

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

909



FROM: DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBMITTAL DATE:

June 25, 2013

SUBJECT: Approval of the 2013-2018 Riverside County System Improvement Plan (SIP)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chair of the Board to sign the attached 2013-2018 Riverside County System Improvement Plan (SIP); and
2. Authorize the Department of Public Social Services to submit the attached 2013-2018 Riverside County System Improvement Plan (SIP) to the California Department of Social Services (CDSS)/Office of Child Abuse Prevention (OCAP).

Mark A. Hahn

Departmental Concurrence

Susan Loew

Susan Loew, Director

FINANCIAL DATA	Current F.Y. Total Cost:	N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	N/A	Budget Adjustment:	N/A
	Annual Net County Cost:	N/A	For Fiscal Year:	N/A

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

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 01/29/13 (#3.28); 12/18/12 (#3.43); 7/31/12 (#2.15)

District: ALL

Agenda Number: —

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3-27

SUBMITTED BY DEBRA COURNOYER
TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, CALIFORNIA

RE: Approval of the 2013-2018 Riverside County System Improvement Plan (SIP)

Date: June 25, 2013

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BACKGROUND (Continued):

On January 29, 2013, (Agenda Item #3.28), your honorable board approved the State's Extended Notice of Intent which enabled the Department of Public Social Services to continue the current CAPIT/CBCAP/PSSF plan until June 30, 2013, at which time the new SIP is due to the State.

Riverside County's 2013-2018 SIP reflects feedback from more than 400 individuals from public and private agencies, Prevent Child Abuse Riverside County (PCARC), and community participants of CAPIT/CBCAP/PSSF funded programs. Community feedback and proposed strategies were collected through numerous hours of collaborative discussion among internal and external stakeholders in an effort to accurately evaluate Riverside County's child welfare and juvenile probation systems and develop a plan of action to guide the next five years. These collaborative partnerships with the Department of Public Social Services, Children's Services Division, and Probation Department provided the necessary support for a comprehensive review of services, resources, strengths, and improvements needed to enhance performance on key child welfare outcomes.

Three focus areas were identified for improvement based on data review and stakeholder discussions:

1. Reducing re-entry following reunification;
2. Increasing placement stability; and
3. Increasing safe and timely reunification.

Data and strategies acquired through bi-annual Community Partners Forums, the 2010-2013 Riverside County Needs Assessment, Peer Quality Case Review (PQCR) and County Self-Assessment (CSA) processes, and a number of child welfare databases such as the Child Welfare Dynamic Report System, have been utilized to inform and develop the 2013-2018 Riverside County SIP. Stakeholders discussed the patterns that emerged among sub-population groups, particularly disproportionality and disparity among African American (reunification, re-entry, placement stability), Latino (reunification), and Native American children (re-entry, placement stability). Particular significance was also placed on very young children (re-entry) and adolescent youth (reunification, placement stability). The 2013-2018 SIP contains a matrix that provides an overall outline for each goal, strategy, rationale and milestone. It also contains new goals and strategies that will enhance the County's progress in achieving positive outcomes for children and families.

The Department of Public Social Services (DPSS) Children's Services Division (CSD) and the Probation Department continue to engage in open communication and collaboration with community partners and local agencies to promote efficiency and effectiveness in service delivery to children and families. DPSS and Probation will provide annual reports on our progress in implementing these strategies and the impacts to the children and families we serve.

FINANCIAL: There is no financial impact.

ATTACHMENT(S): 2013-2018 Riverside County System Improvement Plan (SIP)

CONCUR/EXECUTE: Probation Department

SL:kjb



909

California - Child and Family Services Review

County of Riverside System Improvement Plan 2013 - 2018



California – Child and Family Services Review - Signature Sheet

County	Riverside
CSA Period Dates	2008-2012
SIP Period Plan Dates	2013-2018
Outcome Data Period	Children's Services Division: Q4 2012 (1/1/2011 – 12/31/2012) Probation: Q1 & Q3 2012
County Child Welfare Agency Director	
Name	Susan Loew
Signature*	
Phone Number	(951) 358-3000
Mailing Address	4060 County Circle Drive Riverside, CA 92503
County Chief Probation Officer	
Name	Mark A. Hake
Signature*	
Phone Number	(951) 955-2830
Mailing Address	3960 Orange Street, Suite 600 Riverside, CA 92501
Board of Supervisors (BOS) Signature	
BOS Approval Date	June 25, 2013
Name	John J. Benoit, Chairman
Signature*	

*Signatures must be in blue ink


Mail the original Signature Sheet to:

Outcomes and Accountability Bureau
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814


California – Child and Family Services Review - Signature Sheet

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Attachment D: BOS Notice of Intent

This form serves as notification of the County’s intent to meet assurances for the CAPIT/CBCAP/PSSF Programs.

**CAPIT/CBCAP/PSSF DESIGNATION OF ADMINISTRATION OF FUNDS AND
FUNDING ASSURANCES FOR RIVERSIDE COUNTY
PERIOD OF PLAN: 07/01/2013 THROUGH 06/30/2018**

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates County of Riverside Department of Public Social Services as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates County of Riverside Department of Public Social Services as the local welfare department to administer PSSF.

FUNDING ASSURANCES

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

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at <http://www.epls.gov/>.

In order to continue to receive funding, please sign and return the Notice of Intent with the County’s System Improvement Plan to:

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

County Board of Supervisors Authorized Signature	June 25, 2013
John J. Benoit	Date
Print Name	Chairman
Print Name	Title

¹ Fact Sheets for the CAPIT, CBCAP and PSSF Programs outlining state and federal requirements can be found at: <http://www.dss.cahwnet.gov/cfsweb/PG2287.htm>

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Contact Information

Child Welfare Agency	Name	Jennie Pettet, Assistant Director
	E-mail address	jepettet@riversidedpss.org
	Phone Number	(951) 358-3773
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	E-mail address	aclubb@rcprob.us
	Phone Number	(951) 358-4311
	Mailing address	9889 County Farm Rd. Riverside, CA 92503
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	E-mail address	jpclaar@riversidedpss.org
	Phone Number	(951) 358-6593
	Mailing address	Planning & Resource Management Region 10281 Kidd Street, 2 nd Floor Riverside, CA 92503
CBCAP Liaison	Name	Jennifer Pabustan-Claar, Regional Manager
	E-mail address	jpclaar@riversidedpss.org
	Phone Number	(951) 358-6593
	Mailing address	Planning & Resource Management Region 10281 Kidd Street, 2 nd Floor Riverside, CA 92503
PSSF Liaison	Name	Jennifer Pabustan-Claar, Regional Manager
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	Phone Number	(951) 358-6593
	Mailing address	Planning & Resource Management Region 10281 Kidd Street, 2 nd Floor Riverside, CA 92503

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PROBATION STRATEGIES/STRATEGIES FOR THE FUTURE PAGE 51

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CAPIT/CBCAP/PSSF PROGRAM DESCRIPTION AND EVALUATION PLAN ATTACHMENT C

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RESOLUTION DESIGNATING CAPC AND CCTF..... ATTACHMENT F

I. Introduction

Riverside County's 2013-2018 System Improvement Plan (SIP) reflects feedback from more than 400 individuals from public and private agencies, Prevent Child Abuse Riverside County (PCARC), and community participants of CAPIT/CBCAP/PSSF funded programs. Community feedback and proposed strategies were collected through numerous hours of collaborative discussion among internal and external stakeholders in an effort to accurately evaluate Riverside County's child welfare and juvenile probation systems and develop a plan of action to guide the next five years.

These collaborative partnerships with the Department of Public Social Services, Children's Services Division, and Probation Department provided the necessary support for a comprehensive review of services, resources, strengths, and improvements needed to enhance performance on key child welfare outcomes. Data and strategies acquired through bi-annual Community Partners Forums, the 2010-2013 Riverside County Needs Assessment, Peer Quality Case Review (PQCR) and County Self-Assessment (CSA) processes, and a number of child welfare databases such as the Child Welfare Dynamic Report System,¹ have been utilized to inform and develop the 2013-2018 Riverside County System Improvement Plan.

II. Child Welfare SIP Narrative

A. CHILDREN'S SERVICES DIVISION SIP DEVELOPMENT PROCESS

The Riverside County Department of Public Social Services (DPSS) - Children's Services Division (CSD), in partnership with the Department of Probation and PCARC, collaborated to prepare the County Self-Assessment (CSA) submitted on February 1, 2013. In 2010, as part of the CSA/SIP 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 child abuse and neglect prevention and intervention programs. The Needs Assessment, which included feedback from over 400 private and public service providers and 400 consumers, provided critical data that informed efforts to

¹ *Child Welfare Services Reports for California*. University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

achieve shared child abuse and neglect prevention goals and objectives. The Needs Assessment also identified priority areas, and made recommendations for reducing barriers that impede families from receiving prevention services.²

Building on the Needs Assessment, more than 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 associated with three identified areas of focus for improvement during the 2013-2018 SIP cycle for CSD: (1) **increasing safe and timely reunification** (C1.1 Reunification within 12 months [exit cohort]); (2) **increasing placement stability** (C4.2 Placement stability [12-24 months in care with <= 2 placements] and C4.3 Placement stability [at least 24 months in care with <= 2 placements]); and (3) **reducing re-entry** (C1.4 Reduce re-entry following reunification [exit cohort, first entry, eight days or more, re-entered in less than 12 months]).

These focus areas and themes arose from data review and stakeholder discussions conducted as part of the Needs Assessment, Peer Review, and Community Partner Forum workgroup sessions. Stakeholders discussed the patterns that emerged among sub-population groups, particularly disproportionality and disparity among African American (reunification, re-entry, placement stability), Latino (reunification), and Native American children (re-entry, placement stability). Particular significance was also placed on very young children (re-entry) and adolescent youth (reunification, placement stability). The CSD focus group participants consistently agreed that maintaining close and consistent communication with stakeholders and having high transparency and conformity to policy implementation particularly as it pertained to visitation and placement decisions, are essential elements to promoting safe and timely reunification, placement stability, and reducing re-entry. Stakeholders further encouraged social workers to seek to understand and respect different racial/ethnic and organizational cultural values, and to identify barriers to open communication.

B. PRIORITIZATION OF OUTCOME MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

The CSD five-year Child Welfare SIP chart (Attachment A) outlines implementation timelines for 14

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 focus groups. Key informant interviews and survey distribution through the Family Resource Center (FRC) sites illustrate the County's efforts to solicit input.

strategies targeting improvement in the three aforementioned identified focus areas. Each strategy may impact outcomes in one or more of the targeted areas. This section provides a brief summary of the data analyses contained within the County Self-Assessment (CSA) submitted on February 1, 2013, to provide context and rationale behind selected strategies.³

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

Over the last five years, CSD has experienced a decrease in the rate of children reunifying with their families within 12 months (Measure C1.1 [exit cohort]). Figure C1.1 below describes the trend in reunification rates for children who were in foster care eight days or longer increased consistently from 62.1% in 2008 to 67.6% in 2011, with a peak of 68.6% in 2010. In 2012, however, the reunification rate decreased to 60.5%. This exceeds the National Standard of 75.2%.⁴ For children of color, on average, the reunification rate is even longer. The lowest rates of reunification within 12 months are seen among Hispanic/Latino children at 57.5%, and African American children at 58.4%, highlighting the need to focus special attention to these two groups. Similarly, children 11-17 years of age also have a low reunification rate (54.8%).¹ Decreased staff, delays in obtaining services, and lengthy periods between court hearings (e.g. court continuances) all contribute to increased time to reunification. A future study of court hearing data, including a closer review for reasons behind continuances, could be informative. Focus group participants also indicated that limited visitation (between parents/children and siblings) impacts timely and successful reunification. It is also important to note that Riverside County 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.

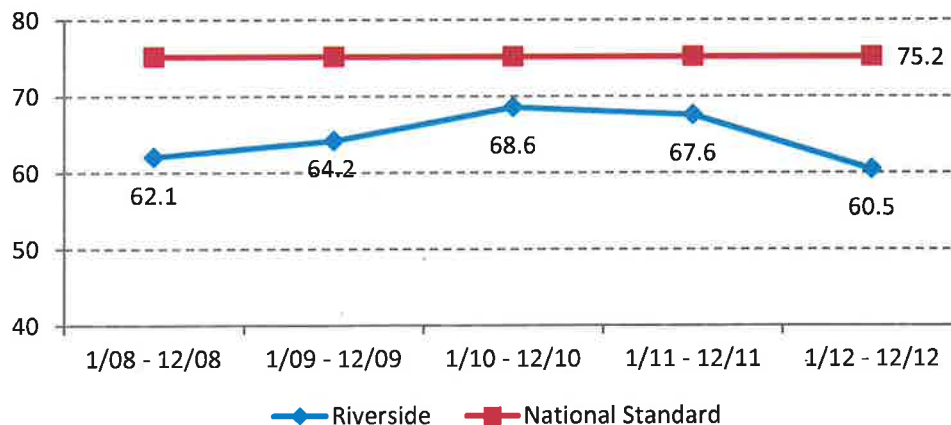
Increased efforts to foster family engagement in the case planning process and to promote quality visitation between families in order to assist with successfully transitioning children back into their homes are currently underway. Among the strategies intended to assist with safe and timely reunification include the Case Plan Field Tool; the Educational Liaison Program; Faith in Motion, Family Preservation Court/Children Affected by Methamphetamine (CAM); Family Resource Centers (and the "Network Hub Model"); Team Decision Making (TDM) meetings; Wraparound; and utilization of

³ This data is provided only for the three SIP focus areas that were identified through stakeholder engagement as outlined in the previous section.

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

evidence-based practices by service providers. Other efforts include ongoing evaluation of Core Services⁵ and other programs such as the Independent Living Program, development of culturally appropriate interventions and practices targeted at eliminating racial disparity and disproportionality, and development of the Katie A. Core Practice Model to ensure appropriate and quality of service provision.

C1.1 Percentage of Reunification Within 12 Months

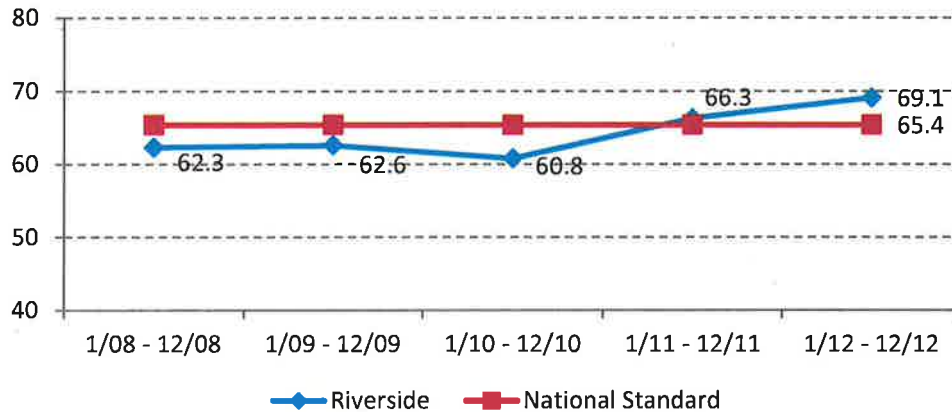


2. C4.2 Placement stability (12 - 24 months in care with ≤ 2 placements)

Riverside County’s performance in Measure C4.2 has shown notable improvement of about 7% from 2008 to 2012. As shown in figure C4.2 below, during the reporting period January 1, 2012 to December 31, 2012, 69.1% of children in out of home care for 12 to 24 months experienced two or fewer placements, thus exceeding the National Standard of 65.4%.ⁱⁱ Nonetheless, CSD has focused on placement stability due to the relatively low rate observed for youth ages 11 - 17 years. This group of youth (with a placement stability rate of 58.3%) tends to experience more than two placement changes when in care for over a year.

⁵ Core services include mental health services, parenting education, substance abuse treatment, anger management, and domestic violence program.

**C4.2 Percentage of Placement Stability
(in Foster Care 12-24 Months) with ≤ 2 Placements**



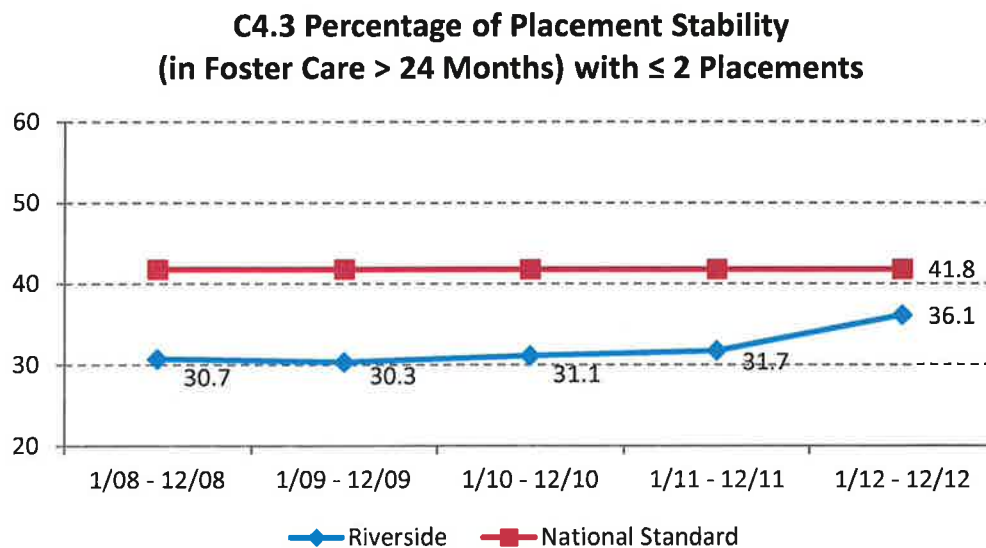
Within this older age group, African American/Black and Asian/Pacific Islanders between the ages of 16-17 have the lowest rates of placement stability, with 37.5% and 33.3%, respectively. Caucasian youth between the ages of 16-17 have a 45.8% placement stability rate. In contrast and 11-15 year old Native Americans experience no placement changes (100%).

When placement stability rates are further examined by gender and ethnicity, 20% of African American/Black females between the ages of 16-17 experience placement stability, while Asian/Pacific Islander and Hispanic females of the same age show rates of 33.3% and 38.7%, respectively; the discrepancy between these rates and those of Caucasian females of the same age (63.6%) is notable. Caucasian males between 16-17 years old have a placement stability rate of 30.8%, especially significant when compared to females of the same age and ethnicity, at 63.6%.ⁱⁱⁱ In summary, youth ages 16-17 are at the highest risk for multiple placement disruptions, requiring special attention.

3. C4.3 Placement stability (at least 24 months in care with ≤ 2 placements)

Continuous progress has been made to exceed the National Standard in placement stability for two of the three measures. Riverside County exceeds the National Standard for changes in placement in less than 12 months (C4.1) and changes in placement between 12 and 24 months (C4.2). For children in out-of-home care for more than 24 months, however, while placement stability increased from 30.7% in 2008 to 36.1% in 2012, the rate still falls below the National Standard of 41.8%, as shown in figure C4.3 below.^{iv} Adolescents have the lowest rates of placement stability (11-15 years old=28.5%; 16-17 years

old=16.3%).⁶ Improving placement stability remains an ongoing goal for CSD in the 2013-2018 SIP period.



