the national standard. More quarters are needed to see if the County's performance is trending in a negative direction.

**TABLE 49: PERMANENCY IN 12 MONTHS SINCE 2004 - PROBATION**

	From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12	7/13
	To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13	6/14
Children with exit to permanency (%)		43.2	34.8	28.4	18.7	18.8	24.0	21.7	42.5	44.2	35.7
National Goal (%)		40.5	40.5	40.5	40.5	40.5	40.5	40.5	40.5	40.5	40.5
Children with entries (n)		269	204	67	75	69	96	161	193	138	143
Children with exit to permanency (n)		116	71	19	14	13	23	35	82	61	51

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Analysis of the Q2 2015 data shows that 47.6% of the Probation wards are still in care at 12 months (68 out of 143 wards), 14.0% have other exits (non-permanency) and 2.8% emancipated. In general, Probation youth placed in group homes were ordered placed due to significant criminogenic/behavior issues. Certain perpetrators, such as sex offenders, are often unable to return to their home, due to a victim or younger siblings in the home who may be at risk. In addition, sex offender treatment, on the norm, runs in excess of twelve months to successfully reintegrate an offender into the community. Further, a multitude of issues are prevalent with Probation youth placed to include runaway, drug use, volatility, mental health, gang, violence, etc. These traits contribute to the difficulty in transitioning a youth to reunification.

### 3-P2 Permanency in 12 months (in care 12-23 months)

Current Performance: 31.6%

National Standard: 43.6%

Currently, Probation is below the national standard. Over a period of 11 quarters, Probation performance has been inconsistent, with 2 quarters above the national standard. The number of Probation wards remaining in foster care between 12 to 23 months has been declining from 72 wards in Q2 2012 to 19 wards in Q2 2015. It is possible with fewer wards

remaining in care, the wards remaining have more serious needs and thus, are more difficult to reunify. Of the 19 wards in care: 6 exited to reunification, 10 exited to non-permanency and 3 remained in care.

**TABLE 50: PERMANENCY IN 12 MONTHS SINCE 2004 (12-23 MONTHS) - PROBATION**

From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12	7/13	7/14
To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13	6/14	6/15
Children with exit to permanency (%)	41.7	45.7	35.3	38.3	38.3	43.2	25.4	24.1	36.9	56.4	31.6
National Goal (%)	43.6	43.6	43.6	43.6	43.6	43.6	43.6	43.6	43.6	43.6	43.6
Children still in care (n)	72	35	68	60	47	74	63	58	65	39	19
Children with exit to permanency (n)	30	16	24	23	18	32	16	14	24	22	6

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

### 3-P3 Permanency in 12 months (in care 24 months or more)

Current Performance: 14.3%

National Standard: 30.3%

Currently Probation is not meeting the national standard. Similar to permanency measure for wards in care 12 -23 months, the number of wards remaining in foster care 24 months or longer has reduced dramatically from 35 wards in Q2 2012 to 7 wards in Q2 2015. This is an 80% decrease in wards remaining in long term foster care. More analysis needs to be done internally, to see why only 1 out of 7 wards reunified in Q2 2015. Of the 7 wards in care, 5 of the wards are still in care and only one other ward exited to non-permanency. The 5 wards that remained in foster care were age 16 to 17. Extended Foster Care may have had an impact of why they remained in care.

**TABLE 51: PERMANENCY IN 12 MONTHS SINCE 2004 (24+ MONTHS) - PROBATION**

From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12	7/13	7/14
To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13	6/14	6/15
Children with exit to permanency (%)	28.6	33.3	25.0	30.3	45.8	25.0	18.9	8.6	22.0	36.8	14.3
National Goal (%)	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3	30.3
Children still in care (n)	28	36	16	33	24	20	37	35	41	19	7
Children with exit to permanency (n)	8	12	4	10	11	5	7	3	9	7	1

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

### 3-P4 Re-entry to foster care in 12 months

Current Performance: 22.0%

National Standard: 8.3%

In the current quarter, Probation is not meeting the national standard. More analysis needs to be done internally to understand why the performance is so much higher than the national standard (8.3) and the Q2 2015 State performance (18.5).

**TABLE 52: REENTRY TO FC IN 12 MONTHS SINCE 2004 - PROBATION**

From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12
To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13
Children with re-entries (%)	14.8	20.0	6.3	0.0	25.0	21.1	12.9	9.6	22.0
National Goal (%)	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3	8.3
Children with exits to reun. or guardianship (n)	108	65	16	13	12	19	31	73	50
Children with re-entries (n)	16	13	1	0	3	4	4	7	11

### 2F Monthly Visits (In Home)

Current Performance: 91.8%

Compliance Goal: 95.0%

Previously, this goal was 90.0%, mid 2015 the goal increased to 95.0%. Prior analysis has shown that 8.2% of the monthly visits not met were due to the Probation ward being out on runaway warrant status. The placement order remains active while the ward is on warrant status. Thus the ward remains in the system with an excepted contact.

- Jul 1, 2014: 24 wards on runaway status (approx. 14.5% of the caseload)
- Jul 1, 2015: 18 wards on runaway status (approx. 12.2% of the caseload)

**TABLE 53: 2F MONTHLY VISITS - PROBATION**

From:	7/04	7/05	7/06
To:	6/05	6/06	6/07
Timely Monthly Caseworker Visits (Out of Home) (%)	83.2	94.1	91.9
Compliance Goal (%)	95.0	95.0	95.0
Placement Months (n)	1,775	1,018	1,091
Months with Visits (n)	1,476	958	1,002

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

**Measures – neutral, no national or State goal for these measures**

### 4B - Least Restrictive (Entries First Placement Group Home/Shelter)

There is no national standard for this measure. Almost all wards entering foster care are

placed in a group home/shelter.

**TABLE 54: 4B LEAST RESTRICTIVE PLACEMENTS SINCE 2004 - PROBATION**

	From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12	7/13	7/14
	To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13	6/14	6/15
First placement: group/shelter (%)		99.4	95.9	100	97.5	90.0	96.8	100	100	98.9	100	100
Entries to care (n)		175	123	11	40	30	63	121	127	91	103	63
First placement: group/shelter (n)		174	118	11	39	27	61	121	127	90	103	63

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoert, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

**4B - Least Restrictive (Point-In-Time Placement Group Home/Shelter)**

This State measure has no national standard. Probation has limited placement options. Other placements utilized on July 1, 2015: Non-foster care, transitional housing, and other.

