California
Child and Family Services Review

2012 County Self-Reassessment

Submitted by
San Bernardino County
on
February 5, 2013

SAN BERNARDINO COUNTY
CHILDREN AND FAMILY SERVICES
| **California's Child and Family Services Review**  
| **County Self-Reassessment** |
| County: | San Bernardino County |
| Responsible County Child Welfare Agency: | Children and Family Services |
| Period of Assessment: | 2009-2012 |
| Period of Outcomes Data: | Q2 2012 |
| Date Submitted: | February 5, 2013 |

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

| Submitted by: | County Child Welfare Agency |
| Name: | DeAnna Avey-Motikeit, Director, Children and Family Services |
| Signature: |

| Submitted by: | County Probation Department |
| Name: | Michelle Scray Brown, Chief Probation Officer |
| Signature: |

**Board of Supervisors (BOS) Approval**

| BOS Approval Date: | JAN 23, 2013 |
| Name: | Honorable Janice Rutherford, Chair, San Bernardino County Board of Supervisors; Second District Supervisor |
| Signature: | Janice Rutherford |

RECEIVED FEB 07 2013
## In Collaboration with:

<table>
<thead>
<tr>
<th>County and Community Partners</th>
<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>County Child Abuse Prevention Council</td>
<td>Amy Cousineau, Network Officer, Children’s Network (authorized signer for the Children’s Policy Council)</td>
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</tr>
</tbody>
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Name and affiliation of other participants are provided in Appendix A - Acknowledgements.
REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION

January 29, 2013

FROM:  DEANNA AVEY-MOTIKEIT, Director
Children and Family Services

MICHELLE SCRAY BROWN, Chief Probation Officer
Probation Department

SUBJECT:  COUNTY SELF-REASSESSMENT REPORT OF CHILD WELFARE SERVICES

RECOMMENDATION(S)
Approve the submission of the County Self-Reassessment report of Child Welfare Services by
Children and Family Services and the Probation Department to the California Department of
Social Services.
(Presenter:  DeAnna Avey-Motikeit, Director, 388-0242)

BOARD OF SUPERVISORS COUNTY GOALS AND OBJECTIVES
Implement the Countywide Vision for Our Future.
Improve County Government Operations.
Maintain Public Safety.
Provide for the Health and Social Services Needs of County Residents.
Pursue County Goals and Objectives by Working with Other Governmental Agencies.

FINANCIAL IMPACT
The County Self-Reassessment report is non-financial; therefore, it does not impact discretionary
general funding (net county cost).

BACKGROUND INFORMATION
Approval of this item will allow Children and Family Services (CFS) and the Probation Department
(Probation) to submit the County of San Bernardino’s (County) 2012 County Self-Reassessment
(CSR) report of Child Welfare Services to the California Department of Social Services (State).
The report reviews the efforts made under the System Improvement Plan (SIP) of Child Welfare
Services and provides information and analysis to further enhance efforts to improve Child
Welfare Services performance and outcomes for children, youth and families. The County’s 2012
CSR report is due to the State on February 5, 2013.

cc:  Children & Family Services-Motikeit
     w/attachment
     Probation-Brown & Benton
     Children’s Policy Council c/o Children
     & Family Services
     Human Services-De La Rosa
     CAO-Forster & Hallen
     File - Children & Family Services
     w/attachment

ml 01/31/13

ITEM 29

Record of Action of the Board of Supervisors
APPROVED (CONSENT CALENDAR)
COUNTY OF SAN BERNARDINO
Board of Supervisors

MOTION  AYE  AYE  MOVE  SECOND  AYE
1  2  3  4  5

LAURA H. WELCH, CLERK OF THE BOARD

DATED: January 29, 2013
Pursuant to 2001 State Law (Assembly Bill 636), the State implemented the California – Child and Family Services Review (C-CFSR), a system primarily focused on measuring outcomes in Child Safety, Permanence, and Child and Family Well-Being. The C-CFSR was developed in accordance with the provisions of Welfare and Institutions Code 10601.2 and aligns with the Federal – Child and Family Services Review. The C-CFSR mandates each California county continually re-assess and improve the county’s child welfare system services and practices in order to improve outcomes for children and families. This continuous improvement process consists of two components: the County Self-Assessment (CSA) and the SIP. The County’s CSA report was submitted in 2008 followed by the SIP in 2009. The current five-year cycle of the C-CFSR covers the period of February 2012 through January 2017. The 2012 CSR is a re-assessment of the County’s child welfare system current level of performance in reference to the County’s level of performance as reported in the 2008 CSA.

The 2012 CSR is a comprehensive re-assessment of the full array of child welfare and probation placement services, from prevention and protection through permanency and after care. In addition, a detailed review of the 2009 SIP was performed in order to evaluate the results and build upon successes. Approximately 250 stakeholders in the County’s system of Child Welfare Services and Probation participated in the re-assessment of the County’s current array of services, policy, procedures, and resources; identified successful and promising practices; identified training and resource needs; identified challenges and barriers; and made recommendations for improvement. Youth, parents, substitute caregivers, Tribal representatives, community partners, the Juvenile Court, agency partners, service providers, faith-based partners and education partners engaged in this improvement process by participating in peer reviews and focus group discussions.

CFS and Probation analyzed the findings of the CSR and identified two outcome measures that will become the focus areas of the County’s 2013 SIP, the next component of this five-year cycle of the continuous improvement process. The 2013 SIP, due to the State on May 6, 2013, will be the County’s detailed strategic plan to achieve specific goals to improve performance on state and federal measures in the selected outcome areas. The information gathered from the CSR will guide the development of the SIP goals and strategies. The two outcome measures identified as focus areas through the CSR findings are:

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

**REVIEW BY OTHERS**

This item has been reviewed by Children’s Policy Council on January 23, 2013. This item has also been reviewed by County Counsel (Michael Markel, Principal Assistant County Counsel, 387-5289) on January 4, 2013; Probation Department (Holly Benton, Deputy Chief Probation Officer, 387-5777) on January 4, 2013; Human Services Administration (Michael De La Rosa, Deputy Director, 252-4858) on January 8, 2013; and the County Administrative Office (Tom Forster, Administrative Analyst, 387-4635) on January 8, 2013 and (John Hallen, Administrative Analyst, 388-0208) on January 8, 2013.
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INTRODUCTION

The 2012 County Self Reassessment (CSR) reviews the efforts made under the System Improvement Plan (SIP) of Child Welfare Services (CWS) initiated in 2009 and provides information and analysis to build upon the foundation thus established and revise, update and further enhance efforts at improving performance and outcomes for children, youth and families. This intensive examination allows the County of San Bernardino to better understand its practices, policies and procedures; availability and effectiveness of its resources; and the nature of its service delivery. The County is then able to identify strengths, barriers and challenges, and areas needing improvement. Finally, a revised SIP based on the cornerstone principle of Continuous Quality Improvement (CQI) will be developed, building on the original SIP while addressing the needs identified in the CSR.

Initially, a summary and review of the current SIP will be undertaken with an identification of the strategies and programs employed to achieve the desired outcomes and goals. In reviewing these service programs and the needs they might address, first the current program configuration and recent changes will be examined, followed by a brief review of program penetration and utilization. Where appropriate, a summary will be made of the milestones achieved and some of the difficulties, barriers, challenges and problems related to achieving these benchmarks. To the extent the data allows, how the strategy or program affected the targeted outcome areas under the SIP will be reviewed, followed by a review of any other goals that have been influenced by these strategies and programs. Invariably these programs are influenced by multiple needs, external drivers, agency specific factors and county demographics. An attempt will be made to connect these specific strategies and programs to the larger forces and conditions within the county over recent years, and also how a particular program or strategy affects or is affected by designated systemic factors. Finally, any relevant needs identified in the county reassessment processes will be noted.

The next section will then provide a more general portrait of the county through the eyes of data analysis and demographic trends. The San Bernardino County performance on the California Child and Family Services Review (C-CFSR) system Outcome Measures will be reviewed for current status and trends. The following section will review demographic trends with a focus on those indices that appear to adversely impact the CFSR Outcome Measures. Similarly, external drivers that have likely affected these measures will be examined, most notably the recent recession and recovery. Finally, the changes that have taken place in CFS and the Probation Department over this period will be reviewed and the overall findings summarized.

The third section, building on the progress of the currently constituted SIP and the Data Analysis, examines the Reassessment events and processes that the county undertook this year and the resultant findings. These would include the County Self-Reassessment kick-off event and following meetings, the Peer Review, the various focus groups and the additional meetings and events that helped crystallize and consolidate the information derived from these events. The County Self-Reassessment (CSR) will then conclude with a summation of findings that will highlight those areas that may need to be addressed in the revised and updated SIP.
Four C-CFSR Outcome Measures were the focus of the 2009-2012 SIP:

- **C1.3 - Reunification Within 12 Months (Entry Cohort)** - This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care.
- **C3.1 - Exits To Permanency (24 Months in Care)** - This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer.
- **C3.3 - In Care 3 Years or Longer (Emancipated/Age 18)** - This measure computes the percentage of children in foster care for 3 years or longer who were then either discharged to emancipation or turned 18 while still in foster care.
- **C4.3 - Placement Stability (At Least 24 Months in Care)** - This measure computes the percentage of children with two or fewer placements while having been in foster care for 24 months or more.

Under each of the above measures goals are outlined to address the stated need. Under each goal are strategies meant to guide practice and policy. Under each strategy there are milestones designed to mark achievements and progress toward implementing strategies and fulfilling goals. There were 8 goals, 26 strategies and 85 milestones listed in the 2009-2012 SIP. It was the task of the SIP oversight committee to monitor progress, implement strategies and direct activities to achieving the goals, milestones and outcomes thus delineated.

In San Bernardino County, the SIP Oversight Committee performs the functions of the Self-Assessment Team and the C-CFSR Team. Additionally, other stakeholders participate for specific portions of the improvement process. The concept for this committee emerged from the County’s 2008 CSA as a means to oversee the development and implementation of the 2009 System Improvement Plan.

The SIP Oversight Committee has evolved into a standing committee which brings continuity to the direction and monitoring of all components of the process of continuous improvement of the County’s Child Welfare Services. The Committee created three subordinate workgroups to develop, implement and monitor strategies to achieve improvement goals. Each SIP workgroup was given one of the three outcome areas of the SIP as their focus. These three groups became known as the Reunification Workgroup, the Permanency Workgroup and the Placement Stability Workgroup. Other ad hoc committees are created by the SIP Oversight Committee as needed. One of these ad hoc committees planned the activities of the CSR Kickoff event; another planned the Peer Review portion of the CSR.

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

The Committee is chaired by the Director of Children and Family Services. The Committee's objectives are to:

- Direct, monitor and improve the system improvement process
- Review and discuss the status and effectiveness of current programs, practices, policies and procedures
- Identify existing resources and resource gaps affecting system improvement
- Monitor County performance on federal and state outcomes measures
- Identify promising practices and their role in the improvement process.
- Review and discuss the potential effects of environmental factors on the existing CWS system, on the County's performance measures and on the implementation of SIP strategies
- Improve communication and awareness with staff and collaborating stakeholders to engage them in the improvement process

In the course of administering the SIP, it became obvious that it was easier to manage the process when designated workgroups focused, not on the Outcome Measures as originally delegated, but on the strategies. That was because most strategies affected more than one Outcome Measure. A good example is Team Decisionmaking (TDM), an essential piece of the Family 2 Family program promulgated by the Annie E. Casey foundation. The TDM process facilitates a partnership between social workers and parents. This process allows for developing a safety plan, provides for early identification of relatives, provides for support systems for parents, and assists in initiating services in an expedient manner. TDMs are used for every kind of placement change along the continuum of care and consequently impact all four Outcome Measures to some degree. The lesson learned here is that it is simpler to understand and implement the SIP by focusing first on the strategies being used.

Based on that, this Reassessment of the 2009-2012 SIP will focus on the strategies and programs employed by the SIP, showing how milestones were or were not met and the likely impact that a particular strategy may have had on any or all of the above Outcome Measures, given the available data.

There will also be an attempt to link the identified strategy or program to the systemic factors, both for cause and effect. The systemic factors were derived from the federal Child and Family Services Review (CFSR) and represent the larger processes that provide context, support, oversight or resources to every aspect of Child Welfare service and practice. The systemic factors will influence and be influenced by the SIP strategies and programs in a variety of ways and to varying degrees. Not all systemic factors are substantially affected by every strategy. Only those systemic factors with a discernible effective relationship to a strategy will be discussed.

The seven systemic factors are:

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

Some strategies and programs proved to be effective and will be continuing, while others were not so successful or were discontinued, while still others were successfully completed. The continuing SIP strategies and programs under review are:

- Team Decisionmaking and other Family to Family initiatives
- Additional Participatory Case Planning strategies, including Concurrent Planning Review (CPR), Family Group Decision Making (FGDM) and reunification conferencing tailored to individual family needs
- Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs (collectively, the OCAP programs) along with related programs
- Efforts to have caregivers mentor parents
- Communication strategies to improve the timeliness and quality of information to families
- Various programs and initiatives to increase the immediate provision of services
- Resource parent capacity building strategies, which includes recruitment efforts, initiatives to better coordinate with county staff and efforts to enhance and facilitate placement
- Social Worker training strategies, which briefly reviews some of the training efforts that may have been mentioned in conjunction with other strategies, and also recounts additional training and information initiatives
- Cultural competence and the various issues and initiatives surrounding cultural diversity
- Wraparound services and other intensive services
- Utilization of the CAT (Comprehensive Assessment Tools) for assessment of reunification readiness and risk and safety factors.

Also briefly reviewed will be strategies and programs that proved to be unachievable or were completed, including the California Permanency for Youth Project and Linkages.
REVIEW OF CONTINUING SIP STRATEGIES AND PROGRAMS

Team Decisionmaking and other Family to Family practices

Overview

San Bernardino County is a Family to Family (F2F) county and emphasizes a family-centered approach to child welfare that is:

- Responsive to the individualized needs of children and their families;
- Rooted in the child's community;
- Sensitive to cultural differences; and,
- Less reliant on group home placements.

The goals for F2F practice are similar to the goals and outcomes of the C-CFSR which include a reduction in the number of children entering foster care, a decrease in length of time in out-of-home care, an increase in the number of siblings placed together, a decrease in the number of re-entries into foster care; and a reduction in the number of placement moves. Strategies utilized to achieve F2F practices include Team Decisionmaking meetings (TDMs), recruiting, training and supporting resource families, building community partnerships, and using data to guide policy and practice. CFS engages the Family to Family philosophy and methods of intervention in the way it delivers its child welfare services.

The TDM process facilitates a partnership between social workers and parents. A TDM is a collaborative meeting designed to produce the best joint decisions concerning a child's safety and placement, with specific contributions from:

- Children and Family Services (CFS) staff
- The child's family members/parents
- The child, when appropriate
- Community partners
- Service providers
- Foster parents
- Family's support networks, and
- Other supports as invited

This process is used develop safety plans, identify relatives, provide for support systems for parents and may initiate services in an expedient manner. The involvement of community partners and extended family in the process improves TDM effectiveness and is viewed positively by staff.

Transitional Conferences (TC) are annual formalized meetings, which are initially held when the youth turns age 16, and continue until the youth exits the foster care system. The meetings are designed to bring together individuals in the youth's support system to help prepare the youth to become self-sufficient upon exit. In this process, youth are encouraged to drive the decisions made regarding their transition. Information obtained during this process is incorporated into the youth's case plan and the youth's Transitional Independent Living Plan (TILP).
Current Program Configuration

As noted in the 2011 SIP update, Team Decisionmaking meetings (TDM) are fully implemented in all four regions and use of TDMs has been expanded for all children. TDMs are required for all changes of placement. All regions invite current and prospective resource parents to attend TDMs, particularly change of placement TDMs. The more placement stability and exit TDMs being conducted, the more resource parent participants are needed. Every region has a regional workgroup to address local barriers and challenges to conducting TDMs.

Penetration and Utilization

Continued implementation of intake TDMs and expanding the use of TDMs for all children was a priority strategy discussed in the 2011 SIP progress report. The number of intake TDMs has increased 26.5% since 2008 with 629 intake TDMs, to 2010 with 856 intake TDMs. There were fewer TDMs in 2011 because of severe staff TDM facilitator shortages.

In 2011 there were 4,237 placement changes for 2,714 children recorded in CWS/CMS. There were 544 unique child-TDMs for 465 child clients recorded in the TDM database. This equates to a 12.8% TDM/placement rate (this includes placement preservation TDMs). Of the 465 children in the TDM database, 446 (95.9%) were matched to CWS/CMS. Of these, 374 were matched with placement changes in 2011 (80.4%).
(Data taken from Family-2-Family Efforts-to-Outcomes database, retrieved November 6, 2012).

TDMS are used for children with Special Health Care needs and have been helpful in increasing the number of relative placements. After years of decline, the number of relative placements has increased since July 2010. There are many appropriate placements available for the children under the care of CFS and Probation, however special needs children can be difficult to place at times. CFS has been using the Team Decisionmaking (TDM) process for placements moves.

In 2011 there were 294 Transitional Conference’s for 278 clients. Similarly, in 2012 there have been 286 TCs for 266 clients, putting us roughly on pace to conduct the same number this year. There is currently no requirement to have a transitional conference, but given the difficulties transitional youth face and the alignment of TCs with family to family practice, the Department supports expanded use of TCs and has been monitoring their use. A recent review of TCs revealed the following results:

- Approximately 60% of youth 16 and older have not had a regular or 90-day transitional conference.
- Youth placed out of county and youth in group homes were the least likely to have had a conference.
- Most youth did not have their initial TC at age 16; instead, nearly half had their first conference at 17.
- Most youth did not appear to have an annual conference. Less than 5% of youth have had two conferences at age 17 and 3 conferences at age 18+.
(Data of Calendar Year 2011 retrieved from CWS/CMS, November 28, 2012).

Impact on Outcomes

Reunification TDMs have been implemented to review client needs and to develop post-reunification Family Maintenance plans and safety plans. One of the factors in caseload reduction has been extensive efforts made in Children and Family Services (CFS) to achieve early reunification and increased permanency for older youths in care. Early reunification and
increased permanency for older youths in care are goals of the SIP and it is believed that the early reunification strategies, including expanded use of reunification TDMs, have positively affected these rates.

San Bernardino County’s most recent data shows that the families that had TDMs in the first 30 days of a case reunified 2.1 months earlier than those families who did not, which indicates this strategy positively impacts this outcome measure.

In 2011, of 532 Intake TDMs, there were 216 children who had a TDM recommendation to remain at/return to their home with no further involvement. Of these 216 cases:

- None had a subsequent substantiated allegation within 3 months,
- 3.2% had one within 6 months and
- 18.7% had one within 1 year.

Of those with Placement change/preservation TDMs in 2011, the following results were noted:

- A total of 107 child placement change TDMs recommended a move to a lower level of care, 100 of which were matched to CWS/CMS. Of these, 68 (64%) were placed in a lower level of care, 26 did not change their placement and 5 changed placements but did not change their level of care. One child had a TDM when there was not an open placement episode in the case.
- A total of 108 child placement change TDMs recommended a move to a placement with the same level of care, of which 107 were matched to CWS/CMS (Table 17). There were 73 (66.2%) that followed this recommendation, while 19 (17.8%) did not change placements. Nine of the youth (8.4%) actually moved to a less restrictive placement and 6 (5.6%) moved to a more restrictive placement.
- A total of 30 child placement change TDMs recommended a move to a higher level of care, all of which were matched to CMS. The majority (24, 80%) were placed in a more restrictive placement while 20% remained in their original placement.

There have been several changes since 2008 to referral delivery, intervention and performance, all of which have reduced the substantiated allegations rates and foster care entry rates. The expanded use of TDMs is considered one of the many factors that has led to the reduction in these rates.

It should also be mentioned that during the Peer Review other county representatives endorsed the use of TDM throughout the life of a case, with every placement change. It was also noted that including Parent Partners and allowing the receipt of service referrals from TDMs was considered a Promising Practice. It was also stated that use of TDMs helped the entire family be part of the reunification process.

Preliminary data on the impact of Transitional Conferences is limited because the practice was initiated in 2010 and is still expanding. TCs are not required by the State, but are considered a best practice. Also, it is uncertain how the advent of After 18 (also called Extended Foster Care) will impact outcomes for those who participate in TCs.

Nevertheless, a review of 83 youths 17 and older who exited care in the last 12 months and who were in a foster care placement for at least 3 years showed 53 with at least one TCs and 30 that did not have one. Only one from each group exited to permanency, so there was no substantial difference by that measure.
Regarding utilization of Independent Living Program services, both groups were equally likely to have had at least one ILP activity. However, there was a statistically significant difference between the groups on the number of activities in which they participated. The table below shows the TC group attended an average of 14.23 activities versus the no TC group who on average attended 7.36 activities. This may only demonstrate that youth who are willing to have TC’s are the most likely to also want to attend ILP activities, but this is promising.

<table>
<thead>
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<th>Groups</th>
<th>N</th>
<th>Avg # attended</th>
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<tr>
<td>Had at least one TC</td>
<td>53</td>
<td>14.23</td>
<td>4.35</td>
</tr>
<tr>
<td>Had no TCs</td>
<td>30</td>
<td>7.36</td>
<td>6.28</td>
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**External Drivers**

It is believed that the recession and related constraints have adversely impacted TDM implementation. Due to competing priorities, there may be problems recruiting and training new facilitators and conducting more TDMs. Resource issues make it hard to dedicate staff to TDMs because they are also needed on the line.

Ironically, it is believed that staff turnover may be helping the propagation of Family to Family initiatives. New employees are trained with an emphasis on these values as part of practice and may be replacing more seasoned workers that had been resistant to change.

**Systemic Factors**

**Management Information Systems**

Children and Family Services (CFS) has procured use of an Efforts-to-Outcome Team Decisionmaking database (an on-line database to capture TDM meeting and participant information), which became available in August of 2008 and has been upgraded to include the Recruitment, Development and Support (online database to collect information on our foster care parents or adoptive parents recruitment – information which is not available on CWS/CMS).

Video conferencing has been extremely beneficial to CFS. Trainings, meetings, TDMs, court appearances and other communication events are taking place on the video conferencing equipment, saving many hours of travel time throughout this vast county.

**Case Review System**

Ensuring that TDMs have taken place in an appropriate manner is a standard part of case review. Policy is in place that makes TDM meetings mandatory and to be held prior to removal or at any placement change. Each CFS region is required to:
- Develop a system of labeling case files of children who have had a TDM
- Continue to label cases as TDM cases until all cases in the region are labeled TDM cases
- Ensure that once a case is labeled a "TDM" case, that case shall have a TDM meeting whenever a placement change is considered.
Resource Parent Recruitment and Training

It should be noted that TDMs and working with parents collaboratively from the start has enhanced the case planning process, served to dispel myths about the agency’s role, and tends to reduce parental distrust and hostility often seen in the early stages of CFS intervention.

TDMs serve as a vehicle to connect foster parents and biological parents, providing an opportunity for caregivers to connect and eventually mentor the biological parents. TDMs support Families For Life principles which further engages the biological family/resource family/other members of the child’s life to bring them together to help support the life plan of the child in team-based approaches to permanency. Similarly, TDMs serve as a preliminary “Icebreaker.” Icebreakers are informal meetings between caregivers and parents to exchange information, specifically about the child(ren)’s preferences and motives. The Icebreakers are being worked into TDMs and other occasions when appropriate. Use of Icebreakers is also encouraged on an informal basis after a TDM or at the first visit with a family.

County foster parents, Foster Family Agencies and Kinship Centers are offered TDM/Family to Family (F2F) training and credit for licensing is given to county foster parents for attending the training.

Staff, Caregiver and Parent Training

The 2011 SIP update reported that although TDMs are fully implemented in all regions, the challenge has been retaining facilitators. Due to budget constraints, there are competing demands for recruiting and training new facilitators, conducting more TDMs and keeping staff on the line. Children and Family Services (CFS) has sent staff to “Training for Trainers” to improve the capacity to train facilitators in-house. CFS has recently trained more TDM facilitators, bringing the overall total to approximately 30. It is expected that with improved training capacity, TDMs will continue to expand to include all children at all phases in the child welfare system. Staff receive regular updates on TDM protocols and training.

The two universities in the county are teaching Family to Family concepts of family engagement and increased family involvement in the case. It is believed that this change in philosophy has positively affected substantiated allegation rates and foster care entry rates. As newer intake staff join Children and Family Services (CFS) they have a different philosophy than older staff and are more receptive to Family to Family approaches.

Agency Collaboration

TDMs are in themselves a nexus for collaboration. As previously mentioned TDMs have enhanced the ability of Social Workers to build a collaborative network of caregivers, parents and community agencies at the outset of the case. Removing attitudinal barriers to cooperation through TDMs and working with parents collaboratively from the start allows for more productive efforts in the life of the case. Community partners and service providers host or participate in TDMs to inform the participants of available community resources. Referrals to service can be made from the TDM itself and this was considered a Promising Practice by Peer Reviewers from other counties.

Involvement of Parent Partners in TDMs is helping to increase early engagement of parents. County statistics show that families that have a TDM within the first 30 days reunify with their children 2 months sooner than those that do not.
Children and Family Services has intensified efforts to place high risk target groups (Native American and African American children) in family settings and efforts are ongoing to build capacity in communities for prospective homes for African American and Native American children. Partnering with African American faith based organizations continues to be targeted for recruitment of resource parents. Taking Care of Business Days (TCBD), F2F strategy meetings, TDMs and special events have been held at these sites.

Service Array

Since Foster Family Agencies and Kinship Centers are offered TDM/Family to Family (F2F) training, it is expected that available sites for TDMs will expand. Also, by building capacity, the option is opened to eventually contract for TDM services. Currently, PSSF and CAPIT providers are contractually required to host or participate in TDMs. Supporting TDMs is the primary method used to meet the required 10% match for CAPIT services.

San Bernardino County has improved provision of services to parents through referrals at TDMs. Parents are given immediate referrals to Alcohol and Drug Services (ADS) providers, appropriate providers of therapy and/or drug court at initial TDMs whenever possible.

Quality Assurance

The Legislation, Research and Quality Support Services (LRQ) unit monitors and administers the ETO database for TDMs. Reports are compiled and distributed to CFS management on Family to Family practices and TDM utilization rates, referral and entry rates by city. LRQ has the ability to cross match these reports with CWS/CMS to evaluate how TDM participants fare regarding the Outcome Measures. It was using this reporting technique that led to the conclusion that TDMs directly improve the timeliness of reunification.

Identified Needs and Further Implications

TDMs and Family to Family practices are widely seen as positively affecting Outcome Measures and other less tangible measures of success, such as building rapport and improving CFS’s reputation. It is expected that TDMs will expand and continue to be an essential component in case planning and placement decisions. Virtually all the feedback received from this year’s Reassessment events indicate Children and Family Services (CFS) has optimized the use of TDMs by using them in conjunction with other strategies and programs, especially with the introduction of Parent Partners into the process.

The major constraint on the continued expansion of TDMS is facilitator availability. Steps have been taken to ensure that training is available and it is hoped the continued recovery will resolve some of the competing demands on staff time.

The utilization and program results of Transitional Conferences (TCs) will need to be reviewed and evaluated when sufficient data and tracking information become available. TCs are not mandated by the State, but are considered a best practice by CFS. Again it may well be that competing demands are constraining use. CFS nevertheless expects to expand the practice and intends to better utilize Peer and Family Assistants to track and engage youths in TCs. It is also unclear how After 18 will influence, or be influenced by, the use of TCs.
Participatory Case Planning strategies: Concurrent Planning Reviews (CPR), Family Group Decision Making (FGDM) and related practices

Overview and Current Program Configuration

The 2011 update to the current SIP acknowledge that San Bernardino would continue to provide for a permanency planning process to include appropriate services such as Concurrent Planning Review (CPR) and/or Family Group Decision Making (FGDM) at a minimum of every six months until the case is dismissed.

The Concurrent Planning Review (CPR) is a structured case review process. CPR meetings bring together CPS staff and County Adoptions Services (CAS) workers to identify, assess and discuss case issues, in formulating a concurrent services case plan.

CPRs function as a forum, enabling case team workers to collaborate and receive supervisory feedback in working toward case plan consensus. The specialized expertise of each worker is utilized, resulting in a comprehensive approach to identifying a range of options for best case outcomes. The CPR forum is particularly useful in preparing for permanency issues pertaining to:

- Likelihood of Family Reunification
- Post detention placement
- CFS recommendations at the Dispositional Hearing
- Statement of the concurrent plan in the Case Plan
- Upcoming Court Hearings (366.21 (e), 366.21(f) and 366.26 hearings)
- Guardianship/adoption viability
- Review of long term foster care cases, and
- Identification of appropriate child and/or family services.

Family Group Decision Making (FGDM) offers a client a centered strength-based approach to working with families. FGDM is a voluntary service that can be offered to clients at any stage of their involvement with CFS. FGDM conferences provide opportunities for clients to be involved in their own case planning. Family members and friends of CFS clients gather at these conferences to make plans for supporting clients and providing needed services to assist them in reaching the goals of their case plan.

Client-involvement in case planning, and emphasis on families' strengths and knowledge are central to good social work practice. In providing strength-based, culturally sensitive services, CFS is adopting the FGDM model to increase families' participation in their case planning and decision making for the welfare of their children.

The purpose of a FGDM conference is determined by the family in conjunction with the social worker. The conference purpose should always facilitate family involvement that ensures the safety and well-being of the child. Any conference goal can be proposed as long it does not violate a specific court order issued either by criminal or juvenile court, and it is in the child's best interest. Some examples of a conference goal purpose include:

- Placement
- Visitation
- Transportation, or
- Housing
Penetration and Utilization

The Department engages in ongoing concurrent planning, in which a Child Protective Services (CPS) social worker, an Adoption social worker and their supervisors meet regularly for concurrent planning review meetings, during which the prognosis for reunification is addressed, as well as the alternative permanent plan. Concurrent Planning is an integrated part of case planning and works in conjunction with other practices. For example, an increased focus on best practices, such as relative approval, including Emergency Response Relative Assessment Social Workers, Team Decisionmaking, and use of a centralized placement unit enables early stabilization and evaluation of children in care so that a proper, permanent concurrent planning placement is possible.

FGDM conferences enable clients to be involved in their own case planning, and for their families and friends to assist in helping the families make plans that will keep children safe and well cared for. San Bernardino County uses Family Group Decision Making but much less often than Team Decisionmaking. Some offices are using FGDM more than others. There are 5 certified FGDM coordinators. In 2010, only 10 FGDMs were completed. In the previous year 14 FGDMs were completed.

Logistically, FGDMs are challenging to arrange. FGDMs are often held on a Saturday. Scheduling participants can be difficult. Arranging for food for the FGDM is a challenge. From a resource standpoint, FGDMs are draining. The sustainability of the use of FGDM is a concern. Children and Family Services (CFS) will continue to explore methods to increase usage.

Reunification conferencing tailored to individual family needs has been implemented and needs to be further strengthened. Children and Family Services (CFS) utilizes an array of assessment processes such as the Comprehensive Assessment Tool (CAT), Team Decisionmaking and other assessment processes to strengthen pre- and post-reunification efforts so that families can be successful in reunifying.

A number of other participatory case planning practices are utilized. Policy has been developed to expand the Families For Life principles from the pilot. As it expands, this model will be viewed at a more comprehensive level in engaging the biological family/ resource family/other members of the child’s life to bring them together to help support the life plan of the child in team-based approaches to permanency such as Transitional Conferences/ FGDMs/ TDMs.

A Concurrent Planning Matching Team (CPMT) process has been developed based on the principles of Family 2 Family Team Decisionmaking (TDM). This process strives to match children with the best possible Concurrent Planning or Adoptive family using a CPMT committee. Cases are to be referred to the CPMT when the likelihood of family reunification has been determined to be poor at a TDM, Concurrent Planning Review (CPR) or any time during the dependency process. Objectives of the CPMT are to accomplish the following:

- Create a team approach to selecting a Concurrent Planning or Adoptive family
- Place children in the home of a Concurrent Planning or Adoptive family as soon as possible, as appropriate, in accordance with a child’s permanent plan
- Adhere to all laws and regulations regarding selection of a Concurrent Planning or Adoptive family, including the Multi-ethnic Placement Act (MEPA) and subsequent provisions, and minimize the number of placements for children in the foster care system.
Impact on Outcomes

The Department recognizes the importance in planning for youth who remain in the foster care system. Ongoing concurrent planning reviews, held prior to all hearings, include both CPS and Adoption social workers and supervisors to ensure every effort is made to locate a permanent home for children in foster care. However, San Bernardino County saw a high drop in adoptions in FY 2011/2012. There were 424 foster children adopted in FY2010/2011 and 374 children were adopted in FY2011/2012, an 11.7% decrease. It is believed this drop is tied to the implementation of After 18 (Extended Foster Care) with its imbedded financial disincentives to adopting older children (see below under External Drivers).

In order to facilitate adoptions within the regions and develop a teaming approach, there have been management changes where the adoption workers now report to the regional directors instead of an adoption director. In addition, San Bernardino County follows concurrent planning with more adoption workers having secondary assignments earlier in the case.

FGDMs are meant to address issues of safety and well being, as well as assist with the other noted Outcome Measures. Because of the small number of FGDMs it is not possible to make any generalizations regarding their effectiveness at this point.

Regarding other more intangible goals, FGDM conferences facilitate a level of family involvement that ensures the safety and the well being of the child. The FGDM conference is an expression of the child welfare system's confidence in the ability of nuclear families, extended family members, and natural support systems to work together to keep children safe.

Family members' understanding of their relationships and needs are utilized in building the families' capacity to care for and protect their children. Honoring the families' requests for meeting arrangements, language needs, food preferences, and service plans makes this service culturally sensitive. Providing culturally sensitive services is considered a goal in itself under the SIP.

External Drivers

The high drop in adoptions in FY 2011/2012 happened since After 18 (Extended Foster Care) was signed by the California Governor (implementation began January 1, 2012). Those youths that are adopted prior to attaining 16 are not eligible for extended Adoption Assistance Payments (AAP) under the new law. That is, if a child is adopted when he turns 15 his/her AAP payments will end when he/she turns 18. If this child waits until turning 16, then he/she will qualify for benefits up to age 21. This may be delaying the decision to adopt until the child turns 16. The implementation of this act will, therefore, impact Outcome Measures related to transitional youths remaining in care and other measures related to adoptions.

As stated above, utilization of FGDMs is constrained by resource and time issues. Until more resources become available it is unlikely this practice will expand in the near future.

Systemic Factors

Case Review System

Concurrent Planning Reviews (CPR), as its names states, qualifies as a case review system and is standard practice throughout CFS. It is the policy of CFS that supervisors will meet
monthly in conference with their social workers to review all cases, provide for assessment and discussion of the case plan. Supervisors are required to review all petitions, court reports and case plans, attend concurrent planning review meetings, and provide ongoing support and consultation to their social workers.

Periodic CPRs provide a collaborative milieu in which unit team members can accomplish the following objectives:
- Present and update case information regarding planning and permanency options
- Reach team consensus for appropriate concurrent case planning, and
- Promote social worker confidence for difficult decisions regarding risk assessment and permanency planning through peer reinforcement.

Required CPR's are scheduled in accordance with the timing of each Juvenile Court hearing, prior to termination of parental rights.

**Staff, Caregiver and Parent training**

CFS maintains written instructions to social workers on court processes, case planning, placement, concurrent planning, noticing, and a variety of other court related and practice issues. The Social work staff receives initial training in a four to six month training unit during which time their case work is done jointly with an experienced social worker mentor, and reviewed by a supervisor. On-going trainings at court and arranged through the Performance, Education and Resource Center (PERC) or the Public Child Welfare Training Academy (PCWTA) on a variety of issues occur throughout the year. In addition, County Counsel and CFS court staff goes out to all CFS regions and provides new and review training to staff on court processes and legal issues.

**Service Array**

Concurrent planning has been incorporated into the process for discerning intensive treatments. A concurrent step-down Intensive Treatment Foster Care (ITFC) placement process is incorporated into the Residential Based Services (RBS) pilot to allow for maximum flexibility in managing the placement needs of enrolled children. In this process, children are transitioned into lower levels of community care with maximum support from the providers and the community.

TDMs, CPRs and FGDMs can all be used to identify varying service needs for parents and children.

**Quality Assurance System**

Children and Family Services (CFS) continues to review and revise Concurrent Planning protocol and CFS Concurrent Planning Review (CPR) documents to provide for a more in-depth review of permanence. With changes in legislation regarding relatives, social workers have been more engaged in presenting to the CPR or Case Assessment Forum (CAF) team in order to reassess status of relatives and parents for PPLA children (Permanent Placement Living Arrangement).

Unit team members may request the CPS SSSP to schedule a review any time a unit member feels a meeting is needed. Additionally, case team members are expected to regularly confer
(informally) with one another, relative to case information and/or issues in completing their assigned tasks.

Early assessment of the suitability of a child’s existing caregiver is best practice, complies with provisions of SB 218 and potentially shortens the child’s time in foster care. Early assessment is performed at the first Concurrent Planning Review (CPR) meeting and may be discussed at an initial TDM or FGDM meeting where a child’s permanency needs may include an adoption placement plan. Established protocol is used to expedite the assessment of existing caregivers who may be willing to become permanency resource families.

**Identified Needs and Further Implications**

CPR, Reunification conferencing, and CPMT are established practices that are expected to undergo various levels of fine tuning in the near future. The Families for Life principles should be monitored and reviewed for further expansion.

It is unclear if any of these strategies can overcome the impact of After 18 (Extended Foster Care) on delaying and deferring adoptions. It is possible that this represents a lag in process: once current 14 and 15 year olds start turning 16, adoption finalization may bounce back.

It is generally agreed that FGDMs are a useful and productive tool in the formulation of case plans. The resource and time constraint issues surrounding them, however, are frankly daunting. FGDMs frequently take place on Saturday and require overtime pay for participating staff and additional logistical costs may include feeding and housing of family participants. It is unclear if FGDMs will be able to expand in the near future.
Promoting Safe and Stable Families (PSSF) and Child Abuse Prevention, Intervention and Treatment (CAPIT) programs and related programs

PSSF and CAPIT programs (collectively referred to as the OCAP programs because they fall under the purview of the Office of Child Abuse Prevention) provide a variety of services to at-risk children and families in the County of San Bernardino and those involved with Children and Family Services (CFS). These services support a number of goals and strategies under the current System Improvement Plan (SIP) and also can be considered their own discrete service strategy.

OCAP program services both positively impact a number of SIP outcome measures and are required to provide services based on the funding mandate. That is to say not every service provided under the OCAP programs is directly related to the targeted outcomes of the SIP, but addresses a variety of need areas throughout the continuum of care from pre-placement preventative services to permanent placement and post-adoption services.

In reviewing these service programs and the needs they might address the current program configuration and recent changes will be examined followed by a brief review of program penetration and utilization. An evaluation of how OCAP program participation has affected the targeted outcome areas under the SIP will follow. Then a review will be made of other goals that have been influenced by these programs. Invariably these programs are influenced by various needs, external drivers and county demographics. As one of the principal programs in the Children and Family Services (CFS) service array, the OCAP programs influence, affect or are affected by virtually all the listed systemic factors.

Current program configuration

Child Abuse Prevention, Intervention and Treatment (CAPIT) programs were established to fund agencies addressing needs of children at high risk of abuse or neglect and their families. The Promoting Safe and Stable Families (PSSF) Program, under Title IV-B of the Social Security Act, provides grants to help vulnerable families stay together, build healthy marriages and improve parenting skills to prevent child abuse. To ensure that funds are distributed throughout the continuum of care, 20% of the PSSF allocation must be distributed into each of four Service Categories:

- Family Preservation,
- Family Support,
- Adoption Promotion and Support and
- Time Limited Reunification.

The remaining 20% may be distributed as Children and Family Services (CFS) chooses. As a result, services to prevent child abuse and recurring child abuse are integrated into the array of services that target and support various phases of child welfare.
Program Changes since the SIP of 2009-2012

San Bernardino County initiated a number of reforms with the procurement of 2010, primarily to be responsive to the areas needing improvement highlighted in the CSA and SIP, though also as a response to other emergent needs. This is a direct result of the integration of the County Self-Assessment with the OCAP program needs assessment, formally completed with the implementation of the integrated SIP in 2009.

The primary changes to the OCAP programs for the procurement of 2010/11 were:

- Establishing a Regional Lead Agency (RLA), with a network of service providers, as the primary means to provide treatment services;
- Changing from cost reimbursement to a modified fee for service structure for the RLA contract;
- Routing CFS referrals through the Regional Budget Committees to review, approve and account for expenditures;
- Focusing the service regimen on core and essential services;
- Requiring that 70% of clients be CFS referred; and,
- Expanding the funding sources.

The RLA is to maintain a network of providers that offer the core and essential services to all regions of the county. The RLA has the responsibility to process referrals, input ETO entries, assign services and submit billing. Currently, Bilingual Family Counseling Services, Inc., (BFCS) is the RLA for the entire county and contracts with about a dozen agencies to provide the required services.

The Core Services provided by the RLA and their subcontractors are:

- Individual, Family and Group Therapeutic Counseling, including,
  - Domestic Violence Counseling for victims and offenders
  - Sexual Abuse Counseling
- Parenting Classes
- Anger Management Classes
- Life Skills classes
- In-Home Services, and
- Support Groups

These services are occasionally provided in-home depending on the needs of the family. Service emphasis is on the use of evidence-based and evidence-informed models (e.g., Cognitive Behavioral Therapy, Parent Child Interactive Therapy, The Incredible Years). Service providers also host or participate in CFS Team Decisionmaking (TDM) meetings. Supporting TDMs is the primary method used to meet the required 10% match for CAPIT services.

San Bernardino County provides additional support for CAPIT and PSSF programs using the County Children’s Trust Fund (CCTF) and Wraparound Reinvestment funds. [Note: The County of San Bernardino does not request and does not receive Community Based Child Abuse Prevention (CBCAP) funds].

Additional CAPIT/PSSF services outside of the RLA structure include:

- Provision of Hard Goods/Direct Services/Concrete Services through the Community Action Partnership of San Bernardino County;
• Pre- and Post-Adoption support services provided by the CFS Adoptions and Post-Adoptions Unit; and,
• Support to the Kinship Centers.

Changes tied to needs and goals

The changes listed above were a response to:
• Needs and issues identified in the CSA of 2008;
• The goals and strategies of the SIP of 2009; and,
• Emergent program needs, derived from experience of contract and program administration and outlined in the Scope of Work for the 2010 procurement.

The following needs were identified in the County Self-Assessment of 2008 and influenced the direction taken in the aforementioned OCAP program reforms:
• More funding to meet unmet need in the county.
• Services are fragmented with diverse locations, programs, and agencies.
• Centralized or co-located services are generally not available. Most services are agency and program based/centered rather than client based and centered.

The Measures and Goals of the 2009 SIP that are most directly related to PSSF/CAPIT were:

Reunification (Measure C1.3):
• Increase early engagement of parents in the reunification process.
• Increase emphasis on reunification planning to facilitate early transition of children to the parents’ home and support families post-reunification.

Exits to Permanency and in Care 3 years or longer at time of Emancipation (Measures C3.1 and C3.3):
• Improve connections for youth to increase the likelihood of achieving permanence within given timeframe for measurable improvement.
• Increase the number of children placed in a family setting.
• Increase the use of Family 2 Family interventions to build a team-based approach to permanency.

Placement Stability (Measure C4.3):
• Increase awareness of permanency options, including the services and financial payments available through those permanency options.

These, of course, are not the only ways the services provided through the OCAP programs positively influence the listed outcome measures. It is not the purpose of the SIP to enumerate every program or program goal that positively impacts an outcome, but to highlight areas requiring improvement. The OCAP programs have been providing effective and continuing support to mitigate the adverse effects of child maltreatment for many years and in many different ways. Reunification efforts, permanency and placement stability are all enhanced through appropriate individual, group and family counseling services that address trauma and the on-going family condition. Parenting and anger management classes address the root causes of abuse and neglect and provide techniques to prevent maltreatment, limit further incidents and pave the way for Reunification. Support groups, in-home support services and life skills classes help strengthen the parents’ or caregivers ability to cope and parent more effectively.
The provision of hard goods and direct services, such as clothing, bedding, furniture, utility and rent payments, assist in stabilizing placements both during and after removal. Post-adoption services provide crisis counseling, support groups and resource information to stabilize adoptions and enhance permanency efforts. Support is also provided to expedite adoptions and streamline the finalization process. Kinship Centers provide needed resources to caregivers and a variety of services to ensure that those placed with relatives do not return to the system.

Additional Needs identified during the development of the Scope of Work for 2010, some of which mirrored needs identified in the CSA/SIP, included:
- Quality of Service (use of interns as opposed to fully licensed therapists)
- Responsiveness to time pressures
- Expansion of evidence-based/informed services
- Service in remote areas
- Proactive engagement of referred clients
- Expediting the referral process
- Non-CFS clients and referral prioritization
- Standardization of the referral process.

Program penetration and utilization

The Annual Reports submitted to OCAP are the primary source for penetration and utilization figures, and need only be referenced and summarized here. The most notable trend is that, with funding more or less stabilized, the number of clients being served has been increasing since 2009.

<table>
<thead>
<tr>
<th>TABLE I-b PSSF/CAPIT Participation Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>2009/10</td>
</tr>
<tr>
<td>2010/11</td>
</tr>
<tr>
<td>2011/12</td>
</tr>
</tbody>
</table>

The figures do not include the Kinship encounter figures.

Providers of service are required to make entries into ETO regarding attendance and efforts by the clients. The efforts are categorized into programs of anger management classes, parent education, support group and therapy. There were 42,952 efforts for 4,724 unique clients with services in FY2011/2012 recorded for BFCS. Most of the clients received therapy (73.9%), followed by parenting education (15.0%), anger management (8.0%) and finally support groups (2.6%). This is very much in accord with the service targets from the 2009 SIP.
Table I-c Efforts for BFCS FY 2011/12

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Classroom</th>
<th>Face to Face</th>
<th>Home Visit</th>
<th>Phone</th>
<th>FY Total</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management Classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Anger Management</td>
<td>2,055</td>
<td>1,002</td>
<td>0</td>
<td>0</td>
<td>3,057</td>
<td>7.1%</td>
</tr>
<tr>
<td>Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Anger Management</td>
<td>229</td>
<td>165</td>
<td>0</td>
<td>0</td>
<td>394</td>
<td>0.9%</td>
</tr>
<tr>
<td>Management Class</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger Management Classes</td>
<td>2,284</td>
<td>1,167</td>
<td>0</td>
<td>0</td>
<td>3,451</td>
<td>8.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting Education Class</td>
<td>3,464</td>
<td>2,998</td>
<td>0</td>
<td>0</td>
<td>6,462</td>
<td>15.0%</td>
</tr>
<tr>
<td>Total</td>
<td>3,464</td>
<td>2,998</td>
<td>0</td>
<td>0</td>
<td>6,462</td>
<td>15.0%</td>
</tr>
<tr>
<td>Support Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Group Total</td>
<td>27</td>
<td>1,088</td>
<td>0</td>
<td>0</td>
<td>1,115</td>
<td>2.6%</td>
</tr>
<tr>
<td>Support Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>1,088</td>
<td>0</td>
<td>0</td>
<td>1,115</td>
<td>2.6%</td>
</tr>
<tr>
<td>Therapy/Counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy/ Counseling Total</td>
<td>1</td>
<td>31,731</td>
<td>4</td>
<td>1</td>
<td>31,737</td>
<td>73.9%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>5,776</td>
<td>37,169</td>
<td>6</td>
<td>1</td>
<td>42,952</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

This means that once enrolled, clients have between 9 and 10 service encounters on average. Services tend to be for 12 sessions and most clients are enrolled in more than one service.

Program Impact and Outcomes

OCAP program affect on identified Outcome Measures

Children and Family Services (CFS) of San Bernardino has contracted with Social Solutions to implement an Efforts-To-Outcomes (ETO) system that will thoroughly, comprehensively and expeditiously capture information and produce usable reports. ETO is a multi-layered, comprehensive data collection and evaluation system that tracks engagement, short, intermediate, and long-term outcomes. In accordance with the 2009-2012 OCAP program section of the SIP, after completion of services and at periodic intervals, cohorts of clients identified in the ETO database are data matched to the CWS-CMS system to track for AB 636 outcomes.
There were 1,150 children linked to the CWS/CMS child welfare database that were entered into the ETO database as participating in RLA services under the OCAP programs. Of these, 1,148 children or their family received services while their case was open. Of the 1,150 children, 189 children had a closed child welfare case. The majority of these children achieved permanency: 95.7% of the children that received services during their case and one child that received services after the case closure had reunified/family stabilized.

<table>
<thead>
<tr>
<th>Case Closure Reason</th>
<th>Services During</th>
<th>Services After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopted*</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Age Limit Exit</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Death of Child</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Emancipation/Age of Majority</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Family Stabilized (FM)*</td>
<td>122</td>
<td>1</td>
</tr>
<tr>
<td>Guardianship Established/Child Placed*</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Kin-GAP*</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>NMD Eligible for Reentry</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Not Incarcerated - Adjudicate 601/602</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reunified*</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Services Provided By Other Agency</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>1</td>
</tr>
<tr>
<td><strong>% Achieved Permanency</strong></td>
<td><strong>95.7%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**Note:** The case closure reasons with an asterisk are the reasons that constitute permanency.

Of the 1,150 children linked to CWS/CMS that participated in services through the RLA, there were 1,243 children with placement episodes. There were 89 children that had two to three placement episodes during their cases. Again, the majority of children that received services during their CWS/CMS case achieved permanency, 98.1%.

<table>
<thead>
<tr>
<th>Placement Episode Termination</th>
<th>Services During</th>
<th>Services After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Finalized*</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Age of Majority</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Child in Med Facility (Dependency Susp/Dismissed)</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Child Released Home*</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>CWS Agency has Jurisdiction</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Death of Child</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Emancipation</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Guardianship*</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Other non-CWS Agency has Jurisdiction</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Reunified*</td>
<td>421</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>466</td>
<td>1</td>
</tr>
<tr>
<td><strong>% Achieved Permanency</strong></td>
<td><strong>98.1%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
**Note:** The placement episode termination reasons with an asterisk are the reasons that constitute permanency.

There were 112 children linked to the CWS/CMS child welfare database who were recipients of goods/services from the Community Action Partnership (CAP). Forty of the children have had a closed CWS/CMS case, while 89.2% of the children with an open case that received basic needs services achieved permanency and 66.7% of the children with a closed case that received basic needs services achieved permanency.

<table>
<thead>
<tr>
<th>Case Closure Status</th>
<th>Services During</th>
<th>Services After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reunified*</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Family Stabilized*</td>
<td>21</td>
<td>2</td>
</tr>
<tr>
<td>Kin-Gap*</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Emancipated/Age of Majority</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Adopted/Former Foster Parent*</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Total Children with Closed Cases</td>
<td>37</td>
<td>3</td>
</tr>
<tr>
<td>% Achieved Permanency</td>
<td>89.2%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

**Note:** The case closure reasons with an asterisk are the reasons that constitute permanency.

There were 78 children that were removed from their parents or guardians served by CAP. Also, 6 children had more than one removal in the time period. The percentage of youth achieving permanency increased when a child’s placement episode is examined. 92.0% of the children that had services during their case achieved permanency. The percentage remains the same for children who had services after their case closed – 66.7%.

<table>
<thead>
<tr>
<th>Placement Episode Termination</th>
<th>Services During</th>
<th>Services After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Finalized *</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Age of Majority</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Child Released Home*</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Guardianship*</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Reunified*</td>
<td>62</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>3</td>
</tr>
<tr>
<td>% Achieved Permanency</td>
<td>92.0%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

**Note:** The termination reasons with an asterisk are the reasons that constitute permanency.

There were 351 unique children that were referred to services and had a child abuse or neglect referral - 359 child abuse or neglect referrals. In the 359 referrals for the 351 children the median time from the referral to services was 31 days.

Regarding Safety measures, for BFCS the majority of the referral dispositions for the 877 allegations was “situation stabilized” – 61.7%, followed by “child not at risk: – 23.8%, and “Open new CWD-CWS case” – 6.6%.
Table I-h Bilingual Family Services Referral Disposition by Client

<table>
<thead>
<tr>
<th>Referral Client Disposition Reason</th>
<th># of Referral Child</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Disposition (10 10-Day &amp; 37 EVO/NA secondary)</td>
<td>47</td>
<td>5.4%</td>
</tr>
<tr>
<td>Child Already in a CWD-CWS Case</td>
<td>6</td>
<td>0.7%</td>
</tr>
<tr>
<td>Child Dead Prior To Referral Date</td>
<td>3</td>
<td>0.3%</td>
</tr>
<tr>
<td>Child Not At Risk</td>
<td>209</td>
<td>23.8%</td>
</tr>
<tr>
<td>Child Not Involved in Incident</td>
<td>10</td>
<td>1.1%</td>
</tr>
<tr>
<td>Contact Attempted, Can't Locate</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>Loss Of Contact With Child</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td>Open New CWD-CWS Case</td>
<td>58</td>
<td>6.6%</td>
</tr>
<tr>
<td>Situation Stabilized</td>
<td>541</td>
<td>61.7%</td>
</tr>
<tr>
<td>Total</td>
<td>877</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

For CAP, there were 46 children that were referred to services and had a child abuse or neglect referral - 20 child abuse or neglect referrals. Of those 46 children, the median time from the referral to services was 36 days.

The majority of the referral dispositions for the 46 children were “situation stabilized” – 43.5%, followed by “Open new CWD-CWS case” – 28.3% and then by “child not at risk: – 26.1%

Table I-i Community Action Partnership Referral Disposition by Client

<table>
<thead>
<tr>
<th>Referral Client Disposition Reason</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Not At Risk</td>
<td>12</td>
<td>26.1%</td>
</tr>
<tr>
<td>Contact Attempted, Can't Locate</td>
<td>1</td>
<td>2.2%</td>
</tr>
<tr>
<td>Open New CWD-CWS Case</td>
<td>13</td>
<td>28.3%</td>
</tr>
<tr>
<td>Situation Stabilized</td>
<td>20</td>
<td>43.5%</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Analysis of effect on Outcome Measures

The methodology and results above are somewhat different than those used for the AB 636 Outcome Measures. Nevertheless, it is hard to imagine that the very high rates reported here, between 89% and 98% for Permanency at time of case closure, did not have a positive impact on the associated outcome measures. Furthermore, in both tables for service placement termination, reunification was by far the primary reason for case closure, which leads to the conclusion that reunification figures were also positively influenced by the OCAP programs.

