

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

320



FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBMITTAL DATE:
January 29, 2013

SUBJECT: Approval of the 2012 Riverside County Self-Assessment (CSA)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chair of the Board to sign the attached County Self-Assessment.
2. Authorize the Department of Public Social Services to submit the attached County Self-Assessment to the California Department of Social Services (CDSS)/Office of Child Abuse Prevention (OCAP).

BACKGROUND:

The County Self-Assessment (CSA) provides information on child welfare service delivery strengths, areas needing improvement, and strategies for future exploration during the System Improvement Plan (SIP) process. The CSA is due to the State by February 1, 2013 and the System Improvement Plan (SIP) is due to the State by June 30, 2013.

Susan Loew

Susan Loew, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$0	For Fiscal Year:	12-13

SOURCE OF FUNDS:			Positions To Be Deleted Per A-30	<input type="checkbox"/>
Federal Funding: 0%	State Funding: 0%	County Funding: 0%; Realignment Funding: 0%; Other Funding: 0%	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

Policy Policy

Consent Consent

Dept's Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 10/27/08 (#3.35)

District: All

Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3-29

Mark A. Hake
Departmental Concurrence

BACKGROUND (continued):

The California Legislature passed AB 636 (Chapter 678, Statutes of 2001), enacting the Child Welfare Outcomes and Accountability Act. The Act requires counties to focus on efforts to improve outcomes. As part of the continual review process, AB 636 requires counties to provide an annual update of program priorities, timelines, and action steps that will achieve the stated improvement goals.

The purpose of the County Self-Assessment (CSA) is to analyze, in collaboration with key community and prevention partners, the county's full scope of child welfare and probation services. The CSA examines systems strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices, and available resources. A needs assessment of all Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs is integrated in the CSA process.

The County's Self-Assessment process identified strengths in the areas of safety, permanency, and well-being. Focus areas requiring improvement are: placement stability, safe and timely reunification, and reduction in reentry/recidivism. These are measures where Riverside County falls below the national standard.

Based upon our strengths and areas needing improvement, several initiatives are already underway to address placement stability, safe and timely reunification, and reentry.

FINANCIAL:

There is no financial impact.

ATTACHMENT(S):

2012 County Self-Assessment Report (CSA)

SL:kjb

California Child and Family Services Review 2012 Riverside County Self-Assessment



Susan Loew, Director
Riverside County Department of Public Social Services

Alan M. Crogan, Chief Probation Officer
Mark A. Hake, Interim Chief Probation Officer
Riverside County Probation Department



"Together, we are addressing an evolving set of community needs. In the 'new economy,' we are all challenged to do more and better, with less. That requires partnership and collaboration. Working together is the best, and indeed the only way, to meet the needs of children and families in Riverside County. "

Riverside County Stakeholder Report June 2012

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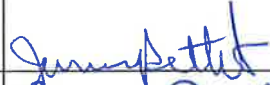


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A. County Self-Assessment Cover Sheet

California's Child and Family Services Review County Self-Assessment Cover Sheet	
County:	Riverside
Responsible County Child Welfare Agency:	Department of Public Social Services, Children's Services Division
Period of Assessment:	2008-2012
Period of Outcome Data:	1 st quarter 2008 data through 2 nd quarter 2012 data
Date Submitted:	February 1, 2013
County Contact Person for County Self-Assessment	
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County Self-Assessment Cover Sheet (continued)

Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Susan Loew
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Alan M. Crogan / Mark Hake (Interim)
Signature:	

In Collaboration with:		
County & Community Partners	Name(s)	Signature
Board of Supervisors Designated Public Agency to Administer CAPIT/CBCAP/PSSF Funds	Jennie Pettet, Deputy Director Dept. of Public Social Services Children's Services Division	
Prevent Child Abuse Riverside County (PCARC)	Eldon Baber, Executive Director	
Parent/Family Partner	Vanessa Hernandez	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	
Name:	
Signature:	

Name and affiliation of additional participants are on a separate page with an indication as to which participants are representing the required core representatives.

Summary Assessment

Introduction

The purpose of the County Self-Assessment (CSA) is to analyze, in collaboration with key community and prevention partners, the county's full scope of child welfare and probation services. The CSA examines systems strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices, and available resources.¹ A needs assessment of all Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) programs is integrated in the CSA process.

Overview of CSA Process

The Riverside County Department of Public Social Services (DPSS) - Children's Services Division (CSD), in partnership with the Department of Probation and Prevent Child Abuse Riverside County, (PCARC) collaborated to prepare this County Self-Reassessment (CSA). In 2010, as part of the CSA process and in preparation for the FY 2013-2018 funding cycle, Riverside County conducted a countywide Needs Assessment to examine community service strengths, needs, and gaps related to CAPIT/CBCAP/PSSF programs and child abuse and neglect prevention. The Needs Assessment—including feedback from over 400 private and public service providers and 400 consumers—provided critical information that informed efforts to achieve shared child abuse and neglect prevention goals and objectives; identified needed services, gaps in services; and priority areas; and made recommendations for reducing barriers that impede families from receiving prevention services.²

Building on the Needs Assessment, over 350 community partners and county staff engaged in a comprehensive assessment of Riverside County's child welfare system. Stakeholders participated in Community Partners Forums on September 6, 2011, March 29, 2012, and September 27, 2012. Additional feedback and data were gathered through workgroups conducted from October 2011 through January 2012, as well as, the peer review process and focus groups conducted in June 2012. The CSA process resulted in nearly 200 different recommendations, identifying three focus areas for improvement:

- Measure C1.3: **Increase Placement Stability** (CSD)
- Measure C1.2: **Increase Safe and Timely Reunification** within 12 month (CSD and Probation)
- Measure C1.4: **Reduce Re-entry** following reunification (CSD)

This assessment will present a summary analysis of system strengths; of areas needing improvement for the 2013-2018 SIP; and outline strategies for future efforts to improve service delivery and outcomes for children and families in Riverside County.

¹ This CSA would not have been possible without the assistance of a number of community collaborators. A complete list of collaborators is provided at Appendix A.

² Riverside County extended itself to reach as broad an audience as possible through the Needs Assessment process. Selected community sites were used for surveying the general public as well as the focus groups. Key informant interviews and survey distribution through the FRC sites illustrate the County's efforts to solicit input.

System Strengths

Safety: Overall, Riverside County has maintained its ability to ensure children are safe in their homes and/or in out of home care. This increased focus on safety has resulted in fewer children entering the child welfare system, a decrease in recurrence of maltreatment (S1.1: No Recurrence of Maltreatment 94.7%), and continued success in keeping children safe in foster homes (S2.1: No Maltreatment in Foster Care 99.03%). The improved results in this outcome area can be attributed to Team Decision Making (TDM) meetings, the use of Structured Decision Making (SDM) tools, Family Preservation Court (FPC), and Youth Accountability Boards for pre-delinquency and delinquency prevention.

Permanency: Riverside County continues to ensure that children have permanency and stability in their living situations, while ensuring family relationships and connections are preserved. Riverside County's performance in Measure C4.1 (In foster care < 12 months) has shown improvement since reporting period April 2007 – March 2008; during the current reporting period (April 2011 – March 2012), Riverside County exceeded the national standard of 86.0%.

Performance in Measure C4.2 (In foster care 12-24 months) has also shown improvement over the last five years (April 2007 to March 2012)³. During the current reporting period (April 2011 – March 2012), Riverside County exceeded the national standard of 65.4%. These improvements are attributed to social worker training, greater focus by managers/supervisors/social workers on safe and timely reunification, and expanded use of TDMs.

When reunification is not in the best interest of the child, Riverside County takes proactive efforts to ensure permanency for the child. Since 2008, Riverside County has performed above the state average in finalizing adoptions within 24 months. This can be attributed to CSD's commitment to concurrent planning, by engaging parents and caregivers in early identification of an alternative permanent plan in case reunification is unsuccessful.

Riverside County also ensures permanent homes are available to facilitate timely adoption by having both prospective foster and adoptive parents go through the same training and home study process at the beginning of their certification. CSD also uses the "child available" model to expedite the adoption process and the Heart Gallery to find adoptive homes for children that are difficult to place. Current performance on the median time to adopt also outperforms the National Standard.

Well Being: Between October 2004 and October 2011, there has been continuous improvement in reducing the number of children placed in group homes, resulting in a 39% overall decrease. During the three-year period between October 2008 and October 2011, CSD experienced a 22% decrease in group home placements. Since 2008, the percentage of children placed in group homes has decreased from 6.3% to 4.8% between 2008 and 2012.

The decrease in group home usage is largely attributable to strategies initiated by the 2008 SIP which include Wraparound services, Team Decision Making meetings (TDMs), and co-location of Department of Mental Health (DMH) clinicians with the CSD Group Home Units. Additionally, the Interagency Screening Committee has been instrumental in making referrals to programs that allow children to remain at home rather than being placed in a group home. The Screening Committee members and DMH clinicians assist the social worker to identify special services needed by children in higher levels of care to reunify safely. Each of these services has helped to place children in the least restrictive and

³ Reporting periods used for comparison are April 2007 – March 2008 and April 2011 – March 2012.

most appropriate setting while reducing unnecessary placement moves. Due to the long-term, sustained improvement in reducing group home placements, this goal is no longer a focus for the 2013 SIP.

Areas Needing Improvement

Although the County has a number of strengths, the CSA process revealed the need to continue to focus on three areas previously identified through the 2008 CSA: increasing placement stability (CSD); increasing safe and timely reunification (CSD and Probation); and reducing rates of re-entry (CSD).

Increasing Placement Stability (CSD): Continuous progress has been made in placement stability for two of the three measures. Riverside County outperforms the National Standard for changes in placement in less than 12 months and changes in placement between 12 and 24 months. For those in out of home care for more than 24 months, however, there was a decrease in placement stability between 2009 (29.7%) and 2012 (37.1%). Improving placement stability remains an ongoing goal for CSD in the 2013 SIP.

Improvements in the County's placement stability rates were the result of a number of strategies and factors including:

- There were 5,697 TDM's conducted between January 2008 and December 2011. More than half of the meetings each year were primarily held due to a placement move or imminent risk of placement.
- During FY-2010/2011, 131 children were served by Wraparound in the Children's Services Division, an increase of over 300% compared to the prior year.
- CSD Specialized Care Increment funding provided increased financial support to caregivers with special needs children.

Increasing Safe and Timely Reunification (CSD and Probation): Both CSD and Probation recognize the need for sustained focus on efforts to increase the rate of reunification for children and youth in Riverside County. Decreased staff, delays in obtaining services, and lengthy periods between court hearings all contribute to increased time to reunification. Focus group participants also indicated that limited visitation (between parents/ children and siblings) impact timely and successful reunification.

Over the last five reporting periods, CSD has experienced a decrease in the rate of children reunifying with their families within 12 months (Measure C1.1 (exit cohort)). More specifically, in March 2008, 71.2% of children that reunified with their parents were in care less than 12 months, compared to 65.2% in March 2012. This is lower than the National Standard of 75.2%.⁴ In addition, Riverside County's most current performance of 8.3 months as median time to reunification is longer than and does not meet the National Standard of 5.4 months. Children of color and youth 11-17 years old are in care even longer and on average take longer to reunify, highlighting the need to focus attention on this population. In light of the decreased performance on this measure, CSD has identified Measure C1.2 as a focus for the 2013 SIP.

⁴ However, Riverside County outperforms California in the percentage of children that exit care in less than 12 months.

For the Probation Department, the rate of reunification within 12 months has remained below the national standard since the 2008 SIP was implemented. Probation's performance for reporting period April 2011 to March 2012 is 39%, which is much lower than the national standard of 75.2%. Although they are performing below the standard, Probation has seen a consistent increase in the number of youth safely and timely reunifying since implementation of the 2008 SIP. Between April 2007 and March 2008, performance was at 25.2% compared to the 39% rate for the second quarter of FY-2011/2012. Probation's median time to reunification (13.7 months) is also much longer than the national standard of 5.4 months for the period April 2011 to March 2012. However, this rate still reflects an important improvement from the prior average of 17 months reported for the period April 2007 and March 2008. Timely reunification remains a focus area for Probation for the 2013 SIP.

Reducing Re-entry into Foster Care within 12 Months (CSD): CSD has improved its performance in reducing re-entry into foster care. Performance for the April 2006 – March 2007 reporting period was 13.8% (327 out of 2,368) and does not meet the national standard of 9.9%. During 2008-2009, the rate of re-entry within 12 months after reunification in the county dramatically declined to 9.3%. Although the County has experienced an increase in the rate of re-entry, CSD was able to reduce the rate to 10% in the most current year (2010-2011), closely meeting the national standard. There has been an overall improvement of 7.5% since the last CSA and a much bigger improvement of 21.9% between 2009/2010 and 2010/2011.

Improvements were the result of a number of strategies and factors including:

- Ongoing development and implementation of SafeMeasures for utilization by managers, supervisors and social work staff to increase data informed decision making practices
- 111 staff and provider trainings⁵ for over 1,638 staff between 2009 and 2012
- Ongoing training and expansion of the use of Structured Decision Making (SDM) and Case Quality Review
- Family Preservation Court serving 272 parents struggling with substance abuse and addiction

Strategies for the Future

While a number of strategies have assisted with improving outcomes for children and their families in the four focus areas identified for the 2008 SIP, Riverside County recognizes the need to be more targeted and strategic in supporting intervention with a proven track record for effectiveness to continue its progress in the 2013 SIP cycle. Riverside County also recognizes that its services and practices must consider the unique needs of its population reflected in the socio-economic and demographic characteristics of the families we serve. As articulated in the needs assessment, the overarching context for the next SIP is expected reductions in public funding for child welfare and social services. Consequently, the expanded implementation of programs, services, and policy recommendations requiring new resources is especially challenging. To achieve future reductions in the incidence of child abuse and to continue improving re-entry and permanency indicators, Riverside County must capitalize upon the groundwork laid by the Family to Family initiative; continue to improve and expand interagency and agency/ neighborhood collaboration; emphasize the co-location of services;

⁵ Staff trainings were focused on a number of areas/topics including: CWS/CMS, Family to Family, SafeMeasures, SDM, child abuse assessment, court report writing, culturally sensitive practices, and better outcomes.

allocate resources to highest risk populations; seek interventions that effect positive client changes; and increase efficiency in its operations.

The socio-economic and demographic profile of Riverside County plays a central role in identifying the factors contributing to the prevention of child abuse. It also provides an important lens to focus efforts toward targeted intervention and services for the most vulnerable victims of child abuse and their families. In its simplest expression, Riverside County has the fourth largest land mass, sixth largest population and is the fastest growing county in California. The population is very diverse, largely Hispanic/Latino, often speaking a language other than English at home, and disproportionately represented by African American children in out of home care. Residents are also young with a median age of 34 years. It is composed of 670,075 families, with 37% raising children under the age of 18. The average household size of 3.2 persons is higher than the statewide average of 2.9. The prevalence for poverty in children is higher than the state average, as nearly 1 in 4 children are living below the poverty line. Since 2008, unemployment rates have increased and the number of families on public assistance has tripled.

The recession has greatly affected residents and may impact outcomes for the child welfare system over time. Known family stressors of poverty and the necessity of being on public assistance, loss of jobs, failed home ownership and lack of health insurance for many children, may pose additional challenges for families already struggling to maintain safe and stable environments, leading to greater incidences of child abuse and neglect. Given the information known, Riverside County is working to develop strategies to effectively target investment in evidenced based services for the specifically identified populations and subgroups.

In order to empirically and objectively determine what works, Riverside County has started to allocate resources to assess for client-level effect. As highlighted in the needs assessment, satisfaction with services and provider assessments of the extent to which clients benefit from them are poor substitutes for indicators of real changes in their lives and circumstances. An emphasis on implementing evidence-based programs and investing in rigorous evaluation of services would ensure that outcomes like successful reunification, family maintenance leading to stabilization and lack of reoccurrence or first report can be linked to the type and extent of services received.ⁱ

B. Demographic Profile

1. Demographics of the General Population

a. County Population

Riverside County is located in the southeastern region of California, bordered to the north by San Bernardino and to the south by San Diego and Imperial Counties. Riverside County extends from Orange County on its western border to the Colorado River, sharing its eastern border with Arizona. The county has the fourth largest land area with more than 7,000 square miles and, at more than 2.2 million residents, the fourth largest population in California. Only Los Angeles, San Diego and Orange counties have more residents. Since 2000, Riverside County's population has grown by approximately 43%, the largest percentage and numeric increase in the State.ⁱⁱ Riverside County has been the fastest growing county in California for three decades.ⁱⁱⁱ

In terms of population size, Riverside County is the eleventh largest county in the U.S., with a population larger than 15 states. Riverside County's population is expected to grow to 3.3 million residents by 2035.^{iv} While Riverside County has approximately the same proportion of people living in the same residence one (1) year or longer (82.1%) as the State (residential stability 84%), Riverside County does have a much higher rate of home ownership (70.0%) than California (57.4%); however, the median value of an owner-occupied home in Riverside County is \$325,300, compared to \$458,500 for the State.^v At one time Riverside County led the State in new construction homes, but housing construction dropped from a high of 34,372 permits issued in 2005 to 3,264 in 2011.^{vi}

Despite high foreclosure and unemployment rates in the Inland Empire, 23 of California's 30 fastest-growing cities are located in Riverside County.^{vii} Even with its large population, Riverside County maintains a substantially lower population density than Los Angeles or Orange counties. Due to the large land area, density ranges from 57 persons per square mile in unincorporated areas of the County to 4,145 persons per square mile in the City of Eastvale. The average density for Riverside County is 304 persons per square mile while the average density for cities within the County is estimated to be 2,018 persons per square mile.^{viii}

Riverside County residents are relatively young, with a median age of 34 years, compared to 35 years for California and 37 years for the United States.^{ix} Children under 5 years represent 7.3% of the population, compared to 6.7% for the State. Youth under 18 years comprise 27.8% of the County's residents, compared to 24.6% for the State.^x

Hispanics/Latinos are the largest racial/ethnic group, accounting for 46.1% of Riverside County's residents, higher than California's rate of 38.1%. Riverside County has proportionately fewer people of Asian descent (6.5%) than the State (13.6%), but the representation of Blacks (7%), Native Americans (1.9%), Native Hawaiian and Pacific Islanders (0.4%) and non-Hispanic Whites (39.1%) closely matches California's racial/ethnic demographics.^{xi} Riverside County also has proportionately fewer foreign-born persons (22.4%) than the State as a whole (27.2%), in addition to fewer people age five years or older speaking a language other than English in the home (Riverside County 39.5%, California 43%).^{xii} Among people who speak a language other than English in the home, 84% speak Spanish.^{xiii} The number of people speaking a language other than English in the home has increased slightly since the 2008 CSA was conducted.

In terms of education, Riverside County has approximately the same proportion of high school graduates (79.2%) when compared with the State (high school graduates 80.7%). However, there are significantly fewer Riverside County residents with Bachelor's degrees or higher (Riverside County 20.5%, California 30.1%).

b. Active Tribes

There are twelve federally-recognized Native American Tribes residing within the County. These include the Agua Caliente, Augustine, Cabazon, Cahuilla, Colorado River Indian Tribes (Arizona and Colorado) Morongo, Pechanga, Ramona, Santa Rosa, Soboba, Torres-Martinez and Twenty-Nine Palms Tribes.^{xiv} The Riverside County Tribal Alliance for Indian Children and Families, which was formed in 2005, meets four times a year to increase participation, communication, and understanding among the Court, the Tribes, and County agencies serving Native American families.^{xv} Additionally, Riverside County CSD

meets quarterly with Indian Child and Family Services (ICFS). ICFS represents a consortium of seven of the 12 local tribes in Riverside County: Cahuilla, Morongo, Pechanga, Santa Rosa, San Manuel, Torres-Martinez, and Twenty-Nine Palms Band of Mission Indians.^{xvi}

c. Number of Children Attending School

Riverside County Office of Education (RCOE) supports 23 school districts that extend services to 467 school sites. During the 2011-2012 school years, Riverside County's enrollment was 425,707 students, comprising 6.8% of the total student population in California. During this same time period, the student body was comprised of children from the following ethnic groups: Hispanic or Latino (58.4%), White/Caucasian (27.4%), African American (7.1%), Asian/Pacific Islander (3.4%), American Indian (0.6%), and others (3.1%). Approximately 21% of Riverside County students are English language learners. The vast majority (94.8%) of the students speak Spanish as their first language. Other languages spoken include Vietnamese, Filipino, Korean, and Arabic.^{xvii}

d. Number of Children Attending Special Education Classes

There are numerous special programs that serve students who meet certain eligibility criteria. Riverside County schools currently serve 45,203 students with disabilities between the ages of 0-22 years old. This represents an increase from 42,352 students served in 2007.^{xviii}

e. Number of Children Born to Teen Parents

Between 2007 and 2010, the overall birth rate in Riverside County to mothers aged 15 to 19 years has steadily declined from 4,003 to 2,918 live births respectively. This 27.10% decrease in teen births significantly exceeds California's downward trend of 19.23% decrease for the same time period.^{xix} Riverside County's education and prevention programs and 10 teen clinics offering free services were likely factors in this decline.

f. Number of Children Who Are Leaving School Prior to Graduation

Approximately 16.3% of the 2010 graduating class left high school prior to graduating. This is slightly lower than the State's dropout rate of 17.5% for the same time period. Hispanics/Latinos represent 63% of Riverside County's population of students not completing high school that year, followed by Whites at 21%. Hispanic/Latino and African American dropout rates are disproportionately high compared to their enrollment rates.^{xx}

g. Number of Children on Child Care Waiting Lists

Riverside County has experienced a 24% increase in the number of licensed center-based child care spaces and a 33% increase in the number of licensed spaces available in family child care homes between 2002 and 2010. However, there are only enough licensed child care slots for 16% of children 12 years old or younger with parents in the work force. This is compared to 25% child care availability statewide, and 18% to 35% availability in neighboring counties⁶. Low-income working families who are eligible for subsidized child care are not all receiving subsidies due to a lack of available child care

⁶ San Bernardino County 18%; Orange County, 25%; Los Angeles County, 23%; San Diego County, 34% child care availability

spaces. In 2012, there were 16,883 Riverside County children on the waitlist for subsidized child care, but only 9,933 subsidized slots available through the County's resource and referral agency.^{xxi}

h. Number of Children Participating in Subsidized School Lunch Programs

More than half (60.0%) of Riverside County school children lived in families with incomes low enough to qualify for a free or reduced lunch during the 2010/2011 school year. This rate increased 14.9% since the 2007/2008 school year (52.2%).^{xxii}

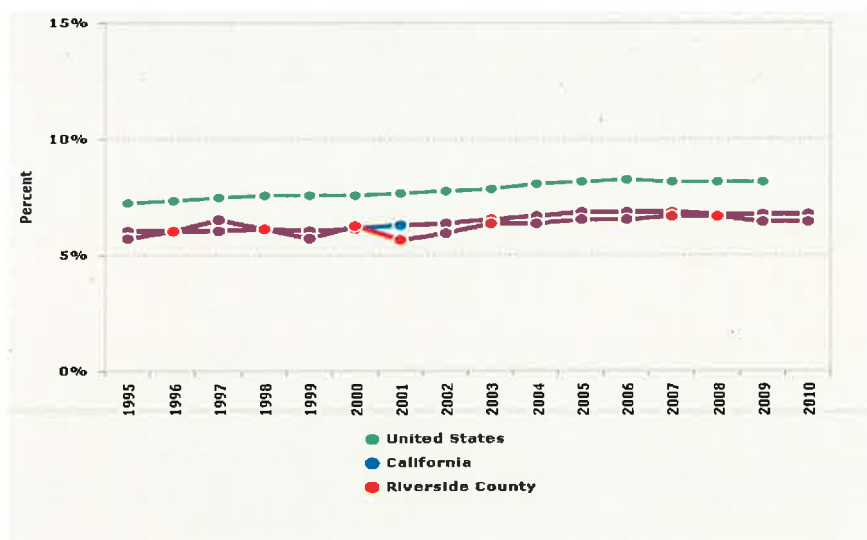
i. Number of Children Receiving Age-Appropriate Immunizations

In 2010, a total of 30,137 kindergartners received all age appropriate immunizations. This number is relatively unchanged from the 30,114 kindergartners aged four (4) to six (6) immunized in 2007.^{xxiii} Riverside County has a 93.7% immunization rate among kindergartners, which is higher than the state's rate (90.7%)⁷ and its neighboring counties.^{xxiv}

j. Number of Babies Who Are Born with a Low-Birth Weight

Riverside County's rate of infants born with low birth weight (Figure 1) in 2010 (6.5%) is slightly less than California's rate (6.8%)⁸ and its neighboring counties.^{xxv} Riverside County's rate has been on a slight downward trend since 2008 and has been at or below State and national rates for more than a decade.^{xxvi} Riverside County's 2010 prenatal care rate (83.0%) also exceeds California's average rate (81.7%)⁹ and the national Healthy People 2020 objective (77.9%)^{xxvii}.

Figure 1: Infants Born at Low Birth Weight: 1995-2010^{xxviii}



⁷ Los Angeles County's rate of 89.3%, San Diego County's rate of 91.7%, and Orange County's rate of 89.0%. Riverside County's rate is nearly equal to San Bernardino County's rate of 93.9%.

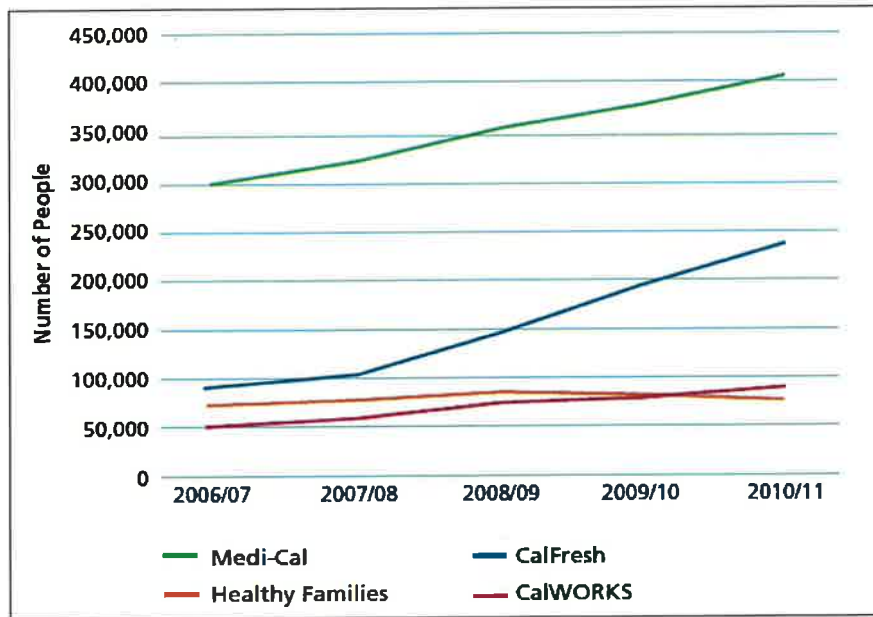
⁸ Even lower than the rates for Los Angeles County (7.3%) and San Bernardino County (7.1%), Riverside County's rate is comparable to the rates for Orange County (6.4%) and San Diego County (6.5%).

⁹ Riverside County's rate exceeds San Bernardino County's rate (81.7%) as well. More than half (58.9%) of the births in Riverside County are to Hispanics/Latinas. The Community Foundation (2012).

k. Number of Families Receiving Public Assistance (CalWORKS)

Riverside County’s unemployment rate as of May 2012 was 11.8% of the County’s total civilian labor force, compared to 7.5% in May 2008 (The Community Foundation (2012). *Riverside County 2012 Community Indicators Report*.) Between 2010 and 2011, the number of people receiving CalFresh benefits (231,401) rose 19%, while CalWORKs cash assistance enrollment rose 10% to 87,015 recipients. Five-year growth rates for CalFresh and CalWORKS were 170% and 71%, respectively. Medi-Cal participation rose 6% in one year to 407,484 participants, while Healthy Families enrollment remained stable at 75,261 children participating. Over the past five years, Medi-Cal participation rose 34% and Healthy Families enrollment rose 10%.^{xxix}

Figure 2: Riverside County Major Public Assistance Program Enrollment 2007-2011^{10xxx}

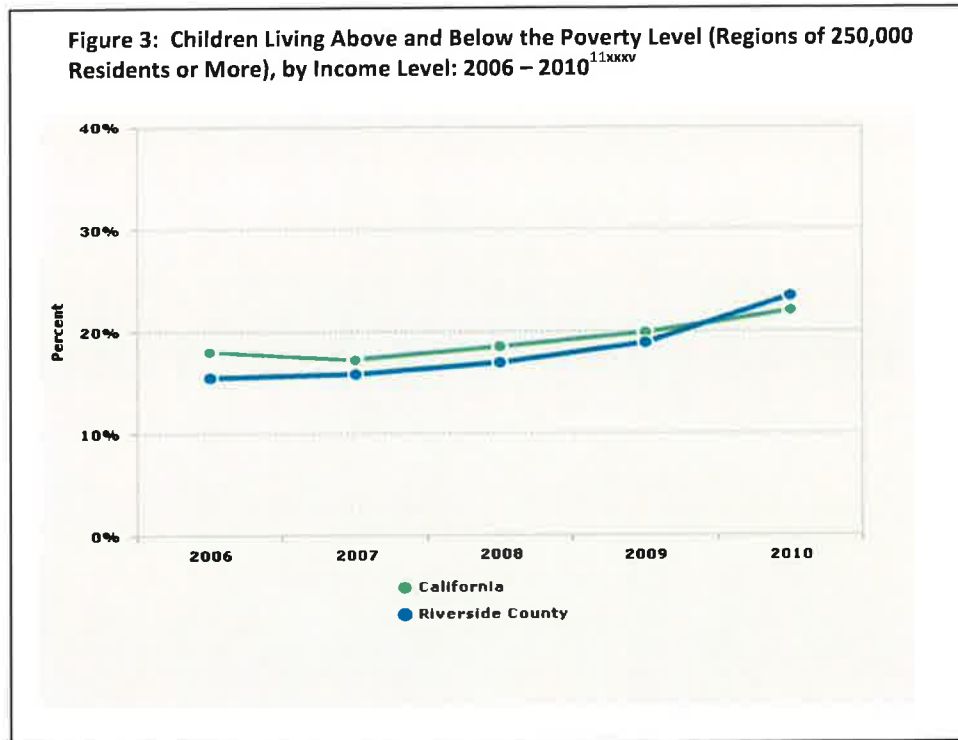


l. Number of Families Living Below Poverty Level

The majority (74%) of Riverside County households are comprised of families (670,075). More than half of these (55%) consist of married couples and 37% have children under age 18. Among the 58 counties in California, Riverside has the eleventh largest household size (3.2), which is higher than the State’s average (2.9) and the national average (2.6). Among Riverside County cities, Coachella has the highest average household size (4.6), followed by Perris (4.2) and Eastvale (3.9).^{xxxi} Riverside County’s median household income between 2006-2010 (\$57,768) is lower than California’s median household income for the same period (\$60,883). These income differences are more drastic in light of Riverside County’s higher than average household size.^{xxxii}

¹⁰ CalFresh and Medi-Cal counts include all persons who receive Medi-Cal and Food Stamps, whether they receive CalWORKS or not. CalWORKS and CalFresh reflect average monthly enrollment during the fiscal years represented. Healthy Families enrollment is as of June for each fiscal year and Medi-Cal enrollment is as of July for each fiscal year.

