

California - Child and Family Services Review

Annual SIP Progress Report

July 10, 2015 to July 10, 2016



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Table of Contents

TABLE OF CONTENTS.....PAGES 1-12

EXECUTIVE SUMMARY.....PAGES 13-19

INTRODUCTION CHILD WELFARE..... PAGES 20-25

ANNUAL SIP NARRATIVE REPORT - CHILD WELFARE.....PAGES 26-164

 STAKEHOLDER’S PARTICIPATION.....(PAGES 26-31)

 CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT

 GOALS(PAGES 32-43)

 SYSTEM IMPROVEMENT PLAN (SIP) STRATEGIES

 STRATEGY 1: DISPROPORTIONALITY STRATEGIES.....(PAGES 44-72)

 STRATEGY 1 (COUNTY EXECUTIVE).....(PAGES 72-73)

 STRATEGY 2: PREVENTION AND SAFETY STRATEGIES..(PAGES 73-93)

 STRATEGY 3: SAFETY STRATEGIES.....(PAGES 93-108)

 STRATEGY 4: FAMILY REUNIFICATION STRATEGIES.....(PAGE 109-110)

 STRATEGY 5: REUNIFICATION OUTCOME MEASURES...(PAGES 111-123)

 STRATEGY 6; PERMANENCY OUTCOME MEASURES.....(PAGES 123-135)

 STRATEGY 7: PERMAENCY, FAMILY REUNIFICATION AND

 WELL-BEING STRATEGIES.....(PAGES 135-153)

 ADDITIONAL STRATEGIES AND ACTIONS TO ADDRESS CHILD

 WELL-BEING.....(PAGES 154-158)

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION.(PAGE 159)

PROMISING PRACTICES/OTHER SUCCESSES.....(PAGE 159)

OUTCOME MEASURES NOT MEETING FEDERAL/STATE
STANDARDS.....(PAGES 156-164)

ANNUAL SIP NARRATIVE REPORT - JUVENILE PROBATION

INTRODUCTION PROBATION.....PAGES 165-166

SYSTEM IMPROVEMENT PLAN (SIP) PROGRESS NARRATIVE (PROBATION)

STAKEHOLDER PARTICIPATION.....PAGE 167

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS
.....PAGE 168-173

STATUS OF STRATEGIES

STRATEGY 1: COORDINATED AND INTEGRATED CHILD WELFARE AND
JUVENILE JUSTICE RESPONSES.....PAGES 174-175

STRATEGY 2: IMPROVING FAMILY SUPPORTS.....PAGE 176

STRATEGY 3: DELETED.....PAGES 176-177

STRATEGY 4: DELETED.....PAGE 177

STRATEGY 5: DISPROPORTIONALITY STRATEGIES.....PAGES 177-178

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION...PAGE 178

PROMISING PRACTICES/OTHER SUCCESSES.....PAGES 178-181

PROBATION CWSOIP NARRATIVE.....PAGE 182

OUTCOME MEASURES NOT MEETING NATIONAL/STATE STANDARDS
.....PAGE 182

ATTACHMENTS.....PAGES A1-A793

ATTACHMENTS

ATTACHMENT I	FIVE-YEAR SYSTEM IMPROVEMENT PLAN (SIP) CHARTPAGES A1-A88
ATTACHMENT II	SANTA CLARA COUNTY CHILD WELFARE SYSTEM IMPROVEMENT PLAN (SIP) STRATEGY SUMMARIES PAGES A89-A97
ATTACHMENT III	APRIL 2016 – CHILD WELFARE SERVICES QUARTERLY OUTCOMES RELATED TO SYSTEM IMPROVEMENT PLAN (SIP) – PERFORMANCE OVERVIEW... .. PAGES A98-A100
ATTACHMENT IV	APRIL 2016 CHILD WELFARE SERVICE OUTCOME AND ACCOUNTABILITY QUARTERLY DATA REPORT.....PAGES A101-A123
ATTACHMENT V	NOVEMBER 2015 CHILD WELFARE SERVICES SYSTEM IMPROVEMENT PLAN QUARTERLY REPORT TO THE SANTA CLARA COUNTY BOARD OF SUPERVISORSPAGES A124-A221
ATTACHMENT VI	SANTA CLARA COUNTY DEPARTMENT OF FAMILY AND CHILDREN’S SERVICES – OFFICE OF CHILD ABUSE AND PREVENTION (OCAP) OVERSIGHT FOR CHILD ABUSE PREVENTION STRUCTURE AND ACCOUNTABILITYPAGE A222
ATTACHMENT VII	MARCH 10, 2016 STATUS OF DISPROPORTIONALITY REPRESENTATION OF CHILDREN OF COLOR IN THE CHILD WELFARE SYSTEM REPORT TO THE SANTA CLARA COUNTY BOARD OF SUPERVISORS.....PAGES A223-A228
ATTACHMENT VIII	OFFICE OF CULTURAL COMPETENCY WORK PLAN 2016PAGE A229
ATTACHMENT IX	CENTER FOR LEADERSHIP AND TRANSFORMATION (CLT) – DISPROPORTIONALITY REDUCTION TEAM (DRT): PROJECT CHARTER AND CLT PROJECT PLAN TO REDUCE DISPROPORTIONALITY AT SYSTEM ENTRYPAGE A230-A234

ATTACHMENT X	CHILDREN OF COLOR GROUP GOALS 2013-2014 (UPDATED JANUARY 2014).....PAGES A235-A239
ATTACHMENT XI	MEMORANDUM: CHARTING THE COURSE AHEAD: A STRATEGIC PLAN FOR SANTA CLARA COUNTY DFCS FROM PLANNING TO STRATEGY TO ACTION; THE DEVELOPMENT OF THE DFCS STRATEGIC PLAN.....PAGES A240-A241
ATTACHMENT XII	ASSORTED TITLE IV-E WELL BEING PROJECT STAKEHOLDER MEETING AGENDAS..... PAGES A242-A243
ATTACHMENT XIII	SANTA CLARA COUNTY TITLE IV-E CHILD AND FAMILY PRACTICE MODEL (CFPM) LOGIC AND THEORY OF CHANGE MODEL..... .PAGES A244-A260
ATTACHMENT XIV	INFORMATIONAL FLYERS ON COMMUNITY FORUMS REGARDING CULTURAL BROKERS PROGRAM CONTRACTING TECHNICAL ASSISTANCE FORUM FOR THE CULTURAL BROKERS PROGRAM REQUEST FOR PROPOSAL AND POWERPOINT PRESENTATION.....PAGES A261-A262
ATTACHMENT XV	MEMORANDUM: SYSTEM IMPROVEMENT PLAN (SIP) ACTIVITIES TO ENSURE ADOPTION COMPLETION FOR FREED CHILDREN REVISION OF THE CONCURRENT HOME AGREEMENT FORM: SCZ1348 AND REVIEW OF PROCEDURESPAGES A263-A269
ATTACHMENT XVI	MARCH 2016 OUT OF HOME PLACEMENTS AND CONCURRENCY REPORTSPAGES A270-A276
ATTACHMENT XVII	SANTA CLARA COUNTY – DFCS LEGAL GUARDIANSHIP/LEGAL GUARDIANSHIP TERMINATED – OCTOBER 2015 TO DECEMBER 2015.....PAGES A277-A280
ATTACHMENT XVIII	MAY 29, 2015 AGENCY MEMORANDUM - APPROVED RELATIVE CAREGIVER (ARC) FUNDING OPTION PROGRAM.....PAGES A281-A283
ATTACHMENT XIX	OCTOBER 30, 2015 AGENCY ANNOUNCEMENT – RESPITE CARE PROGRAM.....PAGE A284
ATTACHMENT XX	SANTA CLARA COUNTY LINKAGES LOGIC MODEL 2014PAGE A285
ATTACHMENT XXI	LINKAGES NEWLETTER - KEEPING LINKED: LINKAGES – CALWORKS AND CHILD WELFARE COLLABORATION TO IMPROVE OUTCOMESPAGES A286-A293

ATTACHMENT XXII	ASSORTED LINKAGES ANNOUNCEMENTS/FLYERSPAGES A294-A296
ATTACHMENT XXIII	MARCH 24, 2015 AGENCY MEMORANDUM - PRIORITY HEAD START ENROLLMENT FOR CHILDREN SERVED BY DFCS AND ASSORTED HEAD START/PRESCHOOL FLYERSPAGES A297-A307
ATTACHEMNET XXIV	JULY 9, 2015 AGENCY MEMORANDUM – REFERRALS TO THE PHN HOME VISITATION PROGRAM FOR ALL CHILDREN AGES 5 AND UNDER FROM FAMILIES RECEIVING COURT ORDERED AND VOLUNTARY SERVICES.....PAGE A308
ATTACHMENT XXV	AUGUST 2015 SANTA CLARA COUNTY NURSE-FAMILY PARTNERSHIP NEWSLETTER.....PAGES A309-A312
ATTACHMENT XXVI	UNDERSTANDING THE CHILD SUPPORT PROGRAM – A SPECIAL WORKSHOP FEBRUARY 9, 2015 AGENCY ANNOUNCEMENT – SEEKING FATHERS, MALE CAREGIVERS TO PARTICIPATE IN MSW RESARCH PROJECT NATIONAL FAMILIES AND FATHERS 17 TH ANNUAL CONFERENCE PROGRAM.....PAGES A313-A326
ATTACHMENT XXVII	ASSORTED COMMERCIALY SEXUALLY EXPLOITED CHILDREN TRAINING ANNOUNCEMENTSPAGES A327-A331
ATTACHMENT XXVIII	MAY 4, 2015 AGENCY ANNOUNCEMENT – NATIONAL DAY TO PREVENT TEEN PREGANCY AND PLANNED PARENTHOOD FLYER.....PAGES A332-A333
ATTACHMENT XXIX	JANUARY 26, 2015 AGENCY ANNOUNCEMENT –2015 RISE ABOVE YOUTH EMPOWERMENT CONFERENCE FEBRUARY 18, 2016 AGENCY ANNOUNCEMENT – 2016 RISE ABOVE YOUTH EMPOWERMENT CONFERENCEPAGES A334-A337
ATTACHMENT XXX	JANUARY 12, 2016 AGENCY ANNOUNCEMENT – ADDITIONAL PAYMENT FOR NON-MINOR DEPENDENT (NMD) PARENT IN A SUPERVISED INDEPENDENT LIVING PLACEMENT (SILP).....PAGES A339-A340

ATTACHMENT XXXI	INDEPENDENT LIVING PROGRAM SPRING 2015 AND FALL 2015 CURRICULUM CALENDAR.....PAGES A341-A344
ATTACHMENT XXXII	ASSORTED HUB MONTHLY CALENDAR OF EVENTSPAGES A345-A354
ATTACHMENT XXXIII	ASSORTED ANNOUNCEMENTS/FLYERS FOR EDUCATIONAL OPPORTUNITIES AND RESOURCES FOR YOUTHPAGE A355-A368
ATTACHMENT XXXIV	ASSORTED EMPLOYMENT WORKSHOP AND JOB PLACEMENT RESOURCES ANNOUNCEMENTS/FLYERS FOR YOUTH.....PAGES A369-A379
ATTACHMENT XXXV	ASSORTED YOUTH EMPLOYMENT OPPORTUNITY ANNOUNCEMENTS/FLYERS.....PAGES A380-A394
ATTACHMENT XXXVI	ASSORTED EMPLOYMENT TRAINING OPPORTUNITIES FOR YOUTH ANNOUNCEMENTS/FLYERS.....PAGES A395-A399
ATTACHMENT XXXVII	ASSORTED ANNOUNCEMENTS/FLYERS ON STEM INTERNSHIP PROGRAM OPPORTUNITIES FOR YOUTHPAGES A400-A405
ATTACHMENT XXXVIII	ASSORTED ANNOUNCEMENTS/FLYERS ON OPPORTUNITIES FOR YOUTH EXPRESSION.....PAGES A406-A410
ATTACHMENT XXXIX	ASSORTED ANNOUNCEMENTS/FLYERS ON RESOURCES FOR YOUTH.....PAGES A411-A415
ATTACHMENT XL	FLYER ON YOUNG WOMEN’S GROUP - SISTER2SISTER AT THE HUB.....PAGE A416
ATTACHMENT XLI	ASSORTED ANNOUNCEMENTS/FLYERS ON VARIOUS RECREATIONAL ACTIVITIES FOR DFCS CHILDRENPAGES A417-A429
ATTACHMENT XLII	TRANSITION AGE YOUTH SERVICES MONTHLY STATISTICAL SUMMARY – JULY, AUGUST AND SEPTEMBER 2015.....PAGES A430-A439
ATTACHMENT XLIII	PUBLIC HEALTH DEPARTMENT FLYER ON SANTA CLARA COUNTY CAR SEAT PROGRAMPAGES A440-A441

ATTACHMENT XLIV	FLYER ON PHILANTHROPIC VENTURES FOUNDATION RESOURCE FOR DFCS CHILDREN.....PAGE A442
ATTACHMENT XLIV	OCTOBER 15, 2015 AGENCY ANNOUNCEMENT ON 2015 OPERATION SANTA.....PAGES A443-A446
ATTACHMENT XLVI	FLYER ON HYGIENE KIT DRIVE FOR THE HOMELESS YOUTH.....PAGE A447
ATTACHMENT XLVII	JOINT DECISION MAKING (JDM) UNIT STATISTICS – JULY 2015 TO AUGUST 2015.....PAGES A449-A451
ATTACHMENT XLVIII	ASSORTED IMMIGRATION SERVICES TRAINING ANNOUNCEMENTS.....PAGES A452-A454
ATTACHMENT XLIX	KATIE A. SUBCLASS ELIGIBILITY ASSESSMENTS MEMORANDUM AND TRAINING FLYER....PAGES A455-A456
ATTACHMENT L	MARCH 8, 2016 AGENCY ANNOUNCEMENT JUVENILE JUSTICE 101: OVERVIEW.....PAGE A457
ATTACHMENT LI	AUGUST 31, 2015 AGENCY ANNOUNCEMENT CROSS SYSTEMS PARTNERSHIPS FOR DUALY INVOLVED YOUTHPAGE A458
ATTACHMENT LII	APRIL 13, 2016 DUALY INVOLVED YOUTH (DIY) REPORT BACK TO THE SANTA CLARA COUNTY BOARD OF SUPERVISORS.....PAGES A459-A463
ATTACHMENT LIII	FEBRUARY 2016 CALIFORNIA STATE AUDITOR - DUALY INVOLVED YOUTH – THE STATE CANNOT DETERMINE THE EFFECTIVENESS OF EFFORTS TO SERVE YOUTH WHO ARE INVOLVED IN BOTH THE CHILD WELFARE AND JUVENILE JUSTICE SYSTEMS.....PAGES A464-A527
ATTACHMENT LIV	APRIL 13, 2016 REPORT ON TIMELY DENTAL AND MEDICALEXAMINATIONS FOR CHILDREN IN THE COUNTY’S CHILD WELFARE SYSTEM TO THE SANTA CLARA COUNTY BOARD OF SUPERVISORSPAGES A528-A538
ATTACHMENT LV	ASSORTED ANNOUNCEMENTS/FLYERS ON HEALTH AND DENTAL RESOURCES FOR FOSTER CHILDRENPAGES A539-A554
ATTACHMENT LVI	FIXING DENTI-CAL, REPORT #230, APRIL 2016 – LITTLE HOOVER COMMISSION.....PAGES A555-A622

ATTACHMENT LVII	APRIL 21, 2015 PYSCHOTROPIC MEDICATION USE AMONGST FOSTER YOUTH REPORT TO THE SANTA CLARA COUNTY BOARD OF SUPERVISORSPAGES A624-A668
ATTACHMENT LVIII	PSYCHOTROPIC MEDICATIONS PUBLIC HEALTH NURSE (PHN).....PAGES A669-A670
ATTACHMENT LIX	NOVEMBER 10, 2015 AGENCY ANNOUNCEMENT – FAMILY UNIFICATION PROGRAM ACCEPTING APPLICATIONSPAGES A671-A672
ATTACHMENT LX	GARDNER FAMILY CARE – INTENSIVE UP FRONT /PARENT SKILL BUILDING SERVICES.....PAGE A673
ATTACHMENT LXI	JANUARY 15, 2014 AGENCY ANNOUNCEMENT – POSITIVE PARENTING PROGRAM - TRIPLE P APRIL 2, 2015 AGENCY ANNOUNCEMENT _ POSITIVE PARENTING PROGRAM – TRIPLE P (NEW COHORTS).....PAGES A674-A675
ATTACHMENT LXII	TRAUMA TRANSFORMED FLYER.....PAGE A676
ATTACHMENT LXIII	CONXION DE LA FAMILIA PARENT HUB GRAND OPENING FLYER CONXION DE LA FAMILIA PARENT HUB BROCHURE.....PAGES A677-A679
ATTACHMENT LXIV	TITLE IV-E COLLABORATIVE TRAINING ANNOUNCEMENT – REFLECTIVE PRACTICE.....PAGE A680
ATTACHMENT LXV	JANUARY 21, 2016 AGENCY ANNOUNCEMENT LEADERSHIP COACHING TRAINING 101 AND 201 – FOR SUPERVISORS AND MANAGERS APRIL 8, 2016 AGENCY ANNOUNCEMENT – THE ART OF COACHING.....PAGES A681-A682
ATTACHMENT LXVI	DECEMBER 7, 2015 AGENCY ANNOUNCEMENT – CRITICAL INCIDENT STRESS RESPONSE (CISR).....PAGE A683
ATTACHMENT LXVII	JUNE 8, 2015 SSA CULTURAL TRAINING ANNOUNCEMENT – GENDER SPECTRUM.....PAGE A684

ATTACHMENT LXVIII	MARCH 10, 216 AGENCY ANNOUNCEMENT – STRUCTURED DECISION MAKING (MANDATORY TRAINING) MARCH 30, 2016 DEPARTMENTAL ANNOUNCEMENT - UPDATE TO STRUCTURED DECISION MAKING (SDM)(MANDATORY ALL STAFF TRAINING) APRIL 18, 2016 THROUGH JUNE 30, 2016PAGES A685-A686
ATTACHMENT LXIX	2015 - 5th ANNUAL SANTA CLARA COUNTY REUNIFICATION DAY BROCHURE..... PAGES A687-A688
ATTACHMENT LXX	SCOPE OF WORK; I.E.COMMUNICATIONS FOR TITLE IV-E WELL BEING (WAIVER) PROJECT.....PAGE A689
ATTACHMENT LXXI	APRIL 20, 2016 SCOPE OF WORK: SANTA CLARA COUNTY – CHAPIN HALL AND CASEY FAMILY PROGRAMS PARTNERSHIP FOR TITLE IV-E WELL BEING (WAIVER) PROJECT).....PAGE A690
ATTACHMENT LXXII	SANTA CLARA COUNTY CHILD ABUSE AND NEGLECT CENTER (CANC) PRACTICE CONSIDERATIONS – CASEY FAMILY PROGRAMS.....PAGES A691-A693
ATTACHMENT LXXIII	WHY THE WORKFORCE MATTERS – NATIONAL CHILDWELFARE WORKFORCE INSTITUTEPAGE A694
ATTACHMENT LXXIV	SUMMARY OF DFCS SOCIAL WORKER II AND SOCIAL WORKER III VACANCIES AS OF APRIL 12, 2016PAGE A695
ATTACHMENT LXXV	DFCS CASE WEIGHT SUMMARY REPORT AS OF APRIL 22, 2016.....PAGES A696-A708
ATTACHMENT LXXVI	CATHOLIC CHARITIES OF SANTA CLARA COUNTY – KINSHIP SUPPORT PROGRAM DISCRIPTIONPAGE A709
ATTACHMENT LXXVII	GET. RECOGNIZE. ENGAGE. AFFIRM. LOVE. – FINAL REPORT TO THE WALTER S. JOHNSON FOUNDATION – CENTER FOR THE STUDY OF SOCIAL POLICY, UNIVERSITY OF HOUSTON GRADUATE COLLEGE OF SOCIAL WORKPAGE A710-A734

ATTACHMENT LXXVIII	DFCS NEWSLETTER, EDITION 2, VOLUME 2, FEBRUARY 2015PAGES A736-A740
ATTACHMENT LXXIX	DFCS NEWSLETTER, EDITION 2, VOLUME 4, APRIL 2015PAGES A741-A748
ATTACHMENT LXXX	DFCS NEWSLETTER, EDITION 2, VOLUME 7, JULY 2015PAGES A749-A752
ATTACHMENT LXXXI	DFCS NEWSLETTER, EDITION 2, VOLUME 12, DECEMBER 2015.....PAGES A753-A761
ATTACHMENT LXXXII	MISSION ANALYTICS GROUP ANALYSIS PLAN DATED APRIL 27, 2016.....PAGES A762-A765
ATTACHMENT LXXXIII	MARCH 8, 2016 ADOPTIONS REPORT.....PAGES A766-A768
ATTACHMENT LXXXIV	ARTICLE FROM WOMAN’S DAY ON TREEHOUSE FOUNDATION – TREEHOUSE COMMUNITY EASTHAMPTON TITLED “THIS MASSACHUSETTS COMMUNITY IS WORKING TOGETHER TO SUPPORT A VILLEGE OF FOSTER KIDS.”.....PAGES A769-A774
ATTACHMENT LXXXV	JANUARY 2012 SCC CASE CLIENT DEMOGRAPHICSPAGES A775-A778
ATTACHMENT LXXXVI	JANUARY 2014 SCC CASE CLIENT DEMOGRAPHICSPAGES A779-A783
ATTACHMENT LXXXVII	JANUARY 2015 SCC CASE CLIENT DEMOGRAPHICSPAGES A784-A787
ATTACHMENT LXXXVIII	FEBRUARY 2016 SCC CASE CLIENT DEMOGRAPHICSPAGES A788-A791

ATTACHMENT LXXXIX

JULY 24, 2015 AGENCY ANNOUNCEMENT – JUST CULTURE:
INDIVIDUAL BEHAVIOR COURSE.....PAGE A792

Executive Summary – Child Welfare

SANTA CLARA COUNTY ANNUAL SIP PROGRESS REPORT MAY 2016

Executive Summary – Child Welfare

In 2013 the Santa Clara County Social Services Agency Department of Family and Children’s Services (DFCS), the local county child welfare agency, began its current five-year System Improvement Plan (SIP). The DFCS SIP is an aspirational, ambitious comprehensive plan that focuses on improving outcomes in three primary areas:

- a) Addressing and eliminating the over-representation of African Ancestry and Latino families in the child welfare system;
- b) Address safety and ensure that children and families are assessed in a timely manner and those families are provided the necessary resources and supports so that children do not enter the children welfare system or re-enter the child welfare system; and
- c) Address permanency for children and families as defined by ensuring family reunification (children returning to live with one or both parents), or if this is not possible, permanent placement in the form of a legal guardianship or adoption with relatives (including non-relative extended family members) or non-relatives such as foster parents.

This 2015 Annual Report provides the third year, current update for Santa Clara County’s Child Welfare Services System Improvement Plan (SIP) and the current performance on selected Federal and State indicators (goals/outcomes) for child welfare. This annual report is for the January 2015 to December 2015 reporting period, but may include information for the first quarter of 2016 or for the previous twelve months, January 2014 through December 2014, or for an earlier period, depending upon the methodology for the specific Federal or State performance measure. As a result, this report assesses performance for prior data reporting periods (for some measures significantly earlier reporting periods), while discussing strategies and actions that are currently in progress. Thus, current strategies, actions, and progress on actions currently being taken will not necessarily be reflected on the Federal and State performance measures or outcomes until a later period in time.

Based on the data for the current reporting period, the DFCS has shown improvement in three (3) Federal and State performance measures and is working on improvements in order to meet

performance measures in other areas. For the seven (7) revised and updated Federal performance measures, the DFCS was unable to meet the outcome goals on any of the seven measures during 2015, but DFCS did show improvement in two (2) of the measures as compared to the prior period. Specifically, the DFCS showed improvement in the areas of Recurrence of Maltreatment (Federal Measure S2) and Placement Stability (Federal Measure P5) but fell short of meeting the Federal outcome goals in these areas. In the areas of Maltreatment in Foster Care (Federal Measure S1) Permanency within Twelve (12) Months for Children Entering Foster Care, Permanency for Children in Foster Care Twelve (12) to Twenty Three (23) Months, and Permanency for Children in Foster Care Twenty Four (24) Months or More (Federal Measures P1, P2, and P3), and Re-Entry to Foster Care after Reunification, Living with Relative(s) or Guardianship (Federal Measure P4), the DFCS had decreased performance, as these areas are defined by the current Federal performance measures. However, it should also be pointed out that on four (4) of the seven (7) Federal performance measures (Maltreatment in Foster Care (Federal Measure S1), Permanency within Twelve (12) Months for Children Entering Foster Care (Federal Measure P1), Permanency in Twelve (12) Months for Children in Foster Care Twenty Four (24) Months or More (Federal Measure P3), and Placement Stability (Federal Measure P5)), the DFCS was just slightly under the desired Federal performance goals.

With respect to State performance measures, the DFCS met the State performance goals on two (2) of the outcome measures. Specifically, the DFCS exceeded the State goals in the areas of Timely Responses to Immediate Response Referrals (State Measure 2B) and Timely Social Worker Visits with Child in Residence (child in out of home care)(State Measure 2F.2). The DFCS had decreasing performance on four (4) of the State performance measures in the areas of Timely Responses to Ten (10) Day Referrals (State Measure 2B), Timely Social Worker Visits (child in out of home care)(State Measure 2F.1), Timely Health Examinations (State Measure 5B.1), and Timely Dental Examinations (State Measure 5B.2). Here too, it should be noted that on one (1) of the six (6) State measures (Timely Response to Ten (10) Day Referrals (State Measure 2B)), the DFCS was just slightly under the desired State performance goal.

The DFCS has initiated and continued work on both broad and specific initiatives which are designed to have positive, long term impacts on child welfare outcomes. Broad strategies include the continued implementation of the Child and Family Practice Model (CFPM); participation in the Title IV-E Well-Being Demonstration Project and use of Safety Organized Practice (SOP); is in transition from the use of the Comprehensive Assessment Tool (CAT) to Structured Decision Making (SDM) as the Department's risk assessment tool; utilization of reflective practice and supervision; utilization of coaching supports; and work to become more of a trauma informed system. More specific strategies include increasing and refining Differential Response (DR) services; increased emphasis on visitation services; increased collaboration with other agencies/departments, such as County Office of Education, Silicon Valley Children's Fund,

Public Health Nursing, Juvenile Probation Department, and the Department of Behavioral Health Services to improve educational, medical and mental health services to children, youth and families; increased collaboration and partnerships for services at the San Jose and Gilroy Family Resource Centers; improved tracking of Concurrent Plans for children; increased focus on Adoption Finalizations in a timely manner; implementation and refinement in the structure and use of the Positive Parenting Plus (Triple P) parent education program; continued expansion of Transition Age Youth (TAY) Services; the development of the Cultural Brokers Program; developing a contract with ConXion de la Familia to create a Parent Hub, full implementation of the Resource Family Approval (RFA) process; and the continued development and expansion of the Dually Involved Youth (DIY) Unit.

These strategies and actions have not as yet had a significant impact on overall disproportionality within the child welfare system or in increased safety and improved permanency outcomes as of this point in time. However, there has generally been a positive trend in that there has been a decrease in the relative number of African Ancestry children entering the child welfare system, (although the relative rates have remained the same) potentially due to the implementation of some of the SIP strategies. Likewise, for Latino children, there was a decrease in the number of Latino children who entered the child welfare system in 2015. While the rate of entry for African Ancestry children did not change, the rate of entry for Latino children did decline in 2015. This is also within the context that the number of children in the child welfare system in Santa Clara County declined slightly in 2015. It is too early to project whether such decreases will continue or whether this is merely a statistical variation, but it is a promising indicator. These are very promising signs, as these are extremely complex and interrelated issues that are long standing and not easily changed. For example, disproportionality of African Ancestry and Latino children in the child welfare system is significant in terms of both rates and relative numbers. This disproportionality begins at the point of the initial report of suspected child abuse and neglect and continues throughout the child welfare system. The disproportionality is further magnified by the relatively small number of Asian and Pacific Islander children who enter the child welfare system as compared to their number and percentages within the overall child population. These disproportional issues are not unique to Santa Clara County or to the child welfare system, as there are disproportionate numbers of African Ancestry and Latino children and individuals in the Juvenile Justice system as well as in the adult criminal systems. Solutions to the disproportionate number of African Ancestry and Latino children in the child welfare system will not be as a result of the DFCS strategies and actions alone, but as part of an overall community and societal response to the issue.

Other factors also significantly impact the DFCS ability to do well on Federal and State performance measures and to improve outcomes for children and families. A major challenge that is facing the DFCS is the recruitment, retention and stability of its social work staff. The DFCS, like many other child welfare agencies, has had difficulty retaining social workers and

filling vacancies created by separations, transfers, and promotions. Some of this is due to the extremely challenging and difficult nature of the work in child welfare. Some of it is due to the variety of opportunities within the Department, in other parts of the Social Services Agency, and in other County agencies/departments. Some of it is also due to competitive challenges with other child welfare agencies in other jurisdictions. Regardless of the reason, the lack of stability of the social work staff results in higher caseloads, and most importantly, instability for the children and families in the child welfare system. Several reports have drawn a correlation between social worker consistency and improved child and family outcomes. For example, a United States General Accounting Office (GAO) report on child welfare dated March 2003 stated that "...high turnover rates and staffing shortages leave remaining staff with insufficient time to establish relationships with children and families and make the necessary decisions to ensure safe and stable permanent placements." They associate high caseloads, limited training, and staffing shortages to Children Family Service Review (CFSR) child and family outcomes (page 22 and page 23). A 2010 qualitative study (Strolin-Goltzman, Kollar, and Trinkle) where twenty five (25) foster youth were interviewed as to child welfare workforce turnover and number of foster care placements and the findings suggest that "youths experience multiple effects of workforce turnover, such as lack of stability, loss of trusting relationships..." A January 2010 Social Work Policy Institute report on high caseloads found that it "lead to increased staff turnover as well as increased cost and decreases in quality delivery of services. A January 2005 Children's Home Society of Florida report (Flower, McDonald, and Sumski) looks at turnover, salary, and exits to permanency within one (1) year and found that fewer changes in caseworkers increases the chances of permanency for children. A recent SCC example of how staffing shortages impact child welfare performance measures is in the DFCS Emergency Response function. When the Emergency Response function was short staffed in 2012 and 2013, performance measures on Timely Responses to Immediate Response and Ten (10) Day Responses decreased. As staffing for the Emergency Response function was increased, prioritized and vacancies minimized, recent performance on these measures has improved significantly. Currently, almost half of the DFCS social worker vacancies are in the Continuing Child Welfare functions, which impact the majority of the Federal and State performance measures. As a result, most of the staff is currently at or above contractual caseload standards and are struggling to accomplish the basic critical tasks. Structural supports such as expansion of the minimum qualifications for the Social Worker II and Social Worker III classifications to expand the potential pool of qualified applicants and additional of a pay differential for case carrying functions should improve the long term prospects for reducing vacancies and workforce stability.

The staffing challenges facing DFCS is not unique to SCC, as many jurisdictions throughout California and in most other states are facing the same challenges. However, the staffing challenges in combination with gradually increasing caseloads over the last three years have placed the majority of the DFCS social workers at if not above, caseload capacity (contractual

caseload standards). In January 2012 the DFCS had 1,937 children in open cases (see Attachment LXXXV); in January 2013, there were 2,066 children in open cases (see Attachment LXXXVI); in January 2014, there were 2,165 children in open cases (see Attachment LXXXVII); and in January 2015, there were 2,253 children in open cases (see Attachment LXXXVIII). Fortunately, this upward trend may be reversing. As of February 2016, there were 2,184 children in open cases in SCC (see Attachment LXXXIX). Unfortunately, this slight reduction has had a minimal impact on caseloads. As of April 22, 2016, seventy two (72) case carrying child welfare social workers were above caseload standards (many 15% to 35% above standard) and thirty seven (37) social workers were not above standard (but many were close, and some were below standard due to being new workers in the process of caseload building or pending extended leaves (such as maternity leave or Family Medical Leave Act)(see Attachment LXXV). This is compared to seventy one (71) continuing child welfare social workers being above caseload standards for the period ending May 11, 2015, and forty two (42) continuing social workers who were in the process of caseload building. This trend creates vicious circle as current staff leave positions which results in additional cases that need to be reassigned to remaining staff and further aggravating the situation. Due to the time involved in hiring new staff and having them complete their required Social Work Induction Training, substantial relief is always at least six to nine months away. This is despite the fact that the DFCS has hired sixty (60) case carrying social workers in 2014 and sixty nine (69) case carrying social workers in 2015. As of April 12, 2016, the DFCS has fifty four (54) current and future vacancies in the Social Worker II and Social Worker III classifications (case carrying positions), with approximately half of these vacancies in the continuing child welfare units (see Attachment LXXIV). Ultimately, the challenges of maintaining staffing levels, combined with high caseloads, impacts the quality of the services being provided and performance on the Federal and State outcome measures.

Another system issue that continues to impact the DFCS performance in different areas is the shortage of family foster homes and viable placement options available for children who enter the child welfare system. While the DFCS does a good job placing children with relatives and non-relative extended family members as required by law (about 33.5% of the children in out of home placement as of January 1, 2016 [according to the most recent University of California Berkeley Child Welfare Indicators Project (CCWIP) Data]) are placed with relatives and non-relative extended family members), other placement options continue to be needed. The lack of family foster homes creates a domino effect in terms of potential impacts on placement stability and potentially long term permanency outcomes, as well as potentially resulting in higher level placements, such as a in a community care facility. Other issues created by the lack of family foster homes includes placement of children outside of their home communities, and in some instances out of county, placement of siblings in separate placements or in placements that do not reflect the child's culture. This places increased pressure on the child welfare system such as increasing transportation services to and from the child's school, transportation to and from

visitation, etc. In addition, children in the foster care system have experienced significant trauma, have mental health and behavioral issues, and require skilled caregivers, which is a further challenge – the need for more foster home placement options and more highly skilled caregivers (such as professional parents).

A final major area that impacts the DFCS performance on certain outcome measures is the fact that the Juvenile Dependency Court (along with system partners) in Santa Clara County is a very involved partner and is well recognized as pushing the envelope for “best practices” and in its expectations for the highest level of services to be provided to children and families in the Juvenile Dependency system. These high expectations of the DFCS and of the social work staff is appropriate within the context of the law and of the necessity for the Court to treat each case as though it is the only case in the system. Unfortunately, the reality is that social workers have many cases and when caseloads are high, additional expectations of the Court and Court partners (such as the child’s attorneys, parent’s attorneys, etc.) make an already stressful situation even more difficult for the social workers and the Department to address. Such expectations, when caseloads are more reasonable, while taxing, are also more manageable for the social workers. For many of the social work staff, such high expectations when caseloads are high, are unrealistic and negatively impact morale and therefore negatively impacts retention as well. Many of the social workers are putting in many hours of overtime or compensatory time to make face to face contacts with children or parents, to supervise visitations between children and parents, or to complete necessary Court Reports, documentation, preparing for trials, or completing other necessary paperwork. This volume of workload can only be managed by an individual for so long before they decide to look for another position which provides for the opportunity for a better work and private life balance.

The Court processes itself can also be an unintended contributor to poor performance on certain Federal outcome measures. While all individuals must be afforded due process rights in a fair and transparent system of law, sometimes numerous continuances, unsuccessful mediations or settlement attempts, and contested hearings that become extended, all can contribute to delaying reunification or the establishment of permanency in a timely manner as measured by the Federal permanency outcome measures. When this complex legal system is then overlaid with the Departmental issues of high caseloads, high turnover, multiple reassignments of cases due to vacancies and the combined instability that results for children and families, it is not surprising that performance on certain outcome measures will be impacted.

The DFCS continues to exert a great deal of focus and work on the SIP and improving performance and outcomes. Much work still needs to be done to improve both performance and outcomes on a variety of measures. It should not be understated that the SCC child welfare system has a significantly lower rate of entry than many other jurisdictions and that the Department is taking aggressive action steps throughout the child welfare system to improve

outcomes. System barriers such as staffing instability and lack of family foster homes and placement options greatly impact performance outcomes on a variety of measures. As the DFCS works to stabilize and increase staffing levels and increases the pool of family (resource) homes available, there should be better positive movement on the performance indicators.

For information regarding the SCC Probation SIP strategies and performance, please refer to pages 165 to 182 of this report.

Introduction: Child Welfare Narrative

INTRODUCTION: CHILD WELFARE NARRATIVE UPDATE

In 2012, the Santa Clara County Social Services Agency Department of Family and Children's Services created a very robust and aggressive System Improvement Plan (SIP) to be completed over the next five years through 2018. At the heart of this plan was the need to address the disproportionate number of African Ancestry and Latino children and families within the child welfare system in Santa Clara County (SCC). The System Improvement Plan (SIP) was put into effect beginning February 2013. This comprehensive plan is focused on improvements in the following outcomes areas:

1. Address and eliminate the over-representation of African Ancestry and Latino families, as defined as "Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system":
 - a. Complete a full analysis to better understand factors related to the under-representation for Asian and Pacific Islander (API) families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors;
2. Address safety and ensure that children and families are assessed in a timely manner and those families are provided the necessary resources and supports so that children do not enter the children welfare system or re-enter the child welfare system;
3. Address permanency for children and families as defined by ensuring family reunification or children returning to live with one or both parents, or if this is not possible placement with relatives or non-relatives in a legal guardianship or adoption situation.

Since the implementation of the SIP in 2013, the Santa Clara County Department of Family and Children's Services (DFCS) has initiated and implemented multiple projects and initiatives in support of the SIP. The Santa Clara County Department of Family and Children's Services (DFCS) has always been an organization that seeks to improve outcomes and improve services to our children and families. Over the past few years, the DFCS has launched several significant efforts designed to evaluate and improve outcomes with children and families and to push towards integrating promising practices that improve and best support children and families. In 2015, in addition to the System Improvement Plan (SIP) activities, the DFCS has continued its involvement in the California Partners for Permanency (CAPP) Project, which is focused on

improving permanency outcomes for African Ancestry children, and has broadened the work to ensure a unified practice model (Child and Family Practice Model [CFPM]) across all child welfare programs and populations; continued implementation of extended foster care services for youth over the age 18 (Assembly Bill 12; Transition Age Youth [TAY] Services); continued work with the Unified Children of Color Taskforce on implementing disproportionality recommendations; participated in and implemented many of the recommendations stemming from the 2013 Harvey Rose Management Audit of the DFCS, revamped Differential Response services; continued participation in the Title IV-E Well-Being Demonstration Project (Title IV-E Waiver Project); and has implemented the Katie A. vs. Bonta et. al. Settlement Agreement (now known as Pathways to Well-Being or Pathways to Mental Health). In addition, in 2015, the DFCS is has established contracts for a Cultural Brokers Program to foster improved communication and engagement with children and families of color; contracted with ConXion de la Familia to provide a Parent Hub to support Latino and/or Native American parents with children who are at risk of being involved in the child welfare system; significantly increased use of the Public Health Nursing Home Visiting program; began the process of transitioning from the use of the Comprehensive Assessment Tool (CAT) to the Structured Decision Making (SDM) tool as the Department's risk assessment tool; made progress on the previous Circle of Care Grant to link children ages 3 to 5 in preschool and Early Start Programs; continued work towards becoming more of a trauma informed practice system; is in the process of partnering with Family Builders of Adoption to support Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) and non-gender conforming children and youth and their families; implementation of the Resource Family Approval (RFA) process; and began initial discussions with the Treehouse Foundation and Mid-Peninsula Housing Corporation to build a Treehouse Community in SCC and expansion of services to Transition Aged Youth through collaborations with the SCC County Office of Education (COE), Silicon Valley Children's Fund (SVCF), and Teen Force for services to youth such as tutoring, mentoring, internships, and training experiences. These activities and initiatives represent just a few of the commitments that the DFCS has made to address the safety, well-being and permanency needs of Santa Clara County's children and families.

At the same time, the DFCS has begun rebuilding staffing and service capacity, after multiple years of consistent reductions. In 2013, the DFCS staffing had been at the lowest levels in many years. This has been in part due to budget cuts from 2008 to 2013 when many vacant positions were deleted from the DFCS budget as part of mandatory county budget reductions. The current low staffing levels for the DFCS has also been in part due to high turnover rates and difficulty in recruiting and retaining qualified staff. These staffing challenges have occurred within the context of a steady increase in the number of children and families coming into contact with the child welfare system. The reductions in funding over the early part of the current decade resulted in challenges in meeting existing mandates while implementing new initiatives and innovations. In December 2013, as a result of Child Welfare realignment funding, the DFCS had the opportunity to begin rebuilding some much needed infrastructure by adding staff positions and contract funding resources. In 2014 and 2015, the DFCS has been able to add some much needed social work and support positions to continue the process of rebuilding its infrastructure. In 2016, the DFCS will be making a Fiscal Year Budget request to continue rebuilding infrastructure while also beginning to rebuild its administrative infrastructure.

During 2014, the DFCS hired sixty (60) new Social Worker II's or Social Worker III's (case carrying social workers). Of these sixty (60) social workers, nineteen (19) were Spanish speaking and three (3) were Vietnamese speaking. In 2015, the DFCS continued to aggressively hire social work staff, including Social Worker I's who are support social workers who support case carrying Social Worker II's and Social Worker III's with tasks such as supervising parent and child visitations, providing transportation for children and adults, performing "on demand" drug testing, assistance in completing certain forms, and other support activities. In 2015, the DFCS hired sixty-nine (69) Social Worker II's or Social Worker III's and sixteen (16) Social Worker I's. Of these hires, twenty eight (28) were Spanish speaking and three (3) were Vietnamese speaking.

Table 1
2015 DFCS Social Workers Hired by Job Classification and Language

	<u>Social Worker I Hires</u>	<u>Social Worker II Hires</u>	<u>Social Worker III Hires</u>	<u>Totals</u>
Monolingual	6	30	18	54
Spanish Speaking	8	14	6	28
Vietnamese Speaking	2	1	0	3
Other Language	0	0	0	0
Totals	16	45	24	85

Notwithstanding this aggressive hiring, the DFCS continues to struggle with the hiring and retention of social work staff. As of April 12, 2016, the DFCS has fifty (50) Social Worker II/III vacancies plus four (4) future vacancies, with approximately half of the vacancies in Continuing Child Welfare services (see Attachment LXXIV). Twenty five (25) of these vacancies are Spanish speaking positions and one (1) is a Vietnamese speaking position. There are many factors that contribute to this continuous struggle to maintain adequate staffing levels. The work in child welfare is extremely challenging and difficult when the complexity of the issues involved (substance abuse, domestic violence, sexual abuse, physical abuse, mental health issues, trauma issues, parenting issues, attachment issues, poverty, immigration, lack of affordable housing, lack of support systems, lack of resources, unemployment/underemployment, etc.), overlaid with legal and regulatory requirements, high caseloads, lack of appropriate placements and limited resources makes for an extremely difficult job that is a melting pot for burnout and poor job satisfaction. This is further layered and complicated by the mindset and perspectives of

the millennials, who are the new social workers who are joining the workforce. The millennials do not appear to have the same mindset about work and employment that earlier groups may have had. Millennial workers in general are more likely to change jobs more readily and are less likely to remain in a job that is viewed as too stressful and are less likely to be committed to a job or area for an extended period of time. Even for the social workers that are Title IV-E trained and committed, a recent California Social Work Education Center (CalSWEC) survey of Title IV-E graduates found that the average length of employment in child welfare post-graduation was about 4.8 years. On top of these challenges, the reality is that schools of social work are not producing enough social workers to meet the demands in child welfare specifically, but also social work in general, as jurisdictions across the state and the nation struggle with similar hiring and retention issues. Please see Attachment LXXIII for a National Child Welfare Workforce Institute informational sheet on “Why the Workforce Matters.”

Another system issue that continues to impact the DFCS performance in different areas is the shortage of family foster homes and viable placement options available for children who enter the child welfare system. While the DFCS does a fairly good job in placing children with relatives and non-relative extended family members as required by law (about 33.5% of the children in out of home placement as of January 1, 2016 [according to the most recent University of California Berkeley Child Welfare Indicators Project (CCWIP) Data]) are placed with relatives and non-relative extended family members), other placement options continue to be needed. The percentage of children placed with relative or non-relative extended family members has decreased over the last few years from 42.56% in January 2012 to 35.7% as of December 2015. It is not clear why the percentage of relative and non-relative extended family members in SCC has declined, but possible factors include the shortage of suitable housing in SCC, the very high cost of housing, the very high cost of living, and possible lack of extended family and natural support systems.

The lack of family foster homes (relative, non-relative extended family members and licensed foster homes) creates a domino effect in terms of potential impacts on placement stability and potentially long term permanency outcomes, as well as potentially resulting in higher level placements, such as a in a community care facility. Other issues created by the lack of family foster homes includes placement of children outside of their home communities, and in some instances out of county, placement of siblings in separate placements or in placements that do not reflect the child’s culture. This places increased pressure on the child welfare system such as increasing transportation services to and from the child’s school, transportation to and from visitation, etc. In addition, children in the foster care system have experienced significant trauma, have mental health and behavioral issues, and require skilled caregivers, which is a further challenge – the need for more foster home placement options and more highly skilled caregivers (such as professional parents).

A final major area that impacts the DFCS performance on certain outcome measures is the fact that the Juvenile Dependency Court (along with system partners) in Santa Clara County is a very involved partner and is well recognized as pushing the envelope for “best practices” and in its expectations for the highest level of services to be provided to children and families in the Juvenile Dependency system. These high expectations of the DFCS and of the social work staff is appropriate within the context of the law and of the necessity for the Court to treat each case as though it is the only case in the system. Unfortunately, the reality is that social workers have many cases and when caseloads are high, additional expectations of the Court and Court partners (such as the child’s attorneys, parent’s attorneys, etc.) make an already stressful situation even more difficult for the social workers and the Department to address. Such expectations, when caseloads are more reasonable, while taxing, are also more manageable for the social workers. For many of the social work staff, such high expectations when caseloads are high, are unrealistic and negatively impact morale and therefore negatively impacts retention as well. Many of the social workers are putting in many hours of overtime or compensatory time to make face to face contacts with children or parents, to supervise visitations between children and parents, or to complete necessary Court Reports, documentation, preparing for trials, or completing other necessary paperwork. This volume of workload can only be managed by an individual for so long before they decide to look for another position which provides for the opportunity for a better work and private life balance.

The Court processes itself can also be an unintended contributor to poor performance on certain Federal outcome measures. While all individuals must be afforded due process rights in a fair and transparent system of law, sometimes numerous continuances, unsuccessful mediations or settlement attempts, and contested hearings that become extended, all can contribute to delaying reunification or the establishment of permanency in a timely manner as measured by the Federal permanency outcome measures. When this complex legal system is then overlaid with the Departmental issues of high caseloads, high turnover, reassignment of cases due to vacancies and the combined instability that results for children and families, it is not surprising that performance on certain outcome measures will be impacted.

In 2013 and 2014, the DFCS initiated a strategic planning process, with the implementation assistance and technical assistance of Casey Family Programs, to integrate and streamline competing initiatives; ensure the necessary planning was occurring to align staff, funding and priorities; and to assist the DFCS in articulating an overarching common vision and set of prioritized goals. The planning process was designed to ensure that the DFCS had a realistic road map to bring all of the Department’s efforts, including the SIP, into a clear and well defined path. The Strategic Plan is intended to span a five (5) to ten (10) year horizon. Leadership at all levels will use the plan to help monitor progress of all its’ commitments over the next several years, including progress on the SIP goals. The planning process was completed and in 2014, the DFCS began taking active steps to implement and monitor progress on the Strategic Plan and the SIP.

The DFCS needs to ensure improved outcomes, but is also committed to ensure that practice evolves and to continue to partner with the community to support children and families with responsive systems and services. Please see Attachment XI for information regarding the DFCS Strategic Plan.

To support the System Improvement Plan process success, the DFCS management and supervisor team members have taken the necessary time to build an infrastructure strategic plan. Together with staff, the following has been completed:

- Creation of a DFCS mission statement, vision and guiding principles for the Department that can guide all decision making. It was important that Santa Clara County have a common understanding of what we do and why and that the vision for the DFCS depicts a concrete picture of our impact on the lives of children and families when we are fully successful in accomplishing our mission.
- In addition, larger goals and objectives were created and the SIP strategies were incorporated into these categories. **Back to Basics** - ensuring that basics necessary for direct service workers to do their jobs and ensuring what children and families need is available, a **Health Work Environment, Workforce Excellence, Leadership Development, Strong Partnerships, Community Relations Alignment, and Practicing Innovation**. All of the goals and objectives of the strategic plan are centered on core elements of ensuring *child safety, promoting permanence, advancing child and family well-being as well as eliminating ethnic disproportionality and disparity*.