Regarding the measures on safety the counseling services offered by the RLA were more effective in positively impacting referral disposition than the provision of hard goods. The very direct purpose of counseling services is to mitigate the adverse affects of maltreatment and improve family dynamics, while the focus of the provision of concrete services is to stabilize placement.
Other Impacts – Exit Assessments

Providers (the therapist, facilitator or class instructor) were to complete an exit assessment for each client who exited the program (either terminated or graduated). In FY2011/2012 a revised client exit assessment was implemented. There were 988 of the old exit assessments and 1,641 of the revised exit assessments completed in FY2011/2012. The exit assessments were entered into the ETO database. The exit assessment has six questions (with detail and follow-up questions) relating to how well the client did in the program as assessed by the provider.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In your professional opinion did the services and goods meet the needs of the individual?</td>
<td>2,092</td>
<td>2,355</td>
<td>88.83%</td>
</tr>
<tr>
<td>In your professional opinion, did the individual learn the basic concepts/skills of the services provided?</td>
<td>557</td>
<td>1,012</td>
<td>55.04%</td>
</tr>
<tr>
<td>In your professional opinion, did the individual acquire competency in the skills/concepts?</td>
<td>422</td>
<td>1,014</td>
<td>41.62%</td>
</tr>
<tr>
<td>In your professional opinion, do you think the participant will be able to transfer the concepts/skills of the services you provided into their daily life?</td>
<td>472</td>
<td>1,014</td>
<td>46.55%</td>
</tr>
<tr>
<td>Did the individual complete the entire program?</td>
<td>562</td>
<td>1,014</td>
<td>55.42%</td>
</tr>
</tbody>
</table>

*Excludes missing responses count only for this table.

Analysis of Exit Assessments

The answer to the first question means that, by and large, the service provider agrees that the client is in need of the kinds of service or treatment being offered. It is interesting that for more than 1 in 10 clients assigned a service, that service is not considered appropriate. There may be a number of reasons for this. For CFS clients, services are assigned according the Case Plan developed by the Social Worker and/or approved by the Juvenile Court. Upon a more detailed assessment, services that were originally thought to be appropriate may not be needed or a different service may be more appropriate. It is also possible that the respondent may simply be saying that this client is not ‘ready’ for this particular service at this time, though they may need it eventually. An additional follow-up question is needed to ascertain precisely why these services seemed to not meet the client’s needs.
Table I-k Exit Assessment Question One: Combination of Original and Revised Assessments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No, family was not helped by the program</td>
<td>186</td>
<td>0</td>
<td>37</td>
<td>223</td>
<td>9.5%</td>
</tr>
<tr>
<td>Referred families/individuals for further service with another agency</td>
<td>24</td>
<td>0</td>
<td>16</td>
<td>40</td>
<td>1.7%</td>
</tr>
<tr>
<td>Yes, the services/goods are meeting their needs, additional services/goods are needed (case continuing)</td>
<td>87</td>
<td>0</td>
<td>1</td>
<td>88</td>
<td>3.7%</td>
</tr>
<tr>
<td>Yes, the services/goods met the individual’s needs</td>
<td>737</td>
<td>820</td>
<td>447</td>
<td>2,004</td>
<td>85.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1,034</td>
<td>820</td>
<td>501</td>
<td>2,355</td>
<td>100.0%</td>
</tr>
<tr>
<td>% Yes</td>
<td>79.7%</td>
<td>100.0%</td>
<td>89.4%</td>
<td>88.8%</td>
<td></td>
</tr>
<tr>
<td>% No</td>
<td>16.0%</td>
<td>0.0%</td>
<td>7.4%</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>% Referred to Another Agency</td>
<td>2.3%</td>
<td>0.0%</td>
<td>3.2%</td>
<td>1.7%</td>
<td></td>
</tr>
</tbody>
</table>

The above table does further delineate the responses and cross references them by agency. It is noteworthy that 18% of the assessments for BFCS, after taking into account those diverted to other services or assigned additional service, still are listed as not being helpful. Given that there can be many divergent reasons why a service may not fit the bill; further research is needed to determine exactly why the provider does not believe services are appropriate for the client.

For the second and following questions, it is immediately notable that the total number of responses has been almost reduced by half. The loss in client response came entirely from CAP and Social Services, as BFCS still had 1034 responses. These questions are really focused on how the instructional or therapeutic services are assimilated by the clients and would not apply to the dispensing of hard goods.

Table I-l Exit Assessment Question Two –Revised Assessment Only

<table>
<thead>
<tr>
<th>In Your Professional Opinion Did The Individual Learn The Basic Concept/Skills of the Services Provided?</th>
<th>Bilingual Family Counseling Service, Inc</th>
<th>Community Action Partnership</th>
<th>Social Services &amp; Post Adoption Services</th>
<th>Total FY2011/2012 Exit Assessments</th>
<th>% of FY2011/2012 Exit Assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, they did not learn the basic concepts and skills</td>
<td>229</td>
<td>0</td>
<td>0</td>
<td>229</td>
<td>22.6%</td>
</tr>
<tr>
<td>Somewhat, they learned some of the basic concepts or skills</td>
<td>226</td>
<td>0</td>
<td>0</td>
<td>226</td>
<td>22.3%</td>
</tr>
<tr>
<td>Yes, they learned the basic concepts or skills</td>
<td>551</td>
<td>0</td>
<td>6</td>
<td>557</td>
<td>55.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,034</td>
<td>299</td>
<td>34</td>
<td>1,367</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
BFCS is frankly reporting that over one fifth of the clients receiving service did not acquire the basic skills of that element, not even somewhat. Part of that reason, logically, would hearken back to the first question – that the service was not appropriate for the client. It is probably not unreasonable to venture that the additional ineffectiveness may be the result of factors related to the clients themselves and their willingness to participate, as this rate almost exactly mirrors the course completion rate.

The third and fourth questions describe whether the client acquired more than just a basic understanding of the material and if that material might be assimilated into the life of the client. Both these responses were in the low-to-mid 40% range, meaning less than half of all clients acquired sufficient skills to affect their lives.

Though it may be something of a conjecture, the fact that the exit assessments are completed shortly after termination/completion of service, might lead one to think that the above figures are the ‘best case’ scenario. The materials would be freshest in the minds of the clients and the lessons learned more relatable to daily experience. That a client may leave service not attaining basic skills, competency or completing the course, but nevertheless incorporating the lessons learned into their lives, may be possible, but seems highly unlikely.

A few interesting anomalies are suggested by the data. In the view of the providers:
- At least 135 clients learned the basic skills associated with a service, but did not achieve competency;
- About 50 clients did not achieve full competency, but are perceived as being able to incorporate what was learned into their lives;
- At least 85 clients are perceived as acquiring basic skills, but are not likely to incorporate these skills into their lives;
- At least 90 clients completed the course/service, and are not perceived as being able to incorporate the materials into their lives;
- At least 140 clients completed the course/service, but did not achieve full competency in the subject.

Implications of the Exit Assessments

The policy and need implications discernible from these exit assessments will have more to do with the context from which they are understood than the data themselves. That is, what kind of completion rates and other measures of success should we expect from these kinds of programs for this population? Or would it be best for the current figures to serve as a baseline for future reference?

In any event, it seems most reasonable to strive for improvement of these figures. Further analysis and research may be necessary to identify if success rates are influenced by:
- Specific Programs
- Geographic area
- Demographic factors of those served

Some research has shown that completion rates depend on the interpersonal relationships between counselor and client or social worker and client. This may be a difficult grain of discrete information to harvest from the available information, but it is possible that, controlling for everything else, research might show that some therapists and social workers have better results than others.
Other program goals

Additional service goals and elements, and how Children and Family Services (CFS) meets these elements, are described here. These service goals are primarily related to the mandates proscribed by law and regulation. Many of these requirements are related to targeting service to needy populations.

Services are required to be available to meet the needs of ethnic/ minority populations including the provision of culturally appropriate services. PSSF/CAPIT providers, the RLA and subcontractors are required to demonstrate that services would be culturally and linguistically appropriate for the clients served and that minority populations would be served. Cultural competence is a reviewed element during monitoring for contract performance.

The following table derived from ETO shows the racial/ethnic composition of those who received PSSF/CAPIT services from the RLA last year:

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>2485</td>
<td>53.72%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>1109</td>
<td>23.97%</td>
</tr>
<tr>
<td>African-American</td>
<td>613</td>
<td>13.25%</td>
</tr>
<tr>
<td>Other</td>
<td>180</td>
<td>3.89%</td>
</tr>
<tr>
<td>Multi-/Bi-racial</td>
<td>163</td>
<td>3.52%</td>
</tr>
<tr>
<td>Asian</td>
<td>29</td>
<td>0.63%</td>
</tr>
<tr>
<td>Native American</td>
<td>26</td>
<td>0.56%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>21</td>
<td>0.45%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4626</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Figures do not include a substantial number that did not identify a race or ethnicity (2072). These figures show proportions that favorably compare to the general racial/ ethnic composition for San Bernardino County. A total of 655 clients identified that their primary language was other than English, predominantly Spanish (646).

Services are also required to be available to those with disabilities. The PSSF/CAPIT RLA, through subcontractors, offers in-home visiting programs and services for children and families who may have special needs and require intensive one-on-one counseling, parenting and life skills services. Service sites are required to be Americans with Disabilities Act compliant and, to date, services have been provided to 168 disabled clients in the last fiscal year and 118 clients identified themselves as Social Security recipients.

It is required that services be targeted at those with a high risk for abuse or neglect. Service is targeted on known risk factors such as child poverty and abuse/neglect referrals. The vast majority of clients have earnings less than $25,000/year. The actual breakdown for the last fiscal year (for those who reported income and were served by the RLA) is:
Table I-n RLA Income Characteristics

<table>
<thead>
<tr>
<th>Reported Income</th>
<th>Number/Percent of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>1813 (49.24%)</td>
</tr>
<tr>
<td>$10,000-$14,999</td>
<td>517 (14.04%)</td>
</tr>
<tr>
<td>$15,000-$19,999</td>
<td>480 (13.04%)</td>
</tr>
<tr>
<td>$20,000-$24,999</td>
<td>295 (8.01%)</td>
</tr>
<tr>
<td>$25,000 or more</td>
<td>577 (15.67%)</td>
</tr>
</tbody>
</table>

Current and former CFS clients represent the majority of clients served. The RLA is also required to serve clients from the communities where service sites are located.

A constant struggle for Children and Family Services (CFS) is providing services accessible to families and children in all geographical locations including isolated areas because we are the largest county in the contiguous United States. One of the purposes of the RLA format was to ensure that services are available in all regions of the county. The RLA has already contracted with over a dozen providers for just that purpose, and is authorized to engage additional providers should an unexpected need present itself in the future. In addition, in-home services help address the needs of families in rural or other outlying areas and families that may benefit most from services provided outside of a traditional office setting due to special needs. Of those receiving services, over 19% reported services were received in their own city. Of the remaining, just over 47% were within 5 miles of the service center. Remote areas such as Big Bear, Barstow, Needles and Yucca Valley are all served by OCAP program providers.

Services are meant to be designed to enable children at risk of foster care placement to remain with their families when their safety and well-being can be reasonably assured. Families that require services for support or preservation are entitled to receive the same array of services as those with a reunification case plan. PSSF/CAPIT services are meant to address needs identified in the client’s CFS case plan, provide and coordinate those services based on the needs of the client. This ensures that services are individualized to meet the unique needs of children and families.

Services are also to be designed to help children achieve permanency by returning to families from which they have been removed or be placed for adoption or with a legal guardian or in some other planned, permanent living arrangement, and through post-legal adoption services. The Post Adoption Unit of San Bernardino County provides crisis counseling, information and referrals and Special Needs Assessments to help stabilize adoptive placements. The Post Adoption Services handbook has been recently revised and contains counseling, educational, medical, legal and other resources.

Adoption services also hosts an annual adoption finalization event that is meant to celebrate and streamline the processing of between 50 and 100 adoptions. The event has thematic decorations, refreshments and speakers and is held at a large convention-style setting. Most importantly, rooms are made available for Juvenile Court judges to convene a hearing with the adopting families and individually finalize the adoption. The event is supported by PSSF funding.

Direct services, concrete services and hard goods to help stabilize placements are provided through the Community Action Partnership of San Bernardino. These include furnishings, beddings, housing and utility supports, as shown below for last FY:
### Table I-a Community Action Partnership Basic Needs Provided

<table>
<thead>
<tr>
<th>Basic Needs Provided to FY 2011/2012 Clients</th>
<th>Call to Social Worker</th>
<th>Home Visit</th>
<th>Face to Face</th>
<th>Letter</th>
<th>Phone</th>
<th>Total Efforts for FY11/12</th>
<th>% of Total for FY11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appliances</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>20</td>
<td>3.7%</td>
</tr>
<tr>
<td>Books, Training, Classes</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>3.8%</td>
</tr>
<tr>
<td>Clothing Vouchers</td>
<td>0</td>
<td>0</td>
<td>56</td>
<td>0</td>
<td>1</td>
<td>57</td>
<td>10.4%</td>
</tr>
<tr>
<td>Food</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Furniture/Bedding</td>
<td>0</td>
<td>0</td>
<td>120</td>
<td>0</td>
<td>0</td>
<td>120</td>
<td>22.0%</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>1</td>
<td>1</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td>88</td>
<td>16.1%</td>
</tr>
<tr>
<td>Infant/Toddler Safety Items</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>26</td>
<td>4.8%</td>
</tr>
<tr>
<td>Medical/Prescriptions (non-Medi-Cal)</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td>Miscellaneous Expenses (describe in notes)</td>
<td>0</td>
<td>1</td>
<td>143</td>
<td>1</td>
<td>0</td>
<td>145</td>
<td>26.6%</td>
</tr>
<tr>
<td>Other Hard Goods</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>0</td>
<td>0</td>
<td>47</td>
<td>8.6%</td>
</tr>
<tr>
<td>Utility Support</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>17</td>
<td>3.1%</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
<td>541</td>
<td>1</td>
<td>1</td>
<td>546</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Kinship services are also supported with PSSF/CAPIT/CCTF funds and provide mentoring and training services and a wide variety of other supports for Kinship parents/caregivers and children. The following table is a summary of clients served and services provided derived from the year end encounter and demographic figures reported by the two Kinship providers in the county: Westside Christian Kinship Services and Mental Health Services (MHS):

### Table I-b KSSP Program Demographics and Service Hours

<table>
<thead>
<tr>
<th>Kinship Support Services Program (KSSP)</th>
<th>MHS</th>
<th>Westside</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>KSSP Children</td>
<td>162</td>
<td>144</td>
<td>306</td>
</tr>
<tr>
<td>Caregivers</td>
<td>108</td>
<td>99</td>
<td>207</td>
</tr>
<tr>
<td>Other Family</td>
<td>52</td>
<td>29</td>
<td>81</td>
</tr>
</tbody>
</table>

#### Caregiver Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>MHS</th>
<th>Westside</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>51</td>
<td>23</td>
<td>74</td>
</tr>
<tr>
<td>Caucasian</td>
<td>20</td>
<td>16</td>
<td>36</td>
</tr>
<tr>
<td>African-American</td>
<td>31</td>
<td>57</td>
<td>88</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

#### Services provided (person/hour of service)

<table>
<thead>
<tr>
<th>Service</th>
<th>MHS</th>
<th>Westside</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling/Support Groups</td>
<td>697.41</td>
<td>1960.75</td>
<td>2658.16</td>
</tr>
<tr>
<td>Respite/Childcare</td>
<td>1094.25</td>
<td>1950</td>
<td>3044.25</td>
</tr>
<tr>
<td>Recreation/Enrichment</td>
<td>3047.83</td>
<td>1916</td>
<td>4963.83</td>
</tr>
<tr>
<td>Resource &amp; Information</td>
<td>52.78</td>
<td>196.25</td>
<td>249.03</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Mentoring/Tutoring/Education</td>
<td>187.34</td>
<td>445.83</td>
<td>633.17</td>
</tr>
<tr>
<td>Direct service/Hard goods</td>
<td>303.42</td>
<td>198.93</td>
<td>502.35</td>
</tr>
<tr>
<td>Training/Life Skills</td>
<td>607.5</td>
<td>145.25</td>
<td>752.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5990.53</td>
<td>6813.01</td>
<td>12803.54</td>
</tr>
</tbody>
</table>

It is notable that Kinship centers include resource information which improves access to additional services and provides contact with the community at large, as does the network of Community Based Organizations under the RLA. Providers often have local resource and referral lists to assist clients in accessing additional services. A primary component of PSSF/CAPIT services is Parent Education which provides child abuse prevention techniques. This also serves as a child abuse prevention strategy.

The Children’s Policy Council serves as the Child Abuse Prevention Council for San Bernardino County. Supported by the County Children’s Trust Fund and directed by the Policy Council, the Children’s Network was created to identify gaps and overlaps in services and provide a forum for clarifying perceptions and expectations among and between agencies and the community. Children’s Network also sets priorities for interagency projects and implements collaborative public and private programs to ensure better, more comprehensive services to children and youth.

The Children’s Network sponsors a conference every year that includes workshops related to child abuse prevention and a host of other children’s issues. The 26th Annual Children’s Network Conference took place on September 26th and 27th with over 500 attendees participating in 60 workshops with topics that included:

- Domestic Minor Sex Trafficking & Internet Crimes and Predators
- Memories Hold Hands: Understanding the Effects of Historical Trauma and Unresolved Historical Grief in American Indian/Native Alaskan Communities
- The Impact of Poverty on Health Disparities in Children Zero to Five
- Advocating for Foster Youth with Special Education Needs
- Pathways to Resilience and Connection after Foster Care: Narratives from African American Males
- Rebuilding the Hurt Child: Developing Self-Esteem, Inner Strength, and Critical Thinking in Abused and Neglected Children
- The Interagency Youth Resiliency Team (IYRT): Mentoring for Youth, Caregivers, and Community Partners
- Diabetes and Mexican Immigrant Children
- Runaway and Homeless Youth in San Bernardino County
- Play Therapy Interventions to Address Multiple Behaviors and Skills
- Overview of Fetal Alcohol Spectrum Disorders and American Indian Families
- Strengthening Families by Building Protective Factors
- Supporting Father Involvement
- National Latino Peace Officers Association Youth Mentoring Project
- SB County Superintendent of Schools’ Homeless Education Program
- Embracing the Child’s Culture
- Cultural Competency: Child Abuse & Faith-Based Communities
- Obesity in African American Children
The Children's Network Conference provides meaningful learning opportunities and is meant to empower caregivers and parents with successful strategies to optimize children's lifelong development. It is also a useful resource for child welfare professionals. The topics covered address the particular needs of racial and ethnic populations, the disabled and members of historically underserved or underrepresented groups.

This conference is a collaborative effort which serves as an example of how Children and Family Services (CFS) and community work together to reduce child abuse and neglect. Partners that supported the conference include First 5 San Bernardino, CFS, Children’s Fund, San Bernardino County Department of Behavioral Health, Workforce Development Department, Inland Empire Health Plan, Kaiser Permanente, San Bernardino County Preschool Services Department, Molina Healthcare, Arrowhead Regional Medical Center, San Bernardino County Department of Public Health, and Mental Health Systems Inc.

Children's Network representatives took part in the County Self-Reassessment kickoff and assisted in the drafting and review of the 2010 RFP for PSSF/CAPIT services. They also review the Annual Report and make recommendations to the Policy Council regarding services. The Children's Network also sponsors activities and outreach during Child Abuse Prevention Month.

The Children's Network and the Children's Policy Council are established networks of community services and resources. The RLA is designed to serve as a nexus for service to current and at-risk clients, though not exclusively. The purpose of the RLA is to coordinate care and reduce the fragmented nature of service provision.

External Drivers

The primary driver to the increase in the amount of child abuse referrals in this county is poverty. As previously exhibited, OCAP programs serve predominantly low-income clients. The hard goods and direct services are also meant to alleviate some of the hardships engendered by the recent recession. As previously stated, the number of clients being served has been increasing over the past few years, though it is likely most of this has to do with greater efficiency and productivity as agencies became more accustomed to the RLA format. There does not appear to be an excess or unused capacity — demand for service, historically, has always exceeded capacity.

OCAP Programs and Systemic Factors

Management Information Systems

As already reported, the ETO system is used as the primary means of data entry for those receiving PSSF and CAPIT support – BFCS, CAP and Social Services Post-Adoptions make entries for all clients and contacts on this database. This enterprise is managed by the Information Technology and Support Division (ITSD) and representatives of the Legislation, Research and Quality Support Services Unit (LRQ) and the Program Development Division (PDD) - all under Human Services Administration - have administrative access to the system. The Kinship centers have their own system for tracking encounters.

The Child Welfare Services/Case Management System, CWS/CMS, serves as another source of relevant information. Cohorts of those receiving services can be identified in ETO and then matched in CWS/CMS to evaluate program utilization, penetration and effectiveness.
Information is also generated through the referral (for service) and billing processes. Referrals are individually generated for each family by the Social Workers, cleared through the Regional Budget Committees, and then forwarded to the recipient agency, in this case the RLA or CAP. Timeframes on responses to referrals by these agencies are tracked and the agencies held accountable during the monitoring processes.

Since conversion to a modified fee for service system, every client service is delineated and reviewed during billing. Services that are not pre-approved for CFS clients are disallowed or re-categorized as non-CFS to meet the 70% target, including those that exceed the referral’s time frames. Not all clients are CFS clients. Community based walk-in service is allowed as long as all CFS clients are receiving required service. PDD reviews the billing and delineates the PSSF service categories to be billed. Though not done regularly, one can verify participation on a bill via ETO if the entries have been made timely. This billing can serve as a means to determine or confirm vendor utilization patterns and service priorities.

Case Review System

Though not formally part of the case review system for CFS clients, Case Plan service assignments are needed for referrals to service. Services not identified in the Case Plan will not be paid for through the Regional Budget process. Part of conducting case reviews is to ensure that referrals are sent for all services listed in the Case Plan.

Foster and Adoptive Parent Licensing, Recruitment and Retention

PSSF funding supports adoptive parent recruitment and retention efforts by supporting the Post Adoption Services unit and the Annual Adoption finalization event. Social Services/Post Adoption served the entire county and individuals living outside the county. Their services provide assistance to youths who have been adopted and their families.

Social Services/Post Adoption enrolled 89 clients with services during FY2011/2012 but had 1,786 clients active during FY2011/2012. This was because clients had not been closed out from previous years and carried over as active. For FY2011/2012 Social Services/Post Adoption has cleaned up their clients enrolled and the count will be more accurate for FY2012/2013.

For FY2011/2012, there were six new services added to the database in May 2012. It is expected in FY2012/2013 that there will be more clients receiving services in the ETO PSSF/CAPIT database. However, the majority of services provided to the 89 clients were Adoption Services (42.5%), then General Contact (25.7%), Collateral Contacts (17.7%) and finally AAP Assessments (re-assessments) (10.6%).
<table>
<thead>
<tr>
<th>Social Services/Post Adoption Services</th>
<th>Call to Social Worker</th>
<th>Email</th>
<th>Face to Face</th>
<th>Letter</th>
<th>Phone</th>
<th>Total Efforts FY2011/2012</th>
<th>% of Total Efforts for FY11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAP Assessments (AAP 6)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>12</td>
<td>10.6%</td>
</tr>
<tr>
<td>Adoption Reunions</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Adoption Services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>31</td>
<td>11</td>
<td>48</td>
<td>42.5%</td>
</tr>
<tr>
<td>Collateral Contacts</td>
<td>11</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>20</td>
<td>17.7%</td>
</tr>
<tr>
<td>General Contact</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>14</td>
<td>29</td>
<td>25.7%</td>
</tr>
<tr>
<td>Go Between Services</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>2.7%</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>5</td>
<td>10</td>
<td>37</td>
<td>41</td>
<td>113</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Staff, Caregiver and Service Provider Training**

Service providers are instructed by Children and Family Services (CFS) on proper procedures for administering their programs and being responsive to County inquiries. Children and Family Services (CFS) assists in the completion of forms and outlines what is required for client files, program files and fiscal files. The most recent formal trainings for PSSF and CAPIT providers were for the Efforts-to-Outcomes data collection system. On-going technical assistance is provided for any issues and problems that may arise in the administration of the contract. Though not usually thought of as part of the training apparatus, parents participate in evidence-based/informed parenting programs to improve their skills as caregivers. Kinship centers provide counseling, mentoring, support groups and life skills training for Kin caregivers. These efforts expand the resource capacity of the county in providing competent caregivers for CFS youth.

The Quarterly Contractors Meetings hosted by CFS provide presentations on a variety of pertinent subjects to Community and Faith Based service providers. Recent topics include:

- Homelessness and the roles of the Office of Homeless Assistance
- The most recent designer drugs, spice and bath salts
- How to file for guardianships
- Domestic violence causes and available services
- How to complete budget amendments
- Family 2 Family programs and initiatives
- Wraparound panel discussion
- Tips for successful contract administration
  - Monitoring – administrative, program, fiscal
  - Case management and technical assistance
  - How to address and resolve findings
- Coalition Against Sexual Exploitation (CASE)

CFS also hosts vendor fairs on an annual basis. These are organized in each CFS region and provide an opportunity for the regional contracted providers to outreach with social workers and apprise them of available services.
Agency Collaboration

The Regional Lead Agency

The Regional Lead Agency (RLA) structure does not follow the usual egalitarian models of collaboration (e.g., Coalition, Cohousing, Industry Cluster, Communities of Practice, Cooperatives, etc.) because the division of responsibilities necessarily creates a nexus for decision making with the RLA. The RLA has the responsibility to process referrals, input ETO entries, assign services and submit billing. The RLA is to maintain a network of providers that offer core and essential services to all regions of the county.

Nevertheless, the RLA is another example of how Children and Family Services (CFS) and community, including the prevention, early intervention and treatment community-based partners, work together to reduce child abuse and neglect. RLA activities, processes and programs demonstrate how Children and Family Services (CFS) and community partners have a shared responsibility of risks, development of resources, supports and blending of funding sources.

In 2010 there were two RLA’s selected, Bilingual Family Counseling Services, Inc. (BFCS), and Catholic Charities. Catholic Charities, however, declined to renew their contract for 2011/12, becoming exclusively a sub-contractor of BFCS, who then took the RLA position for the entire county. BFCS now coordinates the provision of most PSSF and CAPIT client services. Case Management by the RLA includes:

- Receiving and tracking referrals;
- Positing a service plan and making initial referral to specific services, including services of subcontracted agencies, within specified timeframes;
- Coordinating services between agencies and among family members; and,
- Tracking and recording attendance and outcomes.

In order to perform these functions, BFCS has the responsibility to:

- Procure and maintain subcontracts;
- Evaluate and monitor providers;
- Process bills and prepare invoices;
- Evaluate service capacity and prioritize referrals; and,
- Ensure confidentiality procedures are in place.

BFCS subcontracts with a variety of agencies to deliver PSSF and CAPIT funded services throughout the county. This network of providers has expanded over the past two years. These agencies include the following community and faith based organizations:

<table>
<thead>
<tr>
<th>Table I-r RLA Subcontractors (CBO/FBO)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Counseling and Psychology</td>
<td>Asante Family Agency</td>
</tr>
<tr>
<td>Catholic Charities</td>
<td>Center for Healing Childhood Trauma</td>
</tr>
<tr>
<td>Christian Counseling Services</td>
<td>High Desert Center</td>
</tr>
<tr>
<td>Lutheran Social Services</td>
<td>New Horizons</td>
</tr>
<tr>
<td>Pacific Lifeline</td>
<td>RIM Family Services</td>
</tr>
</tbody>
</table>
BFCS serves as the contact point with the county for all the OCAP program services provided by these agencies. When problems arise, BFCS is responsible for ensuring that service is provided in accordance with their contract and that timely reports are submitted as stipulated.

The role of Children and Family Services (CFS) in this collaborative effort is the ultimate responsibility for adherence to the SIP and strictures attached to the funding sources. Consequently, the county bears oversight responsibilities for the administration of the funding and reporting responsibilities for the proper utilization of services. Children and Family Services (CFS) is also the primary source for referrals and has fiscal oversight and processing responsibilities.

The Children’s Policy Council, Children’s Network and Quarterly Contractors Meetings

The Children’s Policy Council, established in 1986 by the San Bernardino County Board of Supervisors, is San Bernardino County’s official Child Abuse Prevention Council (CAPC) and is an integral part of the Children’s Network. The council meets monthly and provides direction for the County’s child abuse prevention efforts and the PSSF/CAPIT planning process. The Policy Council also performs the functions of the PSSF collaborative. Program planning for CAPIT and PSSF proceeds in a joint and coordinated manner. Representatives of the Policy Council contribute to the development of the Request for Proposal (RFP) and the Policy Council reviews the RFP and approves new contracts prior to the Board of Supervisors final approval.

The Policy Council consists of department heads from those County agencies that provide services to children and other agencies concerned with children’s issues. Representative agencies and individuals include, but are not limited to the Children and Family Services, Department of Behavioral Health, Department of Public Health, First 5 San Bernardino, Probation Department, District Attorney, Preschool Services Department, Sheriff’s Department, Superintendent of County Schools, Children’s Fund, a member of the Board of Supervisors. Representatives from Community Based Organizations and the general public are also invited and frequently participate in planning discussions. The Presiding Judge of the Juvenile Court is a member of and chairs the monthly meetings of the Children’s Network Policy Council.

The Presiding Judge of Juvenile Court is responsible for both Juvenile Dependency Court and Juvenile Delinquency Court. The judges of all Juvenile Courts report to the Presiding Judge. During the planning stages of the RFP and subsequent contract process, the Council makes recommendations regarding the types of services needed and reviews funding recommendations before contracts go before the Board of Supervisors for final ratification. CAPC representatives took part in workgroups related to Service Array and Collaborations, and in CSA team meetings.

Additionally, the Children’s Policy Council serves as the directing board of the Children’s Network. The San Bernardino County Children’s Network aims to create improved outcomes for “children at risk” by:

- Improving communications, planning, coordination and cooperation among youth serving agencies
- Identifying gaps and overlaps in services
- Providing a forum for clarifying perceptions and expectations among agencies and between agencies and the community
• Setting priorities for interagency projects
• Implementing collaborative programs, public and private, to better serve children and youth.

The Children’s Network of San Bernardino County concerns itself with children at risk, defined as minors who, because of behavior, abuse, neglect, medical needs, educational assessment, or detrimental daily living situation, are eligible for services from one or more of the constituent agencies of the Children’s Network. The Children’s Policy Council and the Human Services Assistant County Administrator direct the overall work of the Children’s Network.

CFS also hosts Quarterly Contractors Meetings (QCM) which provide an opportunity for Children and Family Services (CFS) to explain the latest developments regarding CFS initiatives and changes, or pending changes, in regulations or legislation. The QCM also provides an opportunity to offer program feedback, including input in the areas of child abuse prevention, early intervention and treatment for at-risk children or families.

**Service Array**

The OCAP programs are the cornerstone of client services within the service array. When a request for client services is made to the Regional Budget Committees (RBC), the availability of OCAP services in the area is a primary consideration for referral assignment, particularly with regard to therapeutic services, parenting and anger management classes. Other services are available through the Therapeutic Treatment Services (TTS) contracts, but these tend to be higher cost. The RLA does have the option to contract with specific private Therapists in order to provide a particular type of therapy or to otherwise accommodate an individual clients needs.

OCAP program services tend to be very cost-effective. The RLA and its network reported about 49522 service hours at a total cost of about $3,100,000 which came to about $63/service hour. About two-thirds of the service hours were for therapeutic services: individual/family/group counseling, domestic violence counseling, sexual abuse counseling and PCIT/Floortime.

**Quality Assurance System**

CFS is responsible for monitoring CAPIT/PSSF subcontractors, ensuring the validity of data collection, program outcome evaluations, program and fiscal compliance, completing and the submission of annual reports for OCAP programs. To accomplish this, representatives from HS-Auditing, and HS-Administrative Services conduct regular monitoring visits to each CAPIT/PSSF contractor. During the monitoring visits, in addition to reviewing client case files and other contract records, Children and Family Services (CFS) representatives discuss and verify on a random basis the information submitted by the contractor. The purpose of regular monitoring is:

• To ensure that contractors are complying with the terms and conditions of their agreements with Children and Family Services (CFS), including adequate provision of service and appropriate accounting practices;
• To describe problems and the efforts contractors make in attempting to overcome problems, and develop a collaborative history that can be used in future procurements; and,
• To document Children and Family Services' (CFS)'s exercise of due diligence in its oversight of Contractors in accordance with various State and Federal regulations.
Because the RLA is both a provider and acts as lead agency in a service network, additional items related to their responsibilities are reviewed. Particularly, their own monitoring of their subcontractors is reviewed for completeness. All the processes related to referral processing, inputting of data into ETO and fiscal processing are also reviewed in detail.

The results of the monitoring report are compiled by Administrative Services Division staff and forwarded to the contractor. Findings are noted along with the needed corrective action and a timeframe for compliance.

Fiscal oversight is also exacted with review of monthly invoices. CFS and Human Services employs an automated Financial Accounting System (FAS). Charges to CAPIT/PSSF funding are paid based on source documents (invoices) processed on uniquely numbered Payment Vouchers (PV). Each PV references the vendor name, contract number (if applicable), type of goods or service, the amount paid, and designates the funding source by its assigned Government Revenue Code number (GRC#). Direct charges to PSSF may also be incurred and tracked by Program Codes based on Social Worker time studies completed during the mid month of each quarter. Expenditures are tracked by GRC# or Program Code and reported to management quarterly, or as needed. Expenditures are reported for federal and state claiming purposes via the quarterly County Expense Claim (CEC) within 30 days of the quarter's end.

The procurement process serves as a means to ensure that program requirements are met at the point of implementation. Requests for Proposal (RFP) are reviewed by the Children's Policy Council prior to release. Mandatory conferences are held to ensure prospective contractors are aware of the contract requirements and to provide an opportunity for them to ask relevant questions. The RFPs are advertised in local newspapers, posted on the County’s Internet site, and mailed to prospective contract agencies.

Proposals are required to demonstrate that applicant agencies have:
- Broad-based community support;
- Proposed services that are not duplicated in the community;
- Services that are culturally and linguistically appropriate for the clients served;
- Minority populations in the area to be served;
- Focus on children at-risk of abuse or neglect;
- The capacity to demonstrate a 10% in-kind match;
- Indicated potential program targets and service category distribution; and,
- Programs are to meet any all State or Federal program requirements.

Submitted proposals are evaluated by a panel of impartial but well-informed County professionals. The evaluators each have expertise in developing, providing and administering child abuse prevention programs and/or contracts and are aware of the needs of families in our county. The proposals are rated based on a standard tool.

The resulting ranked proposals are compared to our most recent needs assessment data, mapping information and other child abuse incidence data to ensure the needs of families across our county are met. Recommendations are formulated by the Program Development Division (PDD) and forwarded to the CFS Deputy Directors who review them to ensure that all regions are adequately represented. All funding recommendations for contract awards are then submitted to the Children’s Policy Council for initial approval and the Board of Supervisors for final approval and ratification.
Identified Needs and Further Implications

The RLA paradigm is currently being reviewed. A survey is being conducted of Social Workers to discern their preferences and concerns. During the peer review it was mentioned that services are available through ‘one agency.’ This is, of course, inaccurate as this ‘one’ agency actually represents a network of providers, but this may point to a need to inform line staff regarding available services.

Regarding the survey, it is difficult to compare with prior years because it is unclear how many referrals were previously made and what the timeframes were for their acceptance into service. Some seasoned social workers have stated the RLA is an improvement over the previous model, since there were over a dozen contracted providers, each with a particular niche in various regions.

Modification of the service regimen is also an open question. In-home services (excluding hard goods and direct services) are underutilized with only 22 clients receiving these services. Similarly, only 12 clients received life skills classes. These numbers may point to a bottleneck in the referral process, limits to available services or training needs for social workers.

Additional services that were previously funded under OCAP programs may be worth reconsidering given current conditions. These would include:

- Programs targeted for the homeless and near homeless
- Substance Abuse Services
- Supervised visitation services
- Child care/child enrichment services

The service regimen could be expanded to include virtually anything related to meeting the outcome measures. For example, FGDMs and TDMs can be funded directly.

In addition, though the County Children’s Trust Fund does support child abuse prevention efforts the emphasis on service is clearly on intervention and treatment and not on prevention or outreach. Arguably, the 70/30 split that restricts access to services by walk-in clients, even though it has not been strictly enforced, may act to restrict access to preventive services. It is not clear that services would be less available to CFS clients if the split were adjusted to say: 50/50 – which as a practical matter is roughly where it has been for the last year.

To be fair, when the 70/30 levels were established it was impossible to say what the service needs for CFS clients were. There was no system in place to account for the number of referrals or the kinds of services being requested. Though not systematically gathered, there appeared to be plenty of evidence that CFS clients were being crowded out by walk-in clients for these services. And though walk-in clients for the general public may need service, there really is no question that CFS referred clients do clearly need the services being requested.

And again, though the evidence demonstrates that, in effect, OCAP program services are provided to diverse populations comparable to current county ethnic configuration, specific outreach programs to targeted at-risk groups are not in place.

The value of ETO is under question now that billing is specifically detailed. Children and Family Services (CFS) designated over $150,000 for ETO staff under the RLA last year. Add this to the costs of licensing and it is not clear that ETO is cost effective. The information provided as witnessed above is detailed and clearly has value, but Children and Family Services (CFS) may
wish to evaluate alternative means of data collection and program assessment given these costs. Nevertheless, there would still need to be discussion on what other challenges and advantages there are to ETO and how an alternative approach would be configured and implemented.
Efforts to have caregivers and others mentor parents

Overview and Current Program Configuration

That parents taking part in reunification services require mentoring appears to be a well-established fact. Role models that may be useful mentors include the foster parents and caregivers that have custody of the removed children, or Parent Partners that are enlisted to support the parents during this difficult process. The 2009-2012 SIP, though it does not reference the Parent Partner program directly, advances the increased use of mentors to provide support and guidance. The original SIP mentions the expanded use of resource parents in that role. The 2011 SIP Update reinforces the continued use of mentoring strategies.

Parent Partners play a valuable role in providing a system of support and encouragement to birth parents so they will engage services early and reunify with their children sooner. Resource parent mentors provide other resource parents and caregivers with tools to support birth parents in their reunification efforts.

Penetration and Utilization

The primary vehicle designed to engage parents with foster parents was Icebreakers. 2011 SIP update noted that the use of Icebreakers has been voluntary and that all regions are using them informally. Icebreakers are being worked into TDMs and any other occasion when it is appropriate. It is now official policy for TDMs to be the springboard for the planning and implementation of "icebreakers."

Use of Icebreakers is also encouraged on an informal basis after a TDM or at the first visit with a family. Icebreakers training is now part of a larger training (Bridging The Gap) for all foster parents, social workers, group home staff, foster family agencies, and other stakeholders. The biggest progress is that staff is informed about Icebreakers and the incorporation of these principles helps fulfill the vision that Icebreakers would become standard practice.

The Parent Partner program of CFS was identified repeatedly throughout the CSR kickoff event and the Peer Review as a Promising Practice. Parent Partners provide a mentor to parents who understand what they are going through because they have been there too. The Parent Partner lets the parent know it will be alright if they just keep working. It was recognized that clients are more willing to hear input from parent partners than from CFS workers. They are mentors to parents, give parents hope, show them it is difficult to reunify but not impossible.

There are attempts to engage Parent Partners early in the process. San Bernardino County has implemented required orientation for new parents involved in the Juvenile Court system. This orientation occurs at Juvenile Dependency Court and includes viewing the Court video, meeting Parent Partners, and a question and answer session.

Impact on Outcomes

It is difficult to gauge directly how mentoring programs impact outcomes. No direct connection has yet been documented that shows Caregiver Mentoring has improved reunification and permanency efforts. That is largely because there is no means to track such efforts. There is, however, a Special Project Code (SPC) that identifies those who have received Parent Partner services.
Since the start of the Parent Partner program in June 2011, 757 children had at least one parent who worked with a Parent Partner. Approximately 27% (203) of cases with Parent Partners have closed. Of these 203 cases, the vast majority exited to some type of permanency (e.g., adoption, guardianship, reunification, family stabilization). The table below shows the breakdown by service component.

TABLE 1: Parent Partner Utilization by Service Component and Permanency Outcome

<table>
<thead>
<tr>
<th>Serv Comp at time of 1st Parent Partner Contact</th>
<th># of Cases with Parent Partners</th>
<th>% by Service Component</th>
<th># of Closed Cases</th>
<th># of Closed Cases that Achieved Permanency*</th>
<th>% of Closed Cases that Achieved Permanency</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>64</td>
<td>8%</td>
<td>17</td>
<td>16</td>
<td>94%</td>
</tr>
<tr>
<td>FM</td>
<td>153</td>
<td>20%</td>
<td>74</td>
<td>68</td>
<td>92%</td>
</tr>
<tr>
<td>FR</td>
<td>502</td>
<td>66%</td>
<td>100</td>
<td>94</td>
<td>94%</td>
</tr>
<tr>
<td>PP</td>
<td>36</td>
<td>5%</td>
<td>12</td>
<td>9</td>
<td>75%</td>
</tr>
<tr>
<td>ST</td>
<td>2</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Total</td>
<td>757</td>
<td>100%</td>
<td>203</td>
<td>187</td>
<td>92%</td>
</tr>
</tbody>
</table>

*Adoption, guardianship, reunification, family stabilization (child remained at home).

Results will continue to be tracked and monitored but are promising both for permanency and reunification. As more cases close program impact on outcomes should become clearer.

Regarding early engagement of services, some preliminary information seems to indicate a disconnect between the assignment of a Parent Partner and participation in Regional Lead Agency (RLA) services. For those assigned to the RLA first, it took 5.8 months for them to be assigned a Parent Partner. Examining those that were assigned Parent Partners prior to being referred to the RLA, it took Parent Partner families 120 days to enroll with the RLA on average, while non-Parent Partner clients took 107 days. Informed conjecture is that Parent Partner assignment was done because the parents appeared to be having difficulties with their case plan or exhibited unproductive attitudes. Cooperative and responsive parents, presumably, would be less likely to be assigned a Parent Partner than those showing resistance or having difficulties. This may account for the above discrepancies, but further data analysis and sample control is appropriate.

Since 2008 to present there has been a reduction in caseload (see p. 125). It is thought there are many factors that contribute to this reduction. One of the factors in the documented caseload reduction has been extensive efforts made in Children and Family Services (CFS) to achieve early reunification and increased permanency for older youths in care. Among the early reunification strategies thought to improve this measure was the training of foster parents to be resource parents to mentor families before and after reunification.

**External Drivers**
Foster parent recruitment and its relationship with external drivers will be discussed below, though it is worth mentioning that in times of budget restraints, the expansion of their role as mentors must be seen as cost-effective. Likewise, the use of Parent Partners to facilitate parent participation can be seen as a low-cost way of optimizing service.

Systemic Factors

Foster Parent recruitment and training

Children and Family Services (CFS) is striving to increase the role of resource parents and expand the use of resource parents in mentoring parents. Training has been developed to bring potential mentors "on the same page" with the department regarding process, regulations and an up-to-date knowledge base. Bridging the Gap meetings are held to provide a forum for stakeholders to discuss and solve Family To Family (F2F) issues. F2F strategies are taught to resource parents during PRIDE Training (Parent Resources for Information, Development and Education). CFS is also training resource parent mentors to teach other resource parents how to support reunification with F2F strategies. Kin caregivers are included in the resource parent trainings. Partnering with the Kinship Centers has been a concentrated and successful effort for Children and Family Services’ New Initiatives Units.

Staff, Caregiver and Parent training

Staff interviewed during the Peer Review identified knowing more about Parent Partners and their role as a training need. Regarding caregiver training, Children and Family Services (CFS) will continue to teach Family To Family (F2F) strategies to resource parents during PRIDE Training (Parent Resources for Information, Development and Education).

Agency Collaboration

The use of Caregiver Mentors through Kinship programs and Parent Partners is, essentially, a collaborative effort. Providing feedback to CFS is an important part of collaboration. During the Peer Review the second focus group was composed of Parent Partners. Parent Partners are parents who have had children in foster care and are familiar with the court process and the foster care system. Some of these parents were unsuccessful in reunifying with one or more of their children, who were eventually adopted by other families. However, these previously unsuccessful parents became motivated to engage in services and turn their lives around so that they could reunify with other of their children who were placed into foster care. Now, all these parents are active role models and mentors for other parents facing the same problems these Parent Partners had resolved in their own lives.

It is interesting that when Parent Partner focus group identified barriers and challenges, they primarily focused on the difficulties social workers have with parents:

- Parents are angry and cannot see past that, they feel hopeless about getting their kids back.
- Parents feel that social workers are judging them or treating them poorly, especially at their first contact when the parent is upset and may make a bad first impression due to anger, being emotional
- Sometimes parents are not ready to give up their lifestyle in order to get kids back.

Some of the other findings by this focus group will be listed under identified needs.
There is a growing rapport and reciprocity between Social Workers and Parent Partners. Community partners, Parent Partners and resource parent agencies often participate in the workgroups and the SIP Oversight Committee. On the other side of this collaboration Parent Partners receive referrals from multiple sources such as TDMs and directly from social worker. Social workers frequently mentioned use of Parent Partners as having a positive influence on the progress of their cases, and have suggested that the program be expanded.

Service Array

An original SIP milestone was to train kin-care providers to provide support to parents. Kinship centers provide counseling, mentoring, support groups and life skills training for Kin caregivers. These efforts expand the resource capacity of the county in providing competent caregivers for CFS youth. The two Kinship providers reported providing over 600 hours of mentoring to Kinship families.

Because Parent Partners can build a rapport with parents seeking reunification, they can influence parents in completing their case plans and in accessing assigned services. The Parent Partner Focus Group noted the following services as promising practices and strengths for the county:

- Parenting classes are available to clients
- Drug rehabilitation programs allow parents to get sober
- Counseling programs are available, specifically those that address issues that led to drug use
- N.A. meetings are a big help to parents trying to reunify and provide additional support
- Drug court gets parents started and offer parents lots of knowledge

Identified Needs and Further Implications

Though it is difficult to trace these specific mentoring efforts to program outcomes it is believed these mentoring efforts have, and will continue to accrue, positive effects. An identified need would be to establish a protocol to gauge program effectiveness.

Children and Family Services (CFS) expects to continue supporting these efforts. One of the CSR Kickoff recommendations was to continue to build good relationships between foster parents and birth parents with foster parents mentoring the birth parents. Birth parents need role models. Foster parents need resources to help birth parents. It was also suggested that Parent Partners could assist with parenting education because Parent Partners and Peer Family Assistants have been effective in supporting and motivating families.

In order to optimize resources it was suggested that CFS continue to utilize Parent Partners. It was further suggested that:

- Use of this program reflects the culture within the agency,
- It may be advantageous to assign Partners at the Detention Hearing, and
- Partners can assist with explaining the court system.

The findings of the Parent Partners and Foster Parents Focus Groups will be summarized and noted throughout this Reassessment. The recommendations of these groups that specifically reflect on their own status and needs includes:
• Have more Parent Partners to provide support to more parents. It is hard to cover such a large geographical area.
• Would be helpful if Parent Partners could attend court hearings with clients, in order to explain the process and support them, keep them motivated, and to help parents when they are disappointed about court outcome.
• Parents not offered FR should also be eligible for Parent Partners, because sometimes the plan changes and at that point valuable time has been lost.
• Parent Partners should be provided with cell phones because they are in the field a lot and need to be reachable. Additionally, voicemails do not always work so it is difficult for clients to leave their parent partner a message.
• Social workers need to make referrals to Parent Partners sooner. Failing to make an early referral negates the 'early engagement' effect.
Communication strategies to improve the timeliness and quality of information to families

Overview and Current Program Configuration

Improving communication between county representatives and the clients they serve is an end in and of itself. Efforts to improve communication have taken the form of improved information to reunifying parents at orientation, timelier court notices and additional information to caregivers. This section focuses on information provided to reunifying parents and court notices.

The SIP of 2009/12 identified a number of milestones related to improving communication:

- Implement required orientation in operational regions for new parents involved in the Juvenile Court system. Orientation meeting to include court video, parent partners, question and answer time, and referral to support groups.
- Heighten awareness of parents’ and children’s attorneys to services provided by Children and Family Services (CFS).
- Develop and provide a packet of information to clients including a glossary of terms and lists of service providers and other resources, including the County 2-1-1 system.

The county has essentially met all these milestones and plans to continue efforts at improving communications.

CFS has developed a court video as a vehicle to increase understanding and early involvement of families in the reunification and court process. The court video has been incorporated into a court orientation meeting held at Juvenile Court on the day of a family’s Detention Hearing appearance. The court video project is a strength based client engagement activity designed to facilitate understanding, motivation and participation in the Juvenile Court process to assist the client in attaining the goal of family reunification. It has been developed in accordance with the best practice model of social work in recognition of the need to implement strategies that will help to expedite family reunification outcomes for children.

Penetration and Utilization

In an effort to ensure that parents are provided information to understand the court and case planning process, CFS provides a Court Orientation in which parents attending their Detention Hearing. The Court Officer also works with parents to complete important documents, such as those identifying relative information, paternity and Native American heritage. This orientation occurs at Juvenile Dependency Court and includes viewing the Court video, meeting parent partners, question and answer time, and referrals to support groups.

Previously, referrals were made for parents to view the Court video in a regional office; however, parents did not show up for the viewing. So, the viewing was moved to Court as part of parent orientation taking place at Detention because many parents were there already.

The court video provides clients with a realistic but encouraging view of the Juvenile Court process with which they are involved. The video portrays information regarding the:

- Initial report of abuse or neglect
- Removal of a child from the home
- Detention Hearing
- Jurisdiction/Disposition Hearing
• Review Hearings
• Child's experience, and
• Case Plans.

An information folder is provided to the parent's at the time of viewing the Court Video. This pocket folder contains resource information on the following topics:
• Dependency Drug Court
• Your Rights
• Court Timelines
• Successfully Resolving Your Case
• Glossary Of Court Legal Terms
• Juvenile Court Information For Parents
• Dependency Court How It Works
• Domestic Abuse
• Providing Solutions Our Common Goal
• Juvenile Dependency Mediation
• Family Group Decision Making
• Family To Family
• Team Decisionmaking

The Post Adoption Services (PAS) Handbook is provided for adoptive parents at the Annual Adoption Finalization Event and upon request to any adoptive parent. Included is a comprehensive and recently updated resource list and glossary of terms. The PAS Handbook includes listings for County Post Adoption Services, Medi-Cal and other health care contacts, Child Care services, Counseling and Social Services, Educational Resources and Legal Services.

The CFS court services staff provide for ongoing noticing to parents, caregivers, children and court dependent siblings. There are court services clerks dedicated to search ICWA noticing and 366.26 noticing. Social Workers provide personal notice to parents for the Jurisdictional/Dispositional and 366.26 hearings, or request assistance from process servers hired by the Department. Caregivers receive notices of review hearings, and are provided with a JV 290 Caregiver Information Form should they wish to file their own report directly with the court.

Juvenile Court Judges, attorneys, and CFS staff are sensitive to the problems that court continuances cause in terms of delays in moving cases forward through the court system. While many hearings are continued for noticing, many other miscellaneous reasons impact the court process and create the need for a continuance. CFS has worked diligently to improve the noticing process by assigning court clerical staff to specialized functions, such as ICWA noticing, providing training to staff and written instructions, and securing ongoing assistance from County Counsel, particularly on the 366.26 noticing process.

Impact on Outcomes

With the implementation of the court video, CFS expects to improve early reunification because the parents are being informed of the legal processes in a more parent friendly way. With other improvements, new CFS clients are informed about court timeliness, processes, legal rights and on-going support for reunification.
A Special Project code was set to track utilization and outcomes for those who viewed the court video. The first entry for the court video referral was on 1/19/2010 and from then until 12/5/2012 it has been entered for 1,096 youth. Of these, 951 were removed. Of these 951, 392 (41.2%) have since reunified and 266 (28%) have had their case closed and returned home. The mean time to reunification for these cases was 206 days and the median was 208 days.

According to the UCB, the median time to reunification for all children that reunified between Jan 2010-Dec 2010 was 250 days, Jan 2011-Dec 2011 was 268 days and Jul2011-Jun2012 was 295 days. Doing a simple comparison in CMS to all cases with a removal after 12/1/2009 (a month before the court video process started), excluding the cases with the court video SPC, gives 5,382 removals, and of these 2,121 (39.4%) reunifications and 1,533 (28.5%) case closures with reunification. The mean time to reunification was 246 days and the median time was 228 days.
(Data taken from CWS/CMS, retrieved December 6, 2012).

Admittedly not a methodologically rigorous comparison, these preliminary results show notably shorter reunification times for those that watched the video than those that did not. Reunification results were slightly better for video watchers, and case closures were a bit lower for video watchers, though essentially that figure is flat. These results, though not conclusive, are very encouraging.

In addition to expected improvement in the timeliness to family reunification, the court video is designed to help families realize a decrease in anxiety and hostility related to the fear associated with court and are expected to be more willing to cooperate with the court and CFS staff. This would include an increased willingness to provide information regarding their children and supportive family connections requested at the orientation meeting, thereby increasing the possibility of reunification and/or placement with family members.

Preliminary feedback provided by post-viewing surveys on the video indicate that it is generally well accepted, but that those without substance abuse issues frequently do not see it as applying to them. Many of the testimonials in the video are from those with substance issues.

The changes in orientation, noticing, resource information and the court video are part of the effort to achieve early reunification and increased permanency for older youths in care. Though too early to tie these specific activities to reunification and permanency outcomes directly, it is thought that one of the factors in the documented caseload reduction (see p. 125) has been extensive efforts made in Children and Family Services (CFS) to achieve early reunification and increased permanency.

**External Drivers**

The County supports the provision of essential communication to reunifying parents and others involved in court processes. The frequency and quality of these communications, however, can be limited by the availability of resources. Budgetary constraints may limit the ability of the County to replicate its successes or upgrade materials in the near term.

**Systemic Factors**

**Staff, Caregiver and Parent training**
The purpose of the court video, the improvements in orientation, the efforts at improved noticing and the provision of the resource guide is to educate parents and provide appropriate and needed information so parents can make informed decisions. Though not formal training, these efforts help parents navigate the system, access services and provide encouragement in the completing their case plans.

Agency Collaboration

The current relationship between the Court, Children and Family Services and the Probation Department is positive, collaborative and supports a joint problem solving atmosphere. A monthly CFS/Court meeting enables the Juvenile Court Judges, CFS Managers, CFS Court supervisors and staff, attorneys, mediators, county counsel and other parties to the court to discuss new legal requirements and laws, problems with noticing or other court processes, provide for exchange of information on practices, and facilitate a collaborative arena. In addition, a CFS Manager chairs a monthly Court Coordination meeting, which includes CFS/CPS supervisors and staff from all regions, CFS Court supervisors and CFS Court services manager and supervisor, and County counsel. This meeting affords an opportunity to discuss with staff new laws, review court processes and legal issues impacting court cases, identify barriers and training issues, and provide for general discussion.