Approximately 13.4% of Riverside County residents were living below the federal poverty level between 2006-2010, compared to 13.7% across the State.^{xxxiii} The prevalence of poverty among children is much higher. Nearly one in four children (23.5%) were living below the poverty line (Figure 3) within Riverside County in 2010, a rate slightly higher than the State average (22.0%).^{xxxiv}



2. CWS Participation Rates

The following table provides the number of children age 0-18 in Riverside County's population, the number and rate of children with referrals; and the number and rate of first entries for calendar year 2011. Information about substantiated referrals and out of home placements are also provided.

Riverside County's child welfare participation rate (per 1,000 children) is higher than the State's rate. More specifically, Riverside County has a higher rate of child maltreatment referrals, with referrals more likely to be substantiated. The rate of first entries into foster care and rate of children in out of home care in Riverside County also outpace California. One potential reason for these differences in substantiated rates and placement rates is that Riverside County experiences a higher rate of physical abuse and general neglect allegations than the State as a whole.¹² Between January and December 2011, 20.8% of Riverside County's allegations were for physical abuse and 68.8% were for general

¹¹ Definition: Estimated percentage of children ages 0-17 living above (100%+) and below (0-99%) the Federal Poverty Level (FPL), by income level. For example, in 2010, 22% of children in California lived in families with incomes below the federal poverty threshold (i.e., 0-99% of FPL). The FPL was \$22,113 for a family of two adults and two children in 2010.

¹² According to Chapin Hall researchers, these differences may not be significant when poverty rates are considered in the data analysis.

neglect. In contrast, the State average for physical abuse allegations during this same time period was 19.3% and for general neglect it was 45.2%. Riverside County's physical abuse and general neglect allegations have risen 22.4% and 14.9% respectively since January 2008 to December 2011.^{xxxvi}

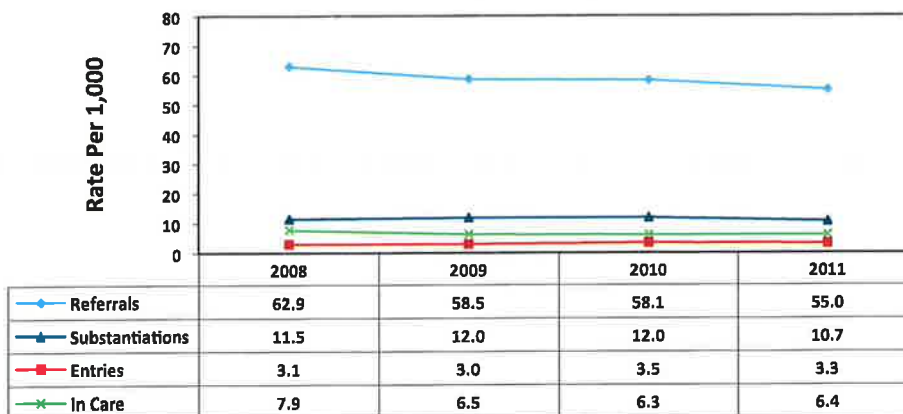
Figure 4: Riverside County 2011 Child Welfare Participation Rates

Measure	California ^{xxxvii}		Riverside ^{xxxviii}	
	#	Rate per 1,000	#	Rate per 1,000
# children in general population < 18 years of age in 2011	9,299,595		635,258	
# and rate of children with referrals in 2011	475,930	51.2 per 1,000	34,964	55.0 per 1,000
# and rate of children with substantiated referrals in 2011	87,263	9.4 per 1,000	6,774	10.7 per 1,000
# and rate of first entries in 2011	29,999	3.2 per 1,000	2,600	4.1 per 1,000
# and rate of children in out of home care as of July 2011	53,550	5.8 per 1,000	4,068	6.4 per 1,000

Allegations of drug/ alcohol-related maltreatment and domestic violence exposure are included within the general neglect category. A 2012 case review conducted by CSD found that 70% of the allegations contained within the sample of cases were the result of substance abuse. An additional 22% had domestic violence as a key factor resulting in a child's return to out-of-home placement.

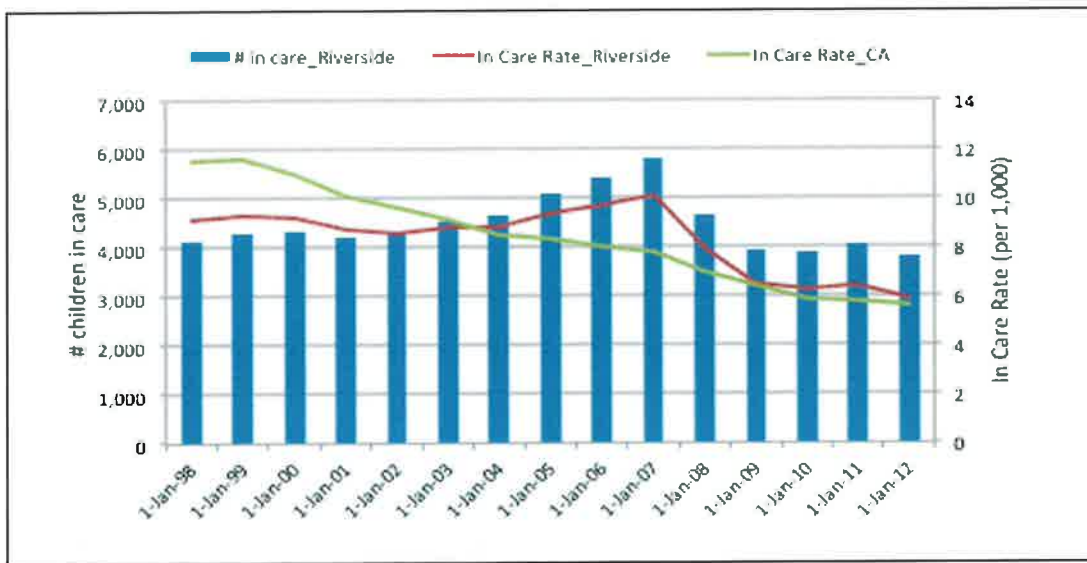
Riverside County's child welfare participation rates have decreased since 2008, with the exception of the rate of first entries (Figure 5). The rate of first entries increased from 3.1 per 1,000 in 2008 to 3.3 per 1,000 in 2011. Between 2008 and 2011, the County's rates of referrals, substantiations, and children in care have decreased overall.^{xxxix} Riverside County has a strong commitment to training social workers in the appropriate use of SDM as a risk assessment tool. In addition, TDMs are increasingly utilized in cases involving imminent risk of placement.¹³

Figure 5: Riverside County CWS Partipation Rates



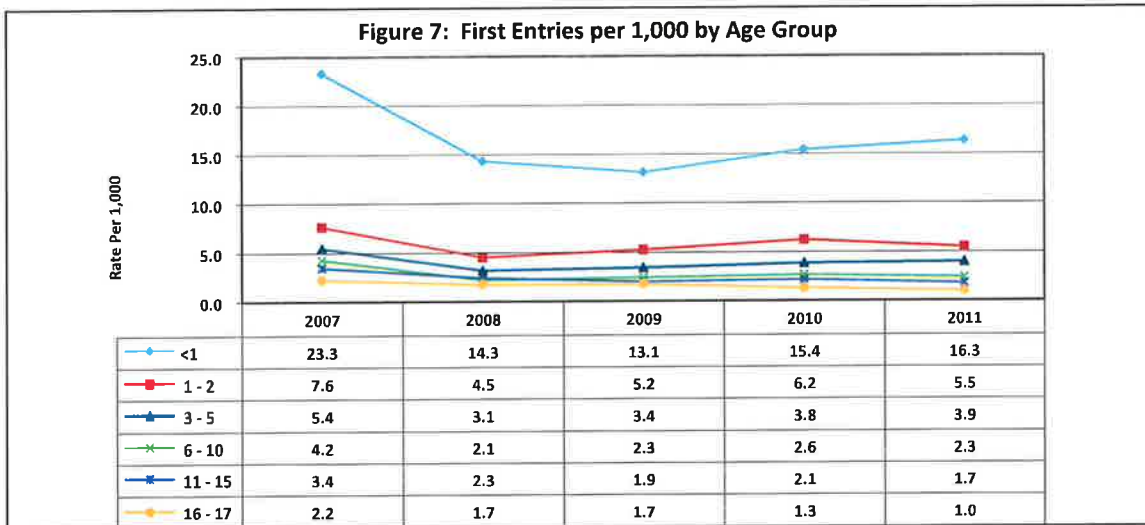
¹³ See figure 27 for a graph showing TDM utilization between 2005-2011.

In California and nationwide, the number of children in care has consistently declined from year to year over the past decade. Riverside County's trend has been somewhat different, with the number of children in foster care placement peaking in 2007 and then substantially declining until 2009. Thereafter, the number of children in care has been relatively stable between 2009 and 2012 (6.4 per 1,000). The chart below (Figure 6) illustrates these changes in Riverside County with a comparison to the State for in care rates between 1998 and 2012.^{x1} The growth and effectiveness of primary prevention programs, as well as an increase in CWS staff, may have influenced this improvement for the County. SDM and TDM policies and practices may have also contributed to this decline.



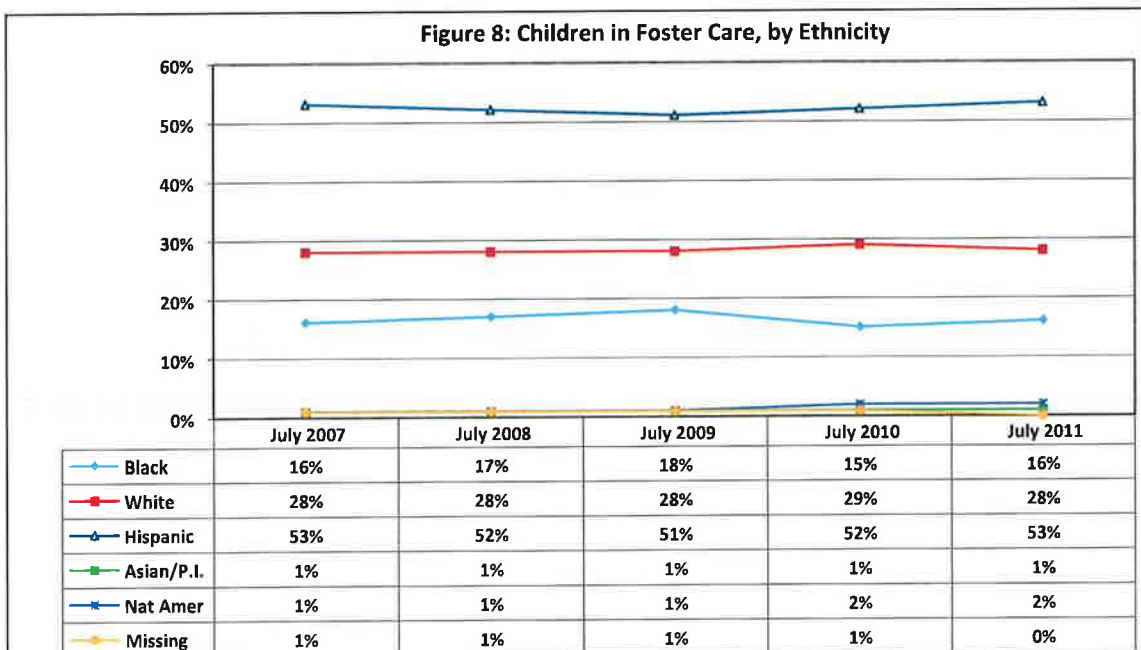
Number and Rate of Referrals, Substantiations and Out of Home Care By Age

From 2008 to 2011, the rate of first entries in out-of-home care tended to be the highest for children under the age of one year, followed by children ages 1 - 2 years old. While entries for children under one are lower than the 2007 rate, Riverside County is on an upward trend beginning in 2010. This data is consistent with children's risk and safety assessment factors and characteristics, that very young children are more vulnerable and more likely to experience certain forms of maltreatment due to their small physical size, early developmental status, and need for constant care. In contrast, children in the 16-17 year old age group have the lowest rate of first entries. There appears to be a downward trend in rate of prevalence of first entry as the age of the child increases (Figure 7).



Number and Rate of Referrals, Substantiations and Out of Home Care By Ethnicity

Consistent with Riverside County’s child population demographics, Hispanic/Latino and Caucasian children continue to have the highest number of referrals and substantiations compared to other ethnic groups in the County. The following graph (Figure 8)^{xlii} compares the County’s child population distribution with referrals and substantiations by ethnicity. The graph indicates Hispanic/Latino children and Asian/Pacific Islanders are underrepresented in the child welfare system proportionate to their populations within Riverside County. In contrast, White, Black, and Native American children are all overrepresented relative to their respective proportions of the overall County population.



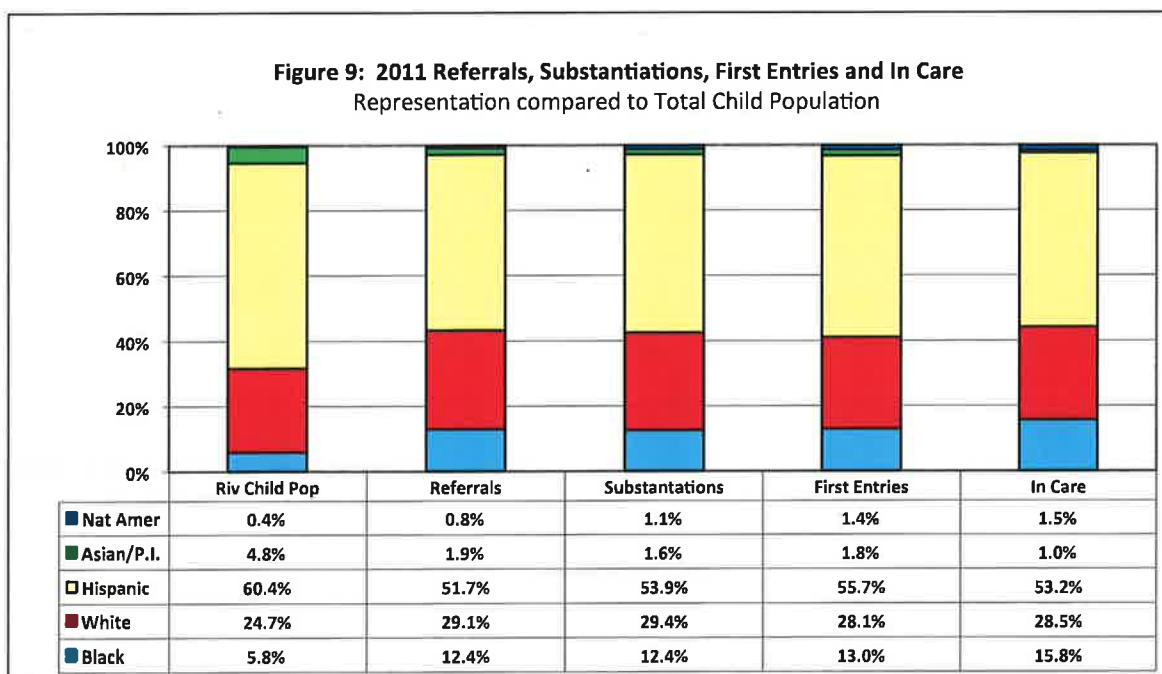
Hispanic/Latino children account for more than half of the out-of-home placement caseload in Riverside County which is proportionate to their representation among the total child population. White children account for approximately 28% of the out-of-home placements. The prevalence rates per 1,000 children for Black and Native American children are higher compared to other ethnic groups (17.6 and 22.0 per 1,000 respectively). Black and Native American children are disproportionately represented in the County's out-of-home placement caseloads. In contrast, Asian/Pacific Islander children are slightly underrepresented (See Figure 4).^{xii}

Disproportionality Among Black and Native American Children

Black children comprise about 12% of referrals (n=4,328) and substantiations (n=837), but only 5.8% (n=36,627) of the total child population in the County. Black children are also disproportionately represented among first entries (13.0%, n=270) and the population of children in care (15.8%, n=643). Throughout California, Black and Native American children are also disproportionately represented in the child welfare system relative to their population size.^{xiii}

The proportional rate per 1,000 children in care is highest for children ages 0-5 years old. Native Americans have the highest prevalence rates of all ethnicities for children ages 0-5, 6-10, and 11-15 years old. Black children have the highest prevalence rates among 16-17 year olds.^{xiv}

Given the small overall population of Native American children within Riverside County who were alleged to have been maltreated in 2011 (n=273) and whose allegations were ultimately substantiated (n=77), children with first entries (n=29) and children in care (n=62) represent a very small portion of the County's caseload.^{xiv} A complete breakdown of child welfare system participation rates by ethnicity, relative to the County child population in 2011, is provided in Figure 9 below.



C. Public Agency Characteristics

The Riverside County Departmental Organization Chart is included at Appendix B. As indicated in the chart, Juvenile Probation falls within the Department of Public Safety and Justice and Children's Services Division (CSD) falls within the Department of Public Social Services (DPSS).

1. Size and Structure of Agencies Providing Child Welfare Services

The DPSS organizational chart included at Appendix C displays CSD's structure and relationship to the other social services divisions. Appendix D provides a more detailed view of CSD's structure.^{xlvi} CSD provides ongoing services to approximately 5,540 children and processes on average 2,141 child abuse and neglect referrals per month. Of these referrals, approximately 1,488 (69.5%) require an in-person response by a social worker.

The organizational chart included at Appendix E displays the Juvenile Probation and Juvenile Institutions staff structure and staffing capacity as of May 24, 2010.^{xlvii}

a. County Operated Shelters & Facilities

In May 2011, Riverside County phased out the use of shelter homes in an effort to provide more permanent, stable placements for children.

The Probation Department operates three juvenile halls (Riverside, Southwest, and Indio) and three juvenile residential treatment centers (Desert Youthful Offender Program, Twin Pines Ranch, and Van Horn Youth Center). The detention facilities house juveniles pending court hearings or placement while the residential centers provide programs of treatment and supervision for minors ordered placed out of their home by the Court.^{xlviii}

b. County Licensing

Riverside County uses foster family homes (FFHs), foster family agencies (FFAs), and group homes that are licensed through California's Community Care Licensing Division. Relative and non-related extended family member (NREFM) placements meet the same standards as licensed foster homes and are approved by the County using the state mandated relative approval process. Institutional type settings are only used for children with extreme medical, developmental, or behavioral disabilities, whose needs cannot be met in a family-like setting.

c. County Adoptions

Riverside County DPSS-CSD is a State-licensed adoption agency. All licensed foster parents participate in 33 hours of Resource Family Training. Upon completion of training, resource families have an approved Adoption Home Study in addition to being placement ready. Applicants must also complete the State licensing requirements of Community Care Licensing (CCL).

2. County Government Structure Impacting the Provision of Child Welfare Services

a. Staffing Characteristics/Issues

In addition to administrative and support staff, CSD employs 519 social work staff, of whom 429 are social workers and 90 are social work supervisors: 160 social workers (37%) have a Master’s degree or higher; 61 supervisors (68%) have a Master’s degree or higher.

i. Turnover:

The turnover ratio for CSD social workers and supervisors averaged 6.7% during fiscal year ending June 30, 2009, and increased to 8.7% as of June 30, 2012. In contrast, the turnover ratio for support and administrative staff averaged 6.7% and dropped to 5.5% during this same time period.¹⁴ The number of full-time equivalent (FTE) social work positions (CSSS II, CSSW III-V, and SSW I/II) has decreased 29%, from 671 in June 2009 to 517 in June 2012 (see figure 10). County budgetary constraints resulted in a number of positions not being filled when they became vacant, with a hiring freeze *and* mandatory work furlough implemented between 2009 and 2011.

Figure 10: Number of FTE Staff by State Fiscal Year (SFY)

CWS Staff ¹⁵	SFY 08/09	SFY 09/10	SFY 10/11	SFY 11/12
Children’s Social Services Supervisor II (CSSS-II)	106	106	93	81
Children’s Social Services Supervisor I (CSSS-I)	8	7	8	8
Children’s Social Service Worker (CSSW III-V)	474	456	404	387
Social Service Worker (SSW I/II)	83	58	61	41
Total	671	627	566	517

ii. Public and Private Contractors:

CSD contracts with a number of public and private agencies to deliver services for families and children involved in the child welfare system. As of 2011, CSD had a total of 123 private contracts (69 providers) and 54 public contracts (20 county/government agency providers).¹⁶ The Riverside County Department of Public Health supports 26 medical professional and support staff for the SafeCare, Enhanced Medical Services (EMS), and Health Care Program for Children in Foster Care programs (HCPCFC). Additionally, Riverside County Department of Mental Health (DMH) provides twelve mental health clinicians to assist with the Team Decision Making (TDM) meetings, the Therapeutic Residential Assessment and Consultation (TRAC) team, and the Assessment and Consultation Team (ACT). Moreover, two educational liaisons are provided by the Riverside County Office of Education (RCOE). A Social Security consultant also provides assistance through the SSI Advocacy Program.

¹⁴ Clerical staff, social service assistants, program specialist, other administrative staff and managers

¹⁵ CSSS-II supervises social workers; CSSS-I serves as a TDM Facilitator; CSSW III-V carry primary case assignments; SSW I-II carry secondary case assignments.

¹⁶ General contract count private: 87 (49 providers) public: 28 (9 providers). FRC contract count private: 36 (20 providers) public: 26 (9 providers)

Contracted staff are co-located in CSD offices to reduce referral lag time, provide consultation, and assist with CSD staff training.

Starting SFY 2012/2013, CSD implemented multi-service contracts. Core services such as parenting education, counseling, anger management, domestic violence, and substance abuse treatment are offered in a single location by select providers, easing transportation and scheduling issues for clients enrolled in these services.

iii. Worker Caseload Size by Service Program

Caseloads for Family Maintenance (FM) and Family Reunification (FR) average 14% higher than the State caseload guideline; caseloads for Planned Permanent Living Arrangement (PPLA) are at or below the state caseload guidelines, but still above the minimum recommended based on the SB 2030 workload study. In order to more accurately track and monitor caseloads, CSD has established the following threshold levels to guide its staffing and planning process and to create solutions to mitigate regional disparity in caseload assignments.

Figure 11: Caseload Recommend Threshold Size

	Ideal Caseload SB 2030	Threshold Caseload Riverside County CSD
Investigative Services	15	18
Family Maintenance/ Reunification	40	48
Permanency Program	48	54

b. Bargaining Unit Issues

CSD has a current Memorandum of Understanding (MOU) with the local bargaining unit, Service Employees International Union (SEIU) Local 721, in effect until 2016. Riverside County Human Resources, DPSS/CSD management, and representatives from SEIU meet regularly. These “Labor-Management Meetings” provide an opportunity for discussion about staffing issues related to labor concerns, retention, training, part-time employment, and the hiring process.

c. Financial/Material Resources

In addition to the CWS basic allocation, Riverside County also makes use of the following available funding options, collaborating with other agencies, contractors, and individuals as noted below. CSD also supports foster care, relative care, and adoptions using eligibility and grant funds from Adoption Assistance Program (AAP), Eligibility Assistance (EA), Foster Care (FC), and Kin-Gap (KG). CSD has also started to compete for external public and private funding to support service expansion, as well as submitting joint funding proposals with and issuing letters of support for partner agencies applying for grants targeting child welfare families.

- *Adoption* funds support contracts for services for parents who adopt children in Riverside County and home studies completed by qualified providers. Beginning SFY 11/12, CSD staff provided these services in-house.

- *Child Abuse Prevention, Intervention and Treatment (CAPIT) funds* support contracts with a number of non-profit agencies and community-based providers, including but not limited to: Alternatives to Domestic Violence, Catholic Charities, Family Service Association, Mental Health Systems Inc., My Family Inc., Parents Anonymous Inc., and Shelter from the Storm.
- *Children's Trust Fund (CTF) funds* (birth certificate fees, kid's plates, and donations) are deposited into the trust and are used to augment awards made to community partners who provide early prevention and intervention services. A portion of the CTF is earmarked to fund the Prevent Child Abuse Riverside County (PCARC) council, which functions as a countywide advocate for the prevention of child maltreatment.
- *Child Welfare Services Outcome Improvement (CWSOIP) funds* contracts and collaborations with a number of County partners and agencies for four programs including: Domestic Violence counseling, Domestic Violence advocacy, SafeCare, and Parent Partners.
- *Community-Based Child Abuse Prevention (CBCAP) funds* support contracts with Alternatives to Domestic Violence, Catholic Charities, and Mental Health Systems Inc., and are used to develop/implement or expand/enhance community-based family resource and support programs, including Parent Partner Program.
- *Emancipated Youth Stipends (EYS)* were offered through the County's Independent Living Program (ILP) and through a contract with Riverside Community College (RCC). EYS stipends were discontinued in SFY 10/11.
- *Foster Parent Training and Recruitment (FPTR - AB2129) funds* are used to work with the County's Foster Family Associations, Enriched Foster Care Homes through the Department of Mental Health, and certified area trainers. These funds have also been used to purchase recruitment training supplies, educational materials for foster parents, advertisements, and outreach supplies for recruitment of new foster families.
- *Independent Living Program (ILP) funds* are used to contract services with Riverside Community College (RCC) to mentor, support, and train foster care adolescents and emancipated youth to enable them to be independent.
- *Kinship/Foster Care Emergency funds* are used to remove barriers and enable successful placements with relative caregivers and foster parents. Funds are also used to retain placements if extenuating circumstances may alter the stability of a child's placement.
- *Kinship Support Services Program (KSSP) funds* support a contract with the California Family Life Center to provide community-based support services to relative caregivers and the children who are placed in their homes, or who are at risk of dependency. The funds also support the staffing of Riverside County's Kinship and Youth Warmline.
- *Promoting Safe and Stable Families (PSSF) funds* support contracts with a number of non-profit agencies and community-based providers, including but not limited to: Alternatives to Domestic Violence, Catholic Charities, Family Services of the Desert, Family Service Association, Mental Health Systems Inc., My Family Inc., Parents Anonymous Inc., Perris Valley Recovery, and Shelter from the Storm.
- *Prevention and Early Intervention (PEI) funds* supported the hiring and training of Parent Partners in SFY 2011/2012. PEI has also supported the implementation of evidence-based parent education programs, including SafeCare-Differential Response (SFY 2012-2013).

- *Specialized Training for Adoptive Parents (STAP) funds* are used to provide specialized training and recruitment and also to fund Riverside County’s “Heart Gallery” events.
- *State Family Preservation (SFP) funds* are used for the County’s four Family Resource Centers (FRCs).
- *Stuart Foundation funds* supported Family to Family Initiative efforts with resource families, community partners, educational efforts on behalf of foster children and initiative training opportunities for CSD staff. These funds were discontinued in SFY 2010/2011.
- *Supportive and Therapeutic Options Program (STOP) funds* are used to support CSD’s MOU with the Department of Mental Health. The funding provides counseling sessions, substance abuse treatment, and crisis intervention services for at-risk children and youth that cannot access services through current funding mechanisms.
- *Transitional Housing Program Plus (THP Plus) funds* a contract with ASPIRAnet Transitional Housing Program to assist emancipated youth with subsidized housing and supportive services.

d. Political Jurisdictions

Riverside County has a Council-Manager form of county government that meets every Tuesday with few exceptions. The Riverside County Board of Supervisors represents the following five (5) districts respectively: District 1: Supervisor Bob Buster; District 2: Supervisor John Tavaglione; District 3: Supervisor Jeff Stone; District 4: Supervisor John J. Benoit; and District 5: Supervisor Marion Ashley.

i. Tribes

As previously stated, there are 12 federally-recognized Native American Tribes residing within the County: Agua Caliente, Augustine, Cabazon, Cahuilla, Colorado River Indian Tribes (Arizona and Colorado), Morongo, Pechanga, Ramona, Santa Rosa, Soboba, Torres-Martinez, and Twenty-Nine Palms Tribes.^{17xlix}

ii. School Districts/Local Education Agencies

There are 23 local school districts in Riverside County that operate 467 K-12 sites. The districts are autonomous and administratively supported by the Riverside County Office of Education (RCOE). In addition to the public school network, there are 145 private K-12 educational institutions. Riverside County has seven colleges and universities: College of the Desert, Mount San Jacinto College, Palo Verde College, Riverside Community College, California Baptist University, La Sierra University, and University of California, Riverside.