Stakeholders indicated that a lack of caregiver training specifically on age-appropriate adolescent behavior versus behavioral issues related to mental health and/or trauma may have impacted placement stability. Furthermore, caseworkers may be limited in placement options that match child needs with caregiver strengths, resulting in an incongruity that jeopardizes placement stability. TDM meetings have been recommended to provide further insight into possible reasons for changes in placement, and to identify tangible strategies and supports (i.e., training, counseling, extra-curricular activities, respite care) that can be provided to youth and caregivers to assist in placement stabilization.

Strategies aimed at promoting placement stability include increased initial placements with relatives through the implementation of a streamlined relative assessment process, increased utilization of case staffing and Team Decision Making meetings to mitigate placement, moves and the implementation of outcome-based contracts with Group Homes and Foster Family Agencies to expand and enhance services aimed at improving overall child well-being.

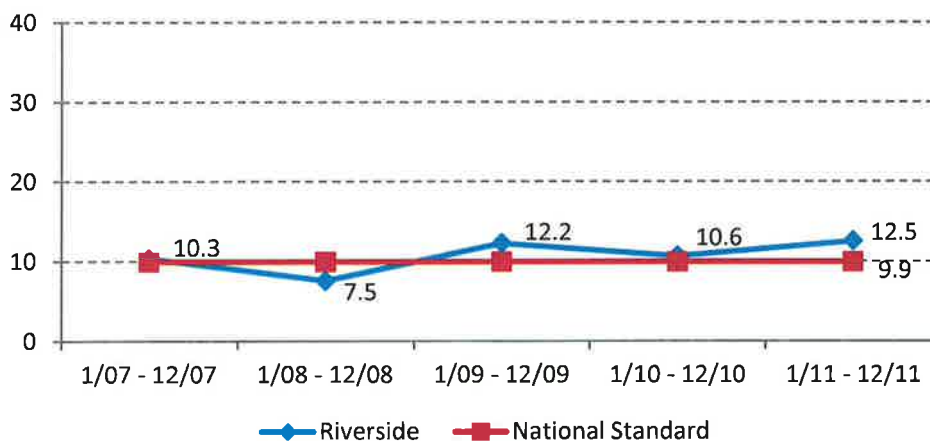
4. C1.4 Re-entry following reunification (exit cohort)

CSD has improved its re-entry performance compared to the past SIP period; however, performance remains below the National Standard of 9.9%. Figure C1.4 (below) indicates that over the last five years,

⁶ A reduction in group home placements may be a contributing factor to the lack of placement stability for this age group.

from 2007 to 2011, Riverside County's re-entry percentage has consistently failed to meet the National Standard, except for 2008, when CSD efforts successfully reduced the rate to 7.5%.^v During this period, staffing was at high point but staffing resources and capacity declined in the years that followed. While recent hiring efforts, which started in November 2013, are expected to impact outcomes in the next reporting period, staffing issues alone do not explain the consistently high re-entry rates between January 2009 and December 2011.

C1.4 Percentage of Re-Entry within 12 Months of Reunification



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 (16.0% for non-kinship care versus 11.9% with some form of kinship care). Moreover, data from January 2011 to December 2011 indicate that children in non-kinship care under one year of age had the highest rate of re-entry within 12 months after reunification (23.9%), followed by children ages one to two years old (19.1%).^{vi} While younger children, especially those who are under one year of age, 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 January 2011 to December 2011 data, the rate of re-entry within 12 months following reunification was higher among African Americans (21.4%) and Native Americans (20.8%). Latinos (11.1%), Caucasians (11.1%), and Asians (5.9%) had lower re-entry rates than the overall re-entry rate of 12.5%. Among different placement types, group home placements displayed disproportionately high rates of re-entry within the 12 months following reunification (22.2%) compared to the rest of the placement types (12.2%). The rates of re-entry among children placed in State

licensed foster family homes and foster family agency homes were about the same (13.0% and 12.7%, respectively).^{vii}

Riverside County continues to identify factors leading to the increase in re-entry rates. Reduced staffing levels experienced from 2009 to 2011 contribute to a decrease in social workers available to conduct comprehensive family assessments, gauge the needs and strengths of the family and engage them and community partners in outcomes that keep the family together. 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 Structured Decision Making (SDM) risk assessment tool, insufficient engagement 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).

Strategies aimed at reducing re-entry following reunification include enhanced family engagement through the use of SafeCare, targeting children aged 0-5, specifically those with SDM risk levels of high to very high; increased utilization of Team Decision Making meetings, targeting youth aged 0-5 transitioning from Family Reunification to Family Maintenance and those at imminent risk of removal following reunification; and increased use of Wraparound services, to improve family and child well-being when returning children to families. Other efforts to maintain children in the home of their families include the use of supportive services provided by Family Preservation Court/CAM, Faith in Motion, and Family Resource Centers (“Network Hub Model”).

5. Strategies for the Future

While a number of strategies have assisted with improving outcomes for children and their families in the focus areas identified for the 2008 SIP, Riverside County recognizes the need to be more targeted and strategic in supporting interventions with proven track records for effectiveness during the 2013-2018 SIP cycle. Riverside County also recognizes that services and practices must consider the unique needs of the population reflected in the socio-economic and demographic characteristics of the families we serve. Expanding and implementing programs, services, and policy recommendations during the 2013-2018 SIP cycle will depend on the availability of additional public funding for County programs. To achieve future reductions in the incidence of child maltreatment and to continue improving placement stability, reunification indicators, and re-entry outcomes, Riverside County must continue to leverage collaborative partnerships with community stakeholders, nonprofits, and educational institutions, allocate resources to the highest risk populations, seek interventions that effect positive client changes, and increase efficiency in operations.

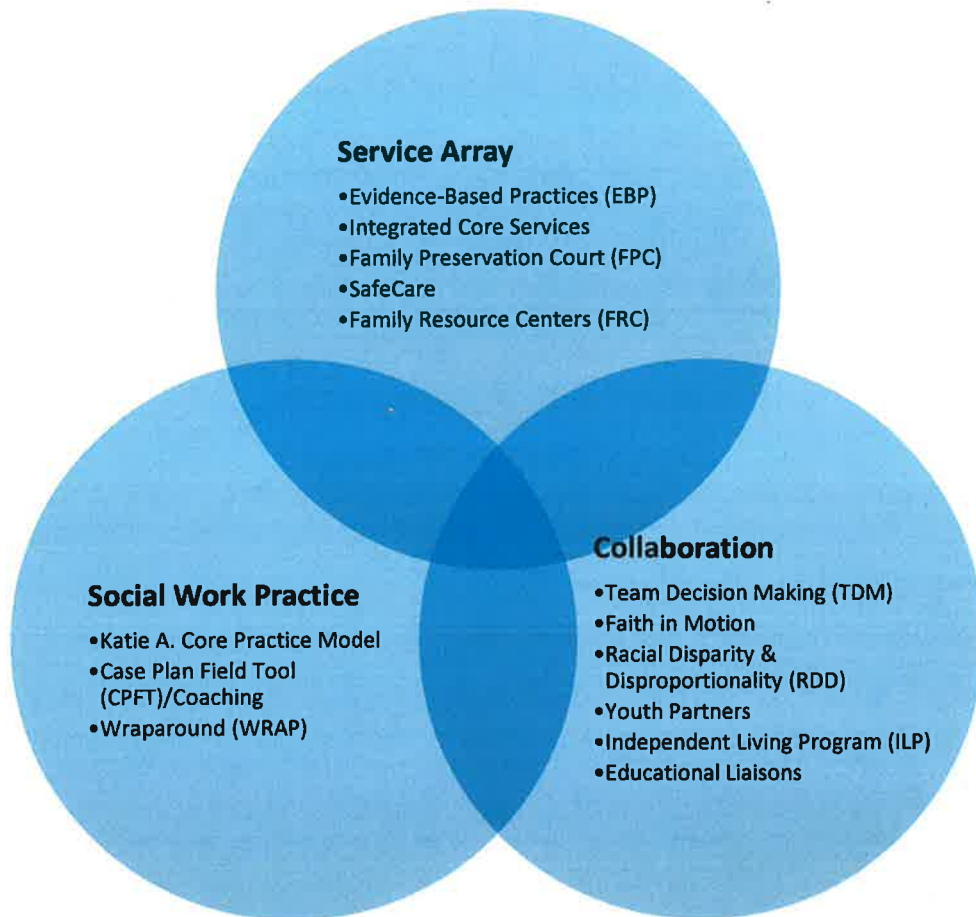
The following are the 14 strategies Riverside County CSD plans to use, or continue using, during the 2013-2018 SIP cycle to achieve improved outcomes for children in the three SIP focus areas. These strategies arose not merely as a response to Federal and State mandates related to standardizing and improving social work practice, but also through a series of discussions with stakeholder agencies and community partners through workgroup sessions conducted as part of the CSA process and Community Partners Forums. The chart below summarizes the target populations and expected outcomes for each of these strategies, while the text that follows summarizes each of the existing or proposed program operations and/or expansions.

Riverside County CSD's Strategies for the 2013 - 2018 SIP Cycle		
Strategy/Program	Targeted Population	Expected Outcomes
Case Plan Field Tool/Coaching	Children and families interacting with the child welfare system	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased engagement</i>
Core Practice Model (Katie A. Settlement Agreement)	Children and youth who are full-scope Medi-Cal eligible, meet medical necessity, are currently being considered for Wraparound, therapeutic foster care or other intensive services, therapeutic behavioral services, specialized care rate due to behavioral health needs or crisis stabilization/intervention; or currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility, or has experienced his or her 3rd or more placement within 24 months due to behavioral health needs.	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased team formation and utilization</i>
Educational Liaisons	ILP youth in Group Homes, specifically African Americans and Native Americans 16-17 years old who have the lowest rates of placement stability	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased youth engagement and team formation and utilization</i>
Evidence-Based Practices	All children and youth interacting with the child welfare system	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
Faith in Motion	All children and youth interacting with the child welfare system	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased community engagement and family support</i>
Family Preservation Court	Children whose parents have drug and/or alcohol dependency problems	Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased team formation and utilization</i>
Family Resource Centers	All children, youth, and parents interacting with the child welfare system	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased community support</i>

Riverside County CSD's Strategies for the 2013 - 2018 SIP Cycle (cont.)

Strategy/Program	Targeted Population	Expected Outcomes
Integrated Core Services	All children and youth interacting with the child welfare system, specifically children of color, children under 3, and youth 11-17 years old	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased youth engagement and team formation and utilization</i>
Racial Disparity and Disproportionality	Children of color disproportionately represented in the child welfare system or having disparate outcomes compared to the child welfare population as a whole, particularly African American children and youth	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased engagement and culturally-specific services</i>
SafeCare	Children 0-5; high risk adjudicated case (Primary); moderate to high risk non-adjudicated (Early), at-risk pregnant women (Plus)	Reduced Re-Entry
		<i>Practice improvement: Increased team formation and utilization</i>
Team Decision Making	All children and youth interacting with the child welfare system, particularly those exiting from placement, at imminent risk for placement, or experiencing placement moves	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased engagement and team formation and utilization</i>
Wraparound	Youth who are either at risk of RCL 10 placement or higher, are at risk of being moved from their current placement, have had two or more placement changes in the last year, have been recently reunited with their family and the family is in need of reunification support, who have been adopted and are at risk of group home placement, or are young adults who qualify for AB 212 and are in need of intensive services to aid in their transition to adulthood and independence.	Placement Stability, Safe & Timely Reunification, Reduced Re-Entry
		<i>Practice improvement: Increased engagement and team formation and utilization</i>
Youth Partners	Youth and young adults with open dependency cases	Placement Stability, Reduced Re-Entry
		<i>Practice improvement: Increased engagement and youth peer support and advocacy through TDM participation</i>

As the figure below illustrates, the 14 strategies that will be utilized by CSD during the 2013-2018 SIP cycle have been organized thematically into three categories (service array, social work practice, and collaboration). These categories were developed from feedback from stakeholders, focus group participants and peers, in the process of developing and focusing upon the specific improvement strategies that contribute to the SIP. It is important to recognize, however, that these multi-systemic strategies crossover and inform more than one category. For instance, the Case Plan Field Tool is a collaborative effort to engage families in the case planning process, as well as a social work best practice that assists with addressing the needs of Katie A. class and sub-class members. Current practices and future plans for each of these 14 strategies are summarized below within the service array, social work practice, and collaboration groupings.



a. Service Array

i. Evidence-Based Practices

The use of evidence-based practices is expected to impact the outcomes of placement stability, safe and timely reunification, and reduced re-entry, by utilizing practices and programs that have been found to contribute to improved client outcomes for participants similar to those served by CSD. CSD is committed to the successful identification and implementation of effective evidence-based practices and performance measures for all programs affecting youth and their families involved with CSD. CSD is collaborating with community partners to revise performance measures and establish new levels of accountability to the clients we serve. As of FY 2012-2013, all new contracts require service providers to utilize evidence-based or evidence-informed interventions with families. In addition, the bid process requires prospective service providers to outline their internal evaluation process for measuring outcomes. CSD has obtained technical assistance from the California Evidence-Based Clearinghouse (CEBC) to develop an inventory of service delivery and a roadmap for expanding evidence-based practice. Additional support is being provided by Casey Family Programs to increase training on data analysis and program evaluation for CSD staff and community partner agencies.

ii. Integrated Core Services

To support children and families in achieving placement stability, safe and timely reunification, and reduced re-entry, the County Needs Assessment and County Self-Assessment recommended that services be provided to families in an integrated manner, specifically through a one-stop model, to minimize service-access barriers and increased coordination of services. As a result, CSD implemented an Integrated Core Services delivery model in July 2012, partnering with the Department of Mental Health (DMH), Catholic Charities San Bernardino/Riverside, My Family Incorporated (MFI), and Family Services of the Desert. Together, this partnership creates a formal network of lead agencies with the capacity to provide multiple core services including parenting education, substance abuse treatment, mental health services, domestic violence treatment, and anger management. Each of these community-based organizations take a lead role in designated geographic areas of the county to screen, match, and directly provide families with services that can be accessed within a single agency. Similar to a one-stop model, families can receive multiple services in one location, improving service coordination and transition, as well as reducing client travel time and expenses. To continue improving this new approach for integrating services, CSD regularly meets with these lead agencies to collaboratively develop a simplified and consistent service referral process, identify gaps in resources, develop client tracking and evaluation systems, leverage resources, and continuously identify ways to improve client

services.

Core service providers are required to implement evidence-informed services and performance measures and are expected to continually improve programs and services by developing initial short- and long-term goals and outcomes. Additionally, these providers are expected to create a narrative that discusses the provider's efficacy in achieving goals set forth in the client's case plan/treatment plan by utilizing the program(s)'s course curriculum (e.g. Customer Satisfaction Survey tool or curriculum-established tools). Data collection and analysis have historically been conducted by a contracted vendor, Parents Anonymous Inc.® To ensure appropriate services are provided and meet the needs of clients, the following measures have been recorded: entrance and exit assessments, outcome measures, and client satisfaction surveys. Beginning July 1, 2013, CSD will implement its own evaluations of core services, and is currently assessing the best evaluation methods, tools, and analyses for the seamless transition of the core services evaluation. Particular attention is being paid to ensure that data collection is reliable, of high quality, and informed by CSD's relationships with service providing agencies. Through increasing interagency collaboration in the interest of integrating core services, CSD expects to positively impact placement stability, safe and timely reunification, and reduced re-entry outcomes.

iii. Family Preservation Court

Family Preservation Court (FPC) is an intensive, court-supervised program designed to assist parents in eliminating drug and/or alcohol dependency, permitting children to be safely returned to their parent(s), and keeping families together. By providing focused and comprehensive support to address the needs of these families, improvements in safe and timely reunification and reduced re-entry outcomes are expected. FPC targets families involved with the child welfare system, who have a dependency case (Post-File Clients) and families at risk of losing their children due to abuse and neglect as a result of substance abuse through the pre-filing program. FPC provides immediate access to a comprehensive network of services to substantially reduce substance abuse, improve family functioning, and establish healthier lifestyles by delivering intensified substance abuse treatment, mental health, and other support services. As part of FPC, families receive: 1) intensive case management by a team of professionals including the Judicial Officer, Mental Health Systems counselor, CSD social worker, and attorneys; 2) intensive judicial supervision with frequent court appearances which include incentives and sanctions; and 3) intensive substance abuse treatment services. FPC operates in four primary phases

to encourage success by providing judicial oversight of parental compliance with the treatment plan on a more frequent basis than dependency case review hearings.

Through a federal grant, "Children Affected by Methamphetamine" (CAM), FPC expanded and enhanced family services with the addition of home visitation services for all identified families with children 0-5 years of age, the Father's Time program for all fathers, peer support groups, and other supportive community services. The types of services and linkages provided are: 1) comprehensive substance abuse treatment; 2) relapse prevention services; 3) peer support services; 4) Drug-Endangered Children house checks to assure child safety; 5) intensive case management; 6) life skills classes; 7) employment services; 8) childcare assistance; 9) mental health screening, referrals, assessments, and appointments; 10) child development workshops and parenting education; 11) referrals to subsidized- and sober-housing programs; and, 12) transportation assistance.

FPC is being evaluated by Children & Family Futures to determine the impact of FPC participation on parental engagement in substance abuse treatment and child placement outcomes. A cost-benefit analysis is also being conducted by Children & Family Futures to guide program expansion efforts.

iv. Family Resource Centers

In 2001, CSD established several Family Resource Centers (FRCs) throughout Riverside County, focusing on improving families' protective factors. After analyzing data from stakeholder surveys to identify communities that would most benefit from additional CSD services, four sites were selected as FRC locations: Perris, Jurupa Valley (formerly Rubidoux), Desert Hot Springs, and Mecca. Each Family Resource Center functions as a hub for community services designed to improve family life, particularly for vulnerable children and families. In providing multiple services in one location, accessible to the community, CSD aims to reduce the stress that often comes from participating in multiple services, and, in so doing, improve outcomes related to placement stability, safe and timely reunification, and reduced re-entry.

FRCs provide information and referrals to a surrounding population diverse in demographics and needs. Services are more culturally responsive to the needs of the community. Pregnant and parenting mothers seek services for themselves and their children; teens are screened and linked to appropriate services; the needs of the entire age spectrum are addressed via referrals to a network of community agencies and partners. The FRCs have 11 full-time staff strategically located in communities of high need. Each FRC has an Advisory Board, appointed by the County Board of Supervisors, which, along with

FRC staff, review and monitor progress toward goals and objectives established by DPSS, the FRC Strategic Plan, and the System Improvement Plan.

Each FRC has an extensive list of key partner agencies that provide services and supports to the community.⁷ FRC staff collaborates and partners with community agencies who share common goals including the Rubidoux Youth Opportunity Center, Department of Public Health Disease Control, Mental Health Children Services Department (Transitional Aged Youth), School Districts, Parks and Recreation Services, health care providers (Molina, IEHP) and the Faith Community. Regular collaborative meetings continually assess, address, strategize, and work to improve outcomes for specific populations and the community-at-large.