The Court Video has been shared with bench officers and attorneys. One judge asked for the script so he could align what he says to the clients with the video (so that they hear the same message multiple times). Children and Family Services (CFS) has heightened the awareness of parents’ and children’s attorneys to available services by showing the Court video to attorneys and judges. It will continue to be shown to new attorneys, judges and those desiring a refresher. The Court video has enhanced and benefitted from the collaborative relationship between the Court and CFS.

Service Array

By informing parents of available services, the resource list is meant to provide the first step for parents seeking services to fulfill their case plans. Also, much in the same way Parent Partners operates, the presentation of the video is meant to ease fears and remove some of the attitudinal barriers that might inhibit accessing and participating in services.

Identified Needs and Further Implications

The Peer and Family Assistance focus group noted that parents are intimidated by CFS workers and that improved communication between social workers and parents is still needed. It is hard to escape that there is an inherent potential for antagonism built into the Child Welfare System. CFS needs to convince parents that involvement with CFS is an opportunity to enhance their lives and help their families thrive.

Additional information based on new initiatives should be routinely added to packets and resource lists need to be regularly updated. Information on meaningful visitation, for example, could be added to packets.

The groundwork for further evaluation has been laid with the use of the Special Project Code. The tracking and evaluation of clients who experienced these newly instituted processes should more clearly discern the strategies impact on Outcome Measures. The initial reunification figures for those that watched the video are favorable, especially for improved reunification time.
Further research should be done with tighter sample controls to arrive at more definitive and statistically valid conclusions.

Since some parents are concerned that the video features only parents who have drug related issues, and not all cases involve substance abuse, Children and Family Services (CFS) is considering an update of the Court Video to include a parent abuser, a parent neglector and a parent with domestic violence issues. Whether Children and Family Services (CFS) has the resources available for this upgrade is an open question. The video has been translated into Spanish. There are still issues to be resolved on when and where to make Spanish presentations and how to engage Spanish speaking clients.
**The various programs and initiatives to increase the immediate provision of services**

**Overview and Current Program Configuration**

There were a number of strategies that were meant to improve reunification time, some of which have already been discussed such as the use of TDMs to provide immediate referrals to Alcohol and Drug Services (ADS) providers, appropriate providers of therapy and/or drug court at initial TDM whenever possible.

Some of the other strategies to improve reunification timeframes were:
- Partner Intake social worker with case managing (Carrier) social worker early in court process in order to encourage parental participation, minimize change and facilitate relationship building with parent.
- Increase accessibility and availability of services to clients through continued recruitment of culturally competent service providers in all geographical regions of the County.
- Encourage service providers to be proactive in their contact with parents in order to build supportive relationships as soon as possible and encourage parental participation.
- Continue to rollout Linkages to all regions and evaluate every case for appropriateness of Linkages, expanding use of Linkages to include Family Reunification cases.

Partnering intake and carrier Social Workers has been attempted using different approaches in different regions with mixed results.

There are many advantages to increasing culturally competent services, enhancing reunification times. Culturally competent services will be discussed under service array enhancements.

Requiring contractors to be proactive in their contacts with parents was added to the PSSF/CAPIT procurement of 2010 and was touched upon in the OCAP program section, but will be reviewed in more detail here.

The Linkages Program has been discontinued.

**Penetration and Utilization**

Blended units with Intake and Carrier Social Workers are maintained in the Central Region, the North Desert region and the Fontana office of the Western Region. The Rancho Cucamonga office has sibling units with Intake and Carrier functions performed by separate, though connected, units.

Contracted service providers under PSSF/CAPIT are required to be proactive in their contact with parents in order to build supportive relationships as soon as possible and encourage parental participation. The contracts further establish a feedback system where referrals are logged by the authorizing Regional Budget Committee and timeframes for response are noted. Contractors are required to make a certain number of contact attempts and then inform the RBC clerk who forwards the result to the SW. After some initial difficulties, the process has been in place for two years and works relatively smoothly.
Impact on Outcomes

The 2011 SIP Update noted that an Intake Social Worker would partner with a case managing Carrier Social Worker early in the court process to encourage parental participation, minimize change and facilitate relationship building with parents. Challenges with this policy included an increase in workload, conflict of roles and responsibilities, and a resultant confusing impact on the clients. Carriers felt that Intake workers need to secure services that are realistic for the families to complete and are manageable by the carrier. Remedies were piloted in different offices, including the use of sibling units – partnering an intake unit with a carrier unit.

Policy has since been revisited and revised to more clearly define roles and incorporate the use of dedicated jurisdiction/disposition (J/D) writers in one region. Following suggested changes by line staff, policy was revised to assign secondary assignment to the Intake Worker at the first J/D hearing. Up to J/D, the Intake Worker provides all case management, referrals, visits and court worker; after J/D, the Intake worker is assigned secondary and the Carrier takes over case management, allowing for earlier engagement of the family in the case plan and thus increasing the likelihood of earlier reunification. The Intake Worker continues with Court duties and drops off the case entirely when J/D is complete. As a consequence of these revisions, the partnering of workers and units has not had enough time to impact outcomes.

For recipients of PSSF/CAPIT services through the Regional Lead Agency, there were cross referenced and identified 359 child abuse or neglect referrals. In the 359 referrals there were 877 allegations. Of those 877 allegations, the median time from the referral to services was 31 days. For those receiving services from Community Action Partnership, there were 46 children that were referred to services and had a child abuse or neglect referral. Of those 46 children, the median time from the referral to services was 36 days with a range of 18 to 100 days.

There is no comparative data from prior time periods as there was no means to log and track the progression of referrals. It is generally believed that, on balance, these figures represent an improvement in engagement. Contractors under the previous structure had no incentive and no contractual requirement to reach out to clients for service and some reported a deliberate policy of requiring the client to make initial contact. Absent previous reliable data, then, this information can serve as a baseline to compare to future efforts and initiatives.

External Drivers

Workload issues are certainly a factor in primary and secondary caseload assignments. Workforce turnover and assimilation will influence the effectiveness of these worker/unit pairing practices.

Access to service, generally, is influenced by the ability of clients to procure transportation and other supports, such as childcare for children that remain in the home. The downturn in the economy has affected the ability of some clients to obtain such services.

Systemic Factors

For the PSSF/CAPIT programs see the related section beginning on p. 38

Case Review System
Supervisors for blended units using secondary assignments and sibling units are all responsible to ensure that clear communication takes place between the Intake SW/JD Writer and identified Carrier SW at an early stage of the case in the form of a case conference. Supervisors of blended units are responsible for monitoring cases in those units and overseeing the partnership between the individual workers. In the sibling unit, the Supervisors are responsible for ensuring workers maintain communication and coordinated activities.

**Identified Needs and Further Implications**

Outcomes for both approaches, sibling and blended units, still need to be tracked and analyzed. Sibling units are identified in the Redesign recently completed for CFS. Further exploration of various unit configurations, identifying roles and responsibilities of the intake worker, jurisdiction/disposition (J/D) writer and continuing service are identified as part of the CFS Redesign initiatives. It is expected that the pilot will be evaluated and rolled out based on the results.

Building in timeframes and a feedback loop for service referrals appears to be a reasonably effective strategy. It is labor intensive and it is not entirely clear that it can be cost-effectively replicated for other contracted services.
Resource parent capacity building strategies, which includes recruitment efforts, initiatives to better coordinate with county staff and efforts to enhance and facilitate placement

Overview and Current Program Configuration

Resource parents have already been discussed in connection with their role as mentors to birth parents and the efforts to enhance and develop that role. The recruitment and training of resource parents is also one of the seven systemic factors referred to earlier. In the SIP, resource parents are also mentioned specifically under improving placement stability. The SIP indicates the county is to continue to intensify recruitment of resource families countywide.

A series of strategies and milestones under improving placement stability outlined a proposed database to be used for matching foster parents with children to be placed in an automated system. Though the use of a discrete database is impractical, CFS continues to develop means of using automated tools to assist in the placement matching process.

The County of San Bernardino Children and Family Services recruits, licenses, trains, and retains resource (foster) families to provide out of home placements for children under the Department's supervision. Once a month, prospective foster and adoptive families are invited to participate in the Taking Care of Business Day (TCBD). This one day workshop provides the opportunity for families to attend a foster parent orientation and receive assistance with the licensing application, background check, TB testing. Referrals are also provided for First Aid and CPR classes.

CFS participates in several recruitment activities to interest community members in becoming resource families and to inform the community in general about the need for resource families. These recruitment activities are consistent with the Family to Family Initiative which strives to keep children in placements near their own neighborhoods and schools.

It is the policy of San Bernardino County that the applicant and, if applicable, his/her spouse complete an eight session pre-service training, consisting of three hours each. Children and Family Services (CFS) utilizes the Parent Resources Information Development and Education (PRIDE) curriculum, requiring completion of 24 hours of PRIDE training.

The Central Placement Unit (CPU) is a CFS unit through which Social Workers must request assistance in locating appropriate non-relative placements. In addition to assisting CFS Social Workers (SW) place children in licensed foster care homes, the CPU also coordinates the following types of placements:
- Special Health Care Needs (SHCN) Placements
- Foster Family Agency (FFA) Placements
- Group Home (GH) Placements
- Wraparound
- Inland Regional Center (IRC).

Relative and non-relative extended family members (NREFM) families who are willing to provide homes for children must complete a “relative approval process” in order to be certified to provide placement. This process is completed by social workers assigned to the relative approval unit. Beginning in 2006, the Relative Approval Unit expanded its hours so that social workers can call...
for an emergency placement assessment 24 hours a day 7 days a week so that children can be placed immediately and safely with relatives or NREFMs.

Children and Family Services (CFS) has initiated Trauma focused, Trauma informed and Enhanced Connections strategies that are to be used throughout the continuum of care. One of this approach’s most prominent applications is in training caregivers and placement partners. CFS is using the 3-5-7 model promulgated by Darla Henry to enhance training of caregivers. The program is designed to assist adult caregivers (foster/adoption parents) and child care staff who experience difficulty in parenting or managing the behaviors with which grieving and traumatized children and youth present. The 3-5-7 Model is a guided approach, for professionals and families, that supports grief work and relationship building activities for children and youth in the child placement system. Through activities, children and youth are able to engage in three tasks:

- Clarification of the events of their lives to explore what happened to them (losses) and who they are (identity)—two of the five (5) conceptual questions that address their issues.
- Integration of significant people/relationships in their lives to identify where they are going (attachments) and how they will get there (relationships)—two more of the five questions.
- Actualization of feelings of permanency and when they will belong—the last of the five questions.

Trauma-informed strategies have been built into the training curriculum for foster parents and KinCare providers. Group Homes and Foster Family Agencies have participated in related trainings and in “Train the trainers” programs. Trauma-focused and enhanced connections strategies have been incorporated into Wraparound, Aftercare, THP/THP+ and ILSP contracted services. CFS presented on this topic at the Foster Parents Training Conference and the Kinship and Foster Care Trainers Conference.

Other county partners are embracing this approach. A Trauma-focused workshop was presented at the Annual Children’s Network Conference. Probation, DBH, the School District and CBOs that provide Therapeutic services under the PSSF/CAPIT RLA have participated in related training initiatives. Use of the Child/Adolescent Needs Scale (CANS) is being added to new contracts.

About 400 CFS staff, social workers and Adoption workers, have undergone training on these strategies. CFS promotes other trauma-informed practices in programs such as Residential Based Services (RBS), Intensive Treatment Foster Care (ITFC) and the Interagency Youth Resiliency Team (IYRT).

Penetration and Utilization

While Children and Family Services has historically been responsible for recruitment, training and retention efforts through its Foster Home Licensing Unit, staffing considerations have made the administration of these services increasingly problematic. Children and Family Services (CFS) hopes to revitalize its recruitment and training efforts.

As a percentage of total county placements, the use of foster homes has declined since the baseline year of 2008 and now equals the declining number of children placed in group homes. This may be due to the expanded use of other placement types. After a sharp decline from
2008-2009, there has been an increase in the use of relative homes since July 2010. Additionally, the use of Family Foster Agencies (FFAs) has increased over time, due to the FFAs willingness to accept sibling groups and their ability to offer more services to higher level or special needs children and transport for visits.

CFS is working with FFAs to develop a list of attributes of available foster homes. The Western Region has developed a geographical profile of their resource family homes. County licensing maintains a database of their homes and broader use of this system is being explored. CFS is also exploring the current capabilities of CWS/CMS to facilitate this matching process. Social workers will continue to provide the Central Placement Unit with characteristics of the child (special needs, special behaviors, etc). While each child’s placement and placement disruption is monitored by the social worker and recorded in CMS, that data must be retrieved case by case. Other systems are being considered.

The department conducts six orientations annually at which applicants for foster and adoptive placement can begin the application process. To expedite the timeframes and assist the applicant through the complex licensing process the department also provides one-stop licensing events known as “Taking Care of Business Day” (TCBD) throughout the county ten times annually. TCBD provides a “one-stop” event where persons may obtain information and begin completing required foster/adoptive applicant paper work, as well as complete other licensing requirements such as resource family orientation, TB testing and Live Scan at one location. This has reduced the length of time to obtain a license and has improved the rate of licensing for qualified applicants.

Impact on Outcomes

CFS is moving in the right direction in two out of the three measures for Placement Stability; however on measure 4.3, Placement Stability for children at least 24 months in care, one of our four Outcome Measures from the original SIP, CFS is moving in the wrong direction. The question as to whether this reflects on the quality of placements is at best unclear. There is little indication that the number, kinds and quality of County placements has any bearing on this measure. This may reflect some of the inherent problems with the measure itself.

For instance, best practice in child welfare is to place children with relative care providers rather than unrelated foster parents. Along with the expanded use of FFAs willing to accept sibling groups, the county has been moving in the right direction recently regarding Outcome Measures for Sibling Placement and Placement in Least Restrictive Settings. It has also been suggested that the PRIDE training has advanced the Well-Being 1 – Families have an enhanced capacity to provide for their children’s needs measure. Here again the County placement strategy positively influences three measures related to placement and well-being.

Another important Outcome Measure is “No Maltreatment in Foster Care.” This safety measure reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. The County is moving in the right direction on this measure as very few children have substantiated maltreatment while in foster care.

External Drivers

Social Worker visits to placement sites are a means to providing needed support to foster parents. Barriers to conducting more than one face-to-face visit a month include workload
issues and travel time. The schedules of many children and families often dictate that social workers need to arrange evening and weekend contacts and interviews in homes and placements and overtime is often necessary to comply with the County policy that every third visit be conducted in the home. Also impacting the social worker’s ability to have more than one contact a month is the time it takes to travel to other counties where children are placed with Relatives, Non-Relative Extended Family Members (NREFMs), Foster Family Agency Homes or Group Homes.

Systemic Factors

Management Information Systems

Children and Family Services (CFS) acts to decrease the incidence of maltreatment in foster care and improve the stability of placement through its screening and assessment practices prior to placement of the child in the home. Children and Family Services (CFS) completes background checks utilizing the following: Live Scan, CII through local law enforcement, CACI (Central Child Abuse Central Index), FBI (for out-of-state criminal checks), DMV, LIS (the State Licensing Information System), LAARS ( Licensing Administrative Actions Record System), the Adam Walsh out-of-state abuse check, Megan’s Law Databases, and CWS/CMS. Foster parents meet with licensing workers at least once a year and more often as needed. Each time a licensing worker or licensing investigator visits a foster home they conduct a facility evaluation to make sure the home is in compliance with State regulations.

The lack of CMS functionality regarding placement history and results for foster parents means that separate systems or a manual search are necessary to discern if there are any patterns related to a specific placement site.

Case Review System

CFS ensures compliance with the necessary frequency of social worker visits with children in care in order to monitor risk through casework practice standards. Department management has the expectation that supervisors should be meeting with all line workers in their units at least once each month to discuss every single child on their caseloads. Managers are encouraged to promote the value of in-depth monthly case conferencing and supervision by allocating more time on the more complex cases which leads to more thoughtful and less reactive social work. The use of the Safe Measures program has been effective in producing timely documentation of social worker visits into the CWS/CMS system which in turn helps supervisors and managers monitor compliance with Department and State standards.

Foster Parent recruitment and training

The Department requires that all licensed caregivers meet the training requirements per Title 22 Regulations. Although Title 22 requires 12 hours of pre-placement training, San Bernardino County requires that the prospective foster parent attend 30 hours of pre-placement training. Additionally, 20 hours of post-licensing training is required by San Bernardino County. Prospective adoptive/foster parents in San Bernardino County attend Parent Resources for Information, Development, and Education (PRIDE) classes based on a curriculum developed by the Child Welfare League of America. The adoption/foster parent social worker assesses applicants monthly and there are foster parent mentoring groups offered in the County by the foster parent associations. The County uses Special Care Increments (SCI) to support foster
parents in a variety of ways. Foster parents are often invited to participate in Team Decisionmaking meetings especially regarding placement changes.

CFS supports the retention of foster parents though an annual foster parent picnic sponsored by the Department. Respite care is a program that ensures foster parents have some time away from the responsibilities of the daily care of foster children. Each qualified foster family is eligible for seven days and six nights yearly.

Staff, Caregiver and Parent training

Relative and Non-Relative Extended Family Members (NREFM) receive training and orientation in the form of the Relative/NREFM Caregiver Training Manual. Additional training provided by the local community colleges is also offered. Kinship Centers are available to provide support and training for relatives and NREFMs.

Agency Collaboration

Children and Family Services (CFS) has an ongoing commitment to provide continuing education for foster parents and relative caregivers. Training is provided in part through grants to the local community colleges that provide classes. CFS has a foster parent advisory board which consists of foster parents and CFS Management representatives. The board meets bimonthly to discuss concerns related to licensing issues, parenting concerns, collaboration, and training needs. CFS also sponsors an annual training conference in which foster parents, relative caregivers, and CFS staff participate. Foster Family Agencies and Group homes have internal training programs which are offered by the agencies themselves.

The Respite Care program in San Bernardino County allows each qualified foster family seven days and six nights of respite care each year. Care providers used for respite care may be other San Bernardino County foster homes or other approved care providers. There are only two forms to complete and submit for reimbursement following the use of the respite care and payment of the foster care provider. Licensing workers maintain a list of foster parents who wish to provide respite care for other foster parents. The availability of respite care is believed to be a major factor in foster parent retention and Respite Care potentially reduces maltreatment in foster care by reducing foster parent stress levels.

Quality Assurance System

All adults residing in the prospective foster or relative home must pass the criminal records check which includes local, state and federal criminal records, CMS/CWS record, the Department of Justice’s (DOJ) Child Abuse Index (CACI) and, if applicable, the Adam Walsh Act. In San Bernardino County licensed foster families are assessed on a yearly basis – sometimes more often if the need arises. Children and Family Services (CFS) also has license revocation procedures in place when needed.

Though the county safety measure for placement is trending positively, any abuse in care is unacceptable and all efforts are made to avoid the abuse if possible. Internal analysis of substantiated referrals has found more restrictive placements tend to have higher incidences of abuse, specifically group homes and foster family agencies (FFAs). The Central Placement Unit (CPU) has a group home coordinator that visits every group home yearly as an informal licensing review. The Central Placing Unit also monitors FFAs which is difficult as the FFAs license their own foster parents. Efforts have been made to place more children with county
licensed foster parents which have been shown to be a safer placement than FFA placements. However, there has been a continual decline in the number of county licensed foster homes due to factors outside the county’s control (e.g. families not interested in being foster parents (adopt-only parents), Federal government restriction of criminal exemptions, other licensing issues, etc.).

Relative care providers must also be screened to ensure the safety of the children placed in their care. To facilitate this process, CFS has two centralized Relative Approval Units (RAUs) that are available 24/7, to assist regional social workers in the placement of children with potential relatives or non related extended family members (NREFMs).

CFS has reporting and tracking procedures for occurrences of abuse and neglect in relative and group home foster care settings. Recently, the assignment practices for Out of Home Abuse (OOHA) were revised with the purposes of expediting emergency responses, enhancing coordination of the investigation, and complying with state regulations. If an emergency response is received during normal working hours, day duty staff respond and investigate. If there are multiple, alleged victims assigned to different regions, all of the referrals are assigned to the region where the alleged incidents occurred. Revisions in these policies further clarified the roles of child protective services staff investigating alleged maltreatment as opposed to licensing investigators, and encourage joint investigation between the two agencies.

**Identified Needs and Further Implications**

Without expanding county licensed foster care homes, the County was able to affect improvements in some of the safety, well-being, permanency and placement stability measures through the expanded use of FFAs and relative placements.

The Foster/Adoptive Parent Licensing, Recruitment and Retention focus group had a number of recommendations which included:

- Provide more training to relative/NREFM caregivers – offer more in-depth information on the Kinship Family Support Centers
- Provide follow-up training for Adoptive parents
- Train caregivers and social workers together
- Provide more cultural diversity and sensitivity training
- Increase the number of caregivers receiving Special Care Increments
- Decrease social worker caseloads
- Begin Independent Living Program earlier than 16 years old
- Provide written information to foster parents on Team Decisionmaking
- Increase communication between social workers and foster parents

Additional data was gathered for the CSR through discussions with 120 foster parents in two focus groups. These groups were focused on the foster parent's role in reuniting children with their birth families in a timely manner. The focus was narrowed to the topics of Quality Visitation and Foster Parent Attitudes about the Parents. There discussion is comprehensively addressed in the focus group reviews. Both focus groups addressed both topics. The major themes that developed during these discussions were:

- Improving the visitation environment, conditions and follow-up debriefings
- Various issues relating to interacting with the Birth Parents and responding to the child after the visit
• The importance of reinforcing to the children that they are loved
• Children should have a "Life Book" for various reasons
• More training is needed to support children who are mentally ill, have special needs or have LGBTQ issues
• More guidance is needed on how best to manage and utilize modern technology, both as sources of information for the foster parents and how to properly regulate and monitor child access to the internet and chat rooms, etc.

Other reviews and groups also had input regarding Foster Parents, including:
• The Peer Family Assistant (PFA) group noted there is a lot of fear around prudent parenting and allowing youth to go to activities. Foster parents have fear that if youth get hurt they will go to jail or get sued. Consequently, some youth are not able to attend events if foster parent cannot transport.
• The Parent Partner group concurred noting that foster parents need to be better about transporting kids to visits.
• The Peer Review noted that Caregivers (foster parents/relatives) play an active role in supporting reunification efforts by engaging in supportive relationships with birth parents.
Social Worker training strategies, which briefly reviews some of the training efforts that may have been mentioned in conjunction with other strategies, and also recounts additional training and information initiatives.

Overview and Current Program Configuration

There are no fewer than 13 strategies and milestones in the SIP of 2009 that reference training of social workers. Training is an essential component in the development of new initiatives and a means to optimize existing practices.

The training milestones related to TDMs and Icebreakers have already been discussed. The California Permanency for Youth Project (CPYP) has been completed and the training milestones have been executed. The training initiatives for Wraparound and Cultural Competence and Diversity will be discussed below.

A need was identified for more training of both social workers and care providers on permanency options including the availability of services, resources, and financial payments. This would assist both social workers and foster parents to focus on the best permanency option for the child. The milestones listed were:

- Train social workers, caregivers and relatives/NREFMs (Non-Related Extended Family Members) on the resources that are available to them such as Kinship Guardian Assistance Program (KinGAP), Specialized Care Rates (SCRs) and Adoption Assistance Program (AAP).
- Train social workers on post-adoptive services for families through the provision of contact numbers and written material explaining the services.
- Provide refresher training to staff on the financial aspects and services available to caregivers and children through guardianship, KinGAP and AAP.
- Implement (refresher) training at the regional level.

Much like Foster Parent recruitment, training and retention, staff training is a strategy for improvement and a systemic factor that influences many diverse aspects of CFS. The basic skills and knowledge training received by CFS social work staff supports the goals of the California Child Welfare System and addresses services provided by State Law on the topics of family preservation and support services, child protective services, foster care, adoption and independent living skills services.

Penetration and Utilization

The 2011 SIP Update noted that charts, guides and job aids have been developed for social workers to use in determining caregiver eligibility for programs and services. While this strategy has been completed, it is an ongoing effort to keep staff up to date and informed of available resources including Kinship Guardian Assistance Program (KinGAP), Specialized Care Rates (SCR) and Adoption Assistance Program (AAP). Training in resources, process and procedures is currently being rolled out to staff, caregivers, relatives and stakeholders so that each will be aware of the role they play in providing services to children and their families.

More generally, Children and Family Services (CFS) provides training, written handbook instructions on policies, procedures and practices, clerical support, supervisory and
management oversight to the County’s child welfare case review system. In addition, with the implementation of best practice initiatives, such as Family to Family and Team Decisionmaking, Social Workers utilize a strength-based, collaborative approach in working with parents on the case planning process.

CFS maintains written instructions to social workers on court processes, case planning, placement, concurrent planning, noticing, and a variety of other court related and practice issues. The social worker staff receives initial training in a four to six month training unit during which time their case work is done jointly with an experienced social worker mentor, and reviewed by a supervisor. On-going trainings at court on a variety of issues occur throughout the year. In addition, County Counsel and CFS court staff goes out to all CFS regions and provides new and review training to staff on court processes and legal issues.

As previously mentioned, Children and Family Services (CFS) will provide refresher training to staff on permanency options and the implication of those options. At monthly meetings, social workers will provide caregivers with information regarding permanency options. An excellent brochure was developed to inform staff of permanency options and related financial issues. The brochure was updated recently to include information regarding After 18 and extended benefits.

CFS has worked diligently to improve the noticing process by assigning court clerical staff to specialized functions, such as ICWA noticing, providing training to staff and written instructions, and securing ongoing assistance from County Counsel, particularly on the 366.26 noticing process.

Pursuant to requirements under Title 22, Division 2 Chapter 3, the County Adoption Services provides information dissemination and implementation of Adoption Assistance Program (AAP) benefits.

**Impact on Outcomes**

It may be an exaggeration to say that without training, there would be no improvement in any outcomes, but it is probably just a slight exaggeration. Training programs provide skills and tools to carry out tasks and implement strategies. As previously mentioned, for example, relative placements are now the plurality placement, with group home and more restrictive alternatives declining. The application and adherence to Family to Family principles most certainly had a role in achieving these ends.

It was maintained in the 2011 SIP Updated that the County’s strategies have been effective in increasing awareness of permanency options, including the services and financial payments available through those permanency options. Nevertheless, it can be difficult to draw direct connections between a training program and specific outcomes. For example, though more information regarding funding sources such as AAP and KinGAP are available, it is difficult to positively attest that this has led to more AAP or KinGAP enrollments.

**External Drivers**

There have been some interesting developments related to AAP and KinGAP cases due to the Extended Benefits sections of AB 12 and following legislation. As it stands, only those who signed the AAP and KinGAP agreements after they attained 16 are eligible to extend these benefits until they turn 21. There is speculation, so much so that it was commented on in a recent All County Letter, that Social Workers may be delaying the initiation of KinGAP benefits
or Adoptions so that 14 and 15 year old children, by waiting a year or two, will become eligible for the extension. Incidents of adoptions declined in 2011-2012, which may be an unintended consequence of After 18 regulations.

Systemic Factors

Management Information Systems

Online handbooks are available on the County Intranet and provide comprehensive policies and procedures for all aspects of Child Welfare Services along with an on-line forms catalogue. Also available are over 30 different specific manuals, user guides and desk guides. Entire sections of the CFS and Adoptions Handbooks discuss KinGAP and AAP as they relate to Social work practice.

Staff, Caregiver and Parent training

Core Curriculum classes, completed by all new social workers include training provided by the Southern Region Public Child Welfare Training Academy (PCWTA) and administered over a 10 week period. The most recent Core Curriculum included:

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<td><strong>New Employee CORE Classes</strong></td>
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<td>Basic Interviewing</td>
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<td>Child and Youth Development in the Context of Child Welfare (Day1)</td>
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<td>Child and Youth Development in the Context of Child Welfare (Day2)</td>
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<td>Child Maltreatment Identification 1: Neglect, Phys. Ab. &amp; Emotional Ab.—6 Hr</td>
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<td>Child Maltreatment Identification 1: Neglect, Phys. Ab. &amp; Emotional Ab.—3 Hr</td>
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<td>Child Maltreatment Identification 2: Sexual Abuse and Exploitation—3 Hr</td>
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<td>Child Maltreatment Identification 2: Sexual Abuse and Exploitation—6 Hr</td>
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<td>Child Welfare Practice in a Multicultural Environment</td>
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<td>Court Procedures 1: Juvenile Court, the Law and the Court Process</td>
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<td>Court Procedures 2: Preparing and Presenting Effective Testimony</td>
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<td>Critical Thinking in CW Assess: Safety, Risk &amp; PC—6 Hr</td>
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<td>Domestic Violence</td>
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<td>Family Engagement in Case Planning &amp; Case Mgt (Day 1)</td>
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<td>Family Engagement in Case Planning &amp; Case Mgt (Day 2)</td>
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<td>Framework for Child Welfare Practice in California</td>
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<td>Investigation Skills of CWS (3)/ Crisis Intervention Strategies (3)</td>
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<td>Permanency and Permanency-Day1</td>
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<td>Permanency and Permanency-Day2</td>
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<td>Substance Abuse and CWS</td>
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New CFS workers also attend Orientation and Induction Training (O&I) provided by CFS through the Performance, Education and Resource Center (PERC). Additionally, new social workers are assigned to a Training Unit for 4 to 6 months.
CFS implemented the Training Unit so that new staff may receive a structured, but individualized, orientation and training process. During the first few weeks of participation in the unit, the Training Unit Supervisor assesses the education and experience of each new hire to determine his or her individual training needs.

Social work and supervisory staff are required to attend 40 hours of additional training over a two year period. PERC maintains a record of all the trainings completed in order to track staff’s compliance with the mandatory training hours.

CFS also provides training to Master of Social Work (MSW) Interns. The MSW Unit is comprised of Interns who are not employees of the Department but receive training in social work competencies and case management.

The Public Child Welfare Training Academy (PCWTA) is one of five child welfare training academies in the state of California and is part of a network of Regional Training Academies. PCWTA is a collaborative project involving these five southern counties and four Universities offering social work degree programs. The following courses related to Permanency and Reunification were attended by CFS Staff:

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<th>Activity Names</th>
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<tr>
<td>AB12: The California Fostering Connections to Success Act Supporting Youth to</td>
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<td>Successful Transitions from Foster Care</td>
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<td>Addiction and the Family</td>
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<td>ADHD and Other Neurological Disorders</td>
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<td>Adolescents and Substance Abuse</td>
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<td>Advanced Training in Domestic Violence: Working with Perpetrators</td>
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<td>Children with Sexual Behavior Problems</td>
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<td>Dealing with the Hard-to-Place child</td>
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<td>Depression in Children &amp; Adolescents</td>
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<td>DSM IV for Social Workers.</td>
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<td>Effectively Working with LGBTQ Youth</td>
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<td>Effects of Abuse on Child Development: Infants and Toddlers</td>
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<td>Effects of Abuse on Child Development: The Preschooler</td>
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<td>Engaging Fathers in Child Welfare (Recorded Connect Pro Training)</td>
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<td>Engaging Resistant Clients</td>
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<td>Intro FASD Facts of Prenatal Alcohol Exposure</td>
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<td>Interviewing Persons Suspected of Child Maltreatment</td>
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<td>Methamphetamine and the Child Welfare System</td>
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<td>Permanency &amp; Loss – A Youth’s Journey Through the Child Welfare System</td>
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<td>Planned and Purposeful Visitation</td>
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<td>Poverty and Neglected Children</td>
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<td>Practicing Advanced Motivational Interviewing Skills to Enhance Engagement</td>
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<td>Sibling Sex Abuse by Adolescent Offenders</td>
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<td>Solution Focused Interviewing for Challenging Clients</td>
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<td>Substance Abuse and child Welfare Assessment and Case Planning</td>
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<td>Supporting Pregnant and Parenting Teens in Foster Care: It Really Does Take a</td>
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<td>Village</td>
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<td>The Heart of Family Engagement</td>
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Identified Needs and Further Implications

CFS and Probation are currently hiring and training new staff to fill vacancies due to retirements, promotions, transfers or terminations. The training regimen is in place, but it is expected that, as new initiatives and programs are promulgated, new training will be subsumed as part of the roll-out.

Besides training-related issues mentioned in other sections, the Peer Review noted the following as training needs:

- Social workers want to know more/have more training about Parent Partners' role
- Offer more job shadowing, training on daily duties, ease into job, mentorship program
Cultural competence and the various issues and initiatives surrounding cultural diversity

Overview and Current Program Configuration

The SIP of 2009 addressed a number of specific issues related to cultural competence and diversity:

- Increase accessibility and availability of services to clients through continued recruitment of culturally competent service providers in all geographical regions of the County.
- County Department of Behavioral Health and contracted PSSF/CAPIT vendors will provide necessary services in the most accessible and in a culturally appropriate manner to meet the needs of the child and family.
- Train staff to access and use Court Appointed Special Advocates (CASA) and other culturally competent community services that provide mentoring services to youth.
- A need for increased training in a more comprehensive understanding of cultural diversity and sensitivity was identified, including the need for more specific training on working with Native American tribes, the adoption process of ICWA children and learning about culturally appropriate community resources and contacts.

As will be shown in some detail below, the County has fulfilled these milestones. Also discussed in this section will be some collaborative efforts to address the needs of the disabled and those with special health care needs.

Penetration and Utilization

There are four federally recognized Native American Tribes in the County of San Bernardino. They are: 1) Chemehuevi; 2) Fort Mojave; 3) San Manuel Band of Mission Indians; and 4) Twenty-Nine Palms Band of Mission Indians. In addition, there are other tribes which are located in surrounding counties, but have families and influence in San Bernardino County. The County is also home to a few federally unrecognized tribes.

Currently, the Regional New Initiatives Supervisors are working with the community agencies affiliated with the Tribes and ICWA Liaisons in order to bridge the communication between social worker staff and Tribal agencies, thereby increasing the knowledge and provision of culturally appropriate services. There are significant cultural and socioeconomic variances between the areas covered by each operational region. There are also differences in the size of the workforce within the office. Therefore, the department has provided flexibility within each region to operate in a manner that will best serve children and families.

The Department's ICWA Liaison, along with the regional liaisons, meets, confers and collaborates with several of the Tribes and Tribal agencies whose families CFS serves. Regular meetings are conducted with Indian Child and Family Services, Morongo Child and Family Services, Soboba Family Services and Fort Mojave Social Services to name a few. Children and Family Services has also made a concerted effort to provide increased training to staff, including management, in regards to working with Native American child welfare families. This has led to a better understanding by staff and managers on the impact of historical trauma on family functioning and the culturally appropriate resources available to these families, which is a critical component of the active efforts required by the Indian Child Welfare Act. Training has been provided by Tribal STAR and Indian Child and Family Services. The Deputy Director
ICWA liaison also attends the Tribal Alliance meetings on a regular basis to ensure continued communication, collaboration and education on tribal practices.

Placement Resources also has a liaison so that CFS specialized units who train and approve caregivers are also kept informed regarding cultural issues affecting American Indian Children in care. They also maintain the ICWA portion of the CFS permanency tool box.

Children and Family Services (CFS) has established internal mechanisms to ensure that the Tribal Customary Adoption (TCA), which became effective on July 1, 2010, is extended to Indian children as a permanency option. Staff responsibilities have been defined to ensure that all steps in the tribal notification process occur. From the initial client assessment to the court orientation and hearing proceedings, efforts are made to notify any tribes affiliated with the child. After notifications have been made to the Bureau of Indian Affairs, the Secretary of the Interior, and all affiliated tribes, CFS staff tracks any response and/or correspondence received. A due diligence is provided to the court prior to the hearing. After review of all documentation provided by CFS staff, a judicial determination is made as to whether ICWA applies.

In accordance with the Multi-Ethnic Placement Act (MEPA), it is the policy CFS and the County Adoption Service (CAS) to comply with all federal and state laws and regulations that promote the best interests of children by ensuring efforts to place children in safe, stable and permanent homes. This policy mandates the avoidance of placement delays and/or a denial based upon racial and ethnic matching policies, and requires diligent efforts to expand the number of ethnically diverse foster/adoptive parents.

In conjunction with these efforts, the Family to Family philosophy emphasizes a family-centered approach to child welfare that is responsive to the individualized needs of children and their families, rooted in the child’s community, and sensitive to cultural differences. Tribal agencies are invited to participate in Team Decisionmaking meetings for Indian child welfare families and CFS staff also participates in Team meetings held by Tribal Social Services agencies when dually servicing families.

Impact on Outcomes

The SIP update of 2011 noted Children and Family Services (CFS) has increased accessibility and availability of services to clients through continued recruitment of culturally competent service providers in all geographical regions of the County.

Relationships with Tribes continue to improve. This positive relationship supports the provision of appropriate and accessible services to Tribal children and their families. It also facilitates open communication on successes, concerns and matters requiring careful resolution. Although Tribal representatives are not co-located in CFS or Probation offices, the Tribes frequently send representatives to Court to support ICWA children and their families and to advocate on their behalf.

External Drivers

The 2011 SIP update noted that efforts to expand culturally competent providers and service is not sustainable in the future due to capped funding. The continuous process of expanding bilingual and bicultural service providers requires building formal and informal collaborative with community organizations during lean funding times.
Because private providers are experiencing staffing shortages, CFS has made efforts to engage community based organizations and other county departments to partner with us to provide bicultural and bilingual services to children and families. For example, the Department maintains open communication and collaborates closely with the Mexican Consulate when Mexican immigrant families are involved with the child welfare system in San Bernardino County.

**Systemic Factors**

**Management Information Systems**

Software and data sources other than CWS/CMS and Business Objects are needed to provide certain information. For this reason, new survey and mapping programs are being used by the County to collect and display data. The County of San Bernardino uses the SelectSurvey program to create surveys that can be administered via the Internet or the County’s intranet. This software also allows users to create e-mail lists for survey distribution, track responses and non-responses, send survey reminders, and create reports of survey results and has been used to administer several different surveys including a Cultural Competency Survey.

In collaboration with our Tribal partners, CFS has created, updated and maintained ICWA practice tips for CFS social workers on the Department’s SharePoint intranet site. This information is maintained in the Permanency Tool box under the section, “Working with Indian Children and Families.” This tool provides social workers and managers information on everything from definitions, ICWA eligibility, CFS handbook chapters that provide access to forms and information, a list of CFS subject matter experts, a list of local tribes and Indian Child and Family Service (ICFS) providers.

**Foster Parent recruitment and training**

San Bernardino County CFS has developed procedures for recruitment, assessment, training and support of families wishing to provide care to dependent children, in compliance with MEPA/IIEPA (Multi-Ethnic Placement Act/Inter-Ethnic Placement Act). In addition, CFS has incorporated a training and education module into its home study curriculum for all community foster care and adoptive family applicants regarding the needs and issues of children and families of transracial/cultural placements. Multiethnic training and support to all adoptive applicants is provided by CFS in the applicant training and education process, and includes:

- A survey to assist the applicant in identifying the applicant’s own needs, experiences, sensitivities, motivation, ideas, values and priorities as they relate to parenting a child of another race/culture
- A bibliography of suggested readings on the issues of cross cultural parenting and child development, and
- For applicants wishing to adopt a child of another race/culture, a video tape training program dealing with the special needs and effects of cross-cultural/multiethnic adoptions on children and adoptive families

The “home study” utilized by San Bernardino County CFS is designed to evaluate the abilities of each applicant to provide permanence through a comprehensive educational, training and group support process.

**Staff, Caregiver and Parent training**
Children and Family Services (CFS) has trained staff to access and use Court Appointed Special Advocates (CASA) and other culturally competent community services that provide mentoring services to youth, children and families. CASA training was offered in January 2011 to all social workers countywide. CASA has an on-going collaborative relationship with the CASA director and staff. CASA has 4 full-time volunteer coordinators serving over 120 youth.

CASA uses Family Search and Engagement (FSE), a process derived from the California Permanency for Youth Project (CPYP) pilot, is a permanency strategy that, by its nature also serves the purposes of cultural competence. Since July 1 2012 CASA has provided FSE services to 42 youths. CASA maintains a waiting list, currently at 182, but is striving to reduce the number waiting and increase the provision of FSE services.

Children and Family Services staff has participated in Tribal conducted comprehensive workshops covering legal process, upcoming legislation, cultural awareness, and relationship building. Similar trainings are conducted for County staff by Tribal Star, a Native American cultural awareness and educational program out of San Diego State University.

In addition, the annual UC Riverside Law and Justice Institute offers an ICWA module so that staff from Court, County Probation and County Children and Family Services can remain current on the recent changes and application of ICWA.

The County's annual Children's Network Conference offered ICWA related workshops to hundreds of attendees. Other workshops addressed cultural issues relevant to child welfare.

Agency Collaboration

CFS has a team of departmental staff who are in constant collaboration with Tribal representatives to improve communication, relations and the process of delivering the most culturally appropriate services to Tribal children and their families. This collaboration includes Tribal involvement in periodic training of CFS social work staff in the cultural aspects of Tribal families and the social service needs of Tribal families. CFS social workers are also informed of the services available through grant funded social service agencies that specialize in serving American Indian children and their families. San Bernardino County provided significant input to the development of Assembly Bill 1325 Tribal Custodial Adoption.

Children and Family Services assigned two ICWA liaisons, the Deputy Director and a Supervising Social Service Practitioner, in each of its four operational regions. The CFS Director, Assistant Director, ICWA liaisons and other CFS staff meet periodically with members of local Tribes and staff from Indian Child and Family Services (ICFS), a social service agency operated by Native Americans to service the social welfare needs of tribal children and families. A CFS Deputy Director maintains ongoing positive relationships and open channels of communication with Tribal representatives. The County engages in discussions with local Tribes regarding protocol and definition of roles when the Sheriff or Children and Family Services enters the reservation on official business.

Tribal police patrol their reservations and areas immediately outside of Tribal gaming facilities. This patrolling of non-Tribal area adjacent to the reservations is done in cooperation with the local police departments and the County Sheriff in an effort to mitigate any safety concerns caused by the large number of patrons frequenting gaming and entertainment opportunities offered on the reservation. Specifically, the Tribes make significant efforts to mitigate traffic congestion and crime in neighborhoods bordering Tribal gaming facilities.
There are a number of collaborative efforts related to providing services to children with Special Needs and Mental Health issues. San Bernardino County has an extensive Screening, Assessment, Referral, and Treatment (SART) process designed to improve the social, developmental, cognitive, emotional and behavioral functioning of high-risk and multiple-risk children birth through age five, and improve their outcomes. The SART teams are composed of an extensive group of public and private partners. Team members include San Bernardino County Departments of Children and Family Services (CFS), Public Health (DPH), Behavioral Health (DBH), Alcohol and drug services (ADS), the Children's Network and First 5. In addition, the Children's team includes the Desert/Mountain Special Education Local Planning Area (SELPA), West End SELPA, Inland Regional Center, Cal State San Bernardino, LLUMC, Christian Counseling Services, and the Local Child Care Planning Council.

SART is an integrated system of health and behavioral health and child welfare, which will ensure access to appropriate early intervention services for children (0 - 5 years of age) in San Bernardino County. The core over-arching strategy is the development of a comprehensive Model of Care for children at risk for developmental, emotional, or behavioral problems due to exposure to alcohol and other drugs, child abuse and neglect, and/or other environmental or developmental factors.

In addition to SART, San Bernardino County Children and Family Services in Partnership with the Department of Behavioral Health, utilizes the Healthy Homes program to conduct mental health screenings and has established an extensive system for evaluating the use of prescription medications, including psychotropic medications, for children in foster care. In an effort to ensure the mental and emotional stability of the children in care, social work staff performs an initial assessment with the child to gather information regarding the child's existing mental and physical condition and makes a determination for the need for further assessment by CFS public health nurse (PHN). PHNs are located throughout San Bernardino County in each of the CFS regional offices. As referrals are received by the PHNs, a more thorough assessment of the child is conducted.

When a concern exists regarding the child's behavior or medication, a referral is made to Juvenile Court Behavioral Health Services (JCBHS), a multi-disciplinary committee of mental health professionals. Through Children and Family Services' partnership with the Department of Behavioral Health, the JCBHS performs a thorough review of the child's mental health history and creates a report recommending that the child maintain or be removed from dosage. The JCBHS report is then reviewed by the child's treating psychiatrist, public health nurse, and social worker and all psychotropic medications are reviewed by a DBH children's psychiatrist prior to submission for court supervision and orders. It is only after the entire review process has occurred that a final decision is made regarding the child's use of medication and mental well-being.

Children and Family Services has established the Special Health Care Needs Unit to provide child welfare services to children with special needs and their families. As referrals are received by CFS, social workers interact and engage with the children to identify the need for additional assessment by medical staff. When the social worker deems that the child has a medical condition/need, the request is made for investigation by the Special Healthcare Unit. CFS has public health nurses specially designated as Special Health Care Needs PHNs who are responsible for:

- Conducting the medical assessments
- Making hospital visits

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- Reviewing information in the CWS/CMS system in the child's Health Education Passport
- Reviewing Hospital and Prognosis documentation provided by hospital staff
- Providing recommendations to social work staff regarding placement needs
- Participating in hospital discharge meetings
- Attending medical appointments

Children and Family Services (CFS) maintains on-going case management for its children with Special Needs. CFS staff performs regularly reviews of the Individual Health Care Plan (IHCP), the care of the child, and any changes in medication and/or dosage to ensure the continued well-being of the child.

Service Array

All contracted services are required to be available to meet the needs of ethnic/minority populations including the provision of culturally and linguistically appropriate services. PSSF/CAPIT providers, the RLA and Subcontractors, are required to demonstrate that services would be culturally and linguistically appropriate for the clients served and that minority populations would be served. See p. 34 for further details.

Services are also required to be available to those with disabilities and all county contracted service providers need to be Americans with Disabilities Act (ADA) compliant. The PSSF/CAPIT RLA, through subcontractors, offers in-home visiting programs and services for children and families who may have special needs and require intensive one-on-one counseling, parenting and life skills services.

Quality Assurance System

Throughout the placement process, CFS staff monitors the accuracy of documentation, notification of all interested parties, and compilation of all information as it pertains to Indian dependents of the California State Court as enacted through AB 1325. Through this system, CFS strives to ensure that Indian children are afforded the opportunity to be adopted through the customs, laws and traditions of the child's tribe without the termination of the parental rights of the child's parents.

Reviewing contractor adherence to cultural and linguistic service protocols is a standard element of monitoring. This includes reviewing accommodations provided for disabled clients and those with special needs.

Identified Needs and Further Implications

In spite of all the aforementioned efforts, there has been a continued and consistent message that additional cultural competent services and trainings are needed. Several themes emerged from the input shared by participants in the focus groups and information presented by the speakers at the February 13, 2012 CSR Kickoff.

Some of those themes are:

- **Service Gaps**: A gap exists between the services needed by the children/families that come to the attention of CFS and the array/accessibility of services (especially culturally competent services) currently offered by the department. For example, there is a need
for services for children with PTSD in DV situations. There is a need to find dental providers that accept Medi-Cal.

- **Continuity and Consistency**: When a child is brought into care, efforts need to be made to continue safe, positive relationships that already exist in the child’s life: school, health/dental provider (including treatments, etc), Tribal connections/culture, family ties, friends, etc. While in care, efforts need to be made to ensure placement stability and minimal changes in caseworkers.

- **Cultural Competence**: There is a need to address differing cultural ideas about appropriate discipline, a need for more culturally competent/appropriate services and the training of workers to incorporate fairness and equity into case planning and decision making, and a need to continue building relationships with culturally diverse communities.

The Foster/Adoptive Parent Licensing, Recruitment and Retention focus group had a number of recommendations which included:

- Provide more training to relative/NREFM caregivers – offer more in-depth information on the Kinship Family Support Centers
- Provide follow-up training for Adoptive parents
- Train caregivers and social workers together
- Provide more cultural diversity and sensitivity training

Some examples of prospective trainings include:
- Going beyond ICWA in addressing the needs of Native Americans;
- Culture of Poverty
- Worker bias
- Disproportionality.
Wraparound services and other intensive services

Overview and Current Program Configuration

The use of wraparound is mentioned in a number of places in the SIP of 2009:

- Under improving reunification, - Utilize Success First, Wrap, and other intensive services for children provided by the County Department of Behavioral Health (DBH) and other agencies to provide support for child in parents’ care.
- Under Permanency - Increase utilization of available services including Wrap and other intensive services through the County Department of Behavioral Health to support child and family in lower level placement, and provide refresher training and do outreach to staff regarding utilization of available services such as Wrap.
- Increase utilization of available services such as Wrap for high risk target groups.

Wraparound is provided through a system of collaborative team processes, which brings together formal and informal networks of service providers and support for the benefit of the child. Wraparound is meant to be an alternative to Group Home placement. The role of the providers/professionals is to maintain access to specialty services and supports, which are identified through the service planning process. Access to services is achieved through intensive case-management functions provided by CFS approved vendors.

CFS is operating a multi-year Residentially Based Services (RBS) pilot demonstration project that seeks to demonstrate effective strategies that transform the current system of long-term group home care for youth with complex needs into a system of youth and family centered services that provide a continuum of care focused on readiness for permanency. Utilizing Trauma Informed methods the RBS pilot seeks to reduce the length of time in congregate care by combining short-term residential stabilization and treatment with integrated follow-up services that reconnect youth to their families and communities.

RBS uses a family centered focus that emphasizes youth voice and trauma informed methods. A key goal is to assist the youth in discovery of and reclaiming emotional connections and healthy relationships. The RBS model also encourages continuity of service over the whole continuum of care. The group home then becomes better integrated with community and family care options that allow for least restrictive levels of care in which the group home plays a short-term stabilization role.

In RBS the traditional group-home care and supervision is augmented by various service enhancements including: Individual Therapy Sessions, Family Therapy Sessions, Therapeutic Supervised Visits, Rehabilitation Services, Life Coaching, Family Connection and engagement Work, Individualization of services, planning and evaluation through Care Coordination Team Meetings, home/community based provision of service, and additional services at school sites.

The RBS model moves away from the behavioral focus of traditional congregate care to a trauma informed care-giving focus and related treatment methods. Coordinated teaming processes are used in the RBS pilot to build quality relationships, skills, and values in affected children and their families that will follow the youth through the trajectory of care as they transition from residential treatment to community based and family centered levels of care. The RBS pilot rests on the following foundational treatment values:

- Trauma is that which a child experiences through abuse, neglect, or tragedy
- This trauma affects the normal day to day functioning of the child
- Children act out as indicators of frustration, trauma, despair, loneliness, grief, loss, PTSD, anxiety, depression
- The underlying central emotional connections to trauma should be addressed in order to address behavioral acting out
- Thus children who act out are often not ‘bad’ or mentally ill children, but children who are suffering emotionally from trauma
- Treat the trauma and one will treat the behaviors.

Penetration and Utilization

Wraparound is an intensive services program designed to improve outcomes for children with serious and complex emotional, mental health, and behavioral issues. This method of delivering services and “wrapping them around” children and families emphasizes the development and use of formal and informal community resources and supports in the planning process. Wraparound is achieved through intensive case-management functions provided by CFS approved vendors who provide individualized services and support which extend into the community and involve the delivery of services into the families’ homes. The Wraparound approach is the ultimate example of the child welfare system offering families what they need in the way of services rather than requiring them to use what services are available whether they can benefit from them or not.

Five hundred and five children entered Wraparound in FY11-12. Of these, four exited and re-entered Wraparound during FY11-12 and one child exited and re-entered twice. Therefore, there were a total of 511 Wraparound cases in FY11-12.

As shown in table I-u, the number of Wraparound entries for Probation and CFS has increased since FY05-06. However, there was a slight drop in CFS entries in FY09-10 before climbing up again in FY10-11 and FY11-12. Overall, 66% of entries in FY11-12 came from CFS. There was a drop in Probation cases in FY10-11 and remained virtually unchanged in FY11-12. The number of DBH/education cases has remained constant and has made up the smallest portion of the Wraparound population.

TABLE I-v

Wraparound Entries by Fiscal year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th># of Entries</th>
</tr>
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<td>FY02-03</td>
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<td>445</td>
</tr>
<tr>
<td>FY11-12</td>
<td>511</td>
</tr>
</tbody>
</table>

*First Wrap entry was in January 2003.
The County of San Bernardino entered into a Voluntary Agreement/MOU with Victor Treatment Center (VTC) to test RBS options. In the agreements, VTC provides a total of 12 RBS/RCL-14 beds (includes 2 respite beds) and up to 12 community slots/Intensive Treatment Foster Care (ITFC) slots. An evaluation of this program by an independent research firm is underway. To date the program has improved stability and reduced number of placements and increased the number of enduring connections for residents while also improving various well being indicators as measured on the Child Assessment of Needs and Strengths (CANs) assessment tool.

**Impact on Outcomes**

Wraparound practice is committed to the acceptance and understanding of cultural factors and their influence on the client's issues and/or behavior. The process appreciates cultural differences and uses this knowledge to develop individualized supports and services for the family/child.

The table below displays a point-in-time comparison of children in group homes and Wraparound placements. The number of children in a group home on January 2003 through January 2012 was compared to the number of children in Wraparound placement during the same time period. As shown in the figure below, group home placements began to decrease as Wraparound expanded (FY05-06) and enrollments in the program increased. While the relationship between Wraparound enrollments and group home placements is correlative, it is reasonable to suggest that Wraparound has played a role in the decrease of group home placements.

**TABLE I-w**

Wraparound and Group Home Point-in-Time Placements

When compared to children in group homes, children in Wraparound were more likely to achieve permanency through reunification, adoption or guardianship. After 24 months, over half
(53%) of children in Wraparound achieved permanency, while only 27% of children in group homes had permanency.

The Child and Adolescent Functional Assessment Scale (CAFAS) was used to measure children’s degree of impairment in functioning due to emotional, behavioral, or psychiatric problems at start of Wraparound, at 6 months, and at exit. Scores can range from 0 to 140+, with lower scores indicating less impairment. Overall, children demonstrated improvement in their level of functioning while in Wraparound.

The specific objectives of the RBS pilot include reduction of psychiatric hospitalization, AWOL episodes, and out-of-state placement, while increasing placement stability, least restrictive levels of care, enduring connections and permanency. RBS also seeks to improve transition and length of stay outcomes for affected children and to return these children into a family setting, in their home communities as quickly as possible. It is still too early in the program to measure outcomes.

**External Drivers**

DBH/education referrals to Wraparound stopped in October 2010 resulting from a change to the AB3632 mandate. For this reason, there were no new DBH/education cases in FY11-12.