CSD and RCOE have jointly funded two Educational Liaison positions to act as the educational central point of contact for foster children having significant difficulties in school. The goal of this position is to increase communication between schools and CSD, and to track, monitor and support academic progress. CSD also provides internship field placements to students attending Cal State University (CSUB) San Bernardino and Loma Linda University (LLU) who are pursuing BSW and MSW degrees.

¹⁷ Additional information about collaborative efforts with the Tribes is provided in the demographics section of this report on page 12.

CSD ensures that all field placement activities meet the California Social Work Education Center (CalSWEC) criteria to comply with IV-E stipend requirements.¹⁸

iii. Law Enforcement Agencies

There are 29 police jurisdictions that include the Riverside County Sheriff's Department and city police departments in each of the 28 incorporated cities (listed below). To strengthen partnerships between CSD and law enforcement agencies, Investigative Services social workers are co-located at the Riverside County Sheriff's Department Jurupa sub-station and at the Corona, Perris and Moreno Valley Police Departments. CSD regional managers have established relationships with local law enforcements to ensure a coordinated response and cooperative relationship between organizations to effectively investigate and address child abuse cases.

CSD and Probation also collaborate with law enforcement through a multi-disciplinary team process such as the partnership with the Riverside County Child Assessment Team (RCAT) established in 1990. RCAT's goal is to reduce the physical and emotional trauma to child victims of abuse through a reduction in the number of investigative interviews conducted with children; providing more consistent and skilled service to children and families; increasing efficiency and success in the prosecution of child abuse cases; and reducing the duplication of efforts by community agencies. Both CSD and Probation also participate in a number of joint task force committees aimed at reducing child exposure to substance abuse.

iv. Cities

Riverside County is represented by 28 incorporated cities. These include Banning, Beaumont, Blythe, Calimesa, Canyon Lake, Cathedral City, Coachella, Corona, Desert Hot Springs, Eastvale, Hemet, Indian Wells, Indio, Jurupa Valley, Lake Elsinore, La Quinta, Menifee, Moreno Valley, Murrieta, Norco, Palm Desert, Palm Springs, Perris, Rancho Mirage, Riverside, San Jacinto, Temecula and Wildomar.

D. Peer Review & Focus Group Summary

CSD and Probation engaged in a joint Peer Review process focusing on placement stability and reunification (within 12 months) respectively. Between May 22, 2012, and June 13, 2012, interview and focus group data were collected from a total of 107 participants. Case reviews were conducted by 11 peer county reviewers (social workers, probation officers, and supervisors), resulting in feedback on promising practices, and objective insight into child welfare and probation programs and practices.

Focus Areas

CSD focused on placement stability in an effort to decrease the high rate of placement disruptions observed for youth aged 11-17 years old. Since 2010, CSD has experienced significant improvement in performance measures related to placement stability. However, Measure 3 (C4.3) – Placement Stability (at least 24 months in care) has remained below the national standard. Among all CSD clients with more

¹⁸ Both CSD and Juvenile Probation are involved in a number of collaborative efforts with the local school districts, including attending Child Welfare Attendance (CWA) meetings to discuss programs and practices that may affect foster youth in the school system and current and pending legislation.

than two placement changes, half of youth in care less than 12 months were between the ages of 11-17 (placement stability rate of 47%). For those in care for up to 24 months, 1 in 3 youth were between the ages of 11-17 (placement stability rate of 32%); 3 in 4 youth between the ages of 11-17, were among those who remained in care over 24 months (placement stability rate of 21% for 11-15 year olds; 17% for 16-17 year olds).

Over the past four years, the rate of reunification within 12 months for Probation youth has remained below the national standard. Among all youth in placement, more than half remained longer than one year before reunifying with their families. Although the number of youth reunifying with their families in less than 12 months has increased from 25.2% to 39.0% between reporting periods April 2007 – March 2008, to April 2011 – March 2012, Riverside County remains far below the national standard of 75.2%.

Focus Group Selection Process

Riverside County facilitated 11 stakeholder focus groups between May 22 and June 13, 2012. Participants included representatives from: CSD Emancipated Youth, CSD Social Workers and Supervisors, County Counsel, Dependency Court Judicial Officers, Juvenile Dependency Attorneys, Juvenile Probation Department Supervisors, Native American Tribes, Parent Partners, and Probation Youth.

Case Selection Process

CSD used stratified random sampling to generate a list of 20 cases involving three (3) or more placements and a second list of 20 cases with two (2) or fewer placement moves. A total of 10 cases were selected from each list. The oldest case was closed in October 2011.

Probation staff--focusing on reunification within 12 months of placement from July 1, 2010, to December 31, 2010--used data from the Child Welfare Dynamic Report System to select their sample. This was the most recent data available at the time. Six cases were identified in which reunification exceeded 12 months during the relevant 6-month time period in 2010, and for which placement probation officers remained in the Placement Unit of Juvenile Services Division.

Case Interview Process

For each case review panel, CSD had a social worker and supervisor as peer reviewers from each of the following counties: Sacramento, San Bernardino, San Francisco, and Santa Clara counties. Probation had one peer review representative each from Los Angeles, Sacramento and San Bernardino counties.

Three Overarching Themes

Three overarching themes emerged from the focus groups and peer quality case reviews as recommendations for guiding improvement, advancing performance, and achieving best practice:

Maintain Open Communication with Partners: The Probation peer reviewers all agreed that some placement facility staff often served as barriers to successful placements and timely reunification due to overly controlling behavior that interfered with a youth's access to his/her probation officer. The CSD focus group participants all agreed that maintaining close and consistent communication with

stakeholders is an essential element to promoting placement stability. Interviewees encouraged social workers to seek to understand and respect different cultural values (in the broadest sense to also include professional/office cultures) and to identify barriers to open communication.

Maintain Consistency and Transparency Countywide: Across court sites, focus group participants expressed concerns about differences in policy implementation from office to office, and throughout the county. The perceived differences in policy implementation across offices and the courts created distrust among stakeholders. This was particularly the case among the interviewed Native American community partners, Probation youth and CSD-ILP youth. Probation youth expressed concerns about differences in basic privileges involving family visitations and phone communications between placement providers. Interviewees also expressed concerns about the lack of contact between children and their siblings, parents, and extended families: They attributed this to transportation issues; an unwillingness among some social workers to “burden” foster parents; and some social workers failing to timely “liberalize” family visitation, despite the discretion from the court to do so.

Keep Demonstrating That You Care: CSD-ILP and Probation youth participating in the focus groups expressed annoyance, anger, and frustration with social workers, foster parents, probation officers, and placement staff that “often put us down if they have not been through the same things,” are “dishonest,” and “treat us rudely” without any consequences. ILP youth reported that some social workers frequently “look down on parents,” “judge them,” and are “rude.” Some youth reported having multiple social workers and probation officers over relatively brief periods, in certain cases between 5-8 workers, with little to no direct contact from any of them. Several youth described interactions with social workers as “business-type” relationships, perceiving a lack of any genuine effort on the part of the worker to establish a personal bond or meaningfully communicate with the youth. Social workers, Probation officers, service provider and placement staff that genuinely engaged youth and demonstrated sincere caring were credited with having significant impacts on a youth’s progress toward completion of case planning goals, placement stability, and placement adjustment.

Children’s Services Division: Strengths, Barriers & Challenges

Peer county reviewers identified documented communication and relationship building efforts on the part of social workers as strengths emerging from the case reviews. Social workers were reported to engage in relationship building efforts that foster collaboration between agencies and stakeholder groups.

Social worker turnover resulted in multiple re-assignments of some cases. Heavy caseloads and limited Spanish-speaking social workers also affected timely response and support for some families. Team-Decision Making meetings (TDMs), while considered to be a positive tool in assisting with placement identification and service planning needs, were not always timely and often lacked participation by extended family members and non-relative extended family members who could provide needed support with placement stability efforts. Interviewees also expressed concern that more resources are available to non-relative foster placements than family member foster placements.

Probation: Strengths, Barriers & Challenges

Peer county reviewers and focus group participants reported that probation officers’ abilities to engage families and build rapport with youth were instrumental strengths associated with timely and successful reunifications. They also described probation officers as willing, flexible and adaptable with the case

planning process to more effectively meet a family's needs and ensure that a plan was both specific and achievable.

While probation officers expressed their commitment to holding placement facilities and programs accountable for the quality of care and services provided to youth, they lacked any specific plan on how to achieve these goals. Probation has experienced a high turnover rate over the past year due to multiple staff transfers, ongoing promotions, retirement, and departmental attrition. As a result, the Department has experienced an unprecedented level of staff movement resulting in numerous newly hired officers with very little experience, training, or exposure to probation services.

Children's Services Division Peer County Recommendations

Peer counties identified 15 promising practices that have the potential to improve placement stability. Many of these promising practices recommended by the peer counties have already been or are in the process of being incorporated into CSD's existing practices in some form or another. There are three promising practices identified by peers that CSD will continue to explore:

- Relative Case Mining
- Vertical Case Management
- Centralized Resource Referral Unit

CSD currently engages in relative mining, but not to the degree recommended by the peer counties. In addition, CSD has already combined the emergency response and investigative assignment to one social worker per case, and will continue to investigate and consider the strengths and challenges associated with Vertical Case Management that involves the assignment of a single caseworker for the lifespan of a case. Although CSD does not have a Centralized Resource Referral Unit, it maintains collaborations with community-based organizations through the CSD Program Development Liaisons, regular provider updates, in-service trainings for staff and a multi-service contract design that centralizes referrals to core services through a single agency. Nonetheless, CSD will engage peer counties to assess the ability of such a unit to effectively alleviate service referral initiation and follow-up responsibility from intake and ongoing social workers to assist with reducing workload and allow more time assessing placement stability and client needs.

Juvenile Probation Peer County Recommendations

Peer counties identified four promising practices that have the potential to improve Probation youth outcomes with respect to successful reunification with family members within 12 months of placement:

- Family Finding Unit
- Specialized Early Training
- Interagency Committee
(to provide oversight for group homes)
- Restructuring Probation Officer Assignments
(discretion to select placement programs rather than a placement facility)

Probation does not currently have in place any of the four recommended promising practices and plans to work closely with peer counties to learn more about these practices for potential adoption in

Riverside County. The proposed Family Finding Unit and specialized training are promising practices that will be seriously considered for adoption by Probation. The purpose of the Family Finding Unit is to assist with identifying extended family members early in the case who could potentially serve as a concurrent plan placement, reunification home, or mentor support. Recommended training areas included mental health diagnosis and treatment, Placement Core training, assisting teens with substance abuse concerns, and special education training.

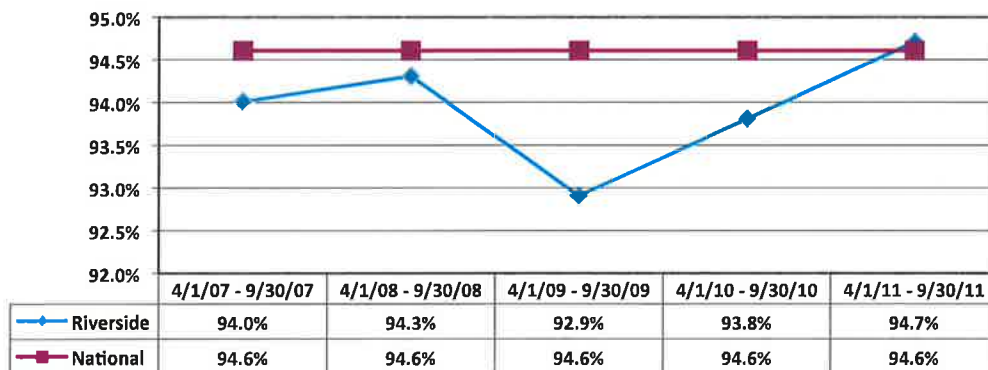
E. Outcomes

The outcomes section analyzes the trends in Riverside County's performance on required State and Federal measures utilizing data from the Child Welfare Dynamic Report System. This section contains guided analysis (within the context of practice) of outcome data and process measures for child welfare, probation, and services, and provides an overview of the scope and adequacy of existing child and family social services.¹⁹

1. Safety 1: Children are, first and foremost, protected from abuse and neglect
 - a. S1.1 No Recurrence of Maltreatment²⁰

Riverside County's performance has remained steady over time. The County's current performance during the 2011 calendar year was 94.7%, which slightly exceeds the national standard of 94.6%.¹

Figure 11: S1.1 No Recurrence of Maltreatment



¹⁹ A comprehensive analysis is provided for each of the seven (7) safety, permanency, and well-being measures outlined in Appendix A of the 2009 County Self-Assessment Process Guide, Version 3.0.

²⁰ Identifies children who were victims of a substantiated referral all children who were victims of a substantiated maltreatment allegation during the 6-month period and measures percentage who were not victims of another substantiated maltreatment allegation within the next 6 months.

b. S2.1 No Maltreatment in Foster Care²¹

Over time, Riverside County has improved in this measure, but continues to perform slightly below (0.6%) the national standard.ⁱⁱ FFA homes account for 55.6% of the allegations of foster care maltreatment but group homes have the highest rates of substantiated maltreatment of general neglect. FFA homes have a 5% substantiation rate compared to 17% for group homes.

2. Safety 2: Children are safely maintained in their homes whenever possible and appropriate

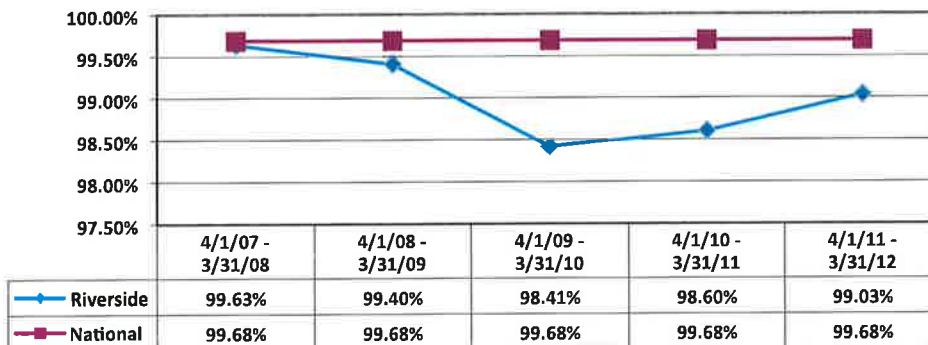
a. Process Measures

(1) 2B – Percent of Child Abuse/Neglect Referrals with a Timely Response²²

10-Day Response Compliance: Since 2009, Riverside County has experienced an ongoing decrease in compliance peaking at 97.5% in 2009 and declining to 93.9% by early 2012. One significant factor contributing in the decline in performance on this measure may be due to a reduction in staff. Riverside County’s performance throughout the time period under review continues to exceed the State average of 91.9%.^{lii}

Immediate Response Compliance: Over time, Riverside County has shown improvement.^{liii} Even the decrease in compliance in the first quarter of 2010 exceeds the baseline performance of 97.6%.^{liiv} The 2012 first quarter compliance rate is 99.2%.^{liv} By the second quarter of 2012 compliance continued to improve at 99.5%.^{lvi}

Figure 12 S2.1 No Maltreatment in Foster Care



²¹ Identifies children served in foster care during the year, and measures percentage who were not victims of a substantiated maltreatment allegation by a foster parent or facility staff member.

²² Measures both the number of child abuse and neglect referrals that require, and then receive, an in-person investigation within the time frame specified by the referral response type. Referrals are classified as either immediate response (within 24 hours) or 10-day response.

Figure 13 2B - Timely Response (10-Day Response Compliance)

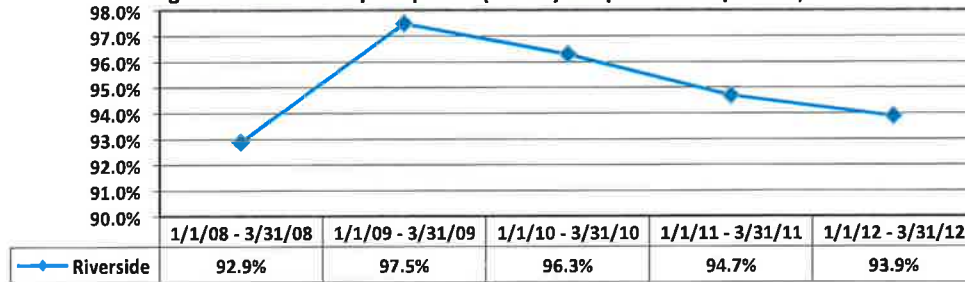
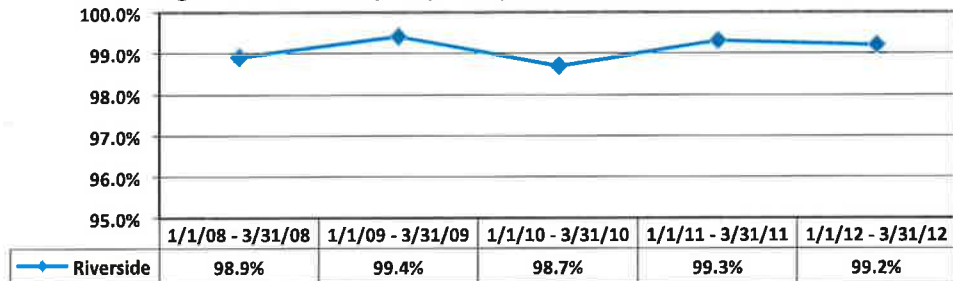


Figure 14: 2B - Timely Response (Immediate Response Compliance)



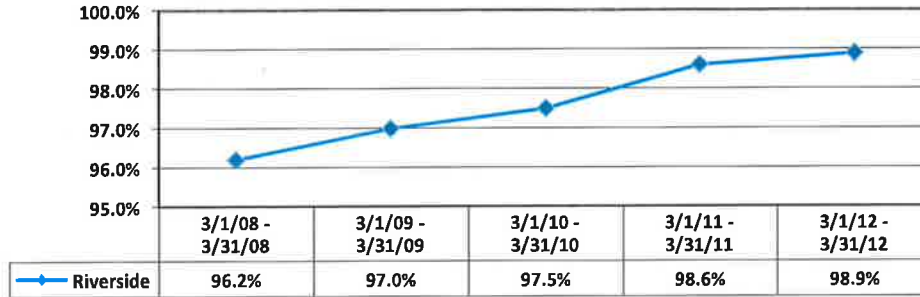
Process Measures

(2) 2C – Timely Social Worker Visits with Child²³

Measure 2C assesses whether social workers are complying with required monthly visitations with dependent children. Figure 15 below illustrates Riverside County's improved performance in the most recent four (4) quarters for timely social worker visits.^{lvii} Riverside County has continued to perform significantly better than baseline performance of 83.2%,^{lviii} which could be attributed to supervisors' and managers' effective use of monitoring tools and emphasis of timely contact as part of the system of supervision (i.e. case reports, Safe Measures). An estimated 788 children have been positively impacted by this improved performance.^{lix}

²³ Measures the compliance rate for case worker visits with children. The rate is equal to the percentage of children requiring a caseworker contact who received the contact in a timely manner. The monthly reporting period is based on a client (not case) level.

Figure 15 2C - Timely Social Worker Visits (Month 3)



3. Permanency 1: Children have permanency and stability in their living situations without increasing re-entry to foster care

(1) 2C – Timely Social Worker/Probation Officer Visits with Child

Probation’s Form FC23 tracks the timeliness of probation officer visits. Every probation officer submits statistics at the end of the month on form FC23, labeled “Probation Foster Care Placement Monthly Caseload Statistical Report,” which is provided by the California Department of Social Services. The form outlines how many times a youth in placement was seen during the month. If a face-to-face visit was not made, then the probation officer must list the reason why a contact was not made with the youth. The same form allows for tracking of face-to-face visits with parents and care providers.

Pursuant to Division 31-320, section .414, the probation officers must visit the youth at least once each calendar month, with at least a two-week time frame between visits, and document the visits in the youth’s case plan. The probation officer also maintains a record of client contacts in the Juvenile and Adult Management System (JAMS) data tracking system. When Probation is the lead for W&IC 241.1 Dual Status cases, the probation officer is required to make monthly contact with the youth. When CSD is the lead agency, the probation officer continues to be available to the group home and the social worker to answer any questions regarding the youth’s probation status. Probation officers also provide face-to-face contact for youth facing difficulty adjusting to the group home setting until such time as the youth is stabilized.

(2) 8A – Children Transitioning to Self-Sufficient Adulthood²⁴

Data on this measure was not available during the previous CSA. In 2009 and 2010 (calendar year), data collection was started by social workers using the SOC405e form. The process is relatively new and reliability of the data is dependent upon social worker compliance with completing all form fields and submitting the form.

During Federal Fiscal Year 2011-2012, a total of 1,891 dependent Riverside County youth were eligible for ILP services. According to the Independent Living Program (ILP 405E Quarterly Report for 2011), of the 1,692 (89%) youth who participated in ILP services during that period, 212 (13%) emancipated from

²⁴ Measures services offered and outcomes for emancipating youth.

care. Of those 212 youth, 84 (40%) obtained a high school diploma or equivalent. In the first quarter of 2012, 96% of eligible youth received ILP services, compared to 82% during the same reporting period in 2011.^{ix} By the second quarter of 2012, 100% of eligible youth received ILP services; 100% of youth had housing arrangements; and the rate of completion of a high school diploma or equivalent increased to 41.2%.^{lxi}

There are a number of factors that impact the outcomes for youth transitioning to self-sufficient adulthood. As previously discussed, Hispanics/Latinos are the largest population within the child welfare system and, along with Blacks, they also have the highest dropout rates for the County. Dropout rates for these two racial/ethnic groups are disproportionate to their enrollment rates; Blacks are disproportionately represented within the child welfare system as well. Moreover, as expressed in the focus group sessions, many youth feel disconnected from their social workers and have a lack of trust in the child welfare and probation systems. This distrust could impact their willingness to fully participate in offered programs and services. Furthermore, the County's Needs Assessment report indicated that services for emancipating youth as significantly lacking.

a) Permanency Composite 1

(1) Measure 1 (C1.1) – Reunification within 12 Months (exit cohort)²⁵

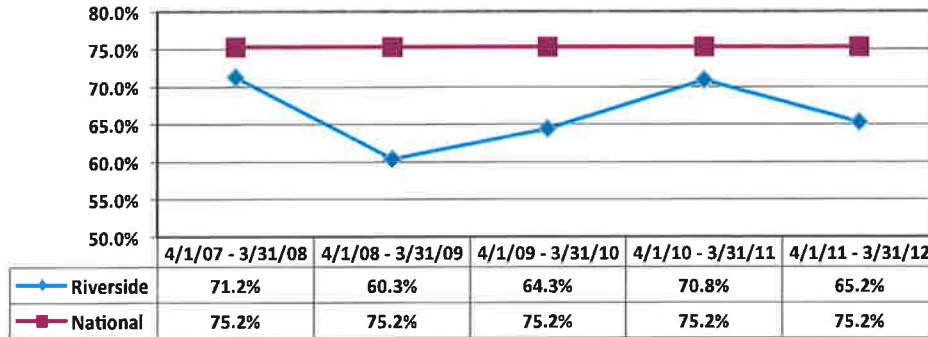
Children's Services Division (CSD)

Over the last five reporting periods, CSD has experienced a decrease in the rate of children reunifying with their families within 12 months (Measure C1.1 (exit cohort)). More specifically, in March 2008, 71.2% of children that reunified with their parents were in care less than 12 months, compared to 65.2% in March 2012. This is lower than the national standard of 75.2%.²⁶ Children of color take even longer to reunify. The lowest rates of reunification within 12 months are seen among African American children at 37.4%, and Hispanic/Latino children at 33.8%, highlighting the need to focus special attention to these two groups. Similarly, children 11-17 years of age also have a low reunification rate (43.1%).^{lxii} Decreased staff, delays in obtaining services, and lengthy periods between court hearings all contribute to increased time to reunification. Focus group participants also indicated that limited visitation (between parents/ children and siblings) impact timely and successful reunification. It is also important to note that Riverside County's has an increasing number of physical abuse cases, along with a high prevalence of parental substance abuse and domestic violence leading to child welfare intervention. The seriousness and complexity of these cases as well as the protracted nature of treatment and recovery may also be contributing to slower and lower rates of reunification.

²⁵ Identifies children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, and measures percentage reunified in less than 12 months from the date of the latest removal from home.

²⁶ Riverside County outperforms California in the percentage of children that exit care in less than 12 months.

Figure 16: C1.1 Reunification within 12 Months (Exit Cohort)



Probation Department

Over the past four (4) years, the rate of reunification within 12 months for Probation youth has remained below the national standard (75.2%). However, Probation has continued to experienced significant improvement in this measure, increasing from 25.2% to 39.0% between reporting periods April 2007 – March 2008, to April 2012 – March 2012.^{lxiii}

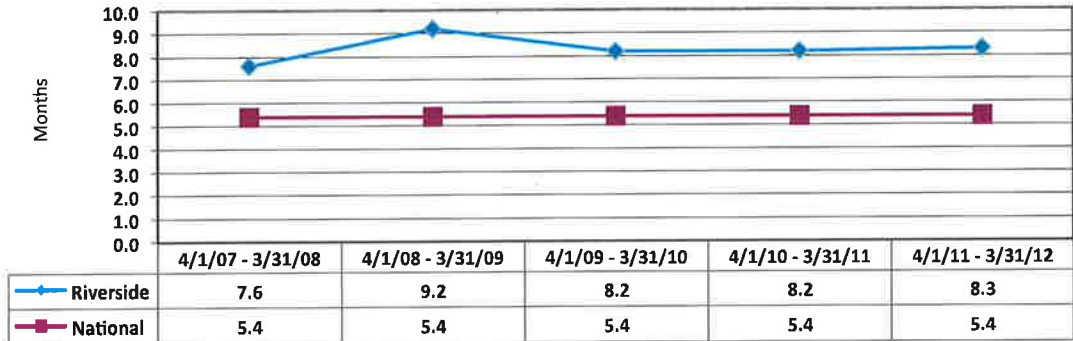
(2) Measure 2 (C1.2) – Median Time to Reunification (exit cohort)²⁷

Children’s Services Division (CSD)

Riverside County’s most current performance of 8.3 months as median time to reunification does not meet the national standard of 5.4 months.^{lxiv} Between 2008 and 2012, the median time to reunification in Riverside County has decreased for all ethnicities, except African American and Native American children who tend to remain in foster care longer than other groups. As previously discussed, these groups of children are disproportionately represented within the child welfare system. Focus group participants suggested that reunification delays for Native American and African American children could be improved by additional use of TDMs and increased efforts to engage extended family members earlier in the process. The median time to reunify is lowest for children under the age of one (six months), and highest for the ages 16-17, (ten months).^{lxv} Placement types typically used for different age groups may be influencing reunification timelines (more babies are placed in licensed foster homes while more older youth are placed with relative caregivers). Research suggests that increased support for older youth *and* kinship caregivers is critical to improvement in this outcome measure. Kinship caregivers can assist with maintaining family connections and providing a supportive environment that facilitates successful reunification.

²⁷ C1.2 identifies all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer and measures the median length of stay (in months) from the date of latest removal from home until the date of discharge to reunification.

Figure 17: C1.2 Median time to Reunification (Exit Cohort)



Probation Department

Probation’s median time to reunification is approximately 13.7 months, twice as long as the national standard of 5.4 months. This is, however, an improvement from the previous reporting period of April 2007 – March 2008, for which the average was 17 months.^{lxvi} Two factors that contribute to length of stay in out of home care are the youth’s treatment needs and the level of intervention required. Youth requiring a higher level of care, such as a Rate Classification Level (RCL) 12, spend more time in out of home care. Additionally, many youth leave placement program facilities without permission, or fail to adjust and are removed by the probation officer, resulting in further court action. This may extend their time in out of home care. The age of the youth at the time of placement also affects placement stability. Youth who are age 13 or 14 years old are more likely to act impulsively, which impacts stability and adjustment.

Further, the commitment of both the parents and the youth in adhering to the case plan goals is a factor that can impact the length of time a youth remains in the probation system. Possible factors contributing to the above improvements of a shorter reunification timeframe include: strong communication and relationship building skills possessed by probation officers; multiple efforts to engage youth and advocate on their behalf; increased levels of family engagement; and holding placement programs accountable for proper service provision.

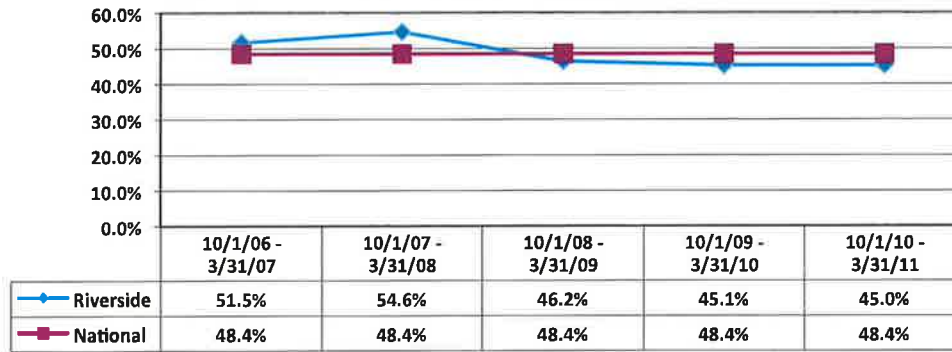
(3) Measure 3 (C1.3) – Reunification within 12 Months (Entry Cohort)²⁸

During CSD’s reporting period of October 2010 to March 2011, the entry cohort measurement of reunification within 12 months was 45.0%, which is below the national standard of 48.4%.^{lxvii} This is in contrast from prior years when Riverside County outperformed the national standard on this measure between October 2006 and March 2008. However, since October 2008, the County has consistently performed below the national standard. As previously mentioned, reduced staffing delays in obtaining services, and lengthy periods between court hearings all contribute to increased time to reunification.