***Mission and Vision:** The mission of Santa Clara County Department of Family and Children's Services is to keep children safe and families strong. With respect and cultural humility we partner with our diverse community to ensure that children and youth who are at risk or have suffered abuse or neglect are safe, cared for and grow up in a forever family.*

Together with our strong, engaged and diverse community, Santa Clara County Department of Family and Children's Services envisions a future where children and youth are safe, families and young adults are thriving, and every child and family is on a path to reaching their unique potential.

The Strategic Planning process has been resource intensive, requiring input on many levels, but it has been a necessary step in ensuring all strategic commitments, including that of the SIP are integrated into a cohesive organizational framework. For instance, in the original SIP, SCC was under pressure to accomplish as much as possible within the first year of the five year plan. However, much of the first year activities have been focused around planning, developing scope of programs and contracts, and adding additional resources to support SIP goals. In the current SIP Progress Report Plan dates have been changed to reflect this prioritization (please see Attachment I. A significant amount of time was spent within the management team to ensure

that managers tasked with leading SIP goals understood the necessary task and has a realistic timeframe to accomplish the milestones. The DFCS has been working closely with the Children Seniors and Families' Committee (CSFC) of the Santa Clara County Board of Supervisors (BOS) and reporting regularly on statistics/data and progress to address disproportionality, as well as working with the Child Abuse Council and the Social Services Advisory Commission, the Committee for Cultural Excellence and the Children of Color Task Force. Please see Attachment VII regarding a March 10, 2016 Status of Disproportionality Report prepared by the Santa Clara County Executive's Office (CEO), DFCS, Probation Department and Office of Cultural Competency. Also, please see Attachment X regarding the Children of Color Committee 2014 work plan to address disproportionality.

Santa Clara County spent over a year involved in monthly workgroups with staff and stakeholders in development of the System Improvement Process Stakeholders and staff involvement has continued as they have been asked to participate in the necessary individual workgroups to move specific strategies forward. For example, significant planning has been completed for the decision making on the future model for the Santa Clara County and the Receiving Intake and Assessment Center (RAIC), the Dually Involved Youth project and the Commercially Exploited Children (CSEC) project involving Child Welfare and Probation jointly serving children and youth, the Early Education Federal Grant aimed at increased services for children birth to age 5 and increased numbers of children enrolled and participating in preschool, the CAPP project, the CalWORKS/Linkages project, the Fatherhood Initiative and the Prevention Oversight Committee to review and monitor prevention services for SCC. All of these are initiatives and projects are weaved into the SIP as action steps.

For information regarding the SCC Probation SIP strategies and performance, please refer to pages 102 to 117 of this report.

STAKEHOLDER'S PARTICIPATION

The Santa Clara County Department of Family and Children's Services continues to encourage and actively seek stakeholder participation in various forums and on a broad variety of initiatives and issues. The DFCS has actively sought out new and continued stakeholder participation with respect to:

The California Partners for Permanency (CAPP) Project: Stakeholder participation has been high since the inception of the CAPP Project in 2011. Although the CAPP Project was a five year grant and project that was set to end on September 30, 2015, a no cost extension was obtained to extend the project through September 30, 2016 in order to continue working to integrate the Child and Family Practice Model (CFPM) into all aspects of the day to day work and in the organization. Stakeholders continue to be actively involved in the project on a variety of levels. Stakeholders from the African Ancestry community have included foster parents, adoptive parents, biological parents, community members and youth and are a strong voice for the project and for the CFPM within the Community Stakeholder's group. The Community Stakeholders group has also expanded to include representatives from the Latino community as part of the developmental processes that have been an organic part of the CAPP Project. Several of these stakeholders are also part of the CAPP Leadership Team (which is now call the CFPM Cross Agency Leadership Team), which provides oversight for the project and also includes other stakeholders such as DFCS Executive Management, DFCS managers, supervisors, and social workers, the Department of Behavioral Health Services, the San Jose State University Title IV-E Coordinator, and representatives from various DFCS employee groups.

The Cultural Brokers Program: The DFCS actively sought input from the community regarding the concept behind the Cultural Brokers Program and how it can be set up to facilitate greater engagement and communication between the DFCS and children, families and communities. The input from the community stakeholders was incorporated into the Request for Proposal (RFP) process. In addition, a Technical Assistance meeting with community based organizations (including many who have never contracted with the SSA) was held to provide information that might assist them in the RFP process. Proposals were received and evaluated, contracts have just beeg established with several community based organizations, and the Cultural Brokers Program should be operational by May 2016 or June 2016. Please see Attachment XIV regarding informational flyers regarding the Cultural Brokers Program.

The Hub: The DFCS has continued to support and encourage the voice of former foster youth/non-minor dependents in the operations and programs at the Hub, which is the Santa Clara County youth resource center for current and former foster youth. Foster youth have been and continue to be an important part of the leadership for the Hub and for transition age youth services. Recognizing that County processes and operations are not as nimble, adaptive or responsive to the voice of youth, the DFCS plans to contract the management/administration of the Hub to a community based organization in 2017. The DFCS would continue to be an important co-located partner at the Hub and services

would continue to be developed and offered to the youth. The Santa Clara County Board of Supervisors is a strong supporter for current and former foster youth and the Hub and has supported identifying a new location for the Hub so that services for youth can continue to grow, and so that the Hub reflects the vision and aspirations of the youth themselves. Please see Attachment XXXII for assorted Hub monthly calendar of events.

The Receiving, Assessment and Intake Center (RAIC): The DFCS Receiving, Assessment and Intake Center (RAIC) is the County's 23 hour, 59 minute receiving center for abused and neglected children. The RAIC evolved as a result of the closing of the Children's Shelter in 2009 and the subsequent sale of the property in 2013. The RAIC is currently in a temporary location, and the DFCS (with the assistance of a consultant) has held numerous stakeholder meetings to plan the short and long term future of the RAIC and/or processes for children who are being removed from abusive and/or neglectful caregivers. This RAIC Redesign process has involved significant stakeholder meetings and input from DFCS staff, foster parents, law enforcement, service providers, Santa Clara County Health and Hospital Systems staff, Department of Behavioral Health Services staff, Juvenile Justice Commission members, Child Abuse Council members, Social Services Advisory Commission members and Santa Clara County Fleet and Facilities staff. As a result of this work a project plan was developed and approved and the capital appropriation process approval within the County has been secured. A site has been identified that is already owned by the County. The facility will be built specifically based on the needs of the RAIC, but flexible enough to be adaptable to future changes. The new RAIC is part of the Master Plan for the East Valley Clinic site and is part of a fifteen (15) year integration of services plan that includes Social Services, the Public Health Department, the Department of Behavioral Health Services and Health and Hospital Systems. Implementation will be phased, with the new RAIC as part of the first wave of implementation, within the five (5) year proposed timeline of the redesign plan. The project is on schedule for the identification of funding for the physical facility.

The Revitalization of the Family Resource Centers: DFCS staff in both San Jose and in Gilroy have held meetings with the communities regarding the revitalization the Family Resource Centers. These community forums have included community representatives from the Latino, African Ancestry, Asian and Pacific Islander communities, Department of Behavioral Health Services, Legal Advocates for Children and Youth (LACY), CalWORKS, law enforcement agencies, the Probation Department, Independent Living Program Providers, Planned Parenthood, County Office of Education, Teen Force, Child Advocates, various community based organizations, and community stakeholders (parents, caregivers and youth), and other community stakeholders. As a result of these stakeholder meetings, new collaborations have developed and the results have been a broader array of services available at the Family Resource Centers. An Open House was held at the San Jose Family Resource Centers in September 2014 to celebrate the new partnerships and relationships that have been established. The Open House was well attended by the community, service providers, and by SSA and DFCS staff. A potential new location for the Gilroy Family Resource Center was identified in late 2015 and negotiations between the County and the landlord are in progress.

The Fatherhood Initiative: The DFCS continues to be an active supporter and participant in the Santa Clara County Fatherhood Initiative. The Fatherhood Initiative focuses on increasing the involvement

of fathers in the lives of their children, and in particular, for the DFCS, involvement with children in the child welfare system. This is a collaboration between a variety of stakeholders, including the Social Services Agency DFCS, the Probation Department, Behavioral Health Services (County Mental Health), staff from the Elmwood Main Jail, Catholic Charities, Gardner Family Care, the Department of Drug and Alcohol Services, SCC First 5, Family and Children's Services, SCC Housing, Lighthouse of Hope Counseling Center, Planned Parenthood, South County Self Help Center, County Counsel, the Veterans Administration, and Clear Credit Exchange. Partners include public and private agencies and faith based community membership. Please see Attachment XXVI for information regarding a training sponsored by the Fatherhood Initiative, a research request relating to fatherhood issues, and the 17th Annual Fatherhood Conference, which Santa Clara County participated in.

The Santa Clara County Commercially Sexually Exploited Children Committee (CSEC): The Santa Clara County Commercially Sexually Exploited Children Committee (CSEC) is a broad, multi-disciplinary collaborative that is working on establishing County wide protocols, procedures and policies to address the growing issue of commercial sexual exploitation of children. The committee is working to train professional staff and the community to identify, work with these children as victims, and to provide the appropriate mental health and trauma informed supports and interventions. The CSEC Committee consists of representatives of the DFCS staff, Judicial Officers, Probation Department representatives, attorneys, law enforcement, staff from Department of Behavioral Health Services, and community partners. Please see Attachment XXVII regarding various CSEC Training opportunities. The DFCS has hired a Social Work Coordinator II for the CSEC project and is in the process of hiring a Social Worker II or Social Worker III, and both the coordinator and the social worker are fully dedicated to the CSEC project in Santa Clara County.

The Rise Above Empowerment Conference: The Rise Above Empowerment Conference is a collaboration between Santa Clara County and San Mateo County geared for girls who are at risk of or have been commercially sexually exploited. This is a collaboration between the child welfare and juvenile probation agencies in both counties, the CSEC committees and the communities. The conference focuses on ways to inspire healthy living, encourage safe relationships, and teach valuable lessons about building confidence. The conference is meant to be a fun as well as educational event which included workshops on self-esteem, and Safe Relationships, Art and Yoga, Zumba, and Make-Up. The youth heard stories from survivors of sex trafficking, and how they overcame obstacles in their lives. The youth walk away from the conference with information, but also with tote bags filled with free giveaways and prizes, such as books, yoga mats, make-up, etc. County staff, group home staff and foster parents coordinate transportation arrangements to ensure that youth are able to attend the conference. The first Rise Above Empowerment Conference was held on March 21, 2015. A second Rise Above Empowerment Conference was held on April 2, 2016 and this will likely become an annual event, based on how well received it has been in the first two years. Please see Attachment XXIX for announcements regarding the Rise Above Empowerment Conferences.

The Katie A. versus Bonta, et. al. Lawsuit Settlement (now known as Pathways to Well Being or Pathways to Mental Health) : The DFCS is continuing to work with the Department of Behavioral Health Services and Juvenile Court to ensure that appropriate mental health services are provided to children entering the child welfare system and to regularly reassess children for possible mental health

services. Internal referral processes, monitoring, tracking, and service delivery systems have been created to ensure that all foster children are identified and receive appropriate mental health services. The oversight committee continues to meet to identify barriers and problems at to address these issues in a positive and collaborative manner. Please see Attachment XLIX regarding DFCS efforts on the Katie A. implementation.

The Santa Clara County Annual Reunification Day Committee: The Santa Clara County Annual Reunification Day Committee is a collaboration between the SSA DFCS, Superior Court, Dependency Advocacy Center, Legal Advocates for Children and Youth, First 5 of Santa Clara County, Court Appointed Special Advocates, and the Santa Clara County Board of Supervisors. This collaborative works together to annually honor families that have overcome overwhelming odds to successfully reunify and exit the child welfare system, as well as service providers that have contributed towards the family overcoming the issues that led to their involvement in the system. The Reunification Day Committee brings together the various agencies involved in the legal system to recognize the important successes that can be accomplished in working together to help families become stronger, healthier, and to ensure that children grow up in supportive environments that ensure their safety and well-being. Please see Attachment LXIX regarding the 2015 Santa Clara County 5th Annual Reunification Day.

The Cross Agency Service Team (CAST): The Cross Agency Service Team (CAST) is a collaboration between the Social Services Agency, the Department of Family and Children's Services, the Juvenile Court, Probation Department, Behavioral Health Services, the Department of Drug and Alcohol Services, the Santa Clara County Board of Supervisors, First 5 Santa Clara County, and community representatives. CAST works collaboratively to address common, cross system issues in order to develop consistency in addressing issues with common clients. In 2014 and 2015, CAST was focused on trauma informed practice and systems and in build trauma awareness into practices across systems. In 2016, CAST will focus on trauma informed practices from a global (community), multi-system perspective.

The ConXion de la Familia Parent Hub: A contract with ConXion de la Familia for a Parent Hub was established and an Open House was held on March 22, 2016. The Parent Hub is a collaborative effort between ConXion to Community and the County of Santa Clara Social Services Agency, Department of Family and Children's Services with the goal of seeking to engage Latino and/or Native American families in parent education in an effort to mitigate the risk of children from those communities being placed into foster care. The Parent Hub offers preventative services for families struggling with issues and risk levels that may not yet warrant child welfare involvement. The program will provide bilingual-Spanish assessment, case management, mentoring, and parent education classes for up to ten (10) Latino/Native American families at a given time, and will seek to enhance the value that each participant has in a community that nurtures success and fosters social equity. The primary intervention is the Celebrating Families! Parent education model, which is a sixteen (16) week cognitive behavioral therapy model of parent training skills, primarily designed for families where one or both parents are in early stage recovery and have a high risk of domestic

violence. The model has gained wide acceptance and is currently used by drug courts, in outpatient treatment centers and various social services agencies. Please see Attachment LXIII for a copy of the ConXion de la Familia Parent Hub Open House Flyer and Parent Hub brochure.

Title IV-E Well-Being Demonstration Project (Title IV-E Waiver): The Title IV E Well Being Project (also known as the Title IV-E Waiver or Title IV-E Wellness Project) is a collaboration with the Probation Department to improve practices within both systems. Santa Clara County is in the second year of the Waiver Project. An Steering Committee has been established which includes representatives from the Social Services Agency, the Department of Family and Children’s Services, SSA Financial Management Services, SSA Administrative Office, the Probation Department, Probation Department Financial Management Services, and Office of Budget Administration (OBA). Other working committees include a Data and Evaluation Committee, a Communications Committee, a Fiscal Committee, and a Practice Committee. Various meetings with stakeholders, partners and community members to elicit input and ideas regarding possible Waiver activities and services have generated a wide variety of possible ideas and direction regarding potential strategies. Casey Family Programs has been providing technical assistance and assistance with communications and continuous quality improvement (CQI) efforts are being put in place to support the Title IV-E Well-Being Project in SCC. Please see Attachment XII and Attachment XIII for flyers regarding Title IV-E Well-Being Project stakeholder meetings and the Title IV-E Well Being logic models.

The Santa Clara County **Center for Leadership and Transformation (CLT):** The Center for Leadership and Transformation (CLT) is a County effort that focuses on a variety of issues to strategize and promote rapid change in selected areas. A CLT group was formed to look at different ways to reduce disproportionality at system entry into the child welfare system and the juvenile justice system. The CLT group to reduce disproportionality at system entry is comprised of SSA leadership, DFCS leadership, Probation Department leadership, the Office of Cultural Competency, and leadership from the County Executive’s Office. A CLT Project Plan has been developed that centers around partnerships with schools, school linked services, the Public Health Department, the San Jose Police Department and various Community Based Organizations and community groups. Please see Attachment IX for a copy of the CLT Project Charter and CLT Project Plan to Reduce Disproportionality at System Entry.

The **Dually Involved Youth (DIY) Unit:** The Dually Involved Youth Unit is a collaboration between the DFCS and Probation Department that focuses on those youth that are involved in both the child welfare system and in the juvenile justice system (and therefore dually involved). The DIY Unit was formed in 2014 and involves social workers, a social work supervisor, a child welfare manager, juvenile probation officers, a probation supervisor, a probation manager and a youth advocate, working jointly on cases where a youth is dually involved in order to provide greater support, coordination and consistency for the youth. Please see Attachment L for a Juvenile Justice training announcement, Attachment LI for an agency announcement regarding cross systems partnership for DIY, and Attachment LII for a copy of the April 13,2016 DIY Report to the SCC Board of Supervisors.

The **Treehouse Community**: The DFCS has also had several discussions with the Treehouse Foundation and Mid-Peninsula Housing Corporation to bring the Treehouse Community concept to Santa Clara County. The Treehouse Community concept is an intergenerational community whose primary focus is to help move children out of foster care and into permanent homes and provide them with a sense of belonging and stability that they would have likely never have experienced. The Treehouse Community is a built to order community of multiple townhouses with three, four or five bedrooms and multiple one bedroom cottages for the seniors in the community. The community includes a grassy field and playgrounds and a memorial garden dedicated to the Treehouse elders who have passed. To live at Treehouse, applicants must be willing to adopt children from the public child welfare system or be able bodied and age 55 or older, ready to babysit, drive, tutor and mostly, love the kids who live there. This is truly a planned community that includes children, families and seniors build together as a natural support system. Mid-Peninsula Housing Corporation is working in partnership with the Treehouse Foundation to identify and purchase the suitable land necessary for the community. Once the land is purchased, the next steps will be to design the community and build the physical homes. The DFCS is in support of working with the Treehouse Foundation and Mid-Peninsula Housing Corporation to be a part of the Treehouse family so that a larger number of foster children will have a greater chance of achieving permanency. Please see Attachment LXXXIV for an article regarding the Treehouse Foundation and Treehouse Community in Easthampton.

The **Youth Acceptance Project**: The DFCS will be partnering with the Family Builders by Adoption on the Youth Acceptance Project. The Family Builders by Adoption was recently awarded a grant by the Walter S. Johnson Foundation to support children and youth in the foster care system by hiring a family advocate to perform a continuum of services to improve permanency outcomes for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) and non-gender conforming children and youth, and provide support services to their families and caregivers. The family advocate will partner with the DFCS to receive referrals of birth families, relative caregivers, foster families, and adoptive families who are struggling with the sexual orientation and/or gender identity of children in their care to provide support and services to help both the children and youth and their families address these issues so that there is greater acceptance, stability and permanency.

The **Continuum of Care Collaborative**: The DFCS is part of the Continuum of Care Collaborative which is a partnership between the DFCS (the Placement Unit, Resources and Intensive Services Coordinator (RISC) and RAIC staff), foster parents, Foster Family Agencies, Community Care Facilities, and other foster care providers as well as service providers. The collaborative meets monthly to discuss various placement issues, and to coordinate efforts and services, especially for hard to place children and youth that have special needs.

As the DFCS continues to move forward with these and other initiatives, the Department will continue to seek opportunities to engage and involve stakeholders at all levels in the process of developing programs and initiatives that will improve outcomes for children, youth and families.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS

CHILD WELFARE CURRENT PERFORMANCE ON OUTCOMES

CHILD WELFARE DATA FROM THE UNIVERSITY OF CALIFORNIA BERKELEY CHILD WELFARE INDICATORS PROJECT (CCWIP) AS OF APRIL 5, 2016

Santa Clara County has shown improvement on a few of the Federal and State Performance (Outcome) Measures (Goals), but also continues to struggle with many of the measures. Of the seven (7) Federal performance measures with national standards, the County made improvements on one (1) outcome measure during the last review period and is not currently meeting the Federal goals on any of the seven (7) outcome measures. SCC saw improved performance on one (1) Federal measure, specifically Recurrence of Maltreatment (Federal goal S2) although performance was still above the desired Federal outcome goal. Unfortunately SCC also saw declines on the other five (5) Federal outcome measures, specifically Maltreatment in Foster Care (Federal goal S1, Permanency in Twelve (12) Months for Children who Entered Foster Care (Federal goal P1), Permanency in Twelve (12) Months for Children who have been in Foster Care Twelve (12) to Twenty Three (23) Months (Federal goal P2), Permanency in Twelve (12) Months for Children in Foster Care Twenty Four (24) or more Months (Federal goal P3), and Re-Entry to Foster Care after Reunification or Guardianship (Federal goal P4), although four (4) of those measures were just slightly below the Federal goals.

On State goals, the County also had mixed performance. SCC was above State performance goals on two (2) of the six (6) outcome measures. SCC saw decreased performance on five (5) State performance measures, although two (2) of the measures were still above the State goals. Specifically, Timely Immediate Response (State goal 2B) has declined, but still meets the State outcome goal. This has been a historical area of strength for the County. Timely Social Worker Visits with Child in Residence (child in out of home care) (State goal 2F.2) declined but was still well above the State goal as well. Timely Ten (10) Day Responses (State goal 2B) have declined and are now below the State goal. Timely Social Worker Visits (State goal 2F.1) have increased but are still below the State goal. Timely Health Exams (State goal 5B.1) and Timely Dental Exams (State goal 5B.2) for children in care have trended lower, well below the State goals. Incidence rates of referrals, substantiated referrals, and entries into foster care have continued to decrease slightly since 2012. The incidence rate of children in foster care has increased since 2012, but has been stable during the last two years. Overall, for the last quarter, the number of Federal and State measures with decreased performance significantly outnumbered those measures that improved, although SCC was just below (or above, depending on the measure) the Federal or State goal on several measures. The best performance continues to rest in a few of the County's safety and placement stability indicators.

The following is a summary of Santa Clara County's performance on Federal and State outcomes measures by category in relationship to the Systems Improvement Goals. Overall, in the area of

disproportionality, the County has started to see some improvement for African Ancestry and Latino populations during the last year. There has been a reduction in the number of African Ancestry children entering the child welfare system as well as a decrease in their entry rate into foster care and there has also been a reduction in both the number and rate of Latino children entering the child welfare system in SCC in 2015 as compared to 2014. This is likely an early indicator that some of the strategies and actions that the DFCS has already implemented, such as the CAPP Project, beginning utilization of Safety Organized Practice (SOP), utilization of reflective practice and supervision, utilization of coaching, Fidelity Assessments, increased teaming, and early work on the Title IV-E Well-Being (Waiver) Project. However, it is too early to determine if these reductions are random statistical variation, or the beginning of a downward trend.

SCC Child Welfare Services performance in respect to the Federal (National) or State Goals reflected the following:

Improved or stable performance occurred, but still below Federal (National) or State Goals in the areas of:

- No Recurrence of Maltreatment (Federal Goal S1) [SIP Goal];
- Timely Monthly Social Work Visits with Child (child in out of home care)(State Goal 2F.1);
- Placement Stability (Federal Goal P5)

Decreased performance occurred, but still above Federal Goals in the area of:

- Timely Response – Immediate Response referrals (State Goal 2B) [SIP Goal];
- Timely Monthly Caseworker Visits in Residence (child in out of home care)(State Goal 2F.2);

Decreased performance occurred, and still below Federal (National) or State Goals was noted in the areas of:

- Permanency in 12 Months for Children Entering Foster Care (Federal goal P1) [SIP Goal];
- Permanency in 12 Months for Children in Foster Care 12-23 Months (Federal Goal P2) [SIP Goal];
- Permanency in 12 Months for Children in Foster Care 24 Months or More (Federal Goal P3) [SIP Goal];
- Re-Entry to Foster Care after Reunification or Guardianship (Federal Goal P4) [SIP Goal];
- Timely Responses to Emergency Response 10 Day referrals (State Goal 2B) [SIP Goal];
- Re-Entry following Reunification or Guardianship (Federal Goal) [SIP Goal];
- Children Receive Timely Medical Exams (State Goal 5B.1);

- Children Receive Timely Dental Exams (State Goal 5B.2).

Overall, we have seen decreased performance in the majority of Federal and State outcome measures, but there were improvements in a few of the Federal and State performance measures. As previously mentioned, the County is reporting on the third year of implementation and much of the first year was spent in planning and rebuilding infrastructure in support of strategies. In the second year, SCC had begun implementation of many of the strategies while continuing to rebuild staffing infrastructure. The third year saw continued implementation of many of the strategies identified while the DFCS continued to struggle with staffing and rebuilding of the necessary infrastructure to support the work to address disproportionality and positively impact performance on the Federal and State outcome measures.

Below is a summary of the data on the current progress for Santa Clara County on the outcome measures previously indicated:

SANTA CLARA COUNTY CHILD WELFARE QUARTERLY DASHBOARD

Data from the Center for Social Sciences Research, University of California, Berkeley, California Child Welfare Indicators Project (CCWIP). Data retrieved April 5, 2016, from University of California, Berkeley California Child Welfare Indicators Project website. URL: http://cssr.berkeley.edu/ucb_childwelfare

Child Safety, Permanency and Stability Indicators with Standards April 2016 Report

Legend	abbreviations	EG = Equal or Greater than	EL = Equal or Less than	LT = Less than
	level achieved	● GOAL ACHIEVED	◆ Goal achieved EG 90 %	■ Goal achieved LT 90%

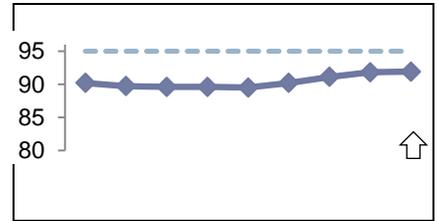
Desired Directional Goal: ↑ ↓

Child Safety Indicators

<p>S1 Maltreatment In Foster Care: Goal ≤ 8.50 per 100,000 days / Performance Relative performance to goal</p>	<table border="1"> <thead> <tr> <th>Jan14-Dec14</th> <th>Apr14-Mar15</th> <th>Jul14-Jun15</th> <th>Oct14-Sep15</th> <th>Jan15-Dec15</th> </tr> </thead> <tbody> <tr> <td>15.04</td> <td>12.81</td> <td>13.02</td> <td>8.43</td> <td>9.13</td> </tr> <tr> <td>0.57</td> <td>0.66</td> <td>0.65</td> <td>1.01</td> <td>0.93</td> </tr> <tr> <td>■</td> <td>■</td> <td>■</td> <td>●</td> <td>◆</td> </tr> </tbody> </table>	Jan14-Dec14	Apr14-Mar15	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15	15.04	12.81	13.02	8.43	9.13	0.57	0.66	0.65	1.01	0.93	■	■	■	●	◆	
Jan14-Dec14	Apr14-Mar15	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15																		
15.04	12.81	13.02	8.43	9.13																		
0.57	0.66	0.65	1.01	0.93																		
■	■	■	●	◆																		
<p>S2. Recurrence Of Maltreatment: Goal ≤ 9.1% / Performance Relative performance to goal</p> <p>(SIP Goal)</p>	<table border="1"> <thead> <tr> <th>Jan13-Dec13</th> <th>Apr13-Mar14</th> <th>Jul13-Jun14</th> <th>Oct13-Sep14</th> <th>Jan14-Dec14</th> </tr> </thead> <tbody> <tr> <td>11.8</td> <td>11.2</td> <td>12.0</td> <td>11.8</td> <td>10.8</td> </tr> <tr> <td>0.77</td> <td>0.81</td> <td>0.76</td> <td>0.77</td> <td>0.84</td> </tr> <tr> <td>■</td> <td>■</td> <td>■</td> <td>■</td> <td>■</td> </tr> </tbody> </table>	Jan13-Dec13	Apr13-Mar14	Jul13-Jun14	Oct13-Sep14	Jan14-Dec14	11.8	11.2	12.0	11.8	10.8	0.77	0.81	0.76	0.77	0.84	■	■	■	■	■	
Jan13-Dec13	Apr13-Mar14	Jul13-Jun14	Oct13-Sep14	Jan14-Dec14																		
11.8	11.2	12.0	11.8	10.8																		
0.77	0.81	0.76	0.77	0.84																		
■	■	■	■	■																		
<p>2B. Timely response to immediate response referrals: Goal ≥ 90% / Performance Relative performance to goal</p> <p>(SIP Goal)</p>	<table border="1"> <thead> <tr> <th>Oct14-Dec14</th> <th>Jan15-Mar15</th> <th>Apr15-Jun15</th> <th>Jul15-Sep15</th> <th>Oct15-Dec15</th> </tr> </thead> <tbody> <tr> <td>98.0</td> <td>98.9</td> <td>98.1</td> <td>98.4</td> <td>98.0</td> </tr> <tr> <td>1.09</td> <td>1.10</td> <td>1.09</td> <td>1.09</td> <td>1.09</td> </tr> <tr> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>●</td> </tr> </tbody> </table>	Oct14-Dec14	Jan15-Mar15	Apr15-Jun15	Jul15-Sep15	Oct15-Dec15	98.0	98.9	98.1	98.4	98.0	1.09	1.10	1.09	1.09	1.09	●	●	●	●	●	
Oct14-Dec14	Jan15-Mar15	Apr15-Jun15	Jul15-Sep15	Oct15-Dec15																		
98.0	98.9	98.1	98.4	98.0																		
1.09	1.10	1.09	1.09	1.09																		
●	●	●	●	●																		
<p>2B. Timely response to 10-day referrals: Goal ≥ 90% / Performance Relative performance to goal</p> <p>(SIP Goal)</p>	<table border="1"> <thead> <tr> <th>Oct14-Dec14</th> <th>Jan15-Mar15</th> <th>Apr15-Jun15</th> <th>Jul15-Sep15</th> <th>Oct15-Dec15</th> </tr> </thead> <tbody> <tr> <td>92.9</td> <td>94.6</td> <td>89.7</td> <td>93.6</td> <td>89.8</td> </tr> <tr> <td>1.03</td> <td>1.05</td> <td>1.00</td> <td>1.04</td> <td>0.998</td> </tr> <tr> <td>●</td> <td>●</td> <td>●</td> <td>●</td> <td>◆</td> </tr> </tbody> </table>	Oct14-Dec14	Jan15-Mar15	Apr15-Jun15	Jul15-Sep15	Oct15-Dec15	92.9	94.6	89.7	93.6	89.8	1.03	1.05	1.00	1.04	0.998	●	●	●	●	◆	
Oct14-Dec14	Jan15-Mar15	Apr15-Jun15	Jul15-Sep15	Oct15-Dec15																		
92.9	94.6	89.7	93.6	89.8																		
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●	●	●	●	◆																		

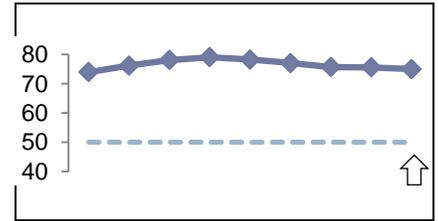
2F.1. Timely social worker visits (child in out of home care):
Goal ≥ 95% / Performance
 Relative performance to goal

Jan13-Dec13	Apr13-Mar14	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15
89.5	90.2	91.1	91.8	91.9
0.94	0.95	0.96	0.97	0.97



2F.2. Timely social worker visits in residence (child in out of home care):
Goal ≥ 50% / Performance
 Relative performance to goal

Jan13-Dec13	Apr13-Mar14	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15
78.3	77.1	75.7	75.6	75.0
1.57	1.54	1.51	1.51	1.50

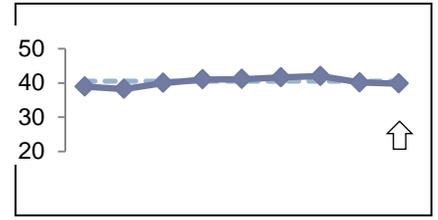


Permanency Indicators

P1. Permanency in 12 months for children entering foster care:
Goal ≥ 40.5% / Performance
 Relative performance to goal

(SIP Goal)

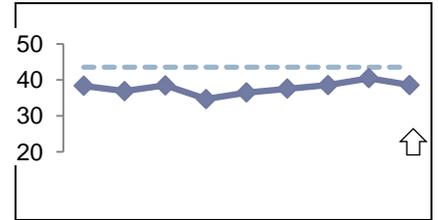
Jan13-Dec13	Apr13-Mar14	Jul13-Jun14	Oct13-Sep14	Jan14-Dec14
41.1	41.6	42.0	40.1	39.8
1.01	1.03	1.04	0.99	0.98



P2. Permanency in 12 months for children in foster care 12-23 months: Goal ≥ 43.6%
Goal ≥ 43.6% / Performance
 Relative performance to goal

(SIP Goal)

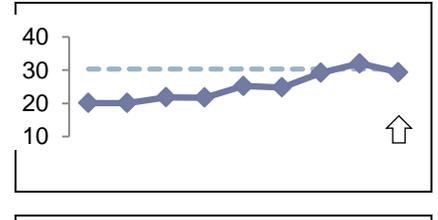
Jan14-Dec14	Apr14-Mar15	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15
36.5	37.6	38.6	40.5	38.6
0.84	0.86	0.89	0.93	0.89



P3. Permanency in 12 months for children in foster care 24 months or more:
Goal ≥ 30.3% / Performance
 Relative performance to goal

(SIP Goal)

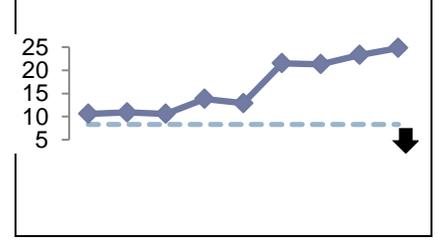
Jan14-Dec14	Apr14-Mar15	Jul14-Jun15	Oct14-Sep15	Jan15-Dec15
25.2	24.8	29.2	32.0	29.3
0.83	0.82	0.96	1.06	0.97



P4. Re-entry to foster care after Reunification or Guardianship:
Goal ≤ 8.3% / Performance
 Relative performance to goal

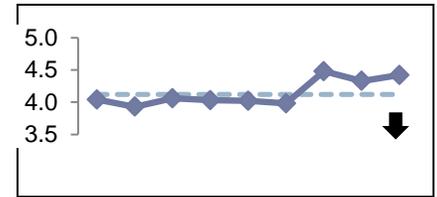
(SIP Goal)

Jan12-Dec12	Apr12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13
12.9	21.5	21.3	23.3	24.8
0.64	0.39	0.39	0.36	0.33



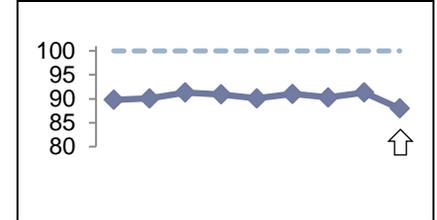
Placement Stability Indicator

P5. Placement Stability: Goal ≤ 4.12 per 1,000 days / Performance Relative performance to goal	Jan14- Dec14	Apr14- Mar15	Jul14- Jun15	Oct14- Sep15	Jan15- Dec15
	4.02	3.98	4.48	4.33	4.42
	1.02	1.04	0.92	0.95	0.93
	●	●	◆	◆	◆

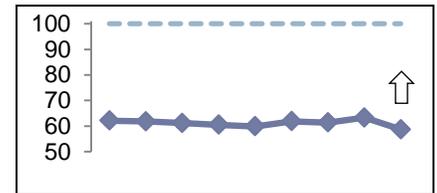


Child Well Being Indicators

5B.1. Timely Health Examinations: Goal = 100% / Performance Relative performance to goal	Oct14- Dec14	Jan15- Mar15	Apr15- Jun15	Jul15- Sep15	Oct15- Dec15
	90.1	91.0	90.3	91.3	88.0
	0.90	0.91	0.90	0.91	0.88
	◆	◆	◆	◆	■



5B.2. Timely Dental Examinations: Goal = 100% / Performance Relative performance to goal	Oct14- Dec14	Jan15- Mar15	Apr15- Jun15	Jul15- Sep15	Oct15- Dec15
	59.9	61.9	61.4	63.3	58.7
	0.60	0.62	0.61	0.63	0.59
	■	■	■	◆	■



Notable changes for this review period include the following:

Safety: *“Children are first and foremost protected from abuse and neglect.”*

- **Children experience no maltreatment in foster care (Federal Performance Measure S1):**

This is a revised Federal outcome measure that looks at the rate of maltreatment in foster care and Santa Clara County (SCC) met this Federal outcome measure for the period from October 2014 to September 2015 and although performance declined during the period from January 2015 to December 2015 and did not meet the Federal goal, performance was still close to the desired goal. This is within the context that SCC was well above the Federal goal on this measure for seven consecutive periods starting from January 2013 to December 2013 through July 2014 to September 2015.

- **Children receive timely visits from social workers in residence (State Performance Measure 2F.2):**

While this is still a relatively new State measure, the DFCS has consistently and substantially exceeded the State goal. SCC has worked with child welfare staff and juvenile probation staff for the new State Measure 2F.2 that tracks face to face contacts/visits with children in their out of home placement/residence. This was a new requirement and in SCC, the DFCS social workers are visiting children and youth in the residence at least every other month, and on a much more frequent basis than what is required. SCC’s performance on this measure significantly exceeds the State goal and the State average on this measure. SCC has met this State goal for the last nine reporting period from January 2013 to December 2013 through January 2015 and December 2015.

Permanency Measures: *“Children have permanency and stability in their living situations without increasing entry into foster care.”*

- **Permanency in 12 Months for Children Entering Foster Care (Federal Performance Measure P1):**

Santa Clara County’s performance on this revised Federal measure which measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal, has declined the last two reporting periods (October 2013 to September 2013 and January 2014 to December 2014). However, during the four reporting periods prior to this, SCC had been seeing gradual improvements in this measure for the period from October

2012 to September 2013 through July 2013 to June 2014. Even though there was a decline in performance for the current reporting period, SCC is just slightly below the desired goal.

- **Permanency in 12 Months for Children in Foster Care 12 to 23 Months (Federal Performance Measure P2):**

This revised Federal indicator measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved in the first 12 to 23 months of foster care. In 2015, SCC had decreased performance on Federal measure P2 and is below the desired goal. This reverses the upward trend that had occurred during the five (5) prior reporting periods from October 2013 to September 2014 through October 2014 to September 2015.

- **Permanency in 12 Months for Children in Foster Care 24 Months or More (Federal Performance Measure P3):**

This is a revised Federal measure that examines whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time and SCC saw a decline in this measure during the period from January 2015 to December 2015. However, SCC did meet the goal for this measure during the prior quarter for the period from October 2014 to September 2015, and is just slightly below the desired goal even though there was a decline in this measure.

- **Re-Entry to Foster Care after Reunification, Living with a Relative(s), or Guardianship (Federal Performance Measure P4):**

This revised Federal indicator measures whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. In 2015, SCC had decreased performance on Federal performance measure P4 and is well above the desired goal. This continues the upward trend that has basically occurred during the eight (8) prior reporting periods from January 2011 to December 2011 through October 2012 to September 2013.

Unfortunately, SCC has seen in 2013 (the preceding period) an increasing trend in re-entry into foster care after reunification or guardianship (living with a relative(s) is defined differently and is not applicable in California). This is a very concerning trend and SCC is looking at a variety of possible factors that may be impacting performance on this measure. Specifically, staff instability, retention issues and high caseloads may be contributing to poor

performance in this area. Children may be reunifying too soon given the severity of the issues that the child and parents may be addressing. The lack of involvement of natural circles of support for children and families may also be contributing factors. Hopefully this trend will be reversed in 2016 through some of the strategies and actions that have been implemented in the last year.

The DFCS will continue looking closely at this measure to determine the contributing factors and to develop and/or focus on strategies to improve performance in this area.

- **Placement Stability (Federal Performance Measure P5):**

This revised Federal indicator measures whether the agency that children who the agency removes from their homes experience stability while they are in foster care. In 2015, SCC had decreased performance on Federal performance measure P5 and is above the desired goal. This continues the upward trend that has basically occurred during the three (3) prior reporting periods from July 2014 to June 2015 through January 2015 to December 2015.

Child Well-Being Measures:

- **Placement with Siblings:** The majority of children in sibling groups in Out of Home Placement continue to be placed with all or some of their siblings 69.9% as of January 1, 2016 (as compared to 69.7% as of January 2015, and 67.5% as of January 2014). In addition, as of January 1, 2016, 53.0% of children in sibling groups in out of Home Placement are placed with all of their siblings in the same placement (compared to 50.8% as of January 1, 2015, and 46.2% as of January 1, 2014). This upward trend in both measures reflects the fact that the DFCS is able, despite the lack of placement resources, to place a large percentage of siblings/sibling groups together or partially together in the same placements.

A summary of challenges this past review period and the SIP strategies in process include the following:

Safety Measures:

- **Recurrence of Maltreatment (Federal Performance Measure S2):**

Santa Clara County is still slightly above the national goal for the recurrence of maltreatment (Of all children who were victims of a substantiated maltreatment allegation during a 12-

month reporting period, what percent were victims of another substantiated maltreatment allegation within 12-months of their initial report?). For the period from January 2014 to December 2014, SCC's performance on this measure was 10.8% and the Federal Performance goal is 9.1% or lower. Although current performance is above the Federal goal, there has been a downward trend during the last two reporting periods (12.0% for the period from July 2013 to June 2014 and 11.8% for the period from October 2013 to September 2014). Challenges during the prior review period were a high number of vacancies in the DFCS in the Emergency Response (ER) and Dependency Investigations (DI) positions, and mandatory overtime for ER social workers to cover the unusually high number of child abuse referrals. In addition, there was the need to increase access to Differential Response for families to prevent entries into the child welfare system. During 2014, priority was given to filling the ER and DI positions and as of April 12, 2016, there are four (4) vacancies in Emergency Response (out of seventy (70) positions) and five (5) vacancies in Dependency Investigations (out of thirty nine (39) positions). Emergency Response has not had to require mandatory overtime since May 2014, and DR services have been substantially expanded..

During the past review period the DFCS and SIP goals have been aimed at ensuring the appropriate staffing levels in Emergency Response so that timely referrals and complete assessments for families are completed and that families are connected with the necessary resources and are appropriately assessed. In addition, the DFCS has ensured necessary additional funding for Differential Response (DR), especially for African Ancestry and Latino families. Assessments need to identify family stressors so that services can be secured and families stabilized to prevent re-referrals or to prevent entry into foster care. As a result of these efforts, several of the DR providers have been at capacity, but there have been no waiting lists for DR Path 1 and some increased wait time for DR Path 2 (wait times of approximately three weeks although some families had to wait up to six weeks), although it is clear that additional capacity will be needed. The funds allocated for DR services have up to this point been a combination of Community Based Child Abuse Prevention (CBCAP) allocation and Realignment funding. For Fiscal Year 2016 to 2017, the DR contracts will become a regular part of the DFCS Budget request in SCC.

- **Ten (10) Day Responses to Child Abuse and Neglect Referrals (State Performance Measure 2B):**

The County's performance on ten-day responses has decreased during the last quarter of 2015, decreasing from 93.6% in the July 2015 to September 2015 quarter to 89.8% for the October 2015 to December 2015 quarter. While the 89.8% rate is currently just below the State goal of 90% or better, SCC's performance over the last six quarters is generally a promising long term sign. Although SCC had been below the State goal during the last nine

(9) quarters (two and a half years) ending the period of April 2014 to June 2014, SCC has been above the State goal of 90.0% four (4) of the last six (6) quarters from July 2014 to September 2014 through October 2015 to December 2015, and the two (2) quarters that SCC was below the State goal, SCC was just slightly under the State goal at 89.7% and 89.8%, respectively, so there are reasons to believe that performance on this measure will continue to improve. SCC had analyzed the reasons for the decline and has implemented strategies aimed at improving performance. One of the reasons for the decline is tied to timeliness of paperwork and data entry. For Emergency Response workers who were working mandatory overtime and ensuring children are seen, paperwork can often be delayed. Yet, it is critical that the appropriate documentation is completed in a timely manner. A plan of correction was implemented and continued improvements are expected during the next several quarters as a result. Priority was given to filling vacancy positions in Emergency Response, which should also improve performance on this measure. This is linked to *SIP strategy 1H –The DFCS to conduct priority hiring of staff of all positions that are culturally and linguistically proficient to serve Latino, African Ancestry and Asian and Pacific Islander children and families.* Although, the DFCS has actively recruited and hired staff, staffing as a whole continues to be an issue and staffing stability will be an on-going area of focus.

Placement Stability:

- **Placement Stability (Federal Performance Measures P5):**

SCC's performance in limiting the rate of placement moves for children who enter foster care during a 12 month period, decreased during the period from January 2015 to December 2015 to 4.42 placement moves per day of foster care. This is above the Federal goal of 4.12 placement moves per day of foster care. Historically, this was an area of strength for the County and SCC was below the Federal goal for six consecutive quarters from January 2013 to December 2013 through April 2014 to March 2015. During the last three (3) quarters, SCC has been above the Federal goal. Performance in this area may also be negatively impacted by staffing challenges and by high caseloads, as well as the shortage of suitable placement options. SCC will continue to closely monitor this area to better ensure placement stability for children in out of home care.

Well-Being Measures

Timely Health and Dental Exams:

Timely health and dental exams for all children have continued to trend downward, performing below the 100 percent State goal for the past two quarters. While significant work needs to be done in these areas, it is also important to point out that SCC is performing well above the overall State Average for Timely Medical Exams, and is slightly above the overall State average for Timely Dental Exams. SIP strategies are currently aimed at increased partnerships with the Public Health Department, Valley Medical Center, County Office of Education, and various non-profit health alliances, and better education and identification of medical and dental resources to increase performance. In addition, SCC will begin monthly monitoring and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional social worker focus and inquiry with children/youth and caregivers on these areas will be emphasized. Additional collaborations have been established and resources have been identified for children and caregivers. Additional data analysis is underway to better understand the barriers impeding performance for this measure. One concern is the lack of dental providers that accept Medi-Cal and are part of the Medi-Cal dental program (the Denti-Cal Program) and the poor reimbursement rates and bureaucratic requirements that dissuade dentists from being a part of Denti-Cal (see Attachment LVI for a copy of the Little Hoover Commission Report on Denti-Cal). One concern currently is that youth ages 18 and older in Extended Foster Care are refusing to follow through on dental appointments. Further education will be needed for this growing population to understand the implications if they do not seek regular dental care for several years.

Status of System Improvement Plan (SIP) Strategies

CHILD WELFARE STRATEGIES STATUS AND CURRENT ACTION STEPS

This section will focus on the Status and Action Steps for those child welfare strategies currently being implemented during this review period. Santa Clara County has completed some action steps and other strategies are in progress. Detailed below is a summary of the work completed to date. Please also refer to Attachment I- Santa Clara County's Updated SIP Matrix Dated December 2013.

Strategy 1:

DISPROPORTIONALITY STRATEGIES

DISPROPORTIONALITY OUTCOME MEASURES

Priority Performance (Outcome) Measure or Systemic Factor:

- Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system”.
- Complete a full analysis to better understand factors related to the under-representation for Asian and Pacific Islander families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those API groups to appropriately address those factors.
- Continue to actively monitor representation for all children within the Child Welfare System in an effort to monitor disproportionality at all times.

State of California Performance:

According to the University of California, Berkeley California Child Welfare Indicators Project (CCWIP), Santa Clara County's 2014 child population projections by ethnicity were 1.9% African Ancestry, 31.8% Asian and Pacific Islander, 36.0% Latino, 0.2% Native American, and 24.3% White (with an additional 5.8% who identified as Multi-Race). These percentages reflect slight increases in the Asian and Pacific Islander and Multi-Race categories, and slight decreases in the White, Latino and African Ancestry categories from the 2014 projections.

A comparison of Santa Clara County's (SCC) child welfare population in relation to the statewide child population shows disproportionate numbers of Latino and African Ancestry children and families involved in the child welfare system. The entries into foster care in 2015 remains significantly higher for Latino and African Ancestry than the overall population as represented by the fact that 11.1% (78) African Ancestry and 62.3% (439) Latino children entered foster care. In comparison there is an under-representation for Asian and Pacific Islander children at 8.1% (57), White children at 17.9% (126), and Native American children at 0.4% (3) who entered foster care in SCC in 2015.