**Systemic Factors**

**Management Information Systems**

CFS has numerous stand-alone databases to track information that cannot be easily queried or captured at all in CWS/CMS. Different software programs are used to store, extract, and analyze data for the evaluation and case management of the Wraparound program. These programs include CWS/CMS, Business Objects, MS Excel, MS Access, and SPSS (Statistical Package for the Social Sciences). The County’s Information Technology and Support Division (ITSD) has developed a web-based database to track data not found in CWS/CMS. The County also uses WONDERS, an on-line database used to enter and analyze data from the Wraparound Fidelity Index interviews. However, WONDERS will be replaced by a new system early next year (WrapTrack).

**Case Review System**

Wrap providers are subject to the same monitoring and fiscal controls that apply to PSSF/CAPIT contractors listed in that section. This includes case reviews to ensure that selection of cases is appropriate and the required procedures and protections are followed.

**Agency Collaboration**

Wraparound services maintain a strong collaborative element to them. CFS collaborates with contracted service providers to deliver wraparound services to those for whom the service is appropriate. Wraparound is also one of Probation’s primary placement options.

Wraparound is provided through a system of collaborative team processes including the Interagency Placement Council (IPC) and the Wraparound Community Team and its sub-committees. These collaborative team processes bring together formal and informal networks of
service providers and supports for the benefit of the child. The IPC and the Wraparound Administrative Sub-Committee work collaboratively to assist children in high level group homes.

IPC membership includes representatives from:
- The Department of Behavioral Health
- CFS- Placement Resources
- Juvenile Probation Department
- San Bernardino County Superintendent of Schools
- Inland Regional Center

The role of IPC is to assess and screen referrals for children with a diagnosis for placement in RCL 14 group homes, out-of-state placement or Wraparound services.

The Community Team, which also includes representatives from the Department of Public Health, Parent Partners and Community Partners oversees the Wraparound process across systems and assures fidelity to the Wraparound model.

Residentially Based Services is collaborative effort. The following entities comprise the County of San Bernardino RBS partners:
- Children and Family Services (CFS)
- Juvenile Probation
- Department of Behavioral Health (DBH)
- Victor Treatment Centers (VTC/Provider)
- Regional Center

Service Array

Wraparound services are provided by contracted service providers that work collaboratively with CFS. The Wraparound providers are:
- Lutheran Social Services
- Morongo Basin Mental Health
- South Coast Children’s Society
- Victor Community Support, and
- EMQ.

Quality Assurance

Wraparound services are subject to the same monitoring protocols and fiscal controls that are applied to PSSF/CAPIT service providers.

In November 2011, San Bernardino County began using the Wraparound Fidelity Index (WFI-4) to assess the County’s fidelity to the Wraparound process. As part of the assessment, caregivers, youth (aged 11 and older), facilitators, and case managers (social workers and Probation Officers) were interviewed when families reached six months in Wraparound. Results of 616 interviews conducted between November 2011 and April 2012 show overall fidelity to the Wraparound model, which is based on 10 core principles and four phases through which families move. San Bernardino County’s overall score of 84% pointed to high fidelity to the Wraparound process and was greater than the national mean of 77%.

Identified Needs and Further Implications
Use of Wraparound services to support reunification efforts when kids go home was considered a promising practice during the Peer Review. It was further suggested during the foster parent focus group that birth parents need to be more involved in these services.

It was suggested during the Peer review sharing that a distinct Wraparound Unit might be beneficial.
Utilization of the CAT (Comprehensive Assessment Tools) for assessment of reunification readiness and risk and safety factors.

Overview and Current Program Configuration

The Comprehensive Assessment Tool (CAT) is a risk management system consisting of five assessment tools that are used at the seven critical decision points in the life of a case to guide the social workers to assess families in three core elements: child safety, child risk and parental protective capacity. CAT meets the state’s requirement of AB 636 (required by the federal government), mandating that the counties implement a standardized assessment system. The CAT is used to help the social worker make decisions in treating the child and family. Children ages 0-5 are identified as a Vulnerable Population in the tool.

The questions in the Standard Areas of Review in each of the five CAT tools address the factors contained in the State’s Child Risk and Safety Matrix, developed by stakeholders from throughout the State to encompass the critical factors to consider in assessing child safety, risk and parental protective capacity.

The CAT is an implemented System Improvement Plan (SIP) strategy to improve reunification outcomes by improving social worker assessment of risk and safety factors and parental protective capacity in order to determine reunification readiness. The CAT is also a SIP strategy to increase placement stability by better informing placement change decisions in order to decrease the number of placement changes per child.

The tool helps to determine the appropriate priority and type of response to a report of abuse; initial safety of the child; whether a child can safely remain in the home; appropriate placement of the child if removed from the home; what services the child and family need; and a determination of whether the case can be closed. As directed by the SIP, the department has implemented the CAT to all social work staff in all operational regions and divisions.

Penetration and Utilization

Policy and procedures to support use of the CAT are in place. A CAT instruction video is also available to provide refresher training for supervisors and workers. Supervisors are responsible for reviewing and approving completed CAT tools as well as monitoring, supporting and ensuring the full use of the tool by their workers at all decision points in every referral and case.

In December 2012, Children and Family Services (CFS) rolled out the web version of the CAT and decommissioned the CWS/CMS-based CAT. This rollout followed a two-year pilot of CAT Web by one region (three offices) and the Child and Adult Abuse Hotline (CAAHL).

Individual caseworkers can use detailed printouts and summaries of their completed CAT tools to inform their discussion of their referrals and cases in team meetings and in conference with their supervisors. This conferencing of the factors addressed in the CAT will help the social worker to make an informed appropriate decision at each decision point.

For instance, conferencing a decision with the aid of the completed CAT Continuing Services Tool will help the social worker and supervisor to determine reunification readiness and identify the need for a placement change. While there are five CAT tools, only four are currently required for use in San Bernardino County. The Placement Assessment Tool is a standalone tool; however, CFS does not require its use at this time. The essentials of the placement
assessment standard areas of review have been incorporated into a distinct placement assessment section of the Continuing Services Tool (CS). This addition to the CS tool requires the worker to assess the child’s current placement needs while assessing the service needs and reunification readiness. The CS tool is also used to inform the development of the case plan.

The CAT tools can be printed in blank template form, so the worker can use the form to gather information in the field. This is particularly helpful for new workers who have not yet developed assessment skills. The completed CAT tools can be printed in detailed template form or in a two-page summary recapping the risk and safety factors identified in the CAT. These printouts of the completed CAT tools can be used for conferencing or for inclusion in the case file. San Bernardino County uses the CAT tools to inform court reports; however, workers do not attach CAT tool detailed printouts or summaries to their court reports.

Reunification conferencing tailored to individual family needs has been implemented. Compliance rates are improved since 2008. Response Determination tool completions are at 92% compliance.

**Impact on Outcomes**

The expanded implementation of the CAT for assessment of reunification readiness, risk and safety factors will lead to better assessment of risk and safety for children. Informed conjecture indicates that improvement of worker assessment skills through the use of the CAT in combination with the teaming strategies used by the worker to evaluate the data gathered in the CAT is improving outcomes for children and their families.

The measure for frequency of timely social worker visits exceeded the State Standard of 90%. Improvements in the measure are chiefly due to the implementation of SafeMeasures in June 2006 and the implementation of data entry standards for monthly social worker contact into CWS/CMS. Other programs and policies that CFS has implemented since the last CSA include the new policy for data entry instructions provided regarding N/A Secondary referrals.

**External Drivers**

Turnover rates and caseload pressures influence the effective utilization of the CAT tool. However, the department has just completed required CAT Web hands-on training for all of its social workers and supervisors to emphasize the correct and timely usage of the CAT and to demonstrate the value of the CAT tool to social work practice. Continuous training, monitoring and motivation of workers will counter the effects of workload and turnover on the utilization of the CAT.

**Systemic Factors**

**Management Information Systems**

The Comprehensive Assessment Tool (CAT) is web-based software that enhances case assessment activities and improves child safety outcomes.

**Case Review System**

Use of the CAT assessment tools helps to ensure that all families are treated fairly and equally. CAT tools enable all social workers to assess each family utilizing the same standard set of risk
and safety factors throughout the various decision points of a case. The Standard Areas for Review (SAR) section of each CAT contains questions that address the standard content areas in the State’s Standardized Safety Assessment Matrix. The questions in this section of the tools are based on factors that help define the three core elements of child welfare assessment practice: safety, risk and protective capacity. These questions are to be answered to reflect the SW’s knowledge at the time the tool is completed.

Case review for use of the CAT is built into the utilization process. After social workers complete both the Initial Safety Determination and Referral Disposition sections of the tool, the Supervising Social Service Practitioners review social worker submissions and forwards them to SPHERE or informs the SW that the tool needs to be revised prior to approval.

On a broader scale, CFS is currently developing a strategy and plan to implement consistent compliance and utilization of CAT.

Staff, Caregiver and Parent training

The CAT has been upgraded to a web-based version which is more social worker friendly. CAT Web hands-on training of all supervisors and social workers has been completed. Four offices have been using the web version for the past two years. The others are in the initial stages of implementation. Recent policy and training directs social workers to partially complete CAT in the field at time of ER or contact, and then bring the CAT to the Risk Assessment Meeting (RAM). The CAT is also utilized during monthly meetings with supervisors and at concurrent planning meetings. CAT training was required for this year’s social worker training. Classes (32) have been completed.

There are two online user guides and an instructional video available to CFS staff along with detailed policy and procedures in the online CFS Handbook.

Agency Collaboration

Technical assistance from SPHERE Institute for the CAT Web rollout has been instrumental in the successful rollout. SPHERE is a not-for-profit policy analysis and research agency that has created CAT and the assessment tools. Besides maintaining and updating the CAT tools, SPHERE provides implementation and analysis reports to the Department. SPHERE wrote the CAT application based on the design of the CAT counties. SPHERE also maintains the CAT Web database on its servers are in Burlingame, California.

Identified Needs and Further Implications

Prior to the required CAT Web hands-on training, issues were raised about how time-consuming and complicated the CWS/CMS-based CAT has been for some social workers and that it is not applicable to risk assessment for adoptions, foster care/placement (placement change), nor is it very helpful for completing reports to the Court. Social workers requested a version with a summary which could be imported into CWS/CMS. These expressed issues were used to develop the required CAT Web hands-on training curriculum which helps the worker to understand the proper usage of the tool and its relevance and value to the practice of social work here in the County.
COMPLETED AND DISCONTINUED PROJECTS

The County ended the pilot of Linkages and removed this milestone from the SIP. As reported in the 2011 SIP Update, the geographical target area chosen turned out to be inappropriate for the Linkages pilot. The City of San Bernardino (target area) has a high rate of people who are CFS clients but are not eligible for CalWORKs. CalWORKs funding cuts and incompatibility of Linkages with the target population have rendered this milestone unachievable.

The California Permanency for Youth Project (CPYP) pilot has been completed. CFS participated in the statewide CPYP demonstration project that sought improved permanency outcomes for children in long term foster care without permanent connections or other forms of legal permanency. In this pilot, a group of County foster youth was tracked as they received CPYP services. Staff received training on the Six Steps to Family Finding, Grief and Loss issues and Case Mining. Court Appointed Special Advocate (CASA) partners with Children and Family Services to push out further training. The San Bernardino pilot project demonstrated a case management approach that increased enduring connections sevenfold, improved placement stability and functioning in the home, community and school setting as well as improving skills and readiness for transition to adulthood. The model used trauma informed methods and a child centered focus and employed techniques from the 3-5-7 model developed by Darla Henry and the Seneca Center. Over 500 CFS staff and community partners in allied public agencies and private providers were trained in the methods over the course of the pilot. Following the conclusion of the pilot the department spread the most successful aspects of the pilot countywide through use of a permanency readiness coordinator who modeled and trained staff on the use of the permanency readiness methods. The coordinator also developed an electronic permanency toolbox for use by all staff that is housed on the department website.

This electronic clearing house is hosted on the CFS website. The permanency toolbox provides CFS social workers with a comprehensive electronic storehouse and access point to all the permanency related resources, programs, services and training materials available within the department or from contracted providers in the community that are available to assist youth and families achieve the goal of permanency and successful transition to adulthood. Interactive guides are available for each permanency related program, service or tool. The guides define the service, eligibility criteria, handbook references, forms, application process, contact persons, formats and schedules. Best practice standards are identified for each program area and practice tips are provided for all program areas and tools. Links are also provided to external tools, videos, forms and resources related to permanency, successful transition to adulthood and enhancing enduring connections. Embedded videos, webinars and information on practice standards related to permanency are also available in the toolbox for use by individual social workers or groups of staff who wish to explore and enhance understanding and skills in building legal permanency and enduring connections for foster youth. Social workers have embraced the value of permanency for all youth involved in the Child Welfare System.

Probation Department SIP initiatives completed satisfactorily include the:

- SOC158S Improvements – Staff was trained on use of SOC 158S including which forms and codes to use.
- In/Out Slip Revisions – Forms were modified to match codes used in SOC158S form and include a reason for entry and exit.
- Clean up of data submitted to the state – Using appropriate codes that match SOC158S, probation fiscal staff uses the In/Out information to obtain ID Codes for CMS.
- ID Code information is forwarded to the Placement Unit.
- Placement staff enters information into CWS/CMS for state review.
DATA ANALYSIS OF OUTCOME AREAS, CONTRIBUTING and SYSTEMIC FACTORS

Review of Outcome Measures

With the passage of AB 636 in 2001, the State implemented the California Child and Family Services Review (C-CFSR), an approach to Child Welfare primarily focused on measuring outcomes in Child Safety, Permanence, and Child and Family Well-Being. The C-CFSR aligns with the Federal – Child and Family Services Review. The C-CFSR mandates each California County continually re-assess and improve the county’s child welfare services and practices.

Having recounted the strategies programs and achievements under the 2009-2012 SIP, it is now time to step back and examine the C-CFSR Outcome Measures. Reviewing these measures will help identify areas needing improvement in San Bernardino’s Child Welfare System and also highlight some of the county’s strengths. The primary purpose of the Self-Reassessment is to identify those measures most in need of improvement and provide areas of focus for the following System Improvement Plan.

Outcome Data Measures

The data in this section was, primarily, extracted from the Child Welfare Services/Case Management System (CWS/CMS). The State has established standard goals and comparison can be made from one selected quarter to the next. The first quarter of 2008 (Q1 2008) is considered the baseline for points of comparison with current figures for most measures, especially those related to Safety and Permanency. Well-being process data and outcomes are also discussed however specific standards based on those measures have yet to be developed.

San Bernardino County Children and Family Services (CFS) and Probation Department staff enter data into CWS/CMS as part of their case management duties. That data is used for the outcome measures below and can be compared to federal and state standards by using the Child Welfare Dynamic Report System which can be accessed at http://cssr.berkeley.edu. CFS continuously monitors these measures through its Quality Assurance Workgroup and reviews how the outcome measures relate to changes in child welfare practice. Comparisons in data are made between the County’s baseline and current performance.

1. Safety 1. –Children are first and foremost protected from abuse and neglect

   a) 1.1 No Recurrence of Maltreatment (CFS only)

   This safety measure reflects the percentage of children who were victims of a substantiated or inconclusive child maltreatment allegation within the first 6 months of a specified time period for whom there were no additional substantiated maltreatment allegations during the subsequent 6 months. In Quarter 2 (Q2) of 2012 the most recent data for July 1, 2011: 93.0% of children were not re-abused within 6 months compared to a baseline since the last County Self-Assessment (Q1 2008): 92.0%. The County is moving in the right direction on this measure.

   CFS has a strong commitment for preventive services for families at risk of/for have had a child abuse or neglect allegation. Some of the strategies implemented by the county are, which have helped to reduce the recurrence of abuse are:
• 211 hotline for families to assist families in finding services locally
• Preventive services funded by PSSF/CAPIT to help reduce the number of children re-abused
• San Bernardino County is a Family to Family county and the use of Team Decisionmaking meetings and community supports is essential in helping families avoid re-abuse
• If necessary, staff can open an Emergency Response or Family Maintenance case (voluntary or court ordered) to supply the families with additional services and supports
• Implementation of the Parent Partner program in June 2011 to provide support to parents with a child abuse referral or case
• Use of other risk assessment strategies including Risk Assessment Meetings (RAM), Daily Assessment Review Evaluations (DARE) and Case Assessment Forums (CAF).

b) S2.1 No Maltreatment in Foster Care

This safety measure reflects the percentage of children who were not victims of a substantiated maltreatment report by a foster parent or facility staff while in out-of-home care. In Q2 of 2012 99.66% of children did not have a substantiated allegation of abuse or neglect while in foster care compared to the baseline since the last County Self-Assessment Q1 2008: 99.48%. The County is moving in the right direction on this measure. The baseline for in-person investigation within 10 days was 94.1% and in Q2 of 2012 the County, maintaining that safety is our top priority, was 93.8%, and again, above the State standard of 90%. Very few children have substantiated maltreatment while in foster care; there were 18 children in Q2 2012 and 30 children in Q1 2008. Based on the small number of children with substantiated maltreatment allegations any improvements on this measure will be incremental.


These encouraging figures can be seen as a credit to the Placement Resources Division under CFS. This group is responsible for recruitment and training of foster parents (See p. 63 regarding efforts to reduce out-of-home abuse) and the Central Placement Unit (CPU).

2. Safety 2 – Children are safely maintained in their homes whenever possible and appropriate (CFS only).

a) Process Measures

(1) 2B Percent of Child Abuse and Neglect Referrals with a Timely Response

This measure computes the percentage of referrals in which face-to-face contact with a child occurs, or is attempted, within the regulatory timeframes. The baseline for the measure (Quarter 1 of 2008) on immediate response referrals reflected that 94.8% of all referrals received an in-person response within 24 hours. In Q2 of 2012, the County’s rate indicated that 98.0% of immediate response referrals received an in-person response. This exceeded both the baseline of 94.8% and the State standard of 90%. The 2008 baseline for in-person investigation within 10 days was 94.1% and in Q2 of 2012 was 93.8%. The county is not moving in the right direction
for timely investigation for 10 day referrals; however, the decline is not very significant and is still above the State standard of 90%. The County maintains that safety is the top priority. Numerically there were 238 referrals in Q1 of 2008 that did not meet the timely response and in Q2 of 2012 there were 239 referrals that did not meet the timely response standard. Factors that may have helped or hindered timely response to referrals include:

- Implementation of SafeMeasures in 2006 allowed for the regions to closely monitor their investigation staff’s process towards first contacts
- Intake staffing shortages in two regions (Eastern and North Desert) may have impacted the ten day timely response
- Increased turnover of staff in regions may have resulted in staff not meeting the timely response on ten day referrals

(2) Timely Social Worker Visits with Child

This measure computes the percentage of children who received a monthly visit, out of all those children for whom a visit was required. San Bernardino County has improved dramatically on this measure. Between the baseline period of January 2008 and April 2012 this measure changed from 88.6% to 96.9% and exceeded the State Standard of 90%. These improvements are thought to be chiefly due to the implementation of SafeMeasures in June 2006, the implementation of data entry standards for monthly social worker contact into CWS/CMS, and new policy for data entry instructions provided regarding N/A Secondary referrals.


Safety (1) and (2) Discussion

As safety is the primary mission of Children and Family Services (CFS), there are a number of factors that could affect the outcomes on safety. Safety figures can be affected by how CFS uses its Child Abuse Hotline. The County’s Child Abuse Hotline receives more than 30,000 calls per year. Not all calls to the hotline are opened as investigations, however, that does not mean that those callers do not receive services. In fact, hotline callers are often referred to a number of community agencies such as the Department of Behavioral Health Crisis Response Team for cases in which a child seems to be experiencing a mental health emergency. Calls regarding children left unsupervised are referred to law enforcement and sometimes investigating officers call the Hotline back indicating the allegations were unfounded.

Efforts to ensure child safety improved by strengthening collaborative relationships between social workers and supervisors with schools, SARB boards, and other community agencies. These improved relationships result in better, more effective use of social worker time.

Children and Family Services uses the Comprehensive Assessment Tool (CAT) to guide the social worker in making decisions at critical points in a referral or case. CAT has improved the assessment and decision making capacity of social work staff. A new version of the CAT is in use in the County, which is more social worker friendly and training of supervisors and staff is being conducted regarding this new version.
In an effort to ensure referrals are responded to in a timely manner, supervisors review all referrals prior to assigning to social work staff. If a referral is downgraded from an immediate response (IR), the downgrade is agreed upon by the supervisor and manager and the supervisor documents the decision making process and rationale into the CWS/CMS. Supervisors may upgrade referrals to a priority response after reviewing the referral, client history, and other information available.

CFS has a Memorandum of Understanding (MOU) with the Probation Department for the purpose of coordinating investigations of reported maltreatment in out-of-home care. CFS receives reports, cross reports as required by statute, and determines if an in-person response is necessary. If an in-person response is indicated, the referral is assigned to CFS staff to investigate, coordinate with Probation, notify Probation of the findings, complete required documentation in CWS/CMS, and report to the Department of Justice if applicable. Probation is to assist with required transportation and placement moves if required. (For additional information in how placement procedures and programs reduce maltreatment, see section on Resource Parent recruitment strategies).

CFS has not implemented alternative or differential response strategies however, it has conducted an informal study on how a new multiple referral policy might impact workload. Alternatives on this issue are still under review. CFS is piloting an evaluation out (EVO) project in the North Desert region. A supervisor is permanently assigned to a reduced size unit so that they can review all referrals for possible EVO and serve as the duty supervisor. A full-time social service practitioner (SSP) is assigned to the unit to work through potential EVO's. The SSP researches the family, contacts family, collaterals, and the reporting party as needed, documents actions in CMS, and completes the CAT if approved to EVO. Advantages of the enhanced screening process include closer relationships with community partners, particularly schools, hospitals, and law enforcement; opportunity to educate parents, collaterals, and mandated reporters regarding the role of CFS and community services; and increased time to focus on families requiring intervention by line staff. Of the total referrals received by the North Desert Region to date in 2012, 18.7% were EVO'd with this process.

Permanency 1- Children have permanency and stability in their living situations without increasing reentry into foster care.

a) Process Measure

(1) 2C – Timely Probation Officer Visits with Child (Probation only)

In September of 2012, a total of 208 Probation youth were under a foster care order. Of that number, 171 were placed in a suitable placement facility and 37 were detained in custody pending placement. Of those 171 probation youth, 169 were visited by a Probation Officer (99%). The available baseline is September 2011 where 48.3% of the youths had a timely visit (169 out of 350 youths). However, the baseline numbers were generated using SafeMeasures® data. SafeMeasures® data does not provide an accurate count of probation youth in placement, therefore the current data was extracted from CWS/CMS using Business Objects® and Probations’ own operating system, Caseload Explorer in December, 2012. Though the data was derived from different sources using different tools, Probation has made improvements on this measure. There is still room for improvement to reach and maintain the state goal of 90%.
Beginning in November 2010, Probation began entering caseload activity in CWS/CMS for probation youth. At the time of implementation, the State provided minimal training monies for the data instruction. Therefore, CFS worked in partnership with Probation and provided the much needed CWS/CMS training prior to the 2010 implementation. CFS provides ongoing assistance to Probation with CWS/CMS, SafeMeasures and Business Objects. Probation like CFS in 1997 is still undergoing a learning curve on entering data into CWS/CMS.

An identified barrier for Probation is that they already have their own data system, Caseload Explorer, and dual entering of data into both databases means that one system tends to have less reliable data. Probation Information Services Department is actively working to develop and interface between Caseload Explorer and CWS/CMS which will alleviate dual data entry and provide more accurate reporting.

(2) 8A – Children Transitioning to Self-sufficient Adulthood

This measure surveys children who have emancipated from foster care and selected outcomes on whether or not they have completed high school or equivalency, obtained employment, have housing arrangements, received ILP services while in care and if they have a permanent connection with an adult.

Outcomes with a decreasing trend from the baseline:

- In Quarter 2 of 2012 14.5% of youth emancipating obtained employment compared to the baseline of Quarter 4 of 2008, 39% of the emancipating youth obtained employment.

- In Quarter 2 of 2012 59.1% of youth emancipating received ILP services compared to the baseline of Quarter 4 of 2008, 58.3%.

Outcomes with an increasing trend since the baseline:

- In Quarter 2 of 2012 86.4% of youth emancipating had a permanency connection with an adult compared to the baseline of Quarter 4 of 2008, 73.2% of the emancipating youth had a permanency connection with an adult.

- In Quarter 2 of 2012 93.6% of youth emancipating have housing arrangements compared to the baseline of Quarter 4 of 2008. 92.7% of the emancipating youth have housing arrangements.

- In Quarter 3 of 2011 69.6% of youth emancipating completed High School or equivalency compared to Quarter 3 of 2009, 63.3% of the emancipating youth completed High School or equivalency.

Note: Quarter 3 was used because that is the time of year that best captures the graduation events that traditionally take place in the first half of the year.

Overall, the county’s success with children transitioning to self-sufficient adulthood was mixed with improvements for graduation and for having housing arrangements for CFS and a permanency connection with an adult, while other outcomes had a decrease from the baseline for employment and receipt of ILP services. Some of the factors affecting performance include:

- The 2008 recession hit San Bernardino County harder than other counties for youth emancipating from foster care seeking employment. Our foster youth are competing for scarce jobs with a larger unemployed population that is more educated, experienced and skilled (e.g., white collar), and with recent college graduates.
- According to the Bureau of Labor Statistics, the vast proportion of employment gains in the recovery (nationally) were for those over 25 years of age. The unemployment rate for those aged 20-24 persists at 13.2%, while the unemployment rate for those 25 and over is 6.6%. The Unemployment rate for youth 16-19 is unchanged from November of 2011, 23.7%.
- CFS has implemented two strategies for improvement of graduation outcomes:
  - San Bernardino County has Educational Liaisons support staff to assist older youth in graduating from high school and have hired several more staff to aid the younger children (age 10 to 13).
  - In addition, San Bernardino County sponsored SB578 that was chartered in October 2011 to help youth graduate from high schools by requiring school districts to accept a state wide coursework requirement.
- San Bernardino County expects to see an increase in the number of youth emancipating with ILP services because of the National Youth in Transition Database (NYTD) requirements. NYTD was implemented in October 1, 2010. However, it takes time to see an improvement in data entry. The latest figures show a NYTD compliance figure of 88.3%. Some problems with the data include:
  - NYTD data is for all 16 years and over, even if they turned 16 for only one day in the reporting period;
  - For cases that are open, the latest figures show only 4.5% did not receive ILP services. The figure for all cases including those closed was 41%. Once a case is closed there is no way to then provide the services. (NYTD/ILP data taken from CWS/CMS, October 25, 2012).
- It is expected the increasing use of transitional conferences will improve the provision of ILP services.
- San Bernardino County is experiencing about an 80% After 18 (Extended Foster Care) continuing participation rate. This will provide the opportunity to provide important transitional services.

b) Permanency Composite 1

(1) Measure 1 (C1.1) - Reunification within 12 months (exit cohort).

This measure computes the percentage of children discharged to reunification within 12 months of removal. The baseline rate (Q1 2008) of all children exiting to reunification within 12 months of foster care entry was 62.0% and the Q2 2012 comparison rate was 57.6%, The County is not moving in the right direction on this measure.

A more detailed analysis of the population comparing children exiting care and reunifying in 12 months or more for July 1, 2007 to June 30, 2008 and July 1, 2011 and June 30, 2012: there has been an increase of children with allegations of neglect remaining in care longer (39.2% in FY2007_2008 compared to 44.8% in FY2011_2012).
(2) Measure 2 (C1.2) - Median Time to Reunification (exit cohort).

This measure computes the median length of stay (in months) for children discharged to reunification. Length of stay is calculated as the date of discharge from foster care minus the latest date of removal from the home. The baseline rate (Q1 2008) on this measure as 8.5 months and the comparison data in Q2 of 2012 was 10.7 months. The County is not moving in the right direction.

When the data is examined in more detail, for children removed for allegations of neglect the median time in care is 11.1 months while children removed for physical abuse allegations had a median time in care of 10.7 months. In addition, compared to FY2007/2008 the children age 6 to 10 are staying in care longer in FY2011/2012 (11.4 months compared to 8.7 months in FY2007/2008).

(3) Measure 3 (C1.3) - Reunification within 12 Months (entry cohort).

This measure computes the percentage of children reunified within 12 months of removal for a cohort of children first entering foster care. The entry cohort is comprised of children entering foster care for the first time within a 6-month period. The baseline data (Q1 2008) for all children who entered foster care and exited to reunification within 12 months of entry was 41.6% as compared to 39.6% of children in Q2 of 2012. The County is not moving in the right direction on this measure.

(4) Measure 4 (C1.4) - Reentry Following Reunification (Exit Cohort)

This measure computes the percentage of children reentering foster care within 12 months of a reunification discharge. Baseline data (Q1 2008) for reentry to foster care within 12 months following reunification (exit cohort) was 10.1% as compared to 10.2% in Q2 of 2012 and indicates the County is moving in the right direction.

Permanency Composite (1) Discussion

As discussed elsewhere in this report, there are numerous services available in the County that support reunification. However, the focus groups believe that even though there may be many services available to families, there are not enough available to all areas of the County. For example, families residing in the remote desert regions are challenged with transportation and distance issues in accessing services. It is also not clear that all services are available to all people and, as mentioned in the section on Cultural Competence, there appear to be continuing issues with regards access to services by historically disenfranchised groups.
Reviewing the available data by region and race provides a mixed picture. Hispanic Reunification rates (using the C1.3 Measure) in comparative 6-month periods for 2008 and 2011 show significant decline across all regions of the county.

**TABLE II-a Reunification rates - Hispanic, San Bernardino, April to Sept. 2008 & 2011**

<table>
<thead>
<tr>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>34</td>
<td>81</td>
<td>42.0%</td>
<td>Central</td>
<td>30</td>
<td>105</td>
<td>28.6%</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
<td>43</td>
<td>37.2%</td>
<td>Eastern</td>
<td>42</td>
<td>94</td>
<td>44.7%</td>
</tr>
<tr>
<td>Western</td>
<td>27</td>
<td>94</td>
<td>28.7%</td>
<td>Western</td>
<td>28</td>
<td>92</td>
<td>30.4%</td>
</tr>
<tr>
<td>North Desert</td>
<td>44</td>
<td>83</td>
<td>53.0%</td>
<td>North Desert</td>
<td>32</td>
<td>75</td>
<td>42.7%</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>301</td>
<td>40.2%</td>
<td>Total</td>
<td>132</td>
<td>366</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

Similar figures for African Americans show considerable improvement. As seen below, these improvements bring the percentages more in line with the statewide figures.

**TABLE II-b Reunification rates - African-American, San Bernardino, April to Sept. 2008 & 2011**

<table>
<thead>
<tr>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>2</td>
<td>13</td>
<td>15.4%</td>
<td>Central</td>
<td>8</td>
<td>36</td>
<td>22.2%</td>
</tr>
<tr>
<td>Eastern</td>
<td>4</td>
<td>13</td>
<td>30.8%</td>
<td>Eastern</td>
<td>12</td>
<td>33</td>
<td>36.4%</td>
</tr>
<tr>
<td>Western</td>
<td>8</td>
<td>22</td>
<td>36.4%</td>
<td>Western</td>
<td>14</td>
<td>28</td>
<td>50.0%</td>
</tr>
<tr>
<td>North Desert</td>
<td>9</td>
<td>41</td>
<td>22.0%</td>
<td>North Desert</td>
<td>14</td>
<td>44</td>
<td>31.8%</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>89</td>
<td>25.8%</td>
<td>Total</td>
<td>48</td>
<td>141</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

The percentage reunified by region show decline in the comparison periods from 38.4% to 37.3%, though the total numbers assigned to this service component and reunified increased significantly. It is possible that the increase in the number of these cases may have had an impact on the ability to provide reunification services to these families.

**TABLE II-c Reunification rates by Region, San Bernardino, April to Sept. 2008 & 2011**

<table>
<thead>
<tr>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Reunified</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>45</td>
<td>122</td>
<td>36.9%</td>
<td>Central</td>
<td>46</td>
<td>165</td>
<td>27.9%</td>
</tr>
<tr>
<td>Eastern</td>
<td>40</td>
<td>109</td>
<td>36.7%</td>
<td>Eastern</td>
<td>86</td>
<td>218</td>
<td>39.4%</td>
</tr>
<tr>
<td>Western</td>
<td>49</td>
<td>145</td>
<td>33.8%</td>
<td>Western</td>
<td>67</td>
<td>174</td>
<td>36.5%</td>
</tr>
<tr>
<td>North Desert</td>
<td>89</td>
<td>204</td>
<td>43.6%</td>
<td>North Desert</td>
<td>95</td>
<td>232</td>
<td>40.9%</td>
</tr>
<tr>
<td>Total</td>
<td>223</td>
<td>580</td>
<td>38.4%</td>
<td>Total</td>
<td>294</td>
<td>789</td>
<td>37.3%</td>
</tr>
</tbody>
</table>


Reunification rates for the ethnic and racial groups show the following compared to the state:
TABLE II-d

<table>
<thead>
<tr>
<th>Reunification Rates by Race/Ethnicity for County and State (6-month Entry Cohort, 4/1/11 to 9/30/11)</th>
<th>San Bernardino</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>35.7%</td>
<td>36.3%</td>
</tr>
<tr>
<td>White</td>
<td>41.4%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Latino</td>
<td>36.4%</td>
<td>41.4%</td>
</tr>
<tr>
<td>Asian/P.I.</td>
<td>55.6%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Nat. American</td>
<td>50%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Missing</td>
<td>50%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Total</td>
<td>38.3%</td>
<td>40.7%</td>
</tr>
</tbody>
</table>


The most notable distinction is Latino reunification rates are 5 percentage points lower than for the State. African American and White rates are within a percentage point of the State rates. The Native American rates are higher, but because of the low sample of clients can change dramatically with a change in a few cases.

The economy has played a role in the County’s performance on the permanency composite (1). It is harder to reunify children with their families when there has been a reduction of community supports/services, employment opportunities and affordable housing, particularly for those with low incomes. Though homelessness is not a reason to remove a child, it can be a reason not to reunify. Once the child is removed, many low-income families lose resources tied to transitional assistance and CalWORKs.

Hispanic children now comprise a higher percentage of children in poverty than in previous years, while the relative portion of African-American and White children has declined. This may have some bearing on reunification rates.

TABLE II-e  Poverty Population 0-17 years (Percent of Population 0-17)

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>12.9</td>
<td>12.7</td>
<td>12.5</td>
<td>12.3</td>
<td>11.8</td>
<td>11.6</td>
<td>11.3</td>
</tr>
<tr>
<td>White</td>
<td>16.8</td>
<td>16.2</td>
<td>15.6</td>
<td>14.8</td>
<td>13.0</td>
<td>12.1</td>
<td>11.2</td>
</tr>
<tr>
<td>Latino</td>
<td>64.7</td>
<td>65.5</td>
<td>66.3</td>
<td>67.2</td>
<td>69.9</td>
<td>71.1</td>
<td>72.3</td>
</tr>
<tr>
<td>Asian/P.I.</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.6</td>
<td>2.7</td>
<td>2.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Nat Amer</td>
<td>0.6</td>
<td>0.6</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>2.5</td>
<td>2.5</td>
<td>2.5</td>
<td>2.6</td>
<td>2.1</td>
<td>2.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>


Timeliness to reunification may also be influenced by type of placement. Hispanic children are more likely than Whites and African-Americans to be placed with relatives.
(Relative/NREFM/Tribe Specified Home). The general belief is that this, for various reasons, tends to slow down the reunification process.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Ethnic Group</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>African-American</td>
<td>White</td>
</tr>
<tr>
<td>Pre-Adopt</td>
<td>0.7 %</td>
<td>.</td>
</tr>
<tr>
<td>Kin</td>
<td>31.3 %</td>
<td>39.7</td>
</tr>
<tr>
<td>Foster</td>
<td>10.5 %</td>
<td>6</td>
</tr>
<tr>
<td>FFA</td>
<td>40.5 %</td>
<td>42.1</td>
</tr>
<tr>
<td>Court Specified Home</td>
<td>6.3 %</td>
<td>0.2</td>
</tr>
<tr>
<td>Group</td>
<td>0.3 %</td>
<td>1</td>
</tr>
<tr>
<td>Non-FC</td>
<td>0.7 %</td>
<td>0.2</td>
</tr>
<tr>
<td>Guardian - Dependent</td>
<td>5.9 %</td>
<td>4.8</td>
</tr>
<tr>
<td>Guardian - Other</td>
<td>0.7 %</td>
<td>1.2</td>
</tr>
<tr>
<td>Runaway</td>
<td>3.3 %</td>
<td>0.2</td>
</tr>
<tr>
<td>Other (?)</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Data Source: CWS/CMS 2012 Quarter 3 Extract.

This placement pattern is likely to continue as the table below shows 31.2% of Latino children's first entries are into Kin homes versus 24.6% statewide for the 12 month period ending on 3/31/12.

<table>
<thead>
<tr>
<th>Percent of Kin placements by Ethnicity/Race at First Entry, San Bernardino and State, 4/1/11 to 3/31/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>San Bernardino</td>
</tr>
<tr>
<td>California</td>
</tr>
</tbody>
</table>

Data Source: CWS/CMS 2012 Quarter 3 Extract.

Some court related issues are affecting reunification time. The minor’s counsel has exhibited greater reticence to reunification than in the past, even if it has been recommended by the Court. The county also intends to implement the recommendations of the Judicial Review and Technical Assistance Project. Specifically, CFS will improve timeliness by appropriately calendaring pre-permanency and permanency hearings from the "date the child entered foster care" and schedule hearings 5½ months out to account for possible continuances and contested hearings.
A major procedural change that may positively impact a variety of court related timeframes is the implementation of E-filing. San Bernardino County has developed new policy and procedures to enable CFS staff to electronically transmit completed, signed court reports, case plans and attachments to the Juvenile Network (JNET) for filing to the Superior Dependency Court. Supporting processes and forms to facilitate the writing and transmitting of the Court documents have been established along with additional security procedures.

In addition, the expanded implementation of the CAT (Comprehensive Assessment Tools) for assessment of reunification readiness, risk and safety factors will lead to better assessment of risk and safety for children.

The development of the Regional Lead Agency (RLA) allowed for more immediate provision of services to parents. County staff only need to contact one agency to request services for anger management, parent education, individual and group counseling, sexual abuse and domestic violence counseling. In addition, parent support groups have been initiated funded by PSSF/CAPIT to assist families in the CFS system. They do appear to be underutilized which may reflect that social workers are unaware of their availability.

c) Permanency Composite 2 (CFS only)

(1) Measure 1 (C2.1) - Adoption within 24 Months (exit cohort).

This measure computes the percentage of children adopted within 24 months of removal. Only placement episodes ending in adoption are included. The baseline rate (Q1 2008) for this measure was 30.8% and the comparison rate for Q2 of 2012 was 41.9%. The County is clearly moving in the right direction on this measure.

(2) Measure 2 (C2.2) – Median Time to Adoption (exit cohort)

This measure computes the median length of stay (in months) for children discharged to adoption. Only placement episodes ending in adoption are included. The baseline time (Q1 2008) for this measure was 30.5 months (2.5 years) and the comparison data for Q2 2012 was 26.8 months (2.2 years) which is again clearly moving in the right direction.

(3) Measure 3 (C2.3) – Adoption within 12 Months (17 Months in care)

This measure computes the percentage of children in foster care for 17 continuous months or longer on the first day of the year, who were then adopted within 12 months. The baseline rate (Q1 2008) for this measure was 20.7% and the comparison measure in Q2 of 2012 was 17.4% and is movement in the wrong direction.

(4) Measure 4 (C2.4) – Legally Free within 6 Months (17 months in care).

This measure computes the percentage of children who were in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period, who then became legally free for adoption within the next 6 months. The baseline rate (Q1 2008) for this measure was 8.1% and the comparison data in Q2 of 2012 was 8.5% which indicates the County is moving in the right direction.

(5) Measure 5 (C2.5) – Adopted within 12 Months (Legally Free)

This measure computes the percentage of children discharged from foster care to adoption within 12 months of becoming legally free. The baseline rate (Q1 2008) for this measure was
49.3% and the comparison rate in Q2 of 2012 was 49.5% which indicates the County is moving in the right direction.


Permanency Composite (2) Discussion

San Bernardino County saw a significant drop in adoptions in FY 2011_2012 after the After 18 (also called Extended Foster Care) was signed by the California Governor (implementation began January 1, 2012). There were 424 foster children adopted in FY2010_2011 and 374 children were adopted in FY2011_2012, an 11.7% decrease. Extended foster care allows for children adopted or establishing guardianship at age 16 or older to qualify for extended benefits until they turn 21, including Adoption Assistance Program (AAP) payments. The passage of this act will have an impact on this and other adoption measures.

In order to facilitate adoptions within the regions and develop a teaming approach, there have been management changes where the adoption workers now report to the regional directors instead of an adoption director. In addition San Bernardino County follows concurrent planning with more adoption workers having secondary assignments earlier in the case. Finally, in order to recruit more foster/adoptive parents, the county has deployed Taking Care of Business Day (TCBD), where potential applicants are educated and assisted in the foster parent process in the regions. There are fewer TCBD due to budget cuts than in 2008 since they had been monthly, but now there are 10 in a year. TCBDs are now being held in the desert regions of the county as well as the urban centers.

Several conditions may hinder children being adopted including, the reduction of the number licensed foster and adoptive homes and the increase in the number of children placed with relatives. In January 2009, the county had 238 licensed adoptive homes and in August 2012 the county had 172 licensed adoptive homes.

Finally, in order to facilitate adopting children with special needs or large sibling sets, San Bernardino County joined the Heart Gallery in 2011.

d) Permanency Composite 3

(1) Measure 1 (C3.1) – Exits to Permanency (24 Months in Care).

This measure computes the percentage for children discharged to a permanent home by the last day of the year and prior to turning 18, who had been in foster care for 24 months or longer. Baseline data for this measure indicate that 24% of foster youth are exiting to permanency (adoption, reunification, guardianship) who have been in care 24 months or longer. This compares with a rate of 22.9% in Q2 of 2012 and indicates the County is not moving in the right direction.

(2) Measure 2 (C3.2) – Exits to Permanency (Legally Free at Exit).

This measure computes the percentage of legally free children who were discharged to a permanent home prior to turning 18. Baseline data for this measure indicated 97.3% children were legally freed (termination of parental rights hearings) exited to permanency (adoption,
guardianship, or reunification) before their 18th birthday. This compares in Q2 of 2012 with a rate of 96.4% which indicates the County is not moving in the right direction.

(3) Measure 3 (C.3.3) – In Care 3 Years or Longer (Emancipated/Age 18).

This measure computes the percentage of children in foster care for 3 years or longer who were then either discharged to emancipation or turned 18 while still in foster care. The baseline rate for this measure was 61.5% and the comparison rate for Q2 of 2012 is 56.1%. The County is moving in the right direction on this measure.


Permanency Composite (3) Discussion

Exits to permanency and in care 3 years or longer were targeted in the 2008 System Improvement Plan. The county has spent the last three years implementing strategies to improve on these measures. However, the Great Recession, corresponding loss of funding at the state level and loss of community partner involvement has reversed the gains made in these measures.

Much like the reunification measures, permanency rates have declined by region and for Hispanics, though the totals have improved for African-Americans. The aggregate figures show all regions experiencing a decline in permanency rates, though for the sub-groups results will vary. For example, African-American permanency declined in the Eastern region, though it improved in total; Hispanic permanency improved in the North Desert while declining everywhere else.

### TABLE II-h

<table>
<thead>
<tr>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>95</td>
<td>313</td>
<td>30.4%</td>
<td>Central</td>
<td>46</td>
<td>170</td>
<td>27.1%</td>
</tr>
<tr>
<td>Eastern</td>
<td>93</td>
<td>321</td>
<td>29.0%</td>
<td>Eastern</td>
<td>64</td>
<td>229</td>
<td>27.9%</td>
</tr>
<tr>
<td>Western</td>
<td>68</td>
<td>403</td>
<td>16.9%</td>
<td>Western</td>
<td>31</td>
<td>209</td>
<td>14.8%</td>
</tr>
<tr>
<td>North Desert</td>
<td>72</td>
<td>307</td>
<td>23.5%</td>
<td>North Desert</td>
<td>47</td>
<td>234</td>
<td>20.1%</td>
</tr>
<tr>
<td>Total</td>
<td>328</td>
<td>1344</td>
<td>24.4%</td>
<td>Total</td>
<td>188</td>
<td>842</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

### TABLE II-i

<table>
<thead>
<tr>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>28</td>
<td>89</td>
<td>31.5%</td>
<td>Central</td>
<td>22</td>
<td>51</td>
<td>43.1%</td>
</tr>
<tr>
<td>Eastern</td>
<td>13</td>
<td>56</td>
<td>23.2%</td>
<td>Eastern</td>
<td>9</td>
<td>49</td>
<td>18.4%</td>
</tr>
<tr>
<td>Western</td>
<td>14</td>
<td>94</td>
<td>14.9%</td>
<td>Western</td>
<td>8</td>
<td>37</td>
<td>21.6%</td>
</tr>
<tr>
<td>North Desert</td>
<td>19</td>
<td>108</td>
<td>17.6%</td>
<td>North Desert</td>
<td>10</td>
<td>66</td>
<td>15.2%</td>
</tr>
<tr>
<td>Total</td>
<td>74</td>
<td>347</td>
<td>21.3%</td>
<td>Total</td>
<td>49</td>
<td>203</td>
<td>24.1%</td>
</tr>
</tbody>
</table>
TABLE II-j

<table>
<thead>
<tr>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
<th>Region</th>
<th>Permanency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>48</td>
<td>153</td>
<td>31.4%</td>
<td>Central</td>
<td>18</td>
<td>85</td>
<td>21.2%</td>
</tr>
<tr>
<td>Eastern</td>
<td>48</td>
<td>133</td>
<td>36.1%</td>
<td>Eastern</td>
<td>33</td>
<td>99</td>
<td>33.3%</td>
</tr>
<tr>
<td>Western</td>
<td>42</td>
<td>191</td>
<td>22.0%</td>
<td>Western</td>
<td>18</td>
<td>114</td>
<td>15.8%</td>
</tr>
<tr>
<td>North Desert</td>
<td>26</td>
<td>88</td>
<td>29.5%</td>
<td>North Desert</td>
<td>25</td>
<td>79</td>
<td>31.6%</td>
</tr>
<tr>
<td>Total</td>
<td>164</td>
<td>565</td>
<td>29.0%</td>
<td>Total</td>
<td>94</td>
<td>377</td>
<td>24.9%</td>
</tr>
</tbody>
</table>


Regarding types of placements, a notable distinction between County Exits to Permanency and similar statewide figures is the fewer percent of guardianship exits. For those in kin placements, only 6.8% ended in guardianship though the statewide figure was 10.1%; however, the kin placements for San Bernardino resulted in 25.2% being adopted, while the matching state figure is only 18.2%. The total adoption exit for all placement types is 16.2% for San Bernardino and 17.0% for the state; for guardianship the percents are 2.7 and 4.3, respectively. San Bernardino has 72.4% of this group still in care, while the similar state figure is 71%. Exits to guardianship were comparatively lower in the county for all age groups.


Children and Family Services (CFS) joined the California Permanency for Youth Project (CPYP) to help youth find a permanent connection with at least one adult. In addition, Children and Family Services (CFS) created a Permanency Coordinator position to assist social workers in finding, engaging and reconnect the youth to significant people in their lives (siblings, parents, and extended family). As part of CPYP, the practice of second chance reunification was explored for older youths in care.

Efforts were made to assist youth in emancipating from foster care. Children and Family Services (CFS) implemented Transitional Conferencing at age 16 and older to help youth prepare for emancipation and help youth reconnect with their family or other supports. In addition, Children and Family Services (CFS) hired Peer and Family Assistants to engage youth in transitional planning and in Independent Living Skills participation. It is believed the use of TCs helped increase the number of guardianships for older youths.

Again, the passage of After 18 (also called Extended Foster Care) in January 2012 will affect the exits to permanency (24 months in care) and in care 3 years or longer (Emancipating/Age 18). Extended Foster Care has resulted in delayed adoptions and guardianships as foster children remain in care longer to reach the age limits (6 and older) for extended benefits. The last composite measure, in care 3 years or longer (Emancipating/Age 18) will see an improvement as fewer older youth will be emancipating as they choose to remain after age 18.
e) Permanency Composite 4

(1) Measure 1 (C4.1) – Placement Stability (8 days to 12 months in care)

This measure computes the percentage of children with two or fewer placements who have been in foster care for 8 days or more, but less than 12 months. The baseline data for this measure indicated that 79.5% of all children in care between 8 days and 12 months had only 1 or 2 foster care placements as compared to Q2 in 2012 when 87.9% of children had only 1 or 2 foster care placements. The County is moving in the right direction on this measure.

(2) Measure 2 (C4.2) – Placement Stability (12 to 24 months in care)

This measure computes the percentage of children with two or fewer placements who have been in foster care for at least 12 months, but less than 24 months. Baseline data indicate that 58.8% of all children in care from 12-24 months had only one to two placements as compared with Q2 of 2012 in which 67.9% of children in care had only 1 or 2 placements. The County is moving in the right direction on this measure.

(3) Measure 3 (C4.3) – Placement Stability (at least 24 months in care)

This measure computes the percentage of children with two or fewer placements who have been in foster care for 24 months or more. The baseline rate for this measure indicated that 32.6% of youth in care for 24 month or longer had only 1 or 2 foster placements while in Q2 of 2012 only 36.0% of children in care had 1 or 2 foster placements. The county is moving in the right direction on this measure.


Permanency Composite (4) Discussion

It is often difficult to find some children appropriate placements immediately due to psychological, emotional, and/or behavioral issues often not yet understood or documented in the early stages of placement. Children and youth who have been in foster care 24 months or longer may have more serious psychosocial needs than others. Additionally, multiple placements while these youth are being fully assessed can sometimes be viewed as serious and thoughtful attempts to meet their needs. Another difficulty with the measure is that once a youth has more than two placements there is no way to improve on this outcome even though the most recent placement (after the initial two) may have been very lengthy and contributed to stability for that youth.

C4.3 is seen by many as an inherently flawed measure. Placement Stability is an admirable goal, but placement adjustments that are appropriate and reflect progress along a case plan are penalized by this measure if there is more than one of them. The nature of the case itself may require additional placement, or emerging information may influence placement reassignment in the early stages of the case. Furthermore, a third placement that is maintained for a long period or becomes permanent may still be penalized by this measure.

San Bernardino is a fair case-in-point regarding the flaws in this measure. CFS is trending negatively, but the County as a whole is positive when we include Probation's information. Probation has proportionally more group home placements, which are stable but very restrictive. A more dynamic measure would take into account the appropriateness of the placement,
whether it represents a step down to a less restrictive alternative or a more family friendly environment, and whether it is more likely to result in permanency or represents a permanent placement.

f) Process Measure

(1) 8A – Children Transitioning to Self-Sufficient Adulthood

See previous discussion in Permanency 1 - Children have permanency and stability in their living situations without increasing reentry into foster care.

Permanency 2 – The continuity of family relationships and connections is preserved for children.

a) Process Measures

(1) 4A – All Siblings Placed Together in Foster Care (CFS only)

These reports provide point-in-time counts of sibling groups placed in Child Welfare supervised foster care. Report data are for children placed with all siblings. Baseline data (Q1 2008) for this measure indicated that 55.9% of foster children in the county are placed with all of their siblings compared to Q2 in 2012 when 58.8% of children had been placed with all of their siblings. This is, once again, movement in the right direction.

Baseline data for siblings placed with some of their siblings indicates that 74.1% of all foster children were placed with some of their siblings while data from Q2 of 2012 indicates that 78.1% of all foster children were placed with some of their siblings which is, also, movement in the right direction.


(2) 4B – Foster Care Placement in Least Restrictive Setting

This measure looks at first entries into foster care and asks what percentage of children were placed in the lowest levels of care. Table II-k compares the baseline figures with Q2 of 2012 on this measure.

Table II-k
Foster Care Placement in Least Restrictive Setting

<table>
<thead>
<tr>
<th>Foster Placement</th>
<th>Baseline (Q1 2008)</th>
<th>Q2 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>21.7%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Foster Home</td>
<td>13.7%</td>
<td>10.8%</td>
</tr>
<tr>
<td>FFA</td>
<td>53.4%</td>
<td>55.4%</td>
</tr>
<tr>
<td>Group/Shelter</td>
<td>3.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>8.0%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

TABLE II-k indicates the County is moving in the right direction.

A “point-in-time” comparison in terms of the percentage of all foster children who are placed in the lowest level of care yields very similar results as is indicated in TABLE II-I below.
TABLE II-I
Point-in-Time Comparison

<table>
<thead>
<tr>
<th>Foster Placement</th>
<th>Baseline (Q1 2008)</th>
<th>Q2 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>30.5%</td>
<td>33.9%</td>
</tr>
<tr>
<td>Foster Home</td>
<td>7.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>FFA</td>
<td>30.0%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Group/Shelter</td>
<td>6.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other</td>
<td>26.0%</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

However, as can be seen in TABLE II-I and II-m, there has been a dramatic shift in the use of relative placements. The drop in the number of children placed with relatives is directly related to the increased complexity of new Federal and State relative approval requirements. However, there has been an increase in the use of relative homes since July 2010. The use of county licensed foster homes has also declined over time and now equals the declining number of children placed in group homes. Additionally, the use of Family Foster Agencies (FFAs) has increased over time, due to the FFA’s willingness to accept sibling groups and their ability to offer more services to higher level or special needs children.


TABLE II-m

| Children and Family Services: Out of Home Placements by Placement Type* from December 1999 to August 2012 |
| Includes EFC/After 18 Youths |

(3) 4E – Rate of ICWA Placement Preferences

A point in time comparison of all ICWA eligible foster children who are placed in ICWA placements can be seen below in TABLE II-d.
TABLE II-a
Rate of ICWA Placement Preferences

<table>
<thead>
<tr>
<th>ICWA Eligible Foster Placement</th>
<th>Baseline (July 1, 2008)</th>
<th>Q2 2012 (July 1, 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>38.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Non-Relative Indian Foster Home</td>
<td>0.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Non-Relative Non-Indian Foster Home</td>
<td>42.3%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Non-Relative – Missing SCP Ethnicity</td>
<td>9.6%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Group Home</td>
<td>9.6%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Native American/Alaskan Native children are a very small percentage of the total child population in San Bernardino County and are an even smaller number of the Department’s foster children. However, due to fairness and equity issues, all Native American/Alaskan Native children may be disproportionately represented in foster care. It is important to track this population to ensure that those eligible are identified for ICWA status.

Another measure is related to Multi-Ethnic Eligible Placements and examines in terms of point in time the percent of all multi-ethnic Native American foster children placed in a Native American/Alaska Native placement. The figures are presented below in TABLE II-e.