²⁸ Identifies all children entering foster care for the first time in the 6-month period who remained in foster care for 8 days or longer and measures percentage discharged from foster care to reunification in less than 12 months from the date of latest removal from home.

As more cases involve parents with substance abuse and/or domestic violence issues, it is possible that longer treatment duration is necessary to safely return children to their homes.

Figure 18 C1.3 Reunification within 12 Months (Entry Cohort)



(4) Measure 4 (C1.4) – Re-entry Following Reunification (Exit Cohort)²⁹

Children’s Services Division

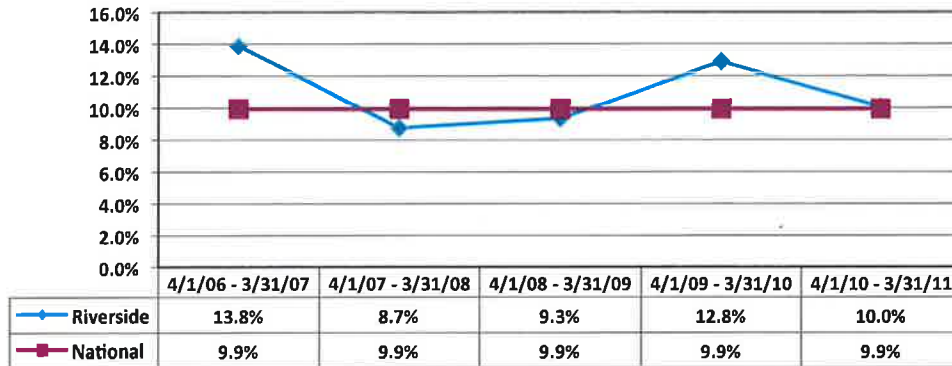
CSD has improved its performance for this measure. Performance for the April 2006- March 2007 reporting period was 13.8% (327 out of 2,368), which was above the national standard. During the 2008-2009 time period, the rate of re-entry within 12 months after reunification in the county dramatically declined to 9.3%. Although the county has experienced an increase in the rate of re-entry, CSD reduced this rate to 10% in the most current year (2010-2011), closely meeting the national standard of 9.9%. There has been an overall improvement of 7.5% since the last CSA; a 21.9% improvement and between 2009/2010 and 2010/2011.^{lxviii}

Among those who reunified in 2011 and re-entered within 12 months, children 0-5 years old who were placed in non-kinship care prior to reunification were more likely to return to foster care. Moreover, an analysis of data from April 2010 to March 2011, indicates that children under the age of one had the highest rate of re-entry within 12 months after reunification (17.50%), followed by children between the ages of one to two years old (12.1%).^{lxix} While younger children are considered more vulnerable to experiencing child maltreatment, the data suggest that placement in kinship care may serve to reduce the likelihood of re-entry within 12 months following reunification.

According to the aforementioned 2010 – 2011 data, the rate of re-entry was higher among Native Americans (16.67%), Whites (11.5%), and Blacks (11.4%), compared to the rate of re-entry as a whole (9.98%). Among different placement types, group home placements displayed disproportionately high rates of re-entry within the 12 months following reunification (25.0%) compared to the rest of the placement types (9.63%). The rate of re-entry among children placed in foster homes was the second highest at 13.3%.^{lxx}

²⁹ Identifies all children discharged from foster care to reunification during the year and measures percentage who reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year.

Figure 19: C1.4 Reentry within 12 months of reunification



Probation Department

On Measure C1.4, re-entry following reunification, Probation’s current performance for reporting period April 2010 – March 2011 is 10.6%, slightly higher than the national standard of 9.9% and an increase from 6.1% during April 2006 – March 2007. Over the last four (4) years, Probation has gone from re-entry rates being below to exceeding the national standard.^{lxxi} This data swing reflects a negative trend regarding re-entry performance and may be attributed, in general, to a reduction of financial resources available to the Probation Department: specifically, to a reduction in probation staff, rehabilitation programs, and community services designed to reduce re-entry.

The success rate on this measure may be further hindered by limited monthly contact between probation officers, youth, and parents while the youth is in out of home placement and after the youth returns home. These meetings-- which help to ensure the safety and well-being of the youth and provide opportunities to review the case plan and service objectives-- may be negatively affected by a reduction in the amount of quality time available for the probation officer to invest in the meeting. Furthermore, within the last several years, reduced resources have resulted in increased caseloads for probation officers, which has allowed for only mandatory contact with the youth and their family, and potentially resulted in reduced case plan compliance.

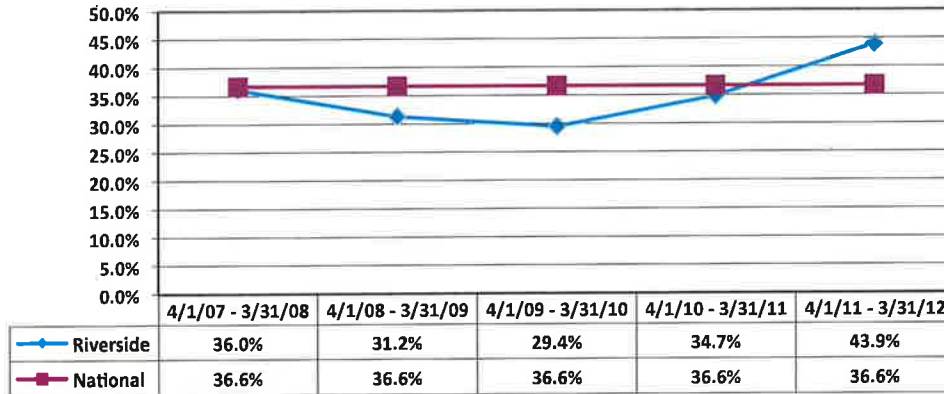
Riverside County continues to identify factors leading to the increase in re-entry rates. Based on in-depth case reviews and community and parent partner feedback, a decline in performance may be attributed in part to incorrect use of the SDM risk assessment tool; insufficient discussion with parents about case plans and compliance; lack of an assessment as to whether parents benefited from services; and lack of follow-up services during and after the transition to Family Maintenance (FM) or probation reunification.

b) Permanency Composite 2

(1) Measure 1 (C2.1) – Adoption within 24 Months (exit cohort)³⁰

Riverside County’s performance in this measure continues to be an area of strength. Approximately, 43.9% of all children who were discharged from foster care, to a finalized adoption, have been in care for less than 24 months. The most current performance rate exceeds the national standard of 36.6%.^{lxvii}

Figure 20 C2.1 Adoption within 24 Months (Exit Cohort)



Current and ongoing successful performance on this measure is supported by Riverside County’s use of the Heart Gallery, Adoption Finalization Ceremonies, Child Available Process, and an ongoing agreement with Family Builders and California Kids Connection. The CSD permanency events brought successful adoption stories to many children in the County’s foster care system, especially those who have been a challenge to match due to being part of a large sibling group, being older, and/or having a disability.

Riverside County also continues to use concurrent planning to promote the goal that every child has a permanent, loving home. CSD policy mandates specific times for concurrent planning, starting from the date the child is detained. This allows parents to take an active part in planning for their child’s future as early as possible should reunification fails.

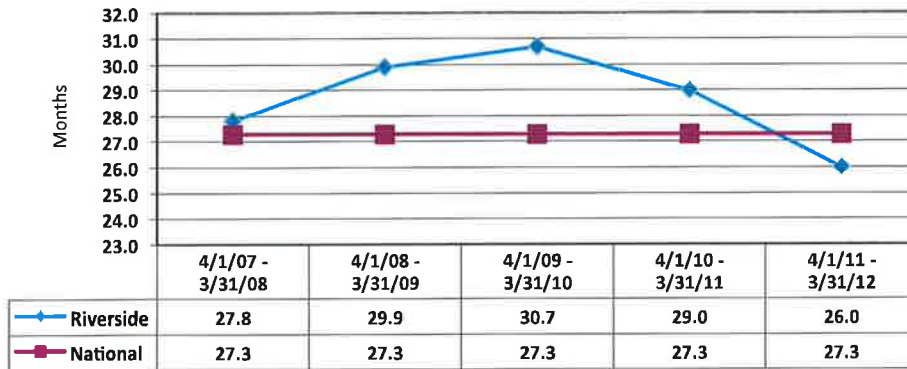
(2) Measure 2 (C2.2) – Median Time to Adoption (Exit Cohort)³¹

Riverside County’s median time to adoption has generally improved over time. Current performance (April 2011 – March 2012) is 26.0 months, which is better than the national standard of 27.3 months.^{lxviii}

³⁰ C2.1 identifies all children discharged from foster care to a finalized adoption during the year and measures percentage discharged in less than 24 months from the date of the latest removal from home.

³¹ C2.2 identifies all children discharged from foster care to a finalized adoption during the year and measures the median length of stay (in months) from the date of latest removal from home until the date of discharge to adoption.

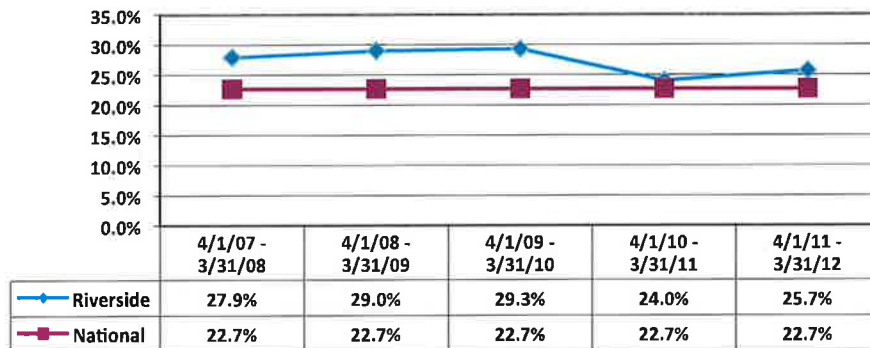
Figure 21 C2.2 Median Time to Adoption (Exit Cohort)



(3) Measure 3 (C2.3) - Adoption within 12 Months (17 months in care)³²

Since 2008, Riverside County’s performance has continuously been above the national standard of 22.7%. Riverside County’s current performance is 25.7%.^{lxxiv} CSD experienced a drop in timely adoption cases since March 2010. This decline coincides with significant workforce reduction as previously described.

Figure 22 C2.3 Adoption within 12 Months (17 Months in Care)



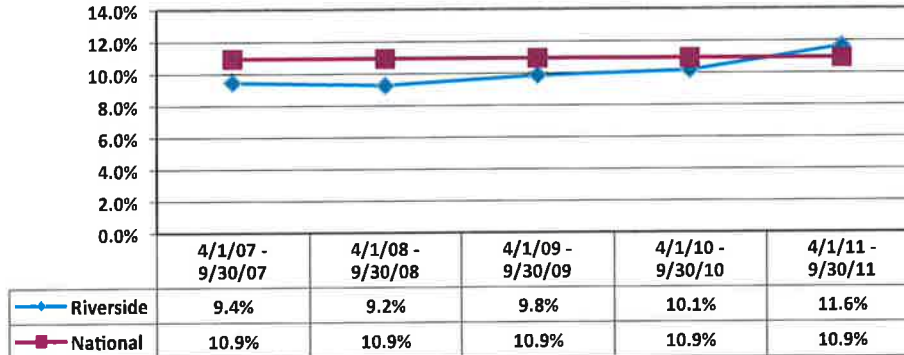
(4) Measure 4 (C2.4) – Legally Free within six months (17 months in care)³³

Riverside County has made significant improvement on performance in this measure, increasing from 9.4% to 11.6% between reporting periods April 2007- September 2007, to March 2011- September 2011. The County’s most recent performance, 11.6%, exceeds the national standard of 10.9%.^{lxxv}

³² C2.3 identifies all children in foster care for 17 continuous months or longer on the first day of the year and measures percentage discharged to a finalized adoption by the last day of the year.

³³ C2.4 identifies all children in foster care for 17 continuous months or longer and not legally free for adoption on the first day of the period and measures percentage that became legally free within the next 6 months.

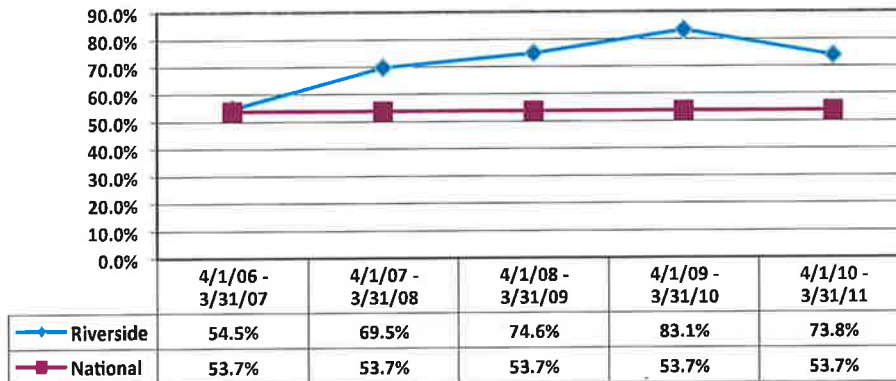
Figure 23 C2.4 Legally Free within Six Months (17 Months in Care)



(5) Measure 5 (C2.5) – Adoption within 12 Months (legally free)³⁴

This is an area of strength for Riverside County. The most current performance rate of 73.8%, is higher than the national standard of 53.7%. Over the last five years, Riverside County has consistently exceeded the national standard on this measure.^{lxxvi} Riverside County’s success in this outcome is partly attributed to efforts by the Court and CSD staff to ensure that no underlying factors will surface at the time of adoption to delay the process. This helps to ensure that permanency is obtained quickly for children who are unable to safely return home. Another important tool is CSD’s adoption database that tracks case timelines. Reports from the database are distributed to adoption supervisors, to assure that cases stay within statutory deadlines.

Figure 24 C2.5 Adopted within 12 Months (Legally Free)



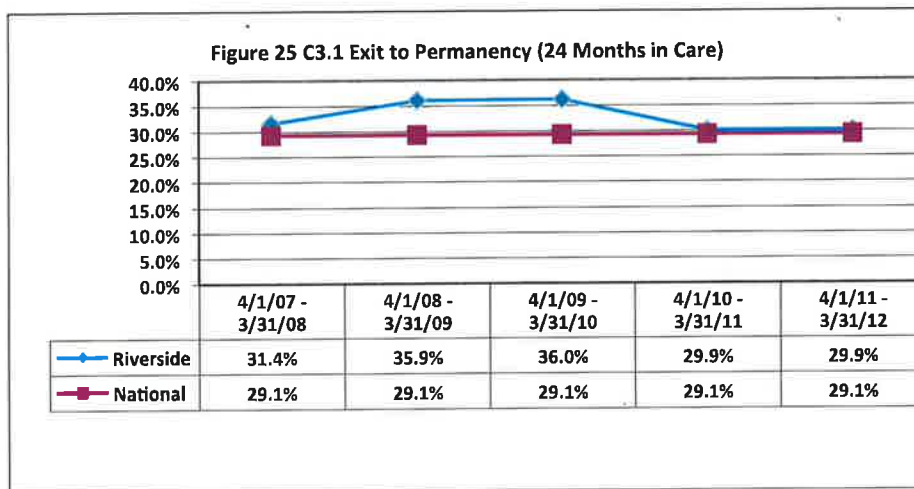
³⁴ C2.5 identifies all children in foster care who became legally free for adoption during the year and measures the percentage discharged to a finalized adoption in less than 12 months.

c) Permanency Composite 3

(1) Measure 1 (C3.1) - Exits to Permanency (24 months in care)³⁵

Approximately 30% of all children discharged to a permanent home, prior to turning 18 years old, have been in out of home care for 24 months or longer. Between 2007 and 2010, Riverside County was outperforming the national standard (Figure 25).^{lxxvii} The peak performance (April 2008 – March 2010) was in the period immediately following the last CSA and is believed to be attributable to higher staffing levels and increased use of TDM meetings. Since then, however, the County’s performance has declined (from 36% to 29.9%) albeit maintaining federal compliance.

In 2008, Riverside County had the highest number of child welfare staff in its history. Nearly 200 new staff members were hired during SFY 2007-2008. New staff learned SDM and Differential Response immediately and were able to implement these tools into their practice. Furthermore, TDM meetings, which began in the fourth quarter of SFY 2005-2006, reached their peak in 2009, with the majority of the meetings being primarily focused on exits from placement, imminent risk of placement, and placement moves. These factors have contributed to Riverside County’s performance on this measure.



(2) Measure 2 (C3.2) – Exits to Permanency (legally free at exit)³⁶

Riverside County has consistently outperformed the national standard for this measure as well (Figure 26). Although staffing levels have been reduced over the past few years, TDM meetings have increasingly focused on exits from placement. The chart below (Figure 27) illustrates TDM meeting trends for Riverside County over time.^{lxxviii}

³⁵ C3.1 identifies all children in foster care for 24 months or longer on the first day of the year and measures what percentage were discharged to a permanent home by the end of the year and prior to turning 18.

³⁶ C3.2 identifies all children discharged from foster care during the year who were legally free for adoption and measures the percentage discharged to a permanent home prior to turning 18.

Figure 26: C3.2 Exit to Permanency (Legally Free at Exit)

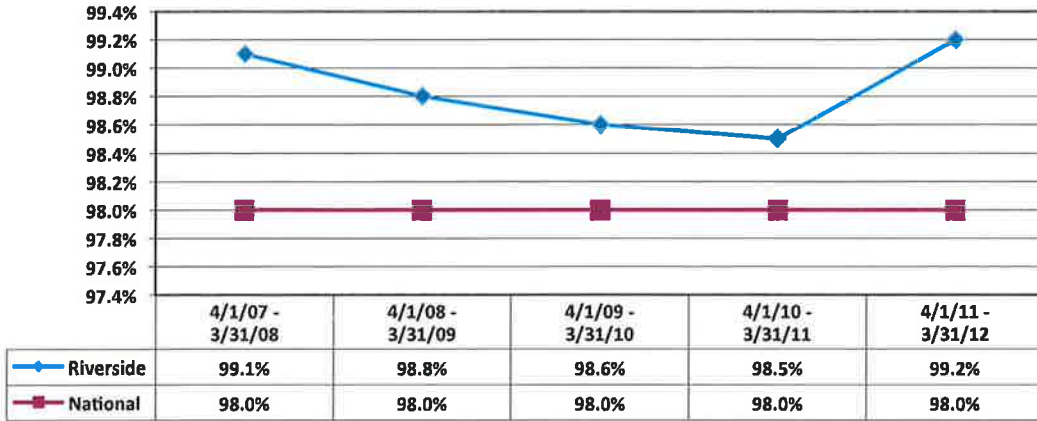
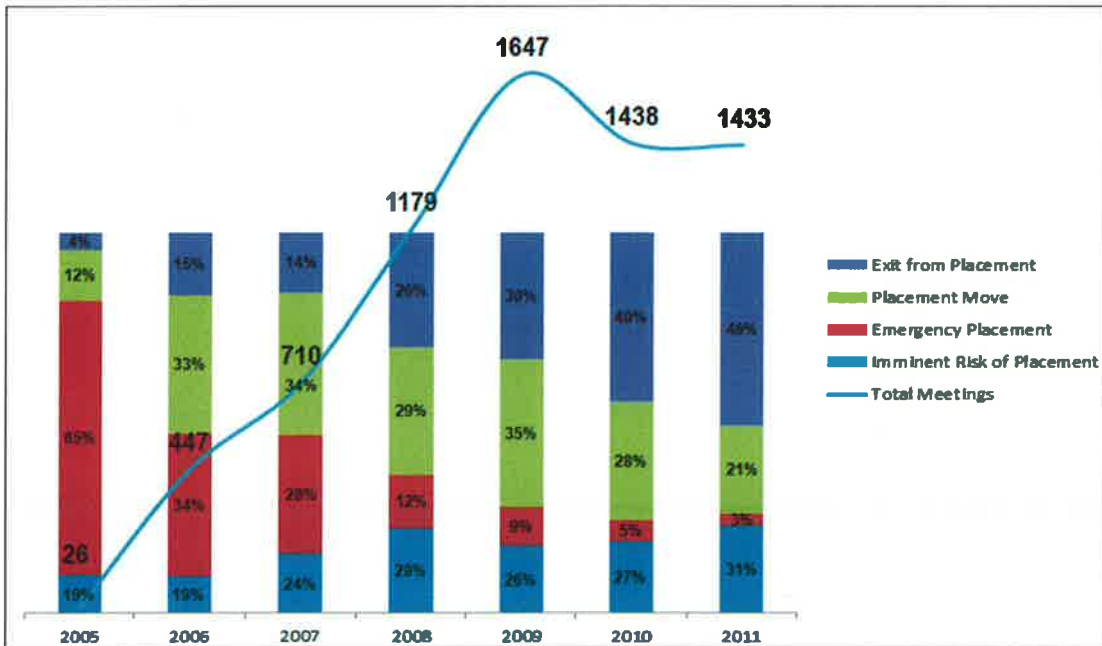


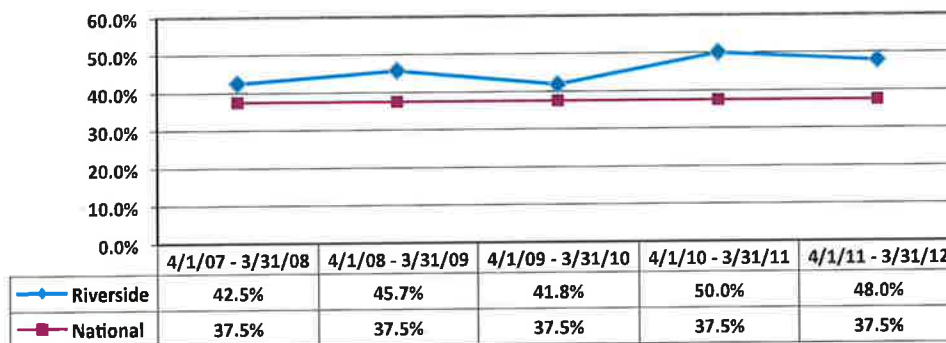
Figure 27 TDM Meetings Held by Calendar Year, 2005-2011



(3) Measure 3 (C3.3) – In Care 3 Years or Longer (Emancipation/Age 18)³⁷

In calendar year 2011, 48% of children in foster care who emancipated or turned 18 years old while still in care had been in foster care three years or longer. The preferred direction for this measure is a downward trend. Riverside County’s performance for this measure has declined since 2008, and is still currently significantly worse than the national standard of 37.5%.^{lxix} Children who remain in care for lengthy periods have the most difficulty being placed and placement efforts require more intensive staff hours. Performance on this measure may have been impacted by the previously discussed reduction in staff during the past few years. As noted by stakeholders, the lack of placement resources and support services for older youth, compounded by high rates of placement instability, may be leading to longer stay in foster care for emancipating youth.

Figure 28: C3.3 In Care 3 Years or Longer (Emancipated/Age 18)



d) Permanency Composite 4

This composite consists of three measures. During the last review period, Riverside County’s overall performance in the placement stability measures was consistently lower than the national standard on all three indicators. Since 2010, significant improvement in performance has occurred in Measures C4.1 and C4.2;³⁸ however, Measure C4.3, placement stability for children in care at least 24 months, has remained below the national standard.^{lxxx}

Due to the County's desire to improve overall performance on this measure, placement stability was identified as an area of focus for Riverside County’s 2012 Peer Review. High rates of placement disruptions were observed for youth aged 11-17 years old. Among all children served by CSD with more than two placement changes, half of youth who were in care less than 12 months are between the ages of 11-17 (placement stability rate of 47%). In addition, among those who were in care for up to 24

³⁷ C3.3 identifies all children in foster care during the year who were either discharged to emancipation or turned 18 while still in care and measures the percentage that had been in foster care for 3 years or longer.

³⁸ The improvements in placement stability that Riverside County has experienced may be attributable to a number of factors including implementation of a Specialized Care increment screening and approval process to ensure that caregivers of children with special needs receive appropriate financial support, restructuring of Riverside’s placement processes to identify the most permanent placement upon a child’s initial entry into out-of-home care by identifying available relative caregivers and expediting emergency relative placement approval, expanded use of placement move TDMs that focus on providing service support for the caregiver and youth along with an action and safety plan, and the hiring of four youth partners who work directly with foster youth to increase engagement and advocacy.

months, one-third of the youth between the ages of 11-17 had more than 2 placements (placement stability rate of 32%). Moreover, among those who remained in foster care for more than 24 months, 3 in 4 youth were between the ages of 11-17.^{lxxxix}

(1) Measure 1 (C4.1) – Placement Stability (8 days to 12 months in care) and 2 or fewer placements³⁹

During the current reporting period (April 2011 – March 2012), Riverside County positively exceeded the national standard of 86.0%. Riverside County's performance in Measure C4.1 has shown a steady improvement, from 82.7% to 88.1% between reporting periods April 2007 – March 2008, to April 2011 - March 2012. The lowest placement stability percentiles of the groups were 16-17 year old White youth (73.0%); 16-17 year old Black youth (85.1%); and 11-15 year old Hispanic/Latino youth (85.2%). In sharp contrast, Asian/Pacific Islanders have a 100% placement stability rate across all age groups and Native Americans have a 100% placement stability rate for children 6-17 years old. When compared by gender and age, 16-17 year old Whites males had the lowest placement stability rate at 71.4% followed by 16-17 year old White females at 75.0%.^{lxxxii}

(2) Measure 2 (C4.2) – Placement Stability (12 to 24 months in care) and 2 or fewer placements⁴⁰

Riverside County's performance in Measure C4.2 has also shown improvement between 2008 and 2012. During the current reporting period (April 2011 - March 2012), 65.6% of children in care 12 to 24 months experienced two or less placements, which exceeds the national standard of 65.4%.^{lxxxiii} Nonetheless, CSD has focused on placement stability due to the high rate of placement disruptions observed for youth ages 11 -17 years. This group of youth (with a placement stability rate of 47%) has experienced more than two placement changes when in care for over a year. Within this group, Asian/Pacific Islanders between the ages of 11-15 have the highest rate of disruption (20%) and the Hispanic/Latino youth have the lowest rate (5.5%). White youth between the ages of 16-17 have a 13.6% placement stability rate and 16-17 year old Asian/Pacific Islanders experience no placement changes (0%).

When placement stability rates are examined by gender and ethnicity, Asian/Pacific Islander females between the ages of 11-15 experience a 28.6% rate and White females are at 7.7%. Black males between the ages of 11-15 are at 24.0% and the Hispanic/Latino males are at 2.6%. White females between the ages of 16-17 are at 11.5% and Black females are at 9.1%. White males between the ages of 16-17 are at 16.7% and Hispanic/Latino males are at 11.1%.^{lxxxiv}

(3) Measure 3 (C4.3) – Placement Stability (at least 24 months in care) and 2 or fewer placements⁴¹

Riverside County's performance in this measure has shown some improvement since 2008, but continues to be below the national standard of 41.8%. During reporting period April 2007 – March 2008, 30.3% of children in care at least 24 months, experienced two or less placements, compared to

³⁹ C4.1 identifies all children served in foster care during the year who were in foster care for at least 8 days but less than 12 months and has two or fewer placements.

⁴⁰ Identifies all children served in foster care during the year who were in foster care for at least 12 months but less than 24 months and has two or fewer placements.

⁴¹ Identifies all children served in foster care during the year who were in foster care for at least 24 months and has two or fewer placements.

34.3% in reporting period 4/11-3/12.^{lxxxv} The lowest rates of placement stability are found among 11-15 year old White youth (42.7%) and 16-17 year old Black youth (45.0%). When gender is factored in, 16-17 year old White females (39.6%) fair the worst.^{lxxxvi} Overall, the longer a youth is in placement (more than 24 months) the higher the likelihood the child will have more than one placement. As youth get older, they tend to run away from placement more often, creating disruption, and they become more difficult to place if their behavioral issues have not been addressed.