**TABLE 55: 4B LEAST RESTRICTIVE PLACEMENTS (PIT) SINCE 2005 - PROBATION**

	From:	Jul 1, 2005	Jul 1, 2006	Jul 1, 2007	Jul 1, 2008	Jul 1, 2009	Jul 1, 2010	Jul 1, 2011	Jul 1, 2012	Jul 1, 2013	Jul 1, 2014	Jul 1, 2015
Point-In-Time Placement: Group Home (%)		74.1	73.4	62.1	62.7	68.9	60.0	56.5	61.9	57.8	53.3	72.1
In care (n)		297	323	277	217	238	265	269	299	218	165	147
Point-In-Time: Group/Shelter (n)		220	237	172	136	164	159	152	185	126	88	106

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoert, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

**Meeting or exceeding Standards**

**Monthly Contacts (2F – Contacts in Out of Home Location)**

**TABLE 56: 2F MONTHLY VISITS IN RESIDENCE - PROBATION**

M	Title	Nat. Stand.	Base period	Base Num	Base Denom	Base %	Comp. period	Comp Num	Comp denom	Comp %	% change
2F	Monthly Visits in Residence (Out of Home)	50.0	7/12-6/13	1,460	1,476	98.9	07/14-6/15	1,000	1,004	99.6	0.7%

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoert, C. (2015). CCWIP reports. Retrieved 12/30/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: [http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)

Baseline data from Q2 2012 was not available. Using Q2 2013 compared to Q2 2015, the Probation Department is meeting the established standard and trending positively.

**3-P5 Placement Stability**

Current Performance: 1.92 placement moves per 1,000 days  
National Standard: 4.12

Probation exceeded the national standard for the last 9 years.

**TABLE 57: PLACEMENT STABILITY - PROBATION**

From:	7/04	7/05	7/06	7/07	7/08	7/09	7/10	7/11	7/12
To:	6/05	6/06	6/07	6/08	6/09	6/10	6/11	6/12	6/13
Rate of placement moves (per 1,000 days)	1.29	1.50	1.00	0.66	1.51	1.64	1.02	1.03	1.77
National Goal (per 1,000 days)	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12
Foster care days (n)	39,532	37,777	8,948	12,032	10,565	14,586	28,316	29,976	24,721
Placement moves (n)	51	57	9	8	16	24	29	31	44

Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoert, C. (2015). CCWIP reports. Retrieved 10/22/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

## State and Federally Mandated Child Welfare/Probation Initiatives

Since the release of the Katie A. Core Practice Model (CPM) and other related guidance from CDSS and the Department of Health Care Services (DHCS), CFS has been engaged with the Department of Behavioral Health and Probation in crafting policy for further provision of intensive health care services to qualifying children in foster care. CFS, DBH and Probation have approved an MOU establishing a formal Administrative Joint Management Steering Committee (AJMSC) to oversee the implementation and operations of the CPM. The AJMSC meets regularly, developed a project plan and instituted a number of work groups to implement the CPM. To ensure that youth and birth parent perspective and voice is meaningfully incorporated into implementation efforts, parent advocates and former foster youth are full and equal members of the AJMSC. Though the CPM does not explicitly mandate Probation's participation in joint management activities, Probation representatives regularly participate in the AJMSC and other subgroups.

As reported to the State, San Bernardino expects to serve approximately 700 subclass members annually with the full range of Specialty Mental Health Services provided in a coordinated approach. Processes are firmly in place to screen and re-screen class members. According to recent figures, the number of screenings and assessments for mental health services increased from 894 in 2013 to 3,792 in 2014 and has levelled off to 3,640 in 2015.

The AJMSC and related policies for implementing the Katie A. Core Practice Model are the cornerstone of CFS's transition to an Integrated Service Model. CFS took an expansive approach and requires CFTMs for all class members. These CFTMs primarily employ SOP techniques and productively engage with families to identify case plan goals and needed services. This will help ensure a consistent approach is taken in all aspects of social work practice throughout the continuum of care.

Progress on implementing the CPM, with an eye to anticipating some of the reforms in the Continuum of Care Reform (CCR), includes training staff in the combined CFT/SOP model. Formal policy was issued requiring CFTs for all class members. Social workers and supervisors in each of the CFS regional offices completed training on facilitation of CFTMs in June, 2015. Sufficient coaching is in place to support skills development in both CFTM facilitation and SOP. Trainings for CFTMs are available through the San Bernardino County Performance, Education and Resource Center (PERC) and the Academy. To build internal training capacity, and to promote supervision to SOP standards and model fidelity, the majority of CFS line level supervisors have been certified to be SOP trainers and have assumed responsibility for SOP training delivery.

Additional advancements were made in issuing policy to capture those accessing other avenues to mental health treatment, such as through Medi-Cal Managed Care or the PSSF/CAPIT Therapeutic programs. Policy was also issued to clarify data entry procedures. SIP Permanency 1, Strategy #1 has been revised to include CFTMs and reference both kinds of teaming.

In the coming year, the AJMSC will be responsible for initiatives under the CCR and continue to address additional CPM issues, such as provision of out-of-county SMHS. There is also

additional strategy development regarding the proper use of teaming models. The Reunification workgroup, in conjunction with the TDM and SOP/CFT Steering Committees, is drafting protocol to resolve the uncertainty about when to conduct TDMs or CFTMs. It is anticipated SDM assessments, as they are implemented, will be mutually integrated into these teaming approaches.

Regarding **Extended Foster Care/After 18**, (EFC) policy and procedure has been developed for all placements, most recently THP+Foster Care. The most recent figures show that for Fiscal Year 2014-2015 89.7% are staying at least 30 days past their 18th birthday. For Non-Related Legal Guardians (NRLGs), retention is at 92.2%, for a total of 90.2% for all transitioning youth that remain in Extended Foster Care (230 of 255 eligible).

The primary purpose of EFC is to prepare former foster youth for life beyond dependency. The following table shows the most recent participation activities being accessed for CFS youth.

**TABLE 58: NMD PARTICIPATION ACTIVITIES, October 2015**

NMD Activity	Number
College/Vocational Education	149
Completing HS or Equivalent	148
Employed, Minimum 80 hrs/mo	65
Medical Disability	5
Removing Barriers	151

CWS/CMS extract, 2015

Participation by Probation youth is substantially less. In October 2015, there were 8 youth in probation in EFC, however only 7 were in out of home placement, all of whom were in FFAs.