TABLE II-o
Multi-Ethnic Foster Placement

<table>
<thead>
<tr>
<th>Multi-Ethnic Foster Placement</th>
<th>Baseline (Q1 2008)</th>
<th>Q2 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative</td>
<td>31.6%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Non-Relative Indian Foster Home</td>
<td>0.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Non-Relative Non-Indian Foster Home</td>
<td>46.2%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Non-Relative – Missing SCP Ethnicity</td>
<td>8.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Group Home</td>
<td>8.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Other</td>
<td>4.3%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>


Permanency (2) Discussion

CFS and Probation both strive to place children in their own homes and if that is not possible to find placements with relatives, Non-Relative Extended Family Members (NREFM), or as near to parents as possible, depending on the needs of the children.

There are many appropriate placements available for the children under the care of CFS and Probation, however special needs children can be difficult to place at times. CFS has been using the Team Decisionmaking (TDM) process for placement moves.

After years of decline, the number of relative placements has increased since July 2010. The Relative Approval Unit (RAU) is a 24 hour unit that will expedite the emergency approval of relative homes, so that children remain with their extended families. The RAU will make emergency relative approvals with a quick turnaround time, conducting home assessments to expedite placement. Considered a value in itself, relative placements tend to be more stable and positively affect the Placement Stability measures.
Well-Being 1 – Families have an enhanced capacity to provide for their children’s needs (PSSF)

The following discussion on Well Being is largely descriptive and without outcome data comparisons because interested Federal, State, and County Child Welfare professionals have yet to develop a complete set of measures similar to the ones already presented.

Through PSSF/CAPIT, Children and Family Services (CFS) contracts with a Regional Lead Agency to provide services to families throughout the county. These services include anger management, parenting education, individual and general counseling, domestic violence and sexual abuse counseling, hard goods, kinship support services, Parent-Child Interactive Therapy (PCIT) and support groups. The regional lead agency model allows for quicker service delivery for the families involved with child welfare.

Prospective adoptive/foster parents in San Bernardino County attend Parent Resources for Information, Development, and Education (PRIDE) classes based on a curriculum developed by the Child Welfare League of America. The adoption/foster parent social worker assesses applicants monthly and there are foster parent mentoring groups offered in the County by the foster parent associations. Children and Family Services (CFS) uses Special Care Increments (SCI) to support foster parents in a variety of ways. Foster parents are often invited to participate in Team Decisionmaking meetings especially regarding placement changes.

When youth are placed in Juvenile Hall, families are routinely invited to be a part of the case planning process and to join Multi-Disciplinary Meetings regarding youth needs and progress.

Well-Being 2 – Children receive appropriate services to meet their educational needs.

a) Process Measures

(1) Individualized Education Plan (CFS only)

This measure computes the percentage of children in care with an Individual Education Plan (IEP). Baseline data (Q1 2008) for this measure indicates that 10.7% of foster children have an IEP. This compares with a rate of 12.2% in Q2 of 2012. There is no federal or state standard on this measure.

CFS has expanded the Educational Liaison program to include youth age 10 and older. The Liaisons obtain and examine educational records and assist youth and school districts in becoming aware of what credits are needed for graduation. They input data into the Health and Education Passports (HEP).

The Educational Liaisons also record the California High School Exit Exam (CAHSEE) results on math and English into the CWS/CMS system and provide struggling youth with referrals for tutoring services available within the community. They also work collaboratively with the Foster Youth Services program that is part of the San Bernardino County Superintendent of Schools Office.

Well Being 3 – Children receive services adequate to their physical, emotional and mental health needs. (CFS only)

a) Process Measures

(1) Rate of Timely Health
This measure computes the percentage for children in care in a placement home located within California during the quarter that have had a timely health exam meeting the scheduled for Child Health and Disability Prevention (CHDP). Baseline data (Q1 2008) for this measure indicate that 91.9% of foster children have had a timely health exam. This compares with a rate of 88.6% in Q2 of 2012 and indicates the County is not moving in the right direction.

(2) **Rate of Timely Dental Exams**

This measure computes the percentage for children age 3 or more in care in a placement home located within California during the quarter that have had a timely dental exam meeting the scheduled for Child Health and Disability Prevention (CHDP). Baseline data (Q1 2008) for this measure indicate that 79.9% of foster children have had a timely health exam. This compares with a rate of 72.4% in Q2 of 2012 and indicates the County is not moving in the right direction.

(3) **Authorization for Psychotropic Medication**

This measure computes the percentage for children in care with a court order or parental consent authorizing the child to receive psychotropic medication. Baseline data (Q1 2008) for this measure indicate that 7.1% of foster children with an order for psychotropic medication. This compares with a rate of 12.1% in Q2 of 2012. Currently there is no standard for the percentage of children with a court order for psychotropic medications. The increase in court ordered psychotropic medication from 2008 to present is because of changes to CWS/CMS to allow for historical tracking of the court orders and better data entry for medications considered psychotropic.


**Well Being (3) Discussion**

CFS has Public Health Nurses (PHNs) who monitor the physical and dental assessments and treatments of children in care and enter related data into the Health and Education Passports of the children. Data entry begins with information received at the detention hearing and from interviews with the parents. These nurses receive all CFS medical and dental documentation related to children in the care of the Department.

In addition, the PHNs follow up to ensure that youth who have been referred to assessment and/or treatment receive those services in a timely manner. They track recurrent medical and dental visits in an effort to determine when children need to be referred to a specialist. They also follow up on the Special Health Care Foster children, provide home assessments, and hands on training for foster parents when children and youth are discharged from a hospital. PHNs conduct monthly visits with all children who are taking psychotropic medication, monitor the use of the medication, train care providers how to administer medications, and educate the youth themselves about the medications they are taking.

It is possible that the trajectory of the above measures reflect documentation issues. They may also reflect the increased number of relative placements. There are certainly many important advantages to relative placements, but they tend to be more casual about maintaining regular check-up schedules than licensed or certified foster parents.
Demographic Information

At 20,105 square miles, San Bernardino County is the largest county in the contiguous United States and is larger than nine states. The County runs east from Orange County, Los Angeles County and Kern County to the Nevada and Arizona borders (about 215 miles) and from Northern Riverside County to Inyo County (about 150 miles).

The County has 24 incorporated communities with at least 57 other unincorporated areas. It is the home of California State University, San Bernardino which is one of the system’s fastest growing campuses, Loma Linda University, Redlands University, and five community colleges. Additionally, a number of private universities have extension campuses located within the County. The University of California, Riverside is located within easy driving distance of most of the major population areas of San Bernardino County.

There are abundant outdoor recreation areas in the County which include six national protected areas (including the San Bernardino National Forest), numerous lakes and reservoirs, eight county parks, and many miles of Colorado River frontage.

The County of San Bernardino also has social-economic conditions that potentially contribute to child maltreatment that are comparable with other areas of the State of California. A brief look at those issues includes the following data:

General County Demographics – Ethnic Composition

San Bernardino County is home to about 2,035,210 people (2010 Census Bureau) which represents a growth rate of 19.1% from the 2000 Census. According to the Census Bureau’s 2010 data, 49.2% of the County’s population was of Hispanic or Latino origin, 33.3% was Caucasian, 8.9% was African American, 6.3% was Asian, 1.1% was Native American, with Hawaiian/Pacific Islander making up 0.3%. Of the people surveyed in this data set, 5% reported two or more races.

San Bernardino County has four (4) federally recognized active Native American Tribes which include: Indian Tribe of the Chemehuevi Reservation, San Manuel Band of Mission Indians, Fort Mohave and Twenty-Nine Palms Band of Mission Indians. In addition to the active tribes located within the County, Children and Family Services has provided assistance to participants with the following tribal affiliations:

<table>
<thead>
<tr>
<th>Apache</th>
<th>Assiniboine</th>
<th>Blackfeet</th>
<th>Caddo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cahuilla</td>
<td>Chemehuevi</td>
<td>Cherokee</td>
<td>Chippewa</td>
</tr>
<tr>
<td>Chiricahau</td>
<td>Choctaw</td>
<td>Chumash</td>
<td>Colorado River</td>
</tr>
<tr>
<td>Cree</td>
<td>Crow</td>
<td>Dapaco</td>
<td>Diegueno</td>
</tr>
<tr>
<td>Haida Indian</td>
<td>Hoopa</td>
<td>Hopi</td>
<td>Inupiak Eskimo</td>
</tr>
<tr>
<td>Iroquois</td>
<td>Kiana</td>
<td>Menominee</td>
<td>Mission</td>
</tr>
<tr>
<td>Mojave</td>
<td>Navajo</td>
<td>Oneida</td>
<td>Papago</td>
</tr>
<tr>
<td>Pawnee</td>
<td>Pima</td>
<td>Potawatomi</td>
<td>Pueblo</td>
</tr>
<tr>
<td>Quechan</td>
<td>Sac and Fox</td>
<td>Sioux</td>
<td>Tlingit &amp; Haida</td>
</tr>
<tr>
<td></td>
<td>Yaqui</td>
<td></td>
<td>Yavapai</td>
</tr>
</tbody>
</table>
According to the 2010 American Community Survey, of the 1,845,394 San Bernardino County residents 5 years of age and older, the primary languages spoken at home were as follows: 1,098,237 only spoke English, 620,276 spoke Spanish, 30,668 spoke other Indo-European languages, 81,921 spoke Asian and Pacific Islander languages, and 14,292 spoke other languages.

**General County Demographics – Economic Climate**

In August 2012, the Employment Development Department reported that 11.8% of San Bernardino County residents were unemployed as compared to 13.4% only one year prior. Of those employed, the 2010 Census Data reflects that the median income for County residents was $55,845. Currently, approximately 14.8% of San Bernardino County families have incomes below the Federal poverty level (compared to 13.7% statewide).

The map below shows the percentage of households below poverty level within the different CFS regions. The darker red colors indicate a greater percentage living in poverty. These dark areas are more prominent in the Central and North Desert areas.

The map above and the table below confirm that the Central region is the most economically disadvantaged proportionally, with nearly 20% of its households having an annual income of less than $15,000. Significant pockets of poverty exist in all the regions and, in the North Desert, the poorer areas cover a wide geographical area.
### TABLE III-b Income Distribution by CFS Region

<table>
<thead>
<tr>
<th>CFS Regions</th>
<th>Tot_HH</th>
<th>&lt;15K</th>
<th>%</th>
<th>15-29K</th>
<th>%</th>
<th>30-44K</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>CENTRAL</td>
<td>67,634</td>
<td>13,215</td>
<td>19.50%</td>
<td>13,730</td>
<td>20.30%</td>
<td>11,417</td>
<td>16.90%</td>
</tr>
<tr>
<td>EASTERN</td>
<td>138,152</td>
<td>16,159</td>
<td>11.70%</td>
<td>22,100</td>
<td>16.00%</td>
<td>21,149</td>
<td>15.30%</td>
</tr>
<tr>
<td>NORTH DESERT</td>
<td>140,542</td>
<td>16,888</td>
<td>12.00%</td>
<td>24,101</td>
<td>17.10%</td>
<td>22,165</td>
<td>15.80%</td>
</tr>
<tr>
<td>WESTERN</td>
<td>271,062</td>
<td>21,419</td>
<td>7.90%</td>
<td>31,717</td>
<td>11.70%</td>
<td>35,155</td>
<td>13.00%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>617,390</td>
<td>67,681</td>
<td>11.00%</td>
<td>91,648</td>
<td>14.80%</td>
<td>89,886</td>
<td>14.60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFS Regions</th>
<th>45-59K</th>
<th>60-74K</th>
<th>75-99K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>8,649</td>
<td>12.80%</td>
<td>6,096</td>
</tr>
<tr>
<td>EASTERN</td>
<td>19,059</td>
<td>13.80%</td>
<td>13,849</td>
</tr>
<tr>
<td>NORTH DESERT</td>
<td>19,357</td>
<td>13.80%</td>
<td>16,156</td>
</tr>
<tr>
<td>WESTERN</td>
<td>35,153</td>
<td>13.00%</td>
<td>31,258</td>
</tr>
<tr>
<td>Grand Total</td>
<td>82,218</td>
<td>13.30%</td>
<td>67,359</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFS Regions</th>
<th>100-149K</th>
<th>150-200K</th>
<th>200K+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>5,321</td>
<td>7.90%</td>
<td>1,368</td>
</tr>
<tr>
<td>EASTERN</td>
<td>16,841</td>
<td>12.20%</td>
<td>6,366</td>
</tr>
<tr>
<td>NORTH DESERT</td>
<td>15,261</td>
<td>10.90%</td>
<td>4,343</td>
</tr>
<tr>
<td>WESTERN</td>
<td>44,724</td>
<td>16.50%</td>
<td>17,729</td>
</tr>
<tr>
<td>Grand Total</td>
<td>82,147</td>
<td>13.30%</td>
<td>29,806</td>
</tr>
</tbody>
</table>

The number of households within San Bernardino County has increased from 589,058 in 2008 to 596,125 in 2010. The increase over the two year period represents a growth of 7,067 households, a 1.2% increase. The average household size has declined slightly from 3.32 persons in 2008 to 3.29 in 2010. According to the 2010 San Bernardino County Community Indicators report, in 2009, the Fair Market Rent (monthly) was $940 for a 1-bedroom unit, $1,108 for a 2-bedroom unit, and $1,559 for a 3-bedroom unit. The report indicated that the median sale price of an existing single-family detached home in San Bernardino County was $140,000 in July 2009, down 39.1% from July 2008.

Of the County’s 596,125 households, 456,427 were family households. The family structure for these households were comprised of 323,659 households that were led by a married-couple, 40,296 households that were male-led (no wife present), and 92,472 were female-led households (no husband present). In addition to the family households that were led by a parent, 24,376 of the County’s households were grandparent-led with the grandparent being responsible for the grandchild’s care.
Increasing rent or mortgage costs, foreclosure, loss of a job, or simply not having enough money to afford the high upfront costs of renting or buying a home are challenges that can force many families into living conditions they would not choose otherwise. As of May 2011, there were approximately 25,000 applicants waiting for a Housing Choice Voucher.

**General County Demographics – Homeless Population**

In 2011, the San Bernardino County Homeless Partnership conducted a Point-in-Time Count to establish a snapshot of the County’s chronically homeless population. The United States Department of Housing and Urban Development (HUD) defines the chronically homeless as an unaccompanied homeless individual or family with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years. In defining chronically homeless, the term “homeless” means “a person sleeping in a place not meant for human habitation (e.g. living on the streets) or in an emergency shelter.”

The 2011 Point-in-Time Homeless Count resulted in a total of 2,876 persons. This count consists of three subtotals:
- The number of projected unsheltered homeless is 1,692 persons;
- The number of sheltered homeless (those in emergency shelter or transitional housing) is 1,039 persons;
- The number of hotel/motel vouchers issued to homeless persons or families and used on the night of the count is 145.

HUD defines sheltered homeless persons as adults, children, and unaccompanied youth who, on the night of the count, are living in shelters for the homeless, including: emergency shelters, transitional housing, domestic violence shelters, residential programs for runaway/homeless youth, and any hotel, motel, or apartment that accepts voucher arrangements paid by a public or private agency because the person or family is homeless. Of the sheltered homeless persons observed on the night of the count: 156 (15%) were males under the age of 18, and 190 (18%) were females under the age of 18.

The unsheltered homeless persons are defined as adults, children, and unaccompanied youth who, on the night of the count, are living in outdoor/encampments, cars/vans/RV’s, abandoned buildings, emergency/transitional shelters, motels, garages, and other temporary/unstable locations. Of the unsheltered homeless persons observed on the night of the count: 29 (1.7%) were males under the age of 18, and 155 (9.1%) were females under the age of 18.

After a thorough review of the Point-In-Time Count results, the San Bernardino County Homeless Partnership concluded that the most pressing problems experienced by homeless persons are domestic violence, substance abuse and severe mental illness.

In 2009/10, the California Department of Education reported that 22,660 San Bernardino County students, mostly in grades K-12, were identified as living in unstable housing conditions which included shelters or unsheltered in cars, parks or campgrounds, as well as in motels, or with another family due to economic hardship.

This population of students represented approximately 5% of the County’s total enrollment in 2009/10.
Families living doubled- or tripled-up in a home due to economic hardship were the largest cohort with 86% living in these conditions. Additionally, 6% of students lived in shelters, 5% lived unsheltered in cars, parks or campgrounds, and 3% lived in motels.

**General County Demographics – 2-1-1 Calls**

In FY 2011-12, there was a total of 67,571 calls made to San Bernardino County’s 2-1-1 for public assistance. Over 45% of the calls were from families with children. The highest number of calls received were for the following needs:

- Utilities: 6,053 calls
- Rent Payment Assistance: 4,504 calls
- Food/Meals: 3,807 calls
- Clothing/Personal/Household Needs: 2,026 calls
- Housing: 1,947 calls
- Shelter: 1,708 calls

The number of domestic violence calls has followed the statewide trend and has been declining since 2004, as shown in the table below:

| TABLE III-c Number of Calls for Assistance per 1,000 Adults (18-69) Per Year |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
| California     | 8.0  | 7.7  | 7.4  | 7.2  | 6.8  | 6.8  | 6.7  |
| San Bernardino | 7.9  | 6.9  | 6.5  | 6.2  | 6.0  | 5.7  | 5.7  |
| Riverside      | 6.7  | 6.6  | 6.5  | 5.8  | 5.4  | 4.6  | 4.5  |
| Orange         | 6.7  | 6.4  | 5.7  | 5.4  | 5.1  | 5.1  | 5.4  |
| San Diego      | 10.9 | 10.6 | 9.9  | 9.2  | 8.1  | 8.4  | 7.9  |
| Los Angeles    | 7.5  | 7.1  | 6.7  | 6.7  | 6.6  | 6.5  | 6.3  |


Similarly, the number of hospitalizations due to non-fatal injuries per 100,000 children/youth ages 0-20 has also been declining for the last decade in the county, region and statewide.

| TABLE III-d Non-Fatal Hospitalization Rates for Children |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
| California     | 366.6 | 363.9 | 356.9 | 342.0 | 322.2 | 306.9 | 295.3 | 287.0 | 276.1 |
| San Bernardino | 417.8 | 410.8 | 400.6 | 384.2 | 343.5 | 336.2 | 298.3 | 264.0 | 243.4 |
| Riverside      | 429.5 | 435.2 | 422.3 | 415.2 | 345.8 | 317.0 | 284.2 | 259.9 | 234.7 |
| Orange         | 340.6 | 371.0 | 343.3 | 339.0 | 313.2 | 297.9 | 302.6 | 286.4 | 260.8 |
| San Diego      | 421.7 | 403.5 | 385.6 | 376.6 | 311.3 | 307.8 | 333.3 | 314.6 | 321.7 |
| Los Angeles    | 358.5 | 355.5 | 344.8 | 340.5 | 344.5 | 329.6 | 317.6 | 316.7 | 313.7 |

General County Demographics – Public Assistance

In 2010, the number of people receiving Food Stamps (252,033) rose 25% in a single year, while CalWORKs cash assistance enrollment rose 13% to 121,177 recipients. According to the Legislation and Research Unit of the County of San Bernardino, there are currently 49,240 active cases of Public Assistance via the Cal Works program in the County.

In 2011, Medi-Cal participation rose 11% to 391,351 participants, while Healthy Families enrollment declined 6% to 63,920 children participating. Another source, ChildrenNow.org, indicates that 7.5% of children residing in the County of San Bernardino have no health insurance which can be compared to the statewide figure of approximately 11% of children with no health insurance. A multitude of factors including job loss, foreclosures, and loss of insurance coverage have significantly impacted the health and wellness of families throughout the County.

General County Demographics – Public Health

According to the San Bernardino County Department of Public Health, from 2008-2010 there were 3,880 live births to County resident teen mothers (ages 15-19 years). This represented 12% of all live births among County residents, and compares to a teenage mother birth rate of about 9% in the state as a whole. For calendar year 2011 the following shows the number of female youths in placement identified as having a health condition for pregnancy:

<table>
<thead>
<tr>
<th>Age</th>
<th>Pregnant</th>
<th>Total females in placement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>1</td>
<td>116</td>
<td>0.9%</td>
</tr>
<tr>
<td>15</td>
<td>3</td>
<td>142</td>
<td>2.1%</td>
</tr>
<tr>
<td>16</td>
<td>4</td>
<td>167</td>
<td>2.4%</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>176</td>
<td>2.3%</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>65</td>
<td>3.1%</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>666</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

For 2012 (year-to-date) the figures are very similar:

<table>
<thead>
<tr>
<th>Age</th>
<th>Pregnant</th>
<th>Total females in placement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>3</td>
<td>136</td>
<td>2.2%</td>
</tr>
<tr>
<td>16</td>
<td>5</td>
<td>136</td>
<td>3.7%</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>161</td>
<td>0.6%</td>
</tr>
<tr>
<td>18</td>
<td>2</td>
<td>105</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>538</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

(Data taken from CWS/CMS, retrieved December 10, 2012)

Though these numbers are encouraging, they most likely reflect issues in data entry for pregnant teens.
Also according to the Public Health Department, there was an average 2,304 low birth weight births among San Bernardino County residents from 2008-2010. This represented 7.1% of all live births among County residents. This compares to a rate of 6.8% of all live births in the State. A low birth rate live birth is defined as a live birth in which the child weighs less than 2,500 grams (5.5 pounds).

Of the County’s 2,035,210 residents, approximately 605,558 are children (0-17 years) which is about 29.2% of the population.

According to the San Bernardino County Superintendent of Schools (KidsNCare Office) there were 11,843 children on the Centralized Eligibility List on October 17, 2012 waiting for subsidized child care in the County.

As is true for many counties in California, drug and alcohol abuse is a serious problem. In 2010, there were 9,211 (California Department of Justice) arrests for felony drug offenses in the County and according to San Bernardino County Department of Alcohol and Drug Services, 10,674 unduplicated County residents received substance abuse treatment in calendar year 2008.

General County Demographics – Mental Health

In 2009/10, 40,605 unduplicated clients received public mental health services. A total of 13,682 children ages 0 – 17 received County mental health services in 2009/10 – more than one-third of all clients served. Almost 14% of clients served were between 18 and 24 years, 43% were adults between 25 and 54 years, and 9% were 55 years or older.

Of the 40,605 unduplicated clients served by the County’s Public Mental Health System, 35% were of Hispanic or Latino origin, 38% were Caucasian, 17% were African American, 2% were Asian, 1% were Native American, and 7% were listed as “other”. Source: San Bernardino County Mental Health Plan, Behavioral Health Services, Client Services Information System

CFS does not have access to current data showing rates of law enforcement calls for domestic violence or rates of emergency room visits for child victims of avoidable injuries.

General County Demographics – CWS Participation Rates

Data on child care welfare cases in San Bernardino County obtained from the Center for Social Sciences Research (http://cssr.berkeley.edu/ucb_childwelfare/) at UC Berkeley indicates that, in FY 2011-2012, there were 36,223 children with referrals to child protective services. A total of 4,730 of those children were in the pool of substantiated cases of child abuse and/or neglect which represents about 13% of all children who were referred. A total of 1,668 children from the County first entered care as a result of substantiated child abuse and/or neglect during that year.

According to the same source, on July 1, 2012 (retrieved 1/2/2013 and 1/3/2013), there were 5,292 youth with an open Children and Family Services case in San Bernardino County which represents approximately 0.9% of all children in the County. Those youth were fairly evenly divided between males (2,630) and females (2,661).
Of the 5,292 youth with open cases in Children and Family Services, 2,560 (48.37%) were Hispanic, 1,454 (27.48%) were White, 1,134 (21.43%) were African American, 54 (1.02%) were Asian/Pacific Islander, 28 (.53%) were American/Native American and 62 (1.17%) of them were listed as "unknown" for ethnicity.

In terms of "case type" for the 5,292 youth with open cases, 2,312 were permanent placement, 1,688 were family reunification, 1,172 were family maintenance, 103 were emergency response cases, and 162 were supportive transition cases (After 18/Extended Foster Care).

The data on the 3,941 youth in foster care placement in San Bernardino County on October 12, 2012, is of course, very similar to the data on youth with open cases. Males were 49% of the total and females were 51%. Of that group, 1,739 were Hispanic, 1,140 were White, 907 were African American, 44 were Asian/Pacific Islander, 59 were American Indian/Native American and 52 were listed as "unknown" ethnicity.

Of the 3,941 youth in foster care placement, 1,922 (48.8%) were in permanent placement, 1,778 (45.1%) were in family reunification, 35 (0.9%) were in emergency response, 22 (0.6%) were in family maintenance and 184 (4.6%) in supportive transition.

**General County Demographics – Probation Participation Rates**

According to San Bernardino County Probation Department data, a total of 2,671 unduplicated minors were booked into the Central, West Valley and High Desert Juvenile Detention and Assessment Centers in 2011. During that same year, there was a monthly average of 619 juveniles on Informal/Summary (W&I 654, 654.2 & 725) probation and 2,431 juveniles on Formal (W&I 790 & 602) probation. The number of juveniles placed by Probation in 2011 was 346. From October 2011 to September 2012, there was an average of 238 minors in Probation placements.

**General County Demographics – Education System Profile**

Approximately 417,202 children attended school in the County in the year 2010-2011 according to the California Department of Education. There are 34 School Districts within the County and approximately 2,550 (0.6%) of the children enrolled in those school districts attended special education classes in 2010-2011. According to the San Bernardino County Superintendent of Schools Office, in the 2008-2009 school year, 52.44% of the students in the County qualified for free meals and 20.88% qualified for reduced meals.

According to the Education Data Partnership (Ed-Data – [http://www.ed-data.com](http://www.ed-data.com)) within the County's 35 school districts, there are 328 elementary schools, 74 middle schools, 2 junior high schools, 63 high schools, and 12 K-12 schools, 10 alternative schools, 5 special education schools, 25 continuation schools, 20 community day schools, 2 juvenile court schools, 1 county community school, and 1 California Division of Juvenile Justice School. The average class size in the county is 23.8 with a Pupil-Teacher ratio low of 10.8 in special education schools and highs of 36.5 in community day schools and 56.5 in juvenile court schools. There are also Charter schools with a combined enrollment of 18,708 students in the County.

According to the State Department of Education, the California High School Exit Exam was given to San Bernardino County students 31,751 times (note: students can take it more than once) in the 2011-2012 school year. Of that number, 80% passed the math section (compared to 84% statewide) and 80% passed the English Language Arts (ELA) section (equal to 80%
Only 76% of the County’s socio-economically disadvantaged students passed the math section (compared to 78% statewide) and 76% passed the ELA section (equal to 76% statewide).

The San Bernardino County Superintendent of Schools Office has a Foster Youth Services Program (AB 490 – Ensuring Educational Rights and Stability to Foster Youth) which assists foster youth in improving academic achievement, reducing incidences of student discipline problems particularly in regards to student expulsions, and increasing school attendance.

**General County Demographics – Review of Demographic and Program Information**

According to the 2010 US Census, San Bernardino County’s population grew at a much faster rate than the State as a whole (19.1% for SB County; 10% for California). This may in part be caused by the birthrate in San Bernardino County being greater than its percentage of the state population:

**TABLE III-f**

<table>
<thead>
<tr>
<th></th>
<th>California</th>
<th>San Bernardino</th>
<th>SB % of Births in CA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2006</strong></td>
<td>562,157</td>
<td>34,675</td>
<td>6.17%</td>
</tr>
<tr>
<td><strong>2007</strong></td>
<td>566,137</td>
<td>35,193</td>
<td>6.22%</td>
</tr>
<tr>
<td><strong>2008</strong></td>
<td>551,567</td>
<td>33,788</td>
<td>6.13%</td>
</tr>
<tr>
<td><strong>2009</strong></td>
<td>526,774</td>
<td>31,984</td>
<td>6.07%</td>
</tr>
<tr>
<td><strong>2010</strong></td>
<td>509,979</td>
<td>31,367</td>
<td>6.15%</td>
</tr>
<tr>
<td><strong>Totals (2006-2010)</strong></td>
<td>2,716,614</td>
<td>167,007</td>
<td>6.15%</td>
</tr>
<tr>
<td><strong>Population 2010</strong></td>
<td>37,253,956</td>
<td>2,035,210</td>
<td>5.46%</td>
</tr>
</tbody>
</table>

**Sources: US Census and CDPH, Vital Statistics**

SB County comprises about 5.46% of the total population, but accounts for about 6.15% of the total births in the state over the past 5 years. This is borne out by the additional census data that shows disproportionate segments of the number of children in the County and the noticeably larger average family size.

These kinds of demographic trends tend to result in lower socio-economic status, which in turn influences levels of child abuse and neglect. And, indeed, San Bernardino County lags behind the state in a number of areas: higher percentage of individuals below the poverty level; higher unemployment rate; lower median household income; disproportionate number of families receiving CalWORKs. (Interestingly, rates of home ownership are higher than the state average, though this may be the result of substantially lower housing unit values.)

The impact of the aforementioned socio-economic factors, along with the affects of the recession and slow recovery, are evident on the following table:
<table>
<thead>
<tr>
<th>Year</th>
<th>San Bernardino</th>
<th>California</th>
<th>San Bernardino</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>66.5</td>
<td>48</td>
<td>3.7</td>
<td>3.8</td>
</tr>
<tr>
<td>2006</td>
<td>64.2</td>
<td>48.1</td>
<td>3.4</td>
<td>3.7</td>
</tr>
<tr>
<td>2007</td>
<td>60.5</td>
<td>49.2</td>
<td>3.4</td>
<td>3.6</td>
</tr>
<tr>
<td>2008</td>
<td>58.3</td>
<td>48.7</td>
<td>2.7</td>
<td>3.3</td>
</tr>
<tr>
<td>2009</td>
<td>57.7</td>
<td>47.2</td>
<td>2.8</td>
<td>3.2</td>
</tr>
<tr>
<td>2010</td>
<td>61.9</td>
<td>51.6</td>
<td>3.4</td>
<td>3.3</td>
</tr>
<tr>
<td>2011</td>
<td>61.2</td>
<td>51.2</td>
<td>3.4</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Source: CSSR Berkeley

Both county and state rates for abuse and neglect and entry were falling through 2008-09, but rates for abuse and neglect allegations turned upward sharply since then, quite probably as the result of the recession.

Rates of abuse/neglect allegations and for entry into care for San Bernardino County have been consistently higher than the state rates, which may reasonably be associated with the County’s demographic and socio-economic status; however, it is worth noting that San Bernardino County relative performance has improved significantly in this time period. In 2005, San Bernardino had 18.5/1,000 more allegations than the state as a whole; that gap has narrowed to 10 points for 2011.

In addition, the entry rates for San Bernardino County have increased along with the increase in allegations, as is to be expected. For the state as a whole, however, entry rates have leveled off, even with an increase in need. San Bernardino County has maintained responsiveness, even though under the continuing strains and budget pressures created by the recession.

Furthermore, programs in San Bernardino County to alleviate and prevent child abuse and neglect have been effectively targeted to lower income families. Information reported in the Efforts to Outcomes database for PSSF/CAPIT services indicates that of the 2664 clients reporting family income (Clients added since 7/1/11), only 412 reported earnings of $25,000/year or greater; but, 1334 reported yearly incomes below $10,000/year.
PSSF/CAPIT program services have also been effectively targeted to County historically disadvantaged populations, as the following table shows:

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of clients</th>
<th>% (of reported)</th>
<th>County % *</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>599</td>
<td>16.35%</td>
<td>8.90%</td>
</tr>
<tr>
<td>Asian</td>
<td>22</td>
<td>0.60%</td>
<td>6.30%</td>
</tr>
<tr>
<td>Bi-racial/Multi-/Other</td>
<td>305</td>
<td>8.33%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>907</td>
<td>24.76%</td>
<td>33.30%</td>
</tr>
<tr>
<td>Hawaiian/Pac.IsI</td>
<td>12</td>
<td>0.33%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1793</td>
<td>48.95%</td>
<td>49.20%</td>
</tr>
<tr>
<td>Native American</td>
<td>25</td>
<td>0.68%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Total</td>
<td>3663</td>
<td>100.00%</td>
<td>104.10%</td>
</tr>
</tbody>
</table>

*US Census Bureau data. Totals come to over 100% with individuals reporting more than one race/ethnicity.

African-Americans receive services in higher disproportion to their percentage of the county overall population. Those who identify themselves as 'Hispanic' receive service roughly in equal proportion to their percentage of county population.

**Child Welfare and Probation Population**


**FY2011-2012 San Bernardino County Referral Data**

There were 26,782 children abuse or neglect referrals received in FY 2011_2012 and of those 26,782 referrals, 16,209 referrals resulted in an in-person investigation. Approximately 60.5% of the referrals received were investigated. (Data Source: CWS/CMS data extract, April 2, 2012 and October 11, 2012)

<table>
<thead>
<tr>
<th>CFS Regions</th>
<th>All Referrals Received in FY2011_2012</th>
<th>Investigated Referrals</th>
<th>% Investigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse Hot Line</td>
<td>312</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Central</td>
<td>5,070</td>
<td>3,453</td>
<td>68.1%</td>
</tr>
<tr>
<td>Eastern</td>
<td>4,950</td>
<td>3,449</td>
<td>69.7%</td>
</tr>
<tr>
<td>North Desert</td>
<td>7,797</td>
<td>4,124</td>
<td>52.8%</td>
</tr>
<tr>
<td>Placement Resources</td>
<td>23</td>
<td>23</td>
<td>100.0%</td>
</tr>
<tr>
<td>Western</td>
<td>8,630</td>
<td>5,156</td>
<td>59.7%</td>
</tr>
<tr>
<td>Total FY2011_2012 Referrals</td>
<td>26,782</td>
<td>16,206</td>
<td>60.5%</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, April 2, 2012 and October 11, 2012)
In FY2011_2012, there were 16,206 investigated referrals for 33,708 children with allegations; the most serious allegation is counted for each child in the referral. The majority of allegations in an in-person investigated referral were for general neglect (47.2%), at risk, sibling abused (19.6%) and physical abuse (19.6%). The allegations that had the highest substantiation were general neglect (58.3%), caretaker absence/incapacity (10.1%) and at risk, sibling abused (9.6%).

<table>
<thead>
<tr>
<th>TABLE III-j</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY2011_2012 Investigated Referrals – Most Serious Allegation and Allegation Disposition</strong></td>
</tr>
<tr>
<td><strong>Most Serious Allegation Received for Children with an Investigated Referral</strong></td>
</tr>
<tr>
<td>Still in investigation</td>
</tr>
<tr>
<td>At Risk, Sibling Abused</td>
</tr>
<tr>
<td>Caretaker Absence/Incapacity</td>
</tr>
<tr>
<td>Emotional Abuse</td>
</tr>
<tr>
<td>Exploitation</td>
</tr>
<tr>
<td>General Neglect</td>
</tr>
<tr>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Severe Neglect</td>
</tr>
<tr>
<td>Sexual Abuse</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, April 2, 2012 and October 11, 2012)

In FY2011_2012, 47.9% of the referrals received were for Hispanic/Latino children, 25.8% were for White children and 19.2% were for African American/Black children. A similar pattern can be seen in the substantiated allegations: 49.0% were for Hispanic/Latino children, 26.9% were for white children and 19.2% were for African American/Black children. However, if the UCB Berkeley CSSR 2011 disparity indices for San Bernardino County are examined, Hispanic children are not overrepresented in referrals. African American/black children (rate of 133.40 per 1,000 children) and Native American children (rate of 88.18 per 1,000 children) had disproportionately higher investigated referrals than other ethnicities.

For substantiated allegations, Native American children (rate of 20.64 per 1,000) and African American/Black children (rate of 15.35) have disproportionately higher substantiated allegations in 2011. (CWS/CMS data extract, April 2, 2012 and October 11, 2012).

<table>
<thead>
<tr>
<th>TABLE III-k Referrals and Substantiated Allegations by Ethnicity/Race, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investigated Referrals</strong></td>
</tr>
<tr>
<td>Children's Ethnicity</td>
</tr>
<tr>
<td>African American/Black</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Alaska Native/Native American</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Total Children</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, April 2, 2012 and October 11, 2012)

The distribution of children with investigated referrals in FY2011_2012 was skewed towards younger children. However, school age children accounted for 61.6% of the referral population. For substantiated allegation population, babies and toddlers (<3) were more likely to have substantiated allegations than older children. Again, the distribution of children with substantiated allegations was weighted towards the school age children (52.6%). (CWS/CMS data extract, April 2, 2012 and October 11, 2012).

TABLE III-I Referral and Substantiated Allocations by Age, April 2012 – October 2012

<table>
<thead>
<tr>
<th>Victim Age (At Referral)</th>
<th># of Children with Investigated Referral Allegations</th>
<th># of Children with Substantiated Allegations</th>
<th>% of Children with Investigated Allegations</th>
<th>% of Children with Substantiated Allegations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>2,574</td>
<td>700</td>
<td>7.6%</td>
<td>14.8%</td>
</tr>
<tr>
<td>1 to 2</td>
<td>3,856</td>
<td>625</td>
<td>11.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>3 to 5</td>
<td>6,474</td>
<td>913</td>
<td>19.2%</td>
<td>19.3%</td>
</tr>
<tr>
<td>6 to 10</td>
<td>9,769</td>
<td>1181</td>
<td>29.0%</td>
<td>25.0%</td>
</tr>
<tr>
<td>11 to 15</td>
<td>8,217</td>
<td>987</td>
<td>24.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>16-17</td>
<td>2,770</td>
<td>321</td>
<td>8.2%</td>
<td>6.8%</td>
</tr>
<tr>
<td>18 and older</td>
<td>48</td>
<td>3</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>33,708</td>
<td>4,730</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, April 2, 2012 and October 11, 2012)

Referral Overview

San Bernardino County referral rates have been declining from a peak of 69.3 children with referrals per 1,000 children in calendar year 2006 to a low of 57.9 children with referrals per 1,000 children in 2010 and an increasing tread in 2011 of 61.8 children with referrals per 1,000 children. In addition, San Bernardino County’s Central region (the most impoverished urban center) and the North Desert region have the highest referral rates compared to the Eastern and Western regions (more affluent urban populations). One reason why the referral rate has increased in 2011 is because of the recession in December of 2007, and as a result the 5 years of declining job market/high unemployment. In 2011, San Bernardino City had an unemployment rate of 17.6% and California’s was 13.2%. The Riverside-San Bernardino metro area posted the highest foreclosure rate among the country’s 20 largest metropolitan districts in May, according to a report by RealtyTrac. The Irvine-based firm, which collects foreclosure data, found that one in every 179 housing units in the Riverside-San Bernardino metro area had a foreclosure filing in May — more than 3.5 times the national average.* San Bernardino disproportionately felt the effects of the housing bubble and bust. San Bernardino had a significant number of sub-prime mortgages, experienced a record number of foreclosures and a sharp dip in employment because home construction is central to the region’s economy.

*http://www.bizjournals.com/losangeles/news/2012/06/14/riverside-san-bernardino-posts.html
In addition, the current bankruptcy of San Bernardino City which is located in our Central region does not help. The department has no control over the number of children being referred to San Bernardino County Child and Adult Abuse Hot Line (CAAHL). However, the county has sponsored several mandated report trainings in the past years to improve reporting and every region has Building Community Partnership monthly meetings with community partners resulting in increased communication and collaboration between CFS and the community.

**TABLE III-m Maltreatment Allegation Rates, 2005-2011**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children age 0 to 17 in San Bernardino County</td>
<td>569,071</td>
<td>573,327</td>
<td>577,583</td>
<td>581,839</td>
<td>586,095</td>
<td>590,351</td>
<td>594,588</td>
</tr>
<tr>
<td>Children with Maltreatment Allegation</td>
<td>39,315</td>
<td>39,754</td>
<td>38,559</td>
<td>36,233</td>
<td>34,552</td>
<td>34,156</td>
<td>36,766</td>
</tr>
<tr>
<td>Rate of Children with Maltreatment Allegation</td>
<td>69.1</td>
<td>69.3</td>
<td>66.8</td>
<td>62.3</td>
<td>59.0</td>
<td>57.9</td>
<td>61.8</td>
</tr>
</tbody>
</table>


Data source: 2011 unemployment data: Kidsdata.org retrieved on 10/18/2012

San Bernardino County substantiation rate has decreased from a high of 9.6 per 1,000 children in 2005 to a current low of 7.5 per 1,000 children in 2011. There has been an increasing trend in the number of general neglect allegations from 2005 where 45.6% of the substantiated allegations were general neglect compared to 2011 where 55.4% of the substantiated allegations were general neglect. There has been a declining trend in the allegations for physical abuse, severe neglect, and emotional abuse. There were two allegations types that had an up and down trend: sexual abuse and caretaker absence/incapacity.

**TABLE III-n Substantiated Allegation Rates, 2005-2011**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children age 0 to 17 in San Bernardino County</td>
<td>569,071</td>
<td>573,327</td>
<td>577,583</td>
<td>581,839</td>
<td>586,095</td>
<td>590,351</td>
<td>594,588</td>
</tr>
<tr>
<td>Children with Substantiated Allegation</td>
<td>5,523</td>
<td>5,431</td>
<td>5,195</td>
<td>4,420</td>
<td>4,513</td>
<td>4,737</td>
<td>4,501</td>
</tr>
<tr>
<td>Rate of Children with Substantiated Allegation</td>
<td>9.6</td>
<td>9.4</td>
<td>8.9</td>
<td>7.5</td>
<td>7.6</td>
<td>8.0</td>
<td>7.5</td>
</tr>
</tbody>
</table>


**FY2011_2012 Foster Care and Probation Ward Entries**

In FY2011/2012 there were 5,758 foster care entries and 318 probation ward entries for San Bernardino County. The North Desert and Central regions had the largest number of foster cares entries. Currently the Probation Department does not have offices listed in CWS/CMS.

**TABLE III-o Foster Care Entries, 2011/12**

<table>
<thead>
<tr>
<th>CFS Region</th>
<th># of Foster Care Entries FY 2011_2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>1,310</td>
</tr>
<tr>
<td>Eastern</td>
<td>1,124</td>
</tr>
<tr>
<td>ICT/Juvenile Court</td>
<td>6</td>
</tr>
<tr>
<td>-------------------</td>
<td>---</td>
</tr>
<tr>
<td>Placement Resources</td>
<td>439</td>
</tr>
<tr>
<td>North Desert</td>
<td>1,706</td>
</tr>
<tr>
<td>Western</td>
<td>1,173</td>
</tr>
<tr>
<td>Probation</td>
<td>318</td>
</tr>
<tr>
<td>Total FY11 Foster Care Entries</td>
<td>8,076</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, October 11, 2012, October 15, 2012 & December 7, 2012)

Again, Hispanic children have the highest percentage of children entering foster care for both CFS and Probation. However, in 2011 64.5% of the child population in San Bernardino county was Hispanic this is not surprising. When the UCB Berkeley CSSR 2011 disparity indices for San Bernardino County are examined: Native American and African American/Black children have the highest rates of foster care entries (respectively, 10.63 per 1,000 and 8.03 per 1,000) for child welfare (CFS).

TABLE III-p Foster Care Entries by Ethnicity/Race, 2011/12

<table>
<thead>
<tr>
<th>Child’s Ethnicity</th>
<th># of Foster Care Entries FY2011_2012</th>
<th>% of Foster Care Entries</th>
<th># of Probation Ward Entries FY2011_2012</th>
<th>% of Probation Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>1,327</td>
<td>23.0%</td>
<td>114</td>
<td>35.8%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>73</td>
<td>1.3%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2,605</td>
<td>45.2%</td>
<td>146</td>
<td>45.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>75</td>
<td>1.3%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>58</td>
<td>1.0%</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>White</td>
<td>1,620</td>
<td>28.1%</td>
<td>55</td>
<td>17.3%</td>
</tr>
<tr>
<td>Total FY11 Entries</td>
<td>5,758</td>
<td>100.0%</td>
<td>318</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, October 11, 2012 and October 15, 2012)

In FY2011_2012, 49.8% of the CFS children entering foster care were school age and 98.7% of the probation wards were school age (6 to 17).

TABLE III-q Foster Care Entries by Age, 2011/12

<table>
<thead>
<tr>
<th>Children’s Age Entering Foster Care</th>
<th># of CFS Children Age at Entry FY2011_2012</th>
<th># of Probation Youth Age at Entry FY2011_2012</th>
<th>% of CFS Entries</th>
<th>% Probation Ward Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>921</td>
<td>0</td>
<td>16.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>1 to 2</td>
<td>868</td>
<td>0</td>
<td>15.1%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3 to 5</td>
<td>1,100</td>
<td>3</td>
<td>19.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>6 to 10</td>
<td>1,424</td>
<td>0</td>
<td>24.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td>11 to 15</td>
<td>1,171</td>
<td>157</td>
<td>20.3%</td>
<td>49.4%</td>
</tr>
<tr>
<td>16-17</td>
<td>270</td>
<td>157</td>
<td>4.7%</td>
<td>49.4%</td>
</tr>
<tr>
<td>18 and older</td>
<td>4</td>
<td>1</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Total</td>
<td>5,758</td>
<td>318</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, October 11, 2012 and October 15, 2012)
Calendar Year 2011 First Entries into Foster Care (CFS only)

The only reliable way to identify first entries is to use the UCB CSSR website, since counties cannot access other counties’ placement episodes or cases. For San Bernardino, there were 1,582 children first entering foster care in calendar year 2011.

Regionally, more children first entered care from the North Desert and Western regions. While the North Desert had the highest number of children first entering care (539 children) the Central region had the highest foster care entry rate 4.8 per 1,000 children. These two regions represent relatively high poverty areas. The affect of the recession on child welfare cannot be overstated. Note the geo data from UCB is a static report and is not updated in future CWS/CMS quarters, nor does it allow for restriction to first entries.

<table>
<thead>
<tr>
<th>CFS Regions</th>
<th>Child Population</th>
<th># of Children with Foster Care Entries in CY 2011</th>
<th>Entry Rate Per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>77,244</td>
<td>368</td>
<td>4.8</td>
</tr>
<tr>
<td>Eastern</td>
<td>99,792</td>
<td>374</td>
<td>3.7</td>
</tr>
<tr>
<td>North Desert</td>
<td>128,449</td>
<td>539</td>
<td>4.2</td>
</tr>
<tr>
<td>Western</td>
<td>298,847</td>
<td>381</td>
<td>1.3</td>
</tr>
<tr>
<td>Uncoded</td>
<td>n/a</td>
<td>385</td>
<td>n/a</td>
</tr>
<tr>
<td>San Bernardino County</td>
<td>604,332</td>
<td>2,051</td>
<td>3.4</td>
</tr>
<tr>
<td>California</td>
<td>9,584,228</td>
<td>30,086</td>
<td>3.1</td>
</tr>
</tbody>
</table>


Hispanic children have the highest number of children first entering foster care, however, since they account for 64.85% of the child population (0 to 17) in the county – they are not overrepresented in foster care first entries. Again, Native American and African American/Black children are overrepresented in foster care first entries.

<table>
<thead>
<tr>
<th>Child’s Ethnicity</th>
<th># of Children First Entries in 2011</th>
<th>Child Population 2011</th>
<th>First Entry Foster Care Rate per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/ Black</td>
<td>393</td>
<td>49,218</td>
<td>8.0</td>
</tr>
<tr>
<td>White</td>
<td>613</td>
<td>116,265</td>
<td>5.3</td>
</tr>
<tr>
<td>Hispanic</td>
<td>973</td>
<td>377,305</td>
<td>2.6</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>36</td>
<td>30,352</td>
<td>1.2</td>
</tr>
<tr>
<td>Native American</td>
<td>14</td>
<td>1,572</td>
<td>8.9</td>
</tr>
<tr>
<td>Total*</td>
<td>2,051</td>
<td>589,535</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*Includes totals for Multi-Race and Missing categories.

Demographic figures show higher entry rates for African American and Native American children than for other ethnic/racial groups in the county. These entry rates are, however, lower than the statewide rates for those groups over the same time period. The San Bernardino County rate of entry for African Americans is 8.0 per 1,000 children; the statewide rate is 11.0 per 1,000. The San Bernardino County rate of entry for Native Americans is 8.9 per 1,000 and 11.5 per 1,000 for the state. Rate of entry for White clients were higher than the statewide figures (5.3 compared to 3.3 per 1,000 children). Latinos show a lower entry rate than the state (2.6 compared to 3.2 per 1,000).


Almost 60% of the children were age 0 to 5 when they first entered foster care (58.7%). Approximately 41.3% of the children were school age when entering care (age 6 to 17). Compared to all foster care entries, younger children have more first entries into foster care.

### TABLE III-t Foster First Care Entry Rate by Age, 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th># of Children First Entries in 2011</th>
<th>% of Children with First Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 months</td>
<td>134</td>
<td>8.5%</td>
</tr>
<tr>
<td>1-11 months</td>
<td>196</td>
<td>12.4%</td>
</tr>
<tr>
<td>1-2 years</td>
<td>284</td>
<td>18.0%</td>
</tr>
<tr>
<td>3-5 years</td>
<td>314</td>
<td>19.8%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>348</td>
<td>22.0%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>249</td>
<td>15.7%</td>
</tr>
<tr>
<td>16-17 years</td>
<td>57</td>
<td>3.6%</td>
</tr>
<tr>
<td>18-20 years</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>1,582</td>
<td>100.0%</td>
</tr>
</tbody>
</table>


As a percentage of their relative populations, infants have the highest rate of entries. Though 6-10 year olds are the largest segment entering foster care, they enter in at a proportionally lower rate than their younger siblings.

### TABLE III-u Children Entering by Age Group and Percent of Population, San Bernardino, 2011

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Child Population</th>
<th>Children with Entries</th>
<th>Incidence per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>28,959</td>
<td>346</td>
<td>11.9</td>
</tr>
<tr>
<td>1-2</td>
<td>61,794</td>
<td>308</td>
<td>5.0</td>
</tr>
<tr>
<td>3-5</td>
<td>94,649</td>
<td>397</td>
<td>4.2</td>
</tr>
<tr>
<td>6-10</td>
<td>156,758</td>
<td>464</td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>CFS Cases</td>
<td># of Probation Cases</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>11-15</td>
<td>171,932</td>
<td>399</td>
<td></td>
</tr>
<tr>
<td>16-17</td>
<td>75,442</td>
<td>137</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>589,535</td>
<td>2,051</td>
<td></td>
</tr>
</tbody>
</table>


Open Cases

There were 5,059 open CFS case and 375 open probation cases on CWS/CMS as of Oct 12, 2012.

**TABLE III-v Open Cases (10/12/12)**

<table>
<thead>
<tr>
<th>Active Service Component</th>
<th>CFS Cases</th>
<th>Probation Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response</td>
<td>89</td>
<td>0</td>
</tr>
<tr>
<td>Family Maintenance</td>
<td>966</td>
<td>4</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>1,844</td>
<td>364</td>
</tr>
<tr>
<td>Permanent Placement</td>
<td>1,970</td>
<td>2</td>
</tr>
<tr>
<td>Supportive Transition</td>
<td>190</td>
<td>5</td>
</tr>
<tr>
<td>Total Cases</td>
<td>5,059</td>
<td>375</td>
</tr>
</tbody>
</table>

*The permanent placement case count may include incorrectly coded Probate Non-related Legal Guardian (NRLG) cases for CFS if the legal authority is something other than Probate NRLG.
(Data Source: CWS/CMS data extract, October 16, 2012)

Currently in Care Child Welfare Population

As of October 12, 2012, there were 3,941 foster children in care (excluding Probate NRLG children). The regions with the highest number of in-care youth are North Desert and the Eastern Region. Permanent Placement and Family Reunification had the highest number of children in the service components.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>10</td>
<td>3</td>
<td>487</td>
<td>372</td>
<td>40</td>
<td>912</td>
</tr>
<tr>
<td>Eastern</td>
<td>11</td>
<td>4</td>
<td>436</td>
<td>431</td>
<td>37</td>
<td>919</td>
</tr>
<tr>
<td>ICT/Juvenile Court Support Unit</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>North Desert</td>
<td>7</td>
<td>3</td>
<td>539</td>
<td>616</td>
<td>52</td>
<td>1,217</td>
</tr>
<tr>
<td>Placement Resources</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>50</td>
<td>0</td>
<td>69</td>
</tr>
<tr>
<td>Western</td>
<td>7</td>
<td>12</td>
<td>292</td>
<td>452</td>
<td>55</td>
<td>818</td>
</tr>
<tr>
<td>Total CFS Foster Children</td>
<td>35</td>
<td>22</td>
<td>1,778</td>
<td>1,922</td>
<td>184</td>
<td>3,941</td>
</tr>
</tbody>
</table>

* These children still have an open foster care episode on CWS/CMS and are technically in foster care. This may represent errors in data entry. (Data Source: CWS/CMS data extract, October 15, 2012)

Again, there were more Hispanic children currently in foster care than anyone ethnicity group. However, if the UCB CSSR 2011 Disparity Indices by Ethnicity are looked at the in-care rate for Hispanic children is 5.11 per 1,000 Hispanic children. Approximately half of the African American children (51.8%) and Native American children (52.5%) were in the Permanent Placement service component. Compared to the total in care population, 45.1% of the children are in Permanent Placement, African American/Black and Native American children are over-represented in Permanent Placement.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>4</td>
<td>2</td>
<td>384</td>
<td>470</td>
<td>47</td>
<td>907</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>26</td>
<td>14</td>
<td>3</td>
<td>44</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19</td>
<td>11</td>
<td>792</td>
<td>853</td>
<td>64</td>
<td>1,739</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>31</td>
<td>4</td>
<td>59</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>28</td>
<td>17</td>
<td>7</td>
<td>52</td>
</tr>
<tr>
<td>White</td>
<td>12</td>
<td>8</td>
<td>524</td>
<td>537</td>
<td>59</td>
<td>1,140</td>
</tr>
<tr>
<td>Total CFS Foster Children</td>
<td>35</td>
<td>22</td>
<td>1,778</td>
<td>1,922</td>
<td>184</td>
<td>3,941</td>
</tr>
</tbody>
</table>

*These children still have an open foster care episode on CWS/CMS and are technically in foster care. (Data Source: CWS/CMS data extract, October 15, 2012)
TABLE III-y

Percentage of Children in Active Service Component Within Ethnic Group

<table>
<thead>
<tr>
<th>Child’s Ethnicity</th>
<th>% Emergency Response (ER)</th>
<th>% Family Maintenance (FM)*</th>
<th>% in Family Reunification (FR)</th>
<th>% in Permanent Placement (PP)</th>
<th>% in Supportive Transition (ST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>0.4%</td>
<td>0.2%</td>
<td>42.3%</td>
<td>51.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0.0%</td>
<td>2.3%</td>
<td>59.1%</td>
<td>31.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.1%</td>
<td>0.6%</td>
<td>45.5%</td>
<td>49.1%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.0%</td>
<td>0.0%</td>
<td>40.7%</td>
<td>52.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.0%</td>
<td>0.0%</td>
<td>53.8%</td>
<td>32.7%</td>
<td>13.5%</td>
</tr>
<tr>
<td>White</td>
<td>1.1%</td>
<td>0.7%</td>
<td>46.0%</td>
<td>47.1%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Total CFS Foster Children</td>
<td>0.9%</td>
<td>0.6%</td>
<td>45.1%</td>
<td>48.8%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

* These children still have an open foster care episode on CWS/CMS and are technically in foster care.