Figure 29 C4.1 Placement Stability (In Foster Care < 12 Months) with 1-2 placements

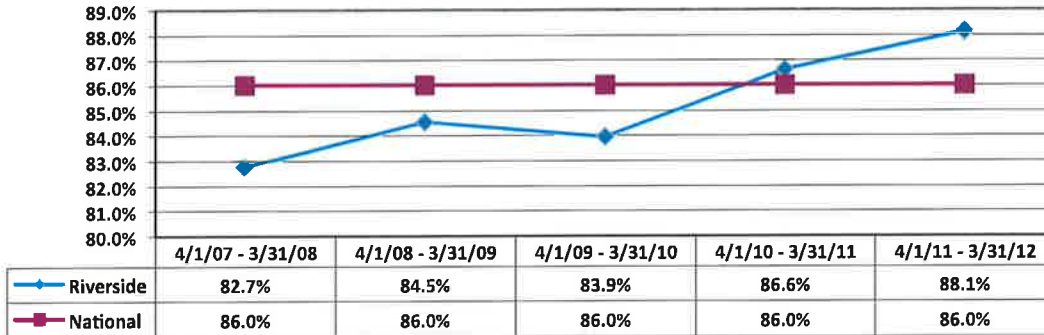


Figure 30: C4.2 Placement Stability (In Foster Care 12-24 Months) with 1-2 placements

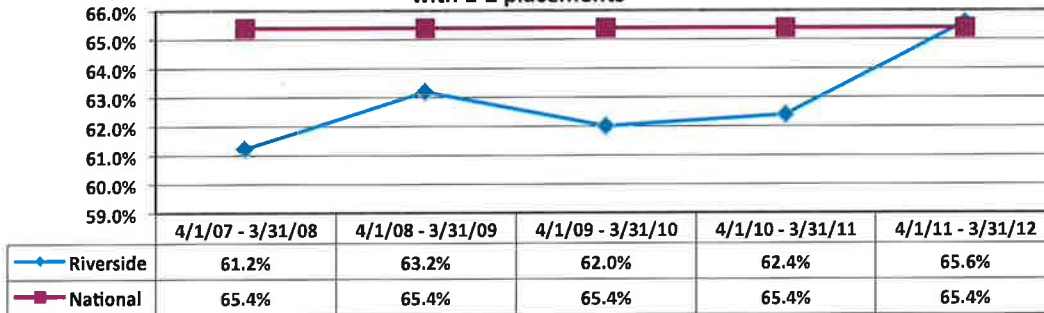
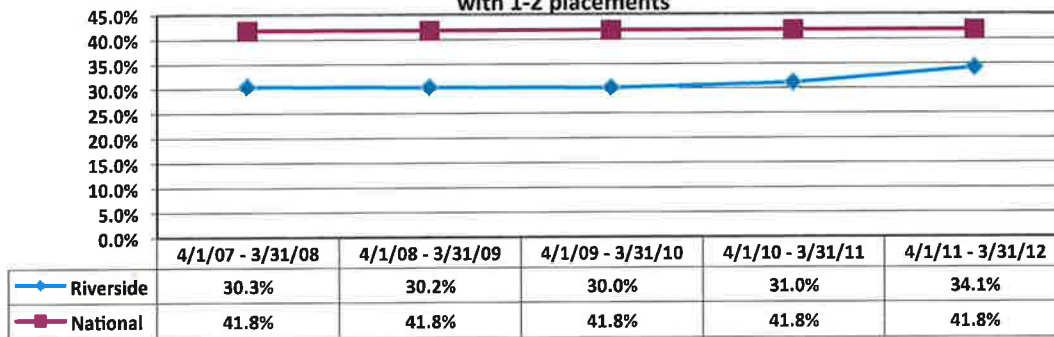


Figure 31: C4.3 Placement Stability (at least 24 Months in Care)
with 1-2 placements



4. Permanency 2: The continuity of family relationships and connections is preserved for children
 - a) Process Measures
 - (1) 4A – Siblings Placed Together in Foster Care⁴²

Riverside County has experienced a 4.97% overall improvement with placing all siblings together between April 2008 (58.4%) and April 2012 (61.3%). Although the all-siblings measure shows a 2.7% decline in performance between April 2011 and April 2012, performance levels are still 5.5% higher than April 2009.^{lxxxvii} Given the larger family sizes and the limited placement options available in some of the outlying regions of the county, as well as the special needs of some children, placing larger sibling sets together in one placement home has been an ongoing challenge in the County.

Measure 4A also reflects the percentage of children who are placed with some or all of their siblings in out of home placement. Over time, Riverside County has continued to experience improvement in this measure from 77.5% to 81.3% between April 2008 and April 2012.^{lxxxviii} There appears to be a downward trend in the number of children placed together, as the size of the sibling group increases. This highlights the need to recruit foster homes willing to accommodate larger sibling groups, and more importantly, to identify and support relatives willing to care for siblings. A review of the most recent quarterly report reveals that children placed in kin care settings are more likely to be placed with all or some of their siblings, compared to children placed in non-kin care settings.^{lxxxix}

⁴² 4A measures the percentage of children who are placed with some or all of their siblings in out of home placement.

Figure 32: 4A - Child Placement , All Siblings

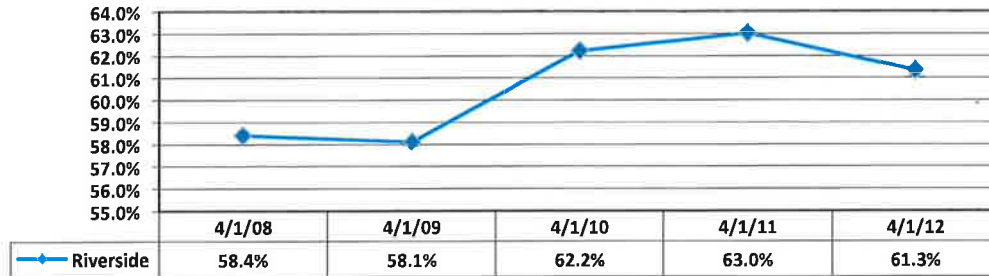
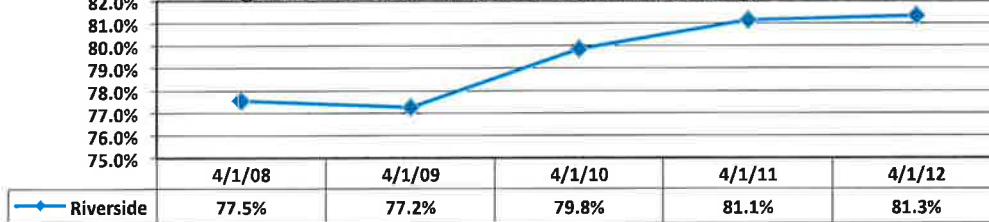


Figure 33 4A: Child Placement - Some or All Siblings



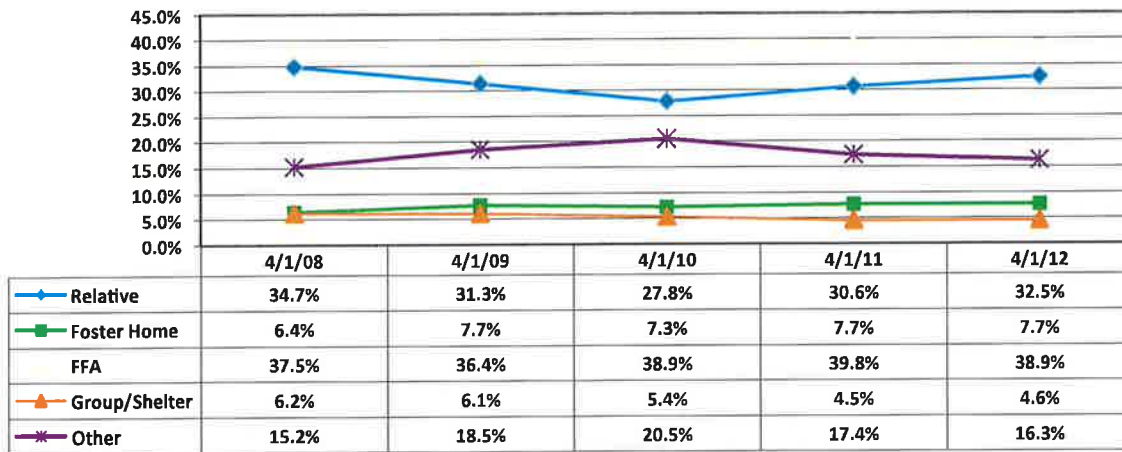
(2) 4B – Foster Care Placement in Least Restrictive Settings Least Restrictive Entries (First Placement and Point in Time Placement)⁴³

Relative placements have decreased over time, from 34.7% in 2008 to 32.5% in 2011.^{xc} Correspondingly, there has also been an increase in the use of Foster Family Agencies (FFAs) over the past four years. This increase may be related to efforts by social workers to keep sibling sets together and within their school districts of origin. In addition, FFA placements are more readily available as well as accessible for immediate or emergency placement situations. Given the higher rate of child abuse referrals reported for children placed in FFAs, continued reliance on FFA homes must coincide with better screening, assessment, and placement matching processes to minimize the potential risk of abuse while children are in out-of-home care.

Group home placements have decreased significantly, from 6.2% in 2008 to 4.6% in 2012, surpassing the previous SIP goal of 6.5%.^{xc} Success in this outcome may be attributable to an increase in the number of children/youth in TBS, Multi-dimensional Treatment Foster Care, and the efforts by the Interagency Screening Committee to encourage evidence-based service alternatives, including Wraparound.

⁴³ Measures percentage of children in each out of home care setting type.

Figure 34 4B: Foster Care Placement in Least Restrictive Setting (Point in Time)



(3) 4E – Rate of ICWA Placement Preferences⁴⁴

As of April 2012, Riverside County had 97 ICWA-eligible children in care. Approximately 43% of those children were placed in relative homes, which is a decline from 51.0% in April 2008. Stakeholder focus groups suggested that delays have occurred in the approval of Native American kin placements. To address this, Riverside County has identified social workers in every region that receive specialized training regarding the Indian Child Welfare Act in order to better serve the needs of Native American children and families. In addition to providing services to Native American children and families, these social workers also act as subject matter experts that mentor, guide, and provide technical expertise to their peers. CSD is also in the process of creating a specialized ICWA Unit to manage specific tribal cases and ensure better coordination and services in close collaboration with Native American partner agencies.

5. Well-being 1: Families have enhanced capacity to provide for their children’s needs⁴⁵

Promoting early identification of developmental, health and social/emotional difficulties enables the family to better meet the needs of the child and enables more timely reunification and/or maintenance of the child at home. Therefore, it is CSD’s policy that all children under the age of three years old who have a substantiated case of child abuse and/or neglect must receive a developmental screening.

⁴⁴ These reports examine the placement status of Indian Child Welfare Act eligible children [4E(1)] and children with primary or mixed (multi) ethnicity of American Indian [4E(2)]. Placement status takes placement type, child relationship to substitute care provider, and substitute care provider ethnicity into account. The resulting placement status categories are placements with relatives; with non-relative, Indian substitute care providers; with non-relative, non-Indian substitute care providers; with non-relative substitute care providers with ethnicity missing in CWS/CMS; in group homes (ethnicity cannot be determined); and in other placements.

⁴⁵ Well-being measures are currently in development and data is not available to report for all process measures. Riverside County is collaborating with other Southern California counties to learn from one another and share strategies for addressing parent and child well-being. Where measures are not available, policies and protocols have been provided.

Screening is the initial step of the process to systematically identify those children who may be in need of special education and related services.

An assessment of the child is completed within thirty (30) days of placement and every six (6) months thereafter. Children who are not Medi-Cal recipients may be referred to a Child Health and Disability Prevention (CHDP) provider. CHDP provides preventative health services to non-Medi-Cal eligible children whose family income is equal to or less than 200 percent of the Federal poverty rate. They are eligible for health assessments based on the same schedule as Medi-Cal eligible children. CHDP provides preventive health services based on the Federally mandated Early and Periodic Screening Diagnosis and Treatment (EPSDT) program.

6. Well-being 2: Children receive services appropriate to their educational needs

CSD acknowledges that children need a strong educational foundation in order to foster future success and self-sufficiency. To ensure timely access to needed educational services, CSD has partnered with Riverside County Office of Education (RCOE) to provide enhanced educational support targeting children who are struggling academically. CSD and RCOE jointly funded two Educational Liaisons who are placed in CSD's Youth and Family Resources Region and Moreno Valley Region where a large percentage of youth in group homes are placed.

The Education Liaisons assist with: issues related to education, special education, educational due process for student discipline, programs and services offered in alternative education; IEP/SST/504 meetings for foster youth, timely educational placement, enrollment, records transfer, and checkout from school. They also provide caregivers, social workers, children, and youth with assistance in all educational issues.

When children placed in foster care receive a well-child examination, a State form, PM 160 is filled out by the physician and submitted to the Public Health Nurse (PHN) for entry into the child's Health and Education Passport (HEP). If the child receives a positive result on the developmental screen, the child is referred to Inland Regional Center (IRC) for an assessment to determine if further services are needed. The social worker works with IRC and PHN staff ensuring the child receives timely services.

a) Process Measure

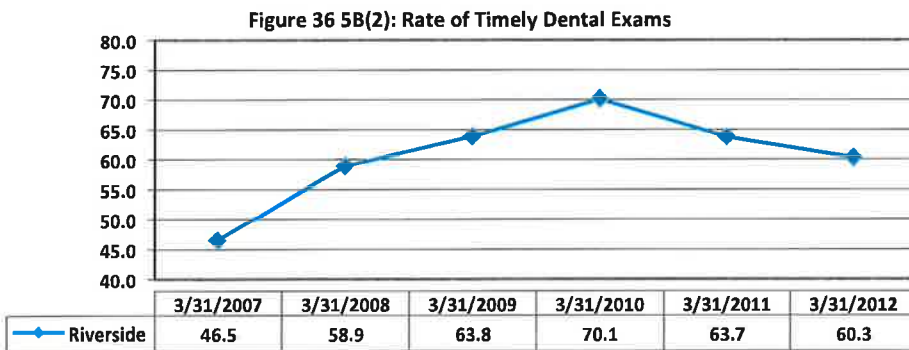
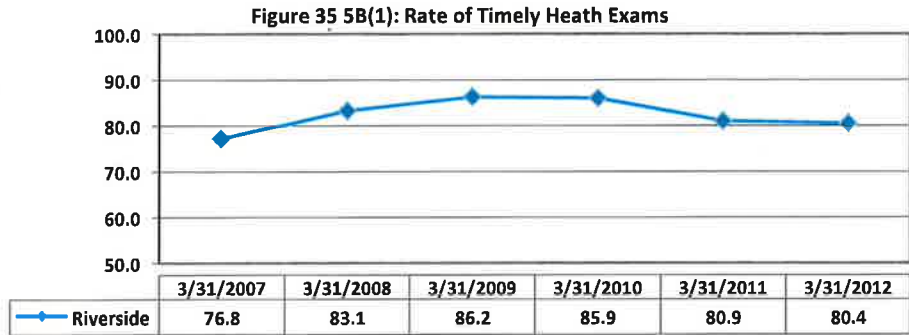
(1) 5A – in development: Percent of children in care more than 30 days with a Health and Education Passport

This measure is still in development and data are not yet available.

(2) 5B –Receipt of Health Screenings: Percent children in care with CHDP, dental exams, that comply with periodicity table.

Foster children are entitled to receive quality health and dental care. Data from the first quarter of 2012 shows that 80.4% of all children in an open Family Reunification or Permanency Placement case have a current preventative physical health examination; 60.3% have received timely dental exams in accordance with the Child Health and Disability Prevention (CHDP) periodicity schedule.^{xccii} A total of seven (with 4 additions in 2012) Public Health Nurses (PHN) from the Health Care Program for Children

in Foster Care (HCPFC) are collocated in CSD and court sites, ensuring children in out of home care receive a medical and dental exam within thirty (30) days of out of home placement as well as, annual preventative medical and dental examinations. PHN's participate in conferences regarding a child's health and dental concerns and provide resources to both social workers and out of home caregivers.



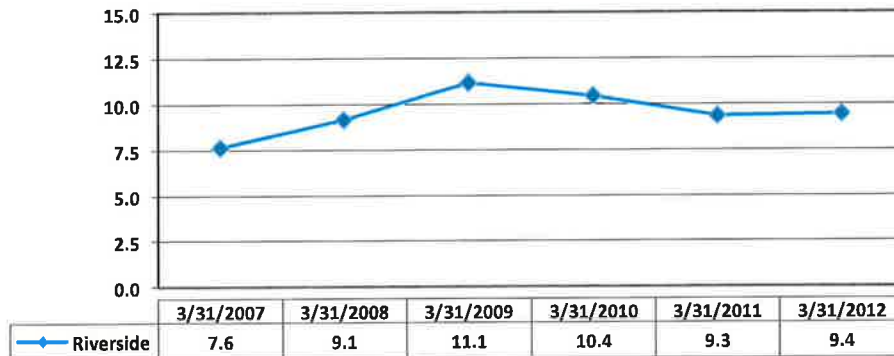
7. Well-Being 3: Children receive services adequate to their physical, emotional, and mental health needs

All children from the ages of 5 – 17 in out-of-home placement are screened for mental health service needs. Children who exhibit one or more “behavioral indicators” are referred for a complete mental health assessment through the Riverside County Department of Mental Health (DMH), a community provider, or the child’s insurance provider. Children who are determined to be in need of ongoing mental health services are assigned to an appropriate provider, a process that takes place within 5 to 10 days from the service referral date. Children of all ages receive developmental and health screenings by public health care nurses and additional assessments as needed.

(3) 5F--Psychotropic Medications

Over time, there has been an improvement in the percentage of children in placement with a court order or parental consent that authorizes the child to receive psychotropic medication. Data shows that in March 2007, 7.6% of children in foster placement had authorization for psychotropic medications compared to 9.4% in March 2012.

Figure 37 Riverside County: 5F--Authorized for Psychotropic Medication



F. Systemic Factors⁴⁶

1. Relevant Management Information Systems

The Riverside County Probation Department and DPSS-Children’s Services Division (CSD) continue to implement and further develop a number of management information systems (MIS) to provide comprehensive, timely and accurate information to social workers, administrative staff, and service providers. In addition to the departments’ full utilization of the state-mandated Child Welfare Services/Case Management System (CWS/CMS), the following additional management information systems will be described in this section: Structured Decision Making; SafeMeasures; Efforts to Outcomes; Foster Focus; Juvenile and Adult Management System; Riverside County Evidence-Based Database (RCEBD); and Juvenile Court’s Imaging Database.

CWS/CMS

CWS/CMS is widely used in Riverside County by CSD and Probation staff at various levels of the organization. Social workers are the largest group of users and fully utilize CWS/CMS for case management purposes such as entering contact information with clients; creating court reports; developing case plans; and documenting all case information. Using CWS/CMS, supervisors receive, assign and monitor active child welfare cases; review and approve case plans, court reports, case transfers and closures; monitors client contacts, services and progress. Support staff use this application to enter placement and foster care information.

Probation staff began data entry into the CWS/CMS in October 2010. The Probation Department periodically audits case information entered in CWS/CMS, to maintain completeness and accuracy.

⁴⁶ Identifying systemic factors entails studying all the factors that may be involved in the development of a child maltreatment or juvenile probation case. To assist with the identification of local systemic factors, stakeholders were engaged in the CSA process through the Peer Review and Community Partners Forums. The information obtained from stakeholder input pertaining to local systemic factors is integrated throughout this section.

Additionally, Probation is provided National Youth Transition Database reports, allowing staff to review and update current demographic information of foster youth ages sixteen and older.

Partner public agencies who are co-located with CSD, also use CWS/CMS, including the Public Health Nurses (PHNs) to enter and track children's health information (eg., immunizations, CHDP medical and dental exams, and Court authorized prescribed psychotropic medications); Riverside County Office of Education liaison to enter education data; and Department of Mental Health clinicians to review case records when assessing youth and parents for needed mental health services.

Management and administrative staff use CWS/CMS data for monitoring County performance. Daily, weekly, monthly, and quarterly management reports are produced in order to monitor the child welfare delivery system and assist in management decision, quality assurance, operational oversight, and strategic planning.

External Management Information Systems

In addition to CWS/CMS, Riverside County also utilizes the following management information systems that allow for timely information sharing between child welfare staff, across agencies and providers to ensure efficient delivery of services:

- *Structured Decision Making*: a web-based assessment and reporting tool used by social workers for determining safety and risk and other case planning decisions.
- *SafeMeasures*: provides management reports from the CWS/CMS data warehouse on various child welfare service delivery metrics.
- *Efforts to Outcome (ETO)*: ETO software is a web based program used by CSD, Probation, and service providers working with in-care and after-care foster youth to track independent living program (ILP) service provision and activities. ETO is also used by CSD to track team-decision making meetings and caregiver recruitment efforts.
- *Juvenile and Adult Management System (JAMS)*: Probation staff uses the Juvenile and Adult Management System (JAMS) for case management of all youth on Probation. This system, developed by the Probation Department's Information Technology (IT) Division, replaced the WANG system, which lacked the capacity to be upgraded.
- *Foster Focus*: A software application which allows the County, Probation, Court, and all school districts to maintain and share pertinent student information for foster children. Information is used for the purposes of identifying educational needs and monitoring of the foster youth's progress in school.⁴⁷
- *Juvenile Court's Imaging Database*: This Riverside County Superior Court web based database is accessible to all CSD social workers, supervisors and managers to view and print all juvenile dependency court files.
- *RCEDB*: A web-based system for documenting client services, demographics, and evaluation data for Riverside County CAPIT/PSSF funded programs.

⁴⁷ Foster Focus replaces FYSIS.

Data Quality

CSD continues to focus on accurate and timely data entry. In particular, emphasis is given to ensure accurate recording of client ethnicity, Native American tribal status, educational information, and ILP activities. The use of Special Project Codes is also being reviewed to ensure that families who are participating in special initiatives (e.g., Wraparound, Family Preservation Drug Court, Dual Status, SafeCare) are accurately identified to analyze case outcomes. CSD monitors and maintains quality data through a number of strategies, including but not limited to the following activities:

- *Staff Training:* The DPSS-Staff Development Computer Based Training (CBT) Unit provides ongoing training for all software applications including CWS/CMS. All CWS/CMS users receive mandatory CBT training and can participate in additional training as needed. As of 2012, CSD has partnered with the Casey programs to provide training to management and service providers on the importance of data collection and data analyses.
- *The Data Analysis Unit* conducts regular review and reconciliation of data entered in CWS/CMS to ensure data quality. "Exception" reports are regularly provided to and reviewed by managers and supervisors to monitor any ongoing data quality issues.
- *SafeMeasures* is widely used by CSD staff at all levels. This has been a critical supervisory and management tool to decipher data quality versus performance issues. As active participants in the statewide SafeMeasures Steering Committee, CSD identifies new data report or report modification to monitor data quality and performance.
- *Juvenile and Adult Management System (JAMS)* is designed to increase the Probation Department's technological capacity for overall case management and client data quality assurance. Probation initiated the use of JAMS on August 4, 2008. Oversight of this system includes expanding quality assurance activities to ensure that demographic data in the Child Welfare Services Case Management System (CWS/CMS) and the Juvenile and Adult Management System (JAMS) are accurate and routinely updated. Programs, recently added, that are designed to improve the quality and quantity of services provided to probation clientele, include risk assessment tools and Evidence Based Program (EBP) tracking tools.

2. Case Review System

a. CWS and Juvenile Court Relationship

Riverside County has three (3) Juvenile Court locations: Indio Dependency Court; Riverside Dependency Court; and Southwest Detention Center. Collaborative efforts between the Juvenile Court, CSD, and Probation that have facilitate timely and quality case review processes include the following:

- *Co-Location of Court Officers:* To ensure that court case reviews take place in a timely and efficient manner, CSD social workers and probation officers are co-located at each of the court sites. They serve the role of "court officers", the primary liaison between child welfare/probation staff and court staff. Co-locating staff has permitted daily interaction and close communication between CSD/Probation court officers, judicial officers, County Counsel, and Juvenile Defense Panel (JDP) attorneys.
- *Children's Waiting Room:* In order to encourage and facilitate children's attendance at court hearings when cases are being reviewed, the Superior Court and CSD have jointly funded the

operation of child-friendly waiting rooms. These rooms allow dependent children to safely wait, under staff supervision, while hearings are being conducted.

- *Annual AOC Title IV-E Reviews:* Riverside County has worked closely with the Administrative Office of the Court (AOC) and the local Juvenile Court partners to implement recommendations from the annual Title IV-E Review to improve compliance with state and federal mandates. On April 2012, the AOC reported that “Over the past three years, DPSS [CSD] staff made significant system improvements...The many improvements...during the recent visits are due to the diligent and collaborative efforts of DPSS [CSD] and court staff.” The AOC’s annual review has consistently reported the following improvements: (1) Complete, accurate and up-to-date court findings and orders; (2) Timely scheduling of court hearings, including detention, pre-permanency, post-permanency hearings; and (3) Detailed, in-depth quality court reports that support the court recommendations.

b. Timely Periodic Reviews and Hearings

Riverside County has implemented policies, procedures, and monitoring tools to ensure timely court hearing notification, submission of court reports and tracking of scheduled court hearing. In order to ensure compliance with statutory timelines, court officers verify that the next statutory review is scheduled at the close of each court hearing. They enter court hearing information in CWS/CMS, including a summary of findings and orders made at the current proceedings, along with all applicable information for the next scheduled court hearing.

CSD also uses SafeMeasures and other department-customized reports to monitor scheduled court hearings. Specialized unit of support staff along with a contracted agency specifically process court hearing notices, publications and personal service notices in accordance with statutory requirements. Special procedures have been put in place to interview parents during detention hearings to identify tribal affiliation and potential relative placements, to ensure appropriate notices of hearings are made to the Indian custodian and tribe and relatives.

In addition, CSD has implemented the use of the Caregiver Information Form (JV 290) to encourage caregivers to submit written information to the Court regarding children in their care. The JV 290 is completed by the caregiver and submitted to the Court.

For Probation cases, the Court advises parents involved in at the time of disposition/placement order, of the time and date for the Placement Review court hearing. Probation staff also sends a letter to the youth, parents, placement facilities, and placement provider administrators, approximately six weeks prior to the hearing. Two weeks prior to the hearing, a probation officer telephones the placement facility, the youth, and the parents to remind/advise them of the Review Hearing and arrange for the youth to be transported to Court.

Children’s Services Division

CSD has consistently used the CWS/CMS automated version of the case plan, which contains all the legally mandated elements. The case plan includes specific goals, visitation needs, and service objectives. This information is obtained from the parents, children, and the Court. The case plan also reflects the SDM Family Strengths and Needs results. Additionally, Team Decision Making meetings

facilitate a process to engage and partner with families, allowing social workers to develop case plans based on the family's strengths, available in/formal resources, and cultural needs.

CSD staff allow time for parents to receive, review, and discuss the case plan prior to submitting to the Court. Social workers discuss the case plan with the parents and have the parents sign the case plan no later than 30 days from the date of child detention. A social work supervisor also reviews and approves the completed case plan before submitting it to the Court. When a parent is unavailable to sign or refuses to sign the acknowledgement of receipt of their case plan, the social worker informs the Court of the reason why the parent did not sign the document. Case plans are attached to court reports, which are provided to all parties and their legal representatives. Riverside County Juvenile Court holds review hearings every six months, which also requires an updated case plan to be submitted.

CSD staff meet regularly on each case for Concurrent Planning Reviews. These reviews bring the assigned social worker, supervisor and adoption liaison together to identify an alternative permanent plan for all dependent children in foster care if they are unable to safely return home. Parents, children, and extended families are encouraged to participate in the creation of the child's Concurrent Plan, a discussion that is prompted immediately upon a child's removal. When reunification prognosis is poor and/or returning children home is not possible within the allotted timeframes, CSD makes recommendations to terminate parental rights when a concurrent plan of adoption has been identified and an adoptive home has been located. If adoption is not being recommended as the permanent plan, social workers must document on the case record and the court report the rationale for their alternate recommendation.

Probation Department

The Probation Department continues to work within State and Federal guidelines in the completion of case planning. If a youth is detained by law enforcement and booked into Juvenile Hall, staff initiates a partial case plan. A Field Services Probation Officer will then complete the case plan, after an extensive interview with the youth and parent(s)/legal guardians(s).

The case plan is used to identify and assess the strengths and needs of the youth and family and includes all criteria defined in the regulations. The probation officer uses the case plan to set goals for the youth and family and establish an agency supervision plan. Following signatures from the probation officer, the youth and the parents, the case plan is reviewed and signed by a Supervising Probation Officer. Case note entries into the automated client management system alert the assigned probation officer to update the case plan, at a minimum of every six (6) months. Case plan review forms are maintained in the case files and are routinely audited by Supervising Probation Officers to ensure compliance.

A case assessment must be done within 30 days of the youth's out of home placement; therefore, it is initiated upon the youth's detention at Juvenile Hall. Once the matter is referred for a Dispositional court proceeding, the probation officer meets with the youth and their family. While acquiring a social history, the probation officer considers the strengths and problems that exist within the family and determines what services, agencies, or programs would be most helpful for the family and the youth.

The case plan is designed to list services to be provided to the youth and their family in order to address the problems that brought the youth to the attention of the Juvenile Court. The plan must specify required familial visitation and specify the probation officer's responsibility in monitoring the services provided and visitation of the youth, parent(s), and the out of home care providers.

Initial case plans are attached to Jurisdictional/Dispositional reports, along with copies, which are provided to all parties and their legal representatives. A case plan is updated as often as the service needs of the youth and family dictates and is necessary in order to assure achievement of service objectives. At a minimum, probation officers complete a case plan update in conjunction with each Status Review hearing, but no less than once every six months. Case plans are submitted as attachments to Court reports fifteen days prior to each scheduled statutory hearing.

In determining a case plan goal, the number one priority is reunification with the parent or guardian. A Concurrent Plan, however, is developed to ensure that each youth has an alternate permanent plan in the event that the family cannot be reunified. In cases, where youth are unable to return home, relative placement or placement with a non-related extended family member is considered as a primary placement option.

The Riverside County Probation Department has never pursued termination of parental rights when a family fails to reunify in the allotted timeframes. When a youth is not or cannot be reunified with a parent or guardian, the Probation Department releases the youth to the custody of the CSD.