Santa Clara County Child Welfare Services in comparison to the State's overall demographics in child welfare looks like the following:

- For percentages of referrals received by ethnicity, there are 47% Latino children and 13% African Ancestry children referred to the child welfare system statewide in comparison to higher percentages for Latino children in SCC at 49% and slightly lower for African Ancestry children at 8% (as of January 2016). Compared to the 2010 baseline for the County Self-Assessment (CSA), the rate for Latinos has increased from 45.6% and for African Ancestry children the rate has decreased from 11.3%. However, in SCC, the percentage of referrals for Latino children has decreased from the 55% to 59% range to 49% while the percentage of referrals for African Ancestry children has remained consistent at 7% to 8%.
- For percentages of open cases in child welfare statewide, the numbers increase for both Latino children to 54% and to 20% for African Ancestry children. For SCC the numbers are higher and increases to 69% for Latino children and slightly higher than the referral rate at 9% for African Ancestry families (as of January 2016). Compared to the 2010 baseline for the County Self-Assessment (CSA), the percentage of open cases for Latinos has increased from 59% and for African Ancestry children, the rate has decreased from 12%.
- Percentage of entry into foster care as noted above continues to show the disproportionality with 52.9% Latino children and 18.5% African Ancestry children for the State of California. For SCC, entries into foster care show that 67.3% are Latino children and 11.1% are African Ancestry children (as of January 2016).
- The numbers and percentages for Asian and Pacific Islander children in the child welfare system remain lower for both the State of California and SCC (4% and 8.1% respectively for referrals and 3% and 8% respectively for cases). However, as previously referenced, SCC also has a much higher proportion of Asian and Pacific Islanders in the general child population as compared to the State of California so for SCC it is a significant under representation of the population. This underrepresentation further accentuates and magnifies the disproportional representation of the African Ancestry and Latino children in the SCC Child Welfare System.

- This information also needs to be considered within the context that children enter the child welfare system as a first entry in SCC, at a much lower rate than for the State of California as a whole, with the State incidence rate at 3.3 children per thousand while SCC has an overall incidence rate of 1.5 children per thousand. The incidence rate in SCC has also decreased from 2014, when the incidence rate was 1.9 children per thousand, to 1.5 children per thousand in 2015. This lower rate of entry is true for all ethnic groups, with California having an incidence rate of 11.4 for African Ancestry, 3.4 for Latino children, 0.7 for Asian and Pacific Islander children, 3.0 for White children and 12.1 for Native American children. In contrast, SCC rates are 7.8 for African Ancestry children, 2.6 for Latino children, 0.4 for Asian and Pacific Islander children, 1.1 for White children and 3.6 for Native American children in 2015, as compared to 11.1 for African Ancestry children, 3.5 for Latino children, 0.4 for Asian and Pacific Islander children, 1.1 for White children and 8.3 for Native American children based on 2014 Calendar Year data. Compared to the 2010 County Self-Assessment baseline data, the rate of entry had increased from 1.5 children per thousand but is now the same as the baseline rate. This is consistent with the fact that child welfare caseloads had increased during the last several years, while the overall child population has been decreasing. The decrease in the incidence rates may also be the result of increased prevention efforts including enhanced Differential Response services.

Table 2

**Percentage (Number) of Referrals Received by Ethnicity, State of California
April 2015 to January 2016**

	April 2015	July 2015	October 2015	January 2016
African Ancestry	13% (4565)	14% (4006)	13% (4903)	13% (4903)
Latino	45% (15630)	44% (12804)	47% (18122)	47% (18122)
Asian and Pacific Islander	4% (1309)	3% (972)	4% (1488)	4% (1488)
White	26% (9036)	27% (7917)	26% (9969)	26% (9969)

From SafeMeasures Data
Data Extract Date: April 22, 2016

Table 3

Percentage of Allegations by Ethnicity for State of California, 2012-2015

	2012	2013	2014	2015
African Ancestry	15% (65277)	15% (67954)	15% (65510)	14% (64270)
Latino	54% (240283)	53% (240234)	56% (249696)	56% (251581)
Asian and Pacific Islander	4% (17257)	4% (18377)	4% (16978)	4% (17707)
White	27% (118357)	27% (125423)	25% (111763)	25% (111133)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data
Data Extract Date: April 22, 2016

Table 4

Open Child Welfare Cases by Ethnicity, State of California, April 2015 to January 2016

	April 2015	July 2015	October 2015	January 2016
African Ancestry	20% (19532)	20% (19648)	20% (19628)	20% (19189)
Latino	54% (51882)	54% (52546)	54% (52937)	54% (51568)
Asian and Pacific Islander	3% (2459)	3% (2451)	2% (2421)	3% (2399)
White	22% (20923)	22% (20984)	21% (20879)	22% (20530)

From SafeMeasures Data

Data Extract Date: April 22, 2016

Table 5

Percentage of Entries into Foster Care by Ethnicity, State of California, 2012-2015

	2012	2013	2014	2015
African Ancestry	18% (5644)	18% (5859)	18% (5333)	18% (3943)
Latino	51% (15562)	52% (16513)	53% (15506)	53% (11849)
Asian and Pacific Islander	3% (851)	3% (872)	3% (692)	2% (535)
White	26% (8085)	25% (8044)	25% (7283)	25% (5622)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data

Data Extract Date: April 22, 2016

Table 6

**Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates
State of California, January 1, 2015 to December 31, 2015**

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
African Ancestry	483405	5487	11.4
White	2459294	7374	3.0
Latino	4675761	15924	3.4
Asian and Pacific Islander	1026960	697	0.7
Native American	34,626	420	12.1
Multi-Race	422,440	0	0
Missing	0	380	.
Total	9,102,486	30,282	3.3

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data
Data Extract Date: April 22, 2016

Santa Clara County Current Performance:

According to the University of California, Berkeley California Child Welfare Indicators data, 2015 projections of Santa Clara County's child population is comprised of 1.9% African Ancestry children, 31.8% Asian and Pacific Islander children, 36.0% Latino children, 0.2% Native American children, 24.3% White children, and 5.8% Mixed Race children, based on projections by the California Department of Finance.

In comparison, the child welfare population for Santa Clara County for entries into foster care are 11.1% African Ancestry children, 0.4% Native American children, 17.9% White children, 62.3% Latino children, and 8.1% Asian and Pacific Islander children. (See Table 10 below for entries into foster care.)

The State of California as a whole has a significantly higher representation of African Ancestry children (13% referrals received and 20% cases) compared to the African Ancestry child population of the State (5.4% from University of California, Berkeley data for 2015). For Santa Clara County, African Ancestry children comprise 8% of the referrals received and 9% of the open cases each month, but 7.8% for entries for children into the foster care system for 2015. While the rates of referrals and the percentage of open cases each month have remained fairly consistent, the rate of entry has decreased from 11.1% in 2014 to 7.8 % in 2015.

The State has a slightly lower representation of Latino children in referrals received at 47% and slightly higher representation in open child welfare cases at 54% as compared to the Latino child population of the State (50.9% from University of California, Berkeley data for 2015). For Latino children in SCC (49% in referrals received and 69% in open child welfare cases), the representation is significantly higher for children with referrals and children in open child welfare cases as compared to the overall SCC child population (36.0% from University of California Berkeley data for 2015) as well as the overall State child population for Latinos, as of January 2016. Although these numbers and rates remain high, they do represent a decrease in the representation of Latino children in Santa Clara’s child welfare system as compared to last year (January 2015 to October 2015) when Latino children comprised 56% to 59% of the referrals received and 70% to 72% in open child welfare cases.

The percentage representation of Asian and Pacific Islander children for both referrals and open child welfare cases has remained steady at an average of 3.75% for referrals and 2.75% for cases for the State over the last year, as compared to the overall Asian and Pacific Islander child population for the State of 11.4%. Santa Clara County has a higher representation of Asian and Pacific Islander children at an average of 14.6% for referrals and an average of 7.4% for open child welfare cases in January 2015 to January 2016, than the overall State average.

Table 7
Percentage of Referrals by Ethnicity, Santa Clara County, January 2015 to January 2016

% of Referrals Received By Ethnicity Santa Clara County					
	January 2015	April 2015	July 2015	October 2015	January 2016
African Ancestry	8% (63)	8% (64)	7% (36)	7% (59)	8% (62)
Latino	57% (454)	56% (461)	59% (321)	56% (490)	49% (362)
Asian and Pacific Islander	14% (113)	15% (128)	11% (59)	16% (140)	17% (124)
White	19% (153)	19% (160)	22% (117)	19% (167)	24% (179)

From SafeMeasures Data

Table 8
Percentage of Allegations by Ethnicity, Santa Clara County, 2012-2015

	2012	2013	2014	2015
African Ancestry	7% (966)	7% (967)	7% (963)	6% (714)
Latino	61% (8185)	62% (8218)	61% (8050)	61% (7227)
Asian and Pacific Islander	13% (1720)	13% (1693)	13% (1714)	15% (1755)
White	18% (2459)	18% (2378)	19% (2457)	18% (2105)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data
Data Extract Date: April 22, 2016

The number of referrals for African Ancestry children and families between the period of January 2015 and January 2016 in Santa Clara County has remained fairly constant at 7% to 8% for referrals and at 9% in open child welfare cases. For Latino families, the percentage of referrals has decreased during this time period (from 57% to 49%) and the percentage of children in open child welfare cases decreased slightly (from 71% to 69%). African Ancestry children represent 2% of the child population of Santa Clara County (2010 United States Bureau of the Census) and 9% of the child welfare population for the County when looking at numbers of open cases each month and the number of children in foster care. Latino children represent 36.0% of the child population of the County and 69% of the child welfare population when you look at the percentage of cases open in child welfare in a specific month (January 2016) or 68.9% of the children in out of home placement when you look at the percentage of children in foster care. Asian and Pacific Islander children represent 31.8% of the County's child population, but only 8% of the child welfare cases open in a specific month or 8.1% of entries into foster care. While there have been some decrease in the rate of entry for African Ancestry children (from 12% in 2014 to 11.1% in 2015) and the percentage of Latino children in open cases (from 71% in 2014 to 69% in 2015) it is too early to determine if this is the beginning of a true downward trend or a random variation from the established pattern. African Ancestry children and families have had some downward trends for a period, but recent data has indicated more some inconsistency as well.

Disproportionality is a complex issue that appears in a variety of systems, including the Juvenile Probation/juvenile justice system, law enforcement and the adult legal/criminal system, the public education system, and of course, the child welfare system. Disproportionality is also a very complex issue where a variety of different factors may impact the overrepresentation of children of color in the child welfare system. The complexity of disproportionality is also reflected in society in related issues such as the underrepresentation of people of color in certain schools, in certain occupations

and professions, in certain sports and in other issues. Disproportionality in the child welfare system begins at the child abuse and neglect referral process, prior to the involvement of the DFCS. Reports of child abuse and neglect are primarily made by law enforcement, school personnel and medical personnel, where there may already be some unequal focus on certain type of circumstances, especially for children of color. Thus, even at the referral stage, disproportionality exists. After the initial referral, even if one were to assume that the rates of investigation, substantiation of allegations, case opening, and case closure were equal across ethnic groups, the disproportionality would continue across the child welfare system, as the disproportionality was present from the point of referral. Of course, such rates are not exactly equal, and slight differences result in greater disproportionality once a Latino or African Ancestry child comes into contact with the child welfare system, which is what is occurring. The fact that the disproportionality begins at the referral process makes it extremely difficult to impact the overall disproportionality once a Latino or African Ancestry child is referred. Thus, the rates of referrals for African Ancestry and Latino children are disproportionate to their representation in the overall child population. The differences in rates likely result from factors including the fact that for Latinos in SCC, the overall population and the child population has been increasing, which increases their representation in the population as well. This increase combined with decreases in the White overall population and in the child population as a whole then potentially magnifies the disproportionality issue. Many Latino families are also recent immigrants and may lack the extended family and support systems that may have existed in their prior communities. For Latinos, larger families combined with a very high cost of living factor in Santa Clara County places many families near or below the poverty line, and may place these families at additional risk.

While African Ancestry families tend to have smaller numbers of children, African Ancestry families may also experience similar social isolation and lack of extended family and community supports. The increased stressors for both Latino and African Ancestry families also probably increases the risk of being involved with substance abuse, situations that are potentially neglectful, poor housing and health and mental health situations, all of which can lead to involvement in the child welfare system. The small rates of referrals and the much smaller percentage of Asian and Pacific Islander children and families in the child welfare system as compared to their overall population in SCC also serves to magnify the disproportionality that occurs. In order to reduce the disproportionality of African Ancestry and Latino children in the child welfare system, the rates of reporting need to be reduced for these populations or the number of child welfare cases for these populations need to be significantly reduced, assuming that the proportions White and Asian and Pacific Islander children in the child welfare system remain the same. Significantly decreasing the rates of referral would of course require the assumption that children are not placed at greater risk of abuse or neglect. Should rates of reporting and the number of White and Asian and Pacific Islander children in the child welfare system decline, the disproportionality of the African Ancestry and Latino children will likely remain the same or increase. Similarly, disproportionality for African Ancestry and Latino children can be reduced if there were large increases in the number and percentage of White and Asian and Pacific Islander children in the child welfare system, which is not an appropriate or practical response to the issue, absent safety or risk issues.

The current strategies identified by the DFCS to address the issue of disproportionality appear to be appropriate at this time and may be starting to have some impact on the magnitude of the disproportionality relating to African Ancestry and Latino children in the child welfare system. In 2015, it appears that the rates of entry for African Ancestry children and the percentage of Latino children in open child welfare cases is trending downward, which is hopeful, but also too early to fully determine whether the downward movement will continue. Many of the strategies, even when fully implemented will take some time to significantly impact the numbers of children of color in the child welfare system. The DFCS is continuing to work with the Mission Analytics Group (MAG) to analyze data and modeling to develop possible strategies that might have an effect on the rates of referrals for African Ancestry and Latino children. The Center for Leadership and Transformation (CLT) Disproportionality Group is working on strategies focused on reducing disproportionality at system entry for the specific reasons specified above. The DFCS will continue work on the disproportionality issues and monitor progress to see if future strategy adjustments need to be made to improve the disproportionality trends for both the African Ancestry and Latino populations.

Table 9
Percentage of Cases (Number) Open in Specified Month by Ethnicity
Santa Clara County, January 2015 to January 2016

	January 2015	April 2015	July 2015	October 2015	January 2016
African Ancestry	9% (214)	9% (205)	9% (197)	9% (191)	9% (198)
Latino	71% (1667)	72% (1699)	71% (1632)	70% (1542)	69% (1544)
Asian and Pacific Islander	8% (179)	7% (167)	7% (149)	7% (145)	8% (169)
White	12% (288)	12% (294)	13% (291)	14% (303)	14% (313)

From SafeMeasures Data
 Data Extract Date: April 22, 2016

Percentage of open cases in a specified month represents any case that was open for any period of time during the identified month. This measurement gives a truer representation of the child welfare population rather than looking at cases that were opened during the month.

Table 10
Percentage of Entries into Foster Care by Ethnicity, Santa Clara County, 2012-2015

	2012	2013	2014	2015
African Ancestry	9.9% (82)	7.4% (60)	11.1% (102)	11.1% (78)
Latino	65.1% (537)	69.9% (564)	67.3% (616)	62.3% (439)
Asian and Pacific Islander	8.7% (72)	6.1% (49)	7.0% (64)	8.1% (57)
White	16.0% (132)	16.0% (129)	13.6% (124)	17.9% (126)

From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data
 Data Extract Date: April 22, 2016

Table 11
**Children with Entries to Foster Care, Child Population (0-17), and Incidence Rates
 Santa Clara County, January 1, 2015 to December 31, 2015**

Ethnic Group	Total Child Population	Children with Entries	Incidence per 1,000 Children
Black	8,285	65	7.8
White	103,962	116	1.1
Latino	157,370	408	2.6
Asian/P.I.	140,363	56	0.4
Nat Amer	835	3	3.6
Multi-Race	25,865	0	0
Missing	0	1	.
Total	436,680	649	1.5

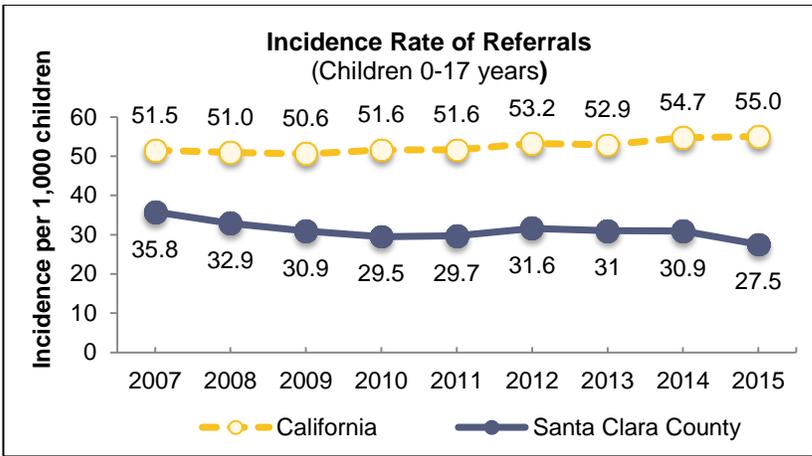
From University of California, Berkeley California Child Welfare Indicators Project (CCWIP) Data
 Data Extract Date: April 22, 2016

In Santa Clara County, the percentage of referrals received and the percentage of cases opened per ethnicity for Latino and African Ancestry children and families have remained consistently at a disproportionate number and rate. In the child welfare population for January 2016, Santa Clara County percentages of ethnicities for referrals are at 8% for African Ancestry; 17% for Asian/Pacific Islander; and 49% for Latino families in comparison to 9% African Ancestry for open cases, 8% for open cases for Asian and Pacific Islander children and families and 69% for Latino children and families.

Participation (Incidence) Rates

Table 12
Incidence Rate of Referrals

Incidence rate of children with maltreatment allegations



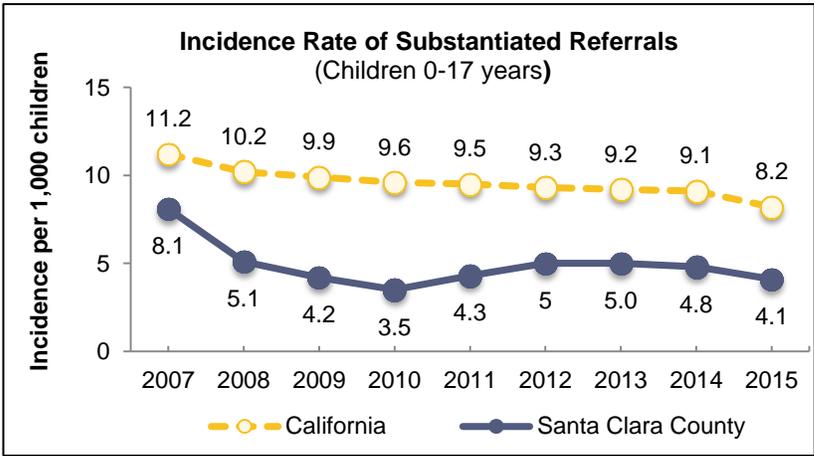
Referral Rate	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Refer	Total Children	Incidence per 1,000	Goal met?	Refer	Total Children	Incidence per 1,000	Goal met?
Black	NA	952	8,303	114.7	NA	714	8,285	86.2	NA
White	NA	2,443	104,033	23.5	NA	2,105	103,962	20.2	NA
Latino	NA	8,105	157,337	51.5	NA	7,227	157,370	45.9	NA
Asian/ Pacific Islander	NA	1,717	139,258	12.3	NA	1,755	140,363	12.5	NA
Native American	NA	36	845	42.6	NA	30	835	35.9	NA
Overall Performance	NA	13,443	435,380	30.9	NA	11,990	436,680	27.5	NA

Referrals for potential abuse and/or neglect on children in SCC occur at a rate of 27.5 referrals per 1,000 children, which is less than half the rate for California as a whole (55.0 referrals per 1,000 children). In 2015, the incidence rate of referrals is lower than the baseline rate in 2010 for the County Self-Assessment of 29.5, and is now at the lowest rate in the last nine (9) years. The rate has generally been decreasing in SCC since 2004 and is well below the baseline rate in SCC during 2010

of 29.7 referrals per 1,000 children. In contrast, the incidence rate of referrals in California has generally been increasing since 2004. In SCC, the incidence rate is greatest for African Ancestry children at a rate of 86.2 referrals per 1,000 children for the period from January 2015 to December 2015, well above the State average of 55.0 during that period. In SCC, Latino, Asian and Pacific Islander, White and Native American children are all referred at rates lower than the State average. All of the ethnic groups in SCC saw decreases in the incidence rate of referrals during 2015 as compared to 2014, except for Asian and Pacific Islanders, where there was a slight increase in the incidence rate of referrals from 12.3 in 2014 to 12.5 in 2015.

Table 13
Incidence Rate of Substantiated Referrals

Incidence rate of children with substantiated maltreatment allegations



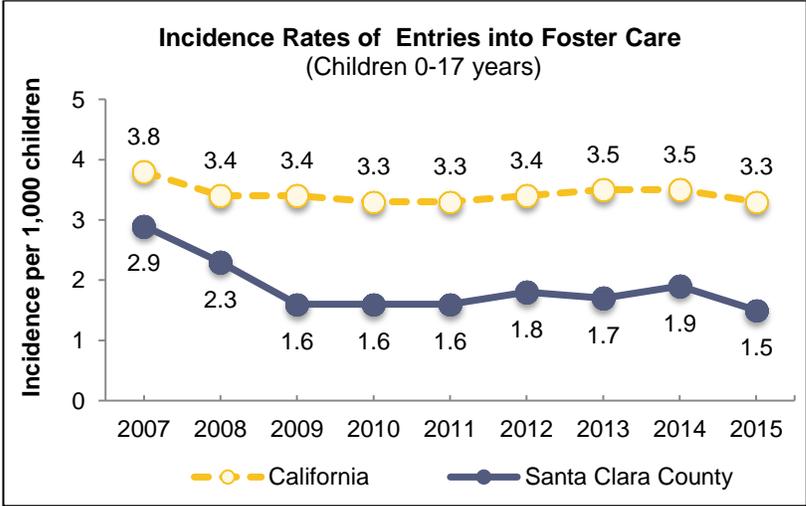
Substantiated Referral Rate	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Subst. Ref	Total Children	Incidence per 1,000	Goal met?	Subst. Ref	Total Children	Incidence per 1,000	Goal met?
Ethnicity	Goal								
Black	NA	156	8,303	18.8	NA	105	8,285	12.7	NA
White	NA	293	104,033	2.8	NA	294	103,962	2.8	NA
Latino	NA	1,480	157,337	9.4	NA	1,220	157,370	7.8	NA
Asian/ Pacific Islander	NA	164	139,258	1.2	NA	155	140,363	1.1	NA
Native American	NA	4	845	4.7	NA	6	835	7.2	NA
Overall Performance	NA	2,108	435,380	4.8	NA	1,785	436,680	4.1	NA

Similar to the incidence rate for referrals, the incidence rate of substantiated referrals in SCC is half of the California average in 2014, at 4.1 as compared to 8.2 for the State. The incidence rate for substantiated referrals in 2015 for SCC is at the second lowest rate in the last nine (9) years, and is now below the baseline rate of the 2010 County Self-Assessment of 3.5. The incidence rate of substantiated referrals for African Ancestry children is more than three times the overall SCC rate at 12.7. Similarly, Latino and Native American children have incidence rates of substantiated referrals that are much higher than the SCC average, at 7.8 and 7.2 respectively. Asian and Pacific Islander

and White children have incidence rates of substantiated referrals that are much lower than the overall SCC average, at 1.1 and 2.8 respectively. Compared to the January 2014 to December 2014 period, African Ancestry, Latino, and Asian and Pacific Islander children had decreases in their incidence rate of substantiated referrals in 2015. The incidence rate for White children remained stable, and the incidence rate for Native American children increased. However, the small numbers of Native American children in SCC means that slight changes will dramatically impact their rates, either positively or negatively.

Table 14
Incidence Rates of Entries into Foster Care

Incidence rate of children who enter into foster care



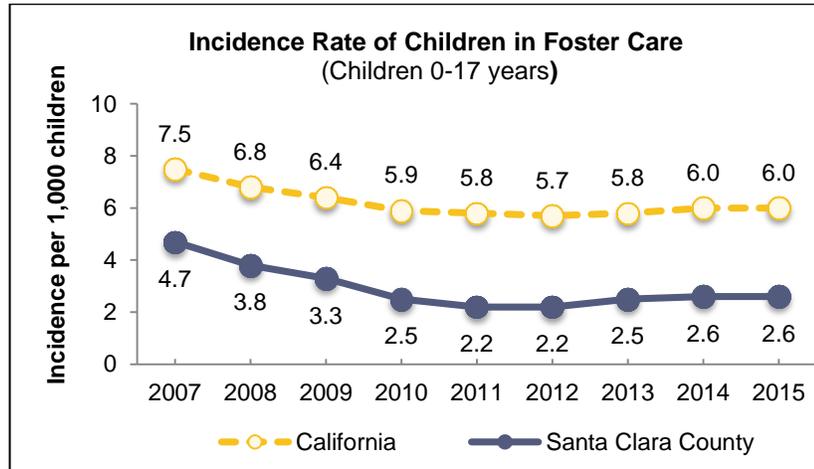
Foster Care Entry Rate	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Entry	Total Children	Incidence per 1,000	Goal met?	Entry	Total Children	Incidence per 1,000	Goal met?
Black	NA	92	8,303	11.1	NA	65	8,285	7.8	NA
White	NA	113	104,033	1.1	NA	116	103,962	1.1	NA
Latino	NA	564	157,337	3.6	NA	408	157,370	2.6	NA
Asian/ Pacific Islander	NA	58	139,258	0.4	NA	56	140,363	0.4	NA
Native American	NA	7	845	8.3	NA	3	835	3.6	NA
Overall Performance	NA	835	435,380	1.9	NA	649	436,680	1.5	NA

In SCC, the incidence rates of entries into foster care is 1.5 children per thousand for the period from January 2015 to December 2015, which is less than half the rate for the California average, which is 3.3 children per thousand. In 2015, the SCC incidence rate of entries into foster care fell below the 2010 baseline rate for the County Self-Assessment (CSA) of 1.6, and in 2015 was at the lowest incident rate in nine (9) years. In SCC, the incidence rates of entries into foster care for African Ancestry, Latino, and Native American children is well above the SCC average at 7.8, 2.6 and 3.6 respectively. The incidence rates of entries into foster care during 2015 decreased for African Ancestry, Latino and Native American as compared to the prior period from January 2014 to

December 2014 of 11.1, 3.6 and 8.3 respectively. The incidence rates of entries into foster care for Asian and Pacific Islander and White children was stable at 1.1 for both 2014 and 2015.

Table 15
Incidence Rates of Children in Foster Care

Incidence rate of children who are in supervised foster care



In Foster Care Rate	National Standard	Last Year (July 1, 2014)				Most Recent Period (July 1, 2015)			
		In Care	Total Children	Incidence per 1,000	Goal met?	In Care	Total Children	Incidence per 1,000	Goal met?
Ethnicity	Goal								
Black	NA	113	8,303	13.6	NA	107	8,285	12.9	NA
White	NA	136	104,033	1.3	NA	142	103,962	1.4	NA
Latino	NA	822	157,337	5.2	NA	814	157,370	5.2	NA
Asian/ Pacific Islander	NA	61	139,258	0.4	NA	55	140,363	0.4	NA
Native American	NA	6	845	7.1	NA	7	835	8.4	NA
Overall Performance	NA	1,138	435,380	2.6	NA	1,125	436,680	2.6	NA

The incidence rates of children in foster care in SCC as of July 1, 2015 was 2.6 per thousand (1,000) which is also less than half the California rate of 6.0. The incidence rate of children in foster care has been stable for both the overall State average (at 6.0) and in SCC (at 2.6) during 2014 and 2015. The current incidence rate is slightly higher than the 2010 baseline for the County Self-Assessment which was 2.5. In SCC, African Ancestry children and Native American children had the highest incidence rates of entries into foster care at 12.9 and 8.4 respectively, well above the SCC and overall State average. Latino children had incidence rates of entries into foster care at a rate of 5.2 as of July 1, 2015 that were below the overall State average, but twice the average incidence rate in SCC. Asian and Pacific Islander and White children in SCC had incidence rates of entries into foster care at 0.4 and 1.4, well below the SCC average and the overall State average. Compared to July 1, 2014, the incidence rates of entries into foster care decreased for African Ancestry children from 13.6 to 12.9 as of July 1, 2015. The incidence rates of entries into foster care for Native American children increased during the same period from 7.1 to 8.4 and there was a slight increase in the rate

for White children, from 1.3 to 1.4. The incidence rates of entries into foster care for Latino and Asian and Pacific Islander children remained stable at 5.2 and 0.4 respectively.

Target Improvement Goals:

1. Address and eliminate the overrepresentation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino children will be no more likely than other children given the same risk or protective capacity factors, to enter the child welfare caseload or to exit the child welfare system”.
2. Complete a full analysis to better understand factors related to the under-representation for Asian and Pacific Islander families by looking at each individual Asian cultural group represented in Santa Clara County and then work closely with those Asian and Pacific Islander groups to appropriately address those factors.
3. Better understand what is behind the underrepresentation for Asian and Pacific Islander families by looking at each individual Asian cultural group represented in Santa Clara County.
4. Ensure adequate resources and supports that are culturally and linguistically appropriate for all children and families served.

Action Steps:

The aspirational goal to eliminate this disproportionality over the five (5) year period of the SIP plan involves multiple strategies. To date, the DFCS has not seen a large impact in changes to the current trends. This is in part attributed to the time it has taken to initiate new procurements for specific strategies, and delays associated with filling staff positions. Many additional complex factors also contribute disproportionality that requires a system wide response within and outside of the child welfare system. Some of those factors include issues around income, poverty, and social inequities that the Department can influence in collaboration with system and community partners, but cannot independently resolve. The Department of Family and Children's Services (DFCS) currently provides quarterly reports to the Santa Clara County Board of Supervisors, Children's, Seniors and Families Committee on the County's progress and activities. Here is a summary of this work during the current review period:

Safety:

- Continued refinement of goals developed within the Children of Color meetings for alignment of Department strategies and initiative (Updated January 2014 – see Attachment X).
- Development of draft logic models and process mapping with Mission Analytics to ensure outcomes to address disproportionality over-representation of African Ancestry and Latino families in the Child Welfare System in the number of referrals, opening of child welfare cases and establishment of permanency (June and July 2013). Due to the delays in the contract with Mission Analytics in late 2013, the final models were delayed until Spring 2014. Mission Analytics has developed recommendations based on these logic models and process mapping to implement actions that can systematically address disproportionality without compromising safety and well-being. Based on the logic models and on the data analysis that has occurred, MAG is analyzing Mandated Reports of child abuse and neglect and correlations to high reporting geographic areas in SCC and school districts as well as law enforcement and health care providers so that targeted actions can be implemented to leverage existing resources, such as with School Linked Services (SLS). This work aligns with and also supports the work that is being done by the Center for Leadership and Transformation (CLT) that is looking at strategies to reduce disproportionality at system entry.

Please see Attachment LXXXII for Mission Analytics Group Analysis Plan.

Prevention:

- Launch of the Child Abuse Prevention Oversight Committee in September 2013 to look at the continuum of prevention services and the additional resources to expand Differential Responses ensuring a competitive bid process that follows county procedures (Completed September 2014);
- Begin competitive process to revise the design, content and delivery of mandated reporter training (Completed mid-2014);
- Development of a logic model for goals for prevention to address disproportionality for African Ancestry and Latino children and families in Santa Clara County. Mission Analytics has developed recommendations based on these logic models and process mapping to implement actions that can systematically address disproportionality without compromising

safety and well-being. Based on the logic models and the data analysis that is being performed, MAG is identifying high child abuse and neglect reporting areas and the corresponding school districts, law enforcement jurisdictions and health care providers so that targeted actions can be formulated that might have a significant impact on disproportionality. (On-going work.)

- Launch of trauma focused training across agency system partners involved with families at risk championed through the Cross Agency Systems Team (CAST) (Initial overview to system leaders completed; pending decision regarding system wide implementation);
- Implementation of Reflective Supervision and Signs of Safety with a unit of social workers in the CAN center (Child Abuse and Neglect Center [hotline]) in an effort to ensure consistent assessments for referrals (Implemented and on-going assessments and adaptations are being made).
- Increase the local capacity for offering Differential Response (DR) Path 1, Path 2 and Path 4 services. Increase the probability that the DFCS will assign a family to DR and do this to a greater degree for African Ancestry and Latino children than for White children. Begin competitive process to add additional funding to serve additional families through Path 1, 2 and 4 for Differential Response. (Completed in September 2014 and on-going assessments and adaptations are being made.);
- Increase collaboration and partnership with the community and the available resources and increase utilization of the DFCS Family Resource Centers. The DFCS is continuing this work and looking at continuing to expand the current available resources and partnerships available at the San Jose Family Resources Center, Gilroy Family Resources Center and the HUB youth center (In progress, with on-going work).

Strategy 1A - *Increase the available slots and capacity to support the increase in demand to serve more children and families in Differential Response – Path I and II. (Increased slots should ensure available opportunities and services for the following at risk populations: Latino families, African Ancestry families, Asian and Pacific Islander families, young parents ages 18 to 24, immigrant families, parents struggling with mental health, developmental delays, substance abuse issues and battling domestic violence and those parents who have children 6 to 18 years of age with behavioral, medical, developmental, or mental health concerns.)*

- Based on average wait lists during the 2013 to 2014 Fiscal Year of approximately thirty (30) families at any point in time, and the number of referrals the DFCS was receiving, the Differential Response (DR) allocation was increased in 2014 to 2015 Fiscal Year as follows:

(a) fifty (50) additional slots for Latino families each fiscal year; (b) twenty-five (25) additional slots for African Ancestry families each fiscal year; (c) twenty-five (25) additional slots for all other families ensuring language and cultural expertise to support Latino, African Ancestry and the diverse Asian and Pacific Islander families. These slots were created because of a onetime allotment from Community Based Child Abuse Prevention (CBCAP) funding and slots were added to the existing DR contracts. While these slots did not specifically “carry over” into the new contracts that went into effect in September 2014, with the expansion of the contracts to serve eight hundred (800) families, the numbers specified above were met and exceeded.

- Re-evaluation of slots allocated and the progress of DR to be assessed at six (6) month intervals. The DFCS is constantly evaluating the DR program especially since a new DR provider; Eastfield Ming Quong Families First (EMQFF) was added. The first quarterly DR reports were due at the end of January 2015 and provided detailed information including the ethnicities of the families being served. The second quarter report was for September 2014 to December 2014, as the new DR contracts began in September 2014. The third quarter report was for the period from January 2015 to March 2015.

Between September 2014 and December 2014, 877 referrals were made to the three DR providers. Of the 877 referred families, 435 families were referred to DR Path 1, 436 families were referred to DR Path 2, and 6 families were referred to DR Path 4. Note: The small number of families being referred to Path 4 is likely a combination of a need to educate continuing child welfare social workers about Path 4 resources available for families exiting the child welfare system and most importantly the likelihood that families exiting the child welfare system just don't want anything more to do with anything related to the system, even though they are successfully exiting. This may be one of the factors impacting the high re-entry rates for Santa Clara County. A possible supplement to Path 4 services may be with the implementation of the Child and Family Practice Model (CFPM), to increase the number of teaming meetings that involve the families natural support systems and circles of support to be able to assist the family when they experience stressors to safely support the child and reduce re-entry into the child welfare system.

Of the 877 referred families, 380 families were enrolled in DR services resulting in an overall engagement rate of 43.3%. Engagement by path was 28.5% for DR Path 1, 58% for DR Path 2 and a 50% engagement rate for DR Path 4.

The ethnicity data indicates that 58.6% of families referred to DR were of Latino ethnicity; 19.4% were White; 8.2% were African Ancestry; 3.5% were Vietnamese, 3.6% were Filipino, 1.1% were Chinese, 0.5% were Japanese, 2.2% were Other Asian/Pacific Islanders.

The language composition shows the primary language of families referred to DR was as follows: 65.5% English speaking; 30.7% Spanish speaking; 2.7% Vietnamese speaking; and 1.1% other.

Of the 380 families that actually enrolled in services (i.e. they completed an intake and agreed to DR services), 124 families were DR Path 1 families, 253 families were DR Path 2 families; and 3 families were DR Path 4 families.

The ethnicity data for the DR enrolled families was 70% Latino; 7.1% African Ancestry, 13.4% White; 4.2% Vietnamese; 2.1% Filipino; 1.1% Chinese; 0.3% Japanese; and 0.8% Other Asian/Pacific Islander.

The language composition shows the primary language of families enrolled in DR to be 50% English speaking, 46.1% Spanish speaking, 3.2% Vietnamese speaking, and 0.8% other language.

Between January 1, 2015 and March 31, 2015, three hundred fifty (350) families were referred to DR Path 2 and DR Path 4 (346 families were referred to DR Path 2, and 4 families were referred to DR Path 4). At this time there is limited data on the number of enrolled families (i.e. they completed an intake and agreed to DR services).

The ethnicity data indicates that 66% of families referred to DR Paths 2 and DR Path 4 were of Latino ethnicity; 16% were White; 5% were African Ancestry; 3% were Vietnamese; 2% were Filipino; 1% were Chinese; 7% were Other Asian/Pacific Islander or other.

The language composition shows the primary language of families referred to DR Paths 2 and DR Path 4 was as follows: 60% English speaking; 36% Spanish speaking; 2% Vietnamese speaking; and 2% other.

- Family Flex funds for \$350.00 per family were added as part of the DR array of services and are to be used as a prevention tool to support the family's immediate needs, as determined to be a need to have emergency dollars readily available to support these families at risk. Initially, the amount of these flex funds was to be \$500.00 but after a discussion between the DFCS and the DR providers, the providers decided that they would like to cap the family fun to \$350.00 per family. If a family needs more than the \$350.00, the providers would contact a DR Coordinator to discuss the need for additional funding.
- Ensure the necessary bus passes and token allocation for all families with transportation barriers involved in DR in an effort for families to access prevention and family support resources. Bus passes or tokens are being provided to families in order to ensure that the lack of transportation is not a barrier to engagement in supports and services.

During the prior review period in 2014, the DFCS increased funding for Differential Response (DR) through the Child Abuse Prevention (Community Based Child Abuse Prevention [CBCAP]) allocation and realignment funding aimed specifically at increases in services for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals or to prevent entry into care. An additional 155 slots were allocated for Differential

Response providers in April 2014 to support decreases in the waitlist for DR services. The DR providers hired additional staff to increase their capacity to deliver services. Additional “flex funding” of \$350.00 per family was added to assist families in the areas of furniture, housing and electricity and water bills, as well as medical expenses.

This increase resulted in the elimination of the waitlist for DR services at that time, as well as the following:

Differential Response Path 1:

- From January 2014 to June 2014, there were 366 families referred for DR Path 1 services as compared to 240 families that were referred to DR Path 1 in 2012-2013 during the same time frame. An additional 126 families were referred this year to Path 1 services. Beginning April 1, 2014 all evaluated out families were eligible to receive DR Path 1 services. In the past, a family had to have a child under the age of five. This stemmed from the origination of DR services when First 5 was originally involved, which required that there be at least one child in the family five years of age or under. In September 2014, additional slots were added to the DR contracts. Since that point, and through December 31, 2014, Path 1 has not had a waitlist. Additionally, in the past, there were African Ancestry families who could not be served by Unity Care because Unity Care was at capacity. With the new contract and additional funding, more slots have been allocated towards African Ancestry families. Lastly, the new contract also specifies that more languages will be served by the contracted agencies. In the past, families who spoke Mandarin or Korean were not able to be referred due to the lack of language availability of staff. Providers now have this capacity, although it is a struggle to maintain this (due to staff turnover and difficulty recruiting language staff) and the providers are brainstorming and working collaboratively to address this issue. For the period from July 2014 to December 2014, 468 families were referred for DR services.
- Between July 1, 2015 and September 30, 2015 (Quarter 1), 103 families were referred to DR Path 1. Of the 103 referred to Path 1, eighteen (18) families accepted services. Of those eighteen (18) families, thirteen (13) were Latino, one (1) was African Ancestry, two (2) were White, one (1) was other Asian and one (1) was Asian Indian.

The ethnicity data indicated 45% of the families referred to DR Path 1 were of Latino ethnicity, 32% were White, 5% were African Ancestry, 3% were Filipino, 7% were Asian Indian, 6% were Vietnamese, 1% were Chinese, 1% were Afghan, and 1% were Pacific Islander /Other Asian.

The language composition shows the primary language of families referred to DR Path 1 as follows: 79% were English speaking, 17% were Spanish speaking, 3% were Vietnamese Speaking, and 1% were Hindu speaking,

- Between October 1, 2015 and December 31, 2015 (Quarter 2), 141 families were referred to DR Path 1. Of the 141 referred to Path 1, thirty six (36) families accepted services. Of the thirty six (36) families who accepted services, twenty three (23) were Latino, two (2) were White, three (3) were African Ancestry, one (1) was Filipino, one (1) was Afghan, two (2) were Asian Indian, one (1) was Chinese, one (1) was Japanese and two (2) were Vietnamese.

The ethnicity data indicated 53% of the families referred to DR Path 1 were of Latino ethnicity, 16% were White, 6% were African Ancestry, 6% were Vietnamese, 4% were Asian Indian, 1% were Cambodian, 7% were Chinese, 3% were Filipino, 2% were Japanese, 1% were Korean, and 1% were Pacific Islander/Other Asian.

The language composition shows the primary language to families referred to DR Path 1 as follows: 67% were English speaking, 25% were Spanish speaking, 5% were Vietnamese speaking, and 1% were Tagalog speaking, 1% were Mandarin speaking, and 1% were Punjabi speaking.

- Between January 1, 2016 and March 31, 2016 (Quarter 3), seventy six (76) families were referred to DR Path 1. Of the seventy six (76) families referred to Path 1, eight (8) families accepted services. Of those eight (8) families, two (2) were Cambodian, three (3) were Latino, two (2) were White and one (1) was Vietnamese.

The ethnicity data indicates that 39% of families referred to DR Path 1 were of Latino ethnicity, 37% were White, 4% were African Ancestry, 4% were Vietnamese, 5% were Filipino, 4% were Chinese, 1% were Asian Indian, 3% were Cambodian, and 2% were Other Asian/Pacific Islander.

The language composition shows the primary language of families referred to DR Path 1 as follows: 80% were English speaking, 13% were Spanish speaking, 3% were Vietnamese speaking, and 4% were Other Asian language spoken.

During the 3rd Quarter, DR provider EMQFF remained at capacity and were not able to accept any referrals for Path 1. Gardner and Unity care are still able to accept referrals. There is a waitlist for DR Path 2 referrals, but no waitlist for Path 1 referrals at this time. The wait time for some DR Path 2 Referrals is currently an average of three (3) weeks, but a few families waited up to six (6) weeks

Differential Response Path 2 and Path 4:

- From January 2014 to June 2014, there were 379 families referred for DR Path 2 and ten (10) families for DR Path 4 to the previous DR contracted providers (as compared to January to June 2013, 328 families were referred to DR Path 2 and five (5) for DR Path 4). Path 2 had previously and consistently had a waitlist due to providers being at capacity. Between the months of July 2014 and August 2014, with the temporary increase in slots due to the one

time additional CBCAP funding allocation that was received, the wait time for families to receive services was significantly reduced. In July 2014 approximately 48 families had to wait 6 weeks or more (with the longest waiting over ten (10) weeks) for services as compared to August 2014 in which only three (3) families had to wait more than four (4) weeks. For the period from July 2014 to December 2014, 464 families were referred for Path 2 DR services and seven (7) families were referred for Path 4 DR services. During the period from September 2014 (when the new DR contracts took effect) to December 2014, only thirty (30) families had to wait about two (2) to four (4) weeks to be assigned to a DR provider. All of the other families were assigned to a DR provider in two (2) weeks or less.

- Between July 1, 2015 and December 31, 2015, six hundred (600) families were referred to DR Path 2 and DR Path 4 (591 families were referred to DR Path 2, and nine (9) families were referred to DR Path 4). Of the six hundred (600) referrals to Path 2 and 4, 219 families enrolled in services (i.e. they completed an intake and agreed to DR services), which is approximately 37% of all families referred. Of the remainder, 15% of the families declined services, 27% of the families were unable to be contacted, 6% were already receiving services, 8% had referrals provided only, 3% had “other” reasons for not engaging in services and five (5) families resulted in needing a higher level/Court intervention (Path 3). At this time 3% of the data is still pending awaiting response from providers.
- The ethnicity data from the first two quarters indicates that 65% of families referred to DR Path 2 and DR Path 4 were of Latino ethnicity; 19% were White; 5% were African Ancestry; 3% were Vietnamese; 3% were Filipino; 4% were Chinese; 2% were Other Asian/Pacific Islander or other.
- The language composition from the first two quarters shows the primary language of families referred to DR Paths 2 and 4 were as follows: 58% English speaking; 40% Spanish speaking; 2% Vietnamese speaking; and 1% other.

During the period of January 2015 to December 2015, the DR providers were at capacity, and families waited to be assigned to a DR service provider an average of three (3) weeks, but a few families waited up to six (6) weeks.

As previously referenced, new DR contracts took went into effect in September 2014 in an effort to ensure consistent services throughout SCC for DR. The three new selected providers include: Eastfield Ming Quong Families First (EMQFF), Gardner Family Care Corporation, and Unity Care Group. All new contractors have the cultural and language capability necessary to provide culturally sensitive services to the children and families in SCC. Referrals are divided among the providers by zip codes for Gardner and EMQFF, and Unity Care will continue to serve the African Ancestry population. The three providers collectively served approximately eight hundred (800) families during the 2014 to 2015 Fiscal Year.

In addition, the staffs from all three DR service providers are trained on the DFCS Child and Family Practice Model (CFPM) in order to promote system alignment and continuity. This is to ensure that the service work for all families at all levels of intervention is from the same values, principles, approach, behaviors, and practices.

- New providers were required to demonstrate their ability to meet the demands of our diverse populations in SCC in their description of services and staffing plans. Current staffing levels at each of the DR providers have considered and reflect culture and language of the children and families being referred:
 - Unity Care Group staffing:
 - 1 Director (0.2 Full Time Equivalent [FTE]) - Caucasian/ English and French speaking
 - 1 Manager (0.95 FTE) - African Ancestry/English speaking
 - 2 Case Managers (0.925 FTE each) - African Ancestry/English speaking
 - 1 Case Manager (0.925 FTE) - Latino/bilingual Spanish speaking
 - 1 Parent Partner (0.925 FTE) - African Ancestry/English speaking
 - 1 Parent Partner (0.925 FTE) - Latino/bilingual Spanish speaking
 - 1 Parent Educator (0.45 FTE) African Ancestry/English (this position is currently vacant and Unity Care is working to fill the vacancy)
 - Gardner Family Care Corporation staffing:
 - 1 Coordinator (0.10 FTE) - Bicultural Asian/Caucasian English speaking
 - 1 Supervisor (0.45 FTE) - Filipina/bilingual Tagalog speaking
 - 1 Supervisor (1.0 FTE) - Caucasian/bilingual Spanish speaking
 - 2 Mental Health Therapists (1.00 FTE) - Latino/bilingual Spanish speaking
 - 9 Case Managers (1.00 FTE):
 - 7 Latino/bilingual Spanish speaking
 - 2 Vietnamese/ bilingual Vietnamese speaking
 - 1 Case Manager (0.80 FTE) - Chinese Peruvian/bilingual Spanish, English and some Chinese
 - Eastfield Ming Quong Families First (EMQFF) has hired their “dedicated” DR staff, with one exception.
 - 1 Manager (1.00 FTE) - Caucasian/ English speaking
 - 3 Case Managers (1.00 FTE) – Latino/bilingual Spanish speaking
 - ~~1 Case Manager (1.00 FTE)~~ - Vietnamese/bilingual Vietnamese speaking (EMQFF was unable to recruit and hire a bilingual Vietnamese speaking 1.0 FTE case manager and the decision was made to fill this case manager position with an addition Latino/bilingual Spanish speaking staff.)

The DFCS will continue to monitor to ensure that contracted DR provider staffing is reflective of the children and families being served in the Differential Response Program.

Strategy 1B – *Work with an oversight committee comprised of key community persons representative of the Latino, African Ancestry and several of the Asian and Pacific Islander community groups that will meet with Santa Clara County SSA and the DFCS Executive Management and SIP oversight members, as well as employee groups and designated community based organizations on a quarterly basis to discuss current trends and progress on SIP goals to address disproportionality. This committee will be responsible for any additional goals aimed at addressing disproportionality for the specific cultural groups and will coordinate all efforts with the newly created Office of Juvenile Services Equity.*

This strategy was to be implemented by Spring 2013, however, due to delays in hiring for this position, this timeline has been revised to Spring 2014. Please see the additional information noted below for the Disproportionality Strategy for the Office of Cultural Competency for Children’s Services. Unfortunately, the first Director of Cultural Competency resigned from the position in the Spring of 2015 and a recruitment to fill the position occurred, and initial interviews to possibly fill the position occurred in August 2015 and the position was ultimately filled at the end September 2015.