The breakdown of participation activities was as follows:

**TABLE 59: NMD PARTICIPATION ACTIVITIES - PROBATION, October 2015**

NMD Activity	Number
College/Vocational Ed	7
Completing HS or Equiv	1
Employed Min 80 Hrs/Mo	2
Medical Disability	0
Removing Emp Barriers	6

CWS/CMS extract, 2015

Regarding the placement types being used in San Bernardino County, the County took a deliberate policy of being more cautious in the assignment of Supervised Independent Living Placements. In accord with the directives from the State, SILPs are meant to be the last transitional step to independent living, not the primary or first step (in most cases). Consequently, there is a notable difference in the percent of SILPs in San Bernardino County compared to the statewide figures, as seen in the following table:

**TABLE 60: NMD PLACEMENT TYPES, October 2015**

Home Type	San Bernardino %	California %
FFA	17.5%	28.3%
FFH	2.8%	2.1%
Group Home	5.9%	3.5%
Guardian Home	3.8%	2.2%
Relative/NREFM Home	15.6%	7.8%
SILP	40.0%	55.1%
THP+FC	13.1%	*
Other	1.3%	0.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

CWS/CMS extract, 2015 "Other" includes Court specified homes and small family homes. THP+FC placements are coded as FFA in CMS and the state data does not break these placements out.

The **Business Redesign** project has been subdivided into a number of workgroups.

Communication Organization-Wide (COW) Committee. The purpose of the committee is to clarify and codify the communication processes for the department. The workgroup:

- Implemented a CFS Business Redesign Communication Plan,
- Recommended to SRD concerning the CFS-Wide Disaster Preparedness Plan,
- Implemented a CFS social media strategy including use of Social Media Administrators,
- Provided policy and recommendations concerning the CFS-Wide Communication Plan.
- Created templates for:
  - Project Plans to ensure a comprehensive evaluation of the scope and issues any project might encounter.
  - Meeting Minutes/Agendas to capture meeting results and enhance continuity between meetings.

Risk Assessment Practice/Warrant Process Training: The group recommended the use of Comprehensive Assessment Tools (CAT) be replaced by Structured Decision Making (SDM). An SDM implementation workgroup was formed in March, 2015, and has been guiding implementation efforts, developing tools, timelines and a project plan. The transition is tentatively expected to be completed by June, 2016. Group members have attended trainings and a consultant regularly attends meetings.

Unit Configuration: In June, 2015, as a result of recommendations developed by the Unit Configuration and Caseload Management (UCCM) Committee to improve organization and work processes as part of the CFS' Business Redesign initiative, guidance outlining the plan for the formation and operation of two types of units in CFS operational offices was released. The types of units being formed are:

- Sibling Units, and
- Jurisdiction/Disposition Report Writer (J/D Writer) Units.

A Sibling Unit is an organizational structure that pairs a unit of carrier workers with a unit of intake workers each supervised by a Supervising Social Service Practitioner (SSSP) specialized in his/her respective program. A J/D Writer Unit is a unit of J/D Writers under the same SSSP whose primary responsibility is to assess families and child(ren) in order to write J/D Court Reports.

Sibling Units and J/D Writer Units will be supported by a cohesive organization that utilizes and develops staff expertise and fosters teamwork for efficient and effective delivery of services to meet the diverse needs of children, youth, and families.

Effective Use of Technology Tools: The EUOTT is looking into innovative ways mobile technology can help lead CFS into the new digital world. In September 2015, policy and procedure was released for the use of mobile devices for all social workers. The use of mobile devices will enhance the effectiveness of field practice and case management in the following ways:

- Utilizing Google maps to navigate dangerous neighborhoods at night and rural areas.
- Notifying CFS staff in case of emergency.
- Utilizing Voice over IP (VoIP) to forward office calls to mobile device.
- Checking and responding to emails in the field.
- Taking pictures of injuries (injuries that can be seen without the removal, lifting or pulling down of clothes).

Tracking and monitoring of mobile device use is being facilitated by the Human Services Information Technology and Support Division. Trainings on the proper use of devices were conducted during distribution in October and November of 2015.

The Department Diversity Committee in conjunction with a larger countywide effort will continuously review recruitment/retention efforts to provide recommendations that will attract, develop, and motivate a talented and diverse workforce. The goals of the DDC include:

- Employing staff representative of San Bernardino County's diverse population.
- Retaining staff by providing a working environment that is inclusive, respectful, and celebrates the diversity of the employees and community.
- Collaborating with community partners to provide culturally focused resources to children and families of San Bernardino.

The committee is developing a project plan, reviewing current hiring practices and building on the successes of similar initiatives in other county departments.

**Continuum of Care Reform (CCR)**, passed as AB 403, reshapes the placement landscape, particularly for group homes and Foster Family agencies (FFA). The County expects a series of fundamental changes in the next year as CCR is rolled out. To meet that challenge, initially, CCR related initiatives will be reviewed through the Katie A. Core Practice Model Administrative Joint Management Steering Committee.

As one of the initial steps in reform, CFS and Probation submitted a proposal for the Foster Parent Recruitment, Retention and Support (FPRRS) allocation authorized under the CCR. The approved plan will:

- Employ 4 resource parents to offer mentoring, information, support, advocacy, and help navigating the systems associated with foster care including CFS, Department of Behavioral Health, Juvenile Court, schools, Kinship Centers, Foster Care Payment, etc.
- Employ 2 Social Worker II staff to provide case mining and family finding services under the model promoted by California Permanency for Youth Project.
- Expand child care and respite services and pre-service training.
- Recruit Faith and Community Based organization to provide recruitment, training and support in remote and hard to recruit areas of the County.
- Expand Outreach to Spanish speaking Resource Parent applicants.

CCR will enhance and support strategies already identified under the SIP, notably Permanency (P3) Strategy #3, transitioning from Group Homes to Less Restrictive Settings.

**Resource Family Approval (RFA)** is a key strategy in the CCR effort to support family-based placements. RFA was originally authorized by AB 340 and reauthorized by SB 1013 to create a unified, family friendly and child-centered caregiver approval process in family-based settings. RFA replaces the existing separate processes for licensing FFH's, approving relatives and non-relative extended family members and approving adoptive families. Savings are distributed on actual FFH sharing ratios. Current law will expand this process statewide to all counties starting in 2017. CFS has a working group developing a project plan to implement RFA by the beginning of 2017. Like CCR, RFA will enhance and support some of the strategies already identified in the current SIP, particularly Permanency (P3) Strategy #5 on foster parent recruitment.

**CFSR Qualitative Case Reviews (QCR)** are actively supported by CFS. Integration of qualitative case reviews with statistical outcome data analysis allows for a deeper, more specific understanding of county practices from the perspectives of various case participants, including case workers, parents, caregivers, children and youth.

- CFS has established a unit under the Systems Resources Division to conduct reviews and quality assurance. An implementation Plan was submitted to CDSS on June 19 and updated on November 30, 2015.
- To date, 5 CFS staff have completed some type of certification, 3 Human Services support staff have undergone the weeklong training and 3 additional CFS staff are engaged in completing the training and certification process.
- Flyers were released twice to explain the purpose of the Case Review interviews to social workers. CFS management intends to conduct regional presentations to further explain the impact, scope and purpose of the reviews.
- Policy and procedure based on the CFSR Procedures Manual is being developed to supplement and support QCR practices. County policy and procedure will include review of SOP practices at the case level to evaluate results and ensure model fidelity.