With an 11-year history, the mission of the FRCs is "to provide comprehensive services that strengthen and support families with children, moving towards self-sufficiency."⁸ Services consist of outreach, education, linkage and referrals, counseling, and other services based on an assessment of individual and community need. The assessments, referrals, and majority of intervention services provided at FRCs are preventative in nature. While many of the customers that seek information, linkage, and referrals from FRCs are not currently involved in the child welfare system, the FRCs provide valuable resources to youth in placement, as well as linkages and education services for families with relatives interacting with the child welfare system. Relative caregivers that obtain FRC support serve as a bridge to CSD clients who may be seeking reunification or in search of support to assist with reducing the risk of re-entry. Examples of prevention-oriented services include counseling (non-court), parenting and co-parenting, rental and utility assistance, Girl Scouts, GED exam preparation, ESL courses, resource fairs designed to inform and empower, and classes on budgeting, gang awareness, sexual health, and other popular topics. Employment boards are displayed at each FRC and continually updated with local job information, and volunteer opportunities are provided to community youth.

In 2012, the four FRCs made 26,976 face-to-face contacts, received 10,079 phone calls, and served 4,948 new customers during the year. Year-to-year trend analyses using quantitative data show the number of customers that come in contact with the FRC via phone or face-to-face. In addition, the Family Resource Centers have been testing customer satisfaction surveys in each of the four locations. Preliminary review of stakeholder feedback indicates that the vast majority of customers feel that rated services are "excellent" or "very good." Stakeholders suggested increased offerings of child and youth oriented

⁷ Please see the attached list of Service Providers and the services they provide at each FRC.

⁸ More about Riverside County FRCs can be found at: <http://dpss.co.riverside.ca.us/childrens-services-division/youth-and-community-resources/frc/introduction>

classes and activities. Efforts are currently underway to increase class offerings to address the specific needs of youth in an effort to address concerns related to placement stability and re-entry.

During the past year, FRCs in the Perris and Rubidoux areas have forged relationships with faith-based organizations, and in doing so, have successfully expanded the level of support available to families in need. With the consent of local churches, an array of culturally appropriate free services were identified and added to resource directories.

Opportunities are provided for youth to volunteer during FRC events and to assist with outreach. This has been a learning opportunity for youth and enhanced the working relationship between the Youth Opportunity Centers (Rubidoux & Perris) and the Boys and Girls Club (Mecca). Though services have not yet been implemented, contracts have been finalized with My Family Inc. (MFI), Oak Grove, and Department of Mental Health to provide substance abuse services, Independent Living Skills, and parental support in the FRCs. FRCs will leverage these collaborations to increase culturally responsive and specific services.

Network Model: In December 2012, CSD began working with Casey Family Programs to assist with engaging community stakeholders in Jurupa Valley to design a multi-site, integrated-service-provider hub linking the FRC with local elementary schools. This network model pilot program is serving families and children within a five-mile radius of the Rubidoux/Jurupa Valley Family Resource Center.

A Design Team was formed in January 2013 to create an integrated referral and service delivery model for Jurupa Valley. The Rubidoux/Jurupa Valley FRC is in the process of restructuring itself in and around this one-stop model of service delivery. The first phase of implementation involved partnering with several community agencies, including the Jurupa Valley Unified School District, the Youth Opportunity Center, MFI, Catholic Charities San Bernardino/Riverside, Healthy Jurupa Valley, Family Service Association, Olive Crest, Oak Grove, and Community Health Centers. Each of these organizations have participated in all aspects of the Design Team's Phase I planning. In Phase II, additional partner agencies and organizations will be identified and involved in providing support in piloting this new service delivery collaborative.

The goal for this network, once fully established and implemented, is to engage in all aspects of differential response, intervention, and prevention, ultimately improving the quality of life for CSD clients residing within the Jurupa Valley. Families in need may enter any of the network partner locations to be assessed and then referred to network service providers. Network partners will share

access and information across a common database for referral, tracking, and evaluation purposes. This level of coordination and collaboration is expected to directly impact placement stability, safe and timely reunification, and reduced re-entry outcomes.

This pilot project is currently in the initial stages of development. The Design Team member organizations have committed to move forward with collaborative implementation, sharing of data, and pilot testing the model. Thus far, the network model shows a number of significant initial successes: identifying individuals and organizations that share the common mission of improving the quality of life in Jurupa Valley for children and families interacting with the child welfare and probation systems, obtaining buy-in and commitment from organizations and agencies to become part of the network, developing a 90-day plan to begin piloting the model by August 1, 2013, and connecting with existing programs and initiatives to collaborate, rather than duplicate efforts. This new model of service coordination in Riverside County will ultimately be assessed for its potential to be implemented countywide, with Mead Valley being the next center to implement.

v. SafeCare®

SafeCare® is an evidence-based, in-home training program for parents who are at-risk of being, or have been, reported for child neglect or maltreatment. Through SafeCare®, trained professionals visit with families in their homes to improve knowledge and practice of appropriate parenting skills and interaction with the child or infant. SafeCare® consists of weekly scheduled in-home appointments, up to two hours per visit, for an average of four to six months for each family, and focuses on three basics areas or modules: health and safety; home safety; and parent interaction with the child or infant.

Ultimately, SafeCare® aims to reduce entry or re-entry into the foster care system. CSD has expanded SafeCare® into three unique countywide programs (1) Primary SafeCare® (2) SafeCare® Plus and (3) Early SafeCare®, targeting families at least one child age 0-5 years old and reported for child neglect or maltreatment. Families with prior child abuse history and with children one year old and younger are high priority cases. By providing multiple versions of SafeCare® to identified families, CSD expects to improve outcomes related to reduced re-entry.

Between the initial implementation of the SafeCare® program in November 15, 2011 and April 10, 2013, there were 477 referred to the program, 23% (107) of the clients have successfully graduated and 173 (36%) are currently enrolled. Among the 107 graduates, 90 have had their cases successfully closed. Only 8.8% (8) of the clients have experienced recurrence of child maltreatment within 12 months, which

is below the overall Riverside County rate of recurrence for children aged 0-5. CSD primarily relies on client-level data in assessing program performance. The SafeCare® team, in partnership with the Department of Public Health and community-based organizations, maintains a database containing client-level information on program participants. Home visitors collect information regarding clients' levels of stress, depression, and family functioning using the Perceived Stress Scale (PSS), the Center for Epidemiologic Study of Depression Scale – Revised (CESD-R), and the North Carolina Family Assessment Scale (NCFAS). CSD relies on the Child Welfare System/Case Management System (CWS/CMS) to obtain information regarding the child welfare history of each client. In addition, the University of California, San Diego Technical Assistance Team provides coaching fidelity data on a quarterly basis to monitor program integrity.

Primary SafeCare®

In November 2011, CSD partnered with the Department of Public Health to provide Public Health Nurses (PHNs) to deliver countywide Primary SafeCare® services to selected families with: (1) open cases (adjudicated) during any stage of the case; (2) very high-risk cases; (3) prior CSD case or multiple referral history; (4) families with children who have siblings with an open case; and (5) cases transitioning from court-ordered Family Reunification to Family Maintenance within 60 days.

With a total of 11 staff assigned to this contract, PHNs are co-located with all regions countywide to provide these services. Approximately 232 families are targeted annually for Primary SafeCare® services.

SafeCare® Plus

As a result of a three-year grant from First 5 Riverside, CSD again partnered with the Department of Public Health to implement SafeCare® Plus. SafeCare® Plus, which began in January 2013, promotes optimal birth outcomes and improves maternal and child health outcomes by including a fourth component to Primary SafeCare®. This additional component addresses the following pregnancy outcomes: (1) increased use by clients of early (within the first trimester) and continuous prenatal care from their physician; (2) reduced client use/misuse of substances including cigarettes, alcohol, and illegal and prescription drugs; (3) increased client understanding of healthy nutrition and physical activity during pregnancy; and (4) increased exclusive use of breastfeeding (as appropriate).

The First 5 grant funds a total of nine medical professional staff with seven PHNs co-located within all regions countywide to provide these services. Approximately 152 families are targeted annually for SafeCare® Plus services.

Early SafeCare®

Early SafeCare®, a differential response program, was launched in July 2012, providing families with needed Primary SafeCare® services without requiring an open case (adjudicated) status. Early SafeCare® was created to service families referred to the Child Abuse Hotline without open CSD cases in an effort to prevent families from entering or re-entering the child welfare system. The outcome impacted by Early SafeCare is to reduce initial entry and re-entry into the foster care system, and prevent future child neglect or maltreatment.

Partnered with community-based organizations including the John F. Kennedy Foundation and Family Services Association, CSD will provide countywide certified in-home visitors to deliver this training to selected families with moderate- to high-risk non-open cases (non-adjudicated) or closed referrals. Currently, there are 11 community-based organization home visitors, with the goal of providing Early SafeCare® services to approximately 226 families annually.

b. Social Work Practice

i. Core Practice Model (Katie A. Settlement Agreement)

As California moves forward to implement the Core Practice Model (CPM), child welfare, mental health, and probation agencies will work together throughout the process at both State and County levels. Implementation of a Core Practice Model Readiness Assessment Tool was the first step in this process, In April 2013, Riverside County Department of Mental Health (DMH) and CSD began to seek stakeholder input to incorporate the perspectives of youth, families, and the community to assess public child welfare and mental health systems in the areas of leadership, collaboration, systems capacity, service array, child and family involvement, cultural responsiveness, outcomes and evaluation, and fiscal resources to meet the needs of children interacting with the child welfare and mental health systems. Findings from this assessment will guide planning for improving service delivery in an integrated approach to meet the needs of children in foster care, Implementation of the CPM will help identify areas within the agencies where additional technical assistance and support are needed to ensure effective implementation of mental health interventions that assist in the safe and successful reunification of children with their parents.

Mental Health Screening Tool: To support the CPM, CSD has already begun a number of efforts that are intended to support the family reunification process. This includes the development of policies and procedures to ensure the timely use of the Mental Health Screening Tool (MHST) for children entering

foster care (including voluntary and adjudicated cases), as well as developing contracts with mental health providers (public and private) that address the immediate assessment and treatment of children experiencing trauma. CSD conducts regular joint operations meetings with DMH, community-based mental health service providers, Foster Family Agencies and group home administrators to further support the implementation of the MHST. Future collaborative meetings are planned to refine the MHST and to improve the timely linkage of children and families to mental health services. Improving access to mental health services for children and parents is a critical strategy in meeting the goal of keeping children stable in placement and ensuring that parents receive necessary treatment to support successful reunification.

ii. Case Plan Field Tool/Coaching

To enhance client engagement and facilitate family involvement in identifying relevant services needed for reunification, CSD is in the early implementation of two Case Plan Field Tools (CPFTs): the parent-focused CPFT, and the child-focused CPFT. The CPFT pilot project launched in November 2011, and has been in use by caseworkers throughout Riverside County. Part of the program evaluation plan is to determine if behaviorally-specific, safety-focused case plans help to safely reduce reunification timelines and reduce the number of children that subsequently re-enter foster care. Data regarding CPFT utilization was collected via SurveyMonkey in November 2012, and provide baseline information on CPFT use by caseworkers. Based on the results from this data, most caseworkers report utilizing most of the components of the Case Plan Field Tool, and feel comfortable doing so; however, the length of time required to complete the case plan and technology issues were consistently identified as areas where the CPFT process could be improved.

A child-focused Case Plan Field Tool was created following feedback from social workers who carry permanency, adoption, or AB 12 cases. The child-focused Case Plan Field Tool has the potential to ensure that children and youth have effective case plans and further assists the County in staying current with Katie A. requirements. This tool is organized by the "child needs" from the Structured Decision Making (SDM) Family Strengths and Needs Assessment (FSNA), whereas the parent-focused Case Plan Field Tool is organized by SDM safety threats. CSD expects to improve outcomes related to placement stability, safe and timely reunification, and reduced re-entry by creating more effective case plans through increased client participation the case planning process. The Case Plan Field Tool implementation plan includes ongoing coaching to ensure model fidelity and sustainability of the intervention strategy.

iii. Wraparound

The Wraparound system of care is an approach that provides personalized, comprehensive services, for children and adolescents who are placed, or at risk of being placed, in a Group Home at a Rate Classification Level (RCL) of 10-14. The intent of Wraparound is for children and adolescents to remain/return to a lower level of care in a family setting, and, in so doing, improve overall placement stability, safe and timely reunification, and re-entry rates. The California Department of Social Services (CDSS) describes Wraparound as:

“A planning process that values the engagement of the child and his/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. The process is used to engage the family as they identify their own needs and create methods and a plan to meet those needs.”

In 2007, Riverside County initiated the Wraparound program, creating 25 slots to serve high-risk youth at risk of RCL 10 or above group home placement. Currently, Riverside County has 160 slots and is actively serving 132 identified youth. Today’s Wraparound population consists of youth who are at risk of RCL 10 placement or higher and meet the following criteria: are at risk of being moved from their current placement; have had two or more placement changes in the last year; have been recently reunited with their family and the family is in need of reunification support; and have been adopted and are at risk of group home placement.

Over the years the County has incrementally increased services to youth and families in need of Wraparound services. The initial focus was on reducing the number of youth in group home placements by providing Wraparound services to families while simultaneously stepping them down from group home care. This strategy was found to be effective, and the program was able to reduce the number of dependent youth in group home placements from 350 to 185. As a percentage of the County’s group home population, Wraparound was able to reduce the number of youth from 6.2% to 5%. Reduction in group home placements was a previous SIP goal, which has been achieved and maintained over the last three years.

As the County became familiar with the benefits of this intensive in-home service, the program was expanded to serve more families. The first expansion of Wraparound included adding additional slots to the original 25. By January 2009, the program was expanded to include 50 slots. In December 2011, Riverside County contracted with a second provider and expanded the program from 50 slots to 75. In

February 2013, the Riverside County Board of Supervisors approved CSD's request to expand this valuable program from 75 slots to 160 slots.

Presently, CSD's two Wraparound providers maintain strong teams capable of providing services to keep youth with their families or in lower levels of care. Program monitoring data indicate that youth who receive Wraparound services show a re-entry rate of only 5%, compared to the 25% re-entry rate of youth exiting out of group home care without the support of Wraparound services, and Riverside County's overall re-entry rate of 12%.

There is statistically significant evidence that Wraparound contributed to increased home placement and decreased group home placement. While 43% of participants were placed in their home prior to Wraparound, 70% were in home placement at the time Wraparound services were closed. Furthermore, prior to Wraparound, 33% of participants were in group home placement, whereas, only 18% were thereafter.

Given the success of Wraparound with Riverside County's high-risk youth population, placement stability and strengthening reunification have been added as additional target areas. Riverside County believes that Wraparound has become a practice rather than a program and will continue to provide services to more and more families over time. Furthermore, Riverside County believes Wraparound will be an integral part of the service array provided to those youth and families identified as part of the Katie A. class and sub-class. In the future, the County envisions the majority of its families having the opportunity to benefit from this highly innovative and effective program.

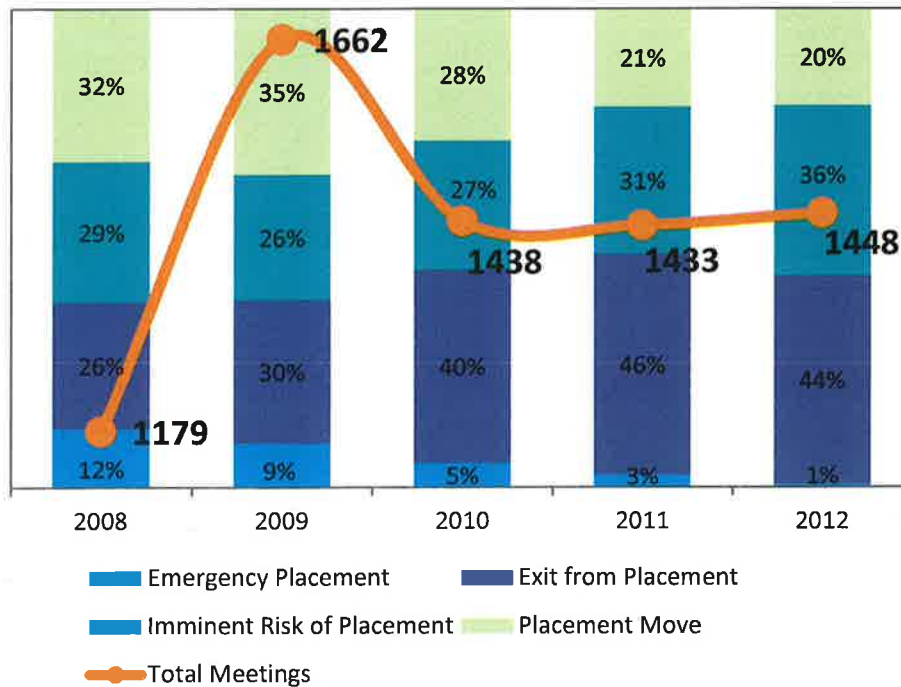
c. Collaboration

i. Team Decision Making (TDM)

Team Decision Making (TDM) meetings are a way to involve families and communities in the placement decision-making process and to extend partnership to caregivers, providers, and neighborhood stakeholders. The Family to Family (F2F) TDM model requires that the group of family and community stakeholders convene for every key child welfare placement decision (i.e., removal, change of placement, reunification, or other permanent plans). Trained CSD TDM facilitators lead a strengths-based, consensus-driven, respectful process while modeling directness and honesty regarding situational risks and concerns. Social workers are supported in making difficult decisions while participants gain understanding about the complexity of the child welfare process and the criteria used in decision-making. CSD management and supervisory staff and community stakeholders emphasize

TDM meetings as a priority strategy for improving SIP outcomes, associated with placement stability, safe and timely reunification, and reduced re-entry.

TDM meetings began as a pilot program in the Desert Region of Riverside County in the fourth quarter of 2005, with 26 TDM meetings held in the first three months of the program. In 2007, there were 447 TDM meetings conducted, ranging from a monthly low of 16 in January to a high of 62 in October. The number of TDM meetings continued to increase by 58.84% between 2006 and 2007 (data not shown), and again by 163.8% between 2007 and 2008. The number of meetings peaked in 2009, when 1,662 were conducted between January and December. With a few exceptions, more than 100 TDM meetings were conducted monthly between 2009 and 2012. CSD is in the preliminary stages of evaluating the effectiveness of TDM in improving client outcomes in Riverside County, particularly for children and youth entering, exiting, or at risk of placement, as they are particularly targeted by the program. The chart below shows the total number of TDM meetings conducted annually categorized by meeting purpose.



ii. Racial Disparity and Disproportionality

In response to data which indicate that certain ethnicities are disproportionately represented in the population of the County’s cases, Riverside County formed the Racial Disparity and Disproportionality

Project Core Work Group, which has identified four key goals in the interest of improving placement stability, safe and timely reunification, and reduced re-entry outcomes for African American children:

1. Reduce the number of referrals of African American children through increased prevention services and raising public awareness (reduced re-entry)
2. Reduce the number of detentions of African American children (reduced re-entry)
3. Reduce the length of stay and placement moves in out-of home placement of African American children through increased use of SDM and the Case Plan Field Tool (placement stability)
4. Increase community/staff awareness, resources, and collaboration of the racial disparity and disproportionality of African American children in the child welfare system (placement stability, safe and timely reunification, reduced re-entry)

In pursuit of these goals, CSD has partnered with a faith-based organization to pilot a Family Partner support and mentoring program to specifically work with African American families. This program offers parent support to families through one-on-one mentoring sessions, parenting support classes, and multi-week structured group discussions. Lessons from this pilot program will be used to inform future development of a county-wide family partner program, capitalizing on the strengths of local faith-based organizations to reach out to families and provide them support during and after their involvement in the child welfare system.