The new Director of Cultural Competency, Dr. Arcel Blume, was previously employed by the Santa Clara County Probation Department and by the Santa Clara County Social Services Agency. Dr. Blume is very familiar with the disproportionality issues in both child welfare and juvenile justice and is working closely with both agencies to develop additional strategies, as well as working with other community organizations and community groups on this issue. Dr. Blume has held meetings with various community groups such as the Eastside Union School District to discuss the issues and to develop strategies.

Please see Attachment VIII for a copy of the Office of Cultural Competency 2016 Work Plan.

The Office of Cultural Competency has also been involved (along with leaders from various County agencies, such as the Social Services Agency, Department of Family and Children’s Services, the Juvenile Probation Department, County Executive’s Office, etc.) on a Center for Leadership and Transformation (CLT) effort to identify rapid change strategies that might have a relatively quick response towards impacting over-representation of children of color, specifically reducing disproportionality at system entry for both child welfare and juvenile justice.

Please see Attachment IX for a copy of the CLT Project Charter and Project Plan to Reduce Disproportionality at System Entry.

Strategy 1C - *Continue to monitor the overrepresentation of African Ancestry and Latino families and address the under-representation for Asian and Pacific Islander and Caucasian families in the DFCS through data analysis and to develop specific goals through data analysis to fold into the SIP:*

- *The DFCS will continue to contract with Mission Analytics for concentrated data analysis regarding disproportionality to be updated on a minimum quarterly basis.*
- *Data results to be shared through the Children of Color Task Force and other identified groups in order to identify any additional specific SIP goals to be developed*

Mission Analytics Group (MAG) continues to assist the Department of Family and Children Services (DFCS) in research and analysis to examine how disproportionality arises in the Santa Clara County child welfare caseload and to help guide efforts to eliminate it.

The Income Report completed by the MAG was reviewed by the Board of Supervisors and the implications discussed at the August 2014 meeting of the Children Seniors and Families Committee. MAG has conducted several focus group meetings with staff from the Child Abuse and Neglect Center and from the Emergency Response function in order to learn about the decision making processes involved, specifically focusing on neglect cases, to determine how some referrals that are extremely low risk, can be redirected to a different intervention or to DR Path 1 services.

MAG is had also met regularly with the Children of Color Task Force regarding the data and interpretation of the data for planning and strategy development purposes. MAG has also looked at various rates, such as rates of referrals, rates of investigation, rates of substantiation, rates of case opening and rates of case closure to identify strategies that will maximize the potential impact on reducing disproportionality. MAG is currently working on analyzing rates of reporting by school districts, law enforcement and health personnel by geographic areas so that strategic efforts can be focused on high volume reporters in order to maximize the potential to impact and reduce disproportional child abuse and/or neglect reporting without compromising safety and potentially leveraging existing resources such as School Linked Services. The data and analysis from MAG is also being shared and integrated into the Center for Leadership and Transformation (CLT) Disproportionality Group and their efforts to address disproportionality at system entry.

Please see Attachment LXXXII for the Mission Analytics Group Analysis Plan.

Strategy 1D - *(Also Strategy 3A for Safety Goals) Revise the design, content and delivery of mandated reporter training.*

Please see the SIP progress information noted below for Strategy 3A.

Strategy 1E – *Due to a numbering error, there is no Strategy 1E.*

Strategy 1F – *(Also Strategy 3D) Increase collaboration between the community and the Department of Family and Children’s Services in an effort to educate the community and work together to enhance community resources that better meet the evolving needs of families, specifically to address issues of disproportionality for the over-representation of Latino and African Ancestry families and the under-representation for Asian and Pacific Islander and White families.*

- *Complete a community assessment to better understand needs.*
- *Ensure CAN Center workers are aware of the current community resources.*
- *Involve consumers and the community to improve the DFCS services from the diverse cultural communities that comprise Santa Clara County.*
- *Ensure key leaders in the Latino, African Ancestry, and Asian and Pacific Islander community are engaged and willing to help support a community assessment of needed resources.*

This goal was to be completed by January 2014 and has been revised to begin by January 2015 and to be completed by Fall 2015. This goal was prioritized and was linked with the strategies in the redesign for the Family Resource Centers. This strategy has been implemented and is continuing on an on-going basis.

Please see SIP progress noted below for Strategy 3G and 3H.

Strategy 1G - *(Also Strategy 3E) - Ensure social workers provide consistent assessment for referrals for General Neglect, as it relates to cultural*

Please see SIP progress noted below for Strategy 3E.

Strategy 1H - *(Also Strategy 3F) - The DFCS to conduct priority hiring of staff for all positions that are culturally and linguistically proficient to serve Latino, African Ancestry, and Asian and Pacific Islander children and families.*

Please see SIP progress noted below for Strategy 3F.

Strategy 1I - *Increase communication between caregivers and parents to identify best placements and to secure the necessary supports and improve family engagement through the following:*

- *Expanded use of (1) Team Decision Making meetings that occur before removals of children, (2) Transition Meetings for any placement decisions on cases and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings).*

The DFCS is currently looking at different ways to embed the Team Decision Making (TDM) process in the front end processes prior to the removal of children from their parent's care. Some TDM meetings are held prior to a removal of a child, but these are still a relatively small number. Increased use and proficiency with the Child and Family Practice Model (CFPM) and Safety Organized Practice (SOP) by Emergency Response and Dependency Investigations staff should lead to more natural teaming meetings. All Emergency Response and Dependency Investigations social workers have now been trained on the CFPM and SOP tools such as use of Harm and Danger Statements, Three Houses, and Safety Mapping Tools.

Teaming meetings to transition children between placements are already required by DFCS Policy. Even so, there is still a need to better work with children, parents and caregivers on transitions of children from one caregiver to another. As with initial removals, increased use and proficiency with the Child and Family Practice Model (CFPM) and Safety Organized Practice (SOP) by continuing child welfare staff should lead to more natural teaming meetings and improve transitions for children. All continuing child welfare social workers have now been trained on the CFPM and SOP tools such as use of Harm and Danger Statements, Three Houses, and Safety Mapping Tools.

The DFCS is also in the process of transitioning from the Comprehensive Assessment Tool (CAT) to the Structured Decision Making (SDM) tools as the Department's safety and risk assessment tools. SDM is a evidence based tool that incorporates language and elements that align with the Child and Family Practice Model (CFPM) and with Safety Organized Practice (SOP), which should help focus improve, and encourage better communication and decision factors in dialogues between social workers and caregivers and parents.

Please see Attachment XLVII for Joint Decision Making Unit Statistics from July 2015 to August 2015.

Strategy 1J – *Enhance parent education to improve participation and learning in natural support networks for parents. Improved education support in consideration of culture and language. (Also Strategy 5C)*

Please see SIP progress noted below for Strategy 5C.

Strategy 1K – (Also Strategy 5E) DFCS to continue participation in the California Partners for Permanency (CAPP) Project and ensure all staff have the basic framework and understanding of the CAPP philosophies and underlying principles (See attached description of CAPP philosophies and practice behaviors and Signs of Safety Organized Practice)

- Continue the use of CAPP training - Ensuring all staff are trained and participate toward true engagement with families.
- Develop and deliver training that will increase staffs knowledge of the importance of teaming with families and the community, and practice strategies of teaming to increase ability to support the family and their identified support system. (Engagement).

Please see documentation of SIP progress noted below for Strategy 5E (the discussion for Strategy 5E is combined with the discussion for Strategy 5B).

Strategy 1L - (Also Strategy 5I) Increase parent voice in decision making that is reflective of the diverse cultures represented in SCC.

Including the child's, parent's and family's voice in culturally appropriate decision making processes is a key component of the Child and Family Practice Model (CFPM) and Safety Organized Practice (SOP). It is expected that as staff increasingly use and become more proficiency with the Child and Family Practice Model (CFPM) and Safety Organized Practice (SOP) that the voice of the child and the voice of the parent will become an increasingly important part of the engagement, assessment, and intervention process. All current DFCS social workers have now been trained on the CFPM and SOP tools such as use of Harm and Danger Statements, Three Houses, and Safety Mapping Tools. All new DFCS social workers will receive CFPM and SOP as an integrated part of their Induction Training process. SCC is also currently transitioning from the Comprehensive Assessment Tool (CAT) to Structured Decision Making (SDM) as its approved risk assessment tool. SDM also has SOP elements in it which should continue to improve alignment with the CFPM and SOP to ensure that the parent's voice is heard and considered.

Strategy 1M – (Also Strategy 3H) Determine how to increase the utilization of the DFCS Family Resource Centers for prevention services.

Please see the SIP progress noted below for Strategy 3H.

Strategy 1N –(Also Strategy 2I) As contracts with SSA and the DFCS are created or renewed ensure that contract providers have staff at all levels that are representative of the cultures of the

families being served and have the capacity and skills sets to serve the Latino, African Ancestry and Asian and Pacific Islander children and families.

Please see SIP progress noted for Strategy 2I below.

Strategy 1O (Also Strategy 3F)- *Develop Strategies to ensure a diverse workforce at all levels.*

Please see SIP progress noted for Strategy 3F.

Strategy 1 (County Executive) - *Disproportionality Strategy for Office of Cultural Competency for Children's Services to Address and eliminate the over-representation of African American and Latino families in an effort to achieve parity through the creation of an Office of Juvenile Services Equity*

This new office has been created and the Director of Cultural Competence for Children has been hired and operates within the County Executive's Office. This is now the designated office responsible for the county wide implementation of policies and programs that address that racial and ethnic disparity that currently exists within the County's services. The Director is working to ensure that the issues of equity are dealt with in a manner that adheres to programmatic requirements and addresses equity as a critical priority countywide. The primary goal of this office is to eliminate disparity not only as it relates directly to client populations, but also disparity within both internal and external service providers. The Office Director is working closely with the County Executive, the Board of Supervisors, and various county agencies and community members in the effort.

The Director of Cultural Competency within the County Executive's Office has established relationships with key community leaders and convened community forums with respective cultural groups on "Disparity and Disproportionality". Several convening's were held with different cultural and faith based communities during the last quarter. These forums have been established to better understand the issue of disproportionality and to start to create solutions. Convening's entitled "Santa Clara County Forum on Ethnic Disproportionality of Children and Youth" and "Combating Ethnic Disproportionality of Children and Youth from a Faith Based Perspective" have been organized by the County Executive's Office in Coordination with the Silicon Valley of Non-Profits, Community Based Organizations such as Asian American for Community Involvement (AACI) and La Raza Roundtable, the South Bay Christian Ministers Union and various County agencies.

The Director of Cultural Competency is in the process of preparing the initial report on what has been learned through the various meetings and forums that have occurred. The initial report has been prepared and presented to the Board of Supervisors and additional discussion regarding the

contents is pending. Unfortunately, as referenced earlier, the original Director of Cultural Competency resigned from the position in the Spring of 2015 and a recruitment was held to fill the position, which occurred in September 2015.

The new Director of Cultural Competency, Dr. Arcel Blume, was previously employed by the Santa Clara County Probation Department and by the Santa Clara County Social Services Agency. Dr. Blume is very familiar with the Disproportionality issues in both child welfare and juvenile justice and is working closely with both agencies to develop additional strategies, as well as working with other community organizations and community groups on this issue. Dr. Blume has held meetings with various community groups such as the Eastside Union School District to discuss the issues and to develop strategies.

Please see Attachment VIII for a copy of the Office of Cultural Competency 2016 Work Plan.

The Office of Cultural Competency has also been involved (along with leaders from various County agencies, such as the Social Services Agency, Department of Family and Children's Services, the Juvenile Probation Department, and the County Executive's Office) on a Center for Leadership and Transformation (CLT) effort to identify rapid change strategies that might have a relatively quick response towards impacting over-representation of children of color, specifically reducing disproportionality at system entry for both child welfare and juvenile justice.

Please see Attachment IX for a copy of the CLT Charter and Project Plan to Reduce Disproportionality at System Entry.

Strategy 2

PREVENTION & SAFETY STRATEGIES

Increase the opportunities to support children and families at risk of abuse and neglect before entering the child welfare system and to support those families leaving the child welfare system from returning and to improve family sustainability. This will be accomplished through increased community awareness of child abuse prevention and intervention and through the development or further promotion of innovative prevention strategies.

NO RECURRENCE OF MALTREATMENT OUTCOME MEASURE

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *S2 – Of all children who were victims of a substantiated maltreatment allegation during a twelve (12) month

reporting period, what percent were victims of another substantiated maltreatment allegation within twelve (12) months of their initial report?

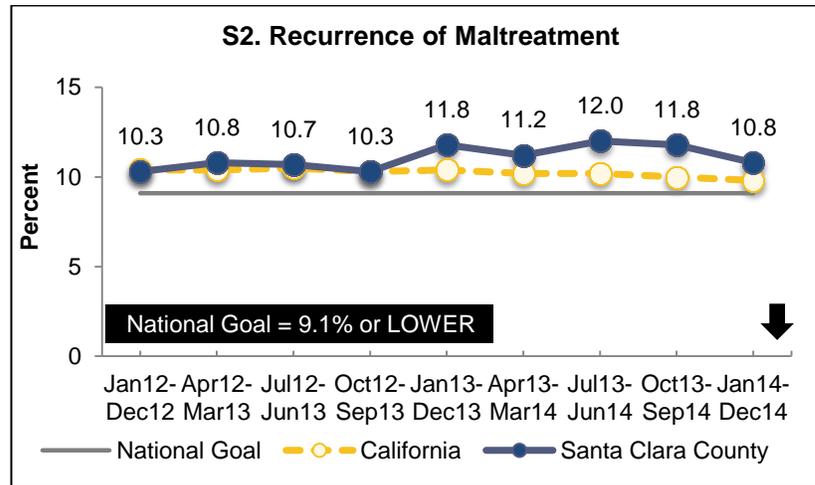
Federal (National) Standard (Goal): 9.1 % or lower.

Current Performance: According to the data provided by the University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) for Santa Clara County child welfare for the period between January 2014 to December 2014, **10.8%** of children who had a substantiated maltreatment allegation during a twelve (12) month reporting period, were victims of another substantiated maltreatment allegation within twelve (12) months of their initial report. This is an improvement compared to the most recent County Self-Assessment baseline of 12.1% (for the period from January 2010 through December 2010). SCC has made some long term improvements on this measure and has performed below the baseline consistently since 2013, although still above the Federal goal. This measure has decreased after increasing to 12.0% in the July 2013 to June 2014 period. SCC is below the Federal Goal for African Ancestry and Asian and Pacific Islander children, where 8.3% and 7.1% respectively, of the children did not have another substantiated maltreatment allegation within twelve (12) months of the initial report. SCC is above the Federal Goal for Latino, White, and Native American children were at 11.7%, 9.6% and 50% respectively, of the children did not have another substantiated maltreatment allegation within twelve (12) months of the initial report. In examining the trends on this measure for the preceding period from January 2013 to December 2013, Asian American and Pacific Islander, and Native American children have had decreased performance on this measure, as they were at 5.3% and 0.0% respectively during the previous year. Native American children had a substantial decrease in performance according to this measure, but given the small number in SCC (five [5] children in 2013 and six [6] children in 2014), the impact on overall performance was minimal. Latino, White and African Ancestry children have had improved performance in that a lower percentage did not have another substantiated maltreatment allegation within twelve (12) months of the initial report recurrence of maltreatment within twelve (12) months of the initial report as compared to the same period last year at 12.7%, 12.6% and 9.0% respectively.

Table 16
Federal Performance Measure *S2 - Recurrence of Maltreatment

*S2. Of all children who were victims of a substantiated maltreatment allegation during a 12-month reporting period, what percent were victims of another substantiated maltreatment allegation within 12 months of their initial report?

SIP Goal



S2	National Standard	Last Year (JAN2013-DEC2013)				Most Recent Period (JAN2014-DEC2014)			
		Recurrence of subst. Allegation	Total Children	%	Goal met?	Recurrence of subst. Allegation	Total Children	%	Goal met?
Black	≤ 9.1%	10	111	9.0%	✓	12	145	8.3%	✓
White	≤ 9.1%	40	318	12.6%	✗	27	280	9.6%	✗
Latino	≤ 9.1%	180	1,414	12.7%	✗	163	1,397	11.7%	✗
Asian/ Pacific Islander	≤ 9.1%	10	190	5.3%	✓	11	156	7.1%	✓
Native American	≤ 9.1%	0	5	0.0%	✓	2	4	50.0%	✗
Overall Performance	≤ 9.1%	240	2,038	11.8%	✗	215	1,992	10.8%	✗

Target Improvement Goal: The County will improve performance on this measure from 10.8% (215 substantiated occurrences of maltreatments) to 9.04% (180 substantiated occurrences of maltreatments). This result can be obtained from a 16.28% (35 fewer substantiated occurrences of maltreatments) reduction in the number of children who did not have another substantiated maltreatment allegation within twelve (12) months of the initial report recurrence of maltreatment within twelve (12) months of the initial report.

Factors that may be impacting the recurrence of maltreatment in SCC may be similar to the factors impacting overall disproportionality. Stressors resulting from the lack of extended family and community support systems, lower income levels, extremely high housing costs, a high cost of living in SCC, lapses and/or relapses as a result of substance abuse issues, and underlying institutional racism issues are all potential contributing factors to a higher rate of recurrence of maltreatment. These factors, combined with a high number of social worker vacancies and resulting higher caseloads also likely impact the support (or lack of) that negatively impacts performance on this measure.

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *S1 – Of all Children in Foster Care during a Twelve (12) Month Period, What was the Rate of Victimization Per Day of Foster Care?

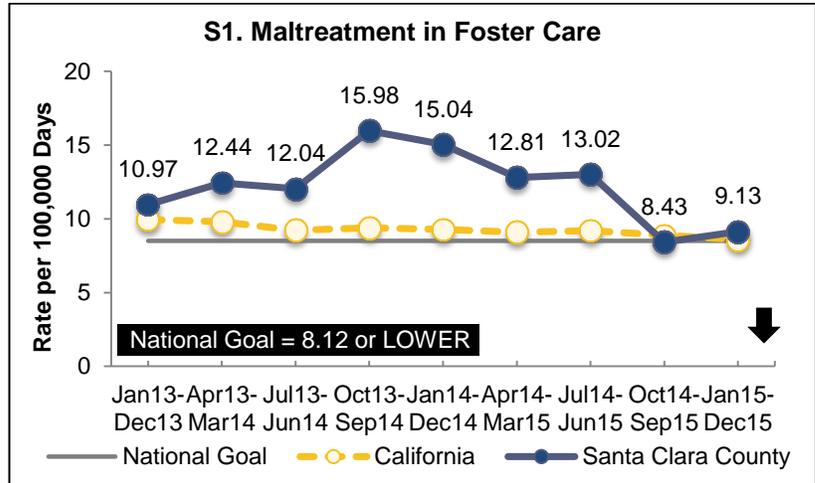
Federal (National) Standard (Goal): 8.12 or lower.

Current Performance: According to the data provided by the University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) for Santa Clara County child welfare for the period between January 2015 to December 2015, of all the children in foster care during a twelve (12) month period, the rate of victimization was **9.13** children. This is an improvement compared to the most recent County Self-Assessment baseline of 11.73 (for the period from January 2010 through December 2010). Since the period from October 2013 to September 2014, SCC has made some long term improvements on this measure and has had a downward trend during the four quarters prior to the current quarter. although still above the Federal goal. This measure has declined after improving to 8.43 in the October 2014 to September 2015 period. SCC is above the Federal Goal for African Ancestry, Asian and Pacific Islander, Native American and White children, at rates of 18.38, 10.75, 50.23, and 13.34 respectively, of the children had another substantiated maltreatment allegation per 100,000 days of foster care. SCC is below the Federal Goal for Latino, children at a rate of 6.71. In examining the trends on this measure for the preceding period from January 2014 to December 2014, African Ancestry, Asian American and Pacific Islander, and White children have had decreased performance on this measure, as they were at rates of 7.83, 5.46 and 6.20 respectively during the previous year. Native American children had a substantial decrease in performance according to this measure, but given the small number in SCC (five [5] children in 2013 and six [6] children in 2014), the impact on overall performance was minimal. Latino children have had improved performance in that the rate decreased substantially from 17.47 for the previous period to 6.71 for the most recent period.

Table 17

Federal Performance Measure *S1 - Of All Children in Foster Care During a Twelve Month Period, What is the Rate of Victimization per Day of Foster Care

* S1. Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care



S1	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Subst. Maltrmt.	Days in Care	Rate	Goal met?	Subst. Maltrmt.	Days in Care	Rate	Goal met?
Black	≤ 8.50	3	38,324	7.83	✓	7	38,089	18.38	✗
White	≤ 8.50	3	48,375	6.20	✓	7	52,474	13.34	✗
Latino	≤ 8.50	51	291,885	17.47	✗	19	283,039	6.71	✓
Asian/ Pacific Islander	≤ 8.50	1	18,318	5.46	✓	2	18,597	10.75	✗
Native American	≤ 8.50	2	1,944	102.88	✗	1	1,991	50.23	✗
Overall Performance	≤ 8.50	60	398,846	15.04	✗	36	394,218	9.13	✗

Target Improvement Goal: The County will improve performance on this measure from 9.13 (thirty six (36) substantiated occurrences of maltreatments) to 8.12 (thirty two (32) substantiated occurrences of maltreatments). This result can be obtained from a 1.01 (four (4) fewer substantiated occurrences of maltreatments) reduction in the number of children who did not have another substantiated maltreatment allegation per thousand days of foster care.

Factors that may be impacting the rate of victimization in SCC may be similar to the factors impacting overall disproportionality. Stressors resulting children with higher levels of needs, higher percentages of children placed with relative/NREFM placements, the lack of available support systems, lower income levels, extremely high housing costs, a high cost of living in SCC, lapses and/or relapses as a result of substance abuse issues, and underlying institutional racism issues are all potential contributing factors to a higher rate of victimization. These factors, combined with a high

number of social worker vacancies and resulting higher caseloads also likely impact the support (or lack of) that negatively impacts performance on this measure.

RE-ENTRY OUTCOME MEASURE

Children and Youth who Exited Foster Care due to Reunification, Living with a Relative(s) or Guardianship and Re-Entered Foster Care within 12 Months

Re-entry: Base sample extracted from Children’s Research Center SafeMeasures® Data, website. URL: <https://www.safemeasures.org/ca/>, *Santa Clara County*. Children and Family Services Review re-entry measure on April 27, 2016 and includes unique youth whose episode ended in reunification April 1, 2014 to March 31, 2015. Sample includes children and youth who exited and then re-entered into a placement episode within twelve (12) months. Of the 423 youth in original sample, only 371 had information to link to placement et al. data.

Santa Clara County Profile: Of the 362 youth who exited due to family reunification, approximately 19% (n=69) re-entered foster care within twelve (12) months.

Both groups of youth are on average Latino females who are primarily English speaking. A significantly lower proportion of African Ancestry youth re-entered foster care.

Youth who re-entered foster care were slightly older than youth who did not re-enter. The average age at initial entry for youth who re-entered was nine (9) and for those who exited and did not re-enter the average age was seven (7).

The original removal reason for both groups was primarily caretaker incapacity/absence with general neglect a close second reason. A significantly lower proportion of youth who re-entered initially entered foster care due to physical abuse.

The average number of placements in the original placement episode for both groups was similar (1.6 vs. 1.7). The main first placement type for both groups was a county Foster Home. The main last placement type for youth who did not re-enter was a relative home and for youth who re-entered, a county Foster Home or Group home was the main placement type. For a significantly higher proportion of youth who re-entered, the first placement type and last placement type was a Group Home.

During the original placement episode, the majority of youth in both groups were Katie A. Eligible and had at least one Team Decision Making meeting. Compared to youth who did not re-enter, a

significantly higher proportion of youth who re-entered had Special Projects indicators of: BP Emancipation; Drug Court; Project YEA; Starview; EMQ; Katie A. Eligible; and Wraparound.

Approximately three (3) out of four (4) youth who re-entered foster care did so within the first six (6) months of reunification. They re-entered care again primarily due to allegations of general neglect. Their first placement type was mainly with relatives.

Table 18

Profile of Children and Youth in Santa Clara County Re-Entering Foster Care within Twelve (12) Months Following Exit due to Reunification, or Guardianship

Youth who Exited due to Reunification and Youth who Exited and Re-entered within 12 months									
Sample	N=362								
No Re-entry	293	81.1%							
Re-entry	69	18.9%							
Gender	no re-entry		re-entry		Language	no re-entry		re-entry	
Female	157	53.4%	38	55.1%	English	237	80.1%	55	79.7%
Male	136	46.4%	31	44.9%	Spanish	51	17.4%	13	18.8%
					Other	5	1.7%	1	1.4%
Ethnicity	no re-entry		re-entry		Age at entry	no re-entry		re-entry	
Afr. Ancestry	44	15.0%*	3	4.3%*	0	24	8.2%	1	1.4%
White	46	15.7%	16	23.1%	1 to 2	46	15.7%	9	13.0%
Hispanic	167	57.0%	43	62.3%	3 to 5	56	19.1%	11	15.9%
Asian PI	34	11.6%	6	8.7%	6 to 10	74	25.3%	20	29.0%
Amer. Ind.	2	.7%	1	1.4%	11 to 15	68	23.2%	22	31.2%
					16 to 17	25	8.5%	6	8.7%
					Ave. Age	7		9	

Table 18

Profile of Children and Youth in Santa Clara County Re-Entering Foster Care within Twelve (12) Months Following Exit due to Reunification, or Guardianship (Continued)

Placement Number				Placement Number Since Re-entry					
Original Removal Reason				Re-entry Removal Reason					
	no re-entry		re-entry			re-entry			
General Neg.	101	34.5%	26	37.7%	General Neg.	34	49.3%		
C. Ab./Incap.	115	39.2%	28	40.6%	C. Ab./Incap.	28	40.1%		
Physical Abuse	54	18.4*	5	7.2*%	Physical Abuse	4	5.8%		
Severe Neglect	10	3.4%	2	2.9%	Severe Neglect	1	1.4%		
Sexual Abuse	4	1.4%	2	2.9%	Sexual Abuse	2	2.9%		
Emotional Abuse	7	2.4%	2	2.9%	Emotional Abuse	0	-		
Exploitation	2	.7	0	-	Exploitation	0	-		
	no re-entry		re-entry			re-entry			
1	160	54.6%	42	60.9%	1	39	56.5%		
2 to 3	119	40.6%	24	24.8%	2 to 3	26	37.7%		
4 to 5	13	4.4%	2	2.9%	4 to 5	4	5.8%		
6+	1	.3%	1	1.4%	6+	0	-		
average	1.6		1.7		average	1.7			
First Placement Type				Last Placement Type					
	no re-entry		re-entry			no re-entry		re-entry	
FFA	94	32.1%	17	24.6%	FFA	62	21.2%	15	14.5%
FH	124	42.3%	26	37.7%	FH	79	27.0%	19	27.5%
Group	40	13.7%*	16	23.2*%	Group	44	15.0%*	18	26.1%*
Rel./NREFM	32	10.9%	10	14.5%	Rel./NREFM	107	36.5%	17	24.6%
Guardian	2	.7%	0	-	Guardian	1	.3	0	-
Sup. Ind. Living	0	-	0	-	Sup. Ind. Living	0	-	0	-
County Shelter	1	.3%	0	-					
Re-entry First Placement type				Months before Re-entry					
	re-entry			re-entry			re-entry		
FFA	16	23.1%		<1	4	5.8%			
FH	16	23.1%		1 to 3	22	31.9%			
Group	13	18.8%		4 to 6	19	27.5%			
Rel./NREFM	24	34.8%		7 to 12	24	24.8%			
Small Family	0	-		average	4.8 months				
Sup. Ind. Living	0	-							

Table 18

Profile of Children and Youth in Santa Clara County Re-Entering Foster Care within Twelve (12) Months Following Exit due to Reunification, or Guardianship (Continued)

Special Project (original)									
	no re-entry		re-entry			no re-entry		re-entry	
BP-Emancipation	7	2.4%*	7	10.1%*	SCC ITFCS Level III	1	.3%	0	-
CalWORKs Common Case	54	18.4%	10	14.5%	SCC Katie A Eligible	103	35.2%*	43	62.3%*
CAPP	21	7.2%	2	2.9%	SCC Seneca	8	2.7%	3	4.3%
Drug Court	56	19.1%*	26	37.7%*	SCC VFM and VFR	47	16.0%	9	13.0%
Family Wellness Court	3	1.0%	0	-	S-NMD SILP	2	.7%	1	1.4%
Project YEA	39	13.3%*	21	30.4%*	S-NMD THP+FC	0	0%	1	1.4%
SCC 12 and under group home	1	.3%	0	-	Team Decision Making	105	35.8%	32	46.4%
SCC 13 RCS Compadres	6	2.1%	0	-	SCC UCG-Odyssey	7	2.4%	1	1.4%
SCC 13 Starview	5	1.7%*	7	10.1%*	S-Wraparound Program	29	9.9%*	17	24.6%*
SCC EMQ	3	1.0%*	15	21.7%*	SCC ITFCS Level II	1	.3%	1	1.4%
SCC First 5 PHN Home Visit Pr	67	22.9%	15	21.7%	SCC ITFCS Level I	1	.3%	0	-
SCC IS	7	2.4%	1	1.4%					

*proportions between the 2 groups are significantly different at the p>.05 level or less

This profile tells us that children re-enter into an out of home placement within twelve (12) months after exiting reunification for the same reasons as their original reason for entry into the child welfare system, primarily for neglect and caregiver absence, which would seem to point to substance abuse, incarceration and lack of supervision which relates to the potential lack of a strong support system. A large proportion of these children re-enter the child welfare system well within twelve (12) months of exiting due to reunification, suggesting that parents are not fully prepared to address the stressors in life and the demands on ensuring the safety and well-being of the children. These children exit to reunification or guardianship from a foster home, but likely end up with relatives or non-relative extended family members when they re-enter the child welfare system. These children appear to have a higher level of behavioral and emotional needs as they are more likely to end up in community care facility placements. The children who were placed with relatives who exited the child welfare system are less likely to re-enter the system, pointing to the need to locate and better leverage the commitments of relative to these children. Ethnically, the re-entry rate to foster care is

somewhat similar to the rates of original entry except that re-entries into care except that re-entries for African Ancestry children and Asian and Pacific Islander children are smaller than their original entry rates into the child welfare system. The re-entry rates for Latino and White children are higher than their original entry rates into the child welfare system.

Based on this profile, long term DFCS strategies should focus on prevention efforts to provide services prior to re-entry into the child welfare system, and greater utilization of community and natural support systems, including placements with relatives. For those children who do reunify and exit the child welfare system, more effort must be made to ensure that the presenting issues are fully addressed and that services continue to be available to the family for on-going treatment and support. This would point strong to the need for a Team Decision Making meeting or other teaming meeting to ensure that safety issues are fully discussed, formal safety plans developed and that there is a “circle of support” available to support the family, either through Differential Response Path 4 services, or via non-DFCS services and community supports once the family exits the child welfare system.

Re-Entry Following Reunification, Living with a Relative(s), or Guardianship

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *P4 Re-Entry to Foster Care. Of all children who enter foster care in a twelve (12) month period who discharge to reunification, living with a relative(s) or guardianship, what percent re-enter foster care within twelve (12) months of their discharge?

Federal Standard: 8.3% or lower.

Current Performance: According to the data provided by the University of California, Berkeley, California Child Welfare Indicators Project (CCWIP) for Santa Clara County child welfare for the period from January 2013 to December 2013, **24.8%** of children who enter foster care in a twelve (12) month period who discharge to reunification, living with a relative(s) or guardianship, what percent re-enter foster care within twelve (12) months of their discharge. Unfortunately, SCC has generally been trending up in re-entry rates for the past four (4) quarters. In comparison to the baseline rate of the last County Self-Assessment, SCC was performing at 10.3% for this performance measure (for the period from July 1, 2009 to June 30, 2010) and performance had been on an upward trend up to that point. By ethnicity, SCC is only meeting this measure for Native American children at 0% for the period from January 2013 to December 2013. Performance on this measure has declined for African Ancestry, Latino, Asian and Pacific Islander, and White children on this measure compared to the previous year (January 2012 to December 2012) when overall performance was at 12.9%. Performance on this measure has declined to 17.6% for African Ancestry children (from 16.7%), 29.6% for Latino children (from 16.1%), 11.8% for Asian and Pacific Islander children (from 7.4%) and 17.3%, for White children (from 5.6%) from 2012 to 2013. For Native American children it has remained the same at 0% for 2012 and 2013. Of continuing concern are the high rates of re-entry at 29.6% for Latino, 17.6% for African Ancestry, and 17.3% for White

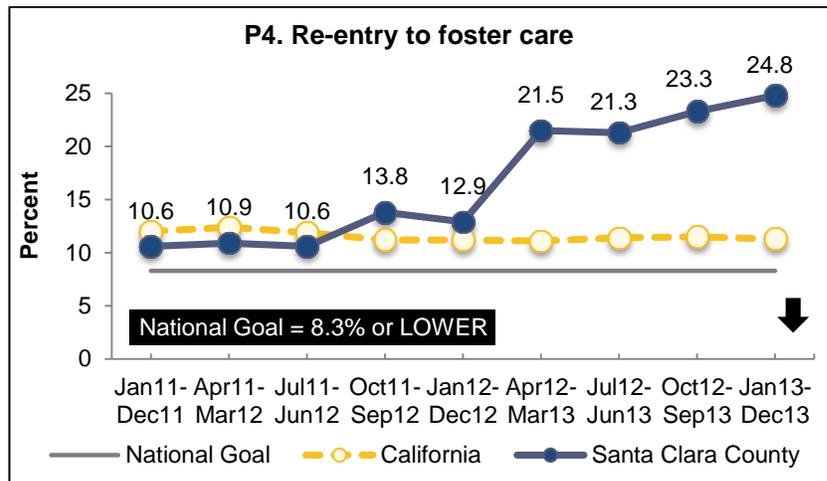
children who re-entered foster care in less than twelve (12) months after being discharged from foster care to reunification, living with a relative(s), or guardianship.

Performance on this measure may be impacted by legal pressures to return children before families are fully stabilized and ready to address stressors without addition system supports. Performance may also be impacted by increasing caseloads and a high number of vacancies, and less time for social workers to work intensely with families. From the profiles of children who do re-enter, neglect/caregiver absence are issues at original entry and continues to be an issue at re-entry, so it may be that substance abuse issues continue to impact families, especially given the long term nature of addiction issues. In other neglect situations, the impact of poverty likely continues to negatively impact families, especially as the socio-economic disparities in SCC continues to widen.

Table 19
Federal Performance Measure *P4. Re-Entry to Foster Care Following Reunification, Living with a Relative(s), or Guardianship

*** P4.** Of all children who enter foster care in a 12-month period who discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-enter foster care within 12 months of their discharge?

SIP Goal



P4	National Standard	Last Year (JAN2012-DEC2012)				Most Recent Period (JAN2013-DEC2013)			
		Reentry	Total Children	%	Goal met?	Reentry	Total Children	%	Goal met?
Ethnicity	Goal								
Black	≤ 8.3%	4	24	16.7%	✗	3	17	17.6%	✗
White	≤ 8.3%	3	54	5.6%	✓	9	52	17.3%	✗
Latino	≤ 8.3%	24	149	16.1%	✗	47	159	29.6%	✗
Asian/ Pacific Islander	≤ 8.3%	2	27	7.4%	✓	2	17	11.8%	✗
Native American	≤ 8.3%	0	1	0.0%	✓	0	1	0.0%	✓
Overall Performance	≤ 8.3%	33	255	12.9%	✗	61	246	24.8%	✗

Target Improvement Goal: The County will improve performance on this measure from 24.8% (61 children) to 8.13% (20 children). This result can be obtained from a 51.0% (41 children)

reduction of children who reunified, was living with a relative(s) or had a guardianship established and had a re-entry to foster care within twelve (12) months.

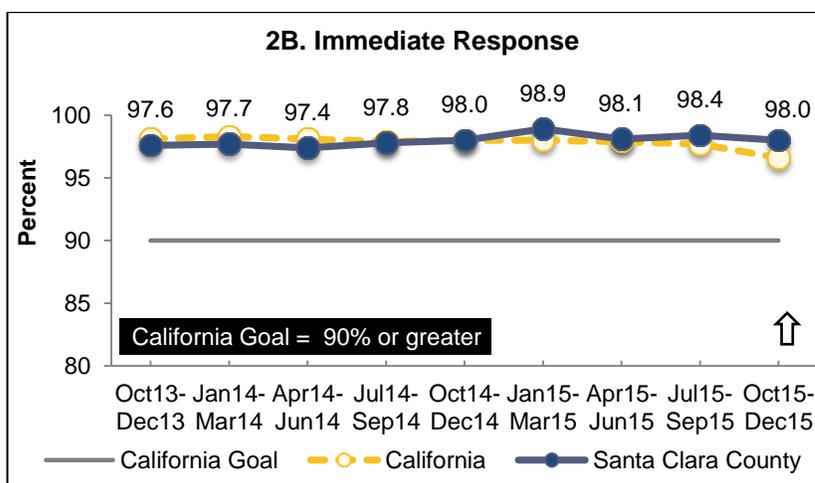
Safety Measures

IMMEDIATE AND 10-DAY RESPONSES

Table 20
State Performance Measure - *2B. Immediate Response – Percentage of Immediate Response Referrals with a Timely Response

2B. State Outcome indicator: Percent of immediate response referrals with a timely response

SIP Goal



2B. Immediate Response	National Standard	Last Year (OCT2014-DEC2014)				Most Recent Period (OCT2015-DEC2015)			
		Timely Response	Total Children	%	Goal met?	Timely Response	Total Children	%	Goal met?
Ethnicity	Goal								
Black	≥ 90%	44	45	97.8%	✓	37	38	97.4%	✓
White	≥ 90%	79	79	100.0%	✓	79	79	100.0%	✓
Latino	≥ 90%	302	308	98.1%	✓	243	250	97.2%	✓
Asian/ Pacific Islander	≥ 90%	66	69	95.7%	✓	78	79	98.7%	✓
Native American	≥ 90%	1	1	100.0%	✓	2	2	100.0%	✓
Overall Performance	≥ 90%	500	510	98.0%	✓	446	455	98.0%	✓

Immediate Response to Child Abuse and Neglect Referrals: Santa Clara County Child Welfare saw a slight decrease in the percentage of Immediate Response referrals with a timely response for the October 2015 to December 2015 quarter to 98.0%, down slightly from 97.8% for the July 2015

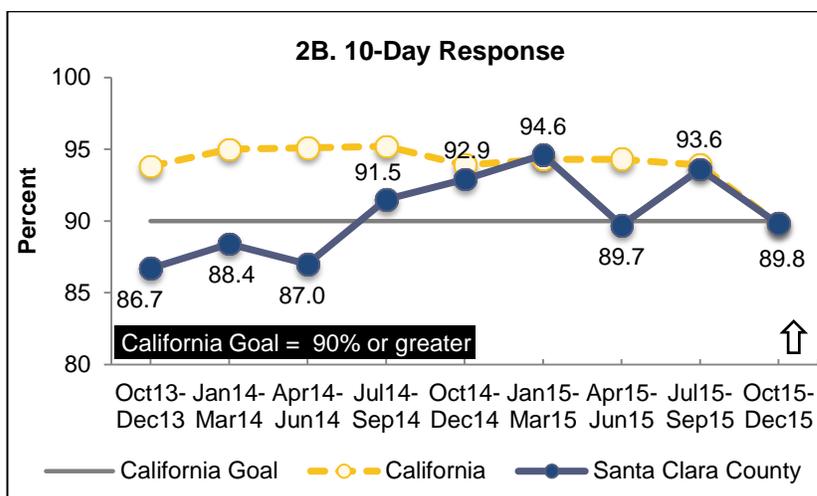
to September 2015 quarter of 98.4%. In comparison, SCC was performing at 97.4% on this performance measure (for the period from April 2011 to June 2011) at the time of the last County Self-Assessment and had been consistently performing above the State goal. SCC continues to exceed the overall State average performance on this measure. SCC continues to exceed the overall State goal for the Immediate Response measure and exceeds the State goal for each ethnic group, in the current quarter as well as for the comparable period in 2014. Performance in this area continues to be an on-going strength for SCC.

Target Improvement Goal: The County will improve performance on this measure from 98.0% (446 referrals) to 99.12% (452 referrals). This result can be obtained from a 66.7% (6 referrals) reduction in Immediate Response Referrals that are not made in a timely manner.

Table 21
State Performance Measure - *2B. 10-Day Response – Percentage of Ten (10) Day Referrals with a Timely Response

2B. State Outcome indicator: Percent of 10-day referrals with a timely response

SIP Goal



2B. 10-Day Response	National Standard	Last Year (OCT2014-DEC2014)				Most Recent Period (OCT2015-DEC2015)			
		Timely Response	Total Children	%	Goal met?	Timely Response	Total Children	%	Goal met?
Ethnicity	Goal								
Black	≥ 90%	116	122	95.1%	✓	73	90	81.1%	✗
White	≥ 90%	279	307	90.9%	✓	236	267	88.4%	✗
Latino	≥ 90%	756	812	93.1%	✓	736	807	91.2%	✓
Asian/ Pacific Islander	≥ 90%	181	193	93.8%	✓	193	213	90.6%	✓
Native American	≥ 90%	1	2	50.0%	✗	3	3	100.0%	✓
Overall Performance	≥ 90%	1,349	1,452	92.9%	✓	1,252	1,394	89.8%	✗

10 Day Responses to Child Abuse and Neglect Referrals: The County's performance on ten (10) day responses to child abuse and neglect referrals increased substantially during the October 2014 to December 2014 quarter to 92.9%, but has been erratic during the last three quarters. Currently, SSC is at 89.8% on this measure for the October 2015 to December 2015 quarter, which is just slightly below the State goal of 90.0% and is also just slightly above the overall state average performance on this measure. This is also just slightly below the baseline rate at the time of the last County Self-Assessment, which was at 90.6% (for the period from April 2011 to June 2011). SCC has analyzed the reasons for the previous decline and identified and addressed areas for improvement. Lack of timely paperwork completion and data entry into the Child Welfare Services/Case Management System (CWS/CMS) appears to be the primary factor which was further impacted by staff vacancies in the Emergency Response function, as well as an increase in the overall number of referrals. In 2015, nearly all of the Emergency Response social worker positions were filled and remained filled..

Currently, as of April 12, 2016, the Emergency Response function has seven (7) vacancies out of seventy (70) social worker positions and the number of emergency response referrals has stabilized during the last year. During the more recent period, the number of Emergency Response referrals has actually declined. Therefore, it is anticipated that SCC should continue to see improvements for this data measure as we see the data for the first quarter of 2016, assuming that the Emergency Response positions are filled (or at least do not increase) and the volume of referrals do not increase..

Target Improvement Goal: The County will improve performance on this measure from 89.8% (1,252 referrals) to 96.0% (1,338 referrals). This result can be obtained from a 60.6% (86 referrals) reduction of Ten (10) Day Emergency Response referrals where responses were not made in a timely manner.

Strategies:

The following SIP strategies have being employed:

- Staffing levels in all Front End Emergency Response functions were increased and the DFCS is ensuring that staffing matches the cultural and language needs of the families being served. The DFCS prioritized the hiring of Emergency Response staff, so that timely responses to referrals and complete assessments for families could be achieved. As a result, the DFCS has not had to request mandatory overtime for Emergency Response social workers since May 2014, after having to mandate overtime for six consecutive months prior to that point in time.
- Ensuring the necessary funding for Differential Response, especially for African Ancestry and Latino families, so that family stressors can be addressed and families stabilized to prevent re-referrals and to decrease the numbers of families on the wait list for DR.

Action Steps:

Strategy 2B - *Evaluate the effectiveness of Differential Response – Path I, II, and IV to better understand the components that contribute to positively support children and families for safety and well-being. Plan to increase those components that are proven effective with additional SIP goals.*

The SCC Social Services Agency Office of Research and Evaluation (ORE) is continuing to work on data analysis of the re-referral rates in Differential Response. The purpose is to seek to understand the relationship between engagement in Differential Response (DR) services and child maltreatment re-referral rates for families at risk of entering the child welfare system. The goal of the analysis is to provide data to help the DFCS address the System Improvement Plan (SIP) Strategy 2B by taking an in-depth examination of DR services in relation to family engagement and re-referral rates. This analysis also attempts to provide insight on a) improving services and supports for diverse families and children, and b) increasing the capacity and resources for DR services. Further analysis beyond the initial re-referral is also being looked at in terms of whether the re-referral results in a substantiated allegation and/or in a case opening and/or in out of home placement. Data was gathered through the Community Approach towards Relating and Engaging (CARE) database. A new database was developed, the Services and Outcomes for an Alternative Response (SOAR). Unfortunately, a third data base was subsequently determined to be better suited to capture the required data for a meaningful analysis. The new data base, Families Engaging in New Interventions and Community Services (FENICS) should assist in the ongoing analysis of DR services and its effectiveness.

The ORE will be looking at the effectiveness of DR services through a multi-level perspective which will not only look at re-referral to the child welfare system, but whether the re-referral resulted in a substantiated allegation, a case opening and possible removal and a Juvenile Court case. Re-referrals in and of themselves may not be a true measure of DR effectiveness as children and families continue to live in the same geographic areas, and the potential for being referred to the child welfare system is not necessarily changed by the provision of DR services. What happens after the re-referral and whether it leads to deeper penetration into the child welfare system may be a better measure of how effective DR services may actually be.

Challenges in the form of the changes to the data systems being utilized and inconsistencies in how the data was being captured by the DR service providers have hopefully been addressed. As more families participate in DR services and more consistent data is captured over time, a detailed analysis of the effectiveness of DR services should be available.

Strategy 2G – *The Social Services Agency will ensure improved linkages for CalWORKS and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African Ancestry families.*

Approximately ninety (95) percent of the SCC Child Welfare Staff were trained in the cross Departmental training that has continued over the past year and a half with the Department of

Employment and Benefits Services (DEBS) for Linkages, which promotes collaboration on self-sufficiency for parents involved with both “systems” as a means to support protection of children. This is a substantial improvement from the thirty three (33) percent that were trained and reported on in the January 2014 quarterly report.

A summary of actions steps and progress to date includes the following:

- The SSA has ensured improved linkage for CalWORKS and other public benefits that families need to be connected to address factors that impact the economic vulnerabilities and to address the over-representation for Latino and African Ancestry families. Monthly partnership meetings are occurring in order to better coordinate services between the two departments on behalf of families, including an expedited service process. A review of handbook instructions for both Departments has been initiated to ensure alignment, and Agency wide training for both DEBS Eligibility Workers and DFCS Social Workers has been launched. Please see Attachment P regarding CalWORKs Linkages training announcements and flyers.
- Ensured that the necessary procedures and supports for Emergency Response Social Workers to consistently include in their comprehensive assessment the economic needs and resources of families.
- For potentially eligible families, the SSA now follows the established protocol to link clients for expedited CalWORKs services at the Department of Employment and Benefit Services (DEBS) Benefits Application Center. Families connected to the DFCS are prioritized and procedures will be put in place to ensure this priority. Implementation occurred from July 2013 through December 2014, which included training to ensure applications are processed appropriately at the DEBS Benefit Application Center, and a monitoring system was implemented by the supervisors and managers.
- Tracking the number of families served through the above Linkages strategies as an indicator of increased access to available economic support resources and to ensure that these services are having an impact. Starting in July 2013, regular tracking and monitoring of those common cases identified is occurring. Additional strategies may need to be developed to address barriers and tracking to ensure that the number of families connected for benefits is steadily increasing.
- All strategies noted above should result in improved access for eligible families and the proportion of families receiving CalWORKS increases. Regular reports are being generated in order to track improvements in this area.

Training of Staff on CalWORKS Linkages:

- An hour and a half to two hour long (1.5 hour to 2 hour) Linkages Presentation has been integrated in the Induction Training for Social Workers, Eligibility Workers and Employment Counselors. From February 2015 to August 2015, the Linkages Training Team provided five (5) Linkages presentations at Inductions. A total of ninety (90) new Eligibility Workers (EW) and twenty eight (28) new SWs participated in these trainings. There were two (2) more presentations for eligibility workers and employment counselors occurred at the end of 2015.
 - Providing Linkages presentation at Inductions is a strategy to ensure that implementation of Linkages principles, policies and procedures and best practices is supported and sustained.
- The Linkages Team also received training through Statewide Linkages Webinars and the annual Linkages Convening. A total of ten (10) staff participated in the Annual Convening.