(Data Source: CWS/CMS data extract, October 15, 2012)

Not surprisingly, the majority of CFS youth in Supportive Transition are age 18 or older (98.9%).

TABLE III-z Open Cases by Service Component and Age (10/12/12)

<table>
<thead>
<tr>
<th>Current Age as of Oct 12, 2012</th>
<th>ER</th>
<th>FM*</th>
<th>FR</th>
<th>PP</th>
<th>ST</th>
<th># of Children in Foster Care as of Oct 12, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1</td>
<td>8</td>
<td>2</td>
<td>198</td>
<td>45</td>
<td>0</td>
<td>253</td>
</tr>
<tr>
<td>1 to 2</td>
<td>7</td>
<td>3</td>
<td>335</td>
<td>220</td>
<td>0</td>
<td>565</td>
</tr>
<tr>
<td>3 to 5</td>
<td>7</td>
<td>5</td>
<td>373</td>
<td>289</td>
<td>0</td>
<td>674</td>
</tr>
<tr>
<td>6 to 10</td>
<td>5</td>
<td>5</td>
<td>459</td>
<td>373</td>
<td>0</td>
<td>842</td>
</tr>
<tr>
<td>11 to 15</td>
<td>6</td>
<td>5</td>
<td>314</td>
<td>578</td>
<td>0</td>
<td>903</td>
</tr>
<tr>
<td>16-17</td>
<td>2</td>
<td>2</td>
<td>96</td>
<td>386</td>
<td>2</td>
<td>488</td>
</tr>
<tr>
<td>18 and older</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>31</td>
<td>182</td>
<td>216</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>22</td>
<td>1,778</td>
<td>1,922</td>
<td>184</td>
<td>3,941</td>
</tr>
</tbody>
</table>

* These children still have an open foster care episode on CWS/CMS and are technically in foster care.

(Data Source: CWS/CMS data extract, October 15, 2012)

Currently in Care Probation Wards

The majority of probation wards are Family Reunification (98.2%) with a few Supportive Transition youths (1.1%).
TABLE III-aa Probation Wards by Service Component and Ethnicity/Race (10/12/12)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>0</td>
<td>94</td>
<td>0</td>
<td>1</td>
<td>95</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0</td>
<td>122</td>
<td>1</td>
<td>1</td>
<td>124</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
<td>51</td>
<td>0</td>
<td>1</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>269</td>
<td>1</td>
<td>3</td>
<td>274</td>
</tr>
</tbody>
</table>

* These children still have an open foster care episode on CWS/CMS and are technically in foster care.
(Data Source: CWS/CMS data extract, October 15, 2012)

The probation wards were in the age range of 13 to 19 with the bulk of the youth age 16 to 17 (67.7%).

TABLE III-bb Probation Wards by Service Component and Age (10/12/12)

<table>
<thead>
<tr>
<th>Focus Age (Years)</th>
<th>Family Maintenance (FM)*</th>
<th>Family Reunification (FR)</th>
<th>Permanent Placement (PP)</th>
<th>Supportive Transition (ST)</th>
<th>Total Probation Wards as of Oct 12, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>14</td>
<td>0</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>15</td>
<td>0</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>16</td>
<td>0</td>
<td>82</td>
<td>1</td>
<td>0</td>
<td>83</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>101</td>
</tr>
<tr>
<td>18</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>2</td>
<td>32</td>
</tr>
<tr>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>269</td>
<td>1</td>
<td>3</td>
<td>274</td>
</tr>
</tbody>
</table>

(Data Source: CWS/CMS data extract, October 15, 2012)

Tribal Affiliations/ICWA eligible children

As of October 12, 2012 there were 1,512 children with tribal membership in foster care in California and probation and 49 youth with an ICWA eligibility indicator of yes. (Data Source: CWS/CMS data extract, October 15, 2012)

Comparison from the Last County Self-Assessment

San Bernardino County’s last completed County Self-Assessment was November 2008. There have been significant changes to the economy as whole since 2008. The recession and lagging recovery has limited available resources for county departments, collaborative departments and outside agencies.
In 2008, the referral rate was 59.0 per 1,000 children and in 2011 the referral rate rose to 60.7 per 1,000 children. In 2008, the foster care entry rate was 2.8 per 1,000 children and in 2011 the foster care entry rate rose to 3.4 per 1,000 according the UCB California Child Population (0-17) and Children with Child Maltreatment Allegations, Substantiations and Entries reports.

There have been several changes since 2008 to the referral delivery, intervention and performance which have reduced the substantiated allegation rates. CFS has made risk and safety a high priority and has implemented several policies and procedures to ensure child safety:

- The implementation of Risk Assessment Meetings (RAMs) in March of 2009. RAMs are a supportive case conferencing tool to assist intake staff in ensuring appropriate and thorough investigation, services, safety planning and closure of high risk referrals.
- The revision of the TDM safety plan to a more formalized plan to ensure children’s safety and the participants’ responsibility.
- The number of intake TDMs has increased 26.5% from 2008 (629) to 2010 (856). There were fewer TDMs in 2011 because of severe staff TDM facilitator shortages.
- The implementation of Operation Phoenix within the San Bernardino City. Operation Phoenix is a collaborative effort with city departments, community partners and CFS to improve the lives of residents in one of the most impoverished communities within San Bernardino City.
- Staff turnover. As newer intake staff join the county they have been trained on a different philosophy than older staff. The two universities in the county are teaching Family to Family concepts of family engagement and increased family involvement in the case.

However, compared to 2008, the county has fewer open cases. In 2008 there were 5,507 children with open CFS cases and in 2012 there are 5,327 open cases. In 2008 there were 4,125 children in foster care compared to 2012 with 3,941 children in care. One of the factors in the caseload reduction has been extensive efforts made in the county to achieve early reunification and increased permanency for older youths in care. Early reunification and increased permanency for older youth in care were goals of the County’s System Improvement Plan in 2009. Some of the early reunification strategies have been:

- Increasing the number of exit TDMs.
- The development of the court video, to orient new CFS clients to the court timeliness, processes, legal rights and on-going support for reunification.
- Implementation of the Parent Partner program in June 2011 to provide support to parents with a child abuse referral or case.
- Increasing the immediate provision of services to parents with the Regional Lead Agency model for PSSF/CAPIT funded services.
- Training of foster parents to be resource parents to mentor families before and after reunification.

In order to facilitate more youth achieving permanency or emancipating successfully, CFS implemented several new strategies and practices:

- Transitional Conferencing, formalized, facilitated meetings designed to connect ILP youth in foster care with supportive adults and to develop the youth’s Transitional Independent Living Plan.
• Increased staff trainings on Grief and Loss and Trauma Informed care to help staff understand the foster children’s experiences.
• The County joined the California Permanency for Youth Project (CPYP) to help youth find a permanent connection with at least one committed adult.
• The County hired a permanency coordinator to assist social workers in finding foster children’s siblings, parents and extended families members.
• The hiring of Peer and Family Assistants to increase the participation of youth in their Transitional Independent Living Plan.
• Increased focus on second chance reunification, reexamining and reevaluating parents for children in long term foster care.

Since 2011 the foster care entry rate has increased and, with the passage of After 18 (also called Extended Foster Care), there will be more youth age 18 or older remaining in foster care which will result in increased foster care caseload. There will also be an increase in the number of in-person investigated referrals in 2012: In 2008, there were 18,211 in person investigated referrals and in 2012 YTD (January to August) there were 17,945. The next four months will increase the investigated referral to over the 2008 number.

The probation caseload, according to the data provided by Probation fiscal in October 2012, had 166 minors in placement facilities (not including the pending placement wards). In fact the number of minors in placement has been reduced based on the increased use of specialized programs; i.e., Wraparound, CITA, Drug Court, Girls Circle and CASE.

Note: SafeMeasures reported an increased caseload from August 2008 with 202 probation youths in placement to October 2012 with 274 youths in placement or in detention pending placement, but these figures do not appear to be accurate.

Overall, since the 2008 County Self-Assessment San Bernardino County has seen a worsening economy, a reduction in community supports, and an increase in both referrals and caseloads, with a corresponding reduction in Child Welfare allocation. All of these factors have contributed to higher maltreatment rates, higher foster care entry rates and children remaining longer in foster care.
External Drivers

External Drivers are those forces, trends, events and initiatives outside the SIP strategies, usually beyond county control, that significantly impact the ability or capacity to achieve outcome improvement. The most obvious one that comes to mind, given the current climate, is the recession of 2007-9 and the following slow recovery. Other External Drivers may include legislation and budgetary issues, court decisions or larger demographic trends.

December 2007 was the start of the nationwide/county recession that has lasted for five years. San Bernardino County was one the hardest hit counties in California: with one of the highest levels of home foreclosures, higher unemployment rates and higher poverty rates. While other California counties are beginning to recover from the recession, the bankruptcy of San Bernardino City in 2012 which is one of the county’s poorest urban centers has hindered the recovery efforts. Not only have individuals and companies been impacted by the 2007 recession but non-profit and community partners have been as well. In 2012 there are fewer non-profit and community partners and the remaining community partners have fewer resources available to assist families in need. The San Bernardino County Child Welfare allocation has been decreased since 2008, which has resulted in fewer resources to assist families in need. Other county departments, notably the Department of Behavioral Health, had their allocation budgets reduced and reduced services to the CFS community. In the last 4 years, there have been closures of the Alcohol and Drug Treatment Centers within the county. The closures have hampered CFS’s ability to locate geographically appropriate services for clients. It is not unusual for economic downturns to both create conditions that generate more need for public service and, simultaneously, constrain available resources for addressing these growing needs.

With the passage of After 18 (also called Extended Foster Care), there will be more youth age 18 or older remaining in foster care which will result in increased foster care caseload. The County of San Bernardino has been actively participating in the programs to extend foster care and related benefits to qualifying nonminor dependents (NMDs, referred to in official county documents as ‘Young Adults’). Policy and procedure have been published, staff have been trained and the Juvenile Court has been actively engaged in the forward progress of this program.

Overall, EFC/After 18 has had an impact in the number of older young adults remaining in foster care. There were more 18-year-olds in care January through June 2012 (252) compared to the same time period in 2011 (223). When looking at data between January and June, there was no difference between 2011 and 2012 in the percentage of youth who remained in care 60+ days past their 18th birthday. However, post-graduation data (through 8/31/12) show that, in 2012, 20% more youth are remaining in care after high school graduation (63% in 2012 versus 43% in 2011).

Young adults need to participate in at least one of the five participation activities. Of the 149 young adults in EFC 63% (94) have at least one participation code in CWS/CMS. This compares favorably with the statewide figure of an estimated only 22% of young adults have participation codes. The most common activity is completing high school (69%) followed by attending college or vocational school (53%).

It is unclear if this initiative is having an adverse effect on outcome measures. In the last 3 months of 2012, only about twenty 18 year olds were dismissed from foster care, about a third the usual total. It is believed that the Juvenile Court delayed those dismissals to allow the Young Adult to access EFC/After 18 benefits. Also, instances have arisen where young adults are
delaying permanent placement or reunification in order to remain eligible for EFC/After 18 when they turn 18. It is also likely that some adoptions have been delayed until the youth turns 16 in order to allow future access to extended Adoption Assistance Program benefits.

CFS and the Department of Behavioral Health (DBH) have sought to improve the mental health and other supportive services available to children in foster care or at imminent risk of foster care placement that have, or may have, a mental illness or condition. CFS and DBH have many collaborative efforts, the goal of which is to help children who need individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or mitigate their illness or condition.
Public Agency Characteristics

Political Jurisdictions

The San Bernardino County Board of Supervisors (BOS) consists of an elected Supervisor from each of the five distinct districts that together geographically encompass the entire County. These five Supervisors choose a Chairperson from amongst themselves. The BOS appoints a Chief Executive Officer to lead all of the agencies and employees that provide service to or on behalf of the County’s residents.

The Assistant Executive Officer for Human Services is delegated the responsibility for overseeing Human Services. Children and Family Services (CFS) is one of the many County departments that make up Human Services. CFS is the Child Welfare Services agency for the County. The mission of Children and Family Services is to “Protect endangered children, preserve and strengthen their families, and develop alternative family settings. Services, as mandated by law and regulation, will be provided in the least intrusive manner with a family centered focus. This mission is accomplished in collaboration with the family, a wide variety of public and private agencies and members of the community.” The CFS mission is also accomplished through continual safety and risk assessment.

The Probation Department is one the departments that make up the Law and Justice Group of the County. The Chief Probation Officer reports to the County Executive Officer and is responsible for Adult Probation Services and Juvenile Probation Services. The Juvenile Bureau is directed by a Chief Deputy Probation Officer. The Juvenile Placement Unit is responsible for placing youth who are under the authority of the Juvenile Delinquency Court.

The San Bernardino County Probation Department is dedicated to protecting the community through assessment, treatment and control of adult and juvenile offenders by providing a range of effective services based on legal requirements and recognized professional standards. The Probation Department is charged with supervising and providing services to minors under the age of 18 who have been adjudicated Wards of the Juvenile Court, pursuant to WIC 602.

The Children’s Policy Council, established in 1986 by the San Bernardino County Board of Supervisors, is San Bernardino County’s official Child Abuse Prevention Council and is an integral part of the Children’s Network. The Presiding Judge of the Juvenile Court is a member of and chairs the monthly meetings of the Children’s Network Policy Council.

The Presiding Judge of Juvenile Court is responsible for both Juvenile Dependency Court and Juvenile Delinquency Court. The judges of all Juvenile Courts report to the Presiding Judge.

The County receives State and Federal funding as well as revenue from fees, local taxes and various other common sources, such as providing law enforcement to municipalities who cannot afford a police force. The County does not have any significant unique public revenue sources that would provide additional benefit to children and families served by the Probation Department and Children and Family Services. However, the County is partnered with Children’s Fund, a local philanthropic organization that donates goods and services to provide for special needs of the County’s children. Children’s Fund is a major donor in support of Children and Family Services’ Annual Foster and Kinship Youth Sports Faire, as well as the Celebration of Giving which provides Christmas gifts for foster youth.
The current BOS is very supportive of the mission, values and activities of the Probation Department and Children and Family Services. This has benefitted the County's continuous system improvement efforts.

The County Superintendent of Schools coordinates educational support services to foster children through the Office of Foster Youth Services. Individual school districts throughout the County also have specialized staff and programs that collaborate with County social work and Probation staff to address the specific needs of foster children.

A benefit arising from a previous System Improvement Plan has been the introduction of Educational Liaisons to each regional CFS office. These education professionals work with schools to advocate for the individual needs of children on open cases to ensure that they are on track to graduate from high school on schedule. They mine cases for important educational information, obtain from schools necessary transfer documents and transcripts to place in the CMS case, then update the CMS Education Enrollment record with the necessary information. These Educational Liaisons help to maintain positive working relationships with the school districts and educational agencies in the County. SRD also oversees the CFS Peer and Family Assistants (PFAs). These are former foster youth that work with CFS social workers to encourage youth who may not wish to participate in various CFS activities, such as transitional conferences. PFAs provide peer counseling and service to help other youth in the foster care system. PFAs understand their concerns firsthand, provide linkages to services and help recruit foster youth into the Independent Living Program.

Law Enforcement agencies are cooperative and supportive of Probation and CFS efforts. The San Bernardino County Sheriff's Department is the primary law enforcement agency for the County of San Bernardino. Most municipalities have their own police force. Those who cannot maintain a force of their own contract with the County Sheriff for police service.

The County Sheriff, Children and Family Services, Probation and Children's Network collaborate with County Public Health, Behavioral Health and various other County departments to develop and maintain a coordinated response to protect children exposed to a variety of dangerous elements, including illegal drug contamination. One such collaboration provides Sheriff Narcotics team members to train local law enforcement, County Social Workers and Probation Officers how to recognize drug manufacturing items and the effects of contamination on children.

Military police provide law enforcement for military installations and institutions. State law enforcement officers provide services to the State institutions in the County.

The San Bernardino County Board of Supervisors, federally recognized tribes, school districts and law enforcement agencies do not co-locate their staff with the County's child welfare agencies. However, County Pre-school Services Department (PSD) has an MOU with Children and Family Services (CFS) to co-locate some of their staff in regional CFS offices to address the educational needs of pre-school children on the department's cases.

**County Child Welfare and Probation Infrastructure**

**Characteristics of Children and Family Services:**

San Bernardino County is the largest geographic county in all of the United States, except Alaska. Spread across this massive county in thirteen locations, Children and Family Services
(CFS) consists of department Administration plus four operational regions and two support divisions.

The offices of the CFS Director, her Assistant Director and their Administrative staff are located in the City of San Bernardino, the County seat which is located in the southwestern portion of the County.

There are significant cultural and socioeconomic variances between the areas covered by each operational region. There are also differences in the size of the workforce within the office. Therefore, the department has provided flexibility within each region to operate in a manner that will best serve children and families. The following provides a brief overview of the department’s regions and divisions.

Central Region has one office located at the Carousel Mall in the downtown area of the City of San Bernardino. The Central Region is not geo-staffed and is comprised of blended units so that unit supervisors are responsible for both intake and carrier functions within the process.

Eastern Region has two offices; one in the southeastern section of the City of San Bernardino and one in Yucca Valley which is located in the lower desert portion of the County. Both offices are geo-staffed, so that cases are assigned to units based on zip codes. This region has blended units and has Jurisdiction/Dispositional (J/D) Writers who are intake workers and supervised by the blended unit supervisor. The J/D Writers are responsible for all of the first J/D reports for the region.

North Desert Region has three offices located in Victorville, Barstow and Needles. Geographically, the North Desert region covers the largest area. While Victorville is geo-staffed, Needles and Barstow are not geo-staffed. This region has adopted the blended unit approach so that unit supervisors are responsible for both intake and carrier functions within the process.

Western Region has one office in Rancho Cucamonga and another in Fontana. In this geo-staffed region, referrals and cases are assigned to units based on zip codes. The Rancho Cucamonga office has sibling units with Intake and Carrier carried out by separate units. The Fontana office has blended units with Intake and Carrier functions being supervised within the same unit.

Placement Resources Division (PRD) is a specialized support division which is located in one office in the City of San Bernardino but also has out-stationed staff in all regions. Providing services to the entire organization, this division consists of a number of programs including Placement, Adoptions, Foster Home Licensing, ILP, Special Services and the Family 2 Family unit.

System Resources Division (SRD) is a specialized support division that provides services to the entire organization. The division consists of a number of programs including Child and Adult Abuse Hotline, Court Support Services, Child Forensic Assessment, Educational Liaisons, Training, Parent Partners, CWS/CMS and Outcomes and Accountability. SRD has out-stationed staff in all operational region offices. Additionally, SRD staff is assigned to Juvenile Dependency Court, the Children’s Assessment Center and the Hotline, all three of which are located in the City of San Bernardino.

CFS Administration constantly monitors the workload of department staff and makes adjustments as needed. Until adjustments are in place, staff may absorb additional workload.
resulting in additional hours and additional burden. As workload increases, data entry in CWS/CMS becomes untimely, resulting in unreported performance reflected in outcome measures. Additional workload is also reflected in an increase in late court reports and a decrease in timely completions/approvals of assessment tools.

Children and Family Services classified social work staff is represented by an association which bargains on their behalf. At this time there are no bargaining issues that impact operations, practice, service or outcomes. However, as a result of an intensive redesign study, CFS is exploring the need for modification of the compensation for social workers with unique responsibilities and experience. Top CFS administrators are unclassified and serve at the discretion of the appointing authority.

Recruitment of staff is accomplished through job fairs, job announcements and maintaining close relations with universities that provide graduate studies in social work. Additionally, San Bernardino County promotes the use of Title IV-E education assistance. The County provides internships at both the bachelor and master levels. Many of the interns apply for initial hiring or promotion in the County. Recruitment of staff aggressively strives to keep pace with the rate of vacancies that occur due to retirements, workload changes or other causes. Selection criteria for any vacant position include the availability and willingness to accept assignment to the office in which the vacancy exists.

While CFS contracts out for specialized services provided to children and families, the department does not contract out its social worker duties.

The following types of degrees and certifications are required for child welfare workers and other professionals responsible of the management of cases and child welfare staff.

- Master of Social Work (MSW) from a school accredited by the Council of Social Work Education.
- Master's degree in counseling with an emphasis in marriage, family or child counseling, clinical psychology, gerontology or a closely related field.
- Bachelor's degree in Social Work (BSW), which included a supervised social work internship, practicum, or field work experience.

CFS does not maintain a current count of degrees held by social work staff. However, the most recent new hires hold twenty-five MSW degrees and one holds an MS/MFT. Seventeen of these new workers are Title IV-E.

The average years a child welfare worker continues employment with the County of San Bernardino is 11 years. This is based on three job titles; Social Worker II (SWII), Social Service Practitioner (SSP) and Supervising Social Service Practitioner (SSSP).

The race/ethnicity demographics of County social work staff is American Indian (1%), Asian (3%), Black (20%), Hispanic (26%), White (45%), and Other (5%).

The following chart shows social worker staff average salaries by classification. Please note that these amounts are only averages and do not indicate the upper or lower limits of the compensation range for each position listed. The difference in benefit and fully loaded costs is
due to a number of factors including Worker's Compensation premiums, MOU funds and health plan benefit subsidies.

TABLE III-cc CFS Staff Comparative Salary, Benefits and Fully Loaded Costs

<table>
<thead>
<tr>
<th>Position</th>
<th>Avg Salary</th>
<th>Avg Benefits</th>
<th>Fully Loaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Social Services Practitioner</td>
<td>78,707</td>
<td>33,863</td>
<td>173,244</td>
</tr>
<tr>
<td>Social Worker II</td>
<td>57,200</td>
<td>27,813</td>
<td>173,244</td>
</tr>
<tr>
<td>Social Services Practitioner</td>
<td>67,891</td>
<td>44,669</td>
<td>173,244</td>
</tr>
<tr>
<td>Child Welfare Services Manager</td>
<td>86,674</td>
<td>25,577</td>
<td>112,251*</td>
</tr>
</tbody>
</table>

*The substantial difference in the fully loaded costs for the managerial position are related to a variety of factors including Worker's Compensation premiums, MOU funds and the health plan benefit subsidy.

CFS maintains a variety of specialized social worker positions in addition to the Intake and Carrier positions already described in this section. Some of those positions are Adoptions Workers, Facilitators for Team Decisionmaking, Hotline Screening, Referral Screening/Assignment, Special Health Care Needs, Independent Living Program, Wraparound, Kinship, Licensing, Group Homes, Foster Homes, Central Placement Unit, Relative Approval, Adolescent, Training, New Initiatives, Court Officers, Inter-County Transfers, Automation, Forensic Interviewers, and other special programs.

The average caseload size for a CFS intake worker is 11. The average for a CFS carrier worker is 27. The table below illustrates staff turnover in Children and Family Services.

TABLE III-dd CFS Turnover Rates

<table>
<thead>
<tr>
<th>Description</th>
<th>Avg # of Employees</th>
<th>Internal Turnover</th>
<th>Internal Turnover Rate</th>
<th>Retirement Turnover</th>
<th>Retirement Turnover Rate</th>
<th>Attrition Turnover</th>
<th>Attrition Turnover Rate</th>
<th>Overall Turnover</th>
<th>Overall Turnover Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSP</td>
<td>321</td>
<td>10</td>
<td>3.1%</td>
<td>3</td>
<td>0.9%</td>
<td>20</td>
<td>6.2%</td>
<td>33</td>
<td>10.3%</td>
</tr>
<tr>
<td>SWII</td>
<td>77</td>
<td>2</td>
<td>2.6%</td>
<td>1</td>
<td>1.3%</td>
<td>1</td>
<td>1.3%</td>
<td>4</td>
<td>5.2%</td>
</tr>
<tr>
<td>SSSP</td>
<td>65</td>
<td>1</td>
<td>1.5%</td>
<td>1</td>
<td>1.5%</td>
<td>2</td>
<td>3.1%</td>
<td>4</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

The CFS supervisor to worker ratio is 1 to 8.5.

As of December 2012, the Probation Department maintains a funded workforce of 434 sworn officers. The Placement Unit monitors out-of-home placements/foster care and consists of nineteen sworn officers. Thirteen (13) officers serve as carrier officers and are directly responsible for foster care youth with an average caseload of 19.2. In addition, Probation maintains a variety of specialized Probation Officer positions already described in this section including, but not limited to, Placement Monitors, Warrant Apprehension, Extended foster Care, Probation Foster Care and Interstate Placement Committee.

The Aftercare/ILP (Independent Living Program) unit monitors and supervises foster care youth after successful completion of a probation placement and return to a parent or guardian. Four sworn Probation Officers supervise the minors for three to nine months based on their compliance with terms and conditions of their probation. They also work closely with two non-sworn Probation Correction Officers who act as recruiters and monitor ILP services for minors and youth over the age of 18. After 18 youth who are not returned to a parent or guardian are
supervised and provided extended foster care services by sworn Probation Officers in the Placement Unit specializing in AB 12 services.

Two supervisors are assigned to the Placement Unit with a supervisor to worker ratio of 1 to 9.5. One supervisor is assigned to the Aftercare/ILP unit with a supervisor to worker ratio of 1 to 9. One Division Director I provides supervision to both areas.

The following chart shows Probation Officer staff average salaries by classification. Please note that these amounts are only averages and do not indicate the upper or lower limits of the compensation range for each position listed.

TABLE III-ee Probation Staff Comparative Salary, Benefits and Fully Loaded Costs

<table>
<thead>
<tr>
<th>Position</th>
<th>Avg Salary</th>
<th>Avg Benefits</th>
<th>Avg Fully Loaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervising Probation Officer</td>
<td>84,797</td>
<td>40,576</td>
<td>125,373</td>
</tr>
<tr>
<td>Probation Officer III</td>
<td>68,936</td>
<td>37,362</td>
<td>106,298</td>
</tr>
<tr>
<td>Probation Officer II</td>
<td>63,958</td>
<td>34,532</td>
<td>98,491</td>
</tr>
</tbody>
</table>

Financial/Material Resources

As previously mentioned, Children’s Fund, a non-profit philanthropic organization established in 1986, engages private business, charitable organizations and generous citizens to partner in efforts to prevent child abuse and improve the quality of life for the County’s at-risk children. Children’s Fund does this by providing grants, scholarships, resources and networking opportunities to provide for these children’s needs such as adequate food, shelter, clothing, medical care and education. The County’s foster, kinship and probation children are among the many that have benefitted from the extraordinary generosity of Children’s Fund and its partners.

Children and Family Services’ highly successful Annual Foster and Kinship Youth Sports Faire is an excellent example of collaboration between CFS, Children’s Fund, partner agencies, community partners, a large faith-based organization, business corporations, education, foster parent organizations, kinship organizations, amateur/professional/Olympic athletes and many other volunteers, sponsors and donors.

The County benefits from the Wraparound Reinvestment Fund. SB 163 allows counties to accumulate savings from a Wraparound program and reinvest those savings in a child welfare services program.

Child Welfare/Probation Operated Services

San Bernardino County does not operate an emergency placement shelter. However, an increased focus on best practices, such as relative approval, including Emergency Response Relative Assessment Social Workers, Team Decisionmaking, and use of a centralized placement unit enables the stabilization and evaluation of children in care so that a proper, permanent concurrent planning placement is possible.
The County of San Bernardino has a Memorandum of Understanding (MOU) with Community Care Licensing (a division of the California Department of Social Services) to license foster homes in this county. Foster Home Services (FHS) is a unit within the Placement Resources Division of the Department of Children's Services.

The FHS staff is responsible for the following mandatory tasks: 1) process applications for licensure; 2) conduct periodic evaluations including annual on-site visits; 3) conduct complaint and abuse investigations; 4) maintain a complaint log which is available for review by regional offices; conduct a case assessment and initiate appropriate course of action when a complaint is substantiated, when the foster home chronically fails to meet licensing requirements, or when the licensee is found non-compliant; 5) perform legal and administrative remedies; and 6) report data required for State and local data systems.

San Bernardino County Adoptions Service (CAS) is licensed under the State Community Care Licensing Division, in accordance with regulations set forth under Title 22, Division 6 Chapter 9. Currently, the CAS provides “agency” adoption services including birth parent counseling and relinquishment services and services to families wishing to adopt court dependent children whose parents’ parental rights have been legally terminated. The CAS works closely with other CFS social workers in identifying a permanent plan for court dependent children prior to termination of a parent’s parental rights and assumes full case responsibility for the child after termination of parental rights.

Pursuant to requirements under Title 22, Division 2 Chapter 3, the CAS provides the following agency adoptions services: 1) relinquishment and consent procedures; 2) adoptability assessments prior to termination of parental rights; 3) recruitment of adoptive applicants; 4) information dissemination and implementation of Adoption Assistance Program (AAP) benefits; 5) stepparent adoptions; 6) group support and educational classes; 7) photo-listing of children who have been legally freed for adoption; 8) adoptive applicant advisements, assessments and home studies; 9) adoptive placement and placement assessment; 10) facilitation of needed services to the child prior to adoption finalization; 11) adoption finalization assistance; 12) provision of all agency required court reports and documentation; and 13) post adoptive support services.

Two Public Health Nurses (PHN) are assigned to the Probation Placement Unit and provide consultation services for medications, health exams and other medical services. Probation PHNs monitor the health status and follow-up of children out-of-placement and assist in linking them to needed health services. Collaboration with Juvenile Hall staff assists the Probation PHN in the creation of a Health Education Passport (HEP). The HEP provides medical history that enable provider to ensure continuity of care. Supervising Public Health Nurses for Probation PHNs participate in the State Foster Care Task Force and the Probation Youth in Foster Care Subcommittee.

Other County Programs

San Bernardino County has a long history of collaborative activities on behalf of abused and/or neglected and at risk children. Children and Family Services collaborates with numerous other agencies, prevention and intervention programs, and other collaboratives. This collaboration exists along the entire continuum of the child welfare system from prevention and very early intervention (SART), to multi-agency assessment of child abuse cases (Children’s Assessment Center), to interagency committees striving to coordinate system and agency responses (CFS-Court Committee and the 241.1 Committee) to mental health assessments (Healthy Homes)
and individualized, strengths based intervention services (Wraparound), to innovative judicial responses to substance abuse issues (Dependency Drug Court), to helping foster youth transition into adulthood (Independent Living Program Task Force).

The Interagency Placement Committee (IPC) which has a membership including DBH, CFS, County Schools Foster Youth Services, Probation, Children's Network and functions as an MDT with the purpose of triaging children in or in need of high level group home placement, providing access to most the intense levels of treatment programs for those children and youth who really need them, and identifying placement related resource gaps.

Another innovative collaboration is the Juvenile Court Behavioral Health Services (JCBHS) which is a DBH program, in collaboration with CFS, Probation, Public Health, and the Juvenile Court. A team of therapists, a DBH Supervisor, child psychiatrists, and psychiatric RN meet to ensure foster and probation youth receiving psychotropic medications are getting proper medications and appropriate services to meet their behavioral and mental health needs. A weekly case conferencing meeting is held with JCBHS staff, CFS Court Supervisor and other regional CFS Supervisors, the Public Health Nurse who maintains the CFS Psychotropic Medications Desk, Probation Officers, and the Public Health Nurse for Probation. Social workers, Probation Officers, Attorneys and Judges can refer to the JCBHS for consultation on youth who are on court ordered psychotropic medications, and in some cases, for a formal assessment and report by JCBHS. The CFS and Probation partners staff cases weekly with the Team to ensure youth are receiving appropriate services.

The Inland Regional Center (IRC) Multidisciplinary Team (MDT) meets monthly with representatives from CFS and discusses children in need of services from IRC. The Children's Assessment Center (CAC) houses Loma Linda University Medical Center forensic pediatricians and nurse practitioners, who also participate in monthly MDTs.

Public Health Nurses reside in CFS operational region offices and three support division offices. Behavioral Health/Alcohol and drug Treatment staff is co-located in some CFS regional offices. County jobs services and educational support services are available to through a variety of agencies, none of which co-locates their staff with CFS.

**San Bernardino County Probation Department**

All Probation Officers attend an 8 week core training class and then have 40 hours of firearms training. As a part of their standard probation training all sworn staff receive training in dysfunctional families and child abuse. They must also complete 40 hours (minimum) of training each year.

The core training is mandated by Standards and Training for Corrections (STC) by the Board of State and Community Corrections (BSCC), formerly the Corrections Standards Authority. Currently the STC core requirement is 196 minimum hours within the first year of appointment. The Department also requires that all force options training be current, including firearms training. Firearms training is 40 hours (PC 832-F, Advanced Firearms) and force options training is an additional 16 hours. Our core course is 280 hours, roughly 8 weeks. Upon completion of core, the officer will complete a field Training Officer Program which is a minimum of 134 hours in the field.

Special Title IV-E training is also provided to officers in the Juvenile Placement Unit. They are trained to identify the responsibilities and requirements of service provided to Title-IV-E youth,
understand the Title-IVE eligibility for placement and the Child Welfare responsibilities of Juvenile Probation Officers. This training includes the mandated contact requirements between probation officer youth, parents/guardians, out-of-home care providers and other professional service providers. It also covers legislation relevant to Child Welfare and Juvenile Probation, the elements of quality documentation, the Indian Child Welfare Act, Division 31 regulations and the Child Welfare Services Accountability and Improvement Act (AB 636).

Probation has hired more than one hundred officers to respond to AB109. In addition, many experienced officers have been transferred from juvenile positions to fill the AB 109 openings. The Placement Unit transferred 20% of its experienced officers.

Classified Probation Officer staff is represented by an organization which represents them in bargaining with the County. At this time there are no bargaining issues that impact operations, practice, service or outcomes. Top Probation administrators are unclassified and serve at the discretion of the appointing authority.

Placement staff has taken the lead on interpreting and implementing the California Fostering Connections to Success Act (AB 12), which provides extended foster care benefits to probation youth. The Probation Department has received praise for being a leader in understanding/implementing this legislation, putting a structure in place to address this new caseload, and continuing to raise questions that assist with statutory revision/cleanup.

The primary goal of the Probation Department is to help to ensure public safety by preventing probationers from committing new criminal acts. Measuring recidivism is the best indicator of overall success for the department’s efforts. The Department’s objective is to supervise juvenile supervision cases at an appropriate level in order to reduce recidivism.

Another Probation Department goal is to ensure treatment and supervision levels are based on criminogenic risk factors. A major component of ensuring public safety is to use validated assessment tools to ensure proper supervision levels and caseload assignments, and to use the results as a guide for providing evidence-based treatment options. The use of these tools results in resource optimization and allows the Probation Officer to more effectively address specific needs of each offender to reduce the likelihood of recidivism. The Department’s objective is to assess new juvenile offenders to determine expected risk of recidivating and criminogenic risk factors.

The San Bernardino County Probation Department operates two Juvenile Detention and Assessment Centers. Central Juvenile Detention and Assessment Center (CVJDAC), is located in San Bernardino with a bed capacity of 280 (currently operating at a budgeted level of 260). The High Desert Juvenile Detention and Assessment Center (HDJDAC), located in Apple Valley, has a 182 bed capacity (currently operating at a budgeted level of 140). The CVJDAC underwent renovation and new construction which began in January 2009 and was completed in February 2011. Each facility is subject to numerous statutory regulations for operations and programs.

The Probation Department is required to house juveniles in a secure, safe and humane environment. Juveniles are detained for court hearings or under court orders in order to affect a return home; for suitable placement; for commitment to the Division of Juvenile Justice formerly known as California Youth Authority; for trial disposition in adult/juvenile court; and for commitment to state prison via delivery to the Division of Juvenile Justice. Off-site medical needs of youth are met at the Arrowhead Regional Medical Center in Colton. Detention serves
as an opportunity to closely assess juveniles, which can lead to a better evaluation of the juvenile and development of an appropriate plan of action. While in detention, each minor is actively involved in educational and exercise programs. From this population, selected medium-risk and well-behaved minors are offered additional experience in on-grounds vocational programs directed towards developing horticultural, landscaping and basic general maintenance skills.

The Gateway program was implemented in March of 2008 and serves as a county alternative to youth who were previously committed to the DJJ/CYA state facilities. These youth have been committed to the Gateway Program as 707(a) offenders, require a higher level of care and supervision, and have usually failed in all other placement facilities. The program can service up to 40 male youth from ages of 16 to 18 years of age that have a minimum of 18 months of custody time available.

Probation Department Prevention Activities and Strategies

The Probation Department administers and participates in a wide variety of prevention, early intervention and diversion programs meant to reduce the incidence of youth crime and crimes against youth. According to a National Institute of Justice study, abused and neglected children were 11 times more likely to be arrested for criminal behavior as juveniles, 2.7 times more likely to be arrested for violent and criminal behavior as adults, and 3.1 times more likely to be arrested for one of many forms of violent crime (as juveniles or adults). The Probation Department, therefore, recognizes the need for early and comprehensive intervention in order to break the cycle of violence.

Some of the services and collaborations sponsored by the Probation Department, currently or in the past, are as follows.

- School Probation Officers (SPOs) in San Bernardino County provide crime prevention and intervention services at the school setting. They are trained in a variety of programs including Juvenile Anger management, Cognitive Life Skills, Substance Abuse and the Parent Project. They also participate in educational events such as the Gang Reduction and Education and Training (GREAT) Conference on Gang Intervention and the Western Regional Truancy Prevention Conference.

- Youth Accountability Boards (YAB) are collaboratives in the County between local law enforcement and citizens and aim to divert first-time offenders from the Juvenile Justice System. YAB staff develops contracts with offenders and their parents that usually include participation in community service, behavioral instruction, and completing educational goals in return for avoiding prosecution.

- The Let's End Truancy (LET) Program actively monitors the school attendance of truancy-prone students in conjunction with the District Attorney’s Office and the School Districts of the County. Students and parents are referred to available community based organizations for assistance in resolving any problems affecting school attendance.

- Community Service Team (CST) Probation Officers provide initial evaluation of all out-of-custody juvenile arrests and provide services to divert juvenile offenders from the Juvenile Justice System through program referrals and informal supervision.
• Day Reporting Centers are community day schools in the County with Probation supervision that provide specialized classes for at-risk youth, including: Anger Management/Victim Awareness, Drug and Alcohol, Parenting, Gang Involvement, Shoplifting, Truancy and the Girls Circle. Special emphasis is placed on using evidence-based programs and interventions. Counseling services are offered by ‘enrichment’ providers for those without insurance or Medi-Cal.

• It should be noted that, as with Children and Family Services, services with a preventative component may also have a component for intervention or treatment, and that these services are themselves a component in a larger continuum of care.

Other Agencies and Collaboratives Related to Prevention

• School Attendance Review Boards (SARBs) became operative in the County in 1977 and act to coordinate school, community, and home efforts to deal with attendance and behavior problems of students. SARBs maximize the use of all available resources and services to resolve attendance and behavior problems, and divert students with school-related problems from the juvenile justice system. Local SARBs are composed of parents and representatives from the school district and the community-at-large, including law enforcement, welfare agencies, Probation, various youth service agencies, mental health, and the District Attorney’s Office. They collaboratively work to diagnose and recommend procedures for alleviating circumstances that are contributing to specific truancy, attendance, or behavior problems.

• The Law Enforcement Education Partnership (LEEP) is a County coalition of School Superintendents, Law Enforcement Chiefs, the Probation Department, the Judiciary, and the District Attorney which seeks to explore areas of interagency partnerships in support of youth and the promotion of school and community safety.

• Para Los Niños (PLN) is county funded community program which integrates a full range of family assistance services that include child development activities and parenting education, a charter school, child abuse prevention and intervention, case management, after-school enrichment, youth diversion, and delinquency prevention programs. In PLN parenting classes, participants learn age appropriate methods on how to discipline their children, how to make their home a safe environment, and how to be more engaged in the development of their children.
**Systemic Factors**

Systemic factors were derived from the federal Child and Family Services Review (CFSR) and represent the larger processes that provide context, support, oversight or resources to every aspect of Child Welfare service and practice. The systemic factors have been addressed in the context of evaluating and reviewing the SIP strategies. In this section, systemic factors are reviewed in a broader sense and may contain information that will not directly influence the SIP strategies and programs.

The seven systemic factors are:

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

Two SIP strategies encompassed such a large portion of the systemic factor being addressed, that the full discussion of that factor is contained in the review of SIP strategies. Those would be Foster and Adoptive Parent Licensing, Recruitment and Retention and Staff, Caregiver and Service Provider Training. Many of the strategies had substantial overlap with systemic factors. Wherever possible here, in the interest of efficient expression, those commonalities will be summarized briefly. Also, because so many of our services are also collaborative efforts, those two sections have been combined.

**Management Information Systems (MIS)**

**Children and Family Services (MIS)**

The current Child Welfare Services/Case Management System (CWS/CMS) is a statewide desktop based tool used to document the case management, services planning and information gathering functions of social work staff. This access gives staff child and family case-specific information that helps them make appropriate referral and case decisions. Additionally, the system provides for the collection and reporting of information for Child Welfare Service programs pursuant to State and Federal requirements.

When social work staff want to access CWS/CMS from outside of the office, they utilize a State issued Citrix token. Initially, staff logon to a secure website via a laptop, iPad or tablet. After the social worker provides an ID and password, the token issues a random pass code which is generated from a pool of authorized pass codes. Token usage varies between staff. Some staff use tokens extensively while others become frustrated with the various download/security features (depending on the make of their personal computer) they have to contend with before accessing CWS/CMS remotely. Also, tokens have to be returned to the State for repair when they break or the battery goes dead. San Bernardino returns approximately four tokens per month to the State for repair and/or battery replacement. When this happens, social work staff have to go without their token for two to three weeks as there are no backup tokens for staff to use.
Although tokens are a much appreciated addition to providing out of the office access to CMS, there is a need for a more sophisticated and less cumbersome access to a Child Welfare database system that would include the ability to access information from other systems in order to make appropriate and timely referral and/or case decisions.

Historically, CWS/CMS has been updated many times to improve its functionality and to incorporate changes to forms and process due to legislative, judicial and policy changes however, major upgrades to the system were postponed in anticipation of a new CWSWeb version. This web-based version of CWS/CMS was in project development when it was indefinitely suspended by the California 2011/2012 Budget. As a result, there remains a critical business need for social work staff to track more efficiently caseload information. Also, upgrades to the system due to new initiatives, legislative updates or policy changes need to be made in a timelier, more efficient manner. There is a continual need for line staff to be able to quickly access information while working with children and families outside of the confines of an office.

The State has issued San Bernardino County CFS 9 licenses for Business Objects, a report generating application used to create reports for program management, case tracking, and outcome measures. The state has also provided a new web-based version of this tool. The State, with the participation of the counties, is considering future advancements in technology for case management.

There is simply no avoiding the limitations of CWS/CMS. For data collection and evaluation of programs the system lacks the functionality to track recipients of particular services to outcomes, precisely what is required by the CFSR process. For example, in order to track services provided under Wraparound we have to go to outside data systems to gather the needed information. Without this information we cannot do a Process Evaluation. The same is true of the OCAP programs, Kinship and the tracking of TDMs. Using external databases diverts scarce resources from program implementation to data systems and adds additional data entry as a workload pressure.

Furthermore, often new fields are added to CWS/CMS but the corresponding forms are not provided. For example, a section in the contact notebook was added about 2 years ago to track potential permanent connections. However, staff were not provided forms to document this information. CFS has a system to develop and publish forms, but there are costs involved in the drafting, publishing and dissemination of these forms.

CWS/CMS is also too heavily reliant on Special Project Codes. System and system-wide changes can take a long time to implement which leaves the county little option but to develop an array of SPCs to track new processes and programs. This complicates the entry of information and creates training issues.

Additional hardware

CFS staff now have two large monitors attached to their desktop computers. When these monitors were first installed, many workers voiced concern over the County spending money on something workers would have no need to use. Six months later, only a couple of workers still felt that they had no use for the monitor. Most workers quickly realized that the second monitor allowed for faster completion of court reports and data entry to CWS/CMS and JNET.
Video conferencing has been extremely beneficial to CFS. Trainings, meetings, TDMs, court appearances and other communication events are taking place on the video conferencing equipment, saving many hours of travel time from throughout this vast county.

Additional Software

The county utilizes a wide range of additional software including
- Two statistical software packages (SAS and SPSS),
- Business Objects to access child welfare information from CWS/CMS,
- Safe Measures, a management and supervision tool,
- A court data system (JNET) and a 2-way interface between CWS/CMS and JNET. JNET is our county-developed juvenile court system that is used by the court, the Juvenile District Attorney, Public Defender, Probation and DCSS,
- Claritis (population data projected by census track and zip codes),
- Survey software (SelectSurvey for on-line surveys of staff and vendors),
- Efforts-to-Outcome Team Decisionmaking database
- ArcGIS, a geographical mapping software used for program evaluation and analysis,
- C-IV is a Welfare Payment database that allows data matching between welfare clients and child welfare children,
- Comprehensive Assessment Tool (CAT) – a safety and risk assessment tool.

Other factors

CFS also has available numerous stand alone databases or excel sheets to track information that cannot be easily queried or captured at all in CWS/CMS, for example:
- Wraparound
- Court reports (Late or Missing Reports, Continuances and their reasons, Pretrial Settlement Conferences, Adoption or Guardianship hearings)
- Emancipating Minor outcome report (tracking the outcomes of minors who emancipate (educational, housing, medical, permanent connection, etc).

Other reports used to assist with quality assurance are:
- Quarterly media reports from CWS/CMS for Deputies and Managers to have data readily available to them for informational requests.
- The Health of the Agency that covers CFS activities and outcomes from referral, caseload information, staffing patterns, fiscal impacts, special projects, court information, adoption, educational information, to exits to permanency and emancipating minor outcomes.
- Family to Family reports on TDM utilization rates, referral and entry rates by city
- Geo-staffing referral data analysis by city
- Quarterly reviews of the state and federal outcome data

Other MIS or Technology

The Efforts-to-Outcomes PSSF/CAPIT database allows county vendors to enter referral, intake, activities and outcome data for each of their programs which enables the capturing and reporting of data to assess compliance with Federal PSSF spending requirements for Family

The Family to Family Self Evaluation and AB636 Data Workgroup has been instrumental in improving the data quality and implementing new programs. The workgroup has issued written instructions to staff, suggested additional trainings as needed, improved policies and procedures, and has created a number of management and Family to Family reports.

The data workgroup meets regularly and reviews quarterly data reports, Family to Family requests and management data requests. In addition, CFS has two staff people dedicated to data assurance and technology, two staff people from an external unit who support CFS data quality and program evaluation and an entire Quality Assurance unit that does case reads for compliance and monitoring and telephone surveys as requested.

Children and Family Services has become data and outcome driven. Management decisions are influenced by this research. In addition, programs (e.g. Wraparound, Dependency Drug Court, Healthy Homes, SART, etc) are evaluated using the state and federal outcome measures (e.g. safety, permanency and well-being). Also, the use of SafeMeasures allows supervisorial and management staff to easily monitor social worker contacts, case closures and approved case plans. All of these changes have resulted in better data entry and improved accuracy of our state and federal outcomes. San Bernardino County is confident that the county data reports accurately reflect uniform, current, accurate and reliable data due to improvements and monitoring made by the data workgroup and management.

There are still CWS/CMS data issues yet to be resolved. For instance, tracking foster parent recruitment has to be completed on a separate stand alone system. Until recently there was very little information available about a youth’s activity in Independent Living Skill Programs; the educational section of CWS/CMS is awkward; there is no reasonable means to identify youth passing the California High School Exit Exam (CAHSEE); information about youth emancipating from foster care and attending aftercare has to be recorded in a stand-alone system; and documentation of a child having a permanent connection on CWS/CMS is impossible to query (e.g. exists on word documents and text fields) which makes it difficult to accurately count the number of youth with a permanent connection at foster care exit.

Software for Wraparound

Different software programs are used to store, extract, and analyze data for the evaluation and case management of the Wraparound program. These programs include CWS/CMS, Business Objects, MS Excel, MS Access, and SPSS (Statistical Package for the Social Sciences). The County’s Information Technology and Support Division (ITSD) has developed a web-based database to replace the Excel workbook and Access database that were previously used to track data not found in CWS/CMS.

Additional Software and Data Sources

Often, software and data sources other than CWS/CMS and Business Objects are needed to provide needed information. For this reason, new survey and mapping programs are being used by the County to collect and display data. The County of San Bernardino uses the SelectSurvey program to create surveys that can be administered via the Internet or the County’s intranet. This software also allows users to create e-mail lists for survey distribution, track responses and non-responses, send survey reminders, and create reports of survey results and has been used
to administer several different surveys including the PSSF/CAPIT Needs Assessment and a Cultural Competency Survey.

In an effort to link information (such as areas within our county that have the highest rate of child welfare referrals) to specific locations the County uses ArcGIS to create maps with data from a variety of sources including, GIMS of San Bernardino County, the U.S. Census Bureau, ESRI, and CWS/CMS.

Human Services (HS) created the Program Integrity Division’s Case Review Unit (CRU) to work at the direction of County Counsel for the purpose of investigating and analyzing critical incidents. Critical incidents have the potential of generating a lawsuit and may involve death, near-death or serious illness/injury on an open case or for a child that received services from CFS within the past year. They also involve incidents related to social worker safety.

CRU tracks critical incidents. There were 59 critical incident cases opened, 48 of which were investigated. CFS management reviews these cases at a bi-weekly meeting to review any related policy issues, trends, further actions needed, practice and training needs/issues, and to follow-up. If necessary, the item is also reviewed by the Child Death Review Team (CDRT). The countywide multidisciplinary CDRT reviews the deaths of all children under age 18, dependents and non-dependents alike. The team is comprised of representatives from law enforcement, pediatricians, medical examiners, Coroners, DA, Public Health, hospital staff and CFS staff. The CDRT reviews all deaths to determine cause, review issues of prevention, and to determine if incidents of child abuse are recognized and if siblings and non-offending parents receive appropriate services.

External Databases

The following is a comprehensive list of the external databases CFS employs to supplement information provided on CWS/CMS.

**TABLE IV-a External Databases**

<table>
<thead>
<tr>
<th>Function Grouping</th>
<th>System</th>
<th>Purpose / Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>CQ Shadow Database</td>
<td>This database is used to run program management reports to meet the county’s specific needs that were not addressed by the PM reports in CWS/CMS. It is also used to run reports to match clients between different systems such as C-IV and JNET.</td>
</tr>
<tr>
<td>Administration</td>
<td>Exit Outcomes for Youth Aging Out of Foster Care - Excel Spreadsheet</td>
<td>This spreadsheet tracks the exit from foster care information required for state and federal reporting.</td>
</tr>
<tr>
<td>Administration</td>
<td>Position Control Database</td>
<td>This Access database tracks the authorized/budgeted position numbers assigned to the department. Tracking shows current employee name/ID, classification, region/office/unit assignment for each position number. Historical information is maintained in the database.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Adoption Matching Database</td>
<td>This system provides a list of perspective adoptive home placements based on the matching of adoptive parents with foster children.</td>
</tr>
<tr>
<td>Case Management</td>
<td>ADS - Adoptions Database System</td>
<td>Tracks case information for cases that aren't in CWS/CMS such as birth parent adoptions, probate guardianship, out of town inquiries, and post adoption services.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Business Objects (BO)</td>
<td>Ad hoc queries of CWS/CMS data</td>
</tr>
<tr>
<td>Case Management</td>
<td>Cooperative Agency home study Assignments</td>
<td>Tracks all home studies assigned to cooperative agencies, dates completed and # of outstanding studies. Need for alert system when a home study is overdue.</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>Case Management</td>
<td>CPU - Central Placement Unit Database</td>
<td>Tracks requests for placement homes to the Central Placement Unit including who made the request, date requested, type of placement requested, etc.</td>
</tr>
<tr>
<td>Case Management</td>
<td>DCS Adoptions Card Imaging</td>
<td>This is a database of old pre-CWS/CMS adoptions cases. Old adoptions case information was scanned into it. It is used for post adoption services on adoptions cases that were finalized prior to CWS/CMS.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Efforts To Outcomes (ETO) Team Decision Making portion</td>
<td>Track TDMs provided to families including recommendations from the meeting and allow for comparison with CWS/CMS data to analyze outcomes/impact of TDMs. Also allows for tracking progress in implementation of TDMs by identification of instances where TDMs did not occur and could have when using reports on placement changes in CWS/CMS and TDM instances in ETO.</td>
</tr>
<tr>
<td>Case Management</td>
<td>ETO - Efforts to Outcomes-Adoptions subset</td>
<td>Currently used as one of the components of ETO for tracking post-adoption requests for service.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Foster Focus</td>
<td>This database is a joint venture with the Sup. Of Schools developed by Sacramento County to track education enrollment and other education information for children in out of home placement.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Health and Education Passport Log</td>
<td>Tracks Physical and Dental Exam due dates.</td>
</tr>
<tr>
<td>Case Management</td>
<td>ICPC Database</td>
<td>This system provides information on incoming and outgoing ICPC cases.</td>
</tr>
<tr>
<td>Case Management</td>
<td>ICPC Quarterly Report Database</td>
<td>This database tracks due dates for ICPC Quarterly reports.</td>
</tr>
<tr>
<td>Case Management</td>
<td>ILP-Independent Living Program</td>
<td>This is an excel spreadsheet that tracks information on children participating in ILP services.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Independent Living Program Aftercare System</td>
<td>Tracks ILP aftercare services for youths age 18-21.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Individual Health Care Plan Database (IHCP)</td>
<td>Provides individual case plan information for Special Health Care Needs children.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Inter County Transfer of Cases (ICT)</td>
<td>This system tracks incoming and outgoing ICT cases.</td>
</tr>
<tr>
<td>Case Management</td>
<td>MARS-Medically At Risk System</td>
<td>Tracks Medically Fragile cases.</td>
</tr>
<tr>
<td>Case Management</td>
<td>Q&amp;A</td>
<td>This is an old database dating from the 1980’s that contained information on biological parents, adoptive children and adoptive parents. It is used for information retrieval only for old pre-CWS/CMS adoptions cases.</td>
</tr>
<tr>
<td>Court</td>
<td>Electronic Filing (e-filing)</td>
<td>Court reports are electronically filed by the regions, reviewed by CFS Court Officers, released to Court for filing.</td>
</tr>
<tr>
<td>Court</td>
<td>JNET</td>
<td>This is the database used by juvenile court, juvenile probation, juvenile public defender, juvenile DA, and DCS to track children through the juvenile justice system whether as probation wards or DCS dependents. It provides automated minute orders and court calendars used by court staff as well as DCS staff.</td>
</tr>
<tr>
<td>Court</td>
<td>JNET Web for Attorneys</td>
<td>Web access enables attorneys to view court reports concerning their clients.</td>
</tr>
<tr>
<td>Court</td>
<td>Psychotropic Medications Database</td>
<td>Tracks due dates for psychotropic medication court order.</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Appeals Tracking System</td>
<td>Tracks issue codes for all hearing requests on Foster Care and AAP related issues.</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Consortium IV (C-IV)</td>
<td>Foster Care, AAP and KinGAP eligibility determination and benefit issuance information.</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Financial Management</td>
<td>RBC Database-Regional Budget Committee</td>
<td>The RBC database supports our fiscal programs. It tracks clients, goods and services. There are 5 regions and RBC is able to track each region individually.</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Wraparound Database</td>
<td>This is an excel spreadsheet that tracks information on children participating in the Wraparound Program including all information needed to complete the state wraparound report.</td>
</tr>
<tr>
<td>Intake Management</td>
<td>Children's Assessment Center Database</td>
<td>This database tracks referrals to the Children’s Assessment Center for exams and interviews for child victims. It schedules appointments for children's exams and interviews and indicates where the closed file is located.</td>
</tr>
<tr>
<td>INTAKE (and Case) MANAGEMENT</td>
<td>Comprehensive Assessment Tool (CAT and CAT Web)</td>
<td>Safety and risk assessment, decision making support. The CWS/CMS-based version is being phased out in December 2012 and replaced by the web version.</td>
</tr>
<tr>
<td>Interfaces</td>
<td>SSI/SSA database</td>
<td>SSI/SSA applications, appeals, awards and payees</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>CACI Grievance Database</td>
<td>Tracks incoming requests for grievance hearings through to final decision</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Concurrent Planning Meetings</td>
<td>Reminder to hold a Concurrent Planning meeting due to upcoming hearing timelines</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Healthy Homes Database</td>
<td>Tracks Dept. of Behavioral Health referrals and assessments for foster children.</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>RAU - Relative Approval Unit Database / Relative Assessment Database</td>
<td>Tracks information on requests for relative approvals for placement. Tracks who made the request, when it was received, when it was approved, when it is due for reassessment, etc.</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>RX for Kids</td>
<td>Tracks reminder letters to caregivers of due dates for CHDP exams. Tracks immunization records.</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>SafeMeasures</td>
<td>Caseload management, compliance, system improvement</td>
</tr>
<tr>
<td>Resource Management</td>
<td>Efforts To Outcomes (ETO): Recruitment Development and Support of resource homes (foster home recruitment)</td>
<td>Tracking of foster parent training and foster home recruitment efforts</td>
</tr>
<tr>
<td>Resource Management</td>
<td>ETO - Efforts to Outcomes: PSSF/CAPIT</td>
<td>This database tracks client and service delivery for the county PSSF/CAPIT contracted vendors.</td>
</tr>
<tr>
<td>Resource Management</td>
<td>Foster Home Recruitment</td>
<td>This database tracks all applicants for licensing including all paperwork needed for licensing and milestones in the licensing process.</td>
</tr>
<tr>
<td>Resource Management</td>
<td>Training Clerk Access Database</td>
<td>This database tracks the PRIDE foster parent classes for foster home licensing; including who attended, classes completed, drop outs and date, etc.</td>
</tr>
</tbody>
</table>

**Probation Management Information Systems (MIS)**

**Existing Hardware**
The Probation Department utilizes a variety of technologies to allow staff the ability to connect to resources.