To maximize the participation of children and adults from racial and ethnic minorities and members of underserved or under-represented groups, the provider and/or parent partner participates in countywide Team Decision Making meetings. This interaction effectively bridges the existing communication gap between parents and the child welfare system. Parent partner participants also collaborate with various community partners and participate in numerous CSD planning meetings, trainings, and client engagement meetings. Each of these partnerships serve to promote active participation by families in the case planning process with the goal of improving placement stability, increasing safe and timely reunification, and reducing re-entries among disproportionately represented families.

iii. Faith in Motion

Consistent with the F2F philosophy of providing a family-centered, neighborhood-based system of foster care, CSD implemented Faith in Motion in January 2013. Faith in Motion is a collaborative that engages local churches throughout Riverside County to meet the needs of youth and families impacted by abuse

and neglect, and to impact specific SIP outcomes of placement stability, safe and timely reunification, and reduced re-entry. The program, already developed and successfully implemented in Orange County, provides nine potential opportunities to connect local churches with children and families of all age groups and ethnicities.⁹

Faith-based partners have been meeting the needs of Riverside County foster children since 2006 through a wide range of volunteer support, financial assistance, and responding to the emergency needs of children and families.¹⁰ This collaborative has become a rapidly growing network due to the implementation of Faith in Motion. This group of community partners has been active in CSD's County Self-Assessment, completed in January of 2013, as well as ongoing strategy development for CSD's five-year SIP. Implementation of the collaborative was identified as a means to impact safe and timely reunification, re-entry, and placement stability through the recruitment of foster and adoptive families within the faith community. Furthermore, the collaborative has worked to encourage faith-based organizations to develop support services for caregivers and families involved in the child welfare system.

Faith in Motion does not currently have a formal evaluation protocol; CSD will develop an evaluation plan during the 2013-2018 SIP cycle, as outlined in the action steps contained in the 5-Year SIP Chart (Attachment B).

iv. Educational Liaisons

The Education Liaison program is a comprehensive interagency program that supports social workers in obtaining appropriate educational services for children in the foster care system, particularly supporting continued attendance in the child's school of origin. Research supports CSD's efforts to maintain children in their home schools while in foster care. Educational continuity provides critical support for children's well-being and stability in placement, while also supporting the transition to safe and timely

⁹ These include: recruiting and supporting foster and adoptive parents; adopting a social worker; adopting a family; mentoring families reunifying with their children; providing one time assistance to a family in need; displaying pictures and stories of children having difficulty finding 'forever families;' providing a 'dorm kit' for youth heading off to college; mentoring foster youth currently in out of home care; and any other assistance a church may choose to provide to meet a need.

¹⁰ Ministries and organizations currently partnering with CSD operations staffs include: TURN, Royal Kids Family, Teen Leadership Foundation, The Grove Church, Harvest, Immanuel Lutheran, Sandals Church, Path of Life, St. Thomas, Surgical Care Affiliates, Riverside Community Church, New Beginnings Baptist Church, FACTOR, Victoria Presbyterian Church, Crossroads Church, and Hope Community.

reunification and positively influencing re-entry rates. In addition to other educational support services, the Education Liaison program provides assistance to assess steps by which children can remain in their schools or to assist in a smooth transition if it is determined that the child needs to attend another.

CSD and Riverside County Office of Education (RCOE) Foster Youth Services have been involved in jointly developing and funding the Educational Liaison program since October 2008, serving approximately 250 children/youth annually. The target population is school-age foster youth, within Riverside County, who are experiencing problems in school, or in obtaining adequate school services, and are at risk of failing. The majority of youth served are concurrently receiving services from group home facilities, Wraparound, and public health nurses (for medically fragile clients). The program consists of three Educational Liaisons (EL) who work collaboratively with social workers, educational representatives and caregivers to increase understanding of education procedures and programs; increase levels of participation and monitoring children's progress in schools; and improve advocacy and access to needed educational support.

CSD is currently developing an evaluation plan, as outlined in the five-year SIP chart (Attachment A). Baseline data collected over the program's first five years is currently being analyzed and will influence the forthcoming evaluation plan. Anecdotal feedback from CSD social workers indicate that they have gained knowledge of educational laws regarding foster children/youth and that this increased knowledge has assisted them in the delivery of services and advocacy to this vulnerable population.

v. Independent Living Program

CSD's Independent Living Program (ILP) is comprised of two main components to improve placement stability and re-entry outcomes for youth/young adults in out-of-home care: a centralized case management program, and ILP community-based contract. In 2012, CSD established a new centralized operational region, Youth and Community Resources, for the primary purpose of servicing ILP-eligible youth ages 16-18 in Planned Permanent Living Arrangements (PPLA) and Non-Minor Dependent young adults up to age 21. Approximately 25 social workers, well versed in the specific needs of the population, provide services aimed at increasing placement stability and ensuring successful transition to adulthood.

Riverside County has been providing ILP services for approximately 10 years. This program serves approximately 1300 in-care youth and 600 after-care youth annually. In January 2013, CSD partnered with Oak Grove Center for Education and the Arts to provide training, advocacy, mentoring, and support

services to ILP-eligible CSD and Probation youth. Oak Grove's THRIVE program, utilizes an evidence-based curriculum on essential skills such as financial literacy, personal growth and development, employment, and education. Youth participate in workshops, seminars, and special events which provide a holistic approach toward improving youths' wellbeing, while providing skills for future success. Oak Grove employs four workshop facilitators and four Life Coaches that assist with 24-hour Hotline calls, take individual appointments, and manage drop-in hours. Baseline data collected over the past five years will be evaluated within this review cycle to further assess the effectiveness of the centralized case management model and the delivery of ILP services.

vi. Youth Partners

In place since November 2011, Youth Partners work with the Youth & Community Resources Region as mentors to youth and young adults with current open dependency cases. In 2011, CSD hired four Youth Partners to advocate for, and assist, youth in making the transition to adulthood. They have played a significant role supporting youth by participating in TDMs, assisting youth with transportation and guidance to colleges, housing, and/or joining the military. Youth Partners have been active participants in Community Partners Forums, stakeholder workgroup meetings, and focus groups. Youth Partners have been significant contributors to the development of strategies to increase placement stability and reduce re-entry rates for adolescent youth. The Youth Partners program is not currently being evaluated, but CSD plans to develop and evaluate program outcomes during the 2013-2018 SIP period.

C. PRIORITIZATION OF DIRECT SERVICE NEEDS

Riverside County is committed to providing the highest level of services to its clients. To that end, CSD seeks to utilize primarily evidence-based and/or evidence-informed programs beginning in 2013. CSD has been working closely with service providers over the past year to identify currently available programs and recommend adoption of evidence-based and evidence-informed programs not currently offered in the community. These recommendations are based upon the needs of the populations at greatest risk of child maltreatment, as established in the CSA and CAPIT/CBCAP/PSSF funding requirements.

Priority Populations

As evidenced by the data, younger children and adolescent youth are considered more vulnerable to experiencing child maltreatment. Among those who reunified in 2011 and re-entered within 12 months, children 0-5 years old were more likely to return to foster care (16.0% for non-kinship care versus 11.9%

with some form of kinship care). Moreover, data from January 2011 to December 2011 indicate that children under one year of age had the highest rate of re-entry within 12 months after reunification (23.9%), followed by children ages one to two years old (19.1%).^{viii} The lowest rates of reunification within 12 months are seen among children 11-17 years of age (54.8%).^{ix} Additionally, this group of adolescent youth (with a placement stability rate of 58.3%) tends to experience more than two placement changes when in care for over a year. For youth in care up to two years, the placement stability rates for this group are even more dire (11-15 years old=28.5%; 16-17 years old=16.3%). Further, among different placement types, adolescents in group home placements displayed disproportionately high rates of re-entry within the 12 months following reunification (22.2%) compared to the rest of the placement types (12.2%). Complicating matters, within the aforementioned populations, African American children are overly represented and at highest risk of experiencing re-entry in to care, decreased time to reunification and greater placement instability. This data along with the information derived from internal and external partners and stakeholders culminated in the selection of SIP strategies, which specifically target these populations through the utilization of evidence-based and evidence-informed programs.

Evaluating Outcomes

Beginning July 1, 2013, CSD will amend all contracts to include client-level outcomes in order to evaluate and measure client improvement through the use of standardized and validated instruments. The goal is to measure service benefit by assessing improved outcomes. CSD continues to build internal capacity to conduct and expand its program evaluation efforts, and has partnered with Casey Family Programs, UC Berkeley, and UC San Diego, Chadwick Center California Evidence-Based Clearinghouse (CEBC) for further technical assistance and training. The Data Analysis Unit (DAU) and the SIP Unit will oversee all program and outcome evaluations. CSD will continue to maintain partnerships with higher education institutions and nonprofit organizations and foundations (such as the CEBC and the Casey Family Foundation) for technical assistance and resources.

CSD assigns four separate units to oversee CAPIT/CBCAP/PSSF agreements, as summarized below:

- *Program Development Unit (PDU)* serves as the liaison between CSD and contracted providers. Program and quality of service questions are directed to PDU for resolution. PDU liaisons

contact providers monthly and communicate any provider concerns to IRG, CAU, and MRU. This follow-up communication confirms corrective action is developed and implemented, as appropriate.

- *Internal Review Group (IRG)* conducts extensive contract audits on all contracts and measures the provider's adherence to contract terms and conditions.
- *Contracts Administration Unit (CAU)* develops contracts and monitors compliance, taking a lead in performing monitoring visits on all contracted providers. CAU also assists providers to help avoid future audit findings.
- *Management Reporting Unit (MRU)* oversees the funding for each contract to assure funds are expended and properly supported for payment reimbursement as specified in the contract.

1. Assessment of the Service Delivery System

In addition to contract oversight and evaluation processes to ensure quality services are provided to children and families, the triennial countywide CAPIT/CBCAP/PSSF Needs Assessment serves as another critical process for assessing the service delivery system. Led by the Prevent Child Abuse Riverside County (PCARC) and the previously 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 FRCs; 5) self-administered surveys in Spanish and English to a "random encounter" convenience sample of Riverside County residents; and 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.¹¹

¹¹ This countywide needs assessment requirement is now integrated into the county self-assessment (CSA) process and there is no separate requirement to complete this needs assessment through the CAPC lead agency.

2. Structure of the CAPIT/CBCAP/PSSF Collaborative and CCTF Commission

a. CAPC Lead Agency

Per Welfare and Institutions Code Sections 18965 through 19070, the Riverside County Board of Supervisors (BOS) must approve and designate a local agency as the lead agency in Riverside County to coordinate regional child abuse prevention councils (CAPC) and the lead agency for the California Children's Trust Fund (CCTF) allocation. Prevent Child Abuse Riverside County (PCARC) has been the lead agency for child abuse prevention for over 12 years and will serve as the designated CAPC until September 30, 2013. A new lead agency, Family Services Association (selected through a competitive bid process) is expected to be appointed by the BOS to perform the lead CAPC role starting on October 1, 2013.¹² Updated information on the transition process to a new lead agency will be provided in the next SIP Progress Report and CAPIT/CBCAP/PSSF Annual Report.

As the CAPC lead agency, PCARC has improved outreach efforts and expanded community resource education efforts to create more public awareness of the causes and effects of child abuse. DPSS Children's Services Division works with PCARC on child abuse issues in Riverside County including the organization of the biannual Community Partners Forum – as part of its CSA and SIP process – to inform the community about child abuse outcomes and collaborate with stakeholders to develop strategies to improve child outcomes. PCARC also takes a lead role for the countywide needs assessment,¹³ which leads to funding for Child Abuse Prevention Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF), and Community Based Child Abuse Prevention (CBCAP) allocations.

In 2000, a decision was made to incorporate the four regional councils (CAPIT/CBCAP/PSSF/CCTF commission) into one countywide nonprofit child abuse prevention council with four regional chapters. The State Office of Child Abuse Prevention (OCAP) conducted a strategic planning session and assisted the regional councils in reviewing the legal mandates relevant to the establishment of a County Board of Supervisors-designated child abuse prevention council. The first Executive Director was hired in April 2002, and the new Board of Directors for PCARC met for the first time in January 2003. In 2003, Corona-Norco U.N.I.T.Y. (United Neighbors Involving Today's Youth) Council in Corona became the fifth agency to join the regional collaborative in 2009.

¹² This countywide needs assessment requirement is now integrated into the county self-assessment (CSA) process and there is no separate requirement to complete this needs assessment through the CAPC lead agency.

¹³ See previous footnote.

b. Southern Counties Regional CAPIT/CBCAP/PSSF Collaborative

In addition to serving as the lead organization in convening the biannual Community Partners Forum with PCARC and the Probation Department, CSD has been working with neighboring counties to establish a Southern Counties Regional CAPIT/CBCAP/PSSF Collaborative through which counties share information about innovative strategies they are utilizing to improve child and family outcomes with CAPIT/CBCAP/PSSF funding. The Collaborative met for the first time in December 2012, with representatives from Riverside, Los Angeles, Orange, and San Diego counties. Representatives from San Bernardino and Ventura counties were also invited to participate. Riverside County secured technical assistance from the Casey Family Foundation to assist with improving efforts of the collaborating counties. The next Collaborative meeting is tentatively scheduled for September 2013.

III. State and Federally Mandated Child Welfare Initiatives

Riverside County currently participates in, and has implemented, the Fostering Connections After 18 program. Program-funded services include:

- Giving eligible foster youth the option to remain in care and receive services and supports after 18, and at full implementation, up until the age of 20.
- Providing extended Kinship Guardian Assistance Payments (Kin-GAP) or Adoption Assistance Payment (AAP) to eligible young adults up until age 20, provided they entered the Kin-GAP or AAP program at age 16 or later.
- Providing extended assistance up to age 20 to young adults placed by the Juvenile Court with a non-related legal guardian and those placed by the Juvenile Court with an approved CalWORKs relative.

Riverside County is also in the process of submitting a proposal for participation in the Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project (CAP). In addition, Riverside County makes use of several flexible funding opportunities and interagency collaborations to achieve positive outcomes for children and families. One such opportunity is the SB 163 Wraparound project, collaboration between the Department of Mental Health (DMH), CSD, the Department of Public Health (DPH), Olive Crest Treatment Centers, and the Probation Department. Typically used to prevent group

home placements, CSD utilizes SB 163 funds to work with community-based contractors who provide intensive services to children identified as at risk of group home placement.

Another source of flexible funding is the Children's Trust Fund (CTF). Local funds (birth certificate fees, children's plates, and donations) are deposited into the trust and used to augment awards made to community partners who provide early prevention and intervention services. A portion of CTF is earmarked to fund Riverside County's Child Abuse Council, which functions as a countywide advocate for the prevention of child maltreatment.

To make the best use of limited funds, Riverside County leverages its funds by contracting with agencies with "value added services." Value added services are identified as those services not required as part of the Request for Proposal (RFP) process, but which strengthen or add value to the provided service. Examples of such services are childcare, use of evidence-based treatment models, parent support services, transportation, and services provided in underserved areas.

Furthermore, Riverside County utilizes Child Welfare Services Outcomes Improvement Program (CWSOIP) funds to support two prevention programs. The first program is the Pre-Filing Family Preservation Drug Court, a collaboration between the Superior Court, CSD, the Riverside County Sheriff's Department, the Department of Mental Health and Mental Health Systems, Inc., a community-based organization. The second is the differential response Early SafeCare program, a collaboration between CSD and two community-based organizations, John F. Kennedy (JFK) Memorial Foundation and Family Services Association of Western Riverside County. These programs work to strengthen and support families so children can be safely maintained in their homes.

Probation SIP Narrative

Overview of Riverside County Probation Department SIP Process

The Riverside County System Improvement Plan (SIP) is the final step in the California Child and Family Services Review process (C-CFSR) and follows the SIP Planning Guide issued by the California Department of Social Services which outlined the planning process and report format. The SIP supports the State of California's Program Improvement Plan (PIP) submitted to the U.S. Department of Health and Human Services Children's Bureau. The SIP was guided by an implementation team, comprised of Riverside County Department of Public Social Services Children's Services Division (CSD), and Riverside County Probation Department, in partnership with Prevent Child Abuse Riverside County (PCARC). The SIP collaborating partners met routinely throughout the C-CFSR process to design a method that was inclusive of the larger community, informed by county data and trends, and guided by best and promising practices in the field.

In 2010, as part of the County Self-Assessment (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 various child welfare programs and child abuse and neglect prevention. The Needs Assessment, which included 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.

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 (previously known as the Peer Quality Case Review) and focus groups conducted in June 2012. The CSA process resulted in nearly 200 different recommendations, identifying three focus areas for improvement:

- **Measure C1.1: Increase Safe and Timely Reunification** within 12 months (CSD and Probation)
- **Measure C 4.2-C4.3: Increase Placement Stability** (CSD and Probation)
- **Measure C1.4: Reduce Re-entry** following reunification (CSD and Probation)

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.

Prioritization of Outcome Measures/Systemic Factors and Strategy Rationale

For Riverside County Probation, the County Self-Assessment (CSA) process revealed the need to continue focusing on two identified areas of improvement for the current System Improvement Plan (SIP): increasing safe and timely reunification, and reducing rates of re-entry. Outcomes were identified integrating the feedback from probation managers and staff, and from the larger community, and when appropriate Probation and CSD worked collaboratively to identify stakeholder priorities. 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.

The specific measures chosen by Probation were:

- **Measure C1.2: Reduce Median time to Reunification** (exit cohort)
- **Measure C1.3: Increase Rates of Reunification within 12 months** (entry cohort)
- **Measure C1.4: Reduce Re-entry following Reunification** (exit cohort)

The data reflected for the measures was obtained from the California Department of Social Services quarterly outcome reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>, (data extract Q1, 2012, published July 2012. Agency: Probation)*.

Currently, the Riverside County Probation Department receives an average of 10,363 referrals annually. Riverside County Probation supervises an average of 3,611 minors a year, of which 83.5% are male and

16.5% female. The ages of these minors reflect that 11.3% are under 14 years of age, 42.1% are 14 and 15 years old, and 46.6% are 16 plus years of age. Regarding level of education, minors age 16 plus for which Probation has up to date academic records, on average have earned an average of 99 credits. 79.6% of minors reported at least occasional use of drugs (marijuana, methamphetamine, cocaine, heroin), 19.4% admitted association or membership in a gang, and annually, the department supervises approximately 42 dual status minors. Regarding minors placed by Riverside County Probation, from January 1, 2009 to December 31, 2011, 918 minors were placed in private placement facilities and 222 (24%) graduated from private placement. During this same 3-year period, Probation placed 19 minors in "relative placement". Of these minors, 12 completed the placement program (minor returned home, minor addressed the treatment needs and probation was terminated), yielding a success rate of 63%.