Policies and Procedures

- The Common Case handbook instructions for the Department of Employment and Benefit Services (DEBS) pertaining to Linkages- Assembly Bill (AB) 429 Family Reunification Cases, and Linkages and the Family Stabilization Programs have been updated.
- The implementation of expedited processing of new benefit applications of DFCS clients continues. It remains to be monitored and followed up the Linkages Eligibility Worker Supervisor Liaisons and the DFCS EW Liaison.

Identification of Common Cases

- Identification of common cases has improved in that it is not only happening through the manual research of DFCS Emergency Response clerical staff, the DFCS Eligibility Worker Liaison on benefit status of clients, but also Eligibility Worker's and Employment Counselor's at the DEBS Senter Road Office, who now as a result of training, routinely sends inquiries and referrals for potential common cases.

Data Tracking

- Monthly tracking of the total number of Linkages cases served is occurring. Below are the total number of cases and individuals served each year beginning in 2012:

Table 22

**Number of Linkages Cases and Individuals Being Served
Fiscal Years 2012 through 2015**

Fiscal Year	Case	Individual
July 2012 - June 2013	116	211
July 2013 - June 2014	101	177
July 2014 - June 2015	169	284

In the 2013 to 2014 Fiscal Year (FY), the number of Employment Counselors (EC) devoted to Linkages was reduced from three (3) to two (2). In January 2015, a third EC position was re-allocated back to the Linkages Program. All Linkages ECs are bilingual in Spanish.

- Linkages has also been conducting meetings with staff from Information Systems (IS) and Office of Research and Evaluation (ORE) to develop a plan to track and evaluate the DFCS and CalWORKs outcomes for Linkages, as well as to look at the coordinated case planning practices and other coordination activities between the Social Workers and Linkages Employment Counselors.
- Santa Clara County’s Linkages Partnership Team’s 2015 to 2016 Work Plan (see Attachment XX) includes: increasing the numbers of families receiving services through Assembly Bill (AB) 429 clients (those involved in both CalWORKS and the child welfare system) and to expand our populations to include Sanctioned Families and families in need and eligible for other public services, such as Medi-Cal, Supplemental Nutrition Assistance Program (SNAP), Housing, General Assistance (GA), etc. Other goals include continuing to market and raise awareness about Linkages and create and implement an evaluation plan.
- To date, the Linkages Partnership Team (LPT) is on target to service just over two hundred (200) AB429 individuals, over three hundred (300) individuals in need of help accessing other benefits, and helping ten (10) clients to rectify their sanctions and take advantage of the services offered through CalWORKS. Efforts were made to increase these services included refining our identification process, improving communication between partners, co-locating Employment counselors part-time in the child welfare office, and updating policy and procedures for Linkages families’ access to Family Stabilization’s housing program and General Assistance program.
- The LPT continues to provide training to new staff from both the DFCS and the DEBS, including new Social Workers, Employment Coordinators, and Eligibility Workers. In LPT,

marketing material such as Linkages Posters, flyers and fact sheet has been created, distributed and posted in the various SSA offices. In addition, LPT members have attended unit meeting and large staff meetings and presented updated Linkages information.

- The LPT has worked with the Office of Research and Evaluation and a professor from San Jose State University to develop an evaluation plan and logic model (see Attachment XIX). The LPT will be tracking and evaluation process goals, such as case identification and assignment, as well as outcome goals, such as time to family reunification and activity/participation levels in case plan and work plans.
- Other activities the LPT have been involved in include organizing and attending a Statewide Linkages Convening, participation in a Statewide Benefits Access Workgroup, assisted in the development of an online, Statewide Benefit Access toolkit and guidelines, and participating in Statewide Linkage Coordinator meeting and trainings.

Please see Attachment XX for a copy of the Linkages Logic Model, Attachment XXI for a copy of a Linkages Newsletter and Attachment XXII for various Linkages announcements and training opportunities.

Strategy 2H - *Establish a structure for accountability and information sharing for all prevention services that would provide the necessary oversight for feedback and accountability and work in collaboration with the Child Abuse Council.*

Please see Attachment VI for the Prevention Oversight Committee structure. This committee was established and launched in September 2013 for quarterly reviews and updates on the DFCS's progress on prevention strategies, and to ensure that expenditures are linked to unmet needs. This committee met again in January 2014 to review the Annual OCAP report and planned Requests for Proposals and expenditures for Fiscal Year 2015 to 2016. This action step has been completed and launched.

Strategy 2I – *All contracts and Requests for Proposals that are created and/or renewed shall be evaluated to ensure that staffing provided through the community based organization contracted services matches the cultural and linguistic needs of the children and families being served.*

This action step was launched in July 2013 and contracts are being actively assessed and language and cultural requests with regards to staffing for agencies are being considered at the time of contract renewals and for all new Requests for Contract (RFC) or Requests for Proposals (RFP).

In addition, many of the staff from the contracted community based organizations have been invited to, and have attended the DFCS Child and Family Practice Model (CFPM) training which

incorporates elements of Safety Organized Practice (SOP), cultural humility, trauma informed practice, circles of support, and looking at situations through the lens of the child and family. This inclusion was purposeful in order to ensure that there is greater alignment in the services being provided and to ensure that the services are being delivered in a culturally appropriate manner.

Strategy 2J – *Increase partnership with public health, mental health and First 5 to support at risk families including the following:*

- *Children Birth through age 5*
- *Parents Under the age of 24 ↓*
- *Medically fragile/special needs children*
- *Teen parents*
- *Parents with disabilities*

The Santa Clara County Social Services Agency Department of Family and Children’s Services is in the third and final year for the Federal Early Education Grant (Circle of Care Project) from the Department of Health and Human Services Administration for Children and Families. The grant period ended on September 30, 2015. The overarching goal of the Circle of Care Project was to increase well-being and to build protective factors for children, their families, and their caregivers through the enhancement and improvement of the collaborative multi-agency service delivery system. It was an infrastructure grant allowing the necessary time and resources to continue to build a strong infrastructure for this county by anchoring a child welfare system where children age birth through age five, who are involved in the system receive a full spectrum of the early intervention services needed to thrive. In addition, this project resulted in an increased capacity for collaborative practice in Santa Clara County to support comprehensive integration of services between the child welfare system and the early childhood education system. System goals included the following:

1. Strengthening existing collaborative partnerships by building a more formalized and tightly connected infrastructure to support coordinated care;
2. Enhancing services through the implementation of assessments and screening for children with significant adverse childhood experiences; and
3. Broadening the availability of high quality early childhood education/care through specialized training and professional development for caregivers to assure effective service delivery to children involved in the system.

The necessary primary action steps for this strategy was to ensure all children birth through age 5 receive a developmental, behavioral, social, and emotional screening and are referred to the appropriate resources and interventions. This strategy has continued to move forward during the past year as Santa Clara County made improvements in the infrastructure supporting children being assessed to connect them to resources and enrolled and participating in early childhood education programs. To date, the DFCS has partnered with Public Health to screen over 78% of children ages birth through age 5. Challenges previously existed with mandating social workers to complete the necessary releases and paperwork with the current high caseloads and additional demands on their time as well as overtime that have been necessary just to perform basic tasks. Meet and confers with the necessary labor organizations regarding the impacts associated with the additional tasks were concluded with concurrence that social workers would be required to complete the necessary documentation for all children ages birth through age 5. All partner agencies involved including the Public Health Department, County Office of Education, the Department of Behavioral Health Services, First 5 and Court partners are committed to making this process and support for young children successful.

The visiting public health nurse program administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's) for all children birth through age 5 was launched at the end of 2012. Policies and procedures and the necessary consents have been put in place along with tracking to ensure that all children are assessed. Outreach efforts continue to target those areas within DFCS not referring children for assessment. A Memorandum of Understanding has been implemented with First 5 and the Public Health Department. To date nearly 200 (29%) children ages birth to age 5 have been assessed.

In addition, DFCS has ensured priority enrollment into Head Start and an education support plan for providers. Over 35% of children ages 3 to 5 involved with DFCS are enrolled and attending preschool. A specialized training program for Early Education providers has been created and is being implemented starting in the Spring 2014 through DeAnza Community College in order to better prepare teachers working with children involved in the child welfare system. See additional information noted in the latter section on child welfare initiatives.

Strategy 3

SAFETY STRATEGIES

- (1) Address and eliminate the over-representation of African Ancestry and Latino families and*
- (2) Better understand what is causing the under-representation for Asian and Pacific Islander families for referrals (*) received in the DFCS for suspected child abuse and neglect through enhanced collaboration, training education and accountability between the DFCS and its community partners*

() Referrals are defined as the process from the CAN Center hotline call through the referral closing- DR Path 1, Emergency Response – Path 2, Voluntary or Informal Supervision Services or until case opening.*

Action Steps:

Strategy 3A - *Revise the design, content and delivery of the mandated reporter training to ensure education about (1) disproportionality, (2) bias in work with children and families and (3) exploring the impact of poverty, cultural values and barriers to services.*

Changes have been made in the mandated reporter training curriculum and active outreach for education with the community is continuing. Next steps are involvement with key community partners and cultural groups to ensure that messages for different cultural groups are appropriate. Targeted outreach and training for law enforcement, school personnel and medical personnel, which represents the three largest categories of mandated reporters, began in 2015. Specifically, law enforcement, schools and medical facilities in geographic areas (zip codes) with the highest mandated reporting rates will be targeted for proactive outreach to develop stronger relationships and allow for Mandated Reporter trainings that include the updated curriculum and discussions regarding system bias and disproportionality issues.

- For the period from July 1, 2015 to September 30, 2015, forty three (43) Mandated Reporter trainings were held. There were 1,699 participants in the forty three training sessions. The agencies which requested trainings included the City of San Jose, Samuel Merritt University, San Andreas Regional Center, Santa Clara County Office of Education, Catholic Charities, SCC Valley Medical Center, Diocese of San Jose, San Jose Unified School District, Almaden Valley Counseling Services, Basis Independent Silicon valley, Children’s Preschool Center, Santa Clara Unified School District, East Side Unified High School District, Gilroy Unified School District, Head Start, and Explorer Preschool, just to name a few of the agencies trained.
- For the period from October 1, 2015 to December 31, 2015, twenty five (25) Mandated Reporter trainings were held. There were 761 participants (plus an additional 52 streaming from off-site) in the twenty five (25) training sessions. The agencies which requested trainings included the Alum Rock Counseling Center, City of san Jose, San Jose State University, Palo Alto University, Gavilan College, the Santa Clara County Probation Department, City of Sunnyvale, the Santa Clara County Valley Medical Center, the Neighborhood Christian Center, and several private schools, just to name a few of the agencies trained.

- For the period from January 1, 2016 to March 31, 2016, seventeen (17) Mandated Reporter trainings were held. There were 553 participants in the seventeen (17) training sessions. The agencies which requested trainings included the Stanford University, the Willow Glen Community Extended Day Enrichment Program, the Santa Clara County Probation Department, the City of Sunnyvale, the Alum Rock Union Elementary School District, San Jose State University, California Children's Services, Palo Alto Community Child Care, and the Santa Clara County Valley Medical Center, just to name a few of the agencies trained.

Trainings are also scheduled on a quarterly basis at the DFCS and at Valley Medical Center that are open to Mandated Reporters from any agency/organization.

Strategy 3E - *Ensure consistent assessment for referrals for General Neglect and* **Strategy 3G** - *Ensure consistent procedures to guide calls. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information.*

Implementation of Reflective Supervision and elements of Safety Organized Practice (SOP) in the Child Abuse and Neglect (CAN) Center (Child Abuse and Neglect reporting line) in an effort to ensure consistent assessments for referrals. To date, all supervisors are trained and are implementing with their staff. The CAN Center staff have been involved in workgroups to develop a standardized screener narrative for all screeners to use in obtaining and writing of information from reporting parties. This new process launched April 1, 2015 and has led to greater consistency in decisions and documentation with clear harm and danger statements. All staff and supervisors in the CAN Center have been trained in the Child and Family Practice Model (CFPM). In addition, to enhance the screening social workers' knowledge of community resources, the Director of 211 Santa Clara County has regularly participated in CAN Center unit meetings to give presentations on the 211 Resource Directory. The DFCS program manager for the CAN Center has also joined the quarterly 211 Advisory Committee meeting. All CAN Center supervisors have been trained and are utilizing Reflective Practice Supervision in which the supervisor and screening social worker sit together to review a recorded incoming call for supervision. The screening social workers self-selects one or two recorded calls, preferably a call that was challenging and one that showcases their skill level. The goal of using reflective practice has been to allow the screening social worker to reflect and set personal goals to improve their phone communication, assessment and screening skills. The goal for the Department is to increase the consistency of assessment screenings at the CAN Center referral level.

Also, please see additional discussion of the actions on this strategy in Strategy 3G.

Strategy 3F – *The DFCS is to continue to fill all positions through hiring of well qualified staff that are culturally and linguistically able to serve Latino and African Ancestry families.*

The DFCS continues to believe that being adequately staffed is a critical part of sustaining an organization and is a key to ensuring other SIP strategies are operationalized. Active hiring for well qualified staff possessing the necessary language skills and cultural backgrounds and expertise to work with the children and families of African Ancestry, Latino and Asian and Pacific Islander ethnicities has had positive results over the past several months. The DFCS partnered with the Employment Services Agency (ESA) to prioritize hiring and improve outreach and recruitment. During 2014, sixty (60) social workers have been hired by the Department, which includes nineteen (19) Spanish speaking and three (3) Vietnamese speaking workers. During 2015, the DFCS has hired an addition sixty nine (69) Social Worker II and/or Social Worker III and an additional sixteen (16) Social Worker I staff (non-case carrying, support social workers. Of these six nine (69) Social Worker II and Social Worker III's, twenty (20) were Spanish speaking and one (1) was Vietnamese speaking. Of these sixteen (16) Social Worker I's, eight (8) were Spanish speaking and two (2) were Vietnamese speaking.

Despite the large numbers of social work staff hired in 2014 and 2015, as of April 12, 2016, the DFCS has fifty (50) Social Worker II/III vacancies plus four (4) future vacancies. Of these vacancies, twenty seven (27) are monolingual positions, twenty four (24) are Spanish speaking positions, and three (3) are Vietnamese speaking positions. This is an increase in the number of vacancies that have existed over the past year, especially when considering that some new social worker positions were created through realignment and budget additions, within the DFCS as well as in other county agencies and departments. New positions requested by the DFCS as well as new positions being added in the Department of Aging and Adult Services (DAAS) and other County departments will further add to the DFCS vacancy pool. Continuous recruitments for both the Social Worker II and Social Worker III classifications in various languages are in process and it is hoped that the 2016 graduate class of Masters in Social Work (MSW) candidates will create a reasonable pool of candidates to fill as many of these vacant positions as possible. However, the reality is the DFCS has become the gateway into social work positions county-wide, due to contracted internal transfer processes that provide current county staff with priority in applying for transfer into social worker positions that become vacant within the department/agency and in other county agencies. As a result, almost all of the vacant social worker positions end up with the DFCS. This is further accentuated by the fact that the work in child welfare is very stressful, demanding, emotionally draining and continuously challenging.

On a positive note, all except one (1) of the Social Worker I positions are filled as of April 12, 2016. This includes all of the Social Worker I positions that were added as part of the 2014 to 2015 Mid-Year Budget additions (ten [10] positions) and the 2015 to 2016 Fiscal Year Budget additions (nine [9] positions). The Social Worker I positions provide critical support to the Social Worker II/III's in

areas such as supervised visitation, transportation, welfare checks, and drug testing, thus freeing up the Social Worker II/III for more critical tasks. Improving the support for the Social Worker II/III through the Social Worker I positions should assist in improving both morale and retention in the long term.

In order to address and improve hiring and retention, the DFCS has been working with the Employee Services Agency (ESA) to modify the current job specifications for the social work series so that the application pool can be expanded. These potential modifications have been discussed with labor extensively through the meet and confer process. These discussions did not resolve the issues and labor and the County could not reach an agreement over changes to the job specification. The ESA and DFCS is continuing the Meet and Confer process with labor regarding proposed changes to the job specifications for the Social Worker II and Social Worker III classifications, in order to broaden the pool of potential candidates for these positions. This action would allow the DFCS to hire not only MSW graduates, but those with Master's degrees in related human services areas. This will allow the DFCS to hire individuals who have Master's degrees in related field who are working in child welfare agencies in other jurisdictions who are interested in relocating to SCC, amongst others. After a series of on-going Meet and Confers between SCC and labor regarding the proposal to expand the job specifications to include accepting applicants who have Master's degrees in related fields for the Social Worker II and Social Worker III positions a tentative agreement was finally reached and on May 10, 2016 the Santa Clara County Board of Supervisors approved these changes. This change also included a 3% expansion in the salary range of the Social Worker III classification. A salary check of the Social Worker I and Social Work II classifications by the Employee Services Agency determined that those positions were amongst the highest paid when compared to comparable positions, but that the Social Worker III classification were not in alignment with this, so a 3% salary adjustment corrects that inconsistency. Hopefully this will increase the pool of applicants, assist with retention, and increase the Department's ability to be competitive in recruitments.

Also, on the April 7, 2015 Board of Supervisors agenda is a transmittal from the Employee Services Agency (ESA) to add a Differential of 1.55% of the base salary for case carrying social workers (and their supervisors) in the Emergency Response, Dependency Investigations, and Continuing Child Welfare functions. This Differential was ultimately approved and the effective date for the Differential was April 13, 2015. As part of the regular County/Management and labor contract negotiations in May 2015 and June 2015, this case carrying differential was increased from 1.55% of the base salary to 6% of the base salary for all case carrying Social Worker II and Social Worker III's in the Emergency Response, Dependency Investigations, and Continuing Child Welfare functions, as well as the Social Work Supervisors in those areas.

In addition, the ESA is looking at how to ensure that Santa Clara County is able to compete with the community and other counties for well qualified staff to hire. The DFCS is also continuing to work

with the Schools of Social Work at San Jose State University, University of California, Berkley, and California State University East Bay, to utilize our working relationships to encourage social work graduates from the class of 2016 to apply for DFCS positions. The DFCS has provided the ESA with funding to do targeted recruitment of social workers. The DFCS, as part of the 2016 to 2017 Budget Year request, is also looking at adding three Social Work Training Specialists positions and two social worker training units in order to try to overfill the Social Worker II/III positions so that there will be staff available to cycle into case carrying positions. This proactive position would allow the DFCS to get ahead of vacancies and also reflects the need to adapt to the new Social Worker Core 3.0 Training which will take effect January 1, 2017. The DFCS also continues to focus on integrating reflective practice and coaching to assist and support staff with the difficult work in child welfare. Other system supports, such as pre-Licensed Clinical Social Worker (LCSW) group and individual hours and other training areas are being emphasized to help retain staff.

Please see Attachment LXXIII for a National Child Welfare Workforce Institute summary on “Why the Workforce Matters.”

In addition, the following strategies will ensure that there are additional cultural resources and a cultural focus to better serve children and families:

- The DFCS has continued to move forward with the Integration Initiative Partnership, which is a collaboration with the Walter S. Johnson Foundation, the Center for the Study of Social Policy, and the University of Chicago, School of Social Work. The goal of the Initiative is to transform child welfare policy and practice to more effectively serve Latino and Lesbian Gay Bisexual Transgender Questioning (LGBTQ) children and youth. Santa Clara and Fresno counties are participating as demonstration sites and actively participate to assist the Initiative to identify and understand the unique needs of our local target populations, core components of services effective in meeting their needs and core implementation drivers necessary to sustain culturally competent service provision. Case reviews and focus groups for staff were held in February 2015. Focus groups involving the youth who were part of the case reviews occurred on April 1, 2015 and April 2, 2015. A report was prepared with the following findings and recommendations:

Findings:

- Challenges Relating to Undocumented Family Members – Latino families in particular lack family support systems and those individuals that are undocumented are often “invisible to the general society.
- Service Needs – There is a lack of affordable housing and a lack of proactive, preventative services.
- Language Barriers – Monolingual Spanish-speaking families— particularly parents and workers often rely on translators because there are not enough bilingual, let alone

bicultural, workers. Bilingual and bicultural services are not readily available for some families – the deficit was particularly large for parenting programs.

- Sexual Abuse - The case file reviews found a high presence of sexual abuse experienced by child welfare system-involved youth. It is unclear how much of the documented sexual abuse history was due to the skill in identifying this trauma as part of workers' assessments, an elevated issue for this population of youth or both. In a few cases reviewed, we found that undocumented mothers knew of the abuse but described not having any resources to help them protect their child and get away from the abuser. They described feeling dependent on the abuser or abuser's family for economic support.

Recommendations:

- Work more intentionally with schools to make appropriate referrals to child welfare;
- Identify preventive services (for referral) that exist within the county that can be used to address early on issues that the schools have identified as concerns that families are experiencing;
- Explore the development of collaborative, preventive interventions with schools, particularly in East County, to intervene rather than refer where preventive resources do not exist;
- Focus on specific services that workers and families identify as needed, including domestic violence, substance abuse, adult mental health and affordable housing;
- Emphasize access to and development of community-based mental health and behavioral health services for undocumented children and youth;
- Consider new ways to reach out to and engage families who are disconnected and “living in the shadows.”;
- Youth need advocates to support and monitor individualized education plans, including selecting courses, finding appropriate school placements, problem-solving around peer issues, attendance issues, etc.; youth need advocacy around their IEPs, monitoring that youth have enough credits to graduate and graduate on time, and supporting youth in understanding the consequences – good and bad – of graduating under AB167;
- Youth must have adults in their lives who have high, yet realistic expectations of their abilities;
- Workers should have regular communication about the Education Services Unit; many workers still do not know about or use this unit. When this unit was used, outcomes were usually positive;

- Attention must be paid to supporting youth with severe mental health needs and modifying educational goals while a youth is stabilizing;
- Consider bringing back Department of Family and Children Services (DFCS) workers on site at schools and have more intentional and coordinated work with probation and mental health providers;
- Add more mentors. Boys and Girls Club, for example offers very strong mentoring programs and could be a resource for youth in care;
- Have higher expectations of and accountability for workers about what should be included in court reports about education. Workers provided inconsistent amounts of information about youth and their educational experiences.

Many of the recommendations are already part of the SIP and of the DFCS Strategic Plan. The recommendations that are not already part of these plans are being evaluated for possible implementation.

Please see Attachment LXXVII for a copy of the full Walter S. Johnson Report.

- The DFCS will be partnering with the Family Builders by Adoption on the Youth Acceptance Project. The Family Builders by Adoption was recently awarded a grant by the Walter S. Johnson Foundation to support children and youth in the foster care system by hiring a family advocate to perform a continuum of services to improve permanency outcomes for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) and gender non-conforming children and youth, and provide support services to their families and caregivers. The family advocate will partner with the DFCS to receive referrals of birth families, relative caregivers, foster families, and adoptive families who are struggling with the sexual orientation and/or gender identity of children in their care to provide support and services to help both the children and youth and their families address these issues so that there is greater acceptance, well-being, stability and permanency.
- The DFCS has held three open forums in August, September, and October 2014 with community stakeholders on the introduction of a newly proposed Cultural Brokers program (linking, bridging, or mediating groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change) in Santa Clara County. The DFCS is engaged with the community and seeking assistance with the design and development of this new service in an effort to strengthen partnerships between families and the DFCS, and build new connections within the diverse and evolving communities of Santa Clara County. The cultural brokers program is being introduced as a strategy to help break the cycle of disproportionality and outcome disparity, and provide greater opportunity and new avenues

for success that may not have been tried before for families and youth involved in the Santa Clara County child welfare system. A procurement process has been initiated and community partners have been invited to submit proposals. Pre-proposal meetings will be set up to provide technical assistance to potential entities who may be interested in submitting a proposal to provide information regarding the Bid Sync process, contracting processes and County requirements to reduce barriers and increase potential interest, particularly amongst smaller community based organizations that do not regularly contract with SCC. As a result of the RFP process, several potential contractors were identified and negotiations regarding these contracts are in the process of being finalized. Contract agreements should be in place shortly. Anticipated program start up is projected to be May 2016 or June 2016.

Please see Attachment XIV regarding the Cultural Brokers Program meeting flyers and Technical Assistance meeting.

Strategy 3G - Ensure consistent procedures to guide calls. Provide training and screen to ensure that consistent messaging to callers and consistent use of resources and information.

See discussion under Strategy 3E. In order to accomplish this goal, the manager for the CAN Center is implementing Reflective Practice Supervision for all screening social workers and ensuring regular supervision to review Child Abuse and Neglect hotline calls. This involves workers reviewing at least one call per month through the recording to evaluate how the call was handled and to determine any ways to improve communication with the caller. To date, all CAN Center social workers have had at least four one to one supervision sessions with their respective supervisors and Group Practice Supervision regarding the activities of the CAN Center social worker is being implemented through a trainer specializing in coaching, mentoring and Reflective Practice Supervision. In addition, the CAN Center will be implementing fidelity assessment observations with each of the CAN Center supervisors for consistency in how the supervisors are coaching and mentoring their staff. Debriefing and feedback will be provided to each supervisor. This was implemented in mid-November 2013.

A 2013 audit of the DFCS conducted by the Harvey Rose Management Audit Team, commissioned by the SCC Board of Supervisors highlighted a concern over the number of dropped phone calls through the CAN Center and recommended additional staffing in order to appropriately handle the volume of calls. Tools to track and monitor dropped or unanswered phone calls were developed, and are being monitored by a Senior Management Analyst. The hiring of eight (8) additional social workers and one (1) social work supervisor to total one additional unit to the CAN Center occurred in 2014, bringing the staffing at the CAN Center to three (3) units, consisting of twenty three (23) social workers and three (3) social work supervisors. These positions were approved mid-December 2013 and the hiring process began immediately. This goal was originally planned to be completed by the end of December 2013. However, despite coordinated efforts between SSA/DFCS and the Countywide HR system, delays in filling the positions occurred due to required labor contract provisions, and difficulty fulfilling language needs through the recruitment process. As of April 12, 2016, there are six (6) vacancies at the CAN Center that are in the process of being filled.

The CAN Center staff were involved in workgroups to develop a standardized screener narrative for all screeners to use in obtaining and writing of information from reporting parties. This new process launched in April 1, 2015 and will result in greater consistency in decisions and documentation with clear harm and danger statements (one of the tools of Safety Organized Practice). All staff and supervisors in the CANC have been trained in the Child and Family Practice Model (CFPM). In addition, to enhance the screening social workers' knowledge of community resources, the Director of 2-1-1 Santa Clara County have participated in CANC unit meetings to give presentations on the 211 Resource Directory. The DFCS program manager for the CANC has also joined the quarterly 2-1-1 Advisory Committee meeting. Currently, two of the three supervisors have been trained and are utilizing Reflective Practice Supervision in which the supervisor and screening social worker sit together to review a recorded incoming call for supervision. The new supervisor, who started on March 28, 2016, is scheduled to begin training on Reflective Practice Supervision.

On April 1, 2015, The CAN Center implemented the standardized Safety Organized Practice (SOP) Screener Narrative that all screening social workers use and enter information into the Child Welfare Services/Case Management System (CWS/CMS). The SOP Screener Narrative helps the CAN Center screening social workers decipher between Harm and/or Danger and Complicating Factors as well as identify Protective Factors for the family. The goal of using the SOP Screener Narrative is to inform Emergency Response about the reporting party's worries about the caregiver's actions/inactions that are having a possible impact on the child(ren), as well as identifying family strengths when making contact with families.

In the fall of 2015, CAN Center Supervisors have started combining Reflective Practice Supervision, which involves listening to the call that resulted in the SOP Screener Narrative. The goal is to identify how well the screening social worker was able to transcribe and translate the verbal information from the reporting party as well as continued inquiry about the circumstances and reviewing what could have affected the interpretation and translation of the information into the SOP Screener Narrative. This practice is social worker lead and skill improvement is prompted by the worker themselves.

The screening social workers self-selects one (1) or two (2) recorded calls, preferably a call that was challenging and one that showcases their skill level. The goal of using reflective practice has been to allow the screening social worker to reflect and set personal goals to improve their phone communication, assessment and screening skills. The goal for the Department is to increase the consistency of assessment screenings at the CAN Center referral level. For the period from January 2016 through March 2016, there have been over twenty two and a half (22.5) hours of reflective practice supervision and an additional thirty four and a half (34.5) hours of reflective supervision with Safety Organized Practice in the CAN Center.

Table 23

Child Abuse and Neglect Center Reflective Supervision and Reflective Supervision with Safety Organized Practice

Reflective Practice Supervision Hours TYPE	January 2016	February 2016	March 2016	Total
Reflective Practice Supervision	10.5	10.5	1.5	22.5
Reflective Practice Supervision plus Safety Organized Practice	7.5	7.5	19.5	34.5

In 2014 and 2015, the CAN Center averaged a 90% answer rate for incoming calls, which is substantially higher than the “acceptable industry average” suggested by the Casey Family Foundation of 80% or greater.

Please see Attachment LXXII for a copy of the Casey Family Programs Report on CAN Center Practice Considerations.

Also, please see Attachment LXIV for a copy of a Reflective Practice training announcement.

Strategy 3H - *Determine how to increase the utilization of the Family Resource Centers*

Increase collaboration and partnership with the community and the available resources and increase utilization of the DFCS Family Resource Centers.

The DFCS has worked with staff, community based organizations and the community to look at the available resources and partnerships in an effort to increase utilization of the San Jose Family Resources Center (SJFRC), Gilroy Family Resources Center (GFRC) and the HUB Youth Center. As a result, the SJFRC has increased services and supports for families, including increases in the utilization of Linkages (CalWORKS/DFCS) resources, Dually Involved Youth services, Joint Decision making meetings, therapeutic Differential Response services, Domestic Violence (DV) services, educational and other support services. To highlight and celebrate our effort, the DFCS hosted an Open House and Resource Fair on September 18, 2014 for the San Jose Family Resource Centers and the Hub. The DFCS and SJFRC showcased changes to better serve the families and community through increased partnerships and new programs as well as showcasing the esthetic

changes made to the SJFRC to make it more welcoming and inviting. The Hub has added resources for substance abuse and a partnership with Second Harvest Food Bank for food over the past several months. More than three hundred fifty (350) Social Services Agency, DFCS staff, county leaders, community partners, community members, and youth attended the Open House. Planning is underway for a large kick-off event to promote medical and dental health care for our children and families. There has been an increase in the use of the SJFRC for Joint Decision Making team meetings, use of visitation rooms, community meetings, and small community shared efforts. For example, last month, the SJFRC started an effort to a couple of local CBO's to provide dinner to families coming to our SJFRC for classes or other services. Once a week, dinners are provided and families at the SJFRC are welcome to grab a plate and eat. This seems to be a popular service for families. Planning continues for a large event to promote medical and dental health care for our children and families. This will be in partnership with the Gilroy Family Resource Center and with Santa Clara County's Healthier Kids' program.

The San Jose Family Resource Center continues to work with DFCS staff, community based organizations and the community in an effort to build partnerships, increase utilization of the San Jose Family Resources Centers (SJFRC), and expand the array of services and support available to families. As previously reported, the SJFRC programs include Parent Education, Linkages, Family Unification Program, Joint Decision Making, Dually Involved Youth, Voluntary Services, Domestic Violence Support and Education, Parent Advocates, Differential Response, Other services offered at the SJFRC include visitation, meeting rooms for community and staff, Ala-Non and Alcoholics Anonymous (AA) meetings, Black Infant Health programs, and Child Supervision, In this past year, the SJFRC has expanded its service array and staff to include an expansion of Dually Involved Youth unit by adding services of two (2) Social Workers and two (2) Probations Officers, a full-time Probation Supervisor and a Dually Involved Youth Advocate. This has expanded the numbers of youth and families served via a revolutionary joint service model, in which each family is served simultaneously by a social worker and a probation officer. The SJFRC has also expanded its services array to include Kin Gap, Support, and Commercially Sexually Exploited Children (CSEC) services, including two (2) dedicated Kin Gap Social Workers, two (2) Social Worker I's who provide support to case carrying social workers and families involved in Voluntary Services, and a CSEC Social Work Coordinator II and a Social Worker II/III. The SJFRC is in the process of hiring a dedicated CSEC Social Worker II/III to conduct assessment and support case carrying social workers and a Men's Support Group. In addition, the SJFRC hosted South Bay Coalition to End Human Trafficking (SBCEHT) and No Traffick Ahead. Both groups are anti-human trafficking efforts and were leaders in planning and preparing for the 2016 Super Bowl's Anti-Human trafficking education, prevention and intervention efforts. Currently, SJFRC is undergoing a reconfiguration in order to accommodate the additional staff and programs.

In addition, the FRC's parent education continuum has increased to include the Triple P (Positive Parenting Program) classes this year. The DFCS has finalized a full schedule of classes and parent supports, which was a collaborative effort with the vendor, Rebekah's Children's Services (RCS). The DFCS has also added specialized parenting classes that focus on fathers, parenting special needs children (such as children with disabilities), teens, teen parents, co-parenting, parenting for young parents and classes in Spanish and Vietnamese. Triple P is a fifteen (15) week, thirty (30) hour parent education program and is primarily for DFCS clients. The Triple P model is a parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in families, schools and the community before they arise. Triple P creates family environments that encourage children to realize their potential. The Triple P system offers a multi-level framework that aims to tailor information, advice and professional support to the needs of individual families. DFCS clients will be receiving levels 4 and 5 of the Triple P system, which targets broader family issues such as relationship conflicts, parental depression, anger and stress.

Just before the beginning of the 2015 to 2016 Fiscal Year, the Positive Parenting Plus (Triple P) program underwent some changes, including transition to another vendor, Rebekah Children's Services (RCS). After a period of transition, the DFCS and RCS, in partnership with Santa Clara County Behavioral Health Department, have fully implemented the Triple P model, which includes an assessment to increase understanding of the parents overall needs and focus the class to best meet their parenting needs. Part of these changes included a change in class specialization. Previous, the specializations has been based on specific issues, such as special needs children, and is now changed to ages (ages 0-11 and ages 12-18). Classes provided instruction on topics that previously were covered in their specialized class. With the assessments results, the Triple P instructors are able to provide an emphasis on the specific needs of each parent in the class. This allowed for more parents in each class and helped to streamline the process of scheduling parents and classes. After full implementation of the model, administrative and fiscal issues became apparent, especially it relates to Medi-Cal claiming and maintaining a sufficient number of trained instructors to fill the needs of the DFCS. These issues have been resolved by securing more funding for families without Medi-Cal or who can't meet the medical necessity requirement of Medi-Cal, by identifying more trained instructors, and by pairing some partially trained instructors with fully trained instructors. This change has allowed the DFCS to offer Triple P to more parents and to maintain a robust schedule of Triple P classes. For the 2015 to 2016 Fiscal Year, nineteen (19) Triple P classes were offered and 173 participants were registered. Of these 173 registered participants, fifty six (56) successfully completed the classes and have graduated. There are approximately fifty (50) participants who are currently in classes. Seven (7) classes are scheduled for the remainder of the fiscal year, and it is anticipated that there will be approximately 50 to 65 participants who will be registered.

Please see Attachment LXI for announcements regarding the Triple P Program.

For the Gilroy Family Resource Center (GFRC), the past two years have been focused on strengthening partnerships, co-location and gathering the necessary feedback from stakeholders about the important next steps in the revitalization of the GFRC and increased utilization in partnership with existing resources in the community. The following efforts have occurred in the past few months in support of the Gilroy Family Resource Center and the partnerships that have been established:

- Additional parenting classes held in Spanish have been added to better serve the needs for the South County area.
- Additional Triple P classes have been added at the GFRC.
- A grant and three (3) year partnership with Teen Force and the City of Morgan Hill and City of Gilroy to focus on employment for youth, ages 15 to 24. This program launched in late November 2014. To date, partnerships with five (5) local employers have been established and employment has been established for fifteen (15) low income youth, including eight (8) foster youth.
- Added the following shared space agreements:
 - Teen Success - Support groups for young mothers age 21 or younger who are involved with the Dependency or Juvenile Probation System or are otherwise at risk.
 - Teen Force is looking at increasing employment opportunities for youth specifically for the Gilroy area.
 - Independent Living Program (ILP) graduation of twelve (12) youth successfully graduating High School in the South County area. Acknowledgements and scholarships provided by the South County El Comite' Committee.
 - First Annual ILP Barbeque at a local Gilroy park attended by youth, family, ILP, staff, and community members to support youth in this community.
 - Alcoholics Anonymous/Narcotic Anonymous meetings for parents involved in the Child Welfare System or who have been involved in the child welfare system in the past.
 - Launched a partnership with Santa Clara County Office of Education in October 2015 for Drop in tutoring for youth up to age 21 in extended foster care two (2) days per week for four (4) hours each.
 - Arranged for the Dental Van to be on site once per month from 8:00 am to 5:00 pm providing dental care for youth up to age 21 in extended foster care.

Space was redesigned in February 2015 to accommodate additional partners being co-located at the Gilroy Family Resource Center (GFRC). The following partners are currently co-located, providing classes at the GFRC, or utilizing conference rooms for meetings with families:

- Eastfield Ming Quong Families First Differential Response
 - Unity Care - Resource Advocacy Support Services – Foster Parent Support Team
 - KAPFA - Kinship Adoptive Foster Parent Association
 - Victim Witness
 - Gardner – Differential Response
 - Alum Rock Counseling Center- Parent Advocate Program
 - Child Advocates
 - Teen Force
 - DFCS Youth Employment Counselor
 - DFCS CalWORKS Linkages Employment Counselor
 - Teen Success
 - Women’s Drug Intervention Classes
 - Peace It Together- classes for youth offenders for domestic violence
 - Family and Children’s Services- ILP Case Manager
 - SCCOE – Reach tutoring services
 - Rebekah Children’s Center – Triple P Parenting classes
 - In addition, DFCS provides co-location at the Family Justice Center one time per week at Community Solutions in Morgan Hill and monthly participation in partnership meetings focused on Domestic Violence efforts with the District Attorney’s office and law enforcement jurisdictions, Probation Department and Community Solutions.
 - Additional partnerships underway for the following: women’s groups, men’s groups, support groups for parents, and a STEM education program for youth.
 - Further Gilroy has opened the first Opportunity Youth Academy through SCCOE that will serve those youth who have dropped out of school and who are not working or going to school to ensure educational success. This same program is being planned for a site opening at The Hub.
- Training and support groups for foster parents and caregivers were re-launched in November 2014. Education and support group meetings are being held every other month for foster parents with an average attendance of ten (10) to twelve (12) caregivers at each meeting.
 - Training and support groups for foster parents and caregivers continue in both English and Spanish. However, there has been a significant decrease in the amount of caregivers being identified in the South County area to become Resource Approved Families. Additional partnerships to locate more families and homes for children and youth will be needed in the coming months in order to avoid children being placed out of the area. In contrast, two additional transitional aged youth providers having been identified that will focus on securing placement for transitioned aged youth in the South County area. This will be the first time specific focus will be provided for youth to remain in South County for housing.
 - The GFRC continues to provide visitation at the site and in the community until 7:00 pm, Monday through Friday and every Saturday. In addition, the GFRC Social Work Supervisor

has been trained through the “Infant Family Early Childhood Mental Health Training Academy” in the train the trainers mode, as a result the Social Worker I team has begun integration of work with young children and integration of coaching in the supervised parent child visitation.

- Plans are still underway in discussions for a more appropriate location in the Gilroy community that can better serve children and families in the South County area.

The GFRC in partnership with the SJFRC and several key community partners launched the First Annual Dental and Health events at both locations. The event in Gilroy was held on September 26, 2015 and the event in San Jose was held on October 1, 2015. Nearly fifty (50) individuals attended the event in Gilroy and over a hundred (100) individuals attended the event in San Jose. On site dental and pulmonary screenings were held for children, youth and parents. There were games and prizes for children. The following partners ensured the success of this event.

- Healthier Kids Foundation
- Children’s Trust Fund
- Public Health Department/ Public Health Nutrition Department
- Santa Clara County Health and Hospital System
- Foothill Community Clinic
- Family and Children’s Services – ILP
- Unity Care- Resource Advocacy Support Services – Foster Parent Support Team
- KAPFA- Kinship Adoptive Foster Parent Association
- Alum Rock Counseling Center- Parent Advocate Program
- Child Advocates
- Local stores and community members

These events were aimed at supporting the Department’s efforts toward improved dental services for children. Partnerships have resulted in increased services for children at local clinics, the dental vans at both Resource Centers and pilot projects in discussion with Valley Health and Hospital in an effort to ensure better access to dental care. All children who were seen at the event will have follow up to ensure all the dental care needed for each child or youth. In addition, the Public Health Nutrition Education Department will begin classes at the resource centers on dental and nutritional care.

Strategy 4

FAMILY REUNIFICATION STRATEGIES

Better utilize formal and information supports, such as extended family and the faith based community to increase placement with relatives and Non-Relative Extended Family Members (NREFM), safely supports parents and children in family reunification

REUNIFICATION OUTCOME MEASURES

Action Steps:

Strategy 4A –*Expand Family Finding services and efforts to increase the number of children and youth placed with and develop life-long connections to family*

- *Re-establish formal internal procedures and dedicated resources to complete Family Finding activities RFP's and Contracts and internal staff*
- *Maximize utilization of community based organizations providing Family Finding support*
- *Analysis of how much dollar allocation needed and baseline of Family Finding by August 2014*

The Department has taken inventory of the Family Finding activities available through community based organizations. The DFCS has updated the On-Line Policies and Procedures Handbook to ensure updated and accurate information. The DFCS has identified the social work staff at the Receiving, Assessment and Intake Center (RAIC) as potentially being responsible for Family Finding activities. Unfortunately, the DFCS and Labor have been in the Meet and Confer process for several months regarding addition this function to the RAIC staff. It is hoped that concurrence will eventually be obtained. Full implementation of this strategy has been delayed due to the focus on the RAIC Redesign Process, and then more recently, the transition of the processes to convert as many of the current Children's Counselors positions to Social Worker I positions, which will provide the DFCS with a more flexible (higher) staffing level and more staff who can potentially do Family Finding activities. It should be pointed out that some Family Finding activities are being done through the RAIC in terms of basic searches for relatives through Lexus Nexus, but not in a fully operationalized manner and is not the full Family Finding process that is desired. At this point, it is hoped that formal Family Finding processes can be in place by the beginning of 2017.

Strategy 4B - *Need to ensure the necessary education and support so that immigrant children and youth are connected with family – nationally and internationally if necessary. This includes both youth in the child welfare and juvenile probation systems*

- *Formal procedures to be developed for both the DFCS and the JPD with designated oversight and tracking for families being served.*

A three (3) part Immigration Certification training was developed and trainings held for the DFCS and JPD staff. The training consists of Federal and State Immigration Law; Working with Immigrant Children and Families: Application and Practice; and Trauma and the Immigrant Experience. Thirteen (13) DFCS staff have completed the entire series and graduated with the Immigration Certification Certificate. On-going immigration training is also available for the DFCS staff.

Work is being done to formally track the recent immigrant families being served.

Strategy 4C - Increase communication between caregivers and parents to identify best placements, secure necessary supports and improve family engagement through:

- *Expanded use of (1) Up-Front Meetings before decisions about children being removed, (2) Transition Meetings for all placement and case decisions and (3) Icebreaker Meetings held in natural community settings that are reflective of families cultural identities and supports in the community (e.g., schools, churches or CBOs) and at times that are convenient for families (e.g., weekends and evenings).*
- *By July 2013, include analysis of the current number of these occurring and the number to increase each year for the 5 year time period and link with the family finding goal.*
- *Develop Orientation classes for caregivers and a drop-in support group that take into consideration language needs for families*

Team Decision Making (TDM) meetings are occurring, either formally or informally. Formal meetings are occurring for placement changes, transitions to moving towards emancipation and some front end potential removal situations. Attempts to add additional TDM staff were not approved, slowing down progress on this strategy. Icebreakers are part of the DFCS policies, but work needs to be done to ensure that it occurs on a regular basis.

The Resource Family Approval (RFA) process has been implemented in SCC. All RFA families are being provided the caregiver orientations as well as mandatory caregiver trainings.

Strategy 5

FAMILY REUNIFICATION STRATEGIES

The DFCS will increase the number of children who are safely reunified with their families through increased support and engagement with parent(s)

Profile of Children and Youth in Santa Clara County Currently Receiving Family Reunification Services

Children's Research Center SafeMeasures® Data. *Santa Clara County, Family Reunification, point in time data*. Retrieved April 22, 2016 from Children's Research Center website. URL:

<https://www.safemeasures.org/ca/> **Children and Youth Currently Receiving Family Reunification**

Services: only children and youth receiving Family Reunification service component included.

Sample includes youth receiving Family Reunification service component with an open case as of April 22, 2016 with end date=null. (Dummy end date to calculate Length of Stay [LOS] is April 22, 2016). LOS and age at entry is calculated using the Child Placement Episode (CPE) start date. Re-entry based on CPE start/end dates and only includes youth in-care 8 days or more. Placement count is based on current episode. **507 youth** matched to placement data.

Santa Clara County Profile: The average child or youth receiving family reunification services is Latino and English speaking. This is the first time the child or youth has been placed in foster care. In the current episode, he/she entered out of home care at age seven (7) due to reasons relating to general neglect. While originally placed in a county foster home or in a Foster Family Agency foster home, the youth currently resides either in a county foster home or with a relative or non-related extended family member. For the past ten (10) months since he/she has been in care, they've been in two (2) different placements. The youth is Katie A. eligible and has participated in a team decision making meeting.

Table 23

Profile of Children and Youth in Santa Clara County Receiving Family Reunification Services

Youth Receiving FR Services: N=507											
Gender			Ethnicity			Language					
Female	265	52.3%	Afr. Ancestry	63	12.4%	English	428	84.4%			
Male	242	47.7%	White	111	21.9%	Spanish	71	14.0%			
			Hispanic	285	56.2%	Vietnamese	3	.6%			
			Amer. Ind.	6	1.2%	Arabic	1	.2%			
			Asian PI	42	8.3%	Cantonese/ Mandarin	2	.4%			
			Other			2	.4%				
Age at Entry			Length of Stay (months)			Removal Reason					
0	72	14.2%	<3	59	11.6%	General Neglect	253	49.9%			
1 to 2	69	13.6%	3 to 6	135	26.6%	C. Ab./Incap.	184	36.3%			
3 to 5	95	18.7%	7 to 12	154	30.4%	Physical Abuse	46	9.1%			
6 to 10	123	24.3%	13 to 18	103	20.3%	Severe Neglect	10	2.0%			
11 to 15	91	17.9%	19+	56	11.0%	Sexual Abuse	9	1.8%			
16 +	57	11.2%	Average: 10.2 months			Emotional Abuse	3	.6%			
Average: 7 yrs						Disability/Hndicp	1	.2%			
First Placement Type			Current Placement Type			Placement Number					
FFA	177	34.9%	FFA	88	17.3%	1	195	38.5%			
FH	190	37.5%	FH	185	36.5%	2 to 3	262	51.2%			
Group	73	14.4%	Group	60	11.8%	4 to 5	27	5.3%			
Rel./NREFM	65	12.8%	Rel./NREFM	168	33.1%	6+	23	4.5%			
C.shelter/recv ing home (non EA/AFDC)	1	.2%	Sup. Ind. Living	6	1.2%	Average=2					
Sup. Ind.	1	.2				Episode					
						First Entry	389	76.7%			
						Re-Entry	118	23.3%			

Table 23

**Profile of Children and Youth in Santa Clara County Receiving Family Reunification Services
(Continued)**

Special Project										
BP-Emancipation	15	3.0%		SCC Starview	11	2.2%		SCC Seneca	16	3.2%
CalWORKs				SCC EMQ	28	5.5%		SCC VFM and VFR	47	9.3%
Common Case	68	13.4%		SCC First 5 PHN				SLO CF Meth		
CAPP	3	.6%		Home Visit Pr	185	36.5%		Abuse	2	.4%
Drug Court	161	31.8%		SCC IS	16	3.2%		S-NMD SILP	7	1.4%
Family Wellness Court	1	.2%		SCC ITFCS Level I	0	0%		S-NMD THP+FC	4	.8%
Project YEA	75	1.4%		SCC ITFCS Level II	1	.2%		Team Decision Making	227	44.8%
SCC 12 and under group home	2	.4%		SCC ITFCS Level III	2	.4%		SCC UCG-Odyssey	3	.6%
SCC 13 RCS				SCC Katie A Eligible	271	53.5%		S-Wraparound Program	67	13.2%
Compadres	16	3.2%								

Note: Special projects includes unique youth per category (though not across categories).