3. Foster/Adoptive Parent Licensing, Recruitment, and Retention

Riverside County values foster (relative and non-relative caregivers) and adoptive parents as crucial partners, along with child welfare staff and biological parents, to successfully work toward the primary goal of reunifying children and families. To ensure children are well cared for and nurtured when they cannot be safely maintained in their own homes, CSD and Probation strictly adhere to the State standards and implement best practice models for recruiting, approving, and retaining foster care placements.

a. Licensing, Recruitment and Retention

Licensed Foster Homes and Facilities: Riverside County places children in certified relative homes or foster homes and facilities licensed by the CDSS-Community Care Licensing (CCL). In order to receive placement of children, foster parents must also complete a minimum of 33 hours of the PRIDE training course. Some of the training topics include how to discipline in a positive way and how to help a foster child express emotions related to loss and separation from their family. Finally, foster parents must have an approved home study completed by CSD social workers. After a foster home or facility has been licensed, Probation and CSD staff are able to identify and further evaluate licensed facilities that may have a history of complaints and/or abuse allegations by using CWS/CMS records and joint placement committee meetings (involving CCL, other counties and departments).

Relative Certification Process: Since 2004, CSD has implemented a centralized process for conducting initial and annual reassessments of relative and non-related extended family members (NREFMs), which includes criminal background checks and home evaluations. Based on State regulations (Title 22), the CSD-Relative Assessment Units (RAU) are primarily responsible for conducting the relative/NREFM home evaluation, caregiver assessment, and certification approval process. To date, there are a total of 14 RAU social workers performing emergency, initial, and annual (re)certification of relative/NREFM homes, assisting the primary social workers to make the best possible placement decisions. In addition, as of July 2012, the DPSS Special Investigation Unit assumed the responsibility of completing mandated criminal background clearances in order to assist CSD in expediting the approval process.

The Probation Department continues to conduct its own caregiver assessments for relative and non-relative extended family member placements pursuant to the Adoptions and Safe Families Act/AB1695. Training of staff is ongoing and the Probation Department works closely with CSD to stay current with the changes to this process.

Collaboration with Tribes: Beginning in January 2012, CSD has been working with the Tribal Alliance to increase emergency placement and pre-approved/certified homes for Indian children/NMDs. A protocol has been developed that will allow for more than one tribal home to be available for placement of Indian children/NMDs on both an emergency and long term basis. The tribal caregivers will be pre-assessed and pre-approved, as will their homes, in accordance with ICWA and the applicable Title 22 standards.

Additionally, CSD has established a collaborative relationship with the Indian Child and Family Services (ICFS), a tribal consortium and FFA agency in Riverside County. Caregivers who have Indian ancestry and who are interested in becoming tribal foster caregivers are referred to ICFS for caregiver training and home certification. ICFS also provides training to non-Native American county licensed caregivers regarding the cultural needs and expectations for tribal children placed in the caregiver's home and how to access tribal specific resources and services.

Recruitment & Retention

The *Family to Family initiative* has been instrumental in the recruitment, development, and support of quality foster homes. Strategies include a standardized model of foster parent training known as PRIDE training, Team Decision Making meetings, and local community events to recruit, support and train foster parents. Additional support services and resources available to caregivers in Riverside County include time-limited child care, advocacy, family events, pre-service and in-service training, video training resources, caregiver's newsletter, faith-based collaboratives, and quarterly informational meetings.

Quarterly Caregiver Training & Support Meetings are held in each of the operational regions. The meetings are centrally located and allow caregivers the opportunity to meet with social workers regarding a child in their care and the child's specific needs. Riverside County also works closely and meets regularly with local Foster Parent Associations (FPAs). The FPAs are available on an ongoing basis to provide support, training, and mentorship to foster parents. Riverside County provides additional ongoing training to FPA members and invites their efforts in foster parent recruitment.

Central Placement Unit (CPU) Liaisons are assigned to each region. The liaisons are available to assist with placement information updates and assist with information regarding Special Care Increments (SCI).

Targeted Caregiver Recruitment Efforts focus on the following children: infants, ethnically diverse children, siblings, adolescents, medically fragile, and children with special needs. Recruitment strategies include special outreach such as:

- regional recruitment events
- "Bring a Friend" recruitment events (current caregivers refer friends, relatives and neighbors)
- recruitment outreach through the Family Resource Centers (FRCs)
- community Partnership outreach through business and civic organizations

- annual community events such as festivals, fairs and other community outreach opportunities
- participation in Community Partners Forums and CSA focus groups
- Faith-Based Collaborative
- Heart Gallery

Other recruitment strategies include mass media outreach, using public service announcements, classified advertising (print and radio ads), and direct mailing to name a few.⁴⁸

b. Placement Resources

The characteristics of children for whom placement resources are scarce include: sibling sets consisting of three or more; teens and parenting or pregnant youth; children with special medical needs; LGBTQ youth; and tribal children. With placement stability rates ranging from 21% to 47%, youth between the ages of 11-17 years need homes that are well equipped to manage the needs of adolescents and teens.

While it is the practice of CSD to place children involved in the child welfare system and youth involved in the Probation system in the least restrictive placement possible, there are children/youth whose needs exceed any local resources that are available. In these cases, the search for appropriate placement may be expanded outside Riverside County and occasionally outside California. The behaviors and personal histories of children/youth whose needs may exceed local resources include: children with sexual acting out behaviors, depression and/or suicidal tendencies, aggression and/or violence, co-occurring developmental delay with severe emotional disturbance, drug and/or alcohol dependency, and grief and loss.

4. Quality Assurance System

a. CAPIT/CBCAP/PSSF

Program Evaluation: Parents Anonymous, Inc. (PA) was awarded the program evaluation contract for all CAPIT/CBCAP/PSSF funded agreements. The evaluator developed a web-based system called the *Riverside County Evaluation Database (RCEDB)* in which service providers submit client level data. To ensure appropriate services are provided that meet the needs of clients, three measures are utilized to determine program effectiveness. The measures include: Exit Assessments, Outcome Measures, and Client Satisfaction Surveys. PA collects and analyzes data, then provides monthly outcome reports to CSD and the service providers for all CAPIT/CBCAP/PSSF services.

Client Exit Assessment goals are documented in the RCEDB and entered by the service provider upon the client's exit from services. The goals include:

- a short-term objective, for the participant to "Learn the Basic Concepts/Skills Related to the Service Provided"

⁴⁸ Other mass media recruitment strategies include Penny Saver ads; presentations at local school PTA meetings and at FRCs; classified ads in employment section of local newspaper; advertisement in SBC Yellow Pages on the internet; direct mail to health care professionals and teachers; brochures provided to current caregivers to share with friends; recruitment posters in grocery stores, libraries and hospitals.

- an intermediate objective, to “Acquire Competency in the Skills/Concepts Related to the Service Provided” and
- a longer-term objective, to “Be Able to Transfer the Skills/Concepts Into Their Daily Life.”

Exit Assessment information also includes total number of clients exiting the program and the percentage of clients who achieve their short-term, intermediate, and long-term goals upon program completion.

The evaluation of client outcomes is emphasized and tools to measure client outcomes have been purchased or created by PA to gauge the effectiveness of CAPIT/CBCAP/PSSF services. The outcome measurement tools administered by service providers include the: Parent Stress Index (PSI), Counseling Outcome Measure (COM), Anger Management Change Measure (AMCM), and Mental Health Systems Outcome Measure Score (MHSOM).

PA further disseminates and evaluates anonymous client satisfaction surveys for each CAPIT/CBCAP/PSSF provider. The satisfaction surveys gather responses regarding the overall quality of services, helpfulness of services in meeting client needs, convenience of services, professionalism of staff, accessibility of location, and client written comments. Client satisfaction surveys are distributed in English and Spanish three times per fiscal year to all clients served during an identified “survey week.” All contracts require providers to distribute postage-paid client satisfaction surveys to each client and the client faxes or mails the survey directly to the evaluator. Survey results are reported to PCARC and DPSS, and incorporated into the CAPIT/CBCAP/PSSF Annual Report.

Beginning July 1, 2013, CSD is amending all contracts to include client level outcomes in order to quantify the improvement of clients through the use of standardized and validated instruments. The goal is to measure service benefit by assessing improved outcomes. CSD is building internal capacity to conduct and expand program evaluation. Riverside County has partnered with Casey Family Programs, UC Berkeley, and UC San Diego, Chadwick Center – CEBC for technical assistance and training.

In addition to the oversight of the program evaluator, DPSS assigns four separate units to oversee the CAPIT/CBCAP/PSSF agreements. The Program Development Unit (PDU) serves as the liaison between DPSS and contracted providers. The Internal Review Group (IRG) conducts contract audits on all contracts and measures the provider’s adherence to contract terms and conditions. The Contracts Administration Unit (CAU) and the Management Reporting Unit (MRU) perform monitoring visits on all contracted providers. CAU assists the providers through recommendations, to help them avoid future audit findings. MRU oversees the funding for each contract, to assure funds are expended as specified in the contract. Program or quality of service questions are directed to PDU for resolution. PDU liaisons contact providers monthly and communicate any concerns from the providers to IRG, CAU, and MRU. This follow up communication confirms corrective action is developed and implemented, as appropriate.

Assessment of the Service Delivery System: In addition to the contract oversight and evaluation processes to ensure quality services are provided to children and families, the triennial countywide CAPIT/CBCAP/PSSF Needs Assessment also serves as another critical process for assessing the service delivery system. Led by the Prevent Child Abuse Riverside County (PCARC), the designated Riverside County Child Abuse Prevention Council (CAPC), the 2010 Needs Assessment employed the following methodologies targeting consumers, county child welfare staff, service providers, community partners, and County residents: 1) a web-based Provider Survey; 2) a priority-setting exercise conducted at the November 2010 Community Partners Forum; 3) a mail survey in Spanish and English administered to

former CSD clients; 4) a printed survey in Spanish and English administered to persons seeking services at Family Resources Centers (FRCs); 5) self-administered surveys in Spanish and English to a “random encounter” convenience sample of Riverside County residents; 6) fourteen focus group discussions and four key informant interviews conducted with PCARC collaborative groups, CSD staff, and related professionals with a connection to foster care, adoption and/or child abuse prevention. This comprehensive needs assessment process involved a total of 433 respondents from CSD, vendor organizations, the District Attorney’s office, K-12 educational organizations and community service providers; 361 FRC customers; and 61 former child welfare clients.

a. Probation Department

Supervising Probation Officers perform random audits of case plans on a monthly basis. Probation Officers are provided with an audit form detailing needed corrections. Once the audit is complete, audit forms are retained for tracking purposes.

To manage and maintain quality standards regarding client services, program goals, and personnel matters, probation managers and supervisors schedule monthly division and unit meetings which are mandatory and attended by all departmental staff. These meetings provide an opportunity for all departmental/unit staff to meet, share knowledge and resources, and obtain assistance from their managers, supervisors, and peers. Supervisors also participate in field visits with staff and maintain tracking logs in JAMS. Tracking logs document client activity including: AWOLs, warrants, case contacts, and supervision issues. Further, supervisors provide mentoring and training of all newly hired staff, full time staff, and regularly update staff on changes in departmental policies and procedures.

b. Children’s Services Division

To ensure the provision of quality services by CSD staff, Riverside County has developed a comprehensive system of supervision, as summarized below, to assist supervisors in the oversight of critical child welfare functions.

- Each supervisor is required to meet with their staff individually on a monthly basis to provide any needed case consultation, performance feedback, and training. While supervisors are always available for consultation, CSD wants to make certain that each social worker is provided the opportunity to, at a minimum, confer with their supervisor each month.
- Supervisors schedule monthly all staff or unit meetings. Unit meetings are mandatory and are attended by all assigned staff. These meetings provide an opportunity for all unit staff to share knowledge and resources and obtain assistance from their supervisor and peers.
- Supervisors conduct monthly reviews that include audits of monthly contacts, compliance with court orders, and case documentation. Supervisors utilize Structured Decision Making (SDM), CWS/CMS, and Safe Measures as tools to facilitate their case review process.
- Annual Performance Evaluations are conducted and tracked for all staff to inform strengths, and need for training and/or professional development.
- Monthly supervisor consistency meetings, organized around service components, are held to monitor compliance with policy and procedure, identify common concerns, and promote best practice.

- Supervisors maintain a tracking log that documents runaway/abducted children, child visits, Independent Living Plans, and supervisor field visits.
- Supervisors participate in supervisory training and engage in monthly individual meetings with their assigned regional manager. These meetings are used to discuss staff disciplinary issues, performance evaluations, and overall unit performance.
- Case Quality Review (CQR) - In-depth review, focusing on practice issues and compliance concerns, are conducted by managers and supervisors on a monthly basis.
- Telephone Customer Service Surveys – are completed by supervisors every month, randomly selecting a parent, caregiver, and youth (10 years or older) to interview.
- Critical Incidents are reviewed by managers to identify potential changes in practice to improve safety and risk assessment.

b. Service Array⁴⁹

Needs Assessment of Community Based and Prevention-Focused Programs

A countywide Needs Assessment was commissioned in 2010 by Prevent Child Abuse Riverside County (PCARC), the designated Riverside County Child Abuse Prevention Council (CAPC) that advises county leadership regarding the services, programs, and needs related to the prevention of child abuse, neglect, and maltreatment since 2002⁵⁰. Discussion participants and interviewees provided repeated independent testimonies and recommendations that mirror the stakeholder feedback received during the SIP/CSA community forums, focus groups, and peer case reviews completed during 2011-2012.

Interviewed agency representatives applauded the efforts undertaken by CSD and other agencies to better educate the community about preventing child abuse and neglect. Education efforts were seen as successful for their ability to reach adults and children. Flyers distributed to families were seen as a way to provide information without provoking a defensive reaction from the recipients. PCARC collaborative members noted the effort to disseminate the Child Abuse Hotline Number so that people have the necessary “information on what to do when they become aware of any kind of abuse...” Of special importance was the education provided to children so they can distinguish appropriate from inappropriate touching and know how to get help if they are being maltreated. In addition to providing education about what child abuse is, how to recognize it, and how to report it, these results pointed to the need for a public relations campaign to dispel the perception that CSD will remove a child from the home at the slightest provocation. Law enforcement interviewees recommended a public education and public relations program so that parents would not be afraid to be “stern” with their children. Others recommended that CSD staff attend community events to explain the services they provide and to assure parents and community members that they go to “great lengths to prevent kids from being removed from the home.”

The Needs Assessment participants generally praised the positive effects of the collaboration CSD has undertaken in the context of the Family to Family Initiative--a primary and ongoing strategy in the

⁴⁹ A detailed list of the variety of services provided by CSD to assist and support children and families is included at Appendix F.

⁵⁰ In fairly equal proportions from each location, 361 surveys were completed by FRC clients at the Mecca, Desert Hot Spring, Perris, and Rubidoux locations.

Riverside County System Improvement Plan. Family to Family is, “grounded in the beliefs that family foster care must be focused on a more family-centered approach that is responsive to the individual needs of children and their families, rooted in the child’s community or neighborhood and is sensitive to cultural difference.” The practice and policy infrastructure developed in this regard, especially Team Decision Making meetings, received positive appraisals from all quarters. Many believed that the expansion of this practice would be extremely helpful as a secondary prevention activity targeting at risk families.

The extent to which CSD has reached out to faith-based communities and organizations was also viewed as a very positive development that must be continued in the future. Efficiencies in foster and adoptive parent recruitment as well as the recruitment of mentors and families willing to work with other families were noted. Such collaborations must continue and be expanded to interfaith consortiums to include the participation of members of all faiths. Increasing community involvement in the prevention of child abuse is especially necessary as public funding for social services diminishes.

The broad array of stakeholders included in this Needs Assessment agreed that there is limited access to mental health care and substance abuse treatment for children, adolescents and adults.⁵¹ The need for expanded and more accessible substance abuse treatment is especially salient in view of the overlap between substance abuse and child maltreatment.⁵² The Riverside County Family Preservation Court--an intensified one-year court-supervised substance abuse recovery program that is designed to enhance the sobriety efforts of parents prior to filing a dependency petition to enable their children to be safely maintained with them--was cited by various professionals as a program that appears to be working, particularly the component that provides intensive parent-child interaction therapy. While the length of the waiting list appears to vary by county region, it was cited as obstacle to participation. Many interviewees asserted that parent education works to prevent child abuse. In these discussions, parent education subsumed a variety of curricula and emphases, and was delivered to a diverse array of parents most (but not all) of whom were perceived to be at risk for child maltreatment. Evidence for the efficacy of these programs was predominately anecdotal, however, and other professionals were critical of “one size fits all” classroom-based lecture-format parent education and anger management classes. Service provider responses suggested that no single parent education curriculum was perceived to be universally effective. Instead, to engage parents and to change their behavior, practitioners indicated that classes tailored to parents’ specific needs are necessary (e.g. parenting children in specific age groups—particularly teenagers; parenting in the context of a specific cultural-linguistic heritage; parenting children with special needs).

Services for teens in the foster care system were widely perceived to be inadequate. Services for youth who age out of the foster care system were universally regarded as needed investments in the

⁵¹ A printed survey in Spanish or English was mailed to 932 former DPSS clients who reunified between July 1, 2009 and June 30, 2010 meeting three criteria: cases closed between July 1, 2009 and June 30, 2010; have a disposition of “reunification” or “family maintenance stabilized”; the client’s relationship to the child involved in the allegation was “birth mother.” A total of 149 pieces of mail returned as undeliverable. Just 61 (7.8% of 783) surveys were completed and returned. The extremely low response rate compromises our ability to generalize these survey results, and these findings must be interpreted with caution.

⁵² Former DPSS clients ranked “Substance Abuse Treatment” as *the most helpful*, “12-step Program” as the third most helpful and “Drug Testing” as the sixth most helpful of 19 core services they received. FRC clients rated, “Easy-to get-to family-focused treatment for substance abuse including education about parenting and child development” as the service *most important* to prevent child abuse in Riverside County.

prevention of child abuse (e.g. housing, health and safety, employment, and education). Both professionals and emancipated youth decried the lack of independent living skills instruction, and insufficient emphasis upon education in many foster placements. One professional suggested that training in the provision of independent living skills be established as a post-certification training requirement for Foster Family Agencies (FFAs). Counseling and other services for pregnant and parenting foster youth were cited as a critical need to break the cycle of dependency. Addressing these inadequacies is particularly important in view of the compelling needs of emancipating youth.

PCARC local collaborative members identified Blythe as having the most urgent need for additional services. Areas around Perris, Good Hope, Mead Valley, Lake Elsinore, Sun City, Wildomar, Moreno Valley, Hemet and San Jacinto were also identified as underserved. With regard to racial/ethnic and cultural-linguistic groups, the need for more services provided in Spanish was repeatedly cited. Some participants indicated the need for African-American specific services in the Moreno Valley area and culturally tailored mental health services for geographically dispersed, low-income Native Americans. Teens and adolescents in the foster care system (especially pregnant and parenting teens), grandparents caring for grandchildren and families with members (particularly parents) involved with gangs and families with incarcerated parent were identified as underserved at-risk populations.

Collaboration and co-location of services were also identified as key areas of emphasis to prevent child abuse in Riverside County to improve collaboration and help ensure that supports and services are easily accessible. Co-location was described as a cost-effective means of addressing the transportation issues that limit access to services. Another element of collaboration that interviewees identified for expansion focused on information sharing, such as: establishing a common case ID that can be linked across county service providers and CSD; development of common intake and progress forms; and signed MOUs between service providers regarding information sharing practices.

Myriad other services and programs needed to prevent child abuse in Riverside County were identified in the context of this Needs Assessment. Among these were: improving the culture and experience of foster care from the youth perspective was an overarching concern; providing specialized services for victims of sexual abuse, including male victims, with reduced or no lag times; having a "Parent Advocate" specifically to guide families through the dependency court process would be useful.

Stakeholder Analysis of Strengths and Gaps in Service Array

Building upon the CAPIT/CBCAP/PSSF Needs Assessment (2010), CSD, Probation and PCARC collaborated to prepare this County Self-Reassessment (CSA). In total, over 350 Riverside County community partners and County staff attended three Community Partners Forums to discuss youth re-entering the foster care and probation systems, safe and timely reunification, and placement stability on September 6, 2011, March 29, 2012, and September 27, 2012. Additional feedback and data were gathered through the peer review process and focus groups conducted in June 2012. Nearly 200 different recommendations for improvement were collected through the CSA process.

Collaboration: Stakeholder feedback indicated the necessity for ongoing meetings between the County and community partners to continually assess the effectiveness of the service delivery system and to continually improve the services to meet the needs of children, youth, and caregivers. For example, the regular meetings between Probation, CSD, and the Court were credited for facilitating communication and collaboration to better serve families involved Juvenile Court proceedings. The County's work to enhance communication between staff and out of home care providers through various meetings was also seen as positively improving the recruitment, training and retention of foster caregivers.

Access to Effective Family Support and Services: In general, community forum and focus group participants indicated that families benefit from the following services that the County has implemented: Family Preservation Court (intensive, year-long substance abuse treatment program); Team Decision Making meetings; Kinship Support to assist relative caregivers; Youth Partners as mentors to emancipating youth; and Juvenile Court Orientations to provide parents an overview of the child welfare and court processes; and intensive and individualized Wraparound services to name a few. The recent creation of the CSD Independent Living Program region was seen as a significant step toward improving and offering comprehensive services to ILP youth both in care and after care.

Staff and community partners reported that information and referral services, such as 2-1-1 Riverside County (referral and resource line), the CSD Service Referral Laminar (SRL), Family Resource Centers (FRC) and the Kinship and Youth Warmline help link families to needed resources throughout the County. Still, stakeholders emphasized the need to increase awareness and improve utilization of existing community resources (local, free, and evidence-based programs) among clients, caregivers, and County staff through additional training and service provider presentations.

Toward improving access and ensuring the provision of high quality services to families, stakeholders recommended the following, many of which were also recommended during the Needs Assessment process: increase use of evidence-based programs with measurable outcomes; offer a “one-stop shop” service, closer to families’ homes, in less threatening settings, and with the full array of services under one roof (including child care and after-hours services); increase access to substance abuse treatment providers and sober living homes; provide ongoing services and resources for families after case closure; and expand the utilization of youth, parent and faith-based partners.

Training to community members and child welfare stakeholders were perceived to be of import. This included the need to educate the community and other service providers regarding the issues associated with racial disproportionality and disparity. Stakeholders also reported that in order to improve outcomes of children in foster care, caregivers need to increase their knowledge of childhood trauma to understand the importance of engaging biological parents, and when possible, to establish a co-parenting relationship for the purpose of improving placement stability and increasing timely reunification. Another recommendation was to improve foster parent matching for children with special needs arising from sexual abuse, substance abuse, and domestic violence.

Improve Client Assessment, Engagement and Communication: Staff and community partners both cited that the utilization of the Structured Decision Making (SDM) tools assisted CSD in improving family assessments. They also widely supported the use of Team Decision Making (TDM) meetings and cited the need to expand and fully incorporate TDMs in community-based settings. Increased use of TDMs was recommended when a child is preparing to return home and transitional services and informal support are needed to reunify successfully.

Increasing client engagement through the following strategies was a common theme: improve the quality of face-to-face contacts with families (children, parents, and caregivers); involve caregivers, parents, and youth in developing individualized case plans; improve client-provider communication; and increase the exchange of information across parents, caregivers, and service providers to facilitate family reunification. Recruit, train, and hire former clients (parents, youth, caregivers) who can effectively serve as mentors to support youth and parents were described as a helpful strategy for assisting families navigate the child welfare system. CSD’s hiring of Youth Partners in 2012 to advocate

for the needs of foster youth, participate in TDMs, and assist in planning for system improvement, have been a welcome addition for both staff and clients.

Services for Native American Families: Community partners observed that specialized procedures for timely notices of court hearings; initial and ongoing cultural awareness training; collaborative efforts, regular meetings, and formal agreements between the County and tribal agencies; Team Decision Making (TDM) meetings on all ICWA-cases; and culturally specific programs such as the evidence-based Incredible Years program provided by the Indian Child and Family Services (ICFS), specifically tailored for the Native American community improved services for Native American families. To further improve services for Native American families, community partners recommended to increase implementation of evidence-based parenting education that is culturally sensitive to ensure children placed in non-Native American homes remain in their communities of origin to better access cultural supports, and to provide culturally sensitive aftercare services and resources for children placed in relative care.

Probation Department

Pursuant to AB1913, pre-delinquency and delinquency prevention programs identify and provide services to divert youth from the juvenile justice system. In 1996, the Probation Department developed Youth Accountability Boards (YABs, which utilize citizen volunteers to divert youth from the juvenile justice system through the use of counseling and mentoring. The *Schiff-Cardenas Crime Prevention Act of 2000* resulted in the creation of 16 Youth Accountability Teams (YATs) throughout the County in 2001. The YATs are comprised of probation officers, police/sheriff's deputies, school officials, and deputy district attorneys. The teams identify and provide services to incorrigible youth or youth exhibiting pre-delinquent or emerging-delinquent behavior. Probation officers have participated in collaborative efforts with law enforcement, schools, and mental health professionals to divert youth from the juvenile justice system. These collaborations also include task forces to suppress gang and drug activity.

During the Probation intake process, referrals to community partners are provided to clients and their parents for pre-court intervention. During the case plan development and assessment of needs, which includes input from the youth and parents, families are referred to community partners for individual, family, or group counseling to address identified needs, such as substance abuse or family violence. Overall, the case plans are used as a guide to provide consistent care and appropriate services. Once wardship is established, graduated sanctions are imposed in conjunction with referrals to community partners and supervision by Probation staff. Alternative-to-placement programs were available regionally, but several were disbanded due to budget constraints. Currently, only Wraparound is available to those youth at risk of being removed from their home. If placement outside the parental home becomes necessary, as determined by a multi-agency multi-disciplinary screening committee, the Probation Department provides monthly contact with the youth and placement facility to secure appropriate services and care for the youth.

5. Staff/Provider Training

Children's Services Division

DPSS-Staff Development partners with the Public Child Welfare Training Academy (PCWTA) to provide newly hired, assigned, or promoted child welfare workers a standardized core training program. Throughout the 8 week induction period, new social workers receive classroom training with PCWTA and DPSS-Staff Development that covers both State mandated and County required child welfare

training elements. DPSS-Staff Development personnel consists of two Staff Development Officers and two Computer Based Training Officers. The preferred training model is the integration of classroom and individualized computer based training (CWS/CMS).

DPSS-Staff Development provides an on-going program of training to enable social workers to reinforce their basic knowledge, develop the required skills for the performance of specific functions, and acquire additional knowledge and skills. This is necessary to meet changes due to new legislation, new policies, or shifts in program emphasis. Resources from DPSS-Staff Development and PCWTA are used to provide instructor led training and e-Learning (on-line) options.

With every training opportunity, supervisors are expected to aid in the transfer of learning (ToL) with their staff. To prepare staff to capitalize on the training, supervisors review the learning objectives with staff prior to attending training. DPSS-Staff Development provides supervisors with ToL tools to assist with reinforcing the learning, following training.

All social workers, supervisors, assistant regional managers, and regional managers are mandated to complete twenty (20) hours of ongoing training annually. Training provided covers advanced skills as well as updates on new programs, legislation, and regulations. Since 2008, this has been a State mandate.

Cultural awareness training is provided for all CSD social work staff, upon hiring, as part of the "Induction" training program. Collaboration between Indian Child Family Services and CSD provides social workers with information and skills building regarding the Indian Child Welfare Act (ICWA), the need for culturally relevant child placements, and local Native American resources and services. Tribal STAR training is available to social workers, probation officers, educators, community based agency staff, attorneys/court personnel, Tribal youth service providers, case managers, CASAs, emancipation workers, foster parents and group home staff, and Tribal ICWA workers. The goal of Tribal STAR training is to impact practice and policy in Public Child Welfare, ultimately leading to increased positive

outcomes for Tribal foster children and youth, by enhancing collaborative efforts between Tribal and non-Tribal entities.

DPSS utilizes evaluation surveys as tools to assess the effectiveness of trainings offered countywide. Evaluation surveys are provided to training participants immediately following all trainings to assess the quality of the presenters, learning process and educational materials; relevance and value of the training to staff's works; effectiveness of the technology and learning environment to facilitate maximum educational experience. In addition, each participant is asked what they liked and disliked about the training and how the training can be improved in the future. The information gathered from the surveys, including all the respondents' comments and suggestions, are used to improve future trainings.

Probation Department

The Probation Department provides on-going training for all staff that coincides with the fiscal year. Probation personnel participate in mandatory training through Riverside County's Staff Development Department and through in-house trainers located within the Probation Department. In addition, Probation staff participate in Supervisory Conferences that occur throughout the year.

With the implementation of Family to Family in Riverside County, training for foster and prospective adoptive parents (now entitled Resource Families) merged. The current practice is for all resource families, regardless of whether they are foster or adoptive, to attend the same training and have an adoption level home study conducted. This consolidated home study prevents delays in adoption by ensuring the home is approved at onset of placement. Quality of care for children is strengthened as all caregivers are evaluated in exactly the same manner. Riverside County ensures that ongoing training is available to all resource families, including foster, adoptive, relative, and NREFM families'. Caregiver training and support meetings are held on a quarterly basis in each of the operational regions. The meetings are not only centrally located, but also allow caregivers the opportunity to meet with local social workers regarding a child in their care and the child's specific needs. Medically Fragile Training is also available to resource families who have completed or are participating in the process of becoming a resource family. Furthermore, Riverside County is currently in the process of developing online training for some classes. The classes are being developed in partnership with Public Child Welfare Training Academy (PCWTA). The online version will also allow customers to track their progress with a unique and secure login.

Additional classes are added throughout the year to ensure applicants begin classes within 30 days of enrolling. There are currently seven (7) Resource Family Training and Assessment (RFTA) positions in CSD. Each trainer is expected to conduct three (3) trainings yearly, which include at least three (3) trainings conducted in Spanish each year. Trainings are 11 weeks, for a total of 33 hours of training. In 2007, CSD implemented Saturday classes, which are held for five (5) weeks for a total of 35 hours of training.