The Riverside County Probation Department operates three juvenile halls (Riverside, Southwest, and Indio) and three juvenile residential treatment centers (Youthful Offender Program - YOP, Van Horn Youth Center - VHYP, and Twin Pines Ranch - TPR). 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. From July 1, 2008 to June 30, 2011, 916 minors were admitted to/placed at the three juvenile residential treatment centers, YOP, VHYP, and TPR, and 878 were released. 436 minors (49.6%) were released as successful (graduated program, graduated program and released with diploma, released home by Court after participating in the program, or released/non-graduate), and 442 minors (50.2%) were released as unsuccessful (failure to adjust, AWOL, released to county jail, released to juvenile hall with new charges). It should be noted that some minors may have been placed repeatedly due to AWOL/removals.

There are several factors that impact Riverside County Probation's chosen outcome measures for youth regarding increasing safe and timely reunification, and reducing rates of re-entry (C1.2, C1.3, C1.4). These include Participation Rates, Staffing Characteristics, Placement Stability and Placement Type. Consideration of these factors when discussing Probation's SIP yields an opportunity to benefit the youth and systems represented by these data as well as highlight areas for improvement. The data reflected for the factors was obtained from the California Department of Social Services quarterly outcome reports available from the UC Berkeley Center for Social Services Research, <http://cssr.berkeley.edu/cwscmsreports>, (data extract Q3, 2012. Agency: Riverside Probation)*.

Participation Rates (age)

Over the last four years (point in time, October 1, 2009, 2010, 2011, 2012) the number of youth in placement by age group (11-15, 16-17, 18-20) reflected a bell curve for totals overall (194, 249, 220, 189 youth respectively), and yielded by age group and year the following: 11-15, 2009-2012 (51, 54, 35, 28 youth respectively), 16-17, (136, 164, 130, 97), and 18-20, (7, 31, 55, 64). The same data (point in time, October 1, 2009, 2010, 2011, 2012) by percentage reflects that the majority of youth "in care" at any given time are 11-17 years of age (96.4%, 87.6%, 75.0%, 66.1% respectively). The data show that over the last four years, the 11-17 age group declined, while the 18-20 age group increased accordingly.

Of note, the increase in the number of majority-aged youth may suggest a trend change regarding probation youth, historically terminated from probation services at or near the age of 18. The retention of these youth in the system and in placement could reflect youth with multiple and severe treatment issues which require longer placement treatment times, or the increased use of resources, Independent Living Services (ILP), after care services, and initiation of the AB12 Extended Foster Care initiative started January 1, 2012. Understanding how age impacts Probation's chosen measures may highlight how better to tailor probation officer practices, evidenced based program providers, early intervention/home-based treatment programs such as Wraparound, and connection of families to specific resources services; thereby, reducing placement exposure across all age groups.

Participation Rates (ethnicity and gender)

The same data (point in time, October 1, 2009, 2010, 2011, 2012) for ethnicity and gender reflected less variance than age. Ethnically, Latinos comprised approximately 50 percent of the youth in placement consistently over the last four years (50.3%, 50.6%, 54.5%, 50.8%) whereas Black and White ethnic groups comprised approximately 25 percent each of the youth, each year, for the survey period. Asian, Pacific Islander, and Native American ethnic groups comprised between one-half, and one and one-half percent each, of youth for the same period, and no youth were represented from these three ethnic groups during the point in time October 1, 2011 data survey. Gender data over this four year survey period did not vary by more than 6.7%, with males averaging 87.4% of the youth in placement (89.2%, 89.6%, 88.2%, 82.5%) and females averaging 12.6% (10.8%, 10.4%, 11.8%, 17.5%).

The relative stability of ethnicity and gender in the data reflect the greater socio-economic and demographic profile of Riverside County. 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. 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.

Sensitivity to ethnicity and gender when assessing departmental service portals should yield a minimum threshold of programs designated for these youth. As such, outcome measures for youth regarding increasing safe and timely reunification and reducing rates of re-entry should be positively impacted by strategies like strengthening probation officer practice; whereby, the probation officer tailors Motivational Interviewing to encourage and maximize ethnic opportunities, uses outcome-based placement visitation to promote diligent use of case plan, and supports open dialogue with minor/family/placement staff to achieve treatment goals and invested family involvement. Increased use of programs such as Wraparound, which encourage a minor's retention in familiar environments by expanding family-centered community-based programming, already consider ethnicity and gender inherent in the staffing and practice of the program.

Perhaps the greatest opportunity to impact collective improvements across ethnic and gender lines would be early, multicultural and community based resources, designed to offer alternative outcomes to placement that originally stem from weak, insufficient, unskilled or ineffective family systems. Probation's strategy of developing the "resource specialist" concept is specifically designed to impact all chosen outcome measures (C1.2, C1.3, C1.4), and may weigh heavily toward impacting the above factors as well. Improving communication of and connection to treatment services remains an ongoing goal for Probation.

Staffing Characteristics

Adequate, collaborative and well-trained staff are vital to Riverside County Probation Department's programs and treatment systems that serve the youth of Riverside County. Early intervention programs such as Gang Awareness, Graffiti Offender, Drug Awareness, and Shoplifting are provided by probation officers through the department directly to the public. Youth Accountability Teams throughout the county are comprised of probation officers, police/sheriff's deputies, and deputy district attorneys who identify and provide services to incorrigible youth and youth exhibiting pre-delinquent/emerging-delinquent behavior. Probation officers collaborate with Mental Health (Wraparound Program), with

Mental Health and DPSS (Dual Status cases, Interagency Screening Committee, and Interagency Committee On Placement), with law enforcement in West County Narcotic Task Force (WCNTF) which responds to the possession and sales of street drugs, with Coachella Valley Narcotics Task Force (CVNTF) which increases public safety by reducing the incidence of street and mid-level narcotics trafficking, and with gang task force teams which serve to suppress gang and drug activity.

The Riverside County Probation Department provides on-going and mandatory training for all staff, through Riverside County's Staff Development unit and in-house trainers located within the probation department, which coincides with the fiscal year. Courses are available to both institution and field employees using training curricula that are certified by the Standards and Training for Corrections (STC), and that focus on topics ranging from officer safety, drug recognition, management skills and techniques, Motivational Interviewing and Forward Thinking to cultural awareness, gender differences, maintaining a stable placement milieu and AB12 Extended Foster Care. Additionally, probation staff participate in Supervisory Conferences that occur throughout the year, and upon hire, new probation officers are required to attend 200 hours of CORE Training which provides officers with an overview of the various functions of both the probation department and their position as a probation officer.

The Riverside County Probation Department, Juvenile Services Division currently maintains twelve placement staff including two supervisors, two senior probation officers, six probation placement officers and two probation assistants. The number of minors in private placement monthly averages 105 to 110, with placement probation officers carrying caseloads ranging from 20 to 30 minors. Staff experience can range from having less than one year of placement experience to unit configurations where the majority of staff has three or more years of placement experience.

The variances in staff experience are affected by the larger demands of the department. Public Safety Realignment (AB109) at the State level has led to supervision changes at the department level, and reconfiguration of Court responsibilities (Pretrial Division) impact staff turnover rates; in that, the most experienced staff are integrated into newly developed programs (Pretrial Division) or programs with a significant change in probation officer practice (AB109) to ensure successful oversight of departmental needs. A result of these staff moves is less experience in the more traditional units/services Riverside County Probation provides to the community. However, with caseloads in the mid twenties, placement probation officers are consistently able to make their monthly contacts with minors and their parents,

track case plan compliance, and facilitate some services directed toward increasing safe and timely reunification, and reducing rates of re-entry.

An area of improvement suggested by the CSA process and highlighted by the UC Berkeley Center for Social Services Research data would be to improve the quality and quantity of probation officer practice. By improving new hire mentoring and use of goals/outcome-based placement visitation tracking, improving staffing characteristics will be an ongoing goal for Probation.

Placement Stability

Over the last four years (October 2008 – September 2012), Riverside County Probation has exceeded performance in Placement Stability compared to the National Standard. For “8 Days to 12 Months in Care - two or fewer placement settings”, Probation’s percentage per year (10/08-09/09, 10/09-09/10, 10/10-09/11, 10/11-09/12) of youth in placement between 8 days and 12 months who had two or fewer placements reflected 94.5%, 95.6%, 98.5%, and 95.5%, respectively, while the National Standard was 86.0%. For “12 to 24 Months in Care – two or fewer placement settings”, Probation’s percentage per year (10/08-09/09, 10/09-09/10, 10/10-09/11, 10/11-09/12) of youth in placement between 12 months and 24 months who had two or fewer placements reflected 68.2%, 76.5%, 79.8%, and 71.7%, respectively, while the National Standard was 65.4%. For “At Least 24 Months in Care – two or fewer placement settings”, Probation’s percentage per year (10/08-09/09, 10/09-09/10, 10/10-09/11, 10/11-09/12) of youth in placement at least 24 months who had two or fewer placements reflected 44.1%, 46.4%, 51.2%, and 57.7%, respectively, while the National Standard was 41.8%.

The above data shows that over time, placement stability decreases the longer a minor is “in care” in placement. Hence for the current period (10/11-09/12), 95.5% of placement youth had two or fewer placements within the first year of care. For a minor in placement at least two years, the percentage of placement youth who remain in the category of having two or fewer placements drops nearly half to 57.7%. Some issues and events which impact placement stability include: AWOL behavior, how long a minor remains on warrant status, failing to adjust to a treatment program/being removed at request of placement facility, miscellaneous violations of probation/incurred new law violations, time spent in juvenile hall/attending Court hearings, how well a minor’s needs are assessed/treated, adherence to case plan goals, family involvement/reunification visitations, placement facility staff skill level/training, probation officer practice and training, and how well the placement “fits” the minor’s treatment needs.

Riverside County Probation remains committed to identifying and resolving barriers to placement stability as an ongoing goal.

Placement Type

Probation Placement Type "point in time" data for April 1, 2012 broken down by type of placement reflected 1.9% of minors were placed with "Kin" known as Non-Relative Extended Family Member (NREFM) placement, 43.1% were placed in traditional group homes/private placement, 12.8% were placed in "Non-FC" which are minors ordered placed but remaining in juvenile hall awaiting a placement opening, 28.4% of minors were on AWOL/runaway status, and 13.8 minors were "other" status which includes minors placed on Multidimensional Treatment Foster Care (MTFC), Dual Status (300 and 602 WIC) caseloads, and in county facilities.

It is interesting to note the placement type data reflects the two largest categories as private placement/group home (43.1%) and AWOL/runaway (28.4%). Over the preceding three years (point in time, April 1, 2009, 2010, 2011) this number ranged between a high of 52.8% and low of 39.2% for group home placement, and a high of 29.4% and low of 20.2% for runaways. For the data, the mean value over four years reflects 45.5% of minors in private placement and 26.1% of minors on AWOL status for any given year. From the Placement Stability data above, the same four year average for youth in placement between 8 days and 12 months who had two or fewer placements is 96.0%. This suggests that a large percentage of placement minors have the ability to remain in placement for up to 12 months with a minimum of placement starts/stops; yet, a significant percentage of placement minors still remain at large out of placement. Regarding minors placed by Riverside County Probation, from January 1, 2009 to December 31, 2011, 55% of all private placement removals or AWOLs occurred in the first 3 months of placement. However, for minors that made it through the first 3 months in private placement, the graduation rate was 66%.

Analysis here suggests that minors who are successful at remaining in placement past three month have a higher chance of overall success, and/or placement facilities that are successful in engaging and connecting with placed minors are more successful at retaining those minors through to graduation. Riverside County Probation is committed to reducing incidents of runaway behavior and increasing rates of graduation. Exploring probation officer practice, strengthening placement support and services through evidenced based providers, evaluating standards of care including how group homes engage

minors in the first weeks/month, and reviewing the quality of needs assessments and screening processes will guide Probation's improvements in this process.

Collectively, the preceding discussion of several factors that impact Riverside County Probation's chosen outcome measures for youth (increasing safe and timely reunification and reducing rates of re-entry - C1.2, C1.3, C1.4) highlights the dynamic landscape of clientele and the challenge of identifying, assessing and tailoring services to meet the needs of youth in care and the communities in which they live. What follows is a discussion of Probation's chosen outcome measures, the rationale for their selection, and the strategies and anticipated changes to be reflected in subsequent outcome data, including methods for determining the effectiveness of these efforts and changes in performance for this population.

* National Standards are a combination of DPSS and Probation Standards and are set to be the same for both. The National Standards are more applicable to 300/DPSS expectations as the overwhelming majority of youth are 300/DPSS clients (Probation makes up a very small number of the overall Title IV-E youth). For the purpose of Riverside County Probation's SIP, the National Standards are used. Looking forward in the next five years and using the National Standards as a guide, Riverside County Probation will set goals that are realistically achievable for the delinquency population it serves, which may differ from the National Standards.

System Improvement Plan Focus Areas for Improvement

From a historical perspective 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, and April 2011 – March 2012, Riverside County remains far below the national standard of 75.2%.

Reduce Median time to Reunification (exit cohort) (Measure C1.2)

Over the last four years (April 2008 – March 2012), Riverside County Probation has underperformed in median time to reunification compared to the National Standard. Specifically, in the three years prior (04/01/08 – 03/31/11) to the current reporting period chosen for this measure, Riverside County Probation's rates reflected 12.2, 11.1 and 11.9 months respectively for each sequential reporting period. For the current period (04/01/11 – 03/31/12), Probation's median time to reunification reflected 13.7

months, compared to the National Standard of 5.4 months. However, this rate still reflects an important improvement from the prior average of 17 months reported for the period April 2007 to March 2008.

This outcome measure was selected as a SIP goal because the data shows that over time placement stability decreases the longer a minor is "in care" in placement. If the goal is to identify and address a minor's treatment needs in placement, the quicker this is done accurately and diligently, the less chance that a placement minor will have an extended stay in placement. Some of the issues and events which can impact median time to reunification are beyond the probation officers control, i.e., minor's choice to runaway, how long a minor remains on warrant status, failing to adjust to the treatment program and being removed, violations of probation or incurring new law violations, and the procedural time of detention in juvenile hall and attending Court hearings. Issues in which probation officers have more influence and control include how well a minor's needs are assessed and treated, adherence to case plan goals, encouraging family involvement/reunification visitations, monitoring placement facility staff skill level and training, ensuring due diligence in screening the minor's case with the Interagency Screening Committee to determine if all efforts to address the minor's treatment issues in the community have been exhausted, and which placement program offers the best "fit" regarding efforts to rehabilitate and reunify the minor.

From the CSA, two factors contributing 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 and extended stay 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.

Options for creating shorter reunification timeframes include stronger 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. Collectively, the strategy/action steps to follow in this report may positively contribute to reducing the length of stay in out of home care, and will be undertaken to meet the

outcome data goal of reducing median time to reunification from the current average of 13.7 months to 9 months by June, 2018.

Increase Rates of Reunification within 12 months (entry cohort) (Measure C1.3)

Over the last four years (October 2007 – March 2011), Riverside County Probation has underperformed in rates of reunification within 12 months compared to the National Standard. Specifically, in the three years prior (10/01/07 – 03/31/10) to the current reporting period chosen for this measure, Riverside County Probation's rates reflected 24.0%, 23.1% and 23.1% of youth reunified respectively for each sequential reporting period. For the current period (10/01/10 – 03/31/11), Probation's rate of reunification within 12 months reflected 17.1%, compared to the National Standard of 48.4%. This data collectively displays a decreasing percentage of youth who reunify within 12 months of care.

This outcome measure was selected as a SIP goal because the data shows that over time less and less placement youth are reunifying with their families within 12 months of care. There are several likely reasons for the data outcomes regarding this measure.

First, the "typical or normal" type of minor representative of the current placement population has changed significantly. In the last several years, probation placement youth have increased in their presentation of multiple psychiatric and psychological issues, gang and drug involvement, academic deficiencies, minimal family unit integrity and support, and parents with substance abuse and/or domestic violence issues. Second, as minor's present with more difficult treatment issues, this necessitates that placement programs adequately screen, assess, engage and treat placement youth immediately and not "wait" for issue/service needs to "arise" before making multiple efforts to engage youth and advocate on their behalf. Third, with more intensive and focused services comes the need to hold placement programs accountable for proper service provision and increased levels of family engagement, ensure case plan goals and reunification goals are being strategically followed, and heightened scrutiny of the minor's case screening with the Interagency Screening Committee to guide how well the placement "fits" the minor's treatment needs, all of which requires due diligence in probation officer practice.

Additionally, the combination of placement youth AWOLing/ failing to adjust to a program, remaining at large on warrant status/incurring new law violations, and ongoing probation staff turnovers/transfers and new hires, can all contribute to increased time to reunification. As more cases involve the above dynamics, it is possible that longer treatment duration is necessary to safely return children to their

homes. Certainly this highlights several areas where Riverside County Probation can potentially improve outcomes related to this measure. Collectively, the strategy/action steps to follow in this report may positively impact reunification rates, and will be undertaken to meet the outcome data goal by June, 2018 of increasing rates of reunification within 12 months from the current average of 17.1% of youth reunified to 34.2%.

Reduce Re-entry following Reunification (exit cohort) (Measure C1.4)

Over the last three years (April 2008 – March 2011), Riverside County Probation has underperformed in re-entry following reunification compared to the National Standard. Specifically, in the two years prior (04/01/08 – 03/31/10) to the current reporting period chosen for this measure, Riverside County Probation's rates reflected 13.0% and 13.5% respectively for each sequential reporting period. For the current period (04/01/10 – 03/31/11), Probation's rate of re-entry following reunification reflected 10.6%, compared to the National Standard of 9.9%. This rate fluctuated from 6.1% during April 2006 – March 2007 to 1.1% during April 2007 – March 2008.

This outcome measure was selected as a SIP goal not only because the data shows room for improvement, but for the challenging and ever-changing nature of matching youth-based services with identified need. If the goal of any probation-based intervention (assessment, treatment, supervision, placement, service referrals, etc.) is to remove barriers to a successful law-abiding transition to adulthood, when a minor re-offends and is returned to placement, this provides an opportunity to review the larger process of intervention. This is to ensure it remains current, focused, evidenced-based, and matched to the individual; such that, the first fit/best fit of treatment milieu to minor exists, to facilitate successful placement outcomes and limited re-entry.

From the CSA 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%. Further, over the last four years, Probation has gone from re-entry rates being below to exceeding the National Standard. This data swing reflects a negative trend regarding re-entry performance and may be attributed to the same above cited issues impacting measures C1.2 and C1.3; as well as, a reduction of financial resources available to the probation department, a general 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 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 reunification. Collectively, the strategy/action steps to follow in this report may positively contribute to reducing re-entry, and will be undertaken to meet the outcome data goal of reducing re-entry following reunification from the current average of 10.6% of youth returned to placement within 12 months to 9.9% by June, 2018.