This profile tells us that children who are currently in Family Reunification in SCC enter the child welfare system in large part due to neglect and caregiver absence, which would seem to point to substance abuse, incarceration, and lack of supervision which relates to the lack of a strong support system. These children likely end up with relatives or non-relative extended family members who appear to be stable and committed to the child. These children tend to be school age children, and many have higher level emotional and behavioral problems, so a slightly higher proportion end up placed in community care facilities.

Based on this profile, long term DFCS strategies should focus on prevention efforts to provide services prior to entry into the child welfare system, and greater utilization of community and natural support systems. For those children who do enter the child welfare system, the DFCS should continue to focus on identifying and placing children with relative/NREFM as soon as possible, and increasing the focus on providing services to support children and caregivers to ensure placement stability and improve potential reunification as well as permanency outcomes. These strategies are consistent with current DFCS efforts in both identification and provision of services to at risk families prior to system entry, the Child and Family Practice Model, the Title IV-E Well-Being Project, Resource Home Approval and the pending Continuum of Care Reform. Services for parents should continue to focus on addressing presenting issues, as well as preparing parents to be better prepared to address safety and well-being issues for children and improve the likelihood of reunification and remain safely at home after reunification.

REUNIFICATION OUTCOME MEASURES - Timeliness and Permanency of Reunification

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *P1 – Permanency in Twelve (12) Months for Children Entering Foster Care. Of all children who enter foster care in a (12) twelve month period, what percent discharged to permanency within twelve (12) months of entering foster care? (Permanency outcomes include reunifications, adoptions and guardianships.)

Federal Standard: 40.5% or greater.

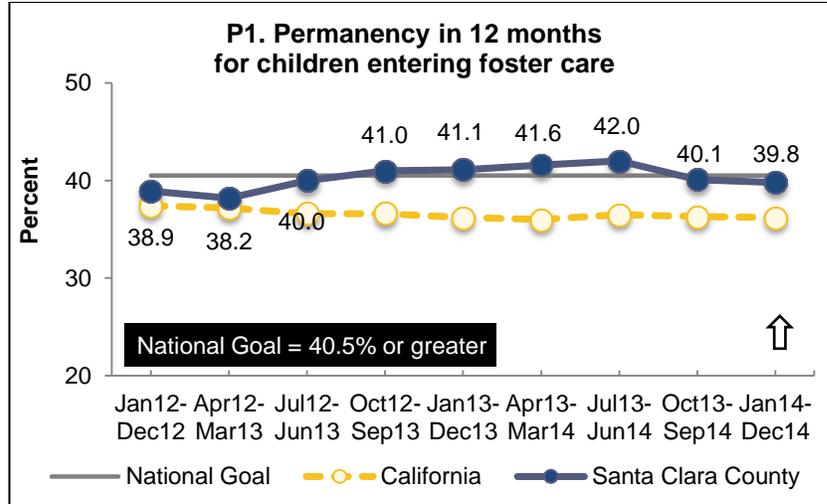
Current Performance: According to the data provided by the University of California, Berkley California Child Welfare Indicators Project (CCWIP) for the period between January 2015 and December 2015, in Santa Clara County Child Welfare, **39.8%** of children who enter foster care in a twelve month period were discharged to permanency within twelve months of entering foster care which is just slightly below the Federal goal of 40.5%. This measure had started to plateau in the third quarter of 2013 through the second quarter of 2014, prior to decreasing during the third quarter of 2014 as well as during the last quarter of 2014. Within California, SCC is performing well above the state average of 36.2% on this indicator. By ethnicity, this goal was met for African Ancestry, Native American and Asian and Pacific Islander and White children, but not for Latino children. For Latino children during the current year (2014), performance on this measure decreased from 37.4% for the preceding period (2013) to 36.5%. For African Ancestry children there was improved performance from 35.4% for the prior period from January 2013 to December 2013 to 48.7% during the current period and is now above the Federal goal. Similarly, White children also had a decrease in this measure, from 54.7% for the prior period, to 43.2% for the current period, but still above the Federal goal. For the current period, 53.3% of Asian and Pacific Islander children discharged to permanency in twelve months which was a decline from 60.0% for the prior year, but still above the Federal goal. For Native American children, there was an improvement in their outcomes from 33.3% for the prior period to 50.0% for the current period and is now above the Federal goal, but their relative numbers in SCC are so small that a minor change will result in a large percentage change either positively or negatively.

Table 24

Federal Performance Measure - *P1. Permanency in 12 Months for Children Entering Foster Care

* P1. Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care? (Permanency outcomes include reunifications, adoptions and guardianship.)

SIP Goal



P1	National Standard	Last Year (JAN2013-DEC2013)				Most Recent Period (JAN2014-DEC2014)			
		Exit to Permanency	Total Children	%	Goal met?	Exit to Permanency	Total Children	%	Goal met?
Black	≥ 40.5%	17	48	35.4%	✗	38	78	48.7%	✓
White	≥ 40.5%	52	95	54.7%	✓	41	95	43.2%	✓
Latino	≥ 40.5%	162	433	37.4%	✗	179	491	36.5%	✗
Asian/ Pacific Islander	≥ 40.5%	18	30	60.0%	✓	24	45	53.3%	✓
Native American	≥ 40.5%	1	3	33.3%	✗	1	2	50.0%	✓
Overall Performance	≥ 40.5%	250	609	41.1%	✓	283	711	39.8%	✗

Target Improvement Goal: The County can improve performance on this measure from 39.8% (283 children) to 40.93% (292 children). This improvement can be obtained from a 2.1% (9 children) shift of children who discharge to permanency with twelve months of entering foster care.

Santa Clara County has engaged in the following activities during this past quarter toward the reunification improvement strategies:

Strategy 5A - Increased visitation in a more natural and relaxed setting and increasing the number of visits available for families and children. Enforce the step down visitation model that would ensure visits occur in the least restrictive and supportive environment for families. Prioritize the

increase in support staff, funding and resources needed to help with the visits, including the availability of in-home parenting support.

The timeline for completion for increased visitation was the Fall of 2015. This strategy has been prioritized through the Strategic Planning process and workgroups aimed at further development of the necessary short and long term action steps have been actively engaged over the past few months. Additional staff to supervise visitations has been approved through the 2014 to 2015 Mid-Year Budget process and additional staff to support visitations has also been requested as part of the 2015 to 2016 Budget process. Discussions are continuing with Seneca Foster Family Agencies for possible therapeutic visitation resource funded through Adoption Wraparound reinvestment funds. Refocusing and supporting staff on the Department's existing visitation policy known as "step-down" or progressive visitation to have the least restrictive visitation possible that ensures the safety of the child and utilizes family and other natural support systems in more natural settings and the alignment with the Child and Family Practice Model (CFPM) values, principles and behaviors was an emphasis in 2015.

For the Gilroy Family Resource Center (GFRC) support of increased and improved visitation in South County is underway as follows:

- Two (2) additional Social Worker I staff have been added to the GFRC team to support the demand for visitation and to support successful visitation. All of the Social Worker I's on the team are working to implement the Child and Family Practice Model using coaching with families to help support modeling and redirection. Challenging cases are being staffed for consultation and in partnership with the Social Worker I supporting visitation and the case carrying social worker.
- Working to ensure that transportation is not a barrier for visits for caregivers or birth parents.
- A Domestic Violence training provided by Community Solutions is planned for May 2015 for staff to better prepare for situations involving Domestic Violence with families.
- The Gilroy Family Resource Center has ensured that the building is open in the evenings Monday through Thursday until 8:30pm and on Saturdays from 8am to 5:00 pm for a venue to have visits between parents and children.
- The DFCS has partnered with Rebekah Children's Services to be able to use the First 5 Family Resource Center (FRC) in Gilroy for visits for parents with children birth to age 5. Plans are currently underway to look at the First 5 FRC being open on Saturdays in the 2015 to 2016 Fiscal Year to further support visits.
- Plans are underway to relocate the GFRC to a larger building that can provide greater capacity and flexibility as well as a safe and secure place for visits to occur inside and outside the building. A possible site has been identified and initial discussions are underway.

Social Worker I staff, who provide much of the supervised visitation services, recently completed a Social Worker I Core Training to ensure greater consistency in order to ensure greater consistency and practices in the supervision of visits. Content of the trainings included Child and Youth Development, the Child and Family Practice Model, Cultural Humility, Teaming and Visitation, Non Violent Crisis Intervention, Recognizing Substance Abuse in the Home, Intimate Partner Violence, and Self-Care, just to name some of the content. It is expected that the Social Worker I's will be able to provide greater coaching and feedback for parents, have honest conversations through the use of the CFPM, and provide greater input to the case carrying social workers to step-down visitations as soon as it is appropriate to do so.

In addition, the DFCS has obtained an additional venue for supervised visitations. This site has been named the Ohana (Ohana in Hawaiian means "Family") Visitation Center (also known as the Ohana Family Development Center). The Ohana Visitation Center is a facility located at a separate location in San Jose with six (6) visitation rooms that are child and family friendly where social workers (and potentially caregivers or relatives) can supervise visitations between children and parents, children and relatives or children with other siblings. Art work was donated by a former foster youth who volunteered to paint some murals inside the center. Other art by former foster youth has also been included at the Ohana Visitation Center. The Ohana Visitation Center itself is not a staffed facility, but DFCS staff can use the facility as an alternate visitation location. By design, visits that occur at the Ohana Visitation Center are low risk visitations where the family is "stepping down" and moving towards unsupervised visits. The Ohana Visitation Center is scheduled to begin formally operating in May 2016.

Strategy 5B -Continue to support staff through training in order to have the difficult conversations with families regarding trauma. Ensure trauma focused educational services for parents and caregivers, and staff and ensure language and ethnicity is included. Creation of an on-line policies and procedures manual of current licensed professionals and including coaching and mentoring for staff especially with regards to trauma and **Strategy 5E** -Continued participation in the California Partners for Permanency Project (CAPP) for Safety Organized Practice (SOP) and Coaching and Mentoring.

Strategies 5B and 5E are intertwined as both involve Agency wide training and system changes in the ways in the DFCS is supporting children and families and the ways in which the Department is supporting social workers working with families to develop training and system changes respective organizations and agencies on a trauma informed practice. Training has been completed for all DFCS Social Workers in the Child and Family Practice Model (CFPM). The CFPM training has included specific modules on cultural humility, trauma focused efforts, teaming, solution focused interviewing, safety mapping, harm and danger statements, the three (3) houses, and other elements of Safety Organized Practice. Current efforts are supporting workers in "teaming with families" more, having difficult conversations to better engage children and families, understanding situations through the family's "lens: or perspective, engaging the family's natural circle of support, and

helping to sort out true harm and danger for children versus other complicating factors for a family. In addition, the DFCS continues to support Reflective Supervision so that social workers are better supported by supervisors and supervisors are better supported by managers. A Coaching Delivery Plan has been developed and finalized in order to ensure consistent coaching support by managers and supervisors for staff. Fidelity Assessments continue to be held to evaluate the effectiveness of the training, coaching, and full implementation. A fidelity assessment tool is used by a trained supervisor or manager and community partner observing the social worker with the family in a “teaming event.” Feedback from the Fidelity Assessments will inform the “system” about areas that need further training or support for social workers to best support families.

In addition, the Santa Clara County DFCS has obtained SCC Board of Supervisors approval for participation in the Title IV-E Well-Being Demonstration Project (also known as the Title IV-E Waiver Project or the Wellness Project). This is an opportunity for Child Welfare and Probation Departments to use Title IV-E funding, which is the largest federal funding source for Child Welfare, more flexibly, to better meet the unique needs of the specific jurisdiction. The Title IV-E California Well-Being Project (Waiver Project) will allow the child welfare and probation departments to offer federal foster care funds to children and families not normally eligible for Title IV-E support, and also provides funding for certain services not normally covered under Title IV-E. The project over the next five years will focus on two components:

- Prevention: Wraparound for probation youth exhibiting delinquency risk factors that put them at risk of entering foster care.
- Family Centered Practice: Full implementation of Safety Organized Practice to further implement and enhance the Core Practice Model for child welfare, focusing on prevention services to prevent the need for removals from the home, and supporting less restrictive placement options. Specific elements of Safety Organized Practice which will be utilized include Harm and Danger Statements, Safety Mapping, Planning and Goals, Solution Focused and motivational Interviewing, teaming, family engagement and assessment, behaviorally based case planning, transition planning, case monitoring, case adaptation, capturing the child and family’s voice, and identifying and utilizing the child and family’s circle of support.

The first year of participation was focused on planning and stakeholder outreach. The DFCS has invested in two high level managers to support planning, implementation and evaluation of the Title IV-E Well-Being Project and these positions have been in place since August 2015.

A Title IV-E Well-Being Steering Committee has been established along with four (4) subcommittees and planning meetings are in process that focuses on four (4) functional areas: program, fiscal, communications, and data and evaluation. Technical assistance from Casey Family Programs is in place and ongoing, and has been valuable in planning and addressing implementation

goals and challenges. The Steering Committee and planning sessions include the DFCS staff, Juvenile Probation staff, Social Services Agency Financial Management Services (FMS), Office of Research and Evaluation, the SSA Agency Office staff, and Office of Budget Analysis (OBA) staff. Focus groups have also been conducted with community stakeholders, including families and youth, to identify/reaffirm service needs and to help set the stage for effective implementation.

A summary of current and new implementation efforts to support the primary intervention of Safety Organized Practice include:

Title IV-E Well Being Project Current Strategies:

- a. Minimize referrals to the Child Abuse and Neglect Center (CANC) by redesigning staff training to include harm and danger statements in referral narratives, increase understanding of general neglect and ensuring alignment with Safety Organized Practice and Structured Decision Making.
- b. Expansion of the Parent Advocacy model in South County, an area with significant disproportionate representation of Latino families in the system. After exiting the system, families will receive continued advocacy and support to reduce the possibility of their return.
- c. Expansion of Differential Response prevention services for current providers to mitigate system entries and serve more families through prevention services in the community.
- d. Flexible funding supports to provide families with resources without have to open a case.

Title IV-E Well Being Proposed New Strategies include:

- a. The Cultural Brokers Program will utilize ethnic and cultural experts in the community to facilitate communication and bridge cultural gaps between DFCS staff and families. , This brokering will improve understanding and facilitate improved engagement which will prevent entries into care, keep children safe and promote stronger families. Expected start date for the new program is May 2016 or June 2016.

Please see Attachment XIV regarding various flyers and information regarding the Cultural Brokers Program.

- b. Path Zero, a prevention concept that would provide resources and supports “further upstream” in the community where issues of concern may arise with families, but the issues have not yet reached the risk threshold of abuse or neglect. This would allow for families to receive services and supports in their natural environment. The concept is under development and will require intentional partnership with key community stakeholders, providers and schools. Through this effort, the following could occur:

- Flexible funding to be made available to meet unique family needs (house cleaning, clothing, emergency rent or utility payment) that often stem from poverty rather than neglect;
- Linkages to services in the community for families that may not warrant a referral to the CAN Center. The DFCS has begun dialogue the Office of Cultural Competency, Juvenile Probation, School Linked Services, Behavioral Health, and Public Safety, working together to identify and leverage community resources and services that could be linked to families with needs in the community.
- Develop partnerships with 211 Resource Directory to ensure close identification and coordination of community resources. Identify current service gaps and leverage resources to fill the need.

Please see Attachment XII for Title IV-E Well Being project flyers and Attachment XIII for the Title IV-E Well-Being Project Logic and Theory of Change Model.

Casey Family Programs has also generously contracted with two additional organizations that will provide technical assistance as follows:

- a. i.e. communications will work closely with the Communications subcommittee to develop communications materials that clearly convey the goals and vision of Santa Clara County's participation in the Waiver, and will employ a collaborative, inclusive process in message development.

Please see Attachment LXX for the Scope of Work for i.e. Communications.

- b. Chapin Hall at the University of Chicago will work closely with the Data and Evaluation subcommittee to develop a Continuous Quality Improvement (CQI) process. Chapin Hall will guide an analysis process to identify the core components of a CQI system that addresses the need of the agency and informs policy and practice. Chapin Hall will also provide guidance in the development of a strategic direction for the agency, one that leverages the waiver to achieve better outcomes for children, youth and families. Chapin Hall will collaborate with i.e. communications in the development of the strategic direction.

Please see Attachment LXXI for the draft Scope of Work for the Santa Clara County Chapin Hall and Casey Family Programs Partnership.

It should also be noted that the concepts and principles of the CFPM and SOP are in alignment with the concepts underlying reflective supervision and reflective practice, Structured Decision Making (SDM) as well as "Just Culture" which will be rolled out in the Social Services Agency and in the DFCS starting March 24, 2015. Just Culture is county wide initiative to move the county towards becoming a learning organization that promotes employee involvement, feedback, early

identification of issues, joint problem solving, transparency and fairness. The initial Just Culture training for DFCS social work coordinators, social work supervisors and managers occurred on March 24, 2015 and was well received. Just Culture trainings for the social workers, and office professional and support staff occurred in August 2015 and September 2015.

Please see Attachment LXVIII for copies of training announcements for Structured Decision Making (SDM) and Attachment LXXXIX for a copy of the training announcement on Just Culture.

Strategy 5C – *Enhance parent education support that is research based and takes into consideration the culture of the family. Tailor classes to meet the needs of families, ensure classes in South County and additional classes in Spanish. Look at open ended classes and ensuring childcare and transportation and the implementation of Triple P evidenced based parenting classes throughout the county.*

This strategy and action steps are on target and have been fully implemented. To date, the County has successfully partnered with County Mental Health and the Probation Department, as well as First 5 Santa Clara for the implementation of the Triple P evidenced based parenting program throughout the County. This allows parents to be assessed and a better match about the type of class or program needed to best meet their parenting needs. This was implemented in September 2013. The additional task of adding more available classes in Spanish and other languages that may not occur with tremendous frequency, as well as additional classes in South County, addressing childcare and transportation concerns, looking at ensuring open ended drop in classes and in home parenting support were issues of concern and were addressed in 2014 and 2015. As was previously referenced, just prior to the beginning of the 2015 to 2016 Fiscal Year, the Positive Parenting Plus (Triple P) program underwent some changes, including transition to another vendor, Rebekah Children’s Services (RCS). After a period of transition, the DFCS and RCS, in partnership with Santa Clara County Behavioral Health Department, have fully implemented the Triple P model, which includes an assessment to increase understanding of the parents overall needs and focus the class to best meet their parenting needs. Part of these changes included a change in class specialization. Previous, the specializations has been based on specific issues, such as special needs children, and is now changed to ages (ages 0-11 and ages 12-18). Classes provided instruction on topics that previously were covered in their specialized class. With the assessments results, the Triple P instructors are able to provide an emphasis on the specific needs of each parent in the class. This allowed for more parents in each class and helped to streamline the process of scheduling parents and classes. After full implementation of the model, administrative and fiscal issues became apparent, especially it relates to Medi-Cal claiming and maintaining a sufficient number of trained instructors to fill the needs of the DFCS. These issues have been resolved by securing more funding for families without Medi-Cal or who can’t meet the medical necessity requirement of Medi-Cal, by identifying more trained instructors, and by pairing some partially trained instructors with fully trained instructors. This change has allowed the DFCS to offer Triple P to more parents and to maintain a robust schedule of Triple P classes.

Please see Attachment LXI regarding information on the Triple P evidence based parenting program.

Strategy 5F - *Ensure the active engagement of fathers for all cases. Track cases to ensure they are involved, continued participation in the Fatherhood Initiative and collaboration. Bring in culturally responsive trainers and ensure training that promotes and supports the inclusion of fathers and paternal family members.*

There has been a great deal of work to date on this goal. Santa Clara County has established the Santa Clara County Fatherhood/Male Involvement Collaborative. This collaborative is a community and agency collaborative aimed at developing strategies and the necessary partnerships to work towards having fathers engage in beneficial community and agency services by creating the resources that advocate and promote fatherhood and male involvement for children and families. Key partners involved include Social Services Agency DFCS, the Probation Department, Behavioral Health Services (County Mental Health), staff from the Elmwood Main Jail, Catholic Charities, Gardner Family Care, the Department of Drug and Alcohol Services, SCC First 5, Family and Children's Services, SCC Housing, Lighthouse of Hope Counseling Center, Planned Parenthood, South County Self Help Center, County Counsel, the Veterans Administration, and Clear Credit Exchange. Partners include public and private agencies and faith based community membership.

To date, this active committee has successfully built strong partnerships and created workgroup goals to ensure the necessary advocacy to launch, lead and evaluate efforts to make fatherhood engagement a permanent practice in the DFCS, Behavioral Health Services, the Court System, Family Support and the criminal justice system in Santa Clara County. In addition, the Collaborative provides presentations and outreach in the community to educate, train and to invite all community partners to join the Collaborative as service providers. The collaborative has and continues to work with SSA DFCS to educate and train staff that the SCCFATHERHOOD is available for training, community resources and practice models. The Collaborative has also established a resource website www.sccfatherhood.org for fathers and their family to locate beneficial services. The collaborative has trained a number of fathers, Court official, community members and services providers how the website works and how to join the website to create a community resource directory. The Collaborative meets every second Thursday of the month and the Collaborative puts out a quarterly newsletter on the SSA Internet.

A newsletter has been created and is sent out on a Semi-Annual basis to all DFCS staff to keep staff informed of the changing resources and support. For 2016, this committee will continue the work of contacting other fatherhood organizations at a local, State and National level to learn more about promising practices and lessons learned to be adapted and implemented within Santa Clara County. This will include the launch of training for staff and may include additional SIP goal strategies to ensure active father engagement in the child welfare process. This will be an on-going goal throughout the SIP process through 2018.

Please see Attachment XXVI for the information regarding a training opportunity set up by the Fatherhood Initiative, a research project involving fathers by a graduate level social work student, the National Families and Fathers 17th Annual Conference program, which SCC and the DFCS participated in.

Strategy 5G – Due to a numbering error, there is no Strategy 5G.

Strategy 5H (also Strategy 1L) – *Increase parent voice in decision making.*

Please see SIP progress noted for Strategy 1L above.

Strategy 5I – *Continue to support the development and delivery of training to increase staff's ability to engage with the families around difficult/courageous conversations and to support work with families regarding trauma.*

One component of the California Partners for Permanency (CAPP) Child and Family Practice Model (CFPM) training is a trauma informed practice module. Trauma informed practice is a key element of the CFPM in the work to better engage children and families and to understand and incorporate the families trauma experiences and history into the practice and interventions. All DFCS social workers have been trained in the CFPM as of May 2015.

Additional trauma focused training, such as the Trauma Affect Regulation: Guide for Education and Therapy (TARGET) Model is being considered for cross systems alignment (including mental health and probation) of services for children and families across different service systems.

The Cross Agency Services Team (CAST) will be focusing in 2016 on global integration of trauma informed practices throughout various/all systems in SCC.

Strategy 6

PERMANENCY STRATEGY

Increase the number of youth in guardianships and children/youth in adoption placements and eliminate the barriers to support a stable placement for children/youth

Profile of Children and Youth in Santa Clara County in Out of Home Placement for 18 months or Longer and Receiving Permanent Placement Services

Data from Children’s Research Center SafeMeasures® Data. *Santa Clara County, Children in Out of Home Placement for 18 Months or Longer, timeframe as of April 22, 2016.* Retrieved April 22, 2016 from Children’s Research Center website. URL: <https://www.safemeasures.org/ca/> on children/youth in Out of Home Placement, 18 Months or longer and receiving Permanent Placement services: Sample includes youth identified as Permanent Placement by service component variable and in care for eighteen (18) months of longer (≥ 540 days). Only open cases as of April 22, 2016 were included with end date=null. (Dummy end date to calculate length of stay is April 22, 2016). Length of Stay (LOS) and age at entry is calculated using the Child Placement Episode (CPE) start date. Re-entry based on CPE start/end dates and only includes youth in-care 8 days or more. Placement count is based on current episode. **485 children and youth** matched to placement data.

Santa Clara County Profile: The average youth in care for eighteen (18) months or longer is Latino, but English speaking. He/she entered care at seven (7) years of age due to allegations of general neglect and/or caretaker incapacity. This is the first time they have been placed in foster care. The first placement type was a county foster home but the youth currently resides in a relative or Non-Relative Extended Family Member (NREFM) home. While in care, he/she has been in 3 different placements. He/she has been in care for a little under 4 years and is currently 11 years old. The youth is Katie A. eligible and has participated in a Team meeting.

Table 25

Profile of Children and Youth in Santa Clara County in Out of Home Placement for Eighteen (18) Months or Longer and Receiving Permanent Placement Services

Youth in-care 18 months or longer: N=485							
Gender			Ethnicity			Language	
Female	236	48.7%	Afr. Ancestry	61	12.6%	English	415 85.6%
Male	249	51.3%	White	70	14.4%	Spanish	59 12.2%
			Hispanic	305	62.9%	Vietnamese	7 1.4%
			Amer. Ind.	20	4.1%	Other	4 .8%
			Asian PI	29	6.0%		

Table 25

Profile of Children and Youth in Santa Clara County in Out of Home Placement for Eighteen (18) Months or Longer and Receiving Permanent Placement Services (Continued)

Age at Entry			Current Age			Removal Reason (most severe)
0	56	11.5%	1 to 2	26	5.4%	General Neglect 195 40.2%
1 to 2	69	14.2%	3 to 5	92	19.0%	C. Ab./Incap. 196 40.4%
3 to 5	82	16.9%	6 to 10	112	23.1%	Physical Abuse 37 7.6%
6 to 10	155	32.0%	11 to 15	129	26.6%	Severe Neglect 31 6.4%
11 to 15	109	2.1%	16 to 17	100	20.6%	Sexual Abuse 10 2.1%
16 to 17	14	2.9%	18+	26	5.4%	Law Violation 3 .6%
Average: 7			Average: 11			Emotional Abuse 9 1.9%
First Placement Type			Current Placement Type			Length of Stay (months)
FFA	112	23.1%	FFA	75	15.5%	18-23 86 17.7%
FH	202	41.6%	FH	90	18.6%	24-35 167 34.4%
Group	41	8.5%	Group	56	11.5%	36-47 93 19.2%
Rel./NREFM	82	16.9%	Rel./NREFM	200	41.2%	48+ 139 28.7%
Guardian	15	3.1%	Guardian	58	12.0%	Average: 45 months
Small Family	1	.2%	Small Family	1	.2%	
C.shelter/recv ing home (non EA/AFDC)	32	6.6%	Sup. Ind. Living	5	1.0%	
Placement Number			Episode			
1	97	20.0%	First Entry	350	72.2%	
2 to 3	245	50.5%	Re-Entry	135	27.8%	
4 to 5	75	15.5%				
6+	68	14.0%				
Average=3						

Table 25

Profile of Children and Youth in Santa Clara County in Out of Home Placement for Eighteen (18) Months or Longer and Receiving Permanent Placement Services (Continued)

Special Project									
BP-Emancipation	53	10.9%	SCC Seneca	43	8.9%	RCS Compadres	22	4.5%	
CalWORKs Common Case	28	5.8%	SCC EMQ Matrix	27	5.6%	SCC Starview	17	3.5%	
CAPP	112	23.1%	SCC First 5 PHN Home Visit Pr	126	26.0%	SCC VFM and VFR	10	2.1%	
EMQ - UPLIFT	37	7.6%	SCC Katie A Eligible	341	70.3%	S-Wraparound Program	128	26.4%	
Family Wellness Court	13	2.7%	SCC UCG-Odyssey	23	4.7%	Teaming Meeting (TDM, PTM etc)	311	64.1%	
Drug Court	88	18.1%	S-NMD SILP	6	1.2%	SCC ITFCS Level A-E	14	2.9%	
SCC 12 and under group home	7	1.4%	S-NMD THP+FC	5	1.0%	SCC ITFCS Level II	11	2.3%	
Project YEA	191	39.4%	SCC ITFCS Level I	8	1.6%	SCC ITFCS Level III	14	2.9%	

Note: Special projects includes unique youth per category (though not across categories).

This profile tells us that children who have been in Permanent Placement in out of home care for eighteen (18) months or more enter the child welfare system in large part due to neglect and caregiver absence, which would seem to point to substance abuse, incarceration and lack of supervision which relates to the lack of a strong support system. These children likely end up with relatives or non-relative extended family members (NREFM) who appear to be stable and committed to the child, but not necessarily willing to commit to a more permanent plan of legal guardianship or adoption. These children will likely grow up in the child welfare system and become non-minor dependents or emancipate or age out of the system.

Based on this profile, long term DFCS strategies should focus on prevention efforts to provide services prior to entry into the child welfare system, and greater utilization of community and natural support systems. For those children who do enter the child welfare system, the DFCS should continue to focus on identifying and placing children with relative/NREFM as soon as possible, and increasing the focus on permanency options with these caregivers from very early in the case, including increased use of teaming to support and encourage caregivers to commit to legal guardianship or adoption if reunification efforts with the parents are unsuccessful. The DFCS strategies around the Child and Family Practice Model, Safety Organized Practice, Structured Decision Making, Concurrency, Resource Home Approval, and pending Continuum of Care Reform are consistent with the profile of the children and youth who are in foster care the longest.

PERMANENCY OUTCOME MEASURES

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *P2. Permanency in Twelve (12) Months for Children in Foster Care for Twelve (12) months to Twenty Three (23) months. Of all children in foster care on the first day of a twelve (12) month period who had been in foster care (in that episode) between twelve (12) to twenty three (23) months, what percent discharged from foster care to permanency within twelve (12) months of the first day of the twelve (12) month period? (Permanency outcomes include reunification, adoptions and guardianship).

Federal Standard: 43.6% or greater.

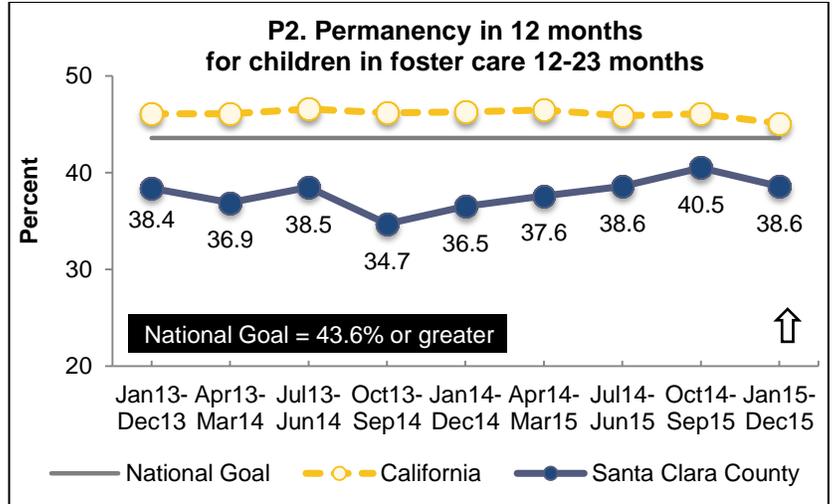
Current Performance: According to the data provided by the University of California, Berkeley CCWIP for Santa Clara County Child Welfare for the period between January 2015 to December 2015, **38.6%** of children who on the first day of the twelve month period had been in foster care between twelve (12) and twenty three (23) months discharged from foster care to permanency within twelve (12) months of the first day of the twelve (12) month period. This measure is currently not meeting the Federal goal of **43.6%** or greater. Included in this percentage are children who exited to reunification, adoption, and legal guardianship. However, performance on this measure has been trending upwards during the last four (4) reporting periods prior to the current one. Prior to that, performance on this measure had been generally decreasing during the prior four (4) reporting periods. Not included are children who exited to non-permanency or were still in care. By ethnicity during the current reporting period, 47.6% of African Ancestry children, 45.5% of Asian and Pacific Islander children, 50% of Native American children and 46.2% of White children who were in foster care on the first day a twelve (12) month who had been in care between twelve (12) to twenty three (23) months, exited to a permanent home by the end of the twelve (12) month period and exceeded the Federal goal. Unfortunately only 36.3% of Latino children likewise exited to a permanent home by the end of the twelve (12) month period and was far under the Federal goal. There was an increase in performance for African Ancestry, Latino, and Native American children, but a decrease in this performance measure for Asian and Pacific Islander children from 47.8% for the preceding period to 45.5% for the current period, and for White children from 0% for the preceding period to 50% during the current reporting period.

Table 26

Federal Performance Measure - *P2. Permanency in 12 Months for Children in Foster Care Twelve (12) to Twenty Three (23) Months

*** P2.** Of all children in foster care on the first day of the 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the 12-month period? (Permanency outcomes include reunifications, adoptions and guardianship.)

SIP Goal



P2	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Exit to Permanency	Total Children	%	Goal met?	Exit to Permanency	Total Children	%	Goal met?
Black	≥ 43.6%	11	28	39.3%	✗	10	21	47.6%	✓
White	≥ 43.6%	15	30	50.0%	✓	12	26	46.2%	✓
Latino	≥ 43.6%	73	220	33.2%	✗	77	212	36.3%	✗
Asian/ Pacific Islander	≥ 43.6%	11	23	47.8%	✓	5	11	45.5%	✓
Native American	≥ 43.6%	0	0	NA	NA	1	2	50.0%	✓
Overall Performance	≥ 43.6%	110	301	36.5%	✗	105	272	38.6%	✗

Target Improvement Goal: The County will improve performance on this measure from 38.6% (105 children) to 43.75% (119 children). This result can be obtained from a 8.38% (14 children) improvement in the number of children who are in care twelve (12) to twenty three (23) months who exit to permanency.. This decrease stops an upward trend that had occurred over the last four (4) reporting periods.

Performance on this measure may be impacted by the lack of foster home resources, placement options, and non-related individuals who are willing to become legal guardians or adoptive parents for children. The difficulties in the recruitment of foster homes and those that are willing to be concurrent homes is a major challenge in SCC, given the cost of living and the likelihood/necessity of having to have two incomes to make ends meet. While SCC generally does well in identifying and placing children with relative or non-relative extended family members, this may also impact performance on this measure in that some relative/NREFM may be willing to provide a stable long term placement for children, but are unwilling to commit to legal guardianship or adoption to

maintain reasonable family relationships with the biological parents. Performance on this measure has also likely been impacted by the establishment of Non-Minor Dependent status for foster youth who can now choose to remain in care after they turn 18 years of age.

Priority Outcome Measure or Systemic Factor: Federal Performance Measure *P3. Permanency in Twelve (12) Months for Children in Foster Care for Twenty Four (24) months or more. Of all children in foster care on the first day of a twelve (12) month period who had been in foster care (in that episode) twenty four (24) months or more, what percent discharged from foster care to permanency within twelve (12) months of the first day of the twelve (12) month period? (Permanency outcomes include reunification, adoptions and guardianship).

Federal Standard: 30.3% or greater.

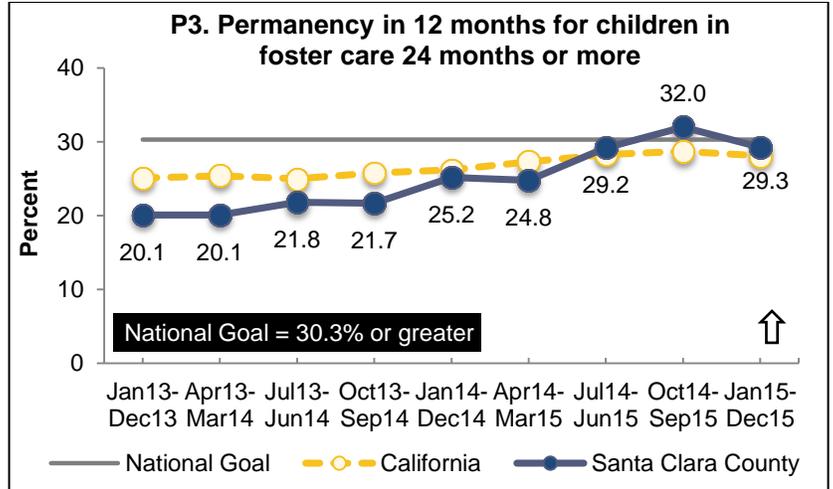
Current Performance: According to the data provided by the University of California, Berkeley CCWIP for Santa Clara County Child Welfare for the period between January 2015 to December 2015, **29.3%** of children who on the first day of the twelve (12) month period had been in foster care four twenty four (24) months or more discharged from foster care to permanency within twelve (12) months of the first day of the twelve (12) month period. This measure is just slightly under the Federal goal of **30.3%** or greater. Included in this percentage are children who exited to reunification, adoption, and legal guardianship. However, performance on this measure has been trending upwards during the last two (2) reporting periods prior to the current one. Prior to that, performance on this measure had been generally decreasing during the prior four (4) reporting periods. Not included are children who exited to non-permanency or were still in care. By ethnicity during the current reporting period, 32.1% of Latino children, and 33.3% of Asian and Pacific Islander children, who were in foster care on the first day a twelve (12) month period who had been in care twenty four (24) months or more exited to a permanent home by the end of the twelve (12) month period and exceeded the Federal goal. Unfortunately only 21.1% of African Ancestry children, 18.4% of White children, and 0% of Native American children likewise exited to a permanent home by the end of the twelve (12) month period and was far under the Federal goal. There was an increase in performance for Latino and Asian and Pacific Islander children, but a decrease in this performance measure for White children from 24.5% for the preceding period to 18.4% for the current period, and for African Ancestry and Native American children there was no change from the prior to the current reporting period.

Table 27

Federal Performance Measure -*P3. Permanency in Twelve (12) Months for Children in Foster Care for Twenty Four Months (24) or More

P3. Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period? (Permanency outcomes include reunifications, adoptions and guardianship.)

SIP Goal



P3	National Standard	Last Year (JAN2014-DEC2014)				Most Recent Period (JAN2015-DEC2015)			
		Exit to Permanency	Total Children	%	Goal met?	Exit to Permanency	Total Children	%	Goal met?
Black	≥ 30.3%	8	38	21.1%	✗	8	38	21.1%	✗
White	≥ 30.3%	12	49	24.5%	✗	7	38	18.4%	✗
Latino	≥ 30.3%	59	217	27.2%	✗	84	262	32.1%	✓
Asian/ Pacific Islander	≥ 30.3%	0	8	0.0%	✗	6	18	33.3%	✓
Native American	≥ 30.3%	0	2	0.0%	✗	0	2	0.0%	✗
Overall Performance	≥ 30.3%	79	314	25.2%	✗	105	358	29.3%	✗

Target Improvement Goal: The County will improve performance on this measure from 29.3% (105 children) to 30.7% (110 children). This result can be obtained from a 1.4% (5 children) improvement in the number of children who are in care twenty four (24) months or more who exit to permanency. This decrease stops an upward trend that had occurred over the last two (2) reporting periods.

Performance on this measure may be impacted by the lack of foster home resources, placement options, and non-related individuals who are willing to become legal guardians or adoptive parents for children. The difficulties in the recruitment of foster homes and those that are willing to be concurrent homes is a major challenge in SCC, given the cost of living and the likelihood/necessity of having to have two incomes to make ends meet. While SCC generally does well in identifying and placing children with relative or non-relative extended family members, this may also impact performance on this measure in that some relative/NREFM may be willing to provide a stable long term placement for children, but are unwilling to commit to legal guardianship or adoption to

maintain reasonable family relationships with the biological parents. Performance on this measure has also likely been impacted by the establishment of Non-Minor Dependent status for foster youth who can now choose to remain in care after they turn 18 years of age.

Strategy 6B - *Concurrent Home Agreements are submitted, tracked and monitored for all children. Permanency Coordinator continues to send monthly report to Supervisors and Managers identifying those children who do not have Concurrent Home Agreements on file. Reinstate manager reviews for permanency and ensure all cases are transferred to finalization unit within 30 days of Parenting Rights being terminated.*

Strategy 6C - *Create a new assignment to track and monitor all external home studies to expedite completion and to better track and understand any delays.*

The Department has reinitiated tracking of concurrent plans for all children in care to ensure that every child has a plan for permanency in process through monthly reports being sent to supervisors and managers, as well as the implementation of manager reviews to ensure all cases where Parental Rights are terminated are transferred to the Adoption Finalization Unit to start the adoption process within 30 days. This began in the summer of 2013. As of March 2016, 55.9% of relative, non-relative extended family member (NREFM) and foster homes have a signed concurrency agreement in place. As of November 2014, 50% of relative, non-relative extended family member (NREFM) and foster homes had a signed concurrency agreement in place and as of May 2015, 53% of relative/non-relative extended family member (NREFM) and foster homes had a signed concurrency agreement in place. The Concurrent Homes Agreements (CHA) has improved substantially since May 2013, when only 26% of the placements had a Concurrent Home Agreement.

Please see Attachment XVI for the March 2016 Out of Home Placements and Concurrency Report.

The Department also launched a strategic intensive effort starting in January 2014 to ensure timely adoptions for those children freed for adoption. Additional support staff persons were reallocated to assist with the necessary paperwork with families and helping to trouble shoot barriers to aid in the completion of all the steps toward adoption. Over 100 cases were identified. Please see Attachment XV regarding information regarding the strategic initiative to ensure timely adoptions.

There were a total of one hundred and one (101) adoptions finalized during the July 2013 to June 2014 Fiscal Year. For the period from July 2014 to June 2015, there have been an additional one hundred forty five (145) adoption finalizations, including three (3) children who are Court Dependents from another state (Kentucky). Thirty six (36) of these adoptions occurred on National Adoption Day on November 21, 2014. For the period from July 2015 to March 2016, an additional

eight one (81) adoptions were finalized, with twenty (20) more adoption finalizations schedule to occur in April 2016. Eighteen (18) of these adoptions occurred on National Adoption Day on November 20, 2015.

Please see Attachment LXXXIII for a copy of the March 2016 Adoptions Report.

Please see Attachment XVII for a copy of a Guardianships established and Guardianships terminated.

Also, please see Attachment XVIII for a copy of the memo on Approved Relative Caregiver Funding, Attachment XIX for a copy of a memo on Respite Care and Attachment LXXVI for a copy of a flyer on the Kinship Support Program as examples of the supports being provided to relative/NREFM and foster parents..

The DFCS has also been an early adopter of the Resource Family Approval (RFA) process. The DFCS implemented RFA in July 2014. The benefits of RFA process are:

- Eliminates subjecting families to duplicate approval processes;
- Upgrades and unifies approval standards for all caregivers;
- Incorporates a combined home environment and comprehensive psychosocial assessment of all families and relatives;
- Prepares families to better understand how to meet children's needs.

Referrals have steadily increased. In addition to implementation array of supportive activities and items have been implemented

- Creation and staffing of two (2) RFA units;
- Creation of an RFA referral form and procedures with a RFA Desk and Email Inbox;
- Creation of RFA equivalent of relative approval packet/documents;
- A Resource Family Handbook was created;
- A Tuberculosis (TB) voucher system was set up for families who cannot afford to pay for the testing;
- Specialized Training for the various DFCS Units;
- Informational and Orientation re-design;

- Established Monthly Welcoming Ceremony and distribution of gift bags for families that completed the RFA process and were approved to be RFA homes;
- Initiated an Information Systems Special Project to establish a RFA database

An approved RFA home is invited to participate in a Welcoming Ceremony and receives information from support staff and services, continuing Foster and Kinship Care Education, free membership to the Foster Parent Association and access to the Foster Parent Resource Center and much more. Caregivers are entitled to up to two hundred (200) hours of Respite Care per year and are covered by Foster Parent Liability Insurance. RFA families who take emergency placements are entitled to a \$50 Safeway gift card for food and \$50 Target gift card for items such as clothing, sundries, etc. which are needed for placements.

The DFCS has experienced significant challenges with data collection and organization during the initial implementation period to the current time. The DFCS is currently tracking data via two separate data bases: the Child Welfare System/Case Management System (CWS/CMS) and Microsoft access. We are now on track with SSA Information Systems as a Priority #1 project (highest priority) for a customized RFA data base.

More than three hundred (300) referrals have been received for RFA since its inception. More than one hundred (100) families are now in the pipeline moving forward towards becoming fully approved, nearly 49% of them representing relatives or non-related extended family members (NREFM's). By June 30, 2015, twenty eight (28) homes were fully approved and for July 2015 April 2016, sixty four (64) RFA homes have been fully approved representing an increase of 128% from the prior year.

It is also important to note that the department completed 101 adoption finalizations of which three (3) are RFA families who are newly approved to the during the 20 months that RFA has been operational.

In the course of implementing RFA, barriers have surfaced and caused some significant delays. The DFCS unfortunately did not have a relative approval unit, whereby this process could have easily been transitioned, operationalized and focused. The relative approval process crosses many different sections and impacts policy and practice department wide. Some of the presenting issues include but were not limited to:

- Significant staffing shortage across the department including staff with bilingual language capacity;
- Multiple workforce changes impacting priorities (HR process, contract negotiations, movement of staff);
- Redesign of work space to account for staffing growth;

- Intra and Interdepartmental training that was needed (policy and procedures);
- Internal training/alignment/realignment for departmental staff;
- Process development and alignment;
- Implementation and impact of Approved Relative Caregiver Funding.

It is expected that since RFA homes will be prepared to be both immediate short term placements as well as long term permanent placements that the RFA process will help to generate greater placement stability and better outcomes in both reunification and permanency if reunification is not possible, particularly with adoptions.

The DFCS has also had several discussions with the Treehouse Foundation and Mid-Peninsula Housing Corporation to bring the Treehouse Community concept to Santa Clara County. The Treehouse Community concept is an intergenerational community whose primary focus is to help move children out of foster care and into permanent homes and provide them with a sense of belonging and stability that they would likely never experience. The Treehouse community is a built to order community of multiple townhouses with three, four or five bedrooms and multiple one bedroom cottages for the seniors in the community. The community includes a grassy field and playgrounds and a memorial garden dedicated to the Treehouse elders who have passed. To live at Treehouse, applicants must be willing to adopt children from the public child welfare system or be able bodied and age 55 or older, ready to babysit, drive, tutor and mostly, love the kids who live there. This is truly a planned community that includes children, families and seniors build together as a natural support system. Mid-Peninsula Housing Corporation is working in partnership with the Treehouse Foundation to identify and purchase the suitable land necessary for the community. Once the land is purchased, the next steps will be to design the community and build the physical homes. The DFCS is in support of working with the Treehouse Foundation and Mid-Peninsula Housing Corporation to be a part of the Treehouse family so that a larger number of foster children have a greater chance of achieving permanency.

Please see Attachment LXXXIV for an article regarding the Treehouse Corporation and Treehouse Community in Easthampton.

The DFCS will also be partnering with the Family Builders by Adoption on the Youth Acceptance Project. The Family Builders by Adoption was recently awarded a grant by the Walter S. Johnson Foundation to support children and youth in the foster care system by hiring a family advocate to perform a continuum of services to improve permanency outcomes for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) and gender non-conforming children and youth, and provide support services to their families and caregivers. The family advocate will partner with the DFCS to receive referrals of birth families, relative caregivers, foster families, and adoptive families who are struggling with the sexual orientation and/or gender identity of children in their care to provide

support and services to help both the children and youth and their families address these issues so that there is greater acceptance, stability and permanency.

Strategy 6D - *Permanency Coordinator and social workers to be trained in having conversations with youth about permanency and adoption as well as the creation of a permanency resource library to be utilized.*

The action steps for this strategy was deferred to January 2016 due to prioritization of the number of tasks for the Family Permanency Manager position. Due to the implementation of the Resource Family Approval process and the pending Continuum of Care Reform, the action steps for this strategy will be further deferred until January 2017.

Strategy 6E – *Inclusion of an adoption social worker in all Team Decision Making Meetings where a child has been legally freed.*

The deadline to implement this strategy has been extended to January 2017 in order to ensure that the necessary staffing is available to cover this task.

Some permanency TDM's are occurring and the Permanency Coordinator and/or adoptions unit are being notified of some of these teaming meetings. More formal processes need to be established to ensure that TDM's occur in these situations and that Permanency Coordinator and adoptions unit are notified and can attend.

Strategy 6F - **Ensure open adoptions whenever possible through education of staff and coaching for the potential adoptive caregiver.**

The action steps for this strategy was deferred to January 2017 due to prioritization of the number of tasks including the implementation of the Resource Family Approval process and the pending Continuum of Care Reform for the Family Permanency Manager position.

Strategy 7

PERMANENCY, FAMILY REUNIFICATION AND WELL-BEING STRATEGY

Increase efforts to support children's well-being in order to stabilize and support children/youth in placement and support a parent(s) ability to reunify with their child(ren).