The QCR manager attends and reports out to the SIP Oversight committee. This is meant in the short-term to provide regular updates on the implementation process and, in the long-term, to ensure information derived from the Reviews has a venue for review and synthesis into the CQI process.

## 5 – Year SIP Chart

**Priority Outcome Measure or Systemic Factor: Permanency 1 (P1)** - Of all children who entered care in the 12-month period, the percent discharged to permanency within 12 months

(CFSR2: C1.3 - Reunification Within 12 Months (Entry Cohort) - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care).

**National Standard: 40.5 %**  
(CFSR2: 48.4%)

**Baseline Performance (Q2 2012): 35.8 %**  
(CFSR2: 37.3%)

**Current Performance (Q2 2015): 29.5%**

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final 2 years for a total of 3.25% over 5 years.

**Priority Outcome Measure or Systemic Factor: Permanency 3 (P3)** - Of all children in care on the first day of the 12-month period who had been in care for 24 months or more, the percent discharged to permanency within 12 months.

(CFSR2: C 3.1 - Exits To Permanency (24 Months in Care) - This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.

**National Standard: 30.3 %**  
(CFSR2: 29.1%)

**Baseline Performance (Q2 2012): 24.3 %**  
(CFSR2: 22.9%)

**Current Performance (Q2 2015): 28.5%**

**Target Improvement Goal:** .25% First year; .5% the following 2 years; then 1% the final year for 3.25% over 5 years.

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

**National Standard: 8.5**

**Baseline/Current Performance (Q2 2015): 17.05**

**Target Improvement Goal:** .50 first year; 2.00 the following year

OCAP Strategy 1: Expand the number and variety of Service Providers funded by OCAP programs.	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3) Permanency (P1)</li> <li>• Enhance Permanency efforts by supporting Adoptive Families with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by               <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for former TTS and OCAP program service providers</li> </ul>
<b>Action Steps:</b>	<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Extend current contracts to end of calendar year	April 23, 2013 to Board of Supervisors	Human Services contracts
B. Develop transition plan for clients currently under service	August 2013 - November 2013	Children and Family Services (CFS) - Fiscal/Admin.
C. Draft and release Request for Qualification (RFQ) for Child Abuse Prevention and Treatment Services (CAPTS)	August 2013 - September 2013	Human Services contracts
D. Develop policy and procedure for program processes including more referrals for adoptive families.	August 2013 - December 2013	Program Development Division (PDD)
E. Accept and approve RFQ applications	November 2013 -- February 2014; October 2014	Human Services contracts
F. Assign clients to services	January 1, 2014 - January 2018	CFS - Administration

OCAP Strategy 2: Use in-house Service Coordinators to ensure engagement is prompt and track referrals and attendance.	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1-3) Permanency (P1)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by               <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> </ul>	
<b>Action Steps:</b>		<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Extend current contracts to end of calendar year		April 23, 2013 to Board of Supervisors	Human Services contracts
B. Develop transition plan for clients currently under service		August 2013 - November 2013	CFS Fiscal/ Admin.
C. Hire/train In-house staff for program support. Staff adoption workers regarding availability of services.		August 2013 - November 2013	CFS Fiscal/ Admin.
D. Develop Policy and Procedure for program processes		August 2013 - December 2013	PDD
E. Assign clients to services		January 1, 2014 - January 2018	CFS – Fiscal/ Admin.
F. Begin use of improved/upgraded Efforts to Outcomes (ETO) database		January 1, 2014 - January 2018	Human Services Research, Outcomes and Quality Support (ROQS)

OCAP Strategy 3: Revise the Quality Assurance and Case Review protocols to apply review standards to the new process and upgrade the Efforts to Outcomes database.	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3) Permanency (P1)</li> <li>• Enhance Permanency efforts by supporting families of Adopted children with streamlined access to therapeutic services</li> <li>• Develop the Array of Services by               <ul style="list-style-type: none"> <li>○ Expanding services in remote and hard to serve areas</li> <li>○ Expanding the availability of culturally competent services</li> <li>○ Optimizing Collaboration w/ contracted partners</li> </ul> </li> <li>• Improve management information system for tracking program utilization and results</li> <li>• Improve Quality Assurance and Case Review process for TTS and OCAP program service providers</li> </ul>	
<b>Action Steps:</b>		<b>Timeframe:</b>	<b>Person Responsible:</b>
A. Contact ETO and review upgrade needs. Explore options and review potential costs.	July 2013 - August 2013	CFS – Fiscal; ROQS	
B. Develop transition plan for clients currently under service	August 2013 - November 2013	CFS - Fiscal	
C. Draft and Release RFQ for CAPTS which includes new QA and ETO protocols	August 2013 - September 2013	Human Services contracts	
D. Purchase upgrades or revise current database for new requirements.	September 2013 - November 2013	CFS – Admin.; ROQS	
E. Develop a training plan for staff assigned to ETO input	September 2013 - November 2013	CFS – Fiscal/Admin.	

<b>F. Hire/train In-house staff for program support, specifically on ETO input.</b>	August 2013 - November 2013	CFS – Fiscal/Admin.; ROQS
<b>G. Develop Policy and Procedure for program processes</b>	August 2013 - December 2013	PDD
<b>H. Assign clients to services/enter into the new system</b>	January 1, 2014 - January 2018	CFS – Admin.; ROQS
<b>I. Begin use of improved/upgraded ETO database</b>	January 1, 2014 - January 2018	ROQS
<b>J. Conduct first round of program monitoring (Quality Assurance, Desk Audits, and OSVs)</b>	April 2014 - November 2014	Human Services contracts and PDD Contracts Support
<b>K. Complete Annual Report (PSSF/CAPIT)</b>	October 2013/14/15/16/17	PDD Contracts Support