Additional Themes

From the CSA, additional themes emerged as recommendations for guiding improvement, advancing performance, and achieving best practice:

1) Maintain Open Communication with Partners:

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.

2) Maintain Consistency and Transparency Countywide:

Differences in policy implementation existed from Court to Court, office to office, and throughout the county which created distrust among stakeholders. An example being probation youth expressed concerns about differences in basic privileges involving family visitations, lack of contact between children, their siblings, parents and extended families, and phone communications between placement providers.

3) Keep Demonstrating That You Care:

CSD-ILP and probation youth participating in 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/officers, with little to no direct contact from any of them. Several youth described interactions with social workers/probation officers as “business-type” relationships, perceiving a lack of any genuine effort on the part of the worker/officer to establish a personal bond or meaningfully communicate with the youth. In contrast, 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.

2013 SIP Strategies and Action Steps

Regarding Riverside County Probation’s strategies, attention was paid to the need to be more targeted and strategic in supporting interventions with the potential for a track record of effectiveness to continue progress in the 2013 - 2018 SIP cycle. Riverside County Probation also recognizes that departmental services and practices must consider the unique needs of the probation population reflected in the socio-economic and demographic characteristics of the families served. As articulated in the 2012 CSA, the overarching context for the next SIP is expected reductions in public funding for child welfare, social services, and probation services. Consequently, the expanded implementation of programs, services, and policy recommendations requiring new resources is especially challenging, and provides an important lens to focus efforts toward targeted interventions and services for the most beneficial outcome. To achieve future improvements in placement stability, reunification rates and reductions in re-entry indicators, Riverside County Probation must increase efficiency in operational matters and capitalize upon how best to allocate future resources, programs and staffing, and undertake interagency/stakeholder/community collaborations which seek interventions that effect positive client change through evidenced-based programs. To this end, Riverside County Probation chose six strategies designed to maximize potential changes in outcome data regarding measures C1.2, C1.3 and C1.4.

Strategy 1: Strengthen Probation Officer Practices

Probation officer practice impacts all three outcome measures to varying degrees, and is believed to be one of the more controllable and manageable strategies to create change. Probation officers are the direct-connect lifeline to all populations the department serves, are integral in all departmental programs provided to the public, and serve at all levels of probation involvement from diversion to supervision to placement and aftercare. As such, the strategy to strengthen probation officer practice has the potential to impact a much larger landscape of probation department intervention in general. For measures C1.2, C1.3 and C1.4, this strategy was chosen for the potential to increase placement stability by reducing time “in care” in placement, increase rates of reunification within 12 months, and to facilitate successful placement outcomes and limited re-entry.

Strategy 1’s Action Steps state “continue implementation of Motivational Interviewing and Forward Thinking programs”. These programs are designed to facilitate two results: 1) clients responding to probation interventions by having more direct involvement in the development of their case plans and increased rapport with their probation officer (Motivational Interviewing); and 2) clients responding to probation intervention with an enhanced rapport and cooperation with probation staff while maintaining an active role in their rehabilitation; thereby, assisting them in making positive choices and reducing recidivism (Forward Thinking).

By evaluating how probation officers are trained in these programs (through internal audit reviews between Supervising Probation Officers and their staff) and the subsequent learning which incorporates evidenced based practice, tools developed in this strategy could improve the quality of monthly contacts with minors and their families, improve engagement of minor/parent with probation services and commitment in adhering to the case plan goals, improve the use of case plans and better identification of treatment needs, and create more effective case management for probation officers in successfully engaging their clients; thereby, positively impacting juveniles into the future. Enhanced probation officer practice may also improve diligence in screening the minor’s case with the Interagency Screening Committee to guide how well the placement “fits” the minor’s treatment needs. Additionally, building skills possessed by probation officers may result in holding placement programs accountable for proper service provision.

Strategy 2: Strengthen Probation Officer Practices by Improving Placement-based Mentoring, and use of Goals/Outcome-based Placement Visitation

Improving placement-based mentoring and use of a goals/outcome-based placement visitation form impacts all three outcome measures by focusing intervention on specialized coaching for the placement probation officer while providing placement officers a comprehensive goals/outcome-based tool for ensuring standards of care for placement youth and by providers. Similar to Strategy 1 above, Strategy 2 also has the potential to impact a much larger landscape of probation department intervention due to the benefits of focused mentoring, and the rewards reaped by strong placement family visitation oversight.

Strategy 2's Action Steps build on Strategy 1's by adding specialized training for placement officers and providing them a placement visitation monitoring tool. When developed, these Action Steps will enhance probation officer practices across a broad spectrum of service delivery, i.e., ensure diligent use of case plan and treatment goals, facilitate dialogue with minor/staff/parent regarding minor's placement program and family visitations, and improve accountability of treatment facility programs.

Placement-based mentoring is designed to fully equip the placement officer with the service tools he/she will require to conduct due diligence for youth in care. As previously noted, probation placement youth have increased in their presentation of multiple psychiatric and psychological issues, gang and drug involvement, academic deficiencies, minimal family unit integrity and support, and parents with substance abuse and/or domestic violence issues. The need for placement programs to adequately screen, assess, engage and treat placement youth immediately, subsequently leads to holding placement programs accountable for proper service provision and increased levels of family engagement, ensuring case plan goals and reunification goals are being strategically followed, and scrutiny in case screening to guide how well the placement "fits" the minor's treatment needs. Further, placement youth running away or failing to adjust, incurring new law violations, Court proceedings, and probation staff turnover can contribute negatively to all three outcome measures, and calls upon placement-based mentoring focused on specialized training for placement officers to help identify and remove barriers to success in these areas.

Placement visitation forms already adopted by the Chief Probation Officers of California (CPOC) are designed to address the following care issues: establish points of contact, goals of contact, ongoing assessment of treatment and remaining or emerging needs, oversight and assessment of placement facility, status of case plan goals and adjustments with timelines for completion, parental visitation and

commitment to reunification goals, and awareness of minor's medical, dental, mental health and counseling needs for "each and every" contact. Evaluating the effectiveness of the placement visitation form through internal audit reviews between Supervising Probation Officers and their staff will highlight if this tool matches the increasing demands on probation officers and placement facilities created by a more complex and diverse placement population.

Strategy 3: Improve Placement Support and Services by Requiring Placement Providers to Utilize Evidenced Based Programs

- and -

Strategy 4: Improve Placement Support and Services by Improving Initial and Ongoing Assessments of Minors to Reduce Placement Failures/Runaways and Promote/Maintain First/Best Placement Fit

To understand how all three outcome measures are impacted by Strategy 3 and 4, consider the integral part a foster-care or placement provider plays in the treatment and rehabilitation of youth. Initially, systems of care utilized in the community prior to a youth's removal from the home focus on addressing issues through "self-referral" to counseling and education, "self-improvement" and life skill classes, each depending on the "user" to connect, commit, comprehend, and incorporate this "self-help" to improve their life circumstances. By contrast, systems of care utilized after a youth's removal from the home focus on addressing issues through "in care" mechanisms; such as, placement-based individual/group counseling and life skills, on-site staff-monitored education systems, 24-hour staff-monitored home and treatment settings, and staff-monitored transportation, visitation, and recreation activities. "In care" programs depend on the "provider" to connect with the youth, comprehend and assess their issues, and initiate appropriate treatment responses to meet the youth's needs.

Strategy 3's Action Steps direct an effort to improve traditional "in care/provider" driven programs by using community based organizations and service providers who adhere to an evidenced or performance-based care model. Evidence-based practice involves identifying, assessing, and implementing strategies that are supported by scientific research and using resources focused on programs that have demonstrated results, especially for achieving measureable effects, in order to provide evidence that these services achieve positive outcomes. From this process, treatment outcomes and standards are identified using evidenced based requirements which can then be incorporated into agreements to be presented to qualified providers. These programs and services can then be evaluated using established standards of care and treatment, which may include for Riverside County Probation placement minors, graduation rates and accountability-based performance reviews.

Strategy 4's Action Steps designate an evaluation of community based organizations/service providers for minor-specific initial and ongoing treatment service plans. Treatment service plans are utilized by evidenced based placement providers and treatment organizations to guide treatment goals specific for each client. Through increased oversight in the process, Riverside County Probation believes that providers will be held more accountable to the services they advertise as provided. Riverside County Probation may also evaluate service provision through monthly progress reports and quarterly evaluations of the youth, written by the placement provider.

Another Strategy 4 Action Step will be evaluating and improving the Interagency Screening Committee policy/process to promote and maintain first/best placement fit of youth with provider; including, a request of private placement providers that they present their programs and service outcomes through identifying the youth population they can successfully serve. This will be an effort to improve the "first/best placement fit" success of individual placement providers in accepting youth into their programs so that they can successfully treat the minor's identified issues; thereby, reducing placement failures and runaways. Collectively, the preceding discussion highlights Probation's goals of promoting early and accurate identification of treatment issues, and increasing provider accountability by ensuring placements follow their service plans; thereby, encouraging timely reunification.

Strategy 5: Increase a Minor's Retention in Familiar Environments and Culture by Expanding Family-Centered Community-Based Wraparound Programs

Outcome data across all three measures highlights the challenging nature of matching youth-based services with identified needs, while maintaining the goal of probation-based interventions (assessment, treatment, supervision, placement, service referrals, etc.) being to remove barriers to a successful law-abiding transition to adulthood. Limited probation staffing and reduced resources has resulted in increased caseloads and workload demands for probation officers which can negatively impact the placement environment; whereby, success rates may be 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. As stated previously, probation officer monthly contacts, 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 monthly meetings, allowing for only mandatory contact with the youth and their family, and potentially resulting in reduced case plan compliance.

Ideally, the first fit/best fit of a treatment milieu to minor would consider ethnic, gender, socio-economic and demographic factors. Outcome measures for youth regarding increasing safe and timely reunification and reducing rates of re-entry could then be positively impacted by strategies like expanding the Wraparound program, which incorporates family-centered community-based programming sensitive to ethnic and gender factors inherent in the staffing and program practice.

Strategy 5's Action Steps list multiple efforts already underway to expand Wraparound while incorporating new components of early intervention, placement step-down to community, minor's cultural/language needs, and family/extended family location. The early intervention and placement step-down components are designed to expand the existing pool of youth eligible for Wraparound services. By providing Wraparound to youth early in their delinquent history/prior to being ordered to out of home placement, and to youth who have completed a placement program and are returning back to the community, it is believed these youth will be exposed to a stronger set of coping skills and more options for success versus just offering Wraparound to minors as an alternative to their placement.

Further, by identifying and meeting the needs of youth earlier in their delinquent history, many may be sufficiently helped through programming and resources that they reverse their trend and never become part of the placement population. Similarly, by engaging and supporting post-placement minors with services and Wraparound oversight, this population may also be sufficiently helped through programming and resources that they do not reoffend and re-enter the placement system. Evaluating the effectiveness of expanding Wraparound services will entail reviewing placement numbers on a monthly/quarterly basis, and looking for reductions in numbers of minors placed or returned to placement.

Strategy 6: Improve Communication Of and Connection To Available Family Specific Services by Developing the "Resource Specialist" Concept

As stated previously, perhaps the greatest opportunity to impact collective improvements across ethnic and gender lines would be early, multicultural and community based resources, designed to offer alternative outcomes to placement that originally stem from weak, insufficient, unskilled or ineffective family systems. Riverside County Probation's strategy of developing the "resource specialist" concept is specifically designed to impact all chosen outcome measures (C1.2, C1.3, C1.4), and sheds light on the dilemma of quality versus quantity regarding referral services. Many organizations have extensive lists

of “referrals” they use and pass on to their clients; however, the validity of the referral can only be substantiated if it is current, accessible, affordable, and timely.

Additionally and less often seen, is the importance of following up on a provided referral to see if it met the needs for which it was originally provided. Often, insufficient discussion with minors and parents about available resources, lack of proper need assessment, and failure to follow up as to whether parents benefited from services referred, all contribute to limited success regarding all chosen outcome measures. Simply stated, a large quantity of referrals does not equate to quality referrals; hence, Probation’s desire to develop the “resource specialist” concept.

Strategy 6’s Action Steps begin with a review of best practices regarding the referral process by other agencies and departments, and then evaluating current available resources, resource providers, and community based organizations. This is followed by completing a departmental resource need assessment and generating the duties of the “resource specialist” profile. If approved, this position could be filled by a probation department employee who would solicit, track, update, and distribute available resources to probation youth, provided to case carrying probation officers. Further, the designated staff would follow up with each referral to determine if it met the designated treatment need/issue. The effectiveness of this strategy would be determined by youth and family survey, review of case load numbers, placement data and re-entry data audits, and feedback solicited from field and placement probation officers.

Access to resources can vary depending on the number of community based organizations, outreach programs, private and county providers, and availability of Federal, State, County and City services. For placement youth served by the Riverside County Probation Department, access to the following partial list of programs and services under this strategy would be considered necessary for an expected change in outcome data: educational and vocational training, mental health counseling (individual, substance abuse, anger, family and group counseling for residents and their families), parenting classes, shoplifting and graffiti prevention, gang awareness/disassociation, victim awareness, job development, pro-social behavior skills, life skills, psychiatric services, trauma focused cognitive behavioral therapy, sexual offender treatment, independent living skills program, transportation assistance, transitional housing assistance, health/safety/medical care referral, and pregnancy prevention.

Strategies for the Future

In order to empirically and objectively determine what works, Riverside County Probation has started to allocate resources to assess for client-level effect. As highlighted in the CSA 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 increasing placement stability by reducing time “in care” in placement, increasing rates of reunification within 12 months, and facilitating successful placement outcomes and limited re-entry become the mainstay for guiding the Probation department’s effort forward.

To this end, the Riverside County Probation Department will continue to manage quality training of newly hired officers during a period of unprecedented levels of staff movement, while partnering with other agencies, service providers, and peer counties to learn more about best practices for potential adoption in Riverside County.

Endnotes: CSD Data Sources

ⁱ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/02/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

ⁱⁱ *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://childsworld.ca.gov/PG1358.htm>>

ⁱⁱⁱ Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/02/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^{iv} *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://childsworld.ca.gov/PG1358.htm>>

^v *CDSS County Data Reports*. Retrieved 05/17/2013, from California Department of Social Services website. URL: <<http://childsworld.ca.gov/PG1358.htm>>

^{vi} Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/07/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^{vii} Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/07/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^{viii} Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/07/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

^{ix} Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Williams, D., Yee, H., Hightower, L., Lou, C., Peng, C., King, B., & Henry, C. (2012). *Child Welfare Services Reports for California*. Retrieved 05/02/2013, from University of California at Berkeley Center for Social Services Research website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Riverside County Children's Services Division & Probation 5-Year SIP Chart

Children's Services Division Outcome	
<p>Priority Outcome Measure or Systemic Factor: C1.1 Reunification within 12 months (exit cohort)</p> <p>National Standard: 75.2%</p> <p>Current Performance: 60.5% (1/1/2012-12/31/2012, exit cohort, 8 days or more in care) Age: <1=100%; 1-2 years old=57.3%; 3-5 years old=57.8%; 6-10 years old=59.2%; 11-15 years old=56.1%; 16-17 years old=50.7% Ethnicity: African American=58.4%; White=66.8%; Latino=57.8%; Asian/Pacific Islander=93.3%; Native American=63.6%</p> <p>Target Improvement Goal: 75.2% by 2018</p>	Probation Outcome
<p>Priority Outcome Measure or Systemic Factor: C1.2 Reduce median time to reunification (exit cohort)</p> <p>National Standard: 5.4 months</p> <p>Current Performance: 13.7 months (4/1/2011-3/31/2012, exit cohort, 8 days or more in care)</p> <p>Target Improvement Goal: Median time to reunification will be 9 months by April, 2018</p>	Probation Outcome
<p>Priority Outcome Measure or Systemic Factor: C1.3 Increase rates of reunification within 12 months (entry cohort)</p> <p>National Standard: 48.4%</p> <p>Current Performance: 17.1% of youth reunified within 12 months (10/1/2010-3/31/2011, entry cohort, 8 days or more in care)</p> <p>Target Improvement Goal: 34.2% of youth will reunify within 12 months by April, 2018</p>	Probation Outcome

**Children's Services Division Outcome
Probation Outcome**

Priority Outcome Measure or Systemic Factor: C1.4 Reduce re-entry following reunification (exit cohort, first entry, 8 days or more, re-entered in less than 12 months)

National Standard: 9.9%

Current Performance:

Children's Services Division

12.5% of youth return to placement within 12 months (1/1/2011-12/31/2011)

Age: <1=18.1%; 1-2 years old=16.5%; 3-5 years old=10.9%; 6-10 years old=11.6%; 11-15 years old=10.0%; 16-17 years old=7.6%

Ethnicity: African American=21.4%; White=11.1%; Latino=11.1%; Asian/Pacific Islander=5.9%; Native American=20.8%

Probation

10.6% of youth returned to placement within 12 months (4/1/2010-3/31/2011)

Target Improvement Goal:

Children's Services Division

9.9% by 2018, with a focus on 0-2-year old children and youth in group homes and FFA placements

Probation

9.9% by April, 2018

Children's Services Division Outcome

Priority Outcome Measure or Systemic Factor: C4.2 Placement stability (12- 24 months in care with <=2 placements)

National Standard: 65.4%

Current Performance: 69.1% (1/1/2012-12/31/2012)

Age: <1=80.7%; 1-2 years old=75.5%; 3-5 years old=70.5%; 6-10 years old=64.5%; 11-15 years old=62.5%; 16-17 years old=47%

Ethnicity: African American=65.8%; White=67.9%; Latino=70.5%; Asian/Pacific Islander=83.3%; Native American=58.3%

Target Improvement Goal: 65.4% for 11-17-year-old children by 2018

Children's Services Division Outcome

Priority Outcome Measure or Systemic Factor: C4.3 Placement stability (at least 24 months in care with <=2 placements)

National Standard: 41.8%

Current Performance: 37.1% (1/1/2012-12/31/2012)

Age: <1=0%; 1-2 years old=57.1%; 3-5 years old=50.5%; 6-10 years old=49.6%; 11-15 years old=28.5%; 16-17 years old=16.3%

Ethnicity: African American=30.5%; White=35.9%; Latino=40.2%; Asian/Pacific Islander=30.0%; Native American=22.7%

Target Improvement Goal: 41.8% by 2018

Strategy 1: Strengthen probation officer practices		Applicable Outcome Measure(s) and/or Systemic Factor(s): <input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)	
Probation		Probation	
Action Steps:	Timeframe:	Person Responsible:	
A. Continue implementation of Motivational Interviewing and Forward Thinking programs	December 2013	Probation Department, Juvenile Services Division	
B. Evaluate training delivery and transfer of learning strategies for 1A, using audits and use of case plans/treatment needs, and implement changes based on evaluation completed in 1B	December 2014	Probation Department, Juvenile Services Division	
C. Using tools developed from 1B, monitor PO monthly contacts with minors and their families to develop and implement practice improvements, ensure quality of treatment, and facilitate successful engagement of minor/parent with probation services	December 2015	Probation Department, Juvenile Services Division	
D. Evaluate PO contact “learning curve” practice improvements, treatment quality and engagement strategies for 1C, implement changes based on evaluation completed in 1D	April 2018	Probation Department, Juvenile Services Division	