Action Steps:

Strategy 7A – The Department continues education a priority and increase educational support to each student through the following action steps including hiring an additional staff in the Educational Services Unit to focus on the activities noted below. Due to delays in the movement of staff and the need to not remove another staff away from direct case carrying services, there was a delay in the hiring of additional staff. However efforts are underway to move toward the following:

- Increase tutoring – County Office of Education has dedicated additional funding for children and youth and a process is being established to ensure success.
- Better support social workers and youth to understand and read transcripts – A plan will be developed and implemented by June 2015.
- Ensure the necessary support and classes for middle school students
- Decrease number of expulsions through advocacy and education
- Increase number of 3-5 year olds in Head Start, State preschool or other comparable preschool Early Education Environment.
- Increase partnerships with local colleges for opportunities for transitioned aged youth.

The Department has increased efforts to ensure educational well-being in the following ways:

(1) The Federal Early Education Grant concluded in September 2015, but the Santa Clara County Department of Family and Children’s Services remains committed to system structures, processes and partnerships that prioritize early education and early identification of needs for children ages birth through age 5. The following are the areas of commitment that the DFCS continues to support in partnership with First 5 Santa Clara County, Santa Clara County Public Health Department, Santa Clara County Office of Education Head Start and De Anza Community College:

- The DFCS with the support of the Public Health Nurses continue to have referrals for all open cases within the Department, as well as any young foster youth as parents receive a screening for the child and caregiver and a connection to all appropriate community resources for children birth to age 5.
- The DFCS in partnership with the Santa Clara County Office of Education Head Start and Early Start continues priority enrollment for children into Head Start slots.

- The DFCS in partnership with De Anza College, West Ed and the Santa Clara County Office of Education Inclusion Collaborative continues to champion education for early education providers in Santa Clara County to better understand the needs of children in foster care and partnership with caregivers and birth parents.
- Planning is currently underway for development of a Santa Clara County ACE (Adverse Childhood Experiences) collaborative that could help continue to support these partnerships and moving this work forward.

Updates on goals for this project include the following:

- 1) Yearly Educational Enrollment and Attendance for children ages 3 to 5 and education for early education providers

The Department has continued efforts to ensure educational well-being for children enrolled into Head Start or an appropriate early education setting. Academic, emotional and behavioral difficulties often stand in the way of school success for children in the child welfare system, especially for those in out-of-home care. Recognizing the importance of addressing the educational needs and supporting the long-term educational successes of Santa Clara County’s young children involved in the child welfare system, the Circle of Care Project set out to increase early education enrollment among these children, and specifically within the “geographic hot spots” in Santa Clara County – downtown San Jose, East San Jose, and Gilroy. The DFCS was at 34% of children ages 3 to 5 were enrolled into Head Start or a preschool setting. Unfortunately, in the last enrollment period, attendance has dropped to 13% of the children ages 3 to 5 being enrolled in an early education program. A concerted effort was made to increase Head Start enrollment in the month of April 2016, for the upcoming academic school year, so it is hopeful this number will increase. Impact of being short staffed in the DFCS Educational Services Unit, as well as needing an educational clean-up for the Child Welfare Service/Case Management Services (CWS/CMS) may also increase these numbers.

The DFCS continues to have a strong partnership with the Santa Clara County Office of Education (SCCOE) with a guarantee that all children who are four (4) years of age will have a “slot” for preschool before the start of Kindergarten and priority enrollment for all other children turning age four (4) during the school year. In addition, the DFCS continues to work with the SCCOE to ensure that as children turn three (3) years of age during the Academic Year, they will be allowed to begin attendance in Head Start for the remainder of the year. The DFCS has also partnered with the SCCOE for priority enrollment in the new early education Head Start home based program for children between the ages of six (6) months and three (3) years to provide in-home parenting and child development education and social emotional groups.

2) Teacher Preparation Training

Early Education Providers in the designated “hot spot” geographical locations will be provided specialized training through a partnership with DeAnza College, Santa Clara County First 5, the DFCS, West Ed and the SCCOE Inclusion Collaborative that focuses on better understanding the child welfare system, trauma and how to support young children involved in the child welfare system for success in the classroom. To date over seventy five (75) teachers have been trained in child welfare and trauma and how to best support success for children and families receiving over thirty six (36) hours of specialized training in working with children in foster care for their success in the classroom. In addition, DeAnza College has agreed to make this class a regular curriculum class offered at DeAnza. Unfortunately, due to the end of the Federal Early Education Grant, funding was not available to pay for this class for early education providers. A class was scheduled for the Spring 2016 semester but due to low turnout, it was decided to postpone the class until the Fall 2016 to be offered at DeAnza; however, a class for Head Start teachers is being held in May and June 2016. Discussions are still underway on how to make sure that continuing education focused on the success of children in foster care with a focus on better understanding trauma as a county priority.

3) Assessment, Screening and Connection to Resources by Public Health Nurses

Since the Circle of Care Project began a total of 1,520 children birth to age 5 have been screened by a Public Health Nurse (PHN) and connected to the appropriate resources. The PHN Visitation Program continues to include administering trauma screenings and assessments for children with significant adverse childhood experiences (ACE's) and any other screenings for the child or caregiver, if warranted for further assessment. Santa Clara County PHN's utilize the Ages and Stages Questionnaire: Social Emotional (ASQSE) for the screenings for children. Consideration was given to possibly use a Trauma Screening Tool but currently this tool is designed for use by Mental Health Professionals and is not a tool used by PHN's. In addition, the Omaha Documentation is used to document and rate the parent or caregiver's Knowledge, Behavior and Status of bonding issues for children.

As of April 18, 2016, two hundred eighty two (282) children in out of home placement or 78% of the current three hundred sixty two (362) children birth to age 5 who are in out of home care have been screened.

In addition to making direct referrals, the Public Health Nurses also follow up on referrals made by social workers prior to the first home visit, to ensure linkages between families and services. As of March 31, 2016, PHN have ensured linkages for 1,520 children. This system was established to ensure young children were connected with resources and system barriers identified. For instance, Early Education is now receiving referrals directly from the Public Health Nurses for special education

identification and assessment for children under 3 years of age and the Educational Services Unit is receiving all referrals where there are concerns by the Public Health Nurse team for any potential developmental, education or mental health issues to support the caregiver and the DFCS social worker for further follow up.

Families and children are being connected to the First 5 Family Resource Centers throughout Santa Clara county and as well as ensuring that each child has an identified medical and dental home provider and any appointments needed are scheduled for children. Referrals to Kids Scope and other Mental Health (MH) supports are prioritized from the Public Health direct referrals to the MH Call Center.

Table 28 details the number of *direct* referrals from the PHN during the last time period from January 1,2016 through March 31, 2016. Thirteen (13) children were identified as having a need for further developmental and behavioral health assessment and early intervention, and were referred into the Kid Connections System of Providers and 6 children were referred to Early Start or Special Education. Other referrals included ten (10) children into child care centers and eleven (11) children for dental services.

Table 28
Programs into which Children were Referred via Public Health Nursing

Referral Program	Number of children
First 5 FRC	28
KidConnections Network	13
Child Care/Day Care/Preschool	14
Dental Home	11
Early Start/ Special Education/School District	10
Medical Home	5
Other	3
WIC/ SSA Food Stamps	2
ICAN Resource Center	2
Domestic Violence	1

Please see Attachment XXIII regarding information regarding Early Education and Head Start efforts and Attachment XXIV and Attachment XXV regarding the Public Health Nurse Home Visitation Program.

(2) The additional social work coordinator was scheduled to be hired into the Educational Services Unit by March 31, 2016 has been delayed due to additional duties that are being proposed and aligned with this position to support youth that have aged out of foster care. The position will continue to support social workers with the education needs of youth and young adults participating in high school and post-secondary education and vocational services. It is hoped that the vacant social work coordinator position will be filled by July 1, 2016.

Due to a vacancy in another position, the DFCS is moving to replace that vacant position and add a Social Work Supervisor position to provide greater oversight, support and supervision for the Educational Services Unit. The new supervisor would also be responsible for providing day to day operational oversight for the Independent Living Program (ILP), Transitional Housing Program Plus (THP+), Transitional Housing Program Plus Foster Care (THP+FC), and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth. The strengthening of the administrative structure, combined with the hiring of the additional social work coordinator will help provide additional educational services supports as well as increased oversight and also free up the Transition Age Youth (TAY) services Project Manager to focus more on broader, macro-level and long term issues.

(3) The Emerging Scholars Program is a joint effort between the Santa Clara County Office of Education - Foster Youth Services (FYS), Silicon Valley Children's Fund (SVCF), and Santa Clara County Department of Family and Children's Services (DFCS) aimed to improve the educational outcomes of students who are dependents of the Juvenile Court System. National statistics show that less than fifty (50) percent of foster students obtain their high school diploma, thirty (30) percent to fifty (50) percent receive special education services, fifty (50) percent are retained a grade, and less than one (1) percent receive a four-year degree. Emerging Scholars was created to both mitigate these outcomes and train future social workers about the unique needs of this population.

The 2015 to 2016 Academic Year is in progress and there are nine (9) graduate level social work interns from San Jose State University providing educational mentorship and support to fifty-three (53) youth. Since the last reporting period, one (1) intern discontinued the Social Work program. The students have concluded their training sessions and are participating in group supervision and conferencing to ensure the educational needs and advocacy of the youth on their caseload are met.

The following is a breakdown of foster youth served:

Number of interns serving students: Nine (9)

Total number of students: Fifty-three (53)

- 9th graders: Three (3)
- 10th graders: Twelve (12)
- 11th graders: Fourteen (14)
- 12th graders: Twenty-two (24)
 - Two (2) graduated early
 - Fifteen (15) are currently on track to graduate
 - Three (3) are close but not quite on track, receiving increased support currently
 - Four (4) are not on track to graduate

In addition, a Memorandum of Understanding (MOU) between the DFCS and the University of Southern California (USC) School of Social Work (SSW) has been sent to the Santa Clara County Board of Supervisors and should be approved shortly. This MOU will allow graduate level social work students from USC to perform their first or second year internships at the DFCS as Emerging Scholars, which should greatly expand the number of Emerging Scholars available to work with and support the foster youth who are at risk of not graduating.

(4) In home tutoring services are currently being provided by the REACH tutoring program funded by the DFCS. Tutoring services are offered to children and youth ages/grades kindergarten to twenty one (21) in out of home care, placed in resource family homes, group homes, transitional housing and Supervised Independent Living Placements (SILP). Drop in tutoring is available at the Hub youth center Monday to Thursday from 2:00 pm to 6:00 pm and Tuesday and Wednesday at 3:00 pm to 7:00 pm at the Gilroy Family Resource Center. Drop in tutoring services is funded by Santa Clara County Office of Education (SCCOE). The SCCOE is in the process of working with the school districts to ensure that they are also providing tutoring services to children and youth in foster care. If the school districts are not able to provide tutoring services, the SCCOE will help support this need until the districts are on board.

(5) The Silicon Valley Children's Fund (SVCF) in collaboration with the Family and Children's Services (FCS) Independent Living Program Coordination (ILP), the DFCS ILP Coordinator and SCC Foster Youth Success Initiative (FYSI), has created a joint effort to work in partnership with the local colleges to create opportunities and support transition aged youth. They continue to meet monthly with the Foster Youth Liaisons from the local colleges to discuss the number of youth enrolled, new legislation that impacts current and former foster youth, financial aid, share information regarding housing and employment resources and problem solve specific issues regarding individual

youth. The collaborative also coordinates financial aid workshops, Cash for College and personal statement workshops.

The Silicon Valley Children's Fund continues to launch their annual Youth Education Scholars (YES) Scholarship Program. Foster youth participating in post-secondary education or a vocational training program are eligible to receive financial assistance up to \$5,000 per year. Participants must apply every year and maintain a 2.0 Grade Point Average (GPA) to continue to receive financial assistance. The SVCF held scholarship application and personal statement workshops to support current and former foster youth with their YES Scholarship application. Submission of applications for 2015 and 2016 concluded March 31, 2016.

The Silicon Valley Children's Fund also collaborates with Opportunity Youth Academy (OYA) a high school re-entry program for opportunity youth which includes current and former foster youth, juvenile justice youth and parenting youth ages 16 to 24. The SVCF's Education Navigator works with OYA current and former foster youth to support them with completing their high school diploma. The Education Navigator also connects youth to employment opportunities and other stabilizing services, with the ultimate goal of developing a post-secondary education plan. The Education Navigator is serving twenty-nine (29) current and former foster youth and by the end of June, thirty-two (32) youth in total will be served. Twenty (20) youth are currently enrolled at an education re-engagement center, which includes OYA at the Hub, OYA in Gilroy, OYA at the Washington Youth Center, and San Jose Conservation Corps. Nine (9) are working with the Education Navigator to get enrolled at an education re-engagement center and seven (7) youth are currently working. The Education Navigator will continue to support youth throughout the summer on making education progress and connecting them to resources as needed.

(6) The Silicon Valley Children's Fund continues to partner with Teen Force to create a pathway to Science Technology Engineering and Mathematics (STEM) Careers for local foster high school youth. The DFCS, working with SVCF and Teen Force offered STEM career and workforce-readiness training to twenty five (25) foster youth during the of Fall 2015 using the Mouse Squad STEM curriculum along with Teen Force's existing workforce-readiness curriculum. Fall 2015 classes were held at the San Jose City College. The Spring 2016 STEM program is underway and will be held at the Tech Museum of Innovation in San Jose, CA. Twenty eight (28) foster youth are lined up to participate in the Spring cohort. The STEM program has expanded to OYA in South County serving eight (8) foster youth. After completing the training, it is anticipated that forty five (45) youth from the Fall of 2015 and Spring 2016 will be placed in paid summer internships at local tech companies such as Symantec, Xilinx, and SanDisk. Participating tech companies will also supply the "teachers" for the STEM training. One of the goals of this collaboration is to learn how to open the vast STEM career possibilities available in the Silicon Valley to local foster youth. The project represents a three-year commitment to the Clinton Global Initiative to offer the program to all foster high school youth in Santa Clara County by the end of 2017. NBC news has taken an interest

in the robotics course offered by STEM to foster youth and is planning to film the class as part of their coverage of “Project lead the Way’s Work in Santa Clara County”. On site filming is scheduled April 16, 2016 at the OYA center in South County.

Please see Attachments XXVIII to Attachment XLII regarding various transition age youth services efforts that have occurred in Santa Clara County.

Strategies 7B, 7C, 7D, 7E, and 7F – Involving housing, mental health, employment and financial literacy for transitioned aged youth – please see description of actions for Strategy 7A.

In addition, a pilot is underway with foster parents in South County to offer an abbreviated version of the information provide to youth in the Curriculum semesters. The DCFS has also discussed having Independent Living Program (ILP) case manager’s work with foster parents to create an individualized plan with competencies based on a youth’s Transitional Independent Living Plan (TILP) goals and independent living needs.

Housing providers continue to build relationships with individual landlords and apartment complexes, educating them about the various housing programs; financial support and services provided to foster youth.

The Transitional Housing Program Plus (THP+) and DFCS has developed a housing resource binder of information on affordable housing including apartments and landlords willing to rent to current and former foster youth. Landlords work directly with the DFCS transitional housing providers and provided with information on payment process and third party lease information.

During summer months, County staff and housing providers offer housing workshops, educating youth about tenant rights, what landlords look for in a tenant, how to present oneself to a landlord, how to select a roommate and the various housing options available for foster youth. Financial Literacy will be addressed in all the workshops. In addition, ILP Curriculum held in the Fall and Spring incorporates a sessions on housing and financial literacy to ensure foster youth gain an understanding of budget, credit and the concept of “wants vs needs.”

SCC has partnered with the Office of Supporting Housing and Community Solutions FSP TAY program to identify twenty (20) TAY youth who have severe mental health issues to participate in housing pilot to provide permanent supportive housing. SCC continues to work with the Department of Behavioral Health Services and Department of Supportive Housing to fill the twenty (20) slots for this pilot. At this time, there are four (4) slots left to fill and have identified youth who meet the criteria: homelessness, history of mental health (Welfare and Institutions Code 5150/ TAY services) and in need of lifelong assistance with independent living skills.

Please see Attachments XXVIII to Attachment XLII regarding various transition age youth services efforts that have occurred in Santa Clara County.

Strategy 7G – Increase foster parent, group home staff and relative caregivers involvement with supporting youth as they transition to adulthood through a pilot curriculum for Independent Living Program (ILP) for core ILP competencies to be taught in the youth’s home and providing on-going training forums and guest speakers.

The following activities are being planned: two (2) Open House to engage youth ages 14 to 15 and their caregivers (one at The Hub and one at the GFRC) during the Summer of 2016 so that youth who are becoming eligible soon for ILP get information about ILP Curriculum classes and upcoming events.

There have been two (2) Open Houses held in the past, one (1) in San Jose and one (1) in Gilroy. There were very few caregivers who attended the San Jose Open House. The DFCS will work to increase awareness of the Open Houses to encourage caregivers to attend.

Feedback from the prior Open House in Gilroy was that youth were really excited about ILP services and were bummed that they would not be eligible for a while. The ILP provider felt like they were getting youth engaged and then telling them they had to wait to access services.

The ILP provider will be hosting a ILP Curriculum Review (an abbreviated version of the information provided to youth in the ILP Curriculum semesters) with foster parents. The condensed version of the information covered in each topic will be focused on activities and conversations that the foster parents can use at home.

Planning has started to develop a curriculum through ILP and foster parent support agencies that cover ILP core competencies that can be taught in the home where a youth resides. For example, an opportunity to learn to wash clothes, do meal planning, develop a grocery list, and budgeting. The ILP provider is willing to collaborate with other foster parent support agencies in the development of a curriculum that covers core competencies. ILP case managers can incorporate conversations with caregivers about the curriculum and offer support.

Well-Being Measures

Priority Outcome Measure or Systemic Factor: State Performance Measures *5B.1 and *5B.2 Timely Medical and Dental exams for all Children.

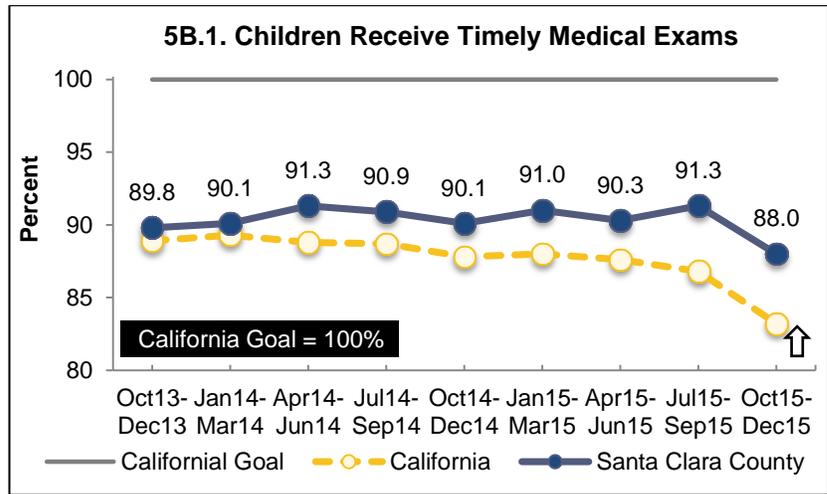
State Standard: 100%.

Current Performance: Timely Health and Dental Exams: Timely health/medical exams for all children for the period from October 2015 to December 2015 decreased to 88.0% as compared to the prior quarter (91.3%) and performing below the 100% State goal. African Ancestry and Asian and Pacific Islander children have a higher percentage of timely medical exams, at 92.1% and 92.3% respectively and above the county average. However, SCC's performance in this area is well above the State average of 83.2% for all ethnic groups except for Native American children. With Native American children, their relative population in the child welfare system in Santa Clara County is so small that even a small change will either negatively or positively impact the outcomes on any performance measure.

Timely dental exams for all children for the period from October 2015 to December 2015 decreased to 58.7% from 63.3% as compared to the prior quarter and performing well below the 100% State goal, but slightly above the State average of 56.7% on this measure. African Ancestry, Latino and Asian and Pacific Islander children have a higher percentage of timely dental exams, at 58.2%, 59.6% and 62.3% respectively, and are above the County average. White children are receiving timely dental exams at 53.5%, which is below both the County and the State average.

Table 29
State Performance Measure *5B.1 - Children Receive Timely Medical Exams

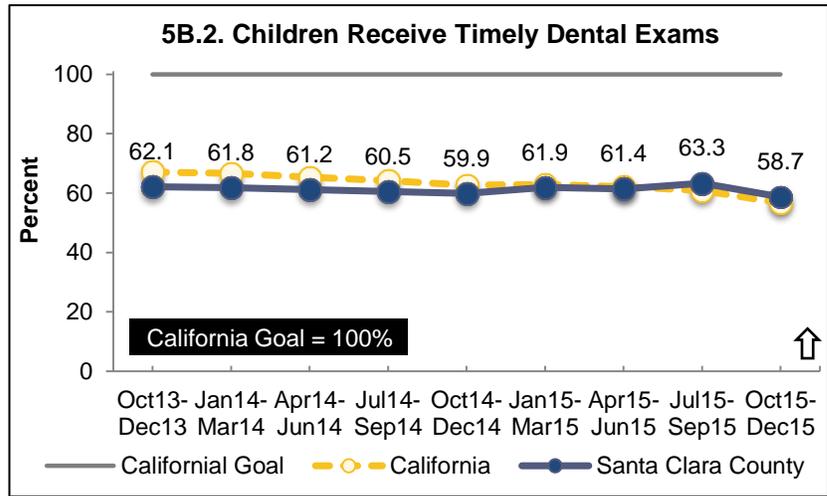
***5B.1 100% of the children receive timely medical exams**



5B.1	National Standard	Last Year (OCT2014-DEC2014)				Most Recent Period (OCT2015-DEC2015)			
		Timely Health Exam	Total Children	%	Goal met?	Timely Health Exam	Total Children	%	Goal met?
Ethnicity	Goal								
Black	100.0%	112	125	89.6%	✗	117	127	92.1%	✗
White	100.0%	138	151	91.4%	✗	131	159	82.4%	✗
Latino	100.0%	809	900	89.9%	✗	718	813	88.3%	✗
Asian/ Pacific Islander	100.0%	55	61	90.2%	✗	60	65	92.3%	✗
Native American	100.0%	5	5	100.0%	✓	5	7	71.4%	✗
Overall Performance	100.0%	1,119	1,242	90.1%	✗	1,031	1,171	88.0%	✗

Table 30
State Performance Measure *5B.2 - Children Receive Timely Dental Exams

***5B.2 100% of the children receive timely dental exams**



5B.2	National Standard	Last Year (OCT2014-DEC2014)				Most Recent Period (OCT2015-DEC2015)			
		Timely Dental Exam	Total Children	%	Goal met?	Timely Dental Exam	Total Children	%	Goal met?
Black	100.0%	61	110	55.5%	✗	64	110	58.2%	✗
White	100.0%	76	122	62.3%	✗	68	127	53.5%	✗
Latino	100.0%	452	750	60.3%	✗	400	671	59.6%	✗
Asian/ Pacific Islander	100.0%	30	51	58.8%	✗	33	53	62.3%	✗
Native American	100.0%	2	3	66.7%	✗	1	4	25.0%	✗
Overall Performance	100.0%	621	1,036	59.9%	✗	566	965	58.7%	✗

Timely dental and medical exams for all children have both trended downward and are well below the State standard of 100%. SCC is at 88.0% for timely medical exams and 58.7% for timely dental exams. With respect to timely medical exams, SCC performance on this measure far exceeds the overall California average on this measure. In the area of timely dental exams, SCC performance is slightly higher than the overall California average on this measure.

SIP strategies are currently aimed at increased partnerships with the Public Health Department and better identification of medical and dental resources to increase performance. The DFCS has seen an increase in the number of children birth through age 5 seen by a Public Health Nurse, whose primary objective is to ensure a child is assessed and connected to the necessary resources, including a primary physician and regular physicals. To date, approximately 60% of the nearly four hundred (400) children ages birth through age 5 have been seen and screened by a Public Health Nurse. However, increases in the number of youth (young adults) in extended foster care who can chose to

go obtain medical or dental care or not may be impacting this measure. It is also possible that children and youth are receiving medical and dental care at a higher rate than reported, as necessary paperwork may not be provided to the medical or dental staff and/or such documentation is not being sent to or received by the appropriate DFCS staff. Part of the problem may also be the limited number of medical and dental providers who accept Medi-Cal in Santa Clara County, so the DFCS will continue working with the Health and Hospital System (HHS) to identify more medical and dental providers who accept Medi-Cal, as well as increased availability of the HHS mobile dental van. The DFCS will also focus on providing increased support for caregivers, especially relatives in support of medical and dental exams, and support for young adults to understand the short and long term implications if they do not seek regular medical and dental care.

Some of the challenges with respect to dental care may lie with the structure of the Medi-Cal dental program itself, which is known as Denti-Cal. An April 2016 Little Hoover Commission Report on Denti-Cal (Please see Attachment LVI) states that Denti-Cal is “viewed historically, and currently as broken, bureaucratically rigid and unable to deliver the quality of dental care that most other Californians enjoy.” The Commission report points to dreadful reimbursement rates for dentists, outdated paper based administrative and billing processes that compare poorly with those of commercial insurers, that Denti-Cal has alienated its partners in the dental profession and that most dentists want nothing to do with Denti-Cal (page 1 of the Little Hoover Commission Report). The Little Hoover Commission compared reimbursement rates for dentists accepting Denti-Cal with several states and the national average and found that Denti-Cal reimbursed dentists at rates significantly lower than the other states (except for Illinois) and the National Average as illustrated below:

Table 31

Denti-Cal Reimbursement Payments Compared to Elsewhere in the United States

Procedure	California	New York	Illinois	Florida	Texas	National Average
Oral Exam	\$15.00	\$25.00	\$28.00	\$29.12	\$28.85	\$45.61
Set of X-Rays	\$40.00	\$50.00	\$25.06	\$58.24	\$70.64	\$123.70
Cleaning – Adult	\$40.00	\$45.00	\$21.15	\$36.40	\$54.88	\$85.38
Cleaning – Children	\$30.00	\$43.00	\$41.00	\$26.00	\$36.75	\$63.08
Filings	\$39.00	\$50.00	\$25.68	N/A	\$116.38	\$64.41
Crown	\$75.00	\$110.00	\$91.11	\$74.36	\$227.05	\$152.91

Source: Department of Health Care Services. July 1, 2015. “Medi-Cal Dental Services Rate Review.” Pages 12, 13, 15. http://www.dhcs.ca.gov/Documents/2015_Dental-Services-Rate-Review.pdf (from the April 2016 Little Hoover Commission Report)

Only 43.9 percent of children enrolled in Denti-Cal had seen a dentist the previous year – the 12th worst among states that submitted data. This percentage is for all children eligible for Medi-Cal (and therefore Denti-Cal). Based on these numbers, foster children are, at least being seen for dental care at a much higher (abet low rate).

One of the major recommendations of the Little Hoover Commission Report was that “the Legislature should set a target of 66 percent of children with Denti-Cal coverage making annual dental visits. Additionally, the Legislature should: The Legislature should declare its intent that annual Denti-Cal utilization rates among children in California climb well into the 60 percent range, as is the case in approximately 20 percent of U.S. states. A specific target of two-thirds of children using their benefits annually, comparable to children with commercial insurance...”

This information provides some context as to SCC and California’s performance on Timely Dental Exams, in that a) timely dental exams are not too far below the target recommended for all children covered by Medi-Cal and b) that children covered by commercial insurance also have timely dental exams at a rate that is not much higher than the rate of utilization for SCC and for California as a whole as it relates to foster children. This is not to imply that child welfare agencies should not be performing better in this area, since these foster children are in our care and supervision and deserve to have their dental care accounted for. However, it is also clear that the issue of timely dental care for children covered under Denti-Cal is a broader issue that includes children in the child welfare system, but also extends well beyond child welfare to all children under this coverage, and is therefore a systemic barrier to children receiving timely dental exams and dental treatment.

Please see Attachment LIV regarding a report to the Santa Clara County Board of Supervisors on Timely Health and Dental Examinations and Attachment LV for assorted announcements and flyers on health and dental resources for foster children.

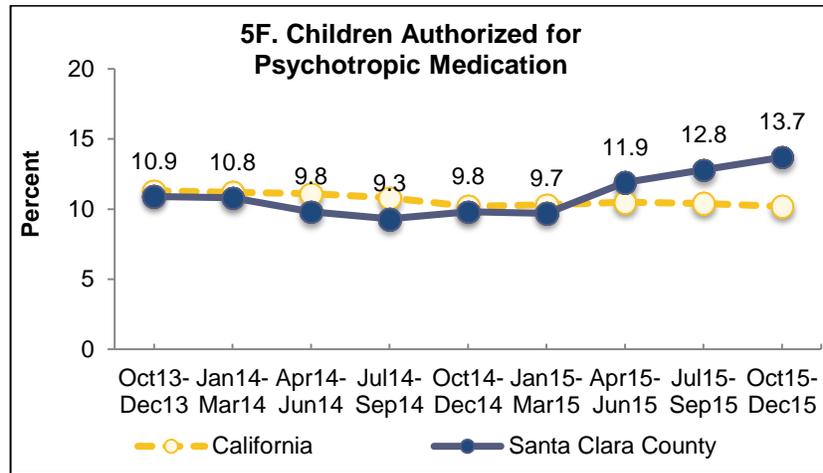
The final measure noted here for well-being are children authorized for psychotropic medication. Santa Clara County's Child Welfare data looks very similar to the data from the State. However, during the period from July 2012 through September 2013, SCC was below the State average. Unfortunately, since December 2013, SCC rate on this performance measure virtually matches the State rate. Overall approximately 11.8% of children in out of home care in SCC are authorized for psychotropic medication. In SCC, the DFCS follows Welfare and Institutions Code Section 369.5 and California Rules of Court 5.640, which requires Juvenile Court approval for a foster child to be authorized for psychotropic medications. This process involves not only judicial review, but the possibility of having a contested hearing on the matter. The DFCS is continuing to work with the Behavioral Health Services Department, the Juvenile Court and other key partners including community based organizations to look at these rates and the diagnosis, the age and numbers of children receiving psychotropic medication, and the number of children being prescribed multiple psychotropic medications concurrently. In addition, the use of psychotropic medications is not in isolation, but in conjunction with other treatment regimes, including therapy, case management, and monitoring. The Department of Behavioral Health Services also conducts a 5% Audit on all of their cases, including the cases involving children who are prescribed psychotropic medications, to ensure that such medications are appropriately prescribed. The Department of Behavioral Health Services is considering the possibility of contracting with an expert panel to perform case reviews to ensure that children are being appropriately and properly medicated to treat psychological issues rather than behavioral issues.

In terms of psychotropic medications and ethnic groups, 17.7% of White children are approved for psychotropic medications, which is the highest for all ethnic groups except for Native American children at 33.3%. However, the number of Native American children is small, so any Native American child who is authorized for psychotropic medications will skew the percentages. Latino and African Ancestry children each have 11.5% of the children authorized for psychotropic medications. Asian American and Pacific Islander children have the lowest percentage authorized for psychotropic medications, at 8.3%.

Table 32

State Performance Measure *5F - Children Authorized for Psychotropic Medication

***5F. Children authorized for Psychotropic Medications**



5F. Children Authorized for Psychotropic Medication, October 2015 - December 2015						
Psychotropic Medication	Black	White	Latino	Asian and Pacific Islander	Native American	Overall Performance
Authorized for psychotropic medications	19.2%	16.8%	12.1%	Data unavailable	Data unavailable	13.7%

5F	National Standard	Last Year (OCT2014-DEC2014)			Most Recent Period (OCT2015-DEC2015)				
		Goal	N	Total Children	%	Goal met?	N	Total Children	%
Black	NA	16	128	12.5%	NA	23	120	19.2%	NA
White	NA	20	143	14.0%	NA	25	149	16.8%	NA
Latino	NA	84	945	8.9%	NA	99	821	12.1%	NA
Asian/ Pacific Islander	NA	Data Unavailable ¹			NA	Data Unavailable			NA
Native American	NA	Data Unavailable ¹			NA	Data Unavailable			NA
Overall Performance	NA	127	1,291	9.8%	NA	159	1,163	13.7%	NA

Similarly, the most recent data available for the quarter ending December 31, 2015, on the Safe Measures website, an analytic service provided by the National Council on Crime and Delinquency, shows that the statewide average was 10.2% demonstrating that Santa Clara County currently has a slightly higher percentage of children and youth in out of home care on psychotropic medications as

¹ Values of 10 or less and calculations based on values of 10 or less are masked for this psychotropic medication measure.

the state average. Although the percentage of children and youth prescribed psychotropic medications in SCC increased from 9.8% for the October 2014 to December 2014 period to 13.7% in the October 2015 to December 2015 period, it is not clear if there was an increase in the number of children being prescribed psychotropic medications or if the increase was due to improved tracking, monitoring and compliance with existing legal requirements and procedures.

In addition to looking at the percentage of children being prescribed psychotropic medications, concerns about the number of medications being prescribed to foster children was an issue that needed to be examined more closely. As a result, a detailed analysis was performed in 2015 in SCC to look at the number of different medications being prescribed to children who were being prescribed psychotropic medications.

Table 33
Distribution of Foster Youth Authorized for Psychotropic Medication
July 1, 2014 – February 28, 2015

Age	1 Medication	2 Medications	3 Medications	4 Medications	5 Medications	6-7 Medications	Total
5	1	1	0	0	0	0	2
6	1	1	0	1	0	0	3
7	1	0	0	1	0	0	2
8	2	3	2	1	1	0	9
9	3	1	1	1	0	1	7
10	2	4	0	0	0	0	6
11	3	2	3	2	0	1	11
12	2	4	2	0	0	0	8
13	4	3	6	1	0	0	14
14	2	4	4	1	3	3	17
15	9	5	8	5	1	0	28
16	6	3	4	2	0	2	17
17	8	4	5	7	2	0	26
Total	44	35	35	22	7	7	150

From Psychiatric Medication Report, dated March 17, 2015.

As the table above indicates, approximately 29% of all children on psychotropic medications are authorized to take just one medication, with half of those children being ages 15 and above. Another 47% of children are authorized to take two or three medications and about 15% are authorized to take four medications. About 9% of children are authorized to take five or more medications.

It is important to note that authorization to take medication by the court is not the same as children taking those medications concurrently. Because the authorization is good for six months, some medications may not have been started or some may have been discontinued during that time period.

It is also important to reiterate that the prescription of psychotropic medications is not done in isolation. The prescription of psychotropic medication is as part of a broader treatment plan which includes therapy, monitoring, and case management services.

In the later part of 2015, the Santa Clara County Board of Supervisors approved a Public Health Nurse (PHN) for the Public Health Department to specifically work on the issue of psychotropic medications for foster children. The Psychotropic Medications PHN is responsible not only for tracking the prescription of psychotropic medication, but also for working with children, youth and caregivers as well as social workers to provide education, information and support and tracking the discontinuation of medications. The Psychotropic Medications PHN was filled in November 2015 and the initial response has been very positive to the additional support and services being provided.

Both the DFCS and the Juvenile Court will continue to track the number of children authorized for psychotropic medications very closely.

Please see Attachment LVIII for a full description of the responsibilities of the Psychotropic Medications Public Health Nurse.

Additional Strategies and Actions to Address Child Well-Being

Another area of well-being is the behavioral and emotional well-being of our youth, particularly those that are involved with both the Juvenile Dependency and Juvenile Justice systems. In Santa Clara County, the DFCS and Juvenile Probation Department (JPD) has created the Dually Involved Youth (DIY) Unit, which focuses on the well-being of youth who are involved with both systems. The DIY Unit, which currently consists of four (4) DFCS Social Workers, four (4) JPD Probation Officers (JPO), a DFCS Social Work Supervisor, a DFCS Manager, a JPD Supervisor, a JPD Manager and an Advocate from the Department of Behavioral Health Services began working collaboratively and jointly on some of the cases involving youth who are involved in both the Juvenile Dependency and the Juvenile Justice Systems. The number of DFCS social workers and JPD Juvenile Probation Officers was doubled from two each to four each during the 2015 Fiscal Year.

The DIY Unit began taking joint cases in June 2014. The purpose of the DIY Unit was to ensure the necessary support and coordination for the youth who may be straddling (dually involved) both the Child Welfare System and the Juvenile Justice systems. The current staff is currently handling approximately thirty two (32) to thirty five (35) cases. Although it is too early to have significant quantitative data, initial results are extremely promising, and the Santa Clara County Board of Supervisors has inquired as to the personnel cost to add four (4) more social workers, four (4) more juvenile probation officers and another youth advocate to the DIY Unit to make it a full unit and to better support these youth and to improve well-being and outcomes. Please see Attachment L, Attachment LI regarding cross systems training and partnerships for DIY, and Attachment LII for a report to the Santa Clara County Board of Supervisors regarding the DIY Unit.

During 2015, the California State Controller's Office performed an audit of the DIY project. Unfortunately, the findings of the audit were that there was not a significant difference in the outcomes for the dually involved youth (see Attachment LIII). However, antidote feedback and surveys of the youth showed that they were better connected with both the social workers and with the juvenile probation officers and that they feel much more involved in the process and having a voice in the outcomes. In addition, it appears that the youth who have been supported by the DIY Unit have been engaged in less high risk behaviors such as running away, not attending school, etc. More specific data parameters have been identified so that the impact of DIY services can be more fully evaluated in the long term.

In addition, the Santa Clara County DFCS is meeting the necessary requirements from the California Katie A. versus Bonta et. al. lawsuit and settlement (which is also referred to as the Katie A. Core Practice Model and in SCC is also referred to as Pathways to Well-Being or Pathways to Mental health) to ensure that children and youth are immediately screened for and then connected with the

necessary mental health resources for their social/emotional and behavioral well-being, and subsequently reassessed at regular intervals in the event there is not an immediate need for such services. After a year-long planning process involving the DFCS, the Department of Behavioral Health Services (BHS) and community and provider involvement, developed a coordinated plan which resulted in mandated trainings for social workers, county mental health staff and contracted mental health providers. The end result will be that mental health services for all children and youth involved with the child welfare system will be identified and services put into place. In March 2014, the BHS released a Request for Proposal (RFP) for Katie A. Core Practice Model services and selected four (4) vendors (Community Solutions, Eastfield Ming Quong Families First, Gardner Family Care Corporation and Rebekah Children's Services) to provide these services. Following the planning process, a series of trainings with all DFCS Social Workers and mental health providers was conducted in July 2014 to provide an overview of the Core Practice Model, and implementation of the screening and assessment process that would be coordinated through the DFCS and the BHS. The DFCS and the BHS collaborated to develop a Katie A. screening and assessment form that is now used for each child entering the child welfare system. Full implementation of the Katie A. Core Practice Model services in Santa Clara County began on August 11, 2014.

A dedicated Katie A Coordinator from the BHS has been hired as of November 10, 2014 and is co-located at the DFCS as a resource for social workers to ensure connections with mental health service providers and programs. The Katie A. coordinator works on a daily basis with social workers to ensure that they are completing Katie A. screening and assessment form which results in the child/youth being referred for mental health services. Completion of the screening and assessment form is a requirement for every child in the foster care system including those in voluntary cases. The Katie A. Coordinator screens the referrals and completes the qualification for mental health services within thirty-six (36) hours. A new Katie A. manager position was also created by funding through the BHS. The new Katie A. manager began on February 2, 2015. The implementation of Katie A. services is important to mention in this context as it provides a Core Practice Model that provides a coordinated care approach for each individual child involved in the child welfare system who exhibits potential mental health concerns. This level of coordinated care effort seeks to reduce the potential that any child entering the child welfare system with mental health concerns will be overlooked in addressing their mental health needs. From January 1, 2015 through March 31, 2016, the DFCS and the BHS have screened and assessed the following numbers of children for subclass qualification:

Table 34

Katie A. (now referred to as Pathways to Well-Being or Pathways to Mental Health) Referrals, January 2015 to March 2016

Month-Year	Monthly Referrals made to Katie A. Programs ²	Monthly Subclass Eligible ³	Monthly Forms Submitted ⁴ (Class, Not Eligible, Subclass)
Jan-2015	29	41	211
Feb-2015	27	61	395
Mar-2015	27	39	248
Apr-2015	22	68	310
May-2015	32	51	193
Jun-2015	11	31	290
Jul-2015	20	41	296
Aug-2015	22	39	252
Sep-2015	30	56	235
Oct-2015	24	52	259
Nov-2015	43	66	230
Dec-2015	33	44	172
Jan-2016	37	55	283
Feb-2016	48	64	279
Mar-2016	22	48	189
Total	427	756	3842

Total Screenings January 2015 – March 2016 ⁵	
Class	2419
Not Eligible	667
Subclass	756
Total	3842

¹ ***Date Run: April 8th 2016: Discrepancies may reflect duplication due to rollout/implementation in 2014 and changes made to data tracking methodology.***

² *Month/Year* is based on the date that the Katie A. Coordinator sent the referral to the Katie A. Provider. January 2015 through March 2016 is based on current Katie A. Tracking logs ran on April 8th.

³ *Monthly Subclass Eligible* that does not result in a referral to a Katie A. Program is only tracked by the date the Katie A. Coordinator received the Katie A. Screening/Referral Form in the Outlook Inbox. Based on current Katie A. Tracking logs ran on April 8th

⁴ January 2015 through March 2016 is based on current Katie A. Tracking logs ran on April 8th by date the Katie A. Coordinator received the Katie A. Screening/Referral Form in the Outlook Inbox.

⁵ Based on data run January 2015 through March 2016 on April 8th by date the Katie A. Coordinator received the Katie A. Screening/Referral Form in the Outlook Inbox.

The DFCS has also been taking the initiative to move child welfare in SCC towards becoming a trauma informed system and in recognizing the impact of trauma on our children and families. Several trauma focused trainings have been scheduled, including specific trainings such as Trauma and the Immigrant Experience; Trauma Informed Practice, Trauma Informed Services for Children and Youth, Parenting and Trauma; Transition Aged Youth: Trauma Informed Care; Trauma Communication and Death Notification; the Neurobiology of Trauma and Its Applications; and Resolving Unfinished Business: Healing the Loose Ends of Loss. In addition, through the work of the Cross Agency Service Team (CAST), the DFCS, Juvenile Probation Department, the Mental Health Department, and attorneys and Judges from the Juvenile Dependency and Juvenile Justice systems will be holding an initial series of joint trainings in January 2015 on Trauma Affect Regulation: Guide for Education and Therapy (TARGET). TARGET is a trauma-focused therapy for the concurrent treatment of posttraumatic stress disorder (PTSD) and substance use disorders (SUDs). The program, which has been used with adolescents and adults, is designed to serve individuals suffering from PTSD and SUDs. The goal of treatment is to help patients suffering from PTSD and SUDs to regulate intense emotions and solve social problems while simultaneously maintaining sobriety. TARGET's three main components can be delivered through group or individual therapy. These components include:

- Education about the biological and behavioral components of SUDs and PTSD
- Guided implementation of information/emotion processing and self-regulation skills
- Development of an autobiographical narrative that incorporates the trauma, PTSD, and SUD

The therapy focuses on the client's core values and hopes, resilience, and client strengths. Therapists reframe PTSD symptoms as healthy reactions to abnormal circumstance; in other words, the symptoms are a sign that the individual has coped well with the trauma. Clients learn that they can reset this "biological alarm" (Ford and Russo 2006, 342), which does not serve the individual well in ordinary life.

Three two day TARGET trainings occurred in January 2015 (January 7-8, 13-14, and 21-22). The slots allocated for the training were 50% for Probation and their identified partners, 25% for the SSA/DFCS and their identified partners, and 25% for Behavioral Health Services and their identified partners. This translates to 124 total participants for the three trainings. The participants consisted of fifty-nine (59) Probation staff, twenty two (22) SSA/DFCS staff, and forty three (43) Behavioral Health staff. There were also two Leadership sessions held on February 4, 2015, with a total of thirty-nine participants, which were included Judicial Officers, attorneys, Cross Agency Service Team (CAST) members and Probation and SSA/DFCS Directors and managers.

For both Child Welfare and Juvenile Justice, this model appears to hold promise in addressing some of the numerous stressors, traumas and substances abuse issues facing many of our youth and their families and in creating a more responsive trauma informed system.

The Cross Agency Services Team (CAST) will also be looking at trauma from a broader, global perspective to try to infuse trauma sensitive and trauma based practice across a variety of systems that touch not only children and families that come into contact with the child welfare and juvenile justice systems, but for all individuals who have experience trauma at one point or another.

Please see Attachment LXII regarding a Trauma Training that was provided to staff and Attachment LXVI regard the DFCS Critical Incident Stress Response (CISR).

OBSTACLES AND BARRIERS TO FUTURE IMPLEMENTATION

As discussed earlier in this report and in the Status of the SIP goals section, the most significant barriers to implementation have been the following and are currently being addressed: ensuring the necessary infrastructure, prioritization of strategies and action steps and ensuring the necessary staffing to be able to accomplish SIP goals.

PROMISING PRACTICES/ OTHER SUCCESSES

Successes and Promising Practices as noted above are the partnerships and collaborations that have been created and have contributed to the success in achieving success in meeting the goals for the Early Education and Early Childhood assessments and services for children birth to age 5; participation in the Title IV-E Well-Being Project to further integrate Safety Organized Practice (SOP) practice and tools; the beginning transition, training and implementation of Structured Decision Making; participation in the Integration Initiative; the Fatherhood Initiative and organization of resources and supports for fathers within Santa Clara County, the CalWORKS/Linkages Partnership; efforts to ensure an improved logic model and consistent services for Differential Response, with providers hiring staff that reflect the ethnic and cultural and linguistic background that parallels the clients being served; the continued implementation of the Child and Family Practice Model and particularly to front end Emergency Response and Dependency Investigation staff; implementation of the Resource Family Approval process; the pending implementation of the Continuum of Care Reform; collaborations with the Treehouse Corporation and Mid-Peninsula Housing Corporation to build a Treehouse Community in SCC; collaboration with Family Builders by Adoption to partner with a family advocate to support Lesbian, Gay, Bisexual, Transgender and Questioning and non-gender conforming children and youth and their families; the creation of additional positions in the DFCS to support the provision of basic services; the California Child and Family Services Case Reviews (C-CFSR) process which will give SCC a better opportunity to identify the practice issues that are impacting performance and to address those issues; and the hiring of staff that meet the cultural and language needs of the clients involved with the DFCS.

OUTCOME MEASURES NOT MEETING NATIONAL/STATE STANDARDS

As noted above, Santa Clara County continues to improve a few of the State and Federal Outcome Measures, but also continues to struggle with many other measures. This quarter, the number of measures that declined significantly outnumbered those measures that improved. However, there were also several measures where Santa Clara County, despite the challenges it faces, was performing at

just slightly below the performance goals. Santa Clara needs to improve in several of the Safety, Permanency, and Well Being Measures.

The implementation of the California Child and Family Services Review (C-CFSR) process in Santa Clara County should also help to identify areas and practices and specific strategies that may help to improve performance on both Federal and State outcome measures. Although Santa Clara County has gotten a slow start on the CFSR case review process due to the lack of dedicated staff and then budget and authorization issues for dedicated staff, it is anticipated that four dedicated staff positions will be approved as part of the DFCS 2016 to 2017 Budget by the Board of Supervisors. The case review process will provide the DFCS will an in-depth look at the actual day to day practices in child welfare and will help to identify trends in practice that will lead to strategies that can positively impact practices and therefore, outcomes. In addition, the CFSR case review process will not only help to identify issues that impact Federal and State performance goals, but also issues that are of importance on the local level, such as the use of the Child and Family Practice Model, Safety Organized Practice, Structured Decision Making teaming, and trauma informed practice, just to name a few.

Below is a summary of the challenges relative to the Federal and State goals and the strategies to improve performance:

- Reunification and Permanency Outcomes

Strategy:

- 1) Safely reduce entries into the child welfare system by providing prevention services such as Differential Response, and work with Mandated Reporters regarding referrals on families, particularly families of color, for potential neglect so that these children and families can be served and supported in the community by community based organizations.
- 2) Work to identify high referral school districts, establish partnerships and leverage existing resources such as school linked services to proactively provide prevention services for children and families at risk of being referred to the child welfare or juvenile justice systems.
- 3) SIP strategies are current aimed at improving engagement of children and families to strengthen and involve children and families in decision making processes and to develop mutually agreed upon interventions and behaviorally specific case plans and interventions that are strength based and address the issues at hand while ensuring safety and well-being of children. This includes identifying family's circles of support and building safety systems around families. This is the heart of the CAPP Child and Family Practice Model as well as Safety Organized Practice. As the CFPM and use of SOP tools become fully integrated into the day to day work in child welfare in Santa Clara County, It is expected that children and families will be better prepared for

reunification and to handle the stressors that exist and that the circles of support will help families to keep children safe.