Foster Parent/Prospective Adoptive Parent Training

Probation continues to modify its JAMS system to accommodate recent legislation and departmental demands and expectations, offering beginner/advanced training to all staff to aide in its use and implementation, and to facilitate the full utilization of the system by all staff. With the passing of AB12 California Fostering Connections to Success Act, the Probation Department has undertaken significant in-house training regarding the requirements of AB12, along with extensive collaboration with CSD and the Juvenile Courts to implement and oversee the program.

For SFY 2009-2010, the Probation Department doubled the amount of classes that address cultural awareness for employees. The new courses that were created include Gender Differences, Boomers: Generation X and Generation Y, and Maintaining a Stable Environment Milieu. Each of these courses identifies the differences in culture of juvenile clients and their families. These courses are available to both institution and field employees using training curricula that are certified by the Standards and Training for Corrections (STC). Probation Officers are required to attend 160 hours of Core Training upon hire. This Core training provides new officers with an overview of the core functions of both the Probation Department and their position as a Probation Officer. The Probation Department is eager to enhance future training opportunities and will collaborate with CSD on the potential for future trainings that would benefit both CSD and Probation.

The process for becoming a licensed and approved caregiver in Riverside County involves the following:

- *Orientation* - Resource family orientation is conducted monthly (Spanish speaking orientation is conducted quarterly) in tandem with Community Care Licensing (CCL). At Orientation, families are given the County and State application, as well as an overview of the foster care licensing process. The RFTA unit meets monthly with CCL to discuss where families are in the approval process and to discuss any issues/concerns.
- *Initial Interviews* – Once an application is received, families must Live Scan for the County and for CCL and meet the RFTA trainer. In August 2008, Structured Decision Making (SDM) for Substitute Caregivers was implemented. On the basis of the assessment, the trainer may request the family attend counseling, parenting, participate in a substance abuse assessment or participate in a psychological evaluation before they can begin the process.
- *Initial Training* – The RFTA unit uses the PRIDE (modified) curriculum. The modified version of PRIDE is a combination of information from the PRIDE model, the Caregiver Core Training and Adoption Training. Foster Parent Trainers, who are experienced foster/adoptive parents, are utilized in the training classes following the Family to Family model. Prospective Resource Families find it invaluable, to talk to and, hear from experienced foster and adoptive parents. Evaluations are collected at each class session and a final overview evaluation is given at the end of the training.
- *Home Studies* – Home studies for resource families are based on a Psychological Assessment form, the Substitute Caregiver Structured Decision Making (SDM) tool, and an assessment of the physical safety of the family's home. At least two (2) separate contacts are made with each family, during which there are individual interviews with each family member (including children if applicable), an interview with the couple and a separate "family interview." After the interviews are completed, the home study is developed and submitted to a supervisor for approval. The family is sent an approval letter once the home study is fully approved and they are ready for placement of a foster/adoption child.

In addition to the above, CSD has now implemented four (4) week adoption classes for relatives, non-related extended family members (NREFMs) and Foster Family Agency (FFA) families who have applied to adopt a child(ren) already placed in their care. These classes are conducted by adoption workers in the Kinship Unit and Specialized Adoptions Unit.

6. Agency Collaborations

Riverside County has many community-based partners who share knowledge, resources and responsibility to protect the safety of children and preserve individual families. These include a number of traditional and non-traditional partners (e.g., parents, youth, faith-based organizations) that span across multiple public and private agencies. These partnerships involve not only a collaborative approach to service delivery but also participation in decision making.

Children's Services Division Collaboration

Court Partnerships: Regular interagency collaborative meetings between CSD, Probation Department, and Judicial staff have focused on ensuring an effective case review *and* service delivery systems. Toward that end, the following meetings are held:

- *Monthly Family Preservation Court Steering Meetings* are held with public and private service providers to coordinate substance abuse treatment services. Regular participants include representatives from the court, law enforcement, education, mental health, public health, to name a few.
- *Bi-Monthly Management and Court Meetings* attended by CSD manager and executive staff, bench officers, and attorneys, address protocols, impacts of new legislation, and system-issues that require a collaborative response in order to resolve. Additionally, the Probation Department meets regularly with the Juvenile Court to ensure consistency in procedures and services throughout the County.
- *Quarterly Riverside Juvenile Court Meetings* allow for discussion between the judicial officers, CSD management, the Court Clerk's Office, the Department of Mental Health and CASA.
- *Quarterly Tribal Alliance Meetings* are held between the Tribes, Judicial Officers, CSD executives and staff, Department of Mental Health, Riverside County Substance Abuse, and Court Appointed Special Advocates (CASAs) for the purpose of improving relationships with tribes and increase availability of culturally sensitive services and resources.
- *Dual Status Meetings* involve CSD, Probation and Mental Health meeting bi-monthly to discuss Dual Status cases (youth with adjudicated cases under W&IC 300 and W&IC 600). The meeting consists of social workers, probation officers, placement staff, Department of Mental Health, Management, Court Officer Supervisor, CSD and Probation Supervisors. Agenda items include those topics which have posed a challenge to either Department or the Courts. In addition, the group also discusses policy, procedures, regulations, and the most difficult cases requiring management involvement.

Prevention/Intervention Partnerships: Over the years, CSD has developed and nurtured collaborative partnerships with private and public agencies throughout the County, and across disciplines:

- *Allied Riverside Cities Narcotics Enforcement Task Force (ARCNET):* A collaborative effort among all local law enforcement & other public agencies to respond to the possession and sales of street drugs, including clandestine drug labs; to be a resource for all cities regarding drug issues, and to initiate the first response to drug sales and labs. Monthly meetings with Banning P.D., Bureau of Narcotic Enforcement (BNE), Beaumont P.D., Hemet P.D., San Jacinto P.D., Riverside Sheriff's office, Riverside County Probation Department, and Children's Services.
- *Bi-Annual Community Partners Forums* – In commitment to continued collaboration with the community, partner agencies and stakeholders, CSD and Probation in partnership with Prevent Child Abuse Riverside County (PCARC) host forums twice a year. The purpose of the forums are to engage participants in the progress made toward County System Improvement Goals and solicit feedback and assistance in the development of strategies and procurement of resources necessary to improve outcomes for children and families.
- *Court Appointed Special Advocates (CASAs)* - CASAs are trained volunteer community members that are appointed by the Juvenile Court to assist in making recommendations regarding the best interest of a dependent child. Coordination between the social worker, CASA, and the court system enhances the effectiveness of addressing a child's needs while they are in child welfare system.
- *Child Death Review Team* - Forensic review of all child fatalities in Riverside County; facilitate communication among public agencies which deal with child fatalities and other issues relating

to child abuse or neglect; ensure siblings and family members of deceased children receive appropriate services. Monthly meetings with District Attorney's office, various law enforcement agencies, CHP, Coroner's Office, DMH, CHA, Probation, Children's Services, IRC, EMS, Courts, & Inter-Agency Council on Child Abuse & Neglect Meeting.

- *Coachella Valley Narcotics Task Force (CVNTF)* -To increase public safety by reducing the incidence of street and mid-level narcotics trafficking. One meeting per month with Indio RSO, Riverside County Probation Department, Bureau of Narcotics Enforcement (BNE), Children's Services, Indio P.D., Palm Springs P.D., Cathedral City P.D., Desert Hot Springs P.D., Coachella P.D., La Quinta P.D., Rancho Mirage P.D., Thermal P.D., Mecca P.D., and other incorporated and unincorporated parts of the desert area.
- *Department of Mental Health (DMH) Children's Committee*- A standing committee of the Mental Health Board. The committee advocates for the needs of children who have been identified as having, or are at risk of experiencing, emotional/ behavioral challenges. The committee holds monthly meetings with representation of public and private agencies, consumers, and parents/caregivers of youth
- *Department of Public Health* - contractor for HCPCFC program, Enhanced Medical Services, and SafeCare. Discuss number of children in the various programs, fidelity to the SafeCare model, timelines for appropriate medical, and dental needs and services for children in foster care.
- *Drug Endangered Child (DEC) Taskforce* - Coordinate public agency response to drug lab arrests which involve toxic substances; ensure drug-endangered children receive appropriate medical treatment and follow-up. Monthly meetings with CSD, CHA, District Attorney's Office, FPC & RSO
- *Family Preservation Court* - To enhance and expand treatment services to achieve positive reunification or avoid out of home placement for as many families as possible by promoting successful recovery from alcohol or drug dependency when alcohol or drug abuse is a contributing factor in child abuse or neglect. Monthly meetings with Superior Court judges, private attorneys, Juvenile Defense Panel attorneys, DMH, Children's Services, CBOs, Sheriff DEC Team, Public Health & DMH Substance Abuse.
- *Family Resource Center (FRC) Advisory Boards* - There are four family resource centers located in the communities of Rubidoux, Perris, Desert Hot Springs, and Mecca. Each center has its own board. As part of their roles, the advisory boards meets quarterly to make recommendations for new services and assist in developing service resources.
- *Grandparents Raising Grandchildren (GRG) Task Force* - To increase accessibility & availability of services to grandparents, and to remove obstacles that might hinder the ability of a relative to care for their kin. Quarterly meetings for the Task Force, and monthly meetings for each committee, with Children's Services, BOS representatives, grandparents, grandparent advocates, Office on Aging, Probation, Probate Court, DMH, FFA's, CHA, Family Law Court, and Juvenile and Superior Court representatives
- *Inland Empire Health Plan (IEHP)* - To provide quality medical care to foster children in Riverside County Provides Open Access Program (a case management program for foster children), and focuses on foster children who require additional medical services, such as diabetes, asthma, teen pregnancy, etc. Quarterly meetings to discuss current issues with IEHP, Children's Services, & CHA

- *Inland Regional Center (IRC)* - To review cases that CSD and IRC have in common and discuss any issues, ongoing discussion of cases in common, and CSD/IRC programs, such as Early Start. Quarterly meetings with IRC and Children's Services
- *Interagency Committee On Placement (ICOP)* - To discuss and review issues and policies on the placement of children in Riverside County. Provides a needs assessment for types of group homes needed in Riverside County, support letters for group homes, screening for group homes, and occasional monitoring of group homes. Monthly meetings with DMH, Probation and Children's Services Supervisors, and quarterly meetings with Management Staff
- *Prevent Child Abuse Riverside County (PCARC)* – PCARC is Riverside County's Board designated lead child abuse and prevention council. PCARC functions as a countywide advocate for the prevention and intervention of child maltreatment. PCARC has six (6) regional councils located throughout the County. These councils are composed of parent consumers, community leaders, school, law enforcement, and public agency participants (e.g. Children's Services and Department of Mental Health). PCARC provides mandated reporter training throughout the County, conducts child awareness campaigns and offers conferences to educate the public and professional community regarding issues relating to child maltreatment.
- *ILP Joint Operations Meeting* - contractors for ILP youth and ILP after care youth. To discuss current Life Skills courses for youth, youth volunteering to remain in extended foster care, CSD's desire for performance-based outcomes, and collaboration on upcoming events such as the iCity emancipation event.
- *Riverside Child Assessment & Treatment (RCAT)* - To review the child abuse and forensic examinations done by the RCRM Child Abuse and Neglect (CAN) team. Monthly meetings with law enforcement, District Attorney's Office, Victim Witness, Children's Services, and Hospital Witness, & BOS staff.
- *Child Welfare Attendance (CWA)* Meetings is hosted by the Riverside County Office of Education and includes foster youth liaisons from all school districts in the county. The purpose of the meeting is to troubleshoot problems, identify trends, review data, discuss needs, and plan for improvements in foster youth school attendance.
- *S.A.R.B. (School Attendance Review Board)* - Identify children who have excessive absences from school and the reasons for the absences. Identify family needs for services and refer for services. Meetings with school personnel, police, probation, District Attorney's Office, and Bi-monthly Children's Services
- *Transitional Housing service provider* - contractor for THP Plus. To discuss number of slots being used, employment status for youth in the program, tracking for after care, supportive services, and using funds for host family in addition to scattered site.
- *United Neighbors Involving Today's Youth (UNITY)* - To educate the community on health, drugs, violence, and provide positive alternatives, raise funds for the district, and network with other agencies. Monthly meetings with City of Corona, Norco-Corona school districts, CHA, DMH, Children's Services, RSO, YMCA, and 75 community CBOs
- *Wraparound Steering Committee* - Provides oversight of Wraparound Program (to allow eligible DMH and Probation children alternatives to group home placement); enrollment of youth in wraparound services, coordination of case reviews, assessments, and development of service plans; and maintenance of youth in their own homes. Meetings with Children's Services, DMH, CHA, RCOE, Probation, and contracted vendors.

Formal Partnerships

In addition to the aforementioned partnerships, Riverside County Department of Public Social Services has executed Memoranda of Understanding (MOUs) with the following public agencies to reduce or eliminate barriers to service for children and families:

Cal State University San Marcos	Riverside Co. Department of Public Health,
Consulate of Mexico	Community Health Agency
Family Preservation Treatment Court	Riverside Co. Department of Probation
Housing Authority County of Riverside	Riverside Co. District Attorney's Office
Inland Empire Health Plan	Riverside Co. Office of Education
Inland Regional Center	Riverside Co. Regional Medical Center
Loma Linda University Medical Center	Riverside Co. Sheriff's Department
Riverside Community College	Superior Court of Riverside County
Riverside County Department of Mental Health	Tribal Star

Partnership with the Mexican Consulate

In 2003 Children's Services Division (CSD) developed a Memorandum of Understanding (MOU) with the Mexican Consulate of San Bernardino. This MOU was developed to:

- facilitate communication between consular representative and children who are Mexican nationals and under Court and CSD supervision
- promote bi-cultural sensitivity and understanding on issues relating to child protection and to encourage cooperation for children who are Mexican Nationals
- assist the Mexican government to reunite Mexican children with their families in the United States of America (USA), or in Mexico, whichever placement is determined to be in the best interest of the children.

This MOU with the Mexican Consulate has also served as the baseline for working with consulates from other countries in securing special immigrant status for dependent minors.

In addition to this MOU, CSD has developed an International Liaison Unit (ILU) whose function is to serve and assist foreign born children to ensure adherence to international law. Selected social workers have been chosen as delegates to represent their region for the purpose of facilitating the transport and placement of dependent children internationally. The ILU meets monthly with the Mexican Consulate of San Bernardino to work on mutual cases and holds a Joint Operations Meeting on a quarterly basis. These meetings are used as a forum to discuss issues pertaining to abduction of dependent children, immigration, improving existing working relationships with the Mexican Consulates, obtaining Mexican Passports or identification cards, visas, repatriation of foster children, and the monitoring of court-ordered services.

Probation Department Collaborations

The Probation Department has a good relationship with Riverside County's Office of Education (RCOE). Probation officers participate in Individualized Education Plan meetings and School Attendance Review Boards (SARB) to obtain services for clients. Foster Youth Services (a unit of RCOE), is in the process of developing a computer program pursuant to SB 490 for the purpose of tracking the educational records

of children placed outside their home by Probation or CSD. Through other school related collaborations, probation officers are assigned to specific school sites to work with school personnel and mental health professionals to address pre-delinquent behaviors. Schools, law enforcement, district attorney's office and probation officers work together to identify and service youth incorrigible and pre-delinquent behavior.

Probation collaborations with other county agencies are extensive. Mental health professionals and a public health nurse participate on the placement screening committee to assure proper treatment is sought for youth placed outside the home. Youth and their families with significant mental health issues receive collaborative services through the Wraparound Program. Probation officers work with law enforcement on task forces to address gang violence and substance abuse. Defense counsel, the district attorney, the Court, a private service provider (Youth Service Center), and probation officers work together to provide supervision and treatment to Riverside County wards. The Probation Department also works with CSD to provide Independent Living Program (ILP) services to youth 16 years of age or older who are/have been in out of home placements.

The Probation Department is developing training in conjunction with the Department of Mental Health and CSD to provide information to the community regarding the functions and services of each department. The Probation Department has limited interaction with Bureau of Indian Affairs (BIA) or other agencies representing the interests of Native American children. Barriers to collaboration with public and private agencies include the lack of fiscal resources. Additional barriers include the need to enhance communication between service providers and government agencies (DPSS, CSD, Probation, schools, and tribal leaders, etc.).

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G. Appendices

Appendix A: CSA Collaborators

Appendix B: Riverside County Departmental Organization Chart dated October 2012

Appendix C: DPSS Organization Chart dated December 1, 2012

Appendix D: Children's Services Division (CSD) Organization Chart dated November 19, 2012

Appendix E: Juvenile Probation and Institutions Staff Structure dated May 24, 2010

Appendix F: CSD Service Array

Appendix G: CSD CAPIT and PSSF Providers FY 11/12

Appendix H: CSD FY 12/13 CAPIT/PSSF/CBCAP/CTF/CTF-Rollover Providers and Services

Appendix A: Riverside County CSA Collaborators

Riverside County Department of Public Social Services **(Includes CWS Administrators, Managers, Social Workers and Other Staff)**

Aggie Jenkins	Emily Drey	Laurel Brown	Robert Lough
Agatha Lowder	Fay Edmond	Laurie Fineman	Robert Sanchez
Akayme Cooper	Flor Mora	Lisa Lough	Rod Jaffe
Allison Donahoe- Beggs	Garrett Bethel	Lisa Walcker	Rosemary Jiron
Allison George	Gilbert Barron	Lisa Wunderlich	Sasha Sterling
Angela Zuspan	Guadalupe Barboza	Maile Haynes	Shari Voorhees
Ann Reyes-Robbins	Guadalupe	Mark Dasarro	Stephanie Garthwaite
Anna Pazsitzky	Mkhitarian	Mark Kisselberg	Susan Loew
Araceli Nickerson	Irene Molina	Marnae Potts	Susan Mahoney
Beth Donth	Ivy Jackson	Mary Ellen Johnston	Sylvia Deporto
Blanca Lopez	Jennica Villani	Masahiro Omae	Teresa Solomon- Billings
Bonita O'Neal	Jennie Pettet	Melissa Duffield	Thomas Robertson
Bridgette Hernandez	Jennifer Hastings	Michael McConnell	Tiffany Dillard
Calista Roach	Jennifer Pabustan- Claar	Michelle Wohl	Todd Bellanca
Carmen Bustos	Jennifer Saldan	Monah Hanson	Tracy Marquardt
Chris Rosselli	Jennifer Linn Ramirez	Monica Mathis	Tracye Jackson
Christina Hollowell	Jesse "Mitch"	Monique Wilson	Vera Hockett
Cleo Hector	Gradillas	Nkoli Nwufo	Veronica Hilton
Darla Saffer	Jonah Anguka	Pat O'Boyle	Vu Nguyen
Darlene Franklin	Jose Beltran	Patricia Kilgore	Zayda Patton
Darrell Clark	Julie Barrera	Pauline Hernandez	Zenobia Bridges
Dean Wilson	Julie Barrera	Pauline McCartney	
Diane Gentz	Kamyar Moghbeli	Phuong Mach	
Elizabeth Gravenberg	Karen Ruiz	Rabya Shenghur	
	Katina Jones	Renita Lewis	

Riverside County Department of Probation **(Probation Administrators, Managers, and Probation Officers and Other Staff)**

Alan M. Crogan	Christina Martinez	Patty Mendoza	Scott Wilcox
Andrea Greer	Jacob Brown	Robert Cescolini	Shelly Davis
Anthony Clubb	Jimmy Shorters	Ron Miller	Stacia Allen
April Carr	Julie Nischwitz	Rosa Castellanos	Tari Dolstra
Billy Waite	Maria Sepulveda	Sabrina Maynard	
Bryce Hulstrum	Mark A. Hake	Sanisa Kissell	

Appendix A: Riverside County CSA Collaborators

Government Agency Partners

Allison Haynes	Riverside County Office of Education	Karla Ledesma	University of California, San Diego
Amy Green	University of California, San Diego	Ken Schmidt	Moreno Valley School District
Ann Reyes-Robbins	UCLA Inter-University Consortium	Kelly Winston	California Dept. of Social Services
Ashley Franklin	California Department of Social Services	Keyneica Jones	City of Moreno Valley, Community and Economic Development
Bill Cooper	Riverside County Office of Education	Laura England	Department of Mental Health*
Brenda Freeman	EDA	Laurie Bowers-Kane	Department of Public Health*
Burt Borja	Santa Clara County Dept. of Children's Services	Linda Torres	Moreno Valley School District
Cami Berry	Riverside County Office of Education	Lisa Daniely	Department of Mental Health*
Cami Wilson	Community Health Agency*	Lisa Guynn	Department of Mental Health*
Carlos Garbutt	Connect Riverside (211)	Loc Nguyen	UCLA Inter-University Consortium
Cassandra Lynch	Department of Public Health*	Lupe Madrigal	Department of Mental Health Substance Abuse*
Cecilia Joseph	San Bernardino Co. Dept. of Children's Services	Mae Kotecki	Department of Public Health
Cecilia Placencia	Division of Victim Services	Marcus Walls	Riverside Juvenile Court
Christina Hoerl	California Dept. of Social Services	Marcy Savage	Riverside County Office of Education
Christine Burns	San Francisco Co. Dept. of Children's Services	Maria Haro	Riverside County Office of Education
Christine Lau	San Francisco Co. Dept. of Children's Services	Maria Madrigal	San Bernardino Co. Dept. of Children's Services
Craig Demers	Department of Public Health*	Marlene Harris	Alvord School District
Craig Redelsperger	211 Riverside County	Michael Edwards	California State University San Bernardino
Crystal Neal	Riverside Co. Child Care Consortium	Michael Wright	Riverside Community College
Cynthia Freeman	Riverside Community College	Michelle Johnson	Riverside County Office of Education
David LeLevier	Moreno Valley Police Department	Nancy Castillo	Riverside Police Department
Deanna Allen	Riverside County Office of Education	Nancy Hart	Riverside City Council Representative
Debbie Anderson	District Attorney, Victim Services	Nat Tollefson	Department of Mental Health*
Debbie Walsh	Board of Supervisors Office*	Natalie DeMartin-Cavali	Sacramento County Dept. of Children's Services
Debra Jackson	Community Action Partnership	Nathan Kaas	Riverside Co. Sheriff's Department
Denine Diaz	Lake Elsinore Unified School District	Noel Loughrin	Board of Supervisors*
Donna Burt	Riverside Juvenile Court	Nola Tainter	City of Riverside
Eldon Baber	Prevent Child Abuse Riverside County (PCARC)*	Pamela Miller	Superior Court
Elisa Mitchell	Employment Development Dept.	Patricia Callaghan	Riverside City - Parks, Recreation & Community Services
Erlys Daily	Department of Mental Health*	Pauline Youlin-Barlett	Department of Mental Health*
Frieda Brands	Lake Elsinore Unified School District	Penny Davis	Riverside Community College
Georgina Lundberg	City of Moreno Valley	Ralph Nunez	Riverside City - Parks, Recreation & Community Services
Gillian Minter	Fair Housing Council	Rhoda Smith	Public Child Welfare Training Academy (PCWTA)
James Navarro	Riverside County Sheriff's Dept.	Scot Collins	Riverside County Sheriff's Department
Jennie LaBriola	Nuview Union School District		
Jennifer Vasquez	Department of Mental Health*		
Jerry Franchville	Temecula Police Department		
Jim Powell	Department of Mental Health*		
Joanne Quion	Santa Clara County Dept. of Children's Services		
Karen Christensen	Board of Supervisors*		

Appendix A: Riverside County CSA Collaborators

Government Agency Partners *(Continued)*

Shirley Ramirez	California Youth Connection*
Shelagh Camak	Riverside Community College
Sue Balt	Riverside County SELPA
Tashua Woodham	Riverside County Office of Education
Todd Franke	UCLA Inter-University Consortium
Tom Thomazin	Department of Mental Health*
Uniqua Burgess	First 5 Riverside
Veronica Carrillo	Sacramento County Dept. of Children's Services
Wally Rice	Board of Supervisors*
Wehnona Barnett	Department of Public Health
William Fiebig	Riverside County Sheriff's Dept.

Appendix A: Riverside County CSA Collaborators

Community Partners and Stakeholders

Adeline Robles	Parent Partner*	Edyth Gallardo	Inland Regional Center
Alejandrina Ocegueda	Riverside County Regional Medical Center/Prevent Child Abuse Riverside County	Elida Vasquez	Youth Partner*
Alisha Jones	Ferree's Group Home	Eliza Daniely-Woolfolk	Alternatives to Domestic Violence
Alison Nistal	Avant-Garde FFA*	Emmanuel Humphries	Alpha Treatment Centers
Alix Kilgore	FACTOR	Enchanning Blount	Youth Partner*
Anabell Godoy	Olive Crest	Erica McIntosh	Catholic Charities
Angela Bird	Olive Crest	Erin Ellis	Rosemary Children's Services
Angelica Alvarez	El Sol Neighborhood Educational	Eva Guenther-James	RAP Foundation
Anne Coleman	JFK Memorial Foundation	Evon Adams	Indian Child and Family Services*
Anne-Marie Barron	Trinity Youth Services	Gary McMane	Catholic Charities
Arlene Pedroza	Project 911/Resource Family*	Gloria Dominguez	Child Help USA FFA
Art Hernandez	Parent Partner*	Gregory McMurray	Youth Partner*
Artie Gutierrez	Parent Partner*	Haijin Li	Parents Anonymous, Inc.
Barbara Tooker	Accent on Parenting	Heather Hernandez	Children's Way FFA
Barry E. Knight	Celebration Worship Church*	Helga Betancourt	Futuro Infantil Hispano
Ben Jaurequi	Inland Empire Health Plan	Hieu Nguyen	Morongo Family Services*
Benicia Diaz	Parent Partner*	Hugo Villa	The Villages
Brianna Miller	CASA	Ines Wright	Wright's Adolescent Development Center
Brad Wiscons	New Haven FS	Jaci Hessemeyer	FACTOR/Resource Family*
Bryan Feller	FACTOR	James Gailer	Oak Grove Center
Camelia Wilson	MCAH / Family Planning	James Pace	Starshine Treatment Center
Candance Hache	Guiding Light Home for Boys	Jamilda Bell	Avant Garde FFA
Cari Bruno	For the Children	Jana Anderson	IRC-Early Start Program
Carrie Mathews	Bright Horizons FFA	Jeff Thompson	Safe Families
Cassi Algazi	United Way	Jennifer Launder	Parent Partner*
Cecilia Pace	Starshine Treatment Center	Jennifer Quinn	Childhelp
Charmaine Linley	Behavioral Health	Jerald Padilla	Youth Partner*
Cheri Campau	Parent Partner*	Jeremy Upton	Youth Partner*
Chris Newbold	Morongo Family Services*	Jermeil Brown	Youth Partner*
Christina Pease	Children and Family Futures	Jerome Smith	Olive Crest
Corrine Gutierrez	Shelter from the Storm	Jessica Millanponce	Catholic Charities
Dan Harrison	Parent Partner*	Jill Heart	Children Enrichment Group Home
David Danwing	The Villages	Jim Steere	CASA
David Jones	All of God's Children Group Home	John Brown	Family Services of the Desert
David Mathias	Ark Foster Family Agency	John M. Soulliere	Family Resource Center Advisory Board
Dawne Shaw	Parent Partner*	Johnny Pardo	Youth Partner*
Debi Shorter	Parent Partner*	Jon Daniels	Oak Grove Center
Deborah Alexander-Smith	Alternatives to Domestic Violence	Jose Gonzalez	Child Help USA Foster Family Agency
Deborah Sutton	CASA	Joseph Jones	Rancho Damacitas
Debra Gandara	Morongo Band of Mission	Julie Pasaak	Olive Crest
Delia Joseph	Indians Family Services*	Kandace Wilson	Youth Partner*
Denise Chavez	Youth Partner*	Kartika Djohan	Avant Garde FFA
Denise Desirello	CASA	Keala Alo	Valley Oaks Foster Family Agency
Dexter Pleasure	Girl Scouts	Kevin Urtz	Inland Regional Center
Diana Correa	Avant-Garde FFA	Kim Knowlton	Family Connections Christian Adoption
Diana Fox	Child Help USA FFA	Kristi Camplin	Inspire Life Skills Inc.
Edith Torres	Reach Out West End		
	Olive Crest		