<p>Permanency 1, Strategy 1: Increase Teaming (e.g., Child and Family Team Meetings (CFTMs) and Team Decisionmaking Meetings (TDMs)) to enhance early engagement of children and parents.</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):</p> <ul style="list-style-type: none"> <li>Improve timeliness to <del>Reunification (C1-3)</del> Permanency (P1)</li> <li>Staff, caregiver and service provider training</li> <li>Agency collaboration</li> </ul>
	<p>Action Steps</p>	<p>Timeframe:</p>	
<p>A. Provide Team Decisionmaking Meetings (TDMs) for every case in which a child is at risk of removal or has been removed within one week of detention; and at every major decision point in the case. Provide CFTMs in accordance with the Katie A. Core Practice Model and Continuum of Care Reforms.</p>	<p>August 2013 – <del>August 2014</del> January 2018</p>	<p>Regional Managers, Supervisors and Social Workers; TDM Countywide Steering Committee, Katie A. Administrative Joint Management Steering Committee (AJMSC), SOP/CFT Implementation Committee</p>	
<p>B. Ensure Parent Partners, Community Partners and Service Providers are invited to attend CFTMs and TDMs.</p>	<p>August 2013 – August 2014</p>	<p>Regional Managers, Supervisors and Social Workers: Family to Family Steering Committee, TDM Countywide Steering Committee</p>	
<p>C. Provide TDM refresher trainings for all staff to build value for this practice. Provide frequent, continuous training and coaching for social workers and supervisors in building effective CFTs and utilizing and/or facilitating effective CFTMs and TDMs.</p>	<p>January 2014 – December 2016</p>	<p>UC Davis, Performance, Education and Resource Centers (PERC), Regional Managers, PCWTA (training and coaching)</p>	
<p>D. Ensure that training for TDM Facilitators and Back-Up Facilitators is available a minimum of twice per year.</p>	<p>August 2013 – January 2018</p>	<p>PERC, Regional Managers, New Initiative Supervisors</p>	
<p>E. Track and monitor outcomes with <i>ad hoc</i>, quarterly and annual reports, and make recommendations for programmatic changes.</p>	<p>August 2013 - January 2018</p>	<p>SOP/CFT Implementation Committee ROQS, AJMSC</p>	

<p><b>Permanency 1, Strategy 2: Increase and enhance the role of Parent Partners in early engagement.</b></p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3) Permanency (P1)</li> <li>• Staff, caregiver and service provider training</li> <li>• Service array</li> </ul>	
	<input type="checkbox"/> CAPIT	<p><b>Person Responsible:</b></p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
<input type="checkbox"/> N/A	<p><b>Timeframe:</b></p>	
<p><b>Action Steps:</b></p> <p><b>A.</b> Increase the number of parent partners; develop policy to define and enhance their role in early engagement.</p>	<p>August 2013 – August 2014</p>	<p>CFS - SRD, CFS Executive Team, PDD</p>
<p><b>B.</b> Invite parent partners to participate in Team Decisionmaking Meetings (TDMs), when planning for safety and exit from placement; or upon request when parent partner issues match the parent's; or CFIMs when beneficial and approved by the family.</p>	<p>August 2013 – December 2014</p>	<p>CFS - SRD, Regional Managers, Supervisors and Social Workers, SOP/CFT Implementation Committee</p>
<p><b>C.</b> Implement training for parent partners, including through the Regional Training Academy</p>	<p>September 2013 – January 2018</p>	<p>CFS - SRD, Public Child Welfare Academy (PCWTA)</p>
<p><b>D.</b> Develop a database to track parent partner's activities with specific clients. Implement and utilize this database.</p>	<p>February 2013 – June 2013 July 2013 – January 2018</p>	<p>CFS - SRD, ROQS</p>

<p><b>E.</b> Increase Parent Partners' availability at Court to assist parents. Parent partners will facilitate the Court Orientation, and remain available to meet with parents during the morning Court sessions.</p>	<p>August 2013 – January 2018</p>	<p>CFS - SRD</p>
<p><b>F.</b> Increase Social Worker awareness of Parent Partners accessibility and their role in assisting in early reunification countywide, through unit meetings, flyers, Orientation and Induction training, and other outreach.</p>	<p>January 2014 – December 2014 (Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)</p>	<p>CFS - SRD, PDD, PERC</p>

<b>Permanency 1, Strategy 3: Safety Organized Practice (SOP)</b>	<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b>			
	<input type="checkbox"/> CAPIT	<ul style="list-style-type: none"> <li>Improve timeliness to Reunification (C1.3) Permanency (P1)</li> <li>Staff, caregiver and service provider training</li> </ul>		
	<input type="checkbox"/> CBCAP			
	<input type="checkbox"/> PSSF			
	<input type="checkbox"/> N/A			
<b>Action Steps:</b>		<b>Timeframe:</b>	<b>Person Responsible:</b>	
<b>A. Conduct Training for Trainers, to prepare CFS Supervisors to train and mentor staff on Safety Organized Practice.</b>		Current - December 2014	CFS - SRD, Regional Managers and Supervisors, PERC, and PCWTA	
<b>B. Complete first phase of Safety Organized Practice training for 50% of Supervisors and line staff. Training includes 12 modules.</b>		Current - December 2013	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA	
<b>C. Continue with second phase of Safety Organized Practice training to achieve full implementation.</b>		November 2013 - January 2018	CFS - SRD, Regional Managers and Supervisors, and PERC, PCWTA	
<b>D. Utilize Safety Organized Practice to enhance risk assessment in Risk Assessment Meetings (RAMs) and Team Decisionmaking Meetings (TDMs)</b>		August 2013 - January 2018	CFS - SRD, Regional Managers, Supervisors and Social Workers, TDM Countywide Steering Committee	
<b>E: Implement Safety Organized Practice (SOP) in all regions throughout the life of the case. Social Workers will incorporate SOP in their practice and interactions with families, including in CFTMs.</b>		January 2015 – January 2018	Regional Managers, Supervisors, Social Workers, SOP/CFT Implementation Committee	

<b>Permanency 1, Strategy 4: Increase training and support to parents, relatives and caregivers.</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3) Permanency (PI)</li> <li>• Foster and adoptive parent licensing, recruitment and retention</li> <li>• Staff, caregiver and service provider training</li> <li>• Agency collaboration</li> <li>• Service array</li> </ul>
	<b>Action Steps:</b>	<b>Timeframe:</b>	
<b>A.</b> Initiate and establish Visitation and Family Support Centers. Train Social Worker staff and begin referral process.	May 2013 – December 2013	Improving Quality System-wide Advisory Board (IQSAB), CFS Executive Team, PDD, Regional Managers, HS Contracts	
<b>B.</b> Explore expanded role of Visitation and Family Support Centers in parent support and training, mentoring and training of the resource parents, kin caregivers and training of community partners.	January 2014 – December 2015	IQSAB, CFS Executive Team, PDD, Regional Managers	
<b>C.</b> Implement and promote accessibility of parent support groups, through CAPTS service providers, and other contracted providers.	January 2014 – January 2018	PDD, Regional Managers, Supervisors and Social Workers, Service Providers	
<b>D.</b> Increase support and outreach to kin caregivers and optimize training resources. Provide training and information regarding classes available through PRIDE, Community Colleges and Kinship Centers.	September 2013 – January 2018	CFS - Placement Resource Division (PRD), Kinship Centers, Community Colleges	