- 4) SCC involvement in the Title IV-E Well-Being Project and full utilization of SOP should allow DFCS to focus on harm and danger and safety issues to improve decision making processes.
- 5) SCC involvement in the Title IV-E Well-Being Project should also allow the DFCS to develop services specifically to better support for children, families and caregivers that will lead to reduced entries, better reunification outcomes if children do enter the child welfare system, or, if reunification is not possible, better permanency outcomes
- 6) The CFPM and SOP tools should also facilitate more courageous conversations with relative/NREFM and foster caregivers around issues of both reunification and permanency to improve outcomes for children.
- 7) Transition from the DFCS current risk assessment tool, the Comprehensive Assessment Tool (CAT) to the Structured Decision Making (SDM) tools. SDM has integrated principles and language from safety Organized Practice (SOP) as part of the tool, which brings it in alignment with the CFPM and SOP tools that are already being used in Santa Clara County.
- 8) Continued examination of critical components of reunification, such as increasing placements with relatives/NREFM and visitation to improve decision making on these issues.
- 9) SCC involvement as an early implementer in the Resource Family Approval (RFA) process should not only streamline licensing and adoption processes, but should also facilitate earlier placement of children in relative/NREFM homes, where the majority of children end up being placed. This should also improve permanency outcomes for children placed into foster homes as well. The DFCS involvement in the RFA process should also improve Concurrent Planning for children since all caregivers will be better prepared to foster children, and should it become necessary, to become a legal guardian or an adoptive parent for the child.
- 10) SCC is also focusing on more actively recruiting individuals/couples/families to become foster parents due to the shortage of available foster home placements. Increasing the pool of foster homes available will mean more choices for placement and the opportunity to better match children and foster parents, which should also improve both reunification and permanency outcomes.
- 11) With the pending implementation of Continuum of Care Reform (CCR), children and youth should be placed in lower levels of care, such as relative/NREFM, foster homes, or intensive treatment foster homes/professional parent homes, rather than in group homes. This emphasis on placement of children in lower levels of care and in more family like home environments should improve reunification and permanency outcome in the long run. CCR goals are consistent and in alignment with the initiatives and direction that Santa Clara County is already taking in terms of the Child

and Family Practice Model, Safety Organized Practice, Structured Decision Making, the Title IV-E Well Being Project, and Resource Family Approval process.

- 12) On-going discussions will continue with the Treehouse Foundation and Mid-Peninsula Housing Corporation to bring the Treehouse Community concept to Santa Clara County. The Treehouse Community concept is an intergenerational community whose primary focus is to help move children out of foster care and into permanent homes and provide them with a sense of belonging and stability that they would have likely never have experienced. The DFCS is in support of working with the Treehouse Foundation and Mid-Peninsula Housing Corporation to be a part of the Treehouse family so that a larger number of foster children will have a greater chance of achieving permanency.
- 13) Build a partnership with the Family Builders by Adoption on the Youth Acceptance Project. A family advocate will partner with the DFCS to receive referrals of birth families, relative caregivers, foster families, and adoptive families who are struggling with the sexual orientation and/or gender identity of children in their care to provide support and services to help both the children and youth and their families address these issues so that there is greater acceptance, stability and permanency.
- 14) Increased use of both formal and informal teaming opportunities to build stronger partnerships and collaboration with children, families and caregivers should also improve reunification and permanency outcomes.
- 15) Continuing work to fill social work vacancies and improve staffing levels so that staff have the time and ability to better work with and engage families in the change process.

- Re-Entry following Reunification, Living with Relative(s) or Guardianship (Federal Goal)
[SIP Goal];

Strategy:

- 1) SIP strategies are current aimed at improving engagement of children and families to strengthen and involve children and families in decision making processes and to develop mutually agreed upon interventions and behaviorally specific case plans and interventions that are strength based and address the issues at hand while ensuring safety and well-being of children. This includes identifying family's circles of support and building safety systems around families. This is the heart of both the CAPP Child and Family Practice Model as well as Safety Organized Practice. As the CFPM and use of SOP tools become fully integrated into the day to day work in child welfare in Santa Clara County, It is expected that children and families will be better prepared to handle the stressors that exist and that the circles of support will help families to keep children safe.

- 2) SIP strategies to increase Differential Response, including Path 4 services should become a larger part of after care services.
 - 3) Ensuring that pre-exit Team Decision Making meetings/teaming meetings occur prior to exit to ensure that families receive post exit services and supports should also reduce reentries.
 - 4) Development of formal, post, exit safety plans for children and families so that they have clear, structured plans to address stressful situations that may arise in the future to reduce the likelihood of being re-referred and re-entering the child welfare system. Safety plans are an integral part of the CFPM, SOP and SDM models and tools.
- Timely Health and Dental Exams for all children have continued to trend downward, and SCC is performing well below the 100% State goal.

Strategy:

- 1) SIP strategies are currently aimed at increased partnerships with the Public Health Department, Valley Medical Center (Health and Hospital Systems), and several non-profit health trusts to collaborate and better identify health/medical and dental resources to increase performance. Unfortunately, this process was delayed due to necessary Meet and Confer processes with labor regarding the referral process for children under age 5 to the PHN Visiting Nurses Program. With concurrence being reached that all DFCS social workers will refer children age 5 and under, it is expected that performance on these measures will substantially increase.
- 2) In addition, SCC will begin monthly monitoring and tracking for this data measure and implement support plans to help social workers and caregivers locate the necessary resources and ensure children have timely care. Additional data analysis is underway to better understand the barriers impeding performance for these measures. One concern currently is that youth ages 18 and older in Extended Foster Care are not recognizing the importance of following through with regular medical and dental appointments. Further education will be needed for this growing population to assist them in understand the implications and long term ramifications if they do not seek regular health/medical and/or dental care for several years.
- 3) In order to better reach the youth population, the DFCS is partnering with the County Office of Education so that the Dental Van will be at the Hub location (which is the same location as the San Jose Family Resource Center) and in Gilroy so that youth (and other children) can drop in for dental check-ups. In addition, dental hygiene and care information is being made available at the Hub and at the FRC locations.

In addition, as noted above the County is actively addressing the decline in the Federal and State Safety, Permanency, and Well-Being performance measures, as well as trying to better understand and address the decline in timely health/medical and dental services for children.

Please refer to the summary of the current progress for Santa Clara County noted in the section on current progress.

Introduction-Probation

With more than 1.8 million residents, Santa Clara County is the sixth most populated county of California's 58 counties and the most populated county in the Bay Area. The County's 15 cities contain 95% of the County's population, and more than half of the County's residents live in San Jose. In 2013, the total youth population in Santa Clara County ages 10-17 was 185,041 with 29 percent White youth, three percent Black youth, 36 percent Latino youth, 32 percent Asian/Pacific Islander youth, and all other combined were less than a percent.

Over the last two decades, Santa Clara has had significant demographic shifts in its youth population (ages 10-17). Overall the population has increased by 21 percent, but the shift between racial and ethnic groups has been even more dramatic. The youth of Santa Clara are increasingly youth of color. The White youth population has decreased by 22 percent since 1993 and is no longer a majority. The Latino youth population has increased by 47 percent to become the largest racial/ethnic population. During that same time, the Asian/Pacific Islander (API) numbers increased by 78 percent. The number of Black youth decreased by 17 percent, while the Native American youth population has had the greatest decrease of 27 percent.

In 2015, of the total 3990 youth who were arrested in Santa Clara County, 1239 youth (31 percent of all youth arrested) were booked at Juvenile Hall. Following national trends, Santa Clara County experienced a reduction in arrests. In 2015, there was a 29 percent decrease in arrests for all youth compared to 2014, with almost 1650 fewer arrests in 2015. Since 2011, there has been a 59 percent decrease in the number of arrests. A review of the youth population and arrests clearly indicate overrepresentation for Latino and Black youth. While Latino youth represent 36% of the youth population in 2015, they represent 67% of the youth arrested. Black youth represent three percent of the overall youth population, but 10% of youth arrested in 2015. The demographic shifts and arrests rates for youth remind us why improving outcomes for youth of color is critical to the future success not only of those individual youth, but of the county as a whole.

Santa Clara County Probation's (Probation) focus areas are identified as (1) timely reunification and (2) placement stability. According to the data provided by UC Berkeley, performance outcome measure C1.1, youth reunifying less than 12 months in Q4 of 2015 reported in April 2016 was 71.4%., which was slightly

lower than the National Standard of 75.2%. In October of 2014, the Federal Registrar published a document to replace the data outcome measures used to determine substantial conformity with titles IV-B and IV-E of the Social Security Act. Therefore, the data indicator for C1.1 has been changed to the Permanency P1 outcome measure, titled “Permanency in 12 months for children entering foster care.” This indicator measures whether the agency reunifies or places children in safe and permanent homes within a 12 month time period. The National Compliance Standard had been established at 40.5%. In 2014, Probation was determined to have performed at 19.0%. Although the Probation Department has significantly increased the number of youth reunifying by entering permanent homes, the percentage still falls below the National Standard of 21.5%. With respect to placement stability for probation youth, performance outcome measure C4.3 in Q4 of 2015 reported in April 2016 was 36.9%, which was 4.9% below the National Standard of 41.8%. In addition, the data indicator for C4.3, has been changed to the Permanency, P5 outcome measure, titled Placement Stability. This indicator measures youth who enter foster care in a 12 month period and their rate of placement moves. The National Compliance Standard had been established at 4.12%. In 2014, Probation was determined to have performed at 3.29%, indicating that youth changed placements on an average of 3.29 times out of 1,000 days, which is below the National Standard. The national standard for this measure is performance less than or equal to 4.12 per 1,000 days. Therefore, the Probation Department has exceeded the national standard in this area.

In August of 2015, a change in Management occurred in the Juvenile Services Division. Vone Kegarice was promoted from Supervising Probation Officer to Probation Manager and was assigned to manage the Placement Unit. Probation Manager Giap Le is overseeing the Family and Foster Youth Services, which consist of the Dually Involved Youth and Family Preservation Units.

SIP Progress Narrative - Probation

STAKEHOLDERS PARTICIPATION

Probation has continued to work closely with our stakeholders and core representatives to monitor the implementation of the SIP strategies and action steps since the Santa Clara County System Improvement Plan was approved in June of 2012. Stakeholders from the Department of Family and Children Services (DFCS), Behavioral Health Services Department, Juvenile and Superior Court, Legal Advocates of Youth, District Attorney's Office, Public Defender's Office and other community service providers continue to be an integral part of the planning process for many identified SIP strategies as well as other projects that are in place within the community. For example, our core partners meet monthly at DFCS for our Continuum of Care meeting. The purpose of this meeting is to develop on-going strategies to assist foster youth with appropriate services from entry to exit. The goal of this approach is to use the most appropriate and least restrictive interventions, both in and out of the home, while ensuring that safety issues and needs are addressed.

The County of Santa Clara Probation Department continues to actively participate in a commission chaired by the County Executive's Office, the Juvenile Justice System Collaborative (JJSC) that focuses on racial and ethnic disparities within the juvenile justice system. The JJSC has two workgroups, Prevention and Programs Workgroup (PPW) and Case Systems Processing (CSP) workgroups. CSP has several subgroups, one of which has examined the Probation Department's practices and policies for foster care placement youth. The goal was to examine practices by which youth are approved for placement into a foster care group home and the length of time youth are waiting in Juvenile Hall to enter into their identified placement with an intentional eye of racial and ethnic disparities. This process provided additional information for the SIP Strategy number five. Our efforts are continuous and will continue to work towards addressing disparities at all levels of our system. For the past year, the Placement Unit, with the aid of a Placement Screening Coordinator, has been able to secure a group home placement for youth in a timely manner once the program has accepted the youth. The youth are usually placed in a group home within two weeks after they are ordered into a foster care placement by the Court.

The Probation Department will continue to work closely with our partner agencies to ensure the improvement goals and SIP strategies are successfully completed in the next year. We will also continue to work collaboratively to identify and address any other areas needing improvement.

CURRENT PERFORMANCE TOWARDS SIP IMPROVEMENT GOALS – PROBATION

Outcome Measure or Systemic Factor:

P1- CHILD WELFARE DATA FROM THE UNIVERSITY OF CALIFORNIA BERKELEY PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE

The previously used timely reunification outcome indicator data set, C1.1, was an exit cohort that identified, out of all youth who exited care through reunification within a 12-month period, how many and what percent reunified in less than 12 months. In order to report out on a full year of data, the following is reflective of 2014 annual data.

In accordance to the previous outcome measure C1.1, in 2013, out of 13 youth, 3 reunified within 12 months, yielding 23.1%; in 2014 out of 4 youth, 1 reunified within 12 months, yielding 25%; and in 2015 out of 14 youth, 10 reunified within 12 months, yielding 71.4%. Although the number had vastly improved by over 47%, the number of youth reunified within this timeframe remained slightly below the National Standard of 75.2%.

In October of 2014, the Federal Registrar published a document to replace the data outcome measures used to determine substantial conformity with titles IV-B and IV-E of the Social Security Act. As a direct result, the data indicator for C1.1, has been changed to the Permanency, P1 outcome measure, titled “Permanency in 12 months for children entering foster care”. This indicator measures whether the agency reunifies or places children in safe and permanent homes within a 12-month time period. According to the data provided by University of California, Berkeley (UC Berkeley) in 2009, the baseline for Santa Clara County Probation was established at 3.8%. The National Compliance Standard had been established at 40.5%. In 2014, Probation was determined to have performed at 19.0%. Over the span of five years, the percentage change has increased by 404.8%, from the baseline. Although the Probation Department has significantly increased the number of youth reunifying by entering permanent homes, the percentage still falls below the National Standard by 21.5%.

While the data for 2014 indicates significant improvement, Probation believes there are some contributing factors to falling below the National Standard. For example, youth entering foster care who are not reunifying into permanent homes, can be considered a challenging population of youth as their treatment needs often exceed that of a short term treatment plan. It is believed youth with high mental health needs, substance abuse, or dual diagnosis treatment requirements need more time to complete a specialized program, thus not reunifying into permanency in less than 12 months. Additionally, youth entering into a residential sexual offender program and out-of-state placements

typically participate in specialized treatment, which entails a 12-18 month treatment plan. Often out-of-state placements are utilized as an alternative to commitments to the Division of Juvenile Justice and often times are considered as part of a plea agreement. These youth are considered high risk with complex and/or high needs who have been adjudicated for serious and violent crimes.

Probation is committed to working with all out-of-home treatment facilities to examine internal treatment practices to ensure timely reunification and stability. Over the past year, Probation has changed internal practices to include a monthly case review between the Supervising Probation Officer and the Probation Officer to develop a joint comprehensive plan to support reunification efforts. Upon initial placement in out-of-home care, the Probation Officer completes a written summary of the treatment needs, goals and objectives to review with the treatment providers, youth and family. Within 30 days of being placed the Probation Officer facilitates a team discussion to ensure all appropriate services are in place to engage the youth in treatment services, as well as establish a treatment timeline leading to reunification. Once a joint plan has been established, the youth is closely monitored and regular monthly discussions take place regarding treatment progress and additional support requirements. Following approximately 6 months of treatment, the treatment team reconvenes to discuss program compliance and creates a joint 90 day plan for a seamless transition back into the home environment.

In addition to the above reformed practices, the Probation Officer along with the treatment team continues to consider support services during this transitional period which may include, but is not limited to, Wraparound Services or Full Services Partnership (FSP). FSP is a comprehensive program that combines critical core services within a Wraparound Model that incorporates age-appropriate elements from the Transition to Independence Model (TIP). This strength-based approach incorporates family-centered service delivery that consists of comprehensive mental health and other services/supports in order to achieve individualized youth and family plan goals. Further, with FSP youth can maintain and benefit from critical core services until the age of 24 and without an active order for Delinquency Jurisdiction, in the event Probation is dismissed. Probation believes with continuation and successful execution of the aforementioned practices, the number of youth reunifying into a safe and permanent environment within 12 months will far exceed the national standard.

Over the past year, Probation has experienced a significant reduction in the number of youth entering out-of-home placement. This decline may be attributed to specific criteria within the screening and formal acceptance process for out-of-home placement consideration. For instance, youth displaying beyond control behaviors alone may not warrant a recommendation of out-of-home placement. Youth with these types of challenging behaviors, who are high risk and high need are now referred to and supported by community based programs facilitated by either Wraparound or FSP services. As a direct result of elevated services within the community, the number of youth with high risk and needs succeeding in the family environment has been greatly increased with the addition of Wraparound services.

Additionally, youth who have been identified as having a specific treatment need, which requires intensive community programming and supervision, may be referred to a specialty Court prior to consideration of removal. Probation maintains a team approach with various justice entities to surround the youth with various support services within the community, coupled with regular Court appearances for monitoring and accountability. Intensive services rendered by the Court appointed team allows for the youth to remain in the family home, while benefiting from a higher level of service within their natural environment.

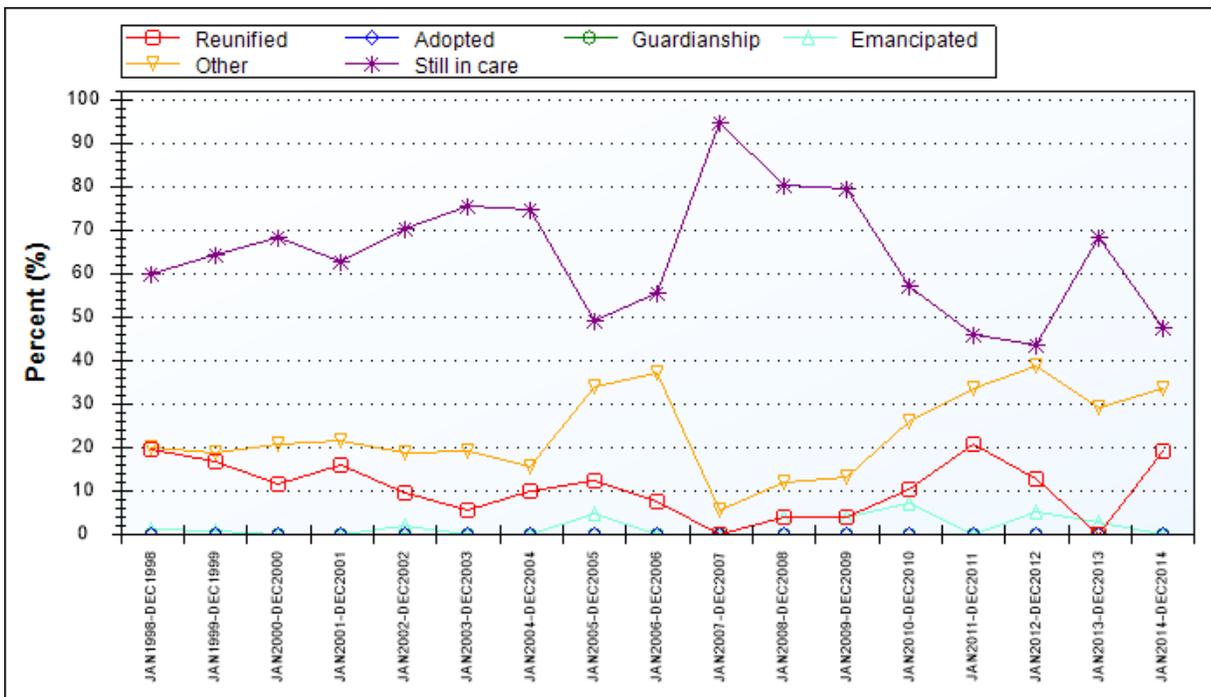
Moreover, Probation Officers have significantly attributed to the decline in youth being referred to out-of-home placement services, as parentage findings are determined during the initial case assessment. When a youth is deemed at imminent risk of removal, the non-custodial parent is assessed for placement suitability. Occasionally, arrangements can be made for the non-custodial parent to assume care and physical custody of the youth, while additional community based services are rendered to preserve the family unit.

Probation remains committed to decreasing the number of youth who require out-of-home placement services by utilizing community based programs to stabilize these youth within their natural home environment.

Target Improvement Goal:

Increase the percentage of youth who reunify in safe and permanent homes to 21.5% during the next year, 1.79% monthly increments. In sum, given the performance measure is newly established, Probation will have only one year to meet the National Standard at the conclusion of this current plan. The established goal will allow Probation to meet the National Standard of 40.5%, by increasing reunification efforts leading to permanency by 21.5%, over the next year. Further, this measure will be re-evaluated during the County Self-Assessment (CSA) to more accurately establish and set future goals.

P1- PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE



Outcome Measure or Systemic Factor: P5- PLACEMENT STABILITY

The Placement Stability outcome indicator data set, C4.3, pertains to youth who have been in care for 24 months or longer and having two or fewer placements. When examining placement stability for Probation youth, performance for C4.3, in 2013 data recorded 41.6% of Probation youth had two or fewer placement episodes, which was 0.2% below the National Standard of 41.8%; 2014 data indicated 40.1% having fewer than two placement episodes, 1.7% below the National Standard, and in 2015 36.9% of youth were reported as having two or fewer placements, 4.9% below the National Standard. Moreover, the current data reports a slight increase in placement episodes from previous year reporting of 3.2%, and further illustrates Probation has not reached the National Standard of 41.8%, falling 4.9% below the National Standard.

In October of 2014, the Federal Registrar published a document to replace the data outcome measures used to determine substantial conformity with titles IV-B and IV-E of the Social Security Act. As a direct result, the data indicator for C4.3, has been changed to the Permanency, P5 outcome measure, titled Placement Stability. This indicator measures whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. According to the

data provided by UC Berkeley in 2009, the baseline for Santa Clara County Probation was established at 0.68%. The National Compliance Standard had been established at 4.12%. In 2014, Probation was determined to have performed at 3.29% which at or below the required national standard. The national standard for this measure is performance less than or equal to 4.12 per 1000. In review of the data, the Probation Department has met the national standard by 0.83%. This is indicative of the Probation Department's efforts at being successful in ensuring youth are stable within the placement setting.

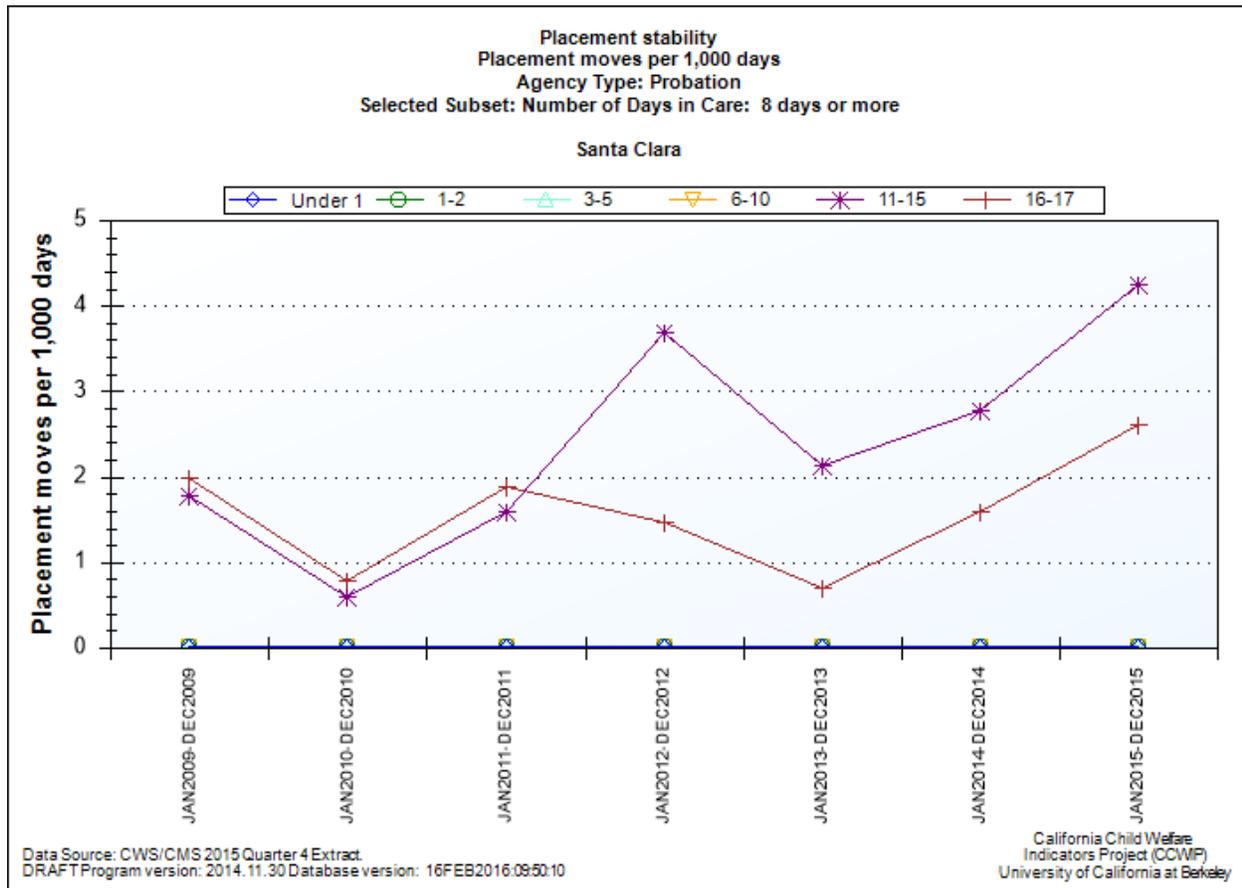
Probation actively utilizes local in-county treatment facilities to preserve the family bond, and solidify reunification efforts. When youth are placed in local facilities they have demonstrated the propensity to abscond and return to their familiar surroundings within the community, without authorization; thus, resulting in AWOL status and ultimate termination from the treatment facility. As a result, the bed space is closed immediately and a Violation of Probation filed as a Warrant request.

Most recently, the Placement Unit has become pro-active in working directly with youth in jeopardy of being terminated from an out of home placement for issues of non-compliance. For example, when a Probation Officer receives notification that a seven-day notice of placement termination is imminent, the Probation Officer will initiate a Multi-Disciplinary Team (MDT) meeting to discuss challenges and develop a joint plan of correction. It is believed, in order to increase placement stability, the treatment team can unite and develop an appropriate action plan prior to terminating a youth, which will allow for immediate correction and awareness by the youth, as well as allowing for additional support services to be rendered. The action plan can provide the youth with an opportunity to adjust his/her behaviors to improve their overall chances of success, which in turn can lead to a decrease in placement episodes. In the previous measure of C4.3, Probation was below the national standard. In the new CFSR Measure of P5, Probation has exceeded the national standard, indicating that youth changed placements an average of 3.29 times out of 1,000 days. Probation will continue to provide these services in order to maintain or exceed the national standard of 4.12%.

Target Improvement Goal:

Stabilize the percentage of youth who endure placement moves per day of foster care, below the National Standard of 4.12%. In sum, even though Probation has reached the goal of maintaining placement stability, we can continue to modify current practices to far exceed the National Standard, over the next year. Additionally, provided this is a newly established measure, it will be re-evaluated during the County Self-Assessment (CSA) to more accurately establish and set future goals.

P5- PLACEMENT STABILITY



STATUS OF STRATEGIES

Strategy 1: Develop coordinated and integrated child welfare and juvenile justice system that enhances services and outcomes for dually involved youth.

The Dually Involved Youth (DIY) unit was created in June 2014 with two Probation Officers, two Social Workers, one Youth Advocate, all overseen by supervisors and managers from Probation and DFCS. In 2015, through the Mentally Ill Crime Offender Reduction (MIOCR) grant Probation was able to fund an additional Social Worker position for the unit. DFCS also received additional general funds to add another Social Worker position and Probation was able to add two additional Probation Officer codes to the unit. As of February 2016, the DIY Unit is functioning with four Probation

Officers, four Social Workers, and one youth advocate with the process of identifying another youth advocate being underway, creating four teams of social workers and probation officers working side by side.

The DIY Unit has served 36 youth to date, with 12 youth accepted into the unit in 2015. The DIY Unit received a total of 80 referrals in 2015 with 40 youth denied due to capacity issues. Outside of these 40 youth, the remaining youth were denied for a variety of other reasons, including but not limited to severe behavioral health issues, youth residing out-of-county, and/or a lower level of supervision was more appropriate.

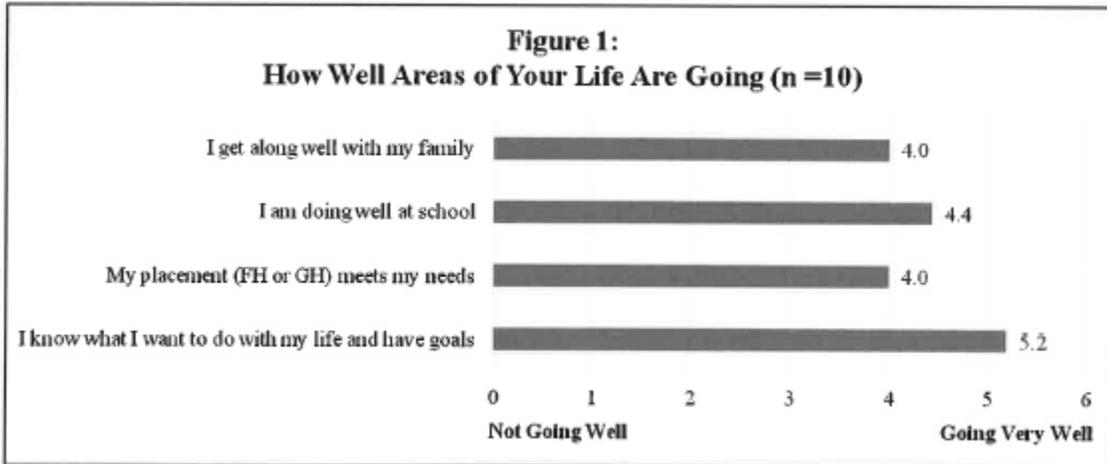
There are currently 24 active youth within the unit. The caseloads remain extremely complex and sometimes consist of youth who are high risk and high need, most youth are identified or suspected CSEC, exhibit runaway behaviors, and experience substance abuse and mental health issues. Current caseloads, are comprised of more “front end” who have little involvement with either system and with appropriate intervention services can prevent further entrenchment into either system. This has proven to be effective when the Social Worker and Probation Officer engage the youth and their family in early stages of system involvement.

Additional staffing has improved staff morale, and provided team members the opportunity to case conference with one another and learn different intervention techniques. Cross system trainings continue to occur to allow teams to continuously learn and grow together, for improved outcomes for the youth and families being served.

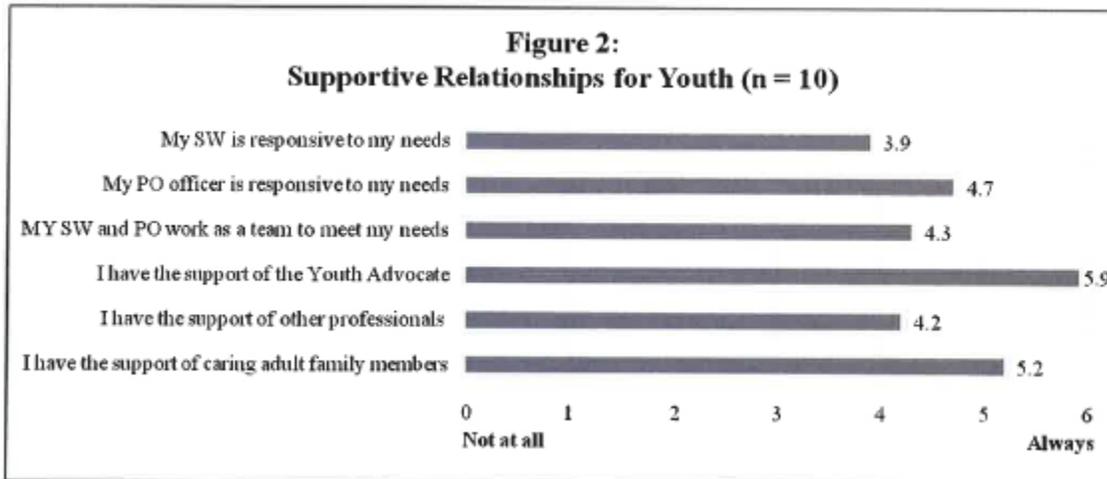
To unit tracks 68 key indicators at four intervals (entry, six months, twelve months, and closure). These data points allow the Executive Steering Committee, the Data Subcommittee, and many other interested parties, the opportunity to see typical services being offered and progress towards goals being met. Goals include: reducing recidivism, reducing substance abuse, reducing runaway behavior, all while increasing placement and educational stability.

In July 2015, a Youth Satisfaction Survey was offered to 19 former and active youth in the DIY Unit. Ten youth voluntarily participated and were asked 22 questions ranging from their overall experience within the unit to their participation in pro-social activities versus risky behaviors. The responses were based upon a six point Likert Scale, with 6.0 denoting a more desired response.

The surveys also provided quality insight as to how youth perceived their success related to placement, substance abuse, and education. For example, six out of ten youth expressed a decreased desire to drink alcohol, abuse drugs, or be involved in gangs. Figure 1 below shows youth had a positive outlook on their life circumstances from their intervention services provided within the DIY Unit.



Lastly, youth rated their overall experience within the DIY Unit as 5.4 out of 6.0; a 90% satisfaction rate. Even though it may be a small sample size, it still demonstrates the quality and effective work being completed with the youth and their families. Figure 2 below shows youth’s perceptions of their supportive relationships within the DIY Unit.



Success within the DIY Unit has been defined as when a youth completes formal or informal supervision from either DFCS or Probation. However, successful completion of supervision doesn’t automatically equate to an exit from both systems simultaneously, as youth routinely cross over from DFCS to juvenile justice. To date, 12 youth have successfully completed each agencies’ respective supervision programs.

Strategy 2: Improve family supports through linkages to family-based alternatives services and alternative placements to group homes for probation youth in placement.

Intensive Targeted Wraparound Services (ITWS) has been in existence in Santa Clara County since November 2012. The collaboration between Department of Family and Children's Services (DFCS), Probation Department, and Department of Behavior Health oversee two Wraparound providers with a total of 60 ITWS slots, which are shared between the Probation Department and the Department of Family and Children Services. The ITWS team consists of the probation officer, and or social worker, a wraparound facilitator, family specialist, and parent partner as core team members. A clear channel of communication is executed throughout the team to ensure consistency and thoughtful decision making in attempt to highlight one of the main focuses of ITWS, keeping the youth in a family type setting in their homes and in their community.

From June 2015 to May 2016, Probation has referred 13 youth to the ITWS program. This is a decrease compared to last year's ITWS referrals of 15 youth. Out of the 13 youth, one is currently engaging in the program. Nine youth failed the program with three youth committed to the Juvenile Rehabilitation Facility (James Ranch), two youth stepped up to higher level (ordered to Placement), two youth stepped down to lower level of treatment, and two youth had warrants. Three youth graduated the program and had their Probation dismissed. The average length of time on ITWS for these 13 youth was eight months.

Although, the number of program failures is considered high, one youth expressed her experience as positive while in the program. When the youth graduated the program, she commented, "They helped me in every way. They made me realize more things and take life more seriously. It's important to follow through for the future. They helped me get closer to my family and learn how to communicate better." Probation will continue to collaborate with the Wraparound providers to improve outcomes for youth in this strategy.

Strategy 3: Probation will increase the number of youth who are safely reunified in a timely manner with their families through increased support and engagement with parent(s).

This strategy was developed to increase the number of youth who are safely reunified in a timely manner with their family through increased support and engagement with parents. The key action steps are: that parent(s) will take part in an orientation session, meeting with a Probation Officer to map out his or her child's program, having Joint Decision Making (JDM) practice to engage the family to make the best decisions possible for the youth and parents' voice to be heard, and the development of a Parent Partner Program. Given that the implementation of the *Strategy #1* over the two last years has been resource and time intensive, Probation was unable to implement this Strategy. At this time,

Probation will not move forward in implementing this strategy and may explore this strategy in the next System Improvement Plan (2018-2023).

Strategy 4: Increase placement with relatives and Non-Relative Extended Family Member (NREFM) Placements, and safely support probation youth and the parent(s) in family reunification.

This strategy was developed to increase placement with relatives and Non Relative Extended Family Member (NREFM) Placements, and safely support probation youth and the parent(s) in family reunification. The key action steps are: Enhance Family Finding protocol to increase the number of youth placed with family or important individuals in the youth life's, Revise procedural guide using best practices on Family Search and Engagement, Need to ensure the necessary education and support so that immigrant children and youth are connected with family, and maximize utilization community-based and faith based organization to providing family and support and engagement, Evaluate results of strategy by assessing to see if relatives since implementation and the impact on placement stability. Given the implementation of the *Strategy #1* over the two last years has been resource and time intensive, Probation was unable to implement this Strategy. At this time, Probation will continue not to move forward in implementing this strategy and may explore this strategy in the next System Improvement Plan (2018-2023).

Strategy 5: Address and eliminate the over representation of African Ancestry and Latino families, as defined as “Within five years African Ancestry and Latino youth will no more likely than other youth given the same risk or protective capacity factors, to enter probation foster care placement,” and continue to actively monitor representation for all children within the Juvenile Justice System in an effort to track disproportionality at all times.

Key Action steps in this strategy are: First, to review current policies and practices of placement screening and acceptance processes for juvenile justice youth; secondly, to research and develop a decision making assessment instrument that addresses foster care placement operations; and finally, to develop a tracking mechanism to maintain written documentation of youth screened and accepted into foster care placement.

The first and second key action steps involve a review of current policies and practices in screening and accepting youth into foster care, along with the implementation of an assessment instrument to more accurately render a decision of acceptance or denial by the case assessor. In July of 2015, Probation created a Placement Screening Coordinator position designated to screen all youth referred to foster care services, assess the youth's risk and needs to determine appropriate level of services, and refer the youth to appropriate out of home care if deemed appropriate. Further, the placement screening coordinator assesses all out of home care facilities and provides a written assessment

regarding the home findings and recommendations for continued departmental use. During the screening process, the coordinator receives the departmental approved screening assessment from the referring Probation Officer. The assessment utilized during this process includes such factors as: Probation status; parental relationship and ability to provide care, risk and needs, past efforts at rehabilitation, delinquent history, and family findings. Following receipt of the written assessment, the screening coordinator meets with the assigned Probation Officer, to gather additional, pertinent case background and information that may not have been captured on the written assessment, followed by a decision regarding foster care suitability and appropriate level of services. Within the next year, Probation will be moving forward to better track the outcomes of all youth screened, as it relates to disproportionality.

The third key action step addresses the need for a tracking mechanism of youth screened and accepted into foster care placement prior to the Court's decision. Probation has begun to make progress regarding the implementation of this strategy and will work to develop an internal database to track screening referrals, demographics, case specifics and acceptance or denial results, in order to analyze the data as it relates to disproportionality.

Obstacles and Barriers to Future Implementation

As previously discussed, a significant amount of time has been devoted to implementing the first strategy. As a result, Strategies two and three have not yet been implemented. The implementation of key Strategy five will encounter a brief delay in the area of design and internal capabilities of the proposed internal database. The departmental Informational Technology Division (ITD), is in process of designing internal software to accurately record and statistically analyze foster care data. Probation is hopeful with a collaborative approach the internal database will be in production by the end of 2016.

Promising Practices/ Other Successes

Probation continues to invest in various efforts to better serve the youth and their families. The Wraparound program, a collaborative between the Probation Department, Department of Family and Children's Services (DFCS), and Behavioral Health, oversees five providers and continues to show positive outcomes. The Wraparound program utilizes five providers with forty slots each, for a total of two hundred slots that are shared between the Probation Department and the Department of Family and Children's Services (DFCS). Since Wraparound was implemented, the number of out of home placements has declined since more youth are given the opportunity to participate in the Wraparound process.

Pre-Placement Diversion- Youth pending competency, and or Wards of the Court are given an opportunity to receive wraparound services to youth and their families while they remain in their home. In these cases, Wraparound can prevent the youth from further penetrating in the Juvenile Justice System.

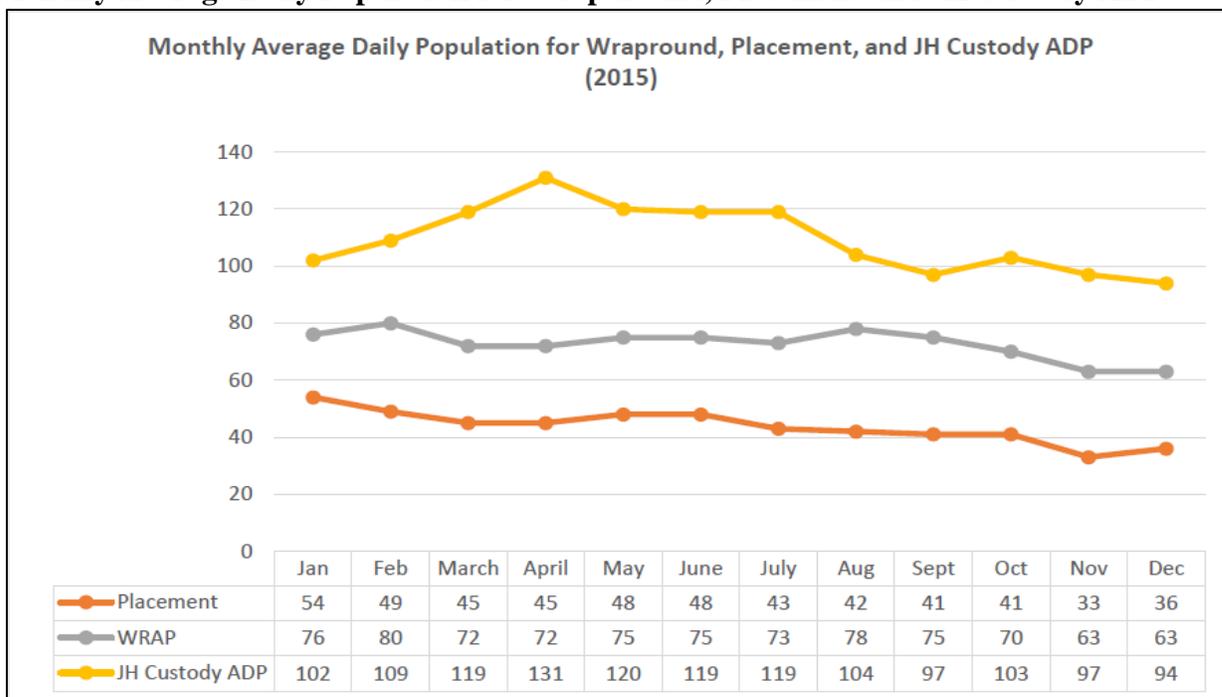
Step-down from Foster Care- Youth ordered into out of home placements have the opportunity to receive wraparound services for added supports if needed as they reunify with their families.

Reentry Services- Youth committed to the Juvenile Rehabilitation Facility (James Ranch) are given an opportunity to receive wraparound services prior to and upon their release to provide additional supports for reentry and reunification.

Table 35 shows a consistent decline in the juvenile hall population and the number of youth removed from their homes and placed in foster care. This table also depicts the increase in the number of youth receiving wraparound services. Probation continues to reduce the utilization of foster care and increase services to youth and their families in their homes. Other available foster care options are available for youth and their families that are a lower level of care than group home care.

TABLE 35

Monthly Average Daily Population for Wraparound, Placement and JH Custody ADP



Treatment Foster Care Oregon (TFCO) - Probation has developed a partnership with the Bill Wilson Center, a local non-profit community agency to provide local (TFCO) placements as an alternative to congregate care, incarceration, or hospitalization for adolescents who have chronic antisocial behavior, emotional disturbance, and delinquency. TFCO is an evidence based foster care program that places one youth with a designated foster family. Foster families are recruited, trained, and supported to provide adolescents with intensive supervision at home, in school, and in the community; clear and consistent limits with follow-through on consequences; positive reinforcement for appropriate behavior; a relationship with a mentoring adult; and separation from instability within the family home.

Resource Family Approval (RFA) - Beginning in January of 2016, Probation has been working in unison with the Department of Family and Children Services (DFCS) to approve identified relatives as resource families. Under this approval process, identified families will participate in a health screening, classroom activities, home assessment, criminal background check, and interviews to become an approved caregiver. Once a family is approved, the home can be considered an acceptable placement option for both Probation and Dependent youth. The Probation Department continues recruitment efforts and works jointly with DFCS to certify all potential families as RFA's.

Probation was awarded a Mentally Ill Offender Crime Reduction (MIOCR) grant from the Board of State and Community Corrections in June of 2015. This funded program will significantly impact mental health outcomes for youth and their involvement in the Juvenile Justice and Dependency systems. The grant includes training of Mental Health providers in El Joven Noble and Cara y Corazon curricula, ensuring a culturally relevant program, the addition of a social worker to the Dually Involved Unit paired with an in-kind probation officer, services for commercially, sexually exploited (CSE) youth and the formation of a Youth Advisory Council to guide system change in the juvenile justice system.

In June 2016, the El Joven Noble, Cara Y Corazon and Circle Keeper curricula training will be provided to wraparound and supportive enhanced service providers. All curricula provide a cultural healing approach. It is anticipated an expected that providers will facilitate these curricula to probation youth and families and will be available as a preventative approach to youth and families who are not system engaged.

The Youth Advisory Council (YAC) will meet the department's vision of inclusion of the youth voice in our system decisions. These are youth or young adults who were formerly involved in the juvenile justice system who can help provide guidance or input regarding system improvements. The intent is to bring in young adults ages 17 to 24 who wish to be involved in this council to help inform us as we consider system changes, develop grants, probation process decisions and as part of our collaborative efforts at system improvement. Through a partnership with the City of San Jose, Parks and Recreation Division, young adults will have the option of participating in city council meetings and

will have access to their digital arts programs. In May of 2016, Probation Officer Jasmine Davis was selected to be the YAC Coordinator for Probation. A YAC Coordinator from the Fresh Lifelines for Youth will soon be selected and will work in conjunction with the YAC Coordinator from Probation to develop the referral criteria and method of engagement of youth.

Preventing Sex Trafficking and Strengthening Families Act was signed into law on September 29, 2014. State law implementing these provisions was enacted in SB 794. These provisions became effective on January 1, 2016. The state provisions seeks to ensure that child welfare agencies and probation departments are responsive to the complex issues of children and youth receiving child welfare services who are victims of sex trafficking. In February of 2016, Probation Officer Jennifer Anguiano was selected to be the Commercial Sexual Exploitation of Children (CSEC) coordinator to work with DFCS to obtain critical tools and have access to policies and procedures that they will need so that they can acquire the skill set to successfully engage, serve and stabilize this vulnerable population. Probation will also be working on implementing the county response protocol as well as the provisions outlined in SB 794.

State and Federally Mandated Child Welfare/Probation Initiatives

Probation CWSOIP Narrative

Probation CWSOIP Narrative

Probation continues to assist parents with travel costs in order for them to visit their children more often to facilitate family reunification. Parents are encouraged to take advantage of this program so that they are able to visit their children and be involved in the family reunification process. Probation continues to support family reunification by utilizing funds from the CWSOIP expenditures. Additionally, Probation will continue to use these funds to provide support to parents and youth by offering parenting classes. Furthermore, some of the funding will also be used to pay for certification costs associated with Treatment Foster Care Oregon (TFCO). The Probation Department currently contracts with a local provider to certify three TFCO homes for youth with high needs who are at risk of removal or pending competency restoration. Probation will look at other expenditures in order to assist with the Placement Unit's needs. At this time, there are no significant changes to the Probation Department's expenditure plan.

OUTCOME MEASURES NOT MEETING STATE/NATIONAL STANDARDS

There are two outcome measures (P2 and 2F) that did not meet the National Standards.

Measure P2- Permanency in 12 months for children entering foster care- This measure indicates whether the agency reunifies or places youth in safe and permanent homes in a timely fashion if permanency was not achieved in the first 12 to 23 months of foster care. According to data provided by UC Berkeley, the baseline for Santa Clara County Probation was established in 2009 at 23.5%. The National Compliance Standard had been established at 43.6%. In 2014, Probation was determined to have performed at 7.1%. Moreover, over the span of five years, the percentage change has decreased by 69.6%, from the baseline. In sum, the Probation Department has significantly decreased the number of youth reunifying when permanency is not achieved within 12-23 months, as the percentage falls below the National Standard by 36.5%.

Measure 2F-Monthly Visits (Out of Home): data from UC Berkeley reports that the National Standard is 92.3%. Probation is slightly below the standard with 87.7%. Although Probation's number is slightly under, we are committed to improving this performance by doing timely entry to CWS/CMS to reflect an accurate account of monthly visits.