- Blackberries
- Cellular laptops w/secure VPN connections
- Standard desktops and Laptop/Desktop Combination
- Assessment of Mobile platforms (iPad, Tablets) for officer field use.
- Piloting Mobile Data Computer (MDC's) in officer vehicles
- Network storage for staff to store data.
- GPS units for certain populations (Sex Offender, Gang).
- Kiosks
- Probation Officers also use standard radios (hand held and vehicle) and cellular phones.

Technology

Probation has video conferencing equipment in each branch office. Probation offers telepsychiatry for youths in the institutions – a minor and clinician video conference with a psychiatrist. This is offered in both juvenile institutions. In addition, probation has established teleconferencing communication with placements that are out of the local area to provide improved family therapy and strengthen the family reunification process as well as for placement hearing between the courts and placements so that minors do not need to be transported in some circumstances.

Caseload Explorer (CE)

Probation currently runs SQL2005 and Microsoft NET Framework and is used as the adult, juvenile and institutional (e.g. juvenile halls) Case Management System. CE is used by all three Probation bureaus: Community Corrections, Detention Corrections, and Administrative Services. This application went live in December 2003 with the Adult module and 2006 for Juvenile and Institutions.

CE contains information on offenders pertaining to safety/delinquency, tracking court appointments, minute orders, hearings, case information and has the ability to create, edit, import, and scan documents and images (mug shots) and video/audio. CE also tracks family, co-parts, victim and organizational information (schools, gangs, placements, programs etc.).

Interfaces

- Real time interface with JNET (Juvenile Court MIS)
- Batch interface with Sheriff Jail Information Management System
- Offender Link for Telephone reporting
- COPLINK – multi-agency Joint Power Authority (JPA)
- Supervised Release file with DOJ
- Juvenile Court Probation Statistical System (JCPSS)
- COMPAS (Correctional Officers Management and Profile Sanctions) In development
- CE Assessments/CE Sync
- CWS/CMS Interface in development

Caseload Explorer: Quality Assurance
• Probation has one full time staff member who is responsible for auditing CE and the efficacy of staff data input in the system.
• County Administrative Office (CAO) Reports are generated from CE on a quarterly basis, but can be run at any time to track trends as they occur.

CWS/CMS
• One full time non-sworn staff member is assigned to enter data for the Placement Unit into CWS/CMS. One part-time non-sworn staff member is assigned to enter data for the Aftercare /ILP unit. One sworn staff member is assigned oversight of both non-sworn staff.
• Both staff members generate reports on a monthly basis, and can run reports at any time to track trends as they occur.

Software/Programs Utilized by Probation
• COMPAS (Correctional Officers Management and Profile Sanctions) – safety, risk assessment tool
• Static 99R- safety, risk assessment tool for adult sex offenders
• CWS/CMS- statewide data base for minors in foster care or out of home placement.
• COPLINK – an interagency collaboration with law enforcement, and the county to be able to search all the databases for key factors.
• CAL ID- database to access photo identification
• Business Objects- this is the reporting tool used in CWS/CMS
• ProbTrain – a Probation database used for the Probation Training Unit.
• JJCPA (AB1913) MS Access databases – tracks state and federal outcomes.
• JCPSS – Juvenile Court Probation Statistical System.
• InTime - scheduling software deployed in 2007 used for the Scheduling of Institutions staff at the Institutions.
• Project ADAPT - Automated Dispensing of Accurate Prescription Therapy.
• In House developed Offender Mapping tool.

Case Review System

Children and Family Services (CFS) provides training, written handbook instructions on policies, procedures and practices, clerical support, supervisory and management oversight to the County’s child welfare case review system. In addition, with the implementation of best practice initiatives, such as Family to Family and Team Decisionmaking, Social Workers utilize a strength-based, collaborative approach in working with parents on the case planning process.

The Team Decisionmaking (TDM) process facilitates a partnership between social workers and parents. This process allows for developing a safety plan, provide for early identification of relatives, provide for support systems for parents, and assists in initiating services in an expedient manner. The involvement of community partners and extended family in the process is viewed positively by staff. It should be noted that TDMs and working with parents collaboratively from the start has enhanced the case planning process, served to dispel myths about the agency’s role, and tends to minimize parental distrust and hostility often seen in the early stages of CFS intervention.

The policy of CFS and the Court, as well as the legal requirement is that children ages 10 and older be asked if they want to participate in their court hearings. Social workers are required to
address the child’s response in their court reports and to ensure children and youth are brought to court when they indicate a desire to attend their hearing. Children ages four and older are brought to the Detention Hearings to meet and speak with their attorneys. The children’s attorneys employ their own social workers, who meet with the children as well.

CFS maintains written instructions for social workers on court processes, case planning, placement, concurrent planning, noticing, and a variety of other court related and practice issues. The social worker staff receives initial training in a four to six month training unit during which time their case work is done jointly with an experienced social worker mentor, and reviewed by a supervisor. On-going trainings at court on a variety of issues occur throughout the year. In addition, County counsel and CFS court staff goes out to all CFS regions and provides new and review training to staff on court processes and legal issues.

The Department engages in ongoing concurrent planning, in which a Child Protective Services (CPS) social worker, an Adoption social worker and their supervisors meet regularly for concurrent planning review meetings, during which the prognosis for reunification is addressed, as well as the alternative permanent plan.

The Juvenile Court Judges, County Counsel and the court attorneys ensure that hearings are scheduled per legal requirements for all hearings, from Detention through permanency. CFS supervisors and social workers are provided with a calendar of upcoming hearings per unit monthly to provide for timely submission of court reports to meet legal requirements. In addition, supervisors and managers receive monthly monitoring reports which reflect late or missing petitions and reports, stats on continuances including the reasons they occur, and month to month summaries over time. These reports provide information at the unit and social worker level, so that supervisors can address timeliness in their reviews with social workers.

It is the policy of Children and Family Services that supervisors will meet monthly in conference with their social workers to review all cases, provide for assessment and discussion of the case plan. Supervisors are required to review all petitions, court reports and case plans, attend concurrent planning review meetings, and provide ongoing support and consultation to their social workers.

The Juvenile Dependency Court includes one Presiding Judge, two full-time Judges, twenty-seven attorneys, and two Court Mediators. CFS maintains a staff of one Manager, one court supervisor, eight court officers, two court clerical supervisors and twenty-three clerical staff to support the social workers and the court process. Other support staff includes a child care provider, an Intake Specialist, a social service aid and a volunteer.

In an effort to ensure that parents are provided information to understand the court and case planning process, Children and Family Services provides a Court Orientation in which parents attending their Detention Hearing can view a power point presentation which explains these processes and encourages them to work with their social worker on a case plan. The Court Officer also works with parents to complete important documents, such as those identifying relative information, paternity and Native American heritage. In 2007, CFS received a National Association of Counties achievement award for the Court Orientation program.

Case planning is completed by probation when the matter is adjudicated (informal, summary, formal, placement disposition). The assigned officer works in conjunction with the parents/guardians and the minor to develop a case plan outlining the needs, goals and
objectives for the minor and the parent(s)/guardian. Case plans are updated a minimum of every six months or upon change of supervision and/or court status. A copy of the case plans are provided to the court, attorney of records, District Attorney, parent and minor.

The CFS court services staff provide for ongoing noticing to parents, caregivers, children and court dependent siblings. There are court services clerks dedicated to search, ICWA noticing and 366.26 noticing. Social Workers provide personal notice to parents for the Jurisdictional/Disposition and 366.26 hearings, or request assistance from process servers hired by the Department. Caregivers receive notices of review hearings, and are provided with a JV 290 Caregiver Information Form should they wish to file their own report directly with the court.

Juvenile Court Judges, attorneys, and CFS staff are sensitive to the problems that court continuance cause in terms of delays in moving cases forward through the court system. While many hearings are continued for noticing, many other miscellaneous reasons impact the court process and create the need for a continuance. CFS has worked diligently to improve the noticing process by assigning court clerical staff to specialized functions, such as ICWA noticing, providing training to staff and written instructions, and securing ongoing assistance from County Counsel, particularly on the 366.26 noticing process.

Mediation is highly valued by the Juvenile Court Judges as a means of dispute resolution. The mediators who participated in the Self Reassessment process have been encouraged by the commitment of social workers to the process, and this serves to facilitate resolutions. Other dispute resolution processes include Team Decisionmaking and Family Group Decision Making.

The Juvenile Dependency Court building is a relatively new structure, which includes a large lobby area for parents, and a pleasant, comfortable child care center for children who are brought to court for hearings and to speak with their attorneys. CFS employs a full-time child care provider, who works with children on arts and crafts, and various games and projects. In addition, numerous donations have afforded snacks, game systems, and DVDs to be available for children while they wait at court.

The current relationship between the Court, Children and Family Services and the Probation Department is positive, collaborative and supports a joint problem solving atmosphere. A monthly CFS/Court meeting enables the Juvenile Court Judges, CFS Managers, CFS Court supervisors and staff, attorneys, mediators, county counsel and other parties to the court to discuss new legal requirements and laws, problems with noticing or other court processes, provide for exchange of information on practices, and facilitate a collaborative arena. In addition, a CFS Manager chairs a monthly Court Coordination meeting, which includes CFS/CPS supervisors and staff from all regions, CFS Court supervisors and CFS Court services manager and supervisor, and County counsel. This meeting affords an opportunity to discuss with staff new laws, review court processes and legal issues impacting court cases, identify barriers and training issues, and provide for general discussion.

The Department recognizes the importance in planning for youth who remain in the foster care system. Ongoing concurrent planning reviews, held prior to all hearings, include both CPS and Adoption social workers and supervisors to ensure every effort is made to locate a permanent home for children in foster care. Educational Liaisons were hired by CFS to provide for enhanced educational tracking, support, coordination with schools, and documentation. Also, three former foster youth were hired as Peer and Family Advocates, to provide outreach and support to children in care. The CFS and Probation Independent Living program and transitional
housing programs work diligently to provide services to prepare foster youth for emancipation. A joint CFS/Probation ILP Task force meets monthly with service providers, community colleges, and youth to discuss classes, workshops and available support programs. Youth and caregivers meet with social workers to jointly discuss and develop goals for a Transitional Independent Living Plan.

The San Bernardino County Juvenile Court in collaboration with Children and Family Services, the Probation Department, the Department of Behavioral Health and attorneys created a WIC 241.1 committee which meets weekly to discuss those youths who appear to need both Probation and CFS intervention. In January 2012, Children and Family Services (CFS) and the San Bernardino County Probation Department entered into a written protocol to jointly assess and produce a recommendation that a youth be designated as Dual Status, allowing the youth to be simultaneously a dependent and ward of the court. The recommendation of both Departments is made collaboratively and presented to the juvenile court and the court determines which status is appropriate for the youth and which agency will be the lead agency. From January 2012 to October 2012, CFS and the Probation Department have dually serviced approximately 38 youth; 31 of which were Dual Status with CFS as the lead agency. (Data taken from CWS/CMS, retrieved December 4, 2012).

Each CFS Operational Region and Probation Regional Office have a designated social worker/probation officer who work as a collaborative team and utilize the least restrictive options to ensure that the best interests of the youth and the community are preserved. In addition to the joint 241.1 Committee meeting, Dual Jurisdiction staff from both Departments (including the supervisors) meet on a monthly basis to further collaborate on serving Dual Jurisdiction cases. Over the last year a series of cross trainings/meetings were conducted on several topics including:

- The court process for each agency;
- Case management roles and responsibilities;
- Community Resources;
- CWS/CMS Documentation, and
- Reporting to the Court in a jointly developed and submitted court report.

The monthly meetings foster cohesion between social workers and probation officers and allow staff to process both strengths and concerns regarding the program. In addition, Probation staff were trained on the CFS Relative Approval Process. This collaboration provides greater permanency options for youth placed with relatives or non-related extended family members (NREFM) because caregivers are eligible to receive foster care benefits for Dual Jurisdiction Youth. This process has worked well to forge a collaborative, cooperative relationship between CFS and Probation and provides for the best interests of the child.

San Bernardino County Juvenile Court operates a Dependency Drug Court to provide intensive case management services and court oversight (separate from the Dependency case) for parents who have a substance abuse issue which has impacted their ability to parent and resulted in court and CPS intervention. The program is voluntary for parents and has led to successful outcomes in regards to foster care re-entry.

**Quality Assurance System**

San Bernardino County Children and Family Services has an active Quality Assurance System in place to evaluate the adequacy and quality of child welfare services.
There is an ongoing data workgroup which meets monthly and reviews AB636 quarterly reports, Family to Family requests and management data requests, and provides numerous reports to agency administrators on the quality of services provided and needs for improvement. CFS has a Quality Assurance unit that reads cases for compliance and monitoring and conducts telephone surveys as requested. Another group is responsible for CAPIT and PSSF program quality assurance.

San Bernardino County Children and Family Services (CFS) has monthly, quarterly and annual systems in place to review, evaluate, and improve:
- Compliance with Federal, State and County regulations
- Performance of child welfare personnel
- Provision of services
- Utilization of funding.

After completing the 2008 County Self-Assessment, Children and Family Services increased efforts to improve on four of the outcome measures which included: reunification within 12 months (measure C1.3); placement stability (measure C4.3); and long term care outcomes (measure C3.1) and (measure C3.3).

San Bernardino County Children and Family Services has enhanced the quality and breadth of services through its partnerships with the Department of Public Health (DPH), the Department of Behavioral Health (DBH), Faith-based organizations (FBO), Community-based organizations (CBO), and utilization of specialized units including the Family Advocate Resource Service (FARS), Operation Phoenix (OP), and the Special Health Care Needs Unit. It is through these partnerships that San Bernardino County has equipped children and families with the tools and skills necessary to thrive in spite of past circumstances.

Compliance and Quality Review

Children and Family Services (CFS) utilizes a variety of mechanisms to monitor administrative and operational compliance with Federal, State and local regulations. On a monthly basis, a Department Assessment Monitoring Report (DAMR) is distributed throughout CFS management to identify areas of strength and opportunities for improvement. Based on the quantitative data provided by the report, CFS management is able to determine the timeliness and compliance of face-to-face contacts, referral follow-up and closures, quantity of open cases by program, location of contacts made by staff, social work caseload activity, CAHSEE performance, removal rates by region and reason, etc.

In addition, the monthly DAMR report allows CFS administration to monitor staff performance and departmental compliance with:
- Status of Case Plans (In Effect, In Progress, Overdue)
- Development and service delivery of participant Independent Living Plans (ILPs)
- Regional participation in Team Decision Meetings regarding child safety and placement
- Adoption placement status by home type and region
- Overall foster care caseload and foster care home licensing

Children and Family Services (CFS) has an active Quality Assurance System in place to evaluate the adequacy and quality of child welfare services. CFS has an on-going data workgroup which meets quarterly and reviews AB636 quarterly reports, Family 2 Family requests and management data requests. The CFS data workgroup also provides numerous
reports to agency administrators on the quality of services provided, achievement of identified performance measures, and needs for improvement.

The CFS Quality Assurance Unit conducts quarterly case reviews for compliance and monitoring and conducts telephone surveys as requested. The quarterly case reads provide for an in-depth review of data, documentation and case notes to identify patterns and deficiencies in the narratives, references and contacts completed by CFS social workers. Upon review of the documentation, CFS administration is able to evaluate the Department's permanency efforts, quality of services provided by social work staff, and provide additional training where necessary.

The Quality Assurance System is a strength for San Bernardino County CFS. The Quality Assurance Team of CFS meets regularly and its members have a sophisticated understanding of data and the inter-relatedness of data measures as they relate to child welfare outcomes in the County, and they are able to link the data to policies and practices within the County. The Quality Assurance Team enlisted the aid of additional CFS and Probation staff members as well as representatives from other agencies to examine child welfare outcomes for the purposes of this self-Reassessment and used the opportunity for extensive discussions related to ideas on improving service delivery.

A number of outside audits were completed in the past year. The Administrative Office of the Courts (AOC) conducted a Judicial Review and Technical Assistance project site visit of CFS court from February 27, 2012 to March 2, 2012. The compliance report was submitted to CDSS along with any recommendations. In addition, a single audit was performed from February 20, 2012 to March 9, 2012 regarding Adoption Assistance Program payments and there were no findings for CFS.

Overall, Children and Family Services values exceptional performance of staff and excellence of service delivery in every aspect of its child welfare system as these activities directly impact the quality and efficiency of the services received by its children and families.

San Bernardino County Human Services (HS) contains the Transitional Assistance Department (TAD) and Children and Family Services (CFS), and is responsible for administering the Aid to Families with Dependent Children - Foster Care Program (AFDC-FC also Title IV-E), including the determination of eligibility and the payment of aid, assuring that services are provided for children in foster care and for taking all necessary actions to ensure maximum utilization of all available funds for such purposes. Probation, on behalf of Human Services and in conjunction with them, places children and eligible young adults that qualify for AFDC-FC and maintains control and custody of these individuals. To obtain the Title IV-E funds a Memorandum of Understanding (MOU) has been implemented between HS and the Probation Department. The MOU outlines the roles and responsibilities of each department regarding the pass-through of the Title IV-E funds. The MOU also defines the method that will be used to develop an indirect cost rate proposal or cost allocation plan, time study requirements, the process of notifying the HS of claimable expenditures, how the funds will be disbursed, the billing methodology, and compliance with federal program requirements.

Human Services monitors the Probation Department for compliance with the MOU on at least an annual basis. Case reviews are conducted as are reviews of fiscal procedures and other contract compliance items. According to the most recent monitoring report there are no outstanding findings and the Probation Department is in compliance with the terms of the MOU.
Technology

CWS/CMS continues to be the primary system used by CFS. It has been in use since September 1997 and there have been numerous refinements made to the application to improve its ease of use for social workers. San Bernardino County is an active participant in the on-going workgroups to develop improved functionality. This consists of participating in the development of requirements and approval of the design changes, weekly conference calls, and in county testing of changes or refinements. San Bernardino County also represents the CWDA Southern Region on the Oversight Committee and on the Policy Impact Analysis Committee for CWS/CMS.

San Bernardino County CFS utilizes a Server Based Computing (SBC) which allows social workers to log on to CWS/CMS through a secure Internet site and enter data from the field. CFS has a shadow database copy of CWS/CMS from which to run monthly program management reports based on a monthly download from the State. In addition, the State has provided the county with 9 licenses for Business Objects, a report writing application, which the state is currently in the process of updating with a new version which is web-based and will be accessible by more supervisory and management staff.

San Bernardino County CFS currently makes use of the report writing capability to create and run numerous reports for program management, case tracking, and outcome measures. Ad hoc reports are also helpful in identifying areas that may need improved instructions in data entry for improved outcomes.

The state has recognized the limitations of the current CWS/CMS system. San Bernardino County is actively participating with the state and other counties in making recommendations for a replacement system for CWS/CMS.

In addition to the CWS/CMS system, CFS has adopted the use of Safe Measures, a web-based reporting system which extracts data from CWS/CMS. Department Supervisors and Managers use Safe Measures to monitor social worker performance and determine County compliance with State and Federal performance standards. This system provides CFS with mapping capabilities to identify foster children placed in locations in close proximity to the County’s wildfires, earthquake epicenters, floods and other natural disasters. The Safe Measures system assists the social worker in monitoring referral/case management activities such as contacts, case plans, investigations, closures, etc.

Children and Family Services (CFS) staff enters data into CWS/CMS as part of their case management duties. The data is used to assess the various outcome measures and can be compared to federal and state standards by using the Child Welfare Dynamic Report System which can be accessed at http://cssr.berkeley.edu. San Bernardino County Children and Family Services (CFS) continuously monitors these measures through its Quality Assurance (QA) Workgroup and routinely analyzes how the outcome measures relate to changes in child welfare practice and performance.
Collaboration and Service Array

Overview

San Bernardino County has a long history of collaborative activities on behalf of abused and/or neglected and at risk children. CFS and the Probation Department are well aware that its most important functions are not merely enhanced by collaborative efforts, but that collaboration is essential to the successful completion of their appointed tasks. Collaboration can take many forms:

- Community and interagency partnerships at the highest administrative levels,
- Formal interagency programs,
- Contractual relationships,
- Networks of community agencies,
- Interagency task forces and committees targeted at specific issues, and
- Informal partnerships, often at the level of service.

CFS partners with all manner of entities concerned about children’s issues, from large governmental agencies to small community and faith based organizations. The role of CFS in these collaborative efforts covers the spectrum from lead agency and committee chair to informational support. The participants in the CSR and Peer Review processes represent a substantial portion of CFS and Probation partners.

CFS Agency Collaborations

Administrative level community and interagency partnerships

Chief among interagency partnerships is the San Bernardino County Children’s Network which came into existence in 1986 with the express purpose of increasing collaboration between and among public and private agencies that serve at risk children in San Bernardino County. The Children’s Policy Council has been discussed in connection with the OCAP programs. Other components of the Children’s Network include the: Children’s Lobby, an interagency group of legislative analysts who review child related legislation and make recommendations to the Policy Council; the Child Abuse Prevention Council, an interagency planning group; and the Community Assistance Network/Children’s Advocate Linkage (in partnership with the First Five of San Bernardino) which is a mutually ongoing partnership between the various components of the Children’s Network and Children and Family Services providers, advisory boards, local educational agencies, child advocates, community collaborative and community-based organizations, the religious community, and the community at-large. It has four related collaborative through the Community Assistance Network:

- Big Bear Valley Community Network, Big Bear
- Focus West Collaborative, Ontario
- East Valley Collaborative, San Bernardino
- High Desert Partnership for Kids, Apple Valley

The non-profit member of the San Bernardino County Children’s Network is the Children’s Fund which has its purpose to call to action private businesses, non-profit organizations, and concerned citizens to form a public/private partnership on behalf of at risk children in the County.
The SIP Oversight Committee performs all the functions of the C-CFSR team and was evolved out of the SIP development committee that prepared the foundational SIP in 2009. The SIP Oversight Committee is composed of representatives of Children and Family Services, the Probation Department, Human Services Legislation and Research, Human Services Program Development Division, Department of Behavioral Health and the California Department of Social Services (CDSS). Other stakeholders are also invited to attend the Committee’s monthly meetings.

**Formal Interagency Programs**

CFS collaborates with numerous agencies, prevention and intervention programs, and other collaboratives. Many of the collaboratives and related programs have been described in other sections of this report. Some of these collaborations are formalized in policy or with a Memorandum of Understanding between agencies. These partnerships exist along the entire continuum of the child welfare system from prevention and very early intervention to helping foster youth transition into adulthood.

**Mental Health related interagency programs**

The *Katie A. v. Bonta* decision has brought to light the need for a comprehensive approach to the provision of mental health services for those in care or at-risk of foster care placement that may have a mental illness or condition. CFS and DBH have begun the process of implementing system reforms, including better collaboration among their agencies and providers, developing individualized service arrays focused on keeping children and youth in their homes, and accessing new Medi-Cal cost-sharing by the Federal government, to achieve improved outcomes for families and youths. The long-term collaborative goal is to establish a shared management "structure" to develop policy and program direction consistent with a "core practice model" designed to provide child welfare and mental health services to foster children and at-risk youth in a coordinated, comprehensive and community-based fashion.

Collaborative efforts to identify children in placements with mental health needs in order to link them firmly to necessary mental health services includes the Healthy Homes program (HH). HH is a collaborative effort between CFS and DBH in which DBH clinicians conduct assessments and initial psychosocial screenings that identify problem areas and treatment needs for children in out-of-home care. The Healthy Homes Assessment Program accesses EPSDT screening services. This program is designed to increase the early identification of treatment needs for children, stabilize out-of-home placements and improve the potential for reunification.

A DBH clinician conducts the Healthy Homes Assessment and provides a provisional diagnosis and screening. The CFS SW receives and reviews the HH report and utilizes it in determining services needed for the case plan. Virtually all Medi-Cal eligible children in out-of-home placement below RCL 14 receive HH screenings.

Another best practice collaborative initiative being used in San Bernardino County is the Screening, Assessment, Referral, and Treatment Program (SART) which is an evidence based program designed to improve the social, developmental, cognitive, emotional and behavioral functioning of high-risk and multiple-risk children from birth through age 5, and improve their lifelong outcomes. The SART program screens, assesses, and refers children and their families for treatment through a standardized process. Its goal is the identification of children who are at risk of developmental and mental health problems and expedite individualized interventions that can make significant impacts.
The following are the utilization Averages over the two years 2011-2012:

<table>
<thead>
<tr>
<th>Service</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>SART Referral</td>
<td>396</td>
</tr>
<tr>
<td>SART Screening-Initial</td>
<td>123</td>
</tr>
<tr>
<td>SART Assessments</td>
<td>81</td>
</tr>
<tr>
<td>SART Treatment</td>
<td>23</td>
</tr>
</tbody>
</table>

Regarding program outcomes, a recent comparative analysis of SART and non-SART participants demonstrated significantly fewer substantiated maltreatment allegations at 6 months in the SART group and a similar trend at other age intervals. Regarding permanency, although not statistically significant, reunification to parent was shorter for the SART group. There was, also, significantly shorter time to permanency under Guardianship for the SART group.

Intensive Treatment Foster Care, ITFC, a placement option for county foster children, provides the intensity of services available in a group home while keeping the child/youth in a family setting. In this placement option, pre-approved Foster Family Agencies (FFA’s) receive a special rate to provide short-term intensive treatment services and supports that would otherwise be provided to the same child/youth if placed in a group home.

A concurrent step-down Intensive Treatment Foster Care (ITFC) placement process is incorporated into the Residential Based Services (RBS) pilot to allow for maximum flexibility in managing the placement needs of enrolled children. In this process, children are transitioned into lower levels of community care with maximum support from the Providers and the Community.

The RBS model moves away from a behavioral focus of group care to an evidence-based treatment process using a coordinated teaming process to build quality relationships, skills, and values in affected children and their families. It is designed to improve transition and length of stay outcomes of affected children and to return these children into a family setting, in their communities and as quickly as possible. (See section on Wraparound and intensive services).

An innovative collaboration that is an example of intensive case coordination is Juvenile Court Behavioral Health Services (JCBHS). JCBHS is a DBH program, in collaboration with CFS, Probation, Public Health, and the Juvenile Court, where a team of therapists, and DBH staff meet to ensure foster and probation youth are receiving proper and appropriate psychotropic medications. A weekly case conferencing meeting, the Interagency Court Review Committee (ICRC), is held with JCBHS staff, CFS Court Supervisor and other regional CFS Supervisors, the Public Health Nurse who maintains the CFS Psychotropic Medications Desk, Probation Officers, and the Public Health Nurse for Probation. Social Workers, Probation Officers, Attorneys and Judges can refer to the JCBHS for consultation on youth who are on court ordered psychotropic medications, and in some cases, for a formal assessment and report.

ICRC reviews the JV 220 (APPLICATION AND ORDER FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC MEDICATION) form when there are individual concerns, challenges, or process problems that may require interagency intervention. A Social Worker (SW) or Public Health Nurse may request a consultation, assessment or evaluation from JCBHS. CFS SSSP Liaisons from each region attend the ICRC and coordinate case presentations and information between the CFS Social Worker and the JCBHS.

(CFS) has created the Psychotropic Medication Court Desk (PMCD) which has a station for a Public Health Nurse and clerical support at court in order to:
• Serve as a centralized point of entry to the court for required requests for psychotropic medication for all San Bernardino County out-of-home dependents,
• Review all psychotropic medication requests (PHN only),
• Maintain the psychotropic medication tracking system, which tracks all court dependents with existing court orders for psychotropic medication for renewals of medication,
• Distribute copies of all approved and denied requests for psychotropic medications, and
• Retain copies of all approved and denied requests for psychotropic medications for one year.

CFS has a Memorandum of Understanding with DBH Alcohol and Drug Services to provide substance abuse services and treatment to CFS clients. DBH/ADS has a network of community-based alcohol and drug services provider that currently contracts with DBH/ADS-operated clinics to provide a full continuum of alcohol and drug services. All Provider Service Sites are Certified and, where required by law, licensed by the State of California Department of Alcohol and Drug Programs. Administrative and clinical oversight of these providers is the duty of DBH/ADS administration.

Other Formal Interagency Collaborations

The Partnership for Healthy Babies was first established in 2003/4 to address the serious epidemic of drug exposed infants born in San Bernardino County, and to mitigate the continued impact to these children. It is a collaborative effort between and amongst the following partners:
• First 5, San Bernardino
• Department of Public Health
• Department of Behavioral Health (DBH) – Alcohol and Drug Services
• Children and Family Services (CFS), and
• Children's Network.

The goal of the Partnership for Healthy Babies is to increase the number of babies born alcohol and drug free in San Bernardino County. This is achieved by screening, referral and provision of substance abuse treatment services to pregnant and/or parenting women by using CFS/DBH staff to identify and connect pregnant and/or parenting women with resources that:
• Allow them to gain and/or maintain sobriety
• Allow their children to be born alcohol and drug free
• Assist their children to reach developmentally appropriate milestones.

The Children’s Assessment Center (CAC) operates as a collaborative between various county departments including CFS, law enforcement agencies, the military, Family Law Court, and Loma Linda University Children’s Hospital (LLUCH). The CAC’s mission is to mitigate the trauma that victims of child abuse experience during the investigative phase, which may include a forensic interview and medical examination. The CAC provides a one-stop location for coordinated, streamlined diagnostic services and assessments, thus reducing the number of interviews and other investigative procedures children usually experience. This enhances the ability of professionals to treat victims of child sexual or physical abuse with dignity and respect. In addition, CFS social workers have access to a resource that assists them with the difficult process of diagnosing sexual abuse and physical abuse, and determining the best-case management approaches.

The Inland Regional Center (IRC) Multidisciplinary Team meets weekly with representatives from CFS and discusses children in need of services from IRC. Regional Centers are
responsible for early intervention services to infants and toddlers who are developmentally delayed or at risk of delay (cerebral palsy (CP), epilepsy and autism). SWs request regional center services if they feel that the child will benefit from such services.

San Bernardino County Juvenile Court operates a Dependency Drug Court to provide intensive case management services and court oversight (separate from the Dependency case) for parents who have a substance abuse issue which has impacted their ability to parent and resulted in court and CPS intervention. The program is voluntary for parents and has led to successful outcomes in regards to foster care re-entry.

CFS collaborates with Public Health Nurses (PHNs) who are out stationed at CFS sites and monitor and input the child’s medical, dental and immunization records in the Health and Education Passport (HEP).

CFS, in partnership with Children’s Fund, utilizes an adoption recruitment initiative known as the HEART GALLERY (HG) to attract prospective adoptive families for its hard to place children, including sibling sets, and older youth. The HG is a national collaborative project where professional photographers create inspiring portraits of adoptable children capturing their individuality and dignity as a means of creating advocacy and public awareness of their need for permanency.

Social Workers may refer interested youth to the Arrowhead Regional Medical Center (ARMC) Shadow Event, where they can meet professional staff from ARMC. The event is designed for transitional age youth to gain an appreciation of the opportunities available in a variety of professions related to the health care industry.

Interagency Youth Resiliency Teams (IYRT) were developed because many youth in long term foster care need to strengthen permanent connections and develop life skills needed for successful transition to adulthood. To address these needs CFS in collaboration with the Department of Behavioral Health and Probation Department developed a mentor based permanency readiness project for youth in long term foster care. IYRT provides mentor services, peer counseling, leadership development and associated support and therapeutic services for youth in long term foster care for more than three years without legal permanence. The goal is to build skills and readiness behaviors in the identified goal areas and to assist the youth to discover or reclaim lost relationships that can develop into healthy, enduring connections for the foster youth as they transition into adulthood.

This multi year project is currently in operation with three contracted service providers. The project seeks to demonstrate effective case management strategies for achieving the specific project objectives with foster youth. The project uses trauma informed methods and permanency readiness strategies such as family search and engagement and the 3-5-7 permanency readiness model. Contracted providers have also developed caregiver and mentoring training curriculums and are participating in a client outcome study to evaluate the effectiveness of the project.

The project outcome evaluation will focus on various improved well being indicators, enhanced permanency indicators, increased numbers of enduring connections.

*Contractual Partnerships*
Contractual partnerships tend to focus on the provision of specific services for an agreed upon reimbursement of money. The funding of these services is frequently categorical and mandated by the legislation that authorized the allocation. Though this seems like an uneven relationship, in practice it means building a working partnership with common goals, developing functional relationships to identify and solve problems and engaging the vendor with a positive, customer-service oriented attitude. These contractual partnerships span the continuum of care with a variety of services.

PSSF and CAPIT programs provide services to CFS and at-risk youth, including screenings, assessments, individual, family and group therapeutic services. Service is provided to all families in the continuum of care and emphasizes the use of evidence-based and informed treatment models, including in-home services.

San Bernardino County contracts with Fee for Service providers of Therapeutic Treatment Services (TTS). The TTS Contractor must be skilled in one or more of the following areas: administering in-depth psychological tests, performing psychological evaluations and assessments, conducting one-on-one, group and family therapy sessions, and engaging children and adults in innovative counseling techniques. CFS contracts with over 75 providers including CBO/FBOs and private practices to ensure that service is always available. Services are procured using an on-going Request for Qualifications, meaning that the total number of available providers varies over time.

CFS contracts with seven CBOs throughout the county to provide services to victims of domestic violence. Domestic Violence providers advocate on behalf of the client and provide services to victims of domestic abuse/violence and their children. Clients typically participate in orientation, DV workshops and educational trainings. The DV agencies assist with client and staff consultations and Team Decision Meetings (TDMs).

Wraparound programs provide individualized, comprehensive, community based services and supports to children and adolescents with emotional and/or behavioral disturbances so they can be reunified and/or remain with their families. CFS contracts with five wraparound providers in order to provide service in all regions of the county.

There are two agencies that operate three Kinship centers in the county. Among the services provided by these agencies include parenting classes and training, workshops and legal assistance, respite and child care, mentoring and tutoring, and Life skills classes. Kinship centers serve the Western, Central and North Desert regions.

There are a number of contracted services for transitional age youth. These programs were all established prior to the implementation of After 18/Extended benefits and it is still unclear how they will be affected by this new approach to care. For example, the county no longer contracts for the Transitional Housing Placement Program (THPP), a comprehensive program, which provides housing, case management services, employment assistance, treatment services and general life skills training. It is not clear if this program is necessary given the recent changes. The County still maintains its plan in the event it proves advantageous to re-engage in this program.

The County does still contract for Transitional Housing Program (THP) – Plus, a transitional housing placement opportunity for former foster and probation young adults ages 18 to 24, who are aging out of or have aged out of the foster care and/or probation systems. Participants are provided affordable housing and comprehensive supportive services for twenty-four (24)
months. THP-Plus as administered in San Bernardino County using comprised of two (2) housing models:

- Host Family – a family setting with a relative, current or former foster family, or other consistent caring adult who has been screened and approved by the THP-Plus provider
- Scattered Site – leased apartments in various locations throughout the community, often in small clusters within specific apartment communities.

It is expected that the number of participants in this program will decrease with the advent of After 18 (Extended Foster Care) and particularly with THP+-Foster Care.

Independent Living Skills Training services are available for ILP eligible foster youth in a series of contracted and community college based classes that offer skill building and one day workshops/conferences/special events that, available on specific topics. Educational support programs also include contracted tutoring sessions in mathematics, reading, writing and language arts to a limited number of ILP youth. A contracted tutoring provider works with the ILP Coordinator, the Social Workers (SW), CFS Educational Liaisons (EL), foster parents, group home providers and others to provide a maximum of six (6) one-hour sessions to eligible ILP youth.

Contracted Aftercare services for former foster youth ages 18-21 include but are not limited to:

- Assistance in locating suitable housing, includes apartment searching, completion of application process and utility connection;
- Assistance with interview skills, employment referrals, completing job applications and job searching (Finances are available for uniforms, interview attire, or tools needed for entering a new field of employment);
- Assistance with the college enrollment process including financial aid paperwork, locating vocational programs, enrollment in G.E.D. or adult education programs, and accessing scholarships available through state and federal programs, or ILP (subject to availability of funds);
- Assist in obtaining important documents, and connecting youth with community resources;
- Assist in money management activities including developing a budget, opening a bank account, and training in frugal shopping methods;
- Help with obtaining donated furniture, food vouchers, enrollment in Mommy and me programs, referrals to food banks and clothing suppliers; and,
- Referring youth to WIA youth or adult programs to be assessed for vocational training.

It is expected that demand for these services will continue at least during the transition phase of After 18 (Extended Foster Care).

Additional contracted services for ILP youth include Transportation services to and from ILP events and Supplemental Income Advocacy for those who may qualify for Social Security Benefits.

*Networks of community agencies*

There are many networks of community and governmental agencies where CFS participates or maintains a presence. These connections and contacts enhance access to a variety of services and the dissemination of important and relevant information.

Operation Phoenix is a major initiative developed and overseen by the Mayor of San Bernardino, and includes a partnership of numerous agencies and others with the goals of reducing crime and gang violence, improving the quality of life in areas with very high crime
rates, enhancing services to families in targeted areas, and protecting at-risk children. Partners include: CFS, Probation, Public Health, DBH, Children’s Fund, County Code Enforcement, First Five, Police, Parks and Recreation Dept, City Attorney and City Manager, Fire Dept, City Unified School District, State Dept of Corrections, County Sheriff, Faith Based Organizations, and others. CFS funds a full-time Social Worker position to provide prevention services to families in need in the Operation Phoenix area.

In order to facilitate partnerships, CFS hosts the Quarterly Contractors Meetings (QCM) which provide an opportunity for the County to explain the latest developments regarding CFS initiatives and changes, or pending changes, in regulations or legislation. The QCM also provides an opportunity for CFS vendors to offer program feedback, including input in the areas of child abuse prevention, early intervention and treatment for at-risk children or families. Primarily a forum for CFS contracted vendors, outside agencies are occasionally invited to provide training or the opportunity to conduct presentations regarding available services.

Interagency task forces and committees targeted at specific issues.

Some of the most important work is done in the plethora of less formal interagency task forces and committees that convene to address specific issues. These entities tend to have short-to-intermediate duration and target the resolution of a particular problem or enhancement of an identified service.

The Interagency Placement Committee (IPC) which has a membership including DBH, CFS, County Schools Foster Youth Services, Probation and Children’s Network functions as an MDT with the purpose of triaging children in or in need of high level group home placement. IPC helps provide access to intense levels of treatment programs for those children and youth who really need them, and identifies placement related resource gaps.

The San Bernardino County Juvenile Court in collaboration with Children and Family Services, the Probation Department, the Department of Behavioral Health and attorneys created a WIC 241.1 committee which meets weekly to discuss those youths who appear to need both Probation and CFS intervention. In this County, it is not the practice for a youth to concurrently be a Ward and a Dependent. The Departments staff cases at committee meetings to determine which agency best serves the needs of the youth. The 241.1 committee then makes a recommendation to the Juvenile Court. This process has worked well to forge a collaborative, cooperative relationship between Children and Family Services and the Probation Department, and provides for the best interests of the child to be paramount in the recommendation to the court and improves the provision of appropriate supportive services to the child.

The Extended Foster Care (EFC) Steering Committee discusses policy and procedural issues regarding the implementation of Fostering Connections to Success (AB 12, and supporting legislation), also known as After 18. Partners include the Legislation, Research and Quality Support Services unit, the Transitional Assistance Department, the Performance, Education and Resource Centers (PERC) and the Probation Department. The EFC/AFTER 18 Steering Committee guides and coordinates the activities of various subcommittees and engages State partners for questions and technical support. Peer and Family Assistants have been included in the various supporting workgroups to incorporate their suggestions and feedback.

The Foster Care Overpayment committee of CFS, Probation and TAD meets on a quarterly basis to devise strategies to reduce the incidence of overpayments for foster care placements.
The committee has been successful in substantially reducing the number and amount of overpayments over the past 5 years.

The CFS and Probation Independent Living program and transitional housing programs work diligently to provide services to prepare foster youth for emancipation. A joint CFS/Probation ILP Task force meets monthly with service providers, community colleges, and youth to discuss classes, workshops and available support programs.

*Informal Partnerships*

Informal partnerships do not have any official liaisons or supporting agreements, but are recognized as an established relationship between agency representatives, often line workers at the level of service provision. These partners include those willing to serve CFS clients in the course of their normal business operations and may provide some preferential treatment to CFS clients.

For example, SWs are encouraged to access the Early Start Intervention Program, a federally funded program for children at risk for developmental disabilities between the ages of birth to three (3) years of age that provides early intervention services that are individually determined for each eligible infant or toddler.

The Local Education Agency (LEA) or the school district is responsible for providing early intervention services for:
- Infants and toddlers who have low incidence disabilities – (e.g. blind, deaf, or have severe orthopedic impairments and are not eligible for Regional Center Services)
- Assessing for Special Education Services (SELPA)
- Developing and implementing the Individual Family Service Plans within specific timeframes
- Referrals to services for specialized programs such as the Regional Centers.

*Family Advocacy Resource Services (FARS)* provides services for children who qualify for Head Start programs which includes Language development, Cultural knowledge, Intellectual development, Social awareness and Physical development.
Social Workers may refer an applicable child/family to access:
- Domestic Violence (DV) Counselors
- Preschool Services Family Advocates (FA)
- Substance Abuse Case Managers (SACM).

To ensure that reasonable services have been provided to incarcerated/institutionalized parents, the SW considers if parent is eligible for specialized programs offered at certain penal institutions (i.e. Mother-Infant Program, Forever Free Program, etc.).

The Family Unification Program (FUP) provides Section 8 housing rental assistance through the Housing Authority of San Bernardino County. This program is directed at families (including relative caregivers with legal guardianship of their dependent children) receiving court or non-court ER, FM or FR services, from the Department of Children and Family Services (CFS), whose lack of adequate housing would result in the: "Imminent placement of the family’s child(ren) in out of home care, or delay in the reunification of the child(ren) with the families from whom they have been removed."
Probation Department Agency Collaborations

The Probation Department also engages in numerous collaborations many of which have already been discussed or described. The included the following entities:

- 241.1 Committee (with CFS and explained above)
- Interagency Placement Committee (IPC)
- Independent Living Program
- LEEP (Law Enforcement and Education Partnership)
- School Probation Officer Program (Probation and school districts)
- SARB (School Attendance Review Board – Probation, local schools)
- CST (Community Service Teams; work with local police departments)
- Youth Accountability Board
- Let’s End Truancy (LET)
- Para Los Ninos (PLN)
- After 18 Steering Committee
- Day Reporting Centers
- Wraparound Program (with CFS, DBH and explained above)
- Operation Phoenix (local law enforcement, Probation)
- Residential-Based Services pilot (CFS, DBH, Probation)
- Drug Court (explained above)
- Homeless Coalition
- Children’s Policy Council (DBH, CFS, County Superintendent of Schools, Department of Public Health, etc)
- Domestic Violence Consortium
- JCBHS (Juvenile Court Behavioral Health Systems Committee-explained above)

Additional collaborative efforts of the Probation Department include:

- INFO (Integrating New Family Opportunities): Officers working with families and minors prior to and after release from detention centers enhancing effective integration back into the home and community
- Gang and Drugs Task Force: A collaboration of local law enforcement, citizens, schools and community partners focusing on issues related to gangs and drugs in the community.
- CDRT (Child Death Review Team): Monthly review by Public Health, Coroner’s office, Rialto Fire Dept, Sheriff’s Crimes Against Children, Probation, DBH, CFS, Loma Linda Children’s Hospital and others to identify gaps and determine areas of improvement to reduce the number of child deaths.
- Center for Individualized Treatment of Adolescents (CITA): A specialized court and supervision program for youths with mental health needs.
- Graffiti Task Force: A graffiti prevention and removal program in the county’s west end with Ontario Police Department, County Sheriff Department, Upland Police Department, Cal Trans.
- Multi-Disciplinary Teams (MDT): A collaboration with schools, detention facilities, Department of Behavioral Health and Inland Regional Center to review issues of minors with behavioral problems within the detention centers.
- Juvenile Court/Probation Judge’s Meeting: A monthly meeting attended by judges, juvenile attorneys, the District Attorney’s office, the Public Defender’s office and
Probation administration regarding juvenile delinquency with a focus on court involvement.

- Spiritual Concerns Committee: A partnership with local faith-based organizations and churches to provide religious services and bible study to minors in detention facilities.
- Interagency youth Resiliency Team (IYRT): DBH, CFS and Probation providing mentors to minors in detention centers and Probation foster care facilities.
REASSESSMENT ACTIVITIES

Overview

The County conducted a series of events in 2012 to provide important information and analysis in the development of the County’s Self-Reassessment. The SIP Oversight Committee acted as the Steering Committee for all these projects. The following list contains the names and titles of a few of those many participants in the 2012 continuous improvement process. These participants meet the State’s definition of “required core representatives”.

- Child Abuse Prevention Council/Children’s Trust Fund Commission/PSSF Collaborative
  - Amy Cousineau, Network Officer, Children’s Network
- County Board of Supervisors designated agency to administer CAPIT/CBCAP/PSSF Programs
  - Teri Self, Deputy Director, Children and Family Services
- County Health Department
  - Judy Cohen, Supervising Public Health Nurse, Department of Public Health
- County Mental Health Department
  - CaSonya Thomas, Director, Department of Behavioral Health
  - Michael Schertell, Deputy Director, Department of Behavioral Health
- CWS administrators, managers, and social workers (includes CAPIT/CBCAP/PSSF Liaisons)
  - Linda Haugan, Assistant County Executive Officer
  - DeAnna Avey-Motikeit, Director, Children and Family Services
  - Randy Schulz, Assistant Director, Children and Family Services
  - Jeff Wagner, Deputy Director, Children and Family Services
  - Hope Henry, Child Welfare Services Manager, Children and Family Services
  - Jean Texera, Child Welfare Services Manager, Children and Family Services
  - Joyce Jones, Child Welfare Services Manager, Children and Family Services
  - Rod O’Handley, Program Specialist II, PSSF/CAPIT Liaison, Program Development Division
  - Margarita Dominguez, Social Services Practitioner
  - Deborah Baeza, Social Services Practitioner
- Juvenile Court
  - Honorable Gregory Tavill, Presiding Judge, Juvenile Court of San Bernardino County
- Probation administrators, supervisors, and officers
  - Michelle Scray Brown, Chief Probation Officer
  - Cyndi Fu zie, Assistant Chief Probation Officer
  - Holly Benton, Deputy Chief Probation Officer
  - Dan Bautista, Probation Deputy Director II
  - Laura Davis, Probation Deputy Director I
  - Eric Poindexter, Supervising Probation Officer
  - Nick Gonzales, Supervising Probation Officer
  - Diana Waitschies, Supervising Probation Officer
  - Julie Wilson, Supervising Probation Officer
  - Daniel Munoz, Probation Officer III
- Foster Youth – Representing the voice of youth
  - Bernardette Pinchback, Director, Foster Youth Services, County Schools
  - Jatori Harris, Peer and Family Assistant (PFA)
  - Gester Hernandez, PFA
- Tatianna Byrd, PFA
- Raemon Edwards, PFA
- Crystal Alvarez, PFA
- Rosalinda Martinez, Volunteer PFA
- Celeste Osborne, PFA
- Native American tribes served within the community (Representative members of the County’s 4 resident Tribes did not participate. The three Tribal members below provided a voice and presence for Native Americans.)
- Rose Margaret Orrantia (Yaqui), Tribal Star Program Manager
- Tom Lidot (Tlingit), Tribal Star Coordinator
- Tina Hummingbird, Tribal Member of the Apache Nation, CFS Court Support Services
- Parents/consumers
  - Rachel Solis, Parent Partner
  - Judy Weidner, Parent Partner
  - Desirae Buyak, Parent Partner
  - Nellie Gam, Parent Partner
  - Ruben Moreno, Parent Partner
  - Michael Levario, Parent Partner
- Resource families and other caregivers
  - Russell Rice, Director, River Stones, Inc.
- Youth representative
  - Alicia Washington, Peer and Family Advocate

The 2012 County Self-Reassessment / Peer Review for San Bernardino County was planned and conducted by the SIP Oversight Committee with the help of many additional stakeholders. These participants were attached to two ad hoc committees. One of these ad hoc committees planned the activities of the early spring 2012 CSR/PR Kickoff event, another planned the late spring 2012 Peer Review Week. Please note that all of the required core representatives participated in the 2012 CSR/PR.

There were numerous other participants in the workgroups and focus groups who made important contributions to the 2012 County Self-Reassessment / Peer Review (CSR/PR) in terms of knowledge sharing of child welfare system/services, analysis of the outcomes and systemic factors discussed in this document, and recommendations for improvement. The contributions of these individuals are greatly appreciated. A complete list of all participants by name and affiliation is contained in Attachment A – 2012 Acknowledgements.

In addition to workgroups, focus groups, data analysis, case reviews, systemic analysis and peer review, the County has used surveys of parents, youth and service providers to inform this re-assessment report.

**CFS Business Redesign Project**

As part of its continuous process of quality improvement, Children and Family Services (CFS) initiated its Business Redesign project in February 2012. The primary focus of the project has been the overall organizational structure and the internal processes of service delivery. CFS management, facilitated by Deloitte Consulting, has taken a comprehensive review of all systems and processes to identify opportunities for improvement and/or revision that could result in enhanced services to the children and families served by the Department. As
programs and initiatives are implemented, management will continue to monitor and evaluate the efficiency and effectiveness of the San Bernardino County child welfare system. Some of the information gathered from that process will be used to inform the SIP development process.

Background and Objectives of the CFS Business Redesign Project

The Business Redesign Project began to take shape in 2007 when CFS conducted a strategic planning process with the intention of defining the organizations core strengths and opportunities for improvement. As a result of this process, an action plan was developed and included several key themes which were identified as priority. Each theme included a set of anticipated tasks to be completed to effect the change desired by CFS, the plan and associated tasks were distributed to the regions for implementation.

In January of 2009, the Executive Team met to review accomplishments and to discuss next steps in furthering the strategic direction of CFS. CFS decided to explore a holistic view of the organization and conduct a comprehensive analysis of CFS’ operation and structure to guide potential changes to promote effectiveness, efficiency and better support of the mission of CFS. During the course of 2010, elements of the strategic plan were continuously rolled out and brought about positive change. In November 2011, the scope of the project was finalized and in February 2012, the project was officially kicked off with the contacting of Deloitte Consulting to facilitate discussion. The Business Redesign Project laid out five focus areas for the project.

- **Optimal Unit Configuration** - Review unit design to determine if it is designed in a streamlined manner that promotes optimum operations and efficiencies
- **Simplified Organizational Structure** – Evaluate the current supervisory and administrative structures to optimize staff classifications, duties, support and overall performance of CFS
- **Optimized Operational Scheduling** - Define the ideal operational schedule to maximize staffing coverage while increasing CFS' ability to be responsive to client needs while focusing on cost improvements
- **Optimized Staff Classifications, Duties Assignments and Support** - Define the effectiveness of current staff classifications and determine if they are an appropriate means to address the duties associated with case management and workload and explore if geo-staffing is an effective approach
- **Efficient Use of Technological Tools** - Define the best use of current technologies to maximize job performance, time management, overall efficiency and comprehensive service delivery to families and children

The Business Redesign Project mission is to “identify opportunities for improvement which will enable Children and Family Services to deliver improved services that promote safety, permanency and well-being for all children, youth and families in San Bernardino County.”