<p><b>E.</b> Develop training for caregivers to mentor birth parents</p>	<p>December 2013 – January 2018</p>	<p>Placement Resource Division</p>
<p><b>F.</b> Continue to provide orientation to parents at the detention hearing.</p>	<p>April 2013 – January 2018</p>	<p>CFS - SRD</p>
<p><b>G.</b> Implement bridging meetings between social workers, parents and caregivers.</p>	<p>January 2014 – January 2018</p>	<p>Regional Supervisors, Social Workers, CFS - SRD</p>
<p><b>H.</b> Train and inform social work staff on the PRIDE training and exercises provided to caregivers to enhance support to children, parents and caregivers.</p>	<p>January 2014 - December 2015</p>	<p>CFS - PRD, Regional Managers, Supervisors and Social Workers</p>
<p><b>I.</b> Explore providing training to relative caregivers, comparable to PRIDE</p>	<p>January 2014 – December <del>2015</del> 2016</p>	<p>CFS - PRD, Regional Managers, Supervisors and Social Workers, RFA Steering Committee</p>

<b>Permanency 1, Strategy 5: Emphasize reunification planning to facilitate early transition of children to parents' home.</b>	<input type="checkbox"/> CAPIT		<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>Improve timeliness to Reunification (C1.3) Permanency (P1)</li> </ul>
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A		
<b>Action Steps:</b>			<b>Person Responsible:</b>
<b>A.</b> Re-train staff to simplify and individualize case planning, through county wide trainings and case conferencing and SOP.	<b>Timeframe:</b> January 2014 – December 2016		CFS - SRD, Regional Supervisors and Managers, PERC
<b>B.</b> Develop and implement individual reunification timeline tool (Progress Review Tool), to ensure parents have more specific information on their case plan timeframes.	July 2013 – December 2015		PDD, Regional Managers and Supervisors, Social Workers
<b>C.</b> Initiate and continue discussion with Court and Attorneys to address issues related to early reunification, during monthly Court Coordination and Bench Bar meetings.	August 2013 – January 2018		CFS - SRD, Regional Managers, Deputy Directors, Social Workers and Supervisors, CFS Court Staff
<b>D.</b> Utilize Safety Organized Practice in assessment and case planning.	January 2014 – January 2018		Regional Social Workers and Supervisors, SOP/CFT Implementation Committee
<b>E.</b> Continue building community connections to support parents post reunification in their communities.	June 2013 – January 2018		CFS - PRD, New Initiative Units, Regional Social Workers

<p>F. Ensure parents understand court timelines and processes related to reunification. Utilize Court Orientation, Court Video, Parent Partners, Reunification <del>Timeline</del> Progress Review Tool and Case Plan.</p>	<p>June 2013 -- January 2018</p>	<p>Regional Social Workers, Supervisors, Court Staff and Parent Partners</p>
<p>G. Track and monitor parents' reunification efforts through ad hoc, quarterly and annual reports.</p>	<p>June 2013 -- January 2018</p>	<p>ROQS, Timely Reunification Workgroup</p>

<p>Permanency 3, Strategy 1: Expand and optimize mentoring programs for children/youth in care over 24 months. Programs: <del>IYRT</del>, TAY, ILP/PFA, Wraparound and CASA</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> <li>• <del>C3.1</del> P3 – Exits to Permanency (24 months in care)</li> <li>• Service Array/Collaboration</li> <li>• Management Information Systems</li> </ul>	
	<input type="checkbox"/> CAPIT	<p>Person Responsible:</p>
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
<input type="checkbox"/> N/A	<p>Timeframe:</p>	
<p><b>Action Steps:</b></p> <p><b>A.</b> Increase awareness of programs; by revising and circulating flyers, Brown Bag Training, having Community based resource fairs, Regional staff fairs, and Vendor fairs; Use of ILP and CFS Facebook page and exploring further use of social media; thereby, increasing referrals and utilization of programs to improve engagement and participation.</p> <p><b>B.</b> Increase full time TDM facilitator staff, increase <del>TDM</del> <del>teaming</del> teaming practice (CFIM, TDM) for all cases at all decision points of the case. Enhance SW facilitation skills for all teaming practices.</p> <p>Increase attendance at community events to recruit community partners. Team with service providers to include in CFIMs, TDMs, TCs, Community events, presentations, Faith in Motion and work groups</p> <p><b>C.</b> Utilize established tracking methods and database to determine outcomes (ILP, Wraparound, CASA, CFIM, NYTD).</p> <p><b>D.</b> Develop and improve data component and tracking method (TAY, <del>IYRT</del>).</p>	<p>August 2013 - August 2014 (Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)</p>	<p>PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community Providers</p>
<p>August 2013 - <del>August 2015</del> December 2017</p>	<p>PDD, CFS - PRD, Regional CFS staff, Service Providers, Probation, DBH, Community, ILP, Wraparound, CASA, PCWTA</p>	
<p>August 2013 - January 2018</p>	<p>ROQS, New Initiatives units, ILP unit</p>	
<p>August 2013 - February 2014</p>	<p>CFS - PRD, ROQS, Department of Behavioral Health (DBH)</p>	

<p>Permanency 3, Strategy 2: Expand and optimize mentoring programs for parents and caregivers of children/youth in care over 24 months. Programs: <del>HRT</del>, Wraparound, CFS Parent Partners, Kinship Centers, Visitation Centers and Preschool Services</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> <li>• <del>C3.4</del> P3 – Exits to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Service Array/Collaboration</li> </ul>
<p>Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Increase awareness of mentoring programs with Do You Know (DYK) flyers, training, presentations, provide training hours, resource fairs, ILP and CFS Facebook page, foster parent association meetings, Parent Partners, reach out and engage other community based centers such as Family Resource Centers and Faith in Motion; thereby, increasing referrals and utilization of service capacity and improve engagement and participation.</p>	<p>August 2013 – August 2014 (Efforts to increase awareness initiated within timeframe but will be on-going, as appropriate)</p>	<p>PDD, CFS - PRD, Regional CFS staff, Family Resource Centers, Service Providers</p>
<p>B. Utilize established tracking methods and data bases to determine outcomes (Wraparound, PP, Kinship, and Visitation Centers).</p>	<p>August 2014 – August 2015</p>	<p>PRD, ROQS</p>
<p>C. Develop an improve data component and tracking method for all programs other than Wrap (<del>HRT</del>, Preschool Services, Family Resource Centers).</p>	<p>August 2013 - January 2018</p>	<p>PRD, ROQS</p>