<p><u>Strategy 2:</u> Strengthen probation officer practices by improving placement-based mentoring, and use of goals/outcome-based placement visitation</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/> CAPIT</td> </tr> <tr> <td><input type="checkbox"/> CBCAP</td> </tr> <tr> <td><input type="checkbox"/> PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/> N/A</td> </tr> </table>	<input checked="" type="checkbox"/> CAPIT	<input type="checkbox"/> CBCAP	<input type="checkbox"/> PSSF	<input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)</p>
<input checked="" type="checkbox"/> CAPIT						
<input type="checkbox"/> CBCAP						
<input type="checkbox"/> PSSF						
<input checked="" type="checkbox"/> N/A						
<p>Probation Action Steps:</p>	<p>Timeframe:</p>	<p>Person Responsible:</p>				
<p>A. Assess probation’s Mentoring Program to implement improved placement-based coaching, and evaluate feasibility of incorporating goals/outcome-based Chief Probation Officers of California (CPOC) placement visitation form</p>	<p>December 2013</p>	<p>Probation Department, Juvenile Services Division</p>				
<p>B. Using tools developed from 2A, enhance probation officer practices to insure diligent use of case plan, treatment goals, open dialogue with minor/staff re: minor’s program improvement and family visitation, and monitoring of treatment facility programs</p>	<p>December 2014</p>	<p>Probation Department, Juvenile Services Division</p>				
<p>C. Implement items 2A and 2B as resources permit</p>	<p>December 2015</p>	<p>Probation Department, Juvenile Services Division</p>				
<p>D. Evaluate effectiveness of 2C if implemented</p>	<p>April 2018</p>	<p>Probation Department, Juvenile Services Division</p>				

<p>Strategy 3:</p> <p>Evidenced-Based Practices</p> <p>Improve placement support and services by requiring placement providers to utilize Evidenced Based Programs (EBP)</p>		<p><input checked="" type="checkbox"/> CAPT</p> <p><input type="checkbox"/> CBCAP</p> <p><input type="checkbox"/> PSSF</p> <p><input checked="" type="checkbox"/> N/A</p>	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>C1.1 Increase rates of reunification within 12 months (exit cohort)</p> <p>C1.2 Reduce median time to reunification</p> <p>C1.3 Increase rates of reunification within 12 months (entry cohort)</p> <p>C1.4 Reduce re-entry following reunification (exit cohort)</p> <p>C4.2 & C4.3 Increase rates of placement stability</p>
<p>Children's Services Division</p>			
<p>Action Steps:</p> <p>A. Require all new and existing service providers to utilize evidence-based or evidence-informed interventions with families, and to implement internal evaluation processes for measuring outcomes</p>		<p>Timeframe:</p> <p>2013-2015</p>	<p>Person Responsible:</p> <p>Children's Services Division</p>
<p>B. Utilize technical assistance from CEBC to develop an inventory of existing evidence-based models that are effective in improving outcomes</p>		<p>2013-2014</p>	<p>Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)</p>
<p>C. Utilize technical assistance from CEBC to develop a roadmap for expanding evidence-based practice in Riverside County</p>		<p>2013-2014</p>	<p>Children's Services Division Center for Evidence-Based Clearinghouse (CEBC)</p>

Action Steps:	Probation	Timeline:	Person Responsible:
<p>A. Explore use of community based organizations (CBOs) and service providers (SPs) who adhere to an evidenced/ performance-based care model</p>	<p>December 2013</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>B. Evaluate existing CBOs and SPs for EBP standards of care and treatment, graduation rates, and accountability-based performance reviews</p>	<p>December 2014</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>C. Develop a CBO/SP list in relation to current dept. need, which incorporates EBP requirements into contracts, and release a solicitation for contracts/providers with a contract start date on or before January 1, 2016</p>	<p>December 2015</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>D. Implement items 3B and 3C as resources permit</p>	<p>January 2016</p>	<p>Probation Department, Juvenile Services Division</p>	
<p>E. Evaluate effectiveness of 3D if implemented</p>	<p>April 2018</p>	<p>Probation Department, Juvenile Services Division</p>	

<p>Strategy 4: Improve placement support and services by improving initial and ongoing assessments of minors to reduce placement failures/runaways and promote and maintain first/best placement fit</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>CAPT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CBCAP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PSSF</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>N/A</td> </tr> </table>	<input checked="" type="checkbox"/>	CAPT	<input type="checkbox"/>	CBCAP	<input type="checkbox"/>	PSSF	<input checked="" type="checkbox"/>	N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)</p>
<input checked="" type="checkbox"/>	CAPT									
<input type="checkbox"/>	CBCAP									
<input type="checkbox"/>	PSSF									
<input checked="" type="checkbox"/>	N/A									
<p style="text-align: center;">Probation</p>										
<p>Action Steps:</p> <p>A. Evaluate existing CBOs and SPs for individual/ minor-specific initial and ongoing treatment service plans</p> <p>Evaluate the potential improvements in efficiency and accountability re: monthly progress reports in conjunction with quarterly evaluations by placement providers</p>	<p>Timeframe:</p> <p>December 2013</p>	<p>Person Responsible:</p> <p>Probation Department, Juvenile Services Division</p>								
<p>B. Evaluate existing Interagency Screening Committee (ISC) policy and process</p> <p>Require presentations by each private placement provider to ISC, to reduce placement failures/runaways by identifying first/best placement fit of minors to program</p>	<p>Timeframe:</p> <p>December 2014</p>	<p>Person Responsible:</p> <p>Probation Department, Juvenile Services Division</p>								
<p>C. Identify gaps in 4A and 4B to promote early and accurate identification of issues, ensure placements follow their treatment service plans, increase accountability and standard of care, and strategize for timely reunification</p>	<p>Timeframe:</p> <p>December 2015</p>	<p>Person Responsible:</p> <p>Probation Department, Juvenile Services Division</p>								

<p>D. Develop recommendations from 4C for comprehensive initial and ongoing assessment program to improve placement support and services</p>	<p>January 2016</p>	<p>Probation Department, Juvenile Services Division</p>
<p>E. Implement program as funds available</p>	<p>December 2016</p>	<p>Probation Department, Juvenile Services Division</p>
<p>F. Evaluate effectiveness of 4E if implemented</p>	<p>April 2018</p>	<p>Probation Department, Juvenile Services Division</p>

<p>Strategy 5: Wraparound Increase a minor’s retention in familiar environments and culture by expanding family-centered community-based Wraparound Program</p>		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability</p>		
Children’s Services Division					
Action Steps:		Timeframe:		Person Responsible:	
<p>A. Evaluate current Wraparound baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p>		2013		Children’s Services Division	
<p>B Evaluate program effectiveness and the link between Wraparound as intervention and long-term child and family outcomes</p>		2013		Children’s Services Division	
<p>C. Ongoing review and analysis of Wraparound outcomes</p>		2013-2018		Children’s Services Division	
<p>D. Expansion of client recruitment and service delivery for the Wraparound program</p>		2013-2018		Children’s Services Division	

Probation		
Action Steps:	Timeframe:	Person Responsible:
<p>A. Evaluate current Wraparound Program utilization/ processes re: actual practice vs. policy and develop expansion recommendations (in process)</p> <p>Partner with Mental Health on existing/future Wraparound grant provisions and provide expansion recommendations to respective Executive Management Teams (in process)</p> <p>Expansion recommendations to include components of early intervention, placement step-down to community, minor's cultural/language needs and family/extended family location (in process)</p>	December 2013	Probation Department, Juvenile Services Division
<p>B. Integrate approved recommendations developed from 5A into Wraparound Program</p>	December 2014	Probation Department, Juvenile Services Division
<p>C. Evaluate and monitor the expanded practices of Wraparound Program</p>	December 2015	Probation Department, Juvenile Services Division
<p>D. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry</p>	April 2018	Probation Department, Juvenile Services Division

Strategy 6: Improve communication of and connection to available family specific services by developing the "resource specialist" concept		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.2: Reduce Median time to Reunification (exit cohort) C1.3: Increase Rates of Reunification within 12 months (entry cohort) C1.4: Reduce Re-entry following Reunification (exit cohort)
Probation Action Steps:		Timeframe:	Person Responsible:
A. Gather information: nationwide, regional and local best practices, county government agency and departmental practices (in process)	June 2014	Probation Department, Juvenile Services Division	
B. Evaluate current available resources, resource providers, and community based organizations, and complete a dept. needs assessment	June 2015	Probation Department, Juvenile Services Division	
C. Generate the "resource specialist" duties profile, to be incorporated into existing clerical, probation assistant, and/or probation officer job expectations	January 2016	Probation Department, Juvenile Services Division	
D. Make recommendations to Executive team	June 2016	Probation Department, Juvenile Services Division	
E. Implement approved recommendations contingent upon available funding	January 2017	Probation Department, Juvenile Services Division	
F. Evaluate effectiveness of strategy as it relates to reducing median time to reunification, increasing rates of reunification, and reducing re-entry	April 2018	Probation Department, Juvenile Services Division	

Strategy 7: Case Plan Field Tool		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division			
Action Steps:		Timeframe:	
A. Provide training and coaching for social workers on family engagement and the development of behavioral-focused, client-informed case plans		July 2012 – June 2014	Children's Services Division Casey Family Programs Public Child Welfare Training Academy
B. Establish workgroups to evaluate the current coaching/training process and develop recommendations for expansion of instruction for case plan development, specific to adolescent/transitioning youth		July 2013 – June 2014	Children's Services Division
C. Provide training to social workers who work with the identified group on family networking and utilization of the case plan field tool		April – June 2013	Public Child Welfare Training Academy
D. Complete data analysis and evaluate the effectiveness of the initial implementation of the Case Plan Field Tool Develop recommendations and plan for ongoing assessment		July 2013	Children's Services Division Children's Research Center Casey Family Programs

Attachment A

<p>E. Recruitment and training of 8-10 child welfare social worker supervisors as Case Plan Field Tool coaches</p>	<p>July 2013 – June 2014</p>	<p>Children's Services Division</p>
<p>F. Provide advanced training and coaching to ensure sustainability of practice</p>	<p>July 2013 – June 2015</p>	<p>Children's Services Division Public Child Welfare Training Academy</p>
<p>G. Ongoing implementation, evaluation and revision of the Case Plan Field Tool</p>	<p>July 2013 – June 2018</p>	<p>Children's Services Division</p>

Strategy 8: Katie A. Core Practice Model (CPM) Initiative		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division			
Action Steps:		Timeframe:	
A. Staff training on implementation of the Katie A. Core Practice Model		December 2013	Children's Services Division California Department of Health Care Services California Department of Social Services
B. Utilize an implementation science approach to engage Department of Health in the collaborative development of an implementation and evaluation plan		March 2013 – December 2013	Children's Services Division Riverside County Department of Mental Health
C. Plan, prepare, and build the necessary supports to promote utilization of the Core Practice Model		June 2013 – July 2014	Children's Services Division Riverside County Department of Mental Health
D. Pilot Core Practice Model implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary		December 2013 – July 2014	Children's Services Division Riverside County Department of Mental Health

<p>E. Develop a plan for data collection and analysis, including the development of an ongoing evaluation plan</p>	<p>December 2013 – June 2014</p>	<p>Children's Services Division</p>
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue and accountability</p>	<p>July – December 2014</p>	<p>Children's Services Division</p>
<p>G. Full Implementation Stage – The majority of staff are using the CPM with fidelity</p>	<p>June 2015 – July 2016</p>	<p>Children's Services Division Riverside County Department of Mental Health</p>
<p>H. Evaluate program effectiveness and the link between CPM as an intervention and long-term child and family outcomes</p>	<p>December 2015 – June 2018</p>	<p>Children's Services Division</p>

Strategy 9: Educational Liaison Program Expansion		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division			
Action Steps:		Timeframe:	
A. Exploration of similar practice models and the development of position description	April – June 2013	Children's Services Division Riverside County Department of Education	
B. Plan, prepare, and build the necessary supports to promote utilization of the modified and expanded Educational Liaison intervention	June – December 2013	Children's Services Division Riverside County Department of Education	
C. Develop a plan for data collection, analysis, and ongoing evaluation	April – June 2013	Children's Services Division	
D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability	April 2013 – January 2014	Children's Services Division	
E. Recruitment of two additional Educational Liaison positions	January 2013 – January 2014	Children's Services Division Riverside County Department of Education	

<p>F. Pilot a process for identifying appropriate utilization of Educational Liaisons and assign teams to monitor and improve the intervention and implementation supports</p>	<p>July 2013 – June 2014</p>	<p>Children’s Services Division Riverside County Department of Education</p>
<p>G. Full Implementation Stage – The majority of staff are using the Educational Liaisons model with fidelity.</p>	<p>July 2014 – June 2018</p>	<p>Children’s Services Division Riverside County Department of Education</p>
<p>H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p>	<p>July 2014 – June 2018</p>	<p>Children’s Services Division</p>

Strategy 10: Faith In Motion	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division Action Steps:	Timeframe:	Person Responsible:
A. Plan, prepare, and build the necessary supports to sustain a collaborative community-directed model	July 2013 – June 2014	Children's Services Division Faith Based Partnership
B. Expansion of faith-based recruitment and service delivery	July 2013 – June 2018	Children's Services Division Faith Based Partnership
C. Develop a plan for data collection, analysis, and ongoing evaluation	July 2013 – June 2014	Children's Services Division Faith Based Partnership
D. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	July 2015 – June 2016	Children's Services Division Faith Based Partnership
E. Evaluate program effectiveness and the link between Faith in Motion as an intervention and long-term child and family outcomes	July 2016 – June 2018	Children's Services Division Faith Based Partnership

Strategy 11: Family Preservation Court/CAM Program Sustainability Project		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A		Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort)
Children's Services Division Action Steps:		Timeframe:		Person Responsible:
A. Develop strategies for program sustainability at grant termination in 2016, including a matrix of continuum of services	July 2013 – June 2016	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services		
B. Utilize an implementation science approach to engage core service providers to expand key components of the Family Preservation Court/CAM programs to all providers of drug and alcohol prevention services	July 2014 – June 2015	Children's Services Division Children & Family Futures Riverside County Family Preservation Court Mental Health Services Riverside County Department of Mental Health Catholic Charities MFI		
C. Plan, prepare, and build necessary supports to promote utilization of key FPC/CAM intervention components by core service providers	July 2014 – June 2015	Children's Services Division		

<p>D. Develop a plan for data collection, analysis, and ongoing evaluation</p>	<p>July 2014 – June 2015</p>	<p>Children’s Services Division</p>
<p>E. Pilot expansion of the FPC/CAM intervention components and assign teams to monitor and improve the intervention and implementation supports</p>	<p>July 2015 – June 2016</p>	<p>Children & Family Futures Riverside County Family Preservation Court Riverside County Department of Mental Health Catholic Charities MFI</p>
<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.</p>	<p>July 2015 – June 2016</p>	<p>Children’s Services Division</p>
<p>G. Full Implementation Stage – The majority of service providers are using the continuum of services with fidelity</p>	<p>July 2016 – June 2018</p>	<p>Riverside County Family Preservation Court Riverside County Department of Mental Health Catholic Charities MFI</p>
<p>H. Evaluate program effectiveness and the link between Educational Liaisons as an intervention and long-term child and family outcomes</p>	<p>July 2016 – June 2018</p>	<p>Children’s Services Division</p>

Strategy 12: Family Resource Centers / “Network Hub Model”		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children’s Services Division		Timeframe:	Person Responsible:
Action Steps: A. With technical assistance from Casey Family Programs, utilize a strategic consultant to engage community partners in the development of a collaborative and community-directed model for Family Resource Center communities	July 2013 – June 2014	Children’s Services Division Casey Family Programs Pat Bowie (strategic consultant)	
B. Evaluate data and resources respective to the four Family Resource Center target areas to identify shared outcomes for improvement, beginning with the Jurupa Valley community	July 2013 – June 2018	Children’s Services Division Casey Family Programs Community Stakeholders	
C. Conceptualize pilot model and implement community readiness assessments to determine feasibility of model plan	July 2013 – June 2014	Children’s Services Division Pat Bowie (strategic consultant) Community Stakeholders	
D. Implement pilot Network Hub Model	July 2013 – June 2014	Children’s Services Division Community Stakeholders	

<p>E. Ongoing implementation and evaluation of the Network Hub Model</p>	<p>July 2013 – June 2018</p>	<p>Children's Services Division Community Stakeholders</p>
<p>F. Evaluate sustainability of pilot Network Hub Model</p>	<p>July 2014 – June 2015</p>	<p>Children's Services Division Casey Family Programs Community Stakeholders</p>

Strategy 13: Internal Evaluation of Integrated Core Services	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
	<input checked="" type="checkbox"/> CBCAP	
	<input checked="" type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
Children's Services Division		
Action Steps:	Timeframe:	Person Responsible:
A. Develop a plan for data collection, analysis, and ongoing evaluation of all Core Services	April – June 2013	Children's Services Division
B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	July 2013 – June 2014	Children's Services Division
C. Evaluate program effectiveness and the link between Core Services as interventions and long-term child and family outcomes	July 2014 – June 2018	Children's Services Division

Strategy 14: Independent Living Program Evaluation Plan		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division Action Steps:		Timeframe:	
A. Develop a plan for data collection, analysis, and ongoing evaluation	December 2013	Children's Services Division	
B. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability.	December 2013 – June 2014	Children's Services Division	
C. Evaluate program effectiveness and the link between the Independent Living Program as intervention and long-term child and family outcomes	June 2014 – July 2018	Children's Services Division	

Strategy 15: Racial Disparity and Disproportionality (RDD)		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division			
Action Steps:		Timeframe:	
A. Evaluate current RDD baseline data and utilize as a tool to promote awareness, dialogue, and accountability		July 2013 – June 2014	Children's Services Division
B. Identify and evaluate existing RDD models that are effective in improving outcomes to prepare for release of new RFP		July 2013 – June 2014	Children's Services Division
C. Select contractor and begin model implementation		July 2014 – June 2015	Children's Services Division
D. Develop a plan for data collection, analysis, and ongoing evaluation		July 2014 – June 2015	Children's Services Division
E. Evaluate program effectiveness and the link between the selected RDD model as intervention and long-term child and family outcomes		July 2015 – June 2018	Children's Services Division