Method of Analysis

The San Bernardino Business Redesign Approach enabled the collection of information from staff and clients in a variety of formats.

- First, staff convened for information gathering sessions. These 2.5 hour Discovery Sessions included 12-16 people and focused on discussing current child welfare service delivery, tasks performed for that level and opportunities and supporting rationale for change organization wide and at a regional level.
• Once the information from these sessions was synthesized, Validation Sessions were conducted in each region. These 3.5 hour sessions included a mix of staff from all levels and focused on validating the information collected in Discovery Session.

• Throughout the project, the Business Redesign Team was focused on conducting job shadows and ride-alongs to observe daily activities and validate that information collected in sessions were in alignment with observations in the field.

• The team also conducted three focus groups aimed at collecting information from constituents in the community who have received services from or partnered with CFS. These focus groups included foster parents, service providers and children who were or are being serviced by CFS.

• A staff survey was distributed to collect feedback on the project’s key focus areas. The information was considered in the formulation of the Proposed Recommendations.

• A parent survey was also distributed to approximately 50 parents. Thirty-three parents responded to the survey.

This total approach enabled multiple channels for input and feedback. Further, it supported a collaborative effort, a high priority for CFS Leadership, and focused on defining gaps and future state desires organization wide. The approach further provided opportunities for learning, idea exchange and communication throughout CFS and extended into the community.

**Project Approach**

The Business Redesign Team completed the project in four phases comprised of several key activities in each phase. The phases and associated deliverables are broken down below:

• **Phase 1 – Project Initiation.** This included defining project vision and structure, establishing project planning and logistics, and defining the data gathering approach.

• **Phase 2 – Data Gathering.** This included conducting state assessments, conducting leading practices research, and identifying potential opportunities for improvement.

• **Phase 3 – Data Analysis.** Using the information gathered in Phase 2, this phase focused on the comprehensive analysis of CFS’s business processes and core services while bearing in mind the mission, vision and goals for the Business Redesign Project. This included performing a gap analysis, performing a cost benefit analysis and developing the preliminary report.

• **Phase 4 – Recommendations.** This phase was the culmination of Phases 1 to 3 and centered on defining the recommendations and next steps CFS can undertake to achieve the future state. This included prioritizing opportunities for improvement, finalizing recommendations, and developing a final report.

**Summary of Recommendations**

The following summarizes the proposed recommendations in the five key project focus areas. It also identifies suggested opportunities for improvement in nine additional areas.

**Area 1: Unit Configuration and Caseload Management**
- Proposed Recommendation 1: Consider moving toward sibling and permanency units which include Intake, Court/JD, Carrier and Permanency workers and support staff growth, teaming and strong case management
- Proposed Recommendation 2: Continue to employ geo-staffing for case distribution in the regions where it is currently utilized and introduce an overflow model
- Proposed Recommendation 3: Consider introducing a rotation program that supports the growth of intake, carrier and court workers and other staff
- Proposed Recommendation 4: Reconsider approach to the training unit to promote improved professional development and training delivery

Area 2: Supervision and Organizational Structure
- Proposed Recommendation 1: Enable supervisors to focus on their area of expertise in order to promote strong supervision and leadership and enhance relationships with workers
- Proposed Recommendation 2: Centralize the court supervisor at the court and reassign JD/Court staff to the regions in order to deliver court services
- Proposed Recommendation 3: Increase support to clerical teams from supervisors in order to promote teaming and a customer service focus
- Proposed Recommendation 4: Adopt a project management approach in order to manage core projects, facilitate communication and support the flow of information

Area 3: Operational Scheduling
- Proposed Recommendation 1: Consider updating CFS' operational and staff schedules to meet the needs of children and families and enable additional flexibility

Area 4: Staff Classifications, Duties, Assignments and Support
- Proposed Recommendation 1: In order to implement recommended caseloads and unit configuration for redesign, consider hiring more social workers. Re-evaluate the need for additional clerical staff after transitioning the new unit configuration and adjusting processes and workflow
- Proposed Recommendation 2: Consider creating career development opportunities for entry level professionals in order to further promote career trajectory and advancement opportunities
- Proposed Recommendation 3: Reconfigure the training unit so that it further supports agency goals, program development, improvement initiatives and advanced knowledge and skill development for staff
- Proposed Recommendation 4: Explore a lead worker position/classification or support existing classifications by confirming roles and responsibilities and promoting the acquisition of additional expertise and competencies
- Proposed Recommendation 5: Consider expanding the Parent Partner program by enhancing roles and responsibilities of Parent Partners and adding up to six additional Parent Partners CFS-wide to expand support to families throughout the County
- Proposed Recommendation 6: Consider adding up to four Educational Liaisons to extend services to children under 10 years of age
- Proposed Recommendation 7: Consider ways to increase the capacity of PFAs, bilingual workers and PHNs and evaluate if additional hiring is required in the future
- Proposed Recommendation 8: Consider utilizing time study for all professionals to maximize resources

Area 5: Efficient Use of Technological Tools
Proposed Recommendation 1: Identify currently available technologies, programs, databases and tools that are high priority. Provide key users with appropriate access, additional training and support in order to enhance usability, increase efficiency and support day to day work.

Proposed Recommendation 2: Identify core technologies to enhance mobility, enable staff to perform their jobs with additional ease and reduce time spent in the field while enhancing CFS' focus on staff safety.

Proposed Recommendation 3: Formalize an IT helpdesk so staff have access to enhanced IT support and learning opportunities.

Additional Area 1: Enhance comprehensive risk assessment approach in order to enable a robust program that includes ongoing training of staff in assessment, critical thinking skills and consistent decision making across the continuum of child welfare services while helping to reduce caseloads and workload.

Proposed Recommendation 1: Consider providing additional training on current risk and safety assessment tools and continue to emphasize their importance in support of risk assessment, decision making and caseload management.

Proposed Recommendation 2: Consider implementing and training staff on a supplemental risk and safety tool that supports risk assessment, decision making and caseload management.

Proposed Recommendation 3: Review the Evaluate-Out (EVO) process in order to promote continued support for overall risk assessment.

Proposed Recommendation 4: Introduce additional structure to Risk Assessment Meetings (RAM) to support continued strong decision making, accountability and objectivity and to provide opportunities for staff development and team building.

Proposed Recommendation 5: Prioritize and increase the number of TDMs being performed as a way to help support families.

Proposed Recommendation 6: Consider introducing differential response to the child welfare practice to promote growth and development of families.

Additional Area 2: Assess approach to caseload management in order to distribute workload with increasing effectiveness.

Proposed Recommendation 1: Consider formalizing recommended caseloads and introducing additional social workers as needed to support CFS caseload.

Proposed Recommendation 2: Develop method to support workload balancing and recommended caseloads.

Additional Area 3: Strengthen approach to CFS-wide communication and define a clear strategy for engaging staff while continuing to support accountability.

Proposed Recommendation 1: Strengthen and formalize CFS-wide communications.

Proposed Recommendation 2: Simplify communication related to process and policy.

Additional Area 4: Enhance approach to training and professional development for the CFS Workforce.

Proposed Recommendation 1: Provide ongoing CWS/CMS training to staff who utilize the system and provide a CWS/CMS help desk for every day support and troubleshooting.

Proposed Recommendation 2: Develop a training plan focused on providing staff with training on the core technologies required.
• **Proposed Recommendation 3**: Enhance management and supervisory training so that staff in leadership roles are provided with enhanced coaching, mentoring and leadership skills and opportunities

• **Proposed Recommendation 4**: Provide training on changing and relevant policies so staff have the information they need to continue to meet the needs of the children and families

• **Proposed Recommendation 5**: Consider providing cross functional training in key areas

• **Proposed Recommendation 6**: Enhance training in evidence based practices to social workers, train staff on innovative practice methods and consider addressing unique training needs in each region

• **Proposed Recommendation 7**: Provide on-going training on Safe Measures to be used as a supervision and case management tool by all levels of staff

**Additional Area 5**: Continue to utilize data for strategic planning

• **Proposed Recommendation 1**: Enhance data analysis to continue to drive decisions and strategic planning

**Additional Area 6**: Consider joint response with law enforcement and providing additional guidance to staff with respect to the warrants process

• **Proposed Recommendation 1**: Consider joint response with law enforcement and continue to train on warrants process and provide ongoing training, education and communication to staff on objectives, policies and procedures

**Additional Area 7**: Consider enhancing the visitation experience for families, staff and others involved in the process

• **Proposed Recommendation 1**: Consider opening a visitation resource center(s) leveraging current contracts or a new service provider while simultaneously continuing to use current space to meet the needs of children and families

**Additional Area 8**: Continue to encourage a supportive culture rooted in modeling and innovation

• **Proposed Recommendation 1**: Continue to foster a culture that promotes positive reinforcement, encourages modeling, coaching and training and supports innovation

• **Proposed Recommendation 2**: Continue to heighten executive and management level engagement in day to day activities to support CFS’ focus on ongoing operations improvement, staff collaboration and morale

**Additional Area 9**: Review approach to hiring and staff retention.

• **Proposed Recommendation 1**: Leverage approaches to hiring that have yielded positive results and create incentives that enhance retention

**Summary of Next Steps**

CFS will have to consider if, when and how to implement the selected recommendations based on a variety of complex factors. In an effort to support the next steps for CFS, the Business Redesign Team worked with the Executive Team to review the recommendations and group them into short-, mid- and long-term goals. As CFS moves forward, this prioritization is intended to support ongoing decision making and planning and support the continued movement toward the future state of CFS.
CSR Kickoff Event and Focus Groups

CSR Kickoff Event

On February 13th, San Bernardino County Children and Family Services and the Probation Department in collaboration with their many partners conducted the 2012 CSR Kickoff, an event that marked the beginning of the County Self-Reassessment. The CSR is the first component of a 5-year cycle of continuous improvement of the County’s child welfare system. In San Bernardino County, the 2012 CSR is considered to be a re-assessment of the child welfare system resulting in an update to the previous CSA submitted in 2008.

This process of re-assessment enables the County and its partners to evaluate improvement made in the three outcome areas from the previous System Improvement Plan (SIP). This daylong event was conducted in the conference center at the Offices of the Bishop for the Roman Catholic Diocese of San Bernardino and Riverside Counties. The event was hosted by Sister Catherine White, SP, Director of the Diocesan Office of Child and Youth Protection. Sister Cathy and the Diocese are community partners and stakeholders in the County’s child welfare system.

Approximately 150 community partners, parents, youth, Tribal members, the Presiding Judge of Juvenile Court, education leaders, faith-base partners, community partners, agency partners, other stakeholders, CDSS and County staff participated in the CSR Kickoff. (Please see Appendix B – 2012 County Self-Reassessment Kickoff.)

Their morning and lunch sessions included 16 speakers who presented current and future environmental factors that will affect the County’s delivery of services within the next five years. Some speakers also reviewed the County’s performance data as measured relative to State and national expectations for achieving specific outcomes for children and families. Some speakers recapped the improvements made since the previous CSA. Other speakers presented special needs of Tribal children and families, military veteran families, probation youth, and families of criminals recently released from incarceration. The Presiding Judge of Juvenile Court presented his insight, vision and recommendations.

During the afternoon sessions, eight focus groups were conducted, each with a different specific topic/focus on a particular aspect of the County’s child welfare system. Four focus groups were held in the first session of the afternoon and four different groups were held in the second session. Based on their role in providing child welfare services to the County’s children and families, each participant was assigned two specific focus groups. Assignments were made so that each participant would have the opportunity to speak to the areas of their expertise.

The 2012 CSR Kickoff focus groups were:
- Early Family Reunification
- Mental Health Outcomes
- Safety
- Fairness and Equity
- Permanency
- Health Outcomes
- Placement Practice in Probation
- Education Outcomes
Each CSR focus group was a forum in which these participants shared their perspectives (relative to the group's assigned topical aspect) on the needs of children and families and the County's present ability to provide services to meet those needs. Focus group participants identified services, resources, processes and policies that are in place and working successfully as well as environmental changes that have an effect on the provision of child welfare services. They identified improvements that have been made due to strategies implemented in response to the previous assessment (from four years ago). They also identified gaps and recommend improvements. Input from these stakeholders is important to the improvement process.

Several themes emerged from the input shared by participants in the focus groups and information presented by the speakers at the Feb 13th CSR Kickoff.

Some of those themes are:

- **Positive Perspective**: There is a need for a positive shift in the community's negative perspective of CFS. Many in the community, particularly the undocumented, are afraid to report abuse to the hotline for fear of CFS "intrusion". A collaborative effort with community agencies is needed to build relationships and establish a better understanding in the community of the department's role/means of intervening in order to protect children.

- **Service Gaps**: A gap exists between the services needed by the children/families that come to the attention of CFS and the array/accessibility of services (especially culturally competent services) currently offered by the department. For instance, there is a need for services for children with PTSD in DV situations. There is a need to find dental providers that accept Medi-Cal.

- **Continuity and Consistency**: When a child is brought into care, efforts need to be made to continue safe, positive relationships that already exist in the child's life: school, health/dental provider (including treatments, etc), Tribal connections/culture, family ties, friends, etc. While in care, efforts need to be made to ensure placement stability and minimal changes in caseworkers.

- **Timely Assessments and Treatment Reports**: Earlier assessment for mental health is needed for children. Feedback reports from therapists need to be timelier.

- **Parent Partners and Peer and Family Assistants**: Parent Partners could assist with parenting education. PPs and PFAs have been effective in supporting and motivating families.

- **Cultural Competence**: Need to address differing cultural ideas about appropriate discipline. Need more culturally competent/appropriate services. Need to continue to train workers to incorporate fairness and equity into case planning and decision making. Need to continue building relationships with culturally diverse communities.

- **Psychotropic Medications**: Need to address tracking, prescribing appropriate meds (children's meds/dosages for children), timeliness of getting court consent, billing, follow-up visits, etc.

- **Education**: Movement of child often causes deficits in graduation credits. Educational Liaisons are instrumental in getting child's school information and entering that information in CMS. Youth need career counseling. After 18 (Extended Foster Care) will present new opportunities.

- **Timeliness to Reunification**: In order to improve the prognosis of reunification and reunify the child with the family in a timelier manner, barriers have to be addressed. Parents need to engage earlier in appropriate services which will result in their successful preparation to provide a permanently safe, loving home for their child.
Foster Parent Focus Groups

Additional data was gathered for the CSR through discussions with 120 foster parents in two focus groups. These groups were focused on the foster parent’s role in reunifying children with their birth families in a timely manner. The focus was narrowed to the topics of Quality Visitation and Foster Parent Attitudes about the Parents. Both focus groups addressed both topics. The major themes that developed during these discussions were:

Quality Visitation

The foster parents in the focus group felt that visitation should be held at a “neutral” place. Very few foster parents were comfortable with the idea of hosting visitations in their homes. Many foster parents also felt that the CFS office was not an appropriate place for a visitation.

Topic #1 - Quality Visitation
- Neutral place – due to unknowns re. parents
- Supervision
- Safe, secure place. Create safe, positive environment to facilitate positive visits.
- FP and SW prepare child for visitation
- How do we deal w/ birth parents?
- Information on dealing with birth parents. Once FP knows the birth parents, might the BP be allowed to visit the children in the FP home? Building better relationships. BPs want to know where their children are, address, environment.
- Observe parents’ behavior prior to visitations. Do birth parents respect foster parents?
- Address more difficult areas – re. challenging children (conduct disorders)
- Engage parent before they even see child. Take 10 minutes before visitation to discuss w/ birth parents behaviors, etc of children. SW and FP should meet or communicate before visitation. SW and FP meet to discuss issues and visitation process.
- Take 10 minutes post visitation for discussion w/ child to have them share their experience and how they felt about the visit.
- FP supervises the visit. That way FP gets to know the BP. FP runs and guides the visit.
- Have SW randomly check in on visitations to ensure that birth parents are treating FPs appropriately (vs. bullying, putting down, etc.) and so FP does not have to deal with the fallout of a negative visit.
- Birth parents need training to know how to treat FPs during visitations.
- Visitation rooms are confusing and unwelcoming, void of activities for all age groups.
- Have a visitation center w/ snacks, kitchen, good activities, that’s more family-oriented, relaxed and comfortable and don’t look like county offices. A place that is more inviting where interaction can occur. Rooms, themes, colors. Toddler, baby room w/equipment conducive to child development. Don’t make it about food (don’t let food “get in the way”). Have inside and outside activities, skating, ping pong, outside areas to play, picnic area, pool tables, baby changing station, etc.
- Discuss what snacks are appropriate for children. Example: non-sugar treats. Have a list of the child’s diet. Could be included in pre-briefing before visit.
- Let children know they are loved and special. That “we’re all working together because we love you and want you to be able to return home.” Let children know it’s not their fault. Find literature/resources that will prepare children for visitation.
- Find literature/resources that will prepare the foster parents and the birth parents for visitation.
- SW needs to prepare the FPs, BPs, children for the visit.
• Build good relationships between FPs and BPs. FPs mentoring the BPs. BPs need role models. FP needs resources to help BP.
• Have visits outside of county offices. Have visits at fun and more relaxing locales.
• Call the visitation something different. Rename it. Invite parents to come along on outings/activities (church, mall, beach)

Topic #2 – Fears, concerns, attitudes about birth parents
• Parents set-off the children. Have a negative effect on the children.
• Have contact and visits with siblings.
• Depression after the visit.
• Parents may lie to their children. Then foster parent has to pick up the pieces.
• What can the FP do to help the child? What can the FP say or do?
• Can FP redirect parent during the visit? Talk to parent on the side – not in front of the child.
• Parents should be involved during Wraparound services.
• SW should update FP on BP during pre-visit meeting.
• Keep hope alive in the children. The child does not need to know everything.
• Let the BP know/educate them on fostering. Have a pre-visit: discuss fears, respect each other
• Negative effects of visits that upset kids and FP have to deal w/fallout.
• Visits w/older siblings help child to have sense of family.
• Natural depression of child even if visit goes well. Child wants to go home.
• Parent exaggerating what is going on causes kids to get upset when it does not happen. Lying.
• What can FP do to help kid get in touch with reality especially if parents exaggerate?
• Foster Parent can redirect parents so they don’t get kids hope up too high.
• Parents should be involved in Wraparound services also.
• Update FP on BP information. Pre-visit conversation on status.
• Keeping hope alive in child may not need to know everything that’s happening.
• Inform parents what fostering is about. Designed to keep children safe and help parents. Respect FP.
• Let children express their anger.
• Children have survivor guilt and may not wish to participate. FPs need to be trained in this area, possibly grief and loss training and more.
• FPs receive no information when children are brought in the middle of the night. It may take years for children to reveal their feelings, needs and past history to FPs.
• Children are not told they’re loved. We don’t know what tomorrow will bring so tell children today you love them.
• Information about the child should follow that child. Life Book should be part of the initial placement.
• We need to understand social worker’s position (as well as FP’s). Understand that various workers are involved in one child’s case.
• Life Book should be kept by FP. Include Dr.’s appts., school info, etc.
• Have debriefing with SW after. Information is crucial. Children should not be given false hope or incorrect info (i.e.: returning home).
• How do FPs deal w/child that is mentally ill? What if mentally ill child is placed with FP over the weekend? Where is the support for the FP? Mental health issues should be diagnosed prior to the placement, and FPs need to be given this information.
• Could there be an online chat center to get info on foster children? (texting, I-phone) Transgender issues? Where can FPs go for info when SWs are off or cannot be reached?
• FPs need to be prepared beforehand for the type of children they’re getting.
• County needs online information site that will address FP questions.
• What do FP tell children who will most likely never be reunified with BPs? What do FP tell long term placement children who will probably continue as long-term placements?
• Information given at placement minimal even when child was in previous placements
• Make child feel welcomed tell them you care about them. Helps to take away anger.
• Parents feel FP has their child held hostage
• Allow child to express anger and work through.
• Survivor guilt issues (how to address this?)
• More information on how cases are transferred.
• Keep hope in child FP needs information about court proceeding, as in visitation orders, permanent plan
• Kids that have mental illness and how to deal with their needs and behaviors.
• Information on child before placement.
• Transgender information. How to deal with them in placement.
• FP frustration because it seems no one will help.
• More pre-placement planning.
• Online chat on web to help with crisis situation.
• Foster parent associations and kinship centers
• Be prepared for difficult kids. They come from all backgrounds and problems.
• Using modern technology to network w/others FP and the agency to help solve problems.
• Online information provided by County to help FP. Chat rooms.
• Some kids will never reunify w/parents. How to deal with those kids. Dealing with fall out.
• Termination of services. Does child want to continue to see parents? Dialog.
• Always looking for permanent placement for the child.

Description, Summation and Analysis of the Peer Review conducted from May 21, 2012 through May 25, 2012

Description of Peer Review

Children and Family Services along with the Probation Department and the California Department of Social Services conducted the 2012 Peer Review Week. The focus of this review was Timeliness to Reunification. Findings from this review will help the County to improve the outcome of safely reunifying children with their families in a timely manner.

The San Bernardino County Peer Review was driven by the understanding that line workers possess knowledge and a perspective of the system that makes their ideas and recommendations extremely valuable in the County’s continuous efforts to improve child welfare services.
The purpose of Peer Review Week was to:

- Analyze and understand social work practice and probation practice in the specific focus area of Timeliness to Reunification.
- Understand Social Worker / Probation Officer case practice from the Social Worker / Probation Officer perspective.
- Gather information from Social Worker / Probation Officer ideas, opinions, and observations of the day-to-day workings in the Child Welfare System.
- Identify patterns of strengths and areas needing improvement in the Child Welfare System from the Social Worker / Probation Officer perspective.

Thirteen Social Workers and Probation Officers from Ventura County, Santa Clara County, Orange County, Kern County, Riverside County and Contra Costa County along with two San Bernardino County DBH Clinical Therapists, one Tribal Member and two Court Appointed Special Advocates (CASA) administrators accepted the invitation to be members of five panels for our County’s Peer Review.

These five panels heard individual one hour case presentations made by 33 San Bernardino County CFS social workers and Probation Officers who spoke to the challenges, barriers and strengths of services, policy, practice, etc that have/had an effect or could have affected the reunification outcome and timeliness of their case. All presentations were made in a manner which protects the confidentiality of the child, family and case presenter.

CFS cases were randomly selected using the following criteria:

- No Inter-County Transfer cases
- Open in FR in the last 6 months – still in FR, FR to FM, FR to FM back to FR, FR to PP (adoption/Guardianship)
- FR services for at least 90 days or more
- Worker was assigned to the case providing services for at least 90 days
- Only one case presentation per Social Worker

Probation cases were randomly selected using the following criteria:

- Reunified in less than 12 months, and not more than 6 months out of placement
- Did not reunify in 12 months, and not more than 6 months out of placement
- Only one case presentation per Probation Officer
- Sexual Offenders were excluded

Summary of results – Children and Family Services

The information gathered from case presentations was categorized into the following 7 common themes:

- Promising Practices
- Barriers and Challenges
- Training Needs
- System and Policy Changes
- Documentation Trends
- Resource Issues
- Other Recommendations for Change

Promising Practices
There is no escaping the general impression that the Social Workers who presented enhanced the County's reputation with their peers. This general feeling was manifested in specific items delineated as promising practices that focused on work habits and positive attitude. Social Workers were praised for forming positive working relationships with families, having optimistic attitudes, visiting clients more frequently than required and retaining ownership throughout the term of the case.

Continual and on-going reassessment throughout the case was also cited as a promising practice, as was maintaining connections between family members, particularly regarding efforts made to keep children with their siblings, relatives and/or within the same community. It was also noted that Caregivers (foster parents/relatives) play an active role in supporting reunification by engaging with the birth parents in a supportive relationship. Again, this speaks well regarding the interpersonal skills of county social workers and the inculcation of Family 2 Family practices.

Barriers and Challenges

Social Workers reported a number of challenges in working with the Juvenile Court, particularly with the attorneys for the children and County Counsel. County counsel is not perceived as being on the 'same page' as social workers and will challenge the social workers' report or recommendations. County counsel struggles to read the reports timely. Children's attorneys disagree with social worker recommendations. This reflects an overall feeling by social workers that they are not respected by the court system. Finally, it has been maintained that the packets take too long to get processed for case plan changes.

Workload is not just an issue at court as social workers report a number of workload issues. Carrier workers' having to be "duty worker" is stressful for workers and takes time away from working on their ongoing caseload. Though noted in other regions, the High Desert workers emphasized high caseloads and turnover of staff as being problem areas.

Training Needs

Social Workers identified wanting to know more about the role and utilization of Parent Partners and more details on daily duties as training needs. Regarding methods of training, it was suggested that more job shadowing be offered, workers should ease into their jobs, and there should be a mentorship program.

System and Policy Changes

Social workers were primarily focused on providing adequate services to their clients and had concerns about having to go through the regional budget process to get basic needs met, such as food and utilities. The RBC meetings are seen as a cumbersome process and the constant refrain that there is a lack of money only means they have to fight to get services for clients. This ties-in to the conflict of court ordered time-frames and the time it takes for recovery of an addict or to acquire treatment for clients with mental health issues.

Documentation Trends

It was noted there has been trouble getting reports from collaterals - written documents are needed, not just telephone calls. As might be expected it was reported there is too much documentation/paperwork required and problems with equipment makes documentation harder.
Specifically it was noted that laptops, cell phones and desk phones are old and need an upgrade. Finally, it was noted that Social Service Aides need to thoroughly document visits.

Resource Issues

It was suggested that, because only one provider is used for counseling, more options should be available. This was a reference to the Regional Lead Agency. It was also noted that there is a lack of housing resources, which hinders reunification efforts for those parents that can’t afford housing. It was again mentioned that limited county resources (lack of cell phones, out of date desk phones, lack of lap tops and a cumbersome reimbursement process) forces workers to use their own personal resources.

Other Recommendations for Change

A few other miscellaneous items were also noted that crossed into a number of areas. It was suggested:
- CFS should recruit more bilingual workers, offer Spanish speaking certification program and create Spanish speaking units;
- Counties should talk to each other to share practices;
- The County contract out to other agencies for parent-child visit supervision and hire more SSAs; and
- Case consultations with supervisors should increase

Peer County Sharing (Child Welfare)

The peer partners made the following suggestions related to addressing the needs and concerns identified during their interviews. These items are both suggestions for change and encouragement to continue in a particular promising practice.

Regarding Juvenile Court and having to go back to alter case plans it was suggested that:
- Liberal visitation orders that allow for progression of visitations can be put in the case plan, allowing the social worker to use some discretion without having to obtain court permission prior to any change; or,
- Changes to visit orders can be faxed to court for review by attorneys. If no objection within 24 hours, visits can change quickly.

Regarding approaches to case management practice, it was suggested that:
- Secondary workers be assigned throughout the case
- The Grand Rounds practice may be utilized. “Grand rounds” is a technique borrowed from inpatient care, consisting of presenting the problems and treatment of a particular patient to a variety of experts. The advantages of this approach include:
  - It allows for continual input from staff,
  - Accumulates lessons learned, and
  - Builds a more positive work environment
- Use, or continue the use, of TDMs throughout the life of a case (with every placement change).

In order to optimize resources it was suggested that CFS begin or continue to:
- Use Community Workers, particularly to monitor visitations;
• Use or expand In-Home Parent Educators for parents who can't get to classes because of work or rural location;
• Ensure that resources are spread out throughout rural areas;
• Establish a Wraparound Unit or Spanish Speaking Units;
• Utilize Parent Partners. It was further suggested that:
  o Use of this program reflects the culture within the agency,
  o It may be advantageous to assign Partners at Detention Hearing, and
  o Partners can assist with explaining the court system;
• Assign new workers to units with seasoned supervisors in order to ensure there are no gaps in services to families.

Analysis of selected comments and suggestions

It is not always the case that perceptions match the reality of a given situation or that noting conflicting issues is the same as resolving them. For example, data indicates that case visits are an area of need for the County, and were perceived here as a strength. Furthermore, there is a perennial problem in child welfare with need for service always surpassing availability of resources, and the natural inability of line workers to see beyond their own situation makes it difficult to see how resources are distributed or why they are prioritized in certain ways. This is the inherent limit of this particular process and needs to be acknowledged.

A fair example of these misperceptions relates to the Regional Lead Agency (RLA). The RLA is not the sole counseling agency, but serves to process and distribute service referrals to a network of Community and Faith based organizations. Many of these agencies had individual contracts in the previous procurement cycle and are, therefore, no more or less available than in previous years. On the contrary, the case can be made that service has expanded over the past few years. There are still also the Therapeutic and Treatment Services (TTS) contracts. The number of TTS contracts had been reduced, but only because a large number were under- or unutilized. TTS providers, however, are paid for through county funds and may have been further limited because of funding reductions locally.

It should not be a surprise that in an era of restricted resources conflict would arise at the point of apportionment: the Regional Budget Committee (RBC) process. Budgets are a zero-sum game and requests are always greater than available resources. Whenever a request is granted, another request is denied, and vice-versa. What’s more, in order to gain approval, a justification of expense must be made to the RBC. This process of justification naturally leads to the impression that the social worker is fighting ‘for’ the client, while the RBC is fighting ‘against’ them. The process could conceivably stand improvement, but some means of prioritizing service decisions needs to be in place. That this will lead to some disagreements may be unavoidable.

Summary of Results – Probation Department

Promising Practices

Like the promising practices on the CFS side, many of the promising practices for Probation relate to Probation Officer’s (PO) ability to connect and advocate on behalf of the youth under their purview. POs work to establish positive, trusting relationships with minors and are available all hours for them. Following through on particular items of importance to the youth helps build a trusting relationship.
Part of that advocacy and trust building includes building connections to help the minor transition. POs do family finding, advocate on behalf of the youth and institute of gradual visitation schedule, which helps transition the youth for the return home. This positive networking includes building connections with service providers. POs have continuous contact with service providers, which has led to better outcomes for youth.

This communication continues at the level of Group Homes. Group home hold team meetings and would communicate this to PO. There are some good quality group homes available for youth and are seen as a strength. Group homes arrange for bus passes and transportation.

**Barriers and Challenges**

There are a number of issues related to placement that are problematic. To start, Supervisors make decisions about youth placement prior to the Probation Officers receiving the case. Supervisors make these assessments based on limited information, and therefore children are occasionally placed in homes that do not meet their needs.

Families frequently have unmet needs. Families often do not receive services and parents are uninvolved in their child’s services during placement. Consequently, the youth return to their family with no improvement in the family relationship. The situation is exacerbated with out of county placement because it is hard to visit and family therapy is done over the phone.

Regarding working conditions for Probation Officers, high caseloads were frequently cited as a problem. It was also noted that, since the Probation Officers is changed with every new placement, there is no consistency for the Probation Officers and it undermines the relationship building that is seen as an important strength.

**Training Needs**

Though Probation Officers conducting family findings was seen as a promising practice, it was also acknowledged that additional training in this area would be beneficial. Along those same lines, it was suggested training be provided to help address special populations: sexual offenders, youths with substance abuse and sexually exploited youth. Generally, it was perceived that the Placement Core trainings were geared to Child Welfare Services youth and not Probation youth.

**System and Policy Changes**

It was suggested that timely Placement Core training is needed and that Wraparound services should extend for three months after reunification, and to not solely rely on an aftercare Probation Officer. Also, given the time spent on training for the position, the Department may want to reconsider the practice of reassigning PO’s to a new unit every 2 years.

**Resource Issues**

POs claimed they were unaware of resources available for youth and for Spanish speaking parents. Parenting classes for out of control teens were also cited as a need. Not enough facilities for teens with substance abuse issues or hard to place minors, minors with multiple issues (fire setting, sexual offender) were also noted.
Recommendations by San Bernardino County Probation Officers

Following up on some of the needs mentioned above, it was suggested the Department keep the placement PO on the case after the youth returns home for at least three months. In addition, the Court should support the PO by holding parents accountable with doing case plans: specifically requiring they take parenting classes.

Peer County Sharing

The following suggestions were made by the Probation peers:
- Placement decisions should be made as a Team;
- Not every placement change should result in a PO change. There should be the flexibility to continue as the youth’s PO after a placement change;
- Parent Project/Parenting classes should be provided after reunification;
- Group Homes should be required to transport Youth;
- Independent Living Program resources need to be more available; and,
- Probation should employ a ‘buddy system’ instead of Officer of the Day.

Peer Review Focus Groups:

As part of the information gathering of Peer Review Week, California Department of Social Services liaisons along with the Director of the local Regional Training Academy (PCWTA), conducted two focus groups on Timeliness to Reunification.

One focus group was composed of Peer and Family Assistants. These are Youth who spent long periods of time in foster care and now provide assistance to current foster youth and their families. This first group also included a Life Coach from a community partner who works with youth.

The second focus group was composed of Parent Partners. These are parents who have had children in foster care and are familiar with the court process and the foster care system. Some of these parents were unsuccessful in reunifying with one or more of their children, who were eventually adopted by other families. However, these previously unsuccessful parents became motivated to engage in services and turn their lives around so that they could reunify with other of their children who were placed into foster care. Now, all six of these parents are active role models and mentors for other parents facing the same problems these Parent Partners had resolved in their own lives.

The findings of the Parent Partners Focus Group are:

Promising Practices and Strengths (Parent Partners Focus Group):
- Parenting classes are available to clients
- Drug rehabilitation programs allow parents to get sober
- Counseling programs, specifically those that address issues that led to drug use
- Parent Partner program: show parents that others have been able to get their kids back, gives them hope
- Visits between kids and parents keep parents motivated to complete their case plan
- N.A. meetings are a big help to parents trying to reunify. Provide additional support
• Parent Partners receive referrals from multiple sources: DBH, TDMs, and the social worker.
• Drug court gets parents started, they offer parents lots of knowledge
• Parent partners provide a mentor to parents who understand what they’re going through because they’ve been there too. The Parent Partner lets the parent know it will be alright if they just keep working.

Barriers and Challenges (Parent Partners Focus Group):
• Parents are angry and can’t see past that, they feel hopeless about getting their kids back.
• Parents feel that social worker is judging them or treating them poorly, especially at their first contact when the parent is upset and may make a bad first impression due to anger, being emotional
• Sometimes parents are not ready to give up their lifestyle in order to get kids back.

Recommendations (Parent Partners Focus Group):
• Visits between kids and parents should be longer in duration and occur more frequently
• Visits should take place somewhere other than a CFS office
• Social worker should keep an open mind and listen more to clients. Not just read the documentation
• Social worker should visit parent and kids more often than once per month in order to assess for progress
• Transitions from placement to home should be more gradual; increase visits for a smooth transition
• Have more parent partners to provide support to more parents. It's hard to cover such a large geographical area.
• Workers should return calls to clients in a timelier manner.
• Foster parents need to be better about transporting kids to visits.
• Would be helpful if Parent Partners could attend court hearings with clients, in order to explain the process and support them, keep them motivated, and to help parents when they are disappointed about court outcome.
• Parents not offered FR should also be eligible for Parent Partners, because sometimes the plan changes and at that point valuable time has been lost.
• Parent Partners should be provided with cell phones because they are in the field a lot and need to be reachable. Additionally, voicemails do not always work so it is difficult for clients to leave their parent partner a message.
• Social workers need to make referrals to Parent Partners sooner. When they get cases in the middle, the clock is ticking.

The findings of the Peer and Family Assistants Focus Group are:

Promising Practices and Strengths (Peer and Family Assistants Focus Group):
• Wraparound services work with the youth and families to continue to support reunification efforts when kids go home
• Court Appointed Special Advocates (CASA) program helps kids transition back home. Sometimes parents are ready but kids are not; the CASA helps the child
• Therapists help kids and parents with the transition of kids reuniting with their families.
• Use of TDMs: helps entire family be part of reunification process
• Community partners: provide all kinds of information to help families (daycare, educational services). They have food drives. They can provide faith-based counseling.
• Use of Parent Partners: clients are more willing to hear input from parent partner than from CFS worker. They are mentors to parents, give parents hope, show them it’s difficult to reunify but not impossible.
• Youth advocates: help kids have hope, either for FR or for living on their own.
• Support groups: help parents deal with children with mental health or behavioral issues
• While kids are in foster care, workers keep them connected to some family: a grandparent, aunt, etc.
• Use of training partners: helps to have outside community help- they are less intimidating to clients than CFS worker
• After 18 or the option for it, now you have time after high school to prepare yourself, some motivation to do a little bit more. We will see a lot of positive change. Philosophically the change is how we work with that group.
• After 18 - The fact that there is a safety net on both sides, youth won't fall through the cracks anymore. With the PFAs the youth talk to them about what's comfortable for them. They are getting the information and are comfortable, like with Independent city.

Barriers and Challenges (Peer and Family Assistants Focus Group):
• Parents are intimidated by CFS worker
• Communication between worker and parents (especially young/unsophisticated parents) needs to be more consistent.
• Parents who've lost kids previously need more support, are more likely to give up.
• Need more therapy options for kids under 5
• Need more funding streams for therapy; not just Medi-cal.
• Need Parent Family Advocates in the outlying areas, like Needles and 29 Palms.
• Sometimes when parents lose their kids to foster care, the parents get used to not having their kids around and either give up or think their kids are better off.
• A change in case worker is confusing to clients; case plan can suddenly change when a new worker is brought on and family has to build rapport/trust with someone new.
• Foster parents and the level of supervision and scrutiny - There is a lot of fear around prudent parenting and allowing youth to go to activities. Foster parents have fear that if youth get hurt they will go to jail or get sued. As a result some youth are not able to attend events if foster parent can't transport.
• Following up with the youth – PFAs don't have enough time to follow up with youth, and with referrals, sometimes youth don't get back to PFAs.

Recommendations (Peer and Family Assistants Focus Group):
• County needs more undesignated money so that services can be more creative and better meet client needs
• Youths in care need more hands-on trainings: life skills with grocery shopping, going to the bank, how to do college paperwork, how to network and make connections or maintain connections you already have so that youth will have better success in finding a job or getting into school.
• ILP workers need to form relationships with youth and youth's family, not just the youth. Sometimes parent does not support youth working with ILP or encourage youth to return calls to ILP worker. Sometimes child is resistant to ILP because child is scared about emancipating. Child's family needs to be part of process so that family can assist with the youth's participation.
• Line workers need to be more educated about the youth advocates and programs available to kids.
• It would be nice if ILP could have a Thanksgiving and Christmas party for the youths.
• ILP should partner with other community agencies in order to pool resources and reach more youth.
• The county should bring more adult service providers to the table at the transitional conferences.

Additional Reassessment Activities – Contractor Focus Group

Overview

On July 11, 2012 a contractor's focus group was held at the regularly scheduled Quarterly Contractors Meeting at the Carousel Mall. The topic under discussion was Reunification time frames and how to improve them. Contractors represented a number of agencies including:
• Bilingual Family Counseling Services - BFCS (PSSF/CAPIT Regional Lead Agency)
• Community Action Partnership of San Bernardino County - CAPSBC (PSSF Hard Goods/services)
• DOVES (Domestic Violence Provider)
• Family Assistant Program
• Helping Hands (Kinship)
• Morongo Basin Unity Home (Domestic Violence Provider)
• Option House (Domestic Violence Provider)
• Queensland (Aftercare/ILP services)
• South Coast Community Services (Wraparound)
• Victor Community Support Services (Wraparound/TAY/TBS)
• Walden Family Services (FFA and Aftercare)
• Westside Kinship Center (Kinship)

County observers included representatives from Children and Family Services, Human Services Administration and the Program Development Division.

Discussion Topics and Feedback

Discussion questions were presented to the contractors and their responses were noted. There were 4 pre-planned questions, but, naturally, a number of follow-up questions were suggested by the discussion.

What Role do contractors have in reunifying children with their families in a timely manner?

Contractors saw themselves as players in the reunification process, but not as the guiding force. Their role is largely defined by their contractual obligations in support of the case plan.

Domestic Violence service providers work with victims of DV with the goal of reunification of the family, though not necessarily by getting back together with the DV perpetrator. Wraparound providers transition children from Foster Homes to biological parents by following up and providing services to stabilize the family post reunification; and, serve children in the highest levels of need by helping to identify specific need areas. The FFAs also acknowledge their active support of reunification goals.
The OCAP program providers identified there areas supporting reunification. CAPSBC provides hard goods and direct services to assist in stabilizing placements which, in turn, facilitates the reunification process, particularly post-reunification. BFCS provides a wide variety of Therapeutic and Counseling services to facilitate case plan goals, especially reunification.

On follow-up, contractors were not aware what level of success they were able to attain with their services. Agencies acknowledged they did not know if reunification occurred in the 12-month time frames. The DV agencies were quick to point out, however, that they were mindful of the urgency regarding timeframes for reunification.

What successes and creative approaches have contractors encountered in helping families reunify?

DV agencies noted they provide Progress and Attendance reports on a monthly basis for all cases; that DV Advocates are located in the offices, which facilitate communication; and, they cover all offices. Other agencies acknowledged that they provided regular reports on attendance and progress (BFCS, 8-10 weeks; Walden, Quarterly; SCCS, weekly).

A DV agency noted many clients are confused when they start and stated Parent Partners (PPs) should be utilized and start clients on the right track. The CFS facilitator noted that the county is looking for older parents to serve as PP. PPs serve as examples of parents who have pulled their lives together and are now productive members of society. They have shown improvement for kids and children are less vulnerable. It was also noted that Peer and Family Assistants (PFAs) can serve in a similar supportive role for older children.

Similarly, it was noted that Family 2 Family (F2F) strategies help alleviate some communication problems. Kinship noted Family Conferencing helps bring families together, explains SW assignments, and provides clarity. They also noted service referrals are processed more quickly when the SW makes the referral (works around KSSP waiting list).

Queensland/Walden identified their First5 funded teen parent program, which worked with Boys Republic Group Home. The program taught fathers to be there for their children and provided service to the entire county.

What are the challenges faced by contractors in helping families to reunify in a timely manner?

When asked about providing feedback agencies identified that there may be information sharing/communication barriers. SCCS noted it is often difficult to get a-hold of Social Workers (SWs). Changing of SWs means a new SW will see things differently, have a different perspective. This affects the character of SW visits and view of the case plan. Transitioning to a new SW does not work well.

PFAs claimed they were not apprised of the court ordered visitation plan and, consequently, do not know what the visitation orders say. PFAs see the parents, but there is an information bottleneck. Asked about what happens when calling reception, contractors noted that sometimes they receive needed information.

It was also noted that Clients/Parents may have scheduling overload: Some can't find jobs and have limited resources; others who are working have trouble with coordinating work and school schedules with a multitude of services from the case plan on short time frames. It is difficult to navigate the system. Service referral processes can be difficult, frustrating to go through. This is
compounded by issues of communication including identifying the assigned SW. A DV agency noted that even they sometimes don't know or can't find the SW, and they are co-located.

A lack of information can affect timely service. CAP noted there services require a 5-day turnaround and this is often hindered by incorrect addresses on service requests.

**What can the County do to further enable contractors to improve reunification efforts?**

It was observed that demand for services routinely outstrips availability of resources. More funding should be made available to reduce the aforementioned pressures on service.

Regarding coordination between providers and social workers it was observed that lines of communication need to be improved. For example, SWs should coordinate with FFAs to plan and improve visitation. FFAs can help manage plans and make adjustments. Further, when an SW is reassigned, the transition process needs to be improved. The number of SW changes should be minimized and clients need to be informed of changes.

CFS needs to communicate urgency of timeframes, which in turn, need to be communicated to the clients. Efforts to engage parents quickly should continue, but services need to be more manageable for the clients. Clients are often operating under many pressures and are not generally professional people with that particular skill-set. One suggestion to consolidate on appointments was to have more children go into family as opposed to individual therapy.
SUMMARY OF FINDINGS

Outcome Measure Focus

The two outcome measures emerging from the CSR findings are:

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

C3.1 - Exits to Permanency (24 Months in Care) – This measure computes the percentage of children discharged to a permanent home by the last day of the year and prior to turning 18, who have been in foster care for 24 months or longer.

These two measures represent high need areas and encompass a large number of related strategies. The two previous measures that are being removed, C3.3 - In Care 3 Years or Longer (Emancipated/Age 18) and C4.3 - Placement Stability (At Least 24 Months in Care), both have difficulties that make addressing them problematic. C3.3 will be strongly affected by the After 18 programs; C4.3 is seen by many as an inherently flawed measure.

Continuing Strategies

TDMs and Family to Family practices are widely seen as positively affecting Outcome Measures and other less tangible measures of success, such as building rapport and improving CFS’s reputation. It is expected that TDMs will expand and continue to be an essential component in case planning and placement decisions. Virtually all the feedback received from this year’s Reassessment events indicate Children and Family Services (CFS) has optimized the use of TDMs by using them in conjunction with other strategies and programs, especially with the introduction of Parent Partners into the process. Transitional Conferencing will continue its expansion to facilitate exits to permanency.

CPR, Reunification conferencing, and CPMT are established practices that are expected to undergo various levels of fine tuning in the near future. The Families for Life principles should be monitored and reviewed for further expansion.

The RLA paradigm is currently being reviewed. Modification of the service regimen for OCAP programs is under review, as are the use of ETO, the need for targeted outreach and various other procedural adaptations.

Probation recently partnered with CFS and DBH with the Interagency Youth Resiliency Team (IYRT) program pairing a mentor with a minor in the detention facility or a probation placement. This partnership seems promising and Probation intends to continue this collaborative effort.

THP-plus availability is a continuing problem because probation youth have difficulty getting accepted into the program.

The After 18 (Extended Foster Care) Services for probation youth has seemed reasonably effective to start. Probation will continue its collaborative efforts with CFS.
Dual Supervision is a good example of Probation and CFS working together as a team to ensure the best interests of the child are met.

Information Need Areas

The major constraint on the continued expansion of TDMS is facilitator availability. Steps have been taken to ensure that training is available and it is hoped the continued recovery will resolve some of the competing demands on staff time.

The utilization and program results of Transitional Conferences (TCs) will need to be reviewed and evaluated when sufficient data and tracking information become available. The practice should be expanded. Again it may well be that competing demands are constraining use. It is also unclear how After 18 will influence, or be influenced by, the use of TCs.

Establishing a protocol to gauge Parent Partner and mentoring program effectiveness needs to be formalized. The establishment of a Parent Leadership curriculum is being expanded.

Additional information based on new initiatives should be routinely added to packets and resource lists need to be regularly updated. Information on meaningful visitation, for example, could be added to the packet.

The groundwork for further evaluation of the Court Video has been laid and evaluation of clients who experienced these newly instituted processes should more clearly discern the strategies impact on Outcome Measures.

Outcomes for both sibling and blended units still need to be tracked and analyzed.

More guidance is needed on how best to manage and utilize modern technology, both as sources of information for the foster parents and how to properly regulate and monitor child access to the internet and chat rooms, etc.

There is a continuing need to train workers to incorporate fairness and equity into case planning and decision making. Building relationships with culturally diverse communities is a continuing need.

Issues were raised about how time-consuming and complicated the CAT tool seems to some social workers and that it is not applicable to risk assessment for adoptions, foster care/placement (placement change), nor is it very helpful for completing reports to the Court. Building the value to integrate the CAT in all aspects of case management will be a strategy in the SIP design.

Probation identified a number of information management and data needs specifically with CWS/CMS including:

- Probation staff needs to build on data entry efforts, expand proficient use and continue to work to develop interface strategies with Case Explorer and reduce demands of dual entry;
- SafeMeasures inaccuracies based on different data gathering samples need to be resolved. Reliance on Business Objects seems appropriate because it is more accurate.
- Continuing problems obtaining State ID numbers need resolution.
• Continued training needed on data entry and extraction and better use of forms and tracking
• Improve Quality Assurance for information processing
• Tracking JV220’s for nursing staff

Emerging Strategies

More than any other program, Parent Partners received widespread acknowledgement as a program worthy of expansion. Though it is difficult to trace specific mentoring efforts to program outcomes it is believed Parent Partners and other mentoring efforts will continue to accrue positive effects. Expansion and support of this initiative will be a SIP strategy.

Probation parent partners are more difficult to locate based on their past criminal history.

Use of Wraparound and other intensive and trauma focused services to support reunification efforts are considered promising practices. Expansion of RBS and trauma-focused/informed approaches will be a strategy to support permanency outcomes.

Relative Assessment Unit (RAU) is a CFS program that allows probation youth’s relatives to receive foster care funding for placement after their release from a probation placement.

Use of Transitional Conferences with After 18 Youth and minor’s approaching their 18th birthday has promise.

Service Gaps

Parents are intimidated by CFS workers and improved communication between SWs and parents is still needed. Training staff to prepare parents for visits and take an active role in the child’s education is needed.

The visitation environment, conditions and follow-up debriefings need to be improved. Family visitation and support centers will provide a mechanism for early reunification services, a meeting place for birth parents and mentor parents and a natural setting for parents to learn about childhood development and practice their skills.

There was a continued and consistent message that additional culturally competent services and trainings are needed. A gap exists between the services needed by the children/families that come to the attention of CFS and the array/accessibility of services (especially culturally competent services) currently offered by the department. This is supported by the data that shows declines in Hispanic reunification and permanency indicators.

Use of probation foster care to provide support to minors that have graduated from placement over the age of 17.5 up to their 18th birthday.
• Probation foster care will transition into extended foster care upon removal from probation.
• Potential probation foster care youths and care providers are hesitant to use the foster care system as it requires continued wardship of the youth.

Regarding use of CFS’s Relative Assessment Unit (RAU) by Probation, there is a need for additional training for Probation regarding purpose and use.
Attachment A

2012 Acknowledgements
2012 Acknowledgements

There are many people who planned, prepared and participated in the 2012 CSR Kickoff, focus groups and Peer Review Week. Most of them are listed below. Apologies to those who should appear on this list, but were unfortunately and mistakenly overlooked. Listed or not, thank you for the things you do to improve the lives of children and their families.

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- Sarah Wiederanders, CDSS Liaison, OAB
- Yvette Albright, CDSS Manager, OCAP
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- Tim Houghen, DBH Program Manager II
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- Beth Steigerwalt, Deputy CC V
- Richard Sterling, Deputy Public Defender
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18 Peer Review Panelists:
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- Trisha Hendrickson, CASA Administrator
- Allison Cunningham, DBH Clinical Supervisor
- Anjali Sequeira, DBH Clinical Therapist
- Gladys Gonzales, (SW) Ventura County
- Lana Rangel, (SW) Ventura County
- Mark Kisselburg, (SW) Riverside County
- Paul Gaines, (SW) Riverside County
- Sanisa Kissell, (PO) Riverside County
- Catherine Rooney, (SW) Orange County
- Sara Tehranchi, (SW) Orange County
- Lisa Chairez, (PO) Orange County
- Cindy Vogel, (SW) Contra Costa County
- Gilbert Garcia, (SW) Kern County
- Marcos Sifuentes, (PO) Kern County
- Gale Simmons, (SW) Santa Clara County
- Wren Bradley, (SW) Santa Clara County

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- Lisa Webster, PO II
- Chris Combs, PO II
- Jose Chavez, PO II
- Sean Bryant, PO II
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- Susan Wright, SSP
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- Jonathan Millard, SSP
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- Kim Houchens, SSP
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- Toni Castillo, OA III
- Carrie Burks, OA III
- Corrinn Garcia, OA III
- Carol Johnson, OA III
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Attachment B

2012 County Self-Reassessment

Kick-Off Participants
# 2012 County Self-Reassessment Kickoff

**When:** Monday Feb 13th (full day)  
**Where:** Roman Catholic Diocesan Conference Center, Highland Avenue, in San Bernardino

### CSR Kickoff Opening and Introductions:
- **Randy Schulz**, Assistant Director, San Bernardino County Children and Family Services (CFS)  
- **Teri Self**, Deputy Director, CFS System Resources Division

### Welcome by Host:
- **Sister Cathy White**, SP, Director, Diocesan Office of Child and Youth Protection

### CSR Kickoff Speakers:
- **DeAnna Avey-Motikeit**, Director, San Bernardino County Children and Family Services  
  - Topic: *Purpose of the CSR*  
- **Honorable Gregory Tavill**, Presiding Judge of Juvenile Court for San Bernardino County  
  - Topic: *Role of the Court in Improving Services*  
- **David McDowell**, Bureau Chief, Outcomes and Accountability, Children and Family Services Division, California Department of Social Services  
  - Topic: *Outcomes and Accountability in California*  
- **Kelly Cross**, Statistical Methods Analyst, Legislation and Research Unit, San Bernardino County Human Services  
  - Topic: *California Child and Family Services Review (C-CFSR) Data*  
- **Laurie Passarella**, CFS Supervising Social Services Practitioner; **Christa Banton**, CFS SSPP; **Jean Texera**, CFS Child Welfare Services Manager; and **Laura Davis**, Division Director I, Probation Department  
  - Topic: *Update on Current System Improvement Plan (SIP)*  
- **Kathy Watkins**, Program Manager, Legislation and Research Unit, San Bernardino County Human Services  
  - Topic: *AB 12*  
- **Michael Schertell**, Deputy Director, San Bernardino County Department of Behavioral Health; and **Nicky Hackett**, CFS Child Welfare Services Manager  
  - Topic: *Mental Health and Alcohol and Drug Services*  
- **Michael Villa**, Division Director I, Probation Department  
  - Topic: *AB 109*  
- **Margaret Hill**, Assistant Superintendent, San Bernardino County Superintendent of Schools and San Bernardino City Unified School District, Board Member  
  - Topic: *Foster Youth Services and Education*  
- **Rose Margaret Orrantia** *(Yaqui)*, Program Manager, Tribal Star, San Diego State University and **Tom Lidot** *(Tlingit)*, Curriculum Coordinator, Tribal Star, SDSU  
  - Topic: *Tribal Updates*
- **John Reynolds**, Staff Analyst I, Veterans Affairs, San Bernardino County
  - Topic: Veterans Update

**CSR Kickoff Breakout Groups (8 Focus Groups):**

- **Early Family Reunification** – subject matter expert: **Jean Texera**, CFS Child Welfare Services Manager (CWSM)
- **Mental Health Outcomes** – subject matter experts: **Michael Schertell**, DBH Deputy Director; and **Nicky Hackett**, CFS CWSM
- **Safety** – subject matter expert: **Hope Henry**, CFS CWSM
- **Fairness and Equity** – subject matter expert: **David McDowell**, CDSS Bureau Chief
- **Permanency** – subject matter expert: **Kathy Watkins**, HS LRU Program Manager
- **Health Outcomes** – subject matter expert: **Christa Banton**, CFS Supervising Social Services Practitioner (SSSP)
- **Placement Practice in Probation** – subject matter experts: **Laura Davis**, Probation Division Director I; **Laurie Passarella**, CFS SSSP; **Diana Waitschies**, Supervising Probation Officer and **Duane Schall**, Probation Officer II
- **Education Outcomes** – subject matter expert: **Carol Sittig**, CFS CWSM
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