<p>Permanency 3, Strategy 3: Increase and enhance transition from group home to less restrictive setting</p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <ul style="list-style-type: none"> <li>• C3-4 P3 – Exits to Permanency (24 months in care)</li> <li>• Foster Parent Training</li> <li>• Social Worker Training</li> <li>• Collaboration</li> </ul>	
<p>Action Steps:</p>		<p>Timeframe:</p>	<p>Person Responsible:</p>
<p>A. Increase awareness to social workers and understanding of step down services by increasing training strategies to facilitate transition. Develop and expand CHRIS program (from RBS) and revised ITFC contracts. Begin referring to CHRIS and ITFC and increase referrals to wraparound <del>and ITRF</del>.</p>	<p>July 1, 2013 – July 2015</p>	<p>Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)</p>	
<p>B. Involve wraparound 30/45 days prior to placement move in or out of group home. Use upcoming provider and staff training refresher courses to institute this practice. Regional offices currently have a wrap services representative at their offices to give 1:1 support to workers. Provide DYK flyers, if appropriate. Utilize team meetings (CFMMS, Care Coordination Team (CCT) to have providers in regional offices.</p>	<p>July 1, 2013 – July 2015 Inform staff and past providers by 2013 Increase compliance by December 2015</p>	<p>Social worker, supervisors, managers, service providers, PDD, CFS - PRD (Group Home Coordinator)</p>	
<p>C. Utilize integrated practice approach when engaging and referring children for mental health services. Increase Healthy Homes referrals and improve collaboration to increase Healthy Home referrals and follow through with recommendations; revitalize collaboration process with DBH.</p>	<p>August 2013 – February 2018</p>	<p>CFS Regional Staff, DBH</p>	

<p><b>D.</b> Conduct teaming practices (CFTM, TDM) to support every decision point.</p>	<p>August 2013 – January 2018</p>	<p>CFS Regional Staff, Community, Service Providers</p>
<p><b>E.</b> Utilize established tracking methods and database to determine outcomes (Healthy Homes, Wraparound, TDM).</p>	<p>August 2013 – January 2018</p>	<p>ROQS, CFS</p>
<p><b>F.</b> Develop and improve data component and tracking method for CHRIS and ITFC.</p>	<p>July 1, 2013 – July 2015</p>	<p>ROQS, CFS, DBH</p>

<p><b>Permanency 3, Strategy 4: Improve accuracy of CWS/CMS data entry regarding NRLG (aka, Services Only Guardianships or SOGs)</b></p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Exit to Permanency (24 months in care)</li> <li>• Management Information Systems</li> <li>• Social Worker training</li> </ul>
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>
<p><b>A.</b> Provide list of children/youth in NRLG with incorrect legal authority(WIC 300)</p>	<p>June 2013 - December 2013 (Completed)</p>	<p><b>Person Responsible:</b>                      CFS Supervising Office Specialists (SOS), ROQS</p>
<p><b>B.</b> Research and correct legal authority and/or placement status</p>	<p>June 2013 - December 2013 (Completed)</p>	<p>CFS Regional SWs and Clerical staff</p>

<b>Permanency 3, Strategy 5: To better match children / youth to foster homes which increases the likelihood of permanency.</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>● Exit P3 – Exits to Permanency (24 months in care)</li> <li>● Foster Parent Recruitment and training</li> </ul>	
	<b>Action Steps:</b>			<b>Person Responsible:</b>
	<b>Timeframe:</b>			
<b>A.</b> Develop project plan and timelines for transition from broad to targeted, child-centered recruitment strategy.	September 2013 - <del>August 2014</del> December 2016	CFS – PRD, PDD, Resource Family Approval (RFA) steering		
<b>B.</b> Explore caretaker evaluation process and assess recruitment needs.	September 2013 - January 2014	CFS - PRD, ROQS		
<b>C.</b> Research foster homes and training/recruitment in other counties	January 2014 - May 2014	CFS - PRD, PDD		
<b>D.</b> Finalize project plan to target specific populations and recruit resource parents, including phase in and program targets	January 2014 - <del>August 2014</del> January 2017	CFS – PRD, RFA Steering		
<b>E.</b> Implement the targeted strategy and increase foster care capacity	June 2015 - January 2018	CFS - PRD		

Permanency 3, Strategy 6: Continually and systematically reassess parents, relatives and supports for return and/or placement of children in care longer than 24 months.	Applicable Outcome Measure(s) and/or Systemic Factor(s):	
	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<ul style="list-style-type: none"> <li>• Exits to Permanency (24 months in care)</li> <li>• Social Worker training</li> </ul>
Action Steps:	Timeframe:	Person Responsible:
<b>A.</b> Increase utilization of Children's Case Assessment Forums (CCAF) by establishing countywide guidelines as to frequency and content of meeting.	August 2013 – July 2015	CFS management
<b>B.</b> Increase the use of family search and engagement. Provide UC Davis training, implement CHRIS, increase referrals to CASA, wraparound, <del>YRF</del> and CHRIS.	June 2013 – January 2018	CFS management
<b>C.</b> In the initial stages of a case, identify relative and non-relative supports to the child/youth by document in a designated area of CMS family information and continue to add new information as it becomes known throughout the duration of the case through training, case conferences, DYK and supervisory coaching.	August 2013 – August 2014 (Policy in place within timeframe; monitoring of practice is on-going)	Intake and Carrier SW's and Sups
<b>D.</b> Explore use of mid-assessment meeting that gather parties and reviews status and progress of parents, specifically engaging court personnel.	November 2013 - May 2014	CFS management/SIP Oversight

<p><b>E.</b> Train, implement and utilize Safety Organized Practice.</p>	<p>April 2013 - January 2018</p>	<p>PCWTA, CFS Trainers and SW's</p>
<p><b>F.</b> Increase attendance/involvement of child and family support through initial and ongoing face to face contacts, family meetings, TDMs, CFTMs and TCs.</p>	<p>Begin: August 2013 – August 2014 (and on-going)</p>	<p>CFS SW's and Sups, Community</p>

<p><b>Probation Strategy 1: Provide parents and the youth, at the onset, with training and resources</b></p>	<p><input type="checkbox"/> CAPIT  <input type="checkbox"/> CBCAP  <input type="checkbox"/> PSSF  <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• <del>C3.4</del> P3 – Exits to Permanency (24 months in care)</li> <li>• Reduce percentage of juvenile probationers sent to out of home placement.</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Refer parents of youth on formal probation and 1<sup>st</sup> time offenders, at the earliest entry into the juvenile justice system, to Parent Project</p>	<p>August 2013 - <del>June 2014</del> on-going through January 2018</p>	<p>Probation Investigations/CST</p>	<p>Probation Investigations/CST</p>
<p><b>B.</b> Refer an increased number of youth on formal probation, to <del>HRTF</del> mentoring or similar programs (Big Brothers Big Sisters)</p>	<p>August 2013 - <del>June 2014</del> on-going through January 2018</p>	<p>Probation Investigations/CST</p>	<p>Probation Investigations/CST</p>
<p><b>C.</b> Develop and improve data component and tracking method or utilize established tracking methods and database to determine outcomes and generate reports as needed.</p>	<p>August 2013 – February <del>2014</del>2017 (Referrals to Parent Project and Mentoring programs will be on-going through January 2018)</p>	<p>Probation/ROQS</p>	<p>Probation/ROQS</p>