Appendix A: Riverside County CSA Collaborators

Community Partners and Stakeholders *(Continued)*

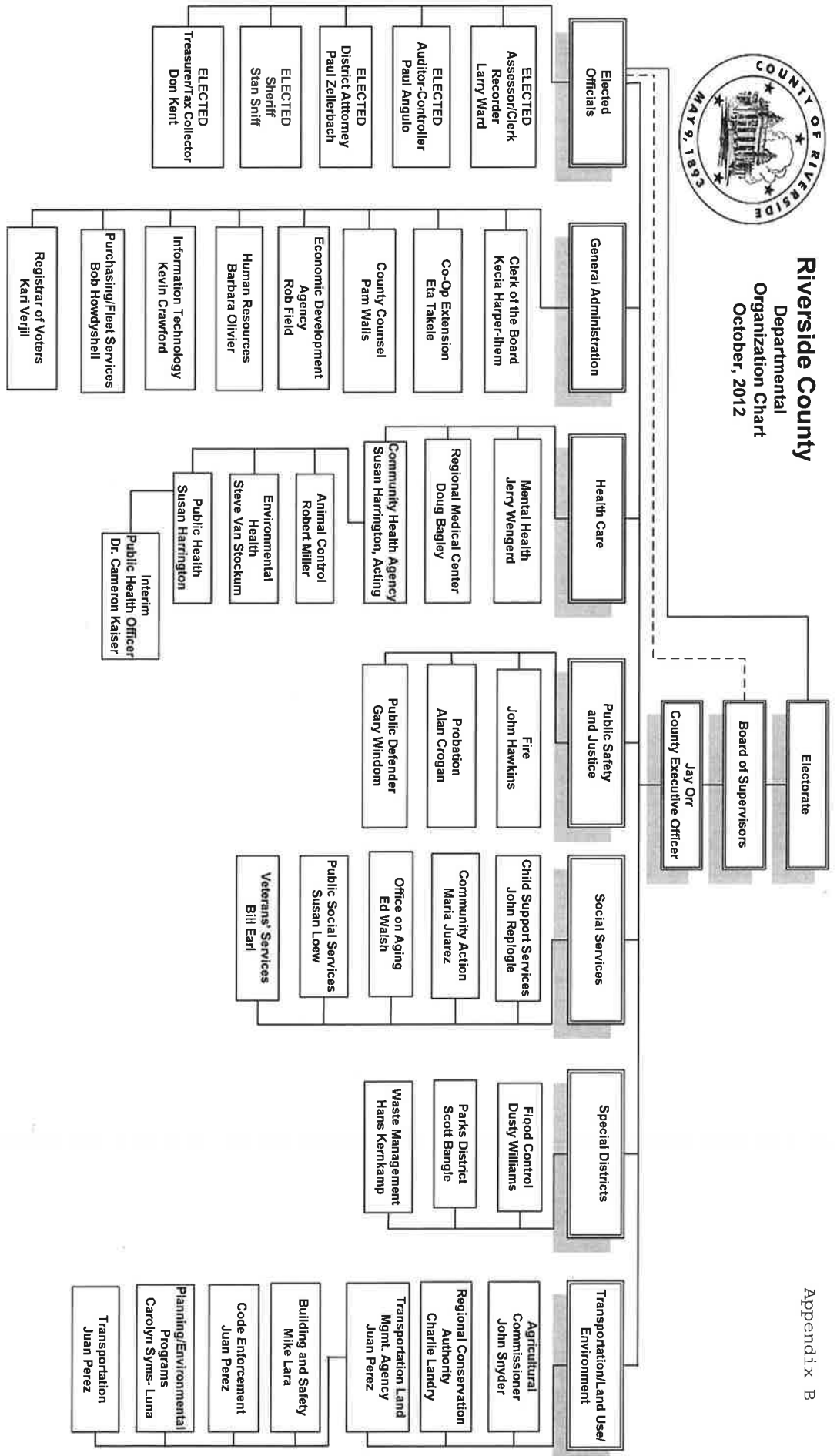
Kristie Bott	Childhelp	Patricia Barker	Olive Crest
La Crease Belk	Guardians of Love	Paula Thompson	Safe Families
Leslie Sage	Girl Scouts	Paulina Parra	The Perfect Image Youth Center
Lisa Dryan	The Wylie Center	Peggy Polinsky	Parents Anonymous® Inc.
Lisa Harms	Camry GH	Phil Breitenbacher	Children and Family Futures
Lisa Molina	MFI Recovery Center	Phillip Ferree	Ferree's Group Home
Lisa Pion-Berlin	Parents Anonymous, Inc.	Rachel Lakin	Morongo Family Services*
Louis Hodnett	Creative Solutions	Ramona Blake	Children's Plus FFA
Louise Jones	Tribal Family Services Agua Caliente Band of Cahuilla Indians*	Regina Aguilar	Avant Garde FFA
		Reginald Brown	Corinthians Helping Hand GH
		Rena Cantu	Mental Health Systems
Luisa Lamarache	Avant Garde FFA	Renda Dionne	Indian Child and Family Services*
Lynette Quaid	Parent Partner	Rhonda Smith	Olive Crest
Madeline Anich	Childshare	Robin Ferguson	Inland Regional Center
Margaret Lagenby	Knotts FFA	Robyn Freeman	Family Services Association
Maria Cox	Community Member	Roland Toney	Perris Valley Recovery
Maria Lozano	MAXIMUS-Health Care Options (HCO)	Rudolph Wright	Plan-It Life Inc.
		Rudy Perez	ResCare
Maria Murillo	Family Service Association	Ryan Cargando	Creative Solutions
Marie Dawson	Loma Linda Division of Forensic Pediatrics	Sergio Palacios	Nuevo Amanecer Latino
		Shari Crall	Temeula CCS Partnership
Marilyn Mejia	Molina Healthcare of California	Sherry Bowers	Parent Partner*
Marquis Kidd	Aspiranet	Shugella	
Martha Nava	Parent Partner*	Weaver-Thomas	Guiding Light Home for Boys, Inc.
Mary Snow	California Family Life Center	Silvia Signoret	For the Children/Resource Family*
Mary Jo Ramirez	California Family Life Center	Susan Francis	JFK Memorial Foundation
Melinda Williams	Hannah's Childrens Home	Sylvia Carrillo	Knotts Foster Family Agency
Melody White	Philos	Tammy Wilson	Oak Grove Center
Michael Brummer	There is Hope FFA	Tanya Chavez	CASA
Michelle Hicks	New Beginnings Group Home	Tanya Rigot	Inland Empire Residential Centers, Inc.
Michelle Noe	Youth Partner*	Tim Smith	Mental Health Systems
Michelle Runnels	Aspiranet	Todd Oldenburg	Project 911
Michelle Salazar	Aspira Net	Tori Mohmand	Alliance Human Services
Miguel Lijuano	Inland Empire Health Plan	Trianna Kennedy	Youth Partner*
Mishele Oldenburg	Project 911	Tricia Rayonez	ADV
Misty Kerrigan	Oak Grove Center	Vanessa Hernandez	ILP-Youth Partner*
Mona Rodriguez	Morongo Family Services	Vanessa Holm	Family Service Association
Morgan Adkins	Avant Garde FFA	Veronica Dover	Family Service Association
Nancy Currie	Soboba Tribal Family Services*	Victoria Ramirez	Bienvenidos Foster Care Services
Nick Taylor	Youth Partner*	Yakiciwey Mitchell	Casey Family Programs
Norma Biegel	Safehouse	Yvonne Kiaupa	Crossroads Church
Norman Towels	Moreno Valley Lions		
Opal Singleton	Million Kids		
Pamela Elie-Dunkley	California Life Center-Hemet		
Pamela Tarango	Creative Solutions FFA		



Riverside County

Departmental Organization Chart October, 2012

Appendix B



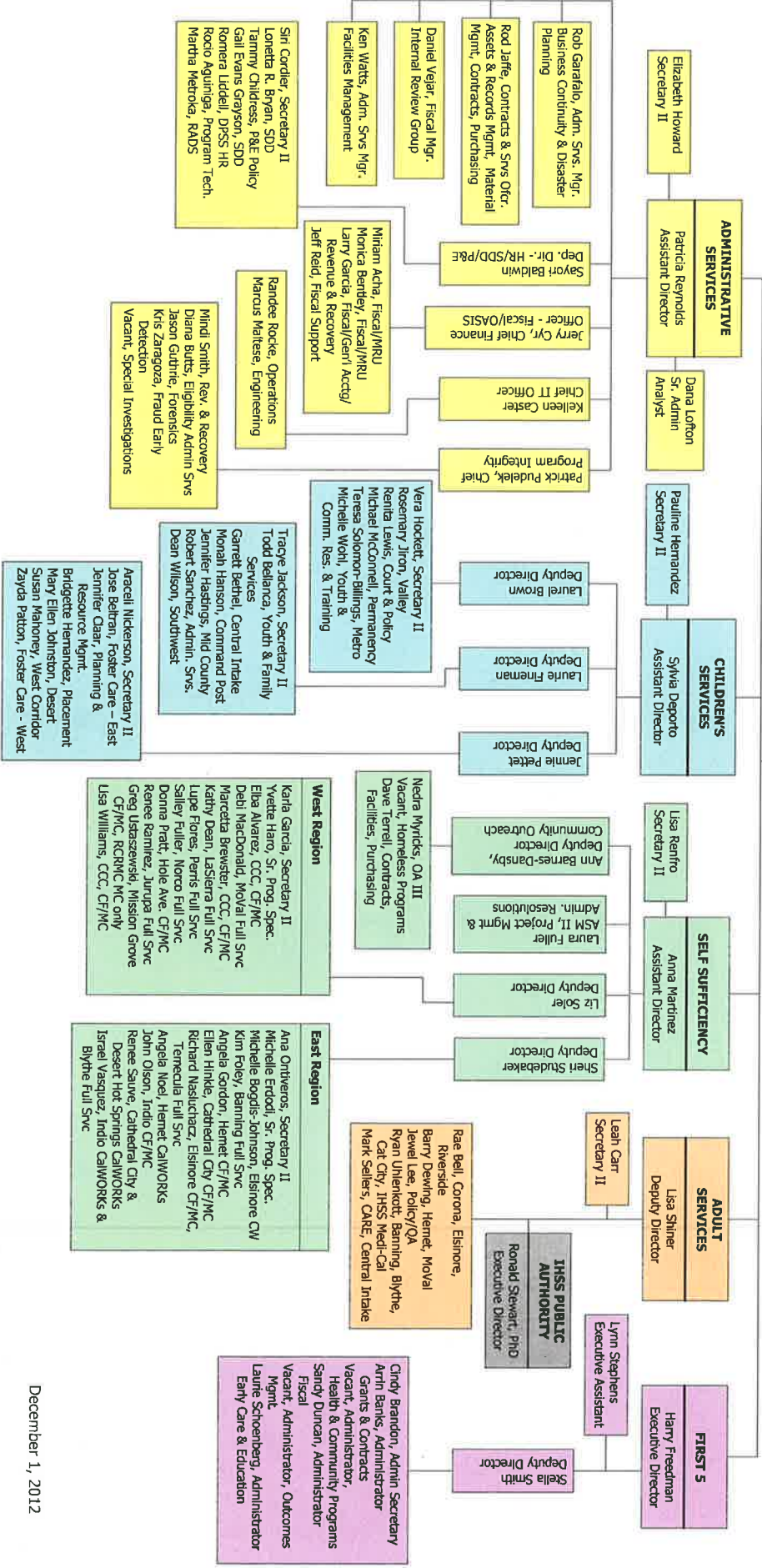


Lisa Lough
Executive Assistant II

Susan Loew
Director

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

Appendix C



December 1, 2012

Children's Services Division

Appendix D

Susan Loew
Director
358-3111

Sylvia Depoto
Assistant Director
358-3939

Pauline Hernandez
Secretary II
358-3026

Jennie Pettet
Deputy Director
358-3773

Arcell Nickerson
Secretary II
358-3183

Laurie Fineman
Deputy Director
358-4804

Tracye Jackson
Secretary II
358-7527

Laurel Brown
Deputy Director
358-4698

Vera Hockett
Secretary II
358-7782

Desert
Mary Ellen Johnson
Regional Manager
760-863-7248

Vacant, ARM 760-863-7240
Supervisors
Juan James, IS
Sylvia King, IS
Lucila Sloan, TDM Facilitator
Jessica Garza, CS
Josie Gonzales, CS
Ellythe Irene Osayande

West Corridor
Susan Mahoney
Regional Manager
358-3668

Supervisors
Maile Hayes, IS
Chris Brown, IS
Mama Miller, CS
Susie Jimenez, IS/Corona PD
Angela Clark, TDM Facilitator
Kimberly Jones-Jackson, IS
Liane Hlemana, CS
Pam Lind, CS

Placement Services
Bridgette Hernandez
Regional Manager
760-773-6869

Relative Assessment Unit (RAU), CRD, CPU
Supervisors
Guadalupe Dier, RAU - Riverside
Tina Hoyle, RAU - Indio
Marjo Kerr, RAU - Hemet
Margarita Belanca, RAU - Moreno Valley
Ayantu Nagasi, Central Placement

Planning & Resource Management
Jennifer Pabusian-Clear
Regional Manager
358-6593

Montique Wilson ARM, 358-3781
Supervisors
Contract Liaison Miami
Lisa Wunderlich
Jennifer Lim Ramirez, ARM, 358-5625
Special Initiatives/Grants
Stephanie Gartwalte
Custodian Records & Grievance
Data/Outcomes
Vacant

Foster Care West
Zayda Patton
Regional Manager
358-3574

Staffing
Paty Kilgore
Supervisors
Lori Lambert, West Corridor/Perm, KingCAP
Stacey Creneau, AAP
Lyn Thomas, Perm, Guardianship
Kali Sorrels-Goodie, FC Policy
Robbin Finner, Youth & Family Resources/ KingCAP

Foster Care East
Jose Beltran
Regional Manager
760-393-3309

Supervisors
Kathleen Kraft, Valley
Julia Thompson, Metro
Cynthia Silva, Southwest
Teresa Hendricks, Mid County
Amanda Lopez, Desert, RCPD, MC/FC

Susan Loew
Director
358-3111

Sylvia Depoto
Assistant Director
358-3939

Pauline Hernandez
Secretary II
358-3026

Laurie Fineman
Deputy Director
358-4804

Tracye Jackson
Secretary II
358-7527

Laurel Brown
Deputy Director
358-4698

Vera Hockett
Secretary II
358-7782

Mid County
Jennifer Hastings
Regional Manager
922-7413

Vacant, ARM 922-7572
Supervisors
Sandi Bullen, CS
Don Corner, CS
Liberie Schriock, IS
Juana Gonzalez, TDM Facilitator
Ben Brandon, CS
Valerie Badore, IS
Erica Shotts, IS

Southwest
Dean Wilson
Regional Manager
791-3315/600-6654

Allison Donahoe-Biggs, ARM 791-3225/600-6627
Supervisors
Hemel
Alicia Dickens, IS
Denise Navarra, CS
Paul Barnes, CS
Dana Young, IS
Deirdre Burrett, IS
Marell Parida, TDM Facilitator
Tamegulla
Carla Santana, IS
Daniela Elinu, CS
Carne Mosello, IS
Jahari Weir, CS

Central Intake
Garnett Bethel
Regional Manager
413-5450

Supervisors
Monica Cervantes
Mark Davis
Wendy Briggs-Rumyon
Rick Pettel, OHI
Denise Bowman, RCAT
Eren Espinosa
Gerald Stone
Holly Benton, Legal Guardianship
Bruce Rudberg, IOPC
Monica Inarte, International Liaison/State Ombudsperson

Administration Service
Robert Sanchez
Regional Manager
358-6853

Chris Rosselli ARM 358-3604
Supervisors
Gary Karr, Indio
Karen Atkins, MV
Marc Clomera, MV
Ben Slagter, MV
Jerline Bedford, MV
Blanca Hall, MV

Youth & Family Resources
Todd Bellanca
Regional Manager
358-3236

Supervisors
Car'Drew Miller, Enhanced Medical Fragile - Metro
Steve Cordova, Wrap EMS
Vacant, Group Home - La Sierra
Sunshine Munsee-Tenerelli, Group Home - La Sierra
Donna Hall, Group Home - La Sierra
Rhonda Crawford, TDM Facilitator

ARM - Assistant Regional Manager
IS - Emergency Response/Court Dependency Units
SS - Family Maintenance/Family Reunification
BH - Independent Living Program
CH - Child Support
RAU - Relative Assessment Unit
PPL - Planned Permanent Living Arrangement
CIC - Central Intake Center
TDM - Team Decision Making
CP - Command Post

Regional Operations
 Centralized Services

November 19, 2012

Metro
Teresa Solomon-Billings
Regional Manager
358-4961/509-8104

Vacant, ARM 358-3974/509-8111
Supervisors
Rivestiske
Marian Burga, IS
Sean Sullivan, IS
Carolina Corta, CS
Colleen Duggin, PPL
Berkeley Edwards, CS
Tamarra Johnstone, TDM Facilitator
Junpa
Ay Chowtham, IS
Michelle Markovshky, CS
Kathy Lowe, IS

Valley
Rosemary Jiron
Regional Manager
413-5009

Pat O'Boyle, ARM 413-5581
Supervisors
Roseann Muro, IS
Marie Julian, IS
Sophia Williams, IS
Amanda Spratley, CS
Felieder Throver, CS
Steven Walker, IS
Felicia Butler, IS
Wendy Sarano, CS

Permanency Program
Michael McConnell
Regional Manager
358-3098

Agatha Lowder ARM 358-3225
Supervisors
Cameron Galford, Desert Indio
Debbie Mandles, Post Adoptions
Sherry Shockey-Pope, Resource and Family Training
Julia Hernandez-Ottega, Permanency/Planning NRTG
Rose Dixon-Flowers, Kinship Adoption Support
Ida Roan, Specialized Adoption - Lake Elsinore
Ken Lapioli, Permanency Planning - Hemet
Corina Vranomates, TDM Facilitator

Court & Policy Services
Ranita Lewis
Regional Manager
358-3625

Aggie Jenkins, ARM Policy 358-6402
Supervisors - Court
Stephanie Perrod, Riverside
Vacant, Riverside
Garland Cobb, Indio
Tamekia Coley, Southwest
Ray Leonard, Policy

Youth & Community Resources & Support Services
Michelle Wohl
Regional Manager
358-7915

Lisa Walcker, ARM 358-7491
Supervisors
Olga Nassif, ILP, Kidd
Aaron Carpio, ILP, Banning
Tamera Trotter, ILP, Lake Elsinore
Supervisors
Collette Crawford, Sandy Howard
Karmia Deadrick
Veronica Hillon
Family Resource Centers
Youth & Kinship, Warmline
Tamera Williams
TDM Facilitator
Ariene Haddel

COUNTY OF RIVERSIDE

MANAGEMENT		ADMINISTRATION		FIELD SERVICES		JUVENILE INSTITUTIONS	
Chief Probation Officer	FTE 1.00	Chief Deputy Probation-Admin.	FTE 1.00	Probation Division Director	FTE 6.00	Probation Division Director	FTE 5.00
Executive Assistant II	1.00	Chief Deputy Probation Officer	3.00	Assistant Probation Division Director	6.00	Assistant Probation Division Director	4.00
Executive Secretary	3.00	Probation Division Director	3.00	Supervising Probation Officer	33.00	Supervising Probation Officer	32.00
		Supervising Probation Officer	6.00	Senior Probation Officer	48.00	Sr. Group Supv. Inst-Culinary Arts	4.00
		Senior Probation Officer	7.00	Deputy Probation Officer II	155.00	Sr. Group Supv. Inst- Industrial Arts	4.00
		Deputy Probation Officer	3.00	Secretary II	6.00	Correctional Food Svcs. Supv.	3.00
		Senior Probation Correction Officer	2.00	Supervising Office Assistant II	2.00	Building Services Engineer	1.00
		IT Business Systems Analyst III	1.00	Supervising Office Assistant I	9.00	Supv Group Supv/Instructor	1.00
		Information Technology Officer II	1.00	Office Assistant III	48.00	Senior Probation Corrections Officer	42.00
		IT Network Administrator II	1.00	Probation Assistant	23.00	Probation Corrections Officer II	249.00
		IT Applications Developer III	1.00	Probation Specialist	5.00	Maintenance Painter	1.00
		IT Applications Developer I	1.00	Revenue & Recovery Supervisor	1.00	Secretary II	3.00
		Administrative Services Manager III	1.00	Office Assistant II	1.00	Building Maintenance Mechanic	9.00
		Principal Accountant	1.00	Revenue & Recovery Technician II	1.00	House Manager	2.00
		Probation Assistant	1.00	Office Assistant II	29.00	Senior Accounting Assistant	1.00
		IT User Technical Support III	2.00		372.00	Senior Cook – Detention	2.00
		IT User Technical Support II	1.00			Correctional Cook	11.00
		Senior Administrative Analyst	2.00			Gardener	4.00
		Senior Accountant	2.00			Supervising Office Assistant I	1.00
		Administrative Services Analyst II	2.00			Storekeeper	4.00
		Dept. Human Resources Coordinator	1.00			Probation Assistant	4.00
		Accounting Technician II	1.00			Probation Specialist	1.00
		Senior Accounting Assistant	2.00			Office Assistant III	5.00
		Secretary I	1.00			Accounting Assistant II	1.00
		Secretary II	2.00			Accounting Technician I	5.00
		Buyer I	1.00			Correctional Senior Food Svc Worker	17.00
		Sr. Human Resources Clerk	3.00			Office Assistant II	5.00
		Office Assistant III	6.00			Sewing Services Worker	2.00
		Human Resources Clerk	3.00			Laundry Worker	4.00
		Supervising Accountant	1.00				427.00
			<u>66.00</u>				

Appendix F: CSD Service Array

The wide variety of services provided by CSD to assist and support children and families include, but are not limited to:

Adoption Support Services - services for all members of adoptive families, including support groups, training, referrals, and mental health services.

Anger Management* - classes designed to stop abusive and violent incidents, teach alternative methods of expressing emotions, teach how to negotiate differences and hold offenders accountable for their behavior.

Counseling* - provision of individual, conjoint, family, or group counseling services to prevent the occurrence or reoccurrence of child maltreatment or domestic violence events. Counseling services help promote permanency by maintaining or reuniting children with their parents, adoptive parents, kinship providers, or legal guardians.

Court Orientation - facilitated daily, by DPSS staff at each Court site, for new parents/guardians who have had their children detained. The purpose is to guide them through the upcoming court process. These efforts are coordinated with all Judicial Court Staff.

Domestic Violence* - classes and advocacy services for victims of domestic violence to empower them and prevent future incidents of domestic violence. These services also include the provision of shelter and support services as necessary.

Family Preservation Court (FPC) – a voluntary preventative program in which clients with substance abuse issues may participate to address the need for the loss of custody and/or the need to file a petition with the juvenile court.

Family Resource Centers - four (4) Family Resource Centers (FRCs), located in Riverside County's areas of greatest need, provide quality services, information, and referrals at no or low cost to families. FRCs assists in improving family life, particularly for overburdened or disadvantaged families.

Food and Shelter – referrals to food banks, temporary assistance offices, community pantries, local housing programs (including the Family Unification Program), temporary shelters (for adults and youth) and assistance with rent/mortgage.

Health Services – various services including SafeCare, Health Care Program for Children in Foster Care (HCPCFC), Inland Empire Health Plan's "Open Access Program," SSI Advocacy, referrals to California Health and Disability Prevention (CHDP), information and referrals for Medi-Cal and Healthy Families, and other programs that protect and promote the health status of families and children.

Independent Living Program (ILP) - works to transition youth from foster care to emancipation by providing an array of support services to youth ages 16-21. A contracted vendor provides training, advocacy, mentoring and other support services to aid foster youth to develop competencies in the areas of Education, Career Development, Health and Safety, Daily Living, and Financial Resources.

Interpreter Services - provides interpreters, in accordance with the law, for any individual who needs an interpreter in any language, including American Sign.

In-Home Parenting - via the SafeCare, evidence-based program, parents are provided with direct skill training in child behavior management, planned activities, home safety and child health care to prevent child maltreatment.

Appendix F: CSD Service Array

Kinship Support Services –services provide peer counseling, group support, tutoring, transportation, information and referrals, and mentoring services to caregivers/relative families with dependent children.

Legal Assistance – information, referrals, and resources for free and low-cost civil legal assistance and advocacy.

Multicultural Multidimensional Family Therapy (MDFT) - provides home and community-based services for adolescents and their families with severe behavioral problems. The program is provided by Riverside County Department of Mental Health and provides time-limited intensive case management, consultation, and individual and family therapy.

Parent Education* - classes intended to enhance parent knowledge, increase skills, and build confidence. The goals are to improve parental ability, to provide a nurturing environment, that promotes optimal child development. Classes are intended for adults who need assistance in strengthening their emotional attachment to their children, learning how to nurture their children, and understanding general principles of discipline, care, and supervision.

Substance Abuse Treatment – programs include: Residential treatment, Detoxification, Rehabilitation, Sober Living, Outpatient treatment, Aftercare, and others designed to assist individuals with substance abuse recovery. Family Preservation Court* (Drug Court) - is a one-year program which provides accessible, high quality substance abuse treatment services for clients. The FPC program also provides: assessments, group and individual counseling, drug testing, support groups, intensive case management, parenting education using the Nurturing Families curriculum, reunification groups, Women in Recovery, and referrals to other services as needed. For select clients, the FPC program also offers short term solution-focused therapy and in-home visitations.

Team Decision Making Meetings (TDM) - held at every point in the life of a case. The TDM is a strength based, family centered process, attended by the family, caregiver, social worker, supervisor, other school and community based services and supports for the family. TDMs ensure children are placed in the least restrictive most appropriate setting and that families are wrapped provided with all resources and support necessary to achieve their case plan goals.

Therapeutic Behavioral Services (TBS) - provides additional short-term support to children/youth with serious emotional problems who are experiencing a stressful transition or life crisis. TBS will assist them in their transition to a lower level of care, including the natural home or avoid moving to a higher level of care, including hospital or group home. TBS is a specialty mental health service provided by Riverside County Department of Mental Health in consultation with the Therapeutic & Residential Assessment & Consultation Team (TRAC).

Transitional Housing Program Plus (THP Plus) – a transitional housing support program for former foster youth aged 18 to 24, who are transitioning out of the child welfare or probation systems. DPSS has implemented the THP Plus program to improve the life skills competencies of emancipating youth and reduce incidence of homelessness, unemployment, incarceration, and dependency on various public assistance programs. Two housing options are provided: Scattered Site and Host Family Model (HFM).

Tutoring Services – in-home and on-site academic tutoring programs that provide overall support, develop positive study skills, increase confidence and scholastic aptitude, for the best possible educational outcomes for children. **Youth Partner Service** – former dependent youth, who support and guide current CWS youth through the child welfare process. Youth provide guidance by sharing their experience and lessons learned.

Appendix F: CSD Service Array

Wraparound - individualized comprehensive services for children and adolescents who are placed in a Group Home, or at risk of being placed in a group home. Wraparound services are provided to children and families or NREFMs who voluntarily agree to participate. Wraparound is an evidence based, best practice model of care. The services are designed to help dependent children either remain in or return to a lower level of care in a family setting. The process values the engagement of the child and his or her family in a manner that shifts from a problem-focused view of issues, to building on individual strengths to improve family and child well-being.

While the County offers a wide variety of services, participants in the 2010 Riverside County Needs Assessment Report were in agreement that current funding levels are insufficient to meet all identified needs. The PCARC planning body reviewed the service needs identified in the Riverside County Needs Assessment Report and designated those services noted above with an asterisk (*) as targeted priorities for CAPIT/CBCAP/PSSF funding.

CSD CAPT and PSSF Providers FY 11/12

SERVICE TYPE	LOCATION	CONTRACTING AGENCY	CONTACT NAME	CONTACT PHONE
DV shelter for DV victims	P.O. Box 910, Riverside, CA 92502: Street-4150 Latham St. Bldg. A	Alternatives to Domestic Violence	Kim Taylor	(951) 737-8410
DV services				
Counseling				
Classes for DV perpetrators				
DV education and case management				
Anger management				
Counseling- victims				
In-home visitation				
Counseling				
Parenting				
Anger management	1450 North "D" Street San Bernadino, CA 92405	Catholic Charities	Gary McMane	(909) 763-4970
Incredible Years Parenting	2791 Green River Rd. Corona, CA 92882	Community Access Network	Stacey Merrill	(951) 279-3222
In-home visitation	21250 Box Springs Rd., Suite 215, Moreno Valley, CA 92557	Family Service Association	Maria Murillo	(951) 686-3706
In-home parenting				
Anger management	81709 Dr Carreon Blvd Ste D-1	Family Services of the Desert	Michael Russell	(760) 347-2398
Counseling				
Parenting education				
Parenting/Counseling (Blythe)	9465 Farnham Street, San Diego, CA 92123	Mental Health Systems, Inc.	Tim Smith	(858) 395-1870
Family Preservation Court (drug court)				
Temporary Shelter Services for Youth	9865 Hayes Street Riverside, Ca 92503	Operation SafeHouse	Norma Hayes	(951) 351-4118
Anger management	236 E. Third Street Suite B, Perris, CA 92557	Perris Valley Recovery	Tinya Holt	(951) 657-2960
DV services	13555 Alessandro Drive, Suite D, Palm Desert, CA 92260	Shelter from the Storm, Inc.	Lynn Moriarty	(760) 674-0400

MULTI SERVICES**CAPIT**

1 Catholic Charities	Domestic Violence
1 Catholic Charities	In-Home Parenting
1 Catholic Charities	Parenting Groups
1 Catholic Charities	Substance Abuse - Group
1 Catholic Charities	Substance Abuse - Individual
1 Catholic Charities	Drug Testing
1 Catholic Charities	Residential
2 MFI	Domestic Violence
2 MFI	In-Home Parenting
2 MFI	Parenting Groups
2 MFI	Substance Abuse - Group
2 MFI	Substance Abuse - Individual
3 Catholic Charities	Domestic Violence
3 Catholic Charities	Parenting Groups
3 Catholic Charities	Residential
3 Catholic Charities	Substance Abuse - Individual
Mental Health Systems	Family Preservation Court

PSSF

1 Catholic Charities	AngerManagement
2 MFI	AngerManagement
3 Catholic Charities	AngerManagement
3 Catholic Charities	In-Home Parenting
2 Family Services Associator	SafeCare
2 Family Services Associator	SafeCare
3 John F Kenedy	SafeCare

1 Catholic Charities	Individual Counseling
1 Catholic Charities	Group Counseling
1 Catholic Charities	Medical Detox
2 MFI	Individual Counseling
2 MFI	Group Counseling
3 Catholic Charities	Individual Counseling
3 Catholic Charities	Group Counseling
3 Catholic Charities	In-Home Parenting
3 Catholic Charities	Group Counseling
3 Catholic Charities	Drug Testing
3 Catholic Charities	Detox

Mental Health Systems	Family Preservation Court
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Parents Anonymous	Data Collection & Evaluation
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CBCAP

Parents Anonymous

Family Partner Program

CTF

1 Family Services Associator SafeCare

CTF - Rollover

Parents Anonymous

Family Partner Program

1 Catholic Charities

Substance Abuse