Probation Strategy 2: Increase use of the Wraparound program	CAPIT		Applicable Outcome Measure(s) and/or Systemic Factor(s):
	CBCAP		
	PSSF		
	N/A		
Action Steps:		Timeframe:	Person Responsible:
A. Assign and train a Wraparound screener	October 2013 - January 2014		Probation – Wraparound screener
B. Develop procedures and guidelines for Wraparound screening	September 2013 - January 2014		Probation – Wraparound screener
C. Screen existing medium supervision wardship cases for the Wraparound program	January 2014 – <del>January 2015</del> on-going through January 2018		Probation
D. Utilize established tracking methods and database to determine outcomes; Provide reports as needed	February 2014 – January 2018		Probation/ROQS

<p><b>Probation Strategy 3: Increase family participation at MDT's for all minors in custody over 60 45 days</b></p>	<p><input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A</p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• Improve timeliness to Reunification (C1.3)</li> <li>• <del>C3.4</del> P3 – Exits to Permanency (24 months in care)</li> <li>• Increase percentage of minors returning to the home from which they were removed by improving family therapy and parent/child relationships</li> </ul>	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>	<p><b>Person Responsible:</b></p>
<p><b>A.</b> Assign therapist to conduct family therapy/reunification for all youth detained longer than 60 45 days awaiting placement and deemed difficult to place.</p>	<p>January 2014 - <del>June 2015</del> on-going, as needed, through January 2018</p>	<p>DBH and Probation</p>	
<p><b>B.</b> Allow clergy, extended family members and other family support systems to attend therapy/reunification /MDT's</p>	<p>September 2013 - <del>June 2015</del> on-going, as needed, through January 2018</p>	<p>DBH and Probation</p>	
<p><b>C.</b> Develop and improve data component and tracking method</p>	<p>January 2014 – January 2018</p>	<p>Probation/ROQS</p>	

<b>Probation Strategy 4: Utilize family finding to locate extended family members for potential placement</b>	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A		<b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b> <ul style="list-style-type: none"> <li>• <del>Exit</del> P3 – Exits to Permanency (24 months in care)</li> <li>• Decrease the number of youth sent to out of home placement; increase use of placement with extended family members</li> </ul>	
	<b>Action Steps:</b>			<b>Person Responsible:</b>
	<b>Timeframe:</b>			
<b>A.</b> Train all juvenile services Probation Officers in family findings	January 2014 - <del>July 2014</del> March 2015 (Supervisors trained)		Probation	
<b>B.</b> Conduct family finding on youth entering the juvenile justice system and at risk for out of home placement or removal from parents home	July 2014 - <del>June 2015</del> on-going through January 2018		Probation	
<b>C.</b> Develop guidelines and protocol for family finding	September 2013 - <del>January 2014</del> March 2015		Probation	
<b>D.</b> Develop and improve data component and tracking method	January 2014 -- January 2018		Probation/ROQS	

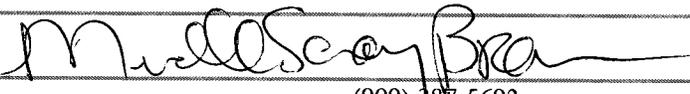
<p><b>Safety 1, Strategy 1: Assess the causes for the high rate of maltreatment in foster care, initially focusing on data entry for substantiated or indicated reports of maltreatment and make recommendations for new or refined approaches.</b></p>	<p><b>Applicable Outcome Measure(s) and/or Systemic Factor(s):</b></p> <ul style="list-style-type: none"> <li>• S1 – Maltreatment in foster care</li> <li>• Improved data entry in the recording of allegations and referrals</li> </ul>	
	CAPIT	<p><b>Person Responsible:</b></p>
	CBCAP	
	PSSF	
<p><b>Action Steps:</b></p>		<p><b>Timeframe:</b></p>
<p><b>A.</b> Establish a Safety Workgroup under the SIP Oversight Committee to gather information and assess the reasons for the high rate of out-of-home maltreatment.</p>	<p>February 2016</p>	<p>SIP Oversight</p>
<p><b>B.</b> The Safety Workgroup will review data entry protocol and practices for submitting and recording substantiated or indicated reports of maltreatment (by any perpetrator).</p>	<p>April 2016</p>	<p>Safety/CQI/Data workgroup</p>
<p><b>C.</b> The Safety Workgroup will recommend revisions to procedures to eliminate unnecessary and duplicative allegations and substantiation entries, and the timing of report entries to minimize the impact of 'historical' allegations.</p>	<p>May 2016</p>	<p>Safety/CQI/Data workgroup; SIP Oversight; Program Development Division</p>
<p><b>D.</b> The Safety Workgroup will review and consider other factors related to safety of those in care should the available data indicate further policy revisions are necessary.</p>	<p>May 2016</p>	<p>SIP Oversight</p>
<p><b>E.</b> The Safety Workgroup may conduct research and investigations to identify root causes and formulate solutions to out-of-home maltreatment</p>	<p>May 2016</p>	<p>Safety/CQI/Data workgroup; SIP Oversight</p>
<p><b>F.</b> The Safety Workgroup will make recommendations for changes in policy, practice, procedures and additional safety strategies and action steps to the SIP Oversight Committee.</p>	<p>June 2016</p>	<p>Safety/CQI/Data workgroup; SIP Oversight</p>



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California – Child and Family Services Review Signature Sheet

For submittal of: CSA  SIP  Progress Report

County	SAN BERNARDINO
SIP Period Dates	AUGUST 19, 2013 – JANUARY 31, 2018
Outcome Data Period	QUARTER 2 2012
County Child Welfare Agency Director	
Name	MARLENE HAGEN, DIRECTOR
Signature*	
Phone Number	(909) 388-0242
Mailing Address	CHILDREN AND FAMILY SERVICES 150 SOUTH LENA ROAD SAN BERNARDINO, CA 92415-0515
County Chief Probation Officer	
Name	CHIEF MICHELLE SCRAY BROWN
Signature*	
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Mail the original Signature Sheet to:

Children's Services Outcomes and Accountability Bureau  
Attention: Bureau Chief  
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