Strategy 16: Primary Safe Care/Early Safe Care/Safe Care Plus		<input type="checkbox"/> CAPT <input checked="" type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort)
Children's Services Division			
Action Steps:		Timeframe:	
A. Continue targeted referral and service provision to families with children between the ages of 0 and 5, identified as high risk, and eligible for Family Maintenance or Family Maintenance Voluntary services		July 2013 – June 2018	Children's Services Division Riverside Dept. of Public Health John F. Kennedy Foundation Family Service Association
B. Baseline analysis of Primary SafeCare/Early SafeCare/SafeCare Plus data to establish client need and capacity for service delivery		July 2013 – December 2013	Children's Services Division
C. Establishment of graduation outcome goals for Primary SafeCare/Early SafeCare/SafeCare Plus		July 2013 – June 2014	Children's Services Division
D. Safe Care Plus partner with UCSD to receive technical assistance in data collection and program evaluation. Deliverables include: <ul style="list-style-type: none"> • Design of data collection instruments and procedures for data collection and analysis • Assistance in design and development of a web-based database • Selection and prioritization of outcome indicators 		July 2013 – June 2014	Children's Services Division University of California, San Diego

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<p>E. Conduct ongoing evaluation to:</p> <ul style="list-style-type: none"> • Assess participation rates of target population • Examine fidelity in model implementation • Assess effectiveness of program relative to client improved family functioning and CSD improved SIP outcomes 	<p>July 2013 – June 2018</p>	<p>Children's Services Division</p>
<p>D. Participate in and support the Safe Care Sustainment Research Project conducted by UCSD</p>	<p>July 2013 – June 2018</p>	<p>Children's Services Division University of California, San Diego</p>

Strategy 17: Team Decision Making (TDM) meetings		<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.1 Increase rates of reunification within 12 months (exit cohort) C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division			
Action Steps:		Timeframe:	
A. Evaluate current TDM baseline data and utilize as a tool to promote awareness, dialogue, and accountability	January – December 2013	Children's Services Division UC Berkeley (strategic consultant)	
B. Develop recommendations for improved data collection, database management, and data analysis, including the development of an ongoing evaluation plan.	July – December 2013	Children's Services Division UC Berkeley (ETO database manager)	
C. Evaluate program effectiveness and the link between TDM as intervention and long-term child and family outcomes	May 2013 – June 2018	Children's Services Division California Evidence-Based Clearinghouse for Child Welfare	
D. Review and evaluate recommendations to incorporate, within the TDM program, new standards of practice consistent with the Katie A. Core Practice Model	January – December 2014	Children's Services Division	
E. Implement recommendations from item D, above	January 2015 – June 2018	Children's Services Division	

Strategy 18: Youth Partners		<input checked="" type="checkbox"/> CAPT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): C1.4 Reduce re-entry following reunification (exit cohort) C4.2 & C4.3 Increase rates of placement stability
Children's Services Division		Timeframe:	Person Responsible:
A. Exploration of similar practice models and the development of a position description	January – December 2013	Children's Services Division	
B. Plan, prepare, and build the necessary supports to promote utilization of the Youth Partner	July 2013 – June 2014	Children's Services Division	
C. Recruitment of eight Youth Partner positions	July 2014 – June 2015	Children's Services Division	
D. Pilot Youth Partner program implementation and assign teams to monitor the intervention and implementation supports and make improvements as necessary	July 2015 – June 2016	Children's Services Division	
E. Develop a plan for data collection, analysis, and ongoing evaluation	January – July 2014	Children's Services Division	

<p>F. Evaluate baseline data and utilize as a tool to promote awareness, dialogue, and accountability</p>	<p>January 2015 – June 2016</p>	<p>Children’s Services Division</p>
<p>G. Full Implementation Stage – The majority of staff are using the Youth Partners model with fidelity</p>	<p>July 2016 – June 2018</p>	<p>Children’s Services Division</p>
<p>H. Evaluate program effectiveness and the link between Youth Partners as an intervention and long-term child and family outcomes</p>	<p>July 2016 – June 2018</p>	<p>Children’s Services Division</p>

CAPIT/CBCAP/PSSF

Program and Evaluation Description

Program Description	Program Name	Adoption Promotion and Support
	Service Provider	Department of Public Social Services (DPSS), Children's Services Division (CSD)
	Program Description	CSD provides Pre and Post-Adoption promotion and supportive services, adoption assistance, foster/adoptive family training and recruitment, adoption home studies, adoption matching, mentoring, and counseling (Individual and Family).
	OCAP Funding Source(s)	CWS Basic, FC/AAP, FPT&R, STAP, and EA-FC eligibility and assistance grants.
	Identified Priority Need Outlined in CSA	There was an identified need for more foster homes and resource families who are certified and willing to adopt dependent children who are available for adoption.
	Target Population	The population served includes all members of adoptive families and children who are eligible for adoption.
	Target Geographic Area	Countywide, for dependents of Riverside County and their adoptive families.
	Timeline	Current and on-going through the five year SIP.
Evaluation	Program Outcome(s)	Recruitment and Training services provided by CSD social workers reduces the timeline from when a child becomes available for adoption to the time a match to an adoptive family is made; thereby, reducing the amount of time a child spends in foster care and promotes more timely placements in prospective adoptive homes. Additionally, the support services provided to adoptive families and children, such as adoption assistance and training, facilitate a positive experience for them in the adoption process as they successfully transition toward permanency and reducing the rates of re-entry into care.
	Quality Assurance (QA) Methods/Tracking Tools	CSD uses an Adoption Database to track the progress of prospective adoptive parents from the date they express and interest in becoming a resource parent until the time they finalize an adoption. The database tracks milestones in the process. The lapse of time between milestones indicates effectiveness of the services we are providing services focusing on wait times or delays in the adoption process and ensures that the process is a successful one.
	Client Satisfaction	Adoption staff meets monthly with faith-based, community, Parent and Youth Partners to discuss foster/adoptive parent recruitment. Recruitment efforts are planned and reviewed at each meeting. Feedback from the partners is used to improve recruitment and services. Additionally, at each foster/adoptive training satisfaction surveys are conducted and collected to improve trainings and needs of customers. Also, each prospective foster/adoptive parent is interviewed by a staff member. Further, feedback from customer interviews and surveys are used to improve training services.

CAPIT/CBCAP/PSSF

Program and Evaluation Description

Program Description	Program Name	Domestic Violence and Anger Management
	Service Provider	Alternatives to Domestic Violence (ADV) Catholic Charities My Family Incorporated (MFI)
	Program Description	Victims of Domestic Violence are offered classes and advocacy services to empower them and to develop skills to prevent future occurrences of domestic violence. These programs also provide support services and shelter to victims and their children. Anger management classes are offered to parents who need assistance in eliminating their abusive behaviors and violent tendencies. These classes focus on teaching parents alternative methods of expressing their emotions and help them to develop coping skills to negotiate differences in a positive, non-violent manner while holding them accountable for their actions.
	OCAP Funding Source(s)	CAPIT, PSSF, and CWSOIP
	Identified Priority Need Outlined in CSA	As described and identified in Riverside County's 2010 Needs Assessment, 38% of child welfare cases had issues with domestic violence and the need for individual/group counseling and advocacy for victims of domestic violence was ranked one of the highest needs for the county as a result.
	Target Population	The population served includes parents in all areas of Riverside County. All service providers offered their services in both English and Spanish.
	Target Geographic Area	Domestic Violence and Anger Management services are offered countywide, with MFI providing services in an extremely high need area in the county, Mid-County.
	Timeline	Currently being provided to clients and shall continue through the five year SIP.
Evaluation	Program Outcome(s)	Through Domestic Violence intervention and Anger Management classes, parents are able to demonstrate an understanding about the dynamics of domestic violence and its negative effect on children through skills they acquire to safely care and protect their children from being exposed to incidents of domestic violence. The program outcomes will increase incidents in the preservation of the family by maintaining children safely in the care of their parents or caregivers or safely returning them to their homes during the reunification process; decrease timelines to reunify children safely home to the care of their parents or caregivers; and reduce incidents of child maltreatment relating to domestic violence.
	Quality Assurance (QA) Methods/Tracking Tools	Riverside County conducts annual monitoring visits to assure that all services are administered according to contract. Children's Services Division staff makes a minimum of one monthly contact with all service providers to discuss issues, strengths, reporting, and any other subjects that arise during their conversations with service providers.

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Additionally, random case file reviews are conducted to assess services provided to families.

For the past five years, the county has contracted with Parents Anonymous, Inc. (PA) to evaluate its CAPIT, CBCAP, and PSSF services. PA created the Riverside County Evaluation Database (RCEDB) in which all service providers enter client-level data as well as the outcomes for short term, intermediate, and long-term goals for clients receiving services. Three times per year, PA conducts *Client Satisfaction Surveys* to track overall satisfaction with the county's providers. The surveys are scored and individual comments made by clients regarding their services and experiences with the providers may be reviewed; in this manner, the county is able to gain a clear understanding of how individual service providers are performing, and where we may assist in improving service provision. The three measures utilized by PA to determine the effectiveness of the program's effectiveness include: Exit Assessments, Outcome Measures, and Client Satisfaction Surveys.

The County's contract with PA will be terminated by June 30, 2013 and will not be extended as the County is currently in the process of developing its own evaluation plan and database. The County plans to develop outcomes which are measurable by using evidenced-based tools to ensure appropriate services are being provided and are truly meeting the needs of our clients.

Client Satisfaction

A *Customer Satisfaction Survey* is administered by our contracted service provider, PA to clients three times annually. The surveys gathered responses from clients relating to the overall quality of the services provided, helpfulness, convenience, staff professionalism,

location accessibility, and other items. The surveys were provided in English and Spanish.

The County will directly administer *Customer Satisfaction Surveys* to clients in FY 13/14.

CAPIT/CBCAP/PSSF

Program and Evaluation Description

Program Description	Program Name	Substance Abuse Treatment, Testing, and De-Tox
	Service Provider	<ul style="list-style-type: none"> • Catholic Charities- Substance Abuse: Individual and Group, Outpatient Counseling, De-tox, Testing, and Residential and Day Treatment services available. • My Family Incorporated (MFI)- Substance Abuse: Individual and Group Outpatient Counseling, Residential, and Day Treatment services available. • Mental Health Systems- Family Preservation Court (Drug Court) and Children Affected by Methamphetamine (CAM) program.
	Program Description	Catholic Charities and MFI offer residential treatment, detoxification, rehabilitation, aftercare, drug testing, and individual and group counseling. Family Preservation Court (Drug Court) is a one year program which provides accessible, intensive, high quality substance abuse services and case management services for clients with court over site. The program provides assessments, group and individual counseling, frequent and random drug testing, support groups, intensive case management, parenting education using the Nurturing Families curriculum, reunification groups, Women in Recovery (counseling and sober living referrals), and referrals to other services and resources as needed. For higher risk clients, the program also offers short term solution-focused therapy and in-home visitations.
	OCAP Funding Source(s)	CAPIT, CBCAP, PSSF, SAMHSA and CAM Grant Funding
	Identified Priority Need Outlined in CSA	The continued need for substance abuse treatment services had been identified and described in the Riverside County's 2010 Needs Assessment. Additionally, Riverside County's Self-Assessment advocated for an increase in the availability of substance abuse treatment. Seventy-two percent of petitions filed in Riverside County for General Neglect indicated that substance abuse was a contributing factor in the detention of those children. Further, re-entry into care data strongly suggests that at the point of entry, substance abusing parents are likely to have the same allegation should their children re-enter into care.
	Target Population	<p>The population served includes families in all areas of Riverside County who are at high risk of abuse and/or neglect. All service providers offer services in both English and Spanish.</p> <p>Family Preservation Court provides services to parents in all areas of Riverside County who are in need of an intensive 52-week, court supervised substance abuse program. These parents must have at least one child under the age of 18 at risk of abuse or neglect.</p> <p>Family Preservation Court also consists of the CAM program, Children Affected by Methamphetamine. Services are provided to parents whose primary drug of choice is</p>

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		methamphetamine. The program also targets mothers whose children are born drug exposed and who are at very high risk of abuse or neglect.
	Target Geographic Area	Both service providers offer services countywide, with MFI providing services in an extremely high need area in the county, Mid-County.
	Timeline	These substance abuse services shall be provided to clients throughout the five year SIP.
Evaluation	Program Outcome(s)	The program outcomes will increase incidents in the preservation of the family by maintaining children safely in the care of their parents or caregivers; shorten reunification timelines for children to safely return to the care of their parents or caregivers; and reduce future incidents of child maltreatment, particularly where substance abuse was a contributing factor.
	Quality Assurance (QA) Methods/Tracking Tools	<p>Riverside County conducts annual monitoring visits to assure that all services are administered according to contract. Children’s Services Division staff makes a minimum of one monthly contact with all service providers to discuss issues, strengths, reporting, and any other subjects that arise during their conversations with service providers. Additionally, random case file reviews are conducted to assess services provided to families.</p> <p>For the past five years, the county has contracted with Parents Anonymous, Inc. (PA) to evaluate its CAPIT, CBCAP, and PSSF services. PA created the Riverside County Evaluation Database (RCEDB) in which all service providers enter client-level data as well as the outcomes for short term, intermediate, and long-term goals for clients receiving services. Three times per year, PA conducts Client Satisfaction Surveys to track overall satisfaction with the county’s providers. The surveys are scored and individual comments made by clients regarding their services and experiences with the providers may be reviewed; in this manner, the county is able to gain a clear understanding of how individual service providers are performing, and where we may assist in improving service provision. The measures utilized by PA to determine program effectiveness include: Exit Assessments, Outcome Measures, and Client Satisfaction Surveys.</p> <p>The County’s contract with PA will be terminated by June 30, 2013 and will not be extended as the County is currently in the process of developing its own evaluation plan and database. The County plans to develop outcomes which are measurable by using evidenced-based tools to ensure appropriate services are being provided and are truly meeting the needs of our clients.</p>
	Client Satisfaction	<p>A Customer Satisfaction Survey is administered by our contracted service provider, PA to clients three times annually. The surveys gathered responses from clients relating to the overall quality of the services provided, helpfulness, convenience, staff professionalism, location accessibility, and other items. The surveys were provided in English and Spanish.</p> <p>The County will directly administer <i>Customer Satisfaction Surveys</i> to clients in FY 13/14.</p>

CAPIT/CBCAP/PSSF

Program and Evaluation Description

Program Description	Program Name	Counseling (Group/Individual/Family)
	Service Provider	Catholic Charities Family Services of the Desert My Family Incorporated (MFI)
	Program Description	Individual, family, or group counseling services are offered to prevent the reoccurrence of child maltreatment or incidents of domestic violence. Counseling services assist in the promotion of permanency by either maintaining children safely in their family home or safely returning children to their home during the reunification process.
	OCAP Funding Source(s)	CAPIT, PSSF, CWS Basic, and CWSOIP
	Identified Priority Need Outlined in CSA	Counseling services were identified as the number one priority for the prevention of child abuse in Riverside County's 2010 Needs Assessment. The services providers offer various counseling settings (group, individual, or family) to meet individual and family needs. Another high priority need identified in the 2010 Needs Assessment was establishing a "one stop" service delivery system where all services could be accessed in one centralized location. For example, the initial screening process completed by Catholic Charities may identify other areas of need for the family in which they can extend additional assistance, such as utility, rental, food, and childcare assistance.
	Target Population	The population served includes parents or caregivers and children in all areas of Riverside County who are in need of counseling services (group, individual, or family). All service providers offered their services in both English and Spanish.
	Target Geographic Area	Counseling services are offered countywide, with MFI providing services in an extremely high need area in the county, Mid-County.
	Timeline	Currently being provided to clients and shall continue through the five year SIP plan.
Evaluation	Program Outcome(s)	The program outcomes will increase incidents in the preservation of the family by maintaining children safely in the care of their parents or caregivers or safely returning them to their homes during the reunification process; decrease timelines to reunify children safely home to the care of their parents or caregivers; and reduce incidents of child maltreatment.
	Quality Assurance (QA) Methods/Tracking Tools	Riverside County conducts annual monitoring visits to assure that all services are administered according to contract. Children's Services Division staff makes a minimum of one monthly contact with all service providers to discuss issues, strengths, reporting, and any other subjects that arise during their conversations with service providers. Additionally, random case file reviews are conducted to assess services provided to families.

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For the past five years, the county has contracted with Parents Anonymous, Inc. (PA) to evaluate its CAPIT, CBCAP, and PSSF services. PA created the Riverside County Evaluation Database (RCEDB) in which all service providers enter client-level data as well as the outcomes for short term, intermediate, and long-term goals for clients receiving services. Three times per year, PA conducts *Client Satisfaction Surveys* to track overall satisfaction with the county's providers. The surveys are scored and individual comments made by clients regarding their services and experiences with the providers may be reviewed; in this manner, the county is able to gain a clear understanding of how individual service providers are performing, and where we may assist in improving service provision. The three measures utilized by PA to determine the effectiveness of the program's effectiveness include: Exit Assessments, Outcome Measures, and Client Satisfaction Surveys.

The County's contract with PA will be terminated by June 30, 2013 and will not be extended as the County is currently in the process of developing its own evaluation plan and database. The County plans to develop outcomes which are measurable by using evidenced-based tools to ensure appropriate services are being provided and are truly meeting the needs of our clients.

Client Satisfaction

A *Customer Satisfaction Survey* is administered by our contracted service provider, PA to clients three times annually. The surveys gathered responses from clients relating to the overall quality of the services provided, helpfulness, convenience, staff professionalism, location accessibility, and other items. The surveys were provided in English and Spanish.

The County will directly administer *Customer Satisfaction Surveys* to clients in FY 13/14.

CAPIT/CBCAP/PSSF

Program and Evaluation Description

Program Description	Program Name	Parenting Classes
	Service Provider	Catholic Charities My Family Incorporated (MFI)
	Program Description	Both providers offer classes to parents with focus on enhancing their parent knowledge, skills, and building confidence in their ability to provide a nurturing and safe family home environment that promotes optimal child development. Additionally, parenting classes assist parents who need to strengthen their emotional attachment to their children, learn how to nurture their children, and increase their understanding about general principles of discipline, care, and supervision.
	OCAP Funding Source(s)	CAPIT
	Identified Priority Need Outlined in CSA	In Riverside County's 2010 Needs Assessment, parenting classes was identified as the fifth most important service priority in the prevention of child maltreatment.
	Target Population	The population served includes parents in all areas of Riverside County. All service providers offered their services in both English and Spanish.
	Target Geographic Area	Parenting classes are offered countywide, with MFI providing services in an extremely high need area in the county, Mid-County.
	Timeline	Currently being provided to clients and shall continue through the five year SIP.
Evaluation	Program Outcome(s)	Through the successful completion of parenting classes, parents will acquire skills to enable them to appropriately discipline their children and nurture their parent-child bond in a healthy and positive manner to meet the physical, emotional, and developmental needs of their children. The program outcomes will increase incidents in the preservation of the family by maintaining children safely in the care of their parents or caregivers or safely returning them to their homes during the reunification process; decrease timelines to reunify children safely home to the care of their parents or caregivers; and reduce incidents of child maltreatment.
	Quality Assurance (QA) Methods/Tracking Tools	Riverside County conducts annual monitoring visits to assure that all services are administered according to contract. Children's Services Division staff makes a minimum of one monthly contact with all service providers to discuss issues, strengths, reporting, and any other subjects that arise during their conversations with service providers. Additionally, random case file reviews are conducted to assess services provided to families. For the past five years, the county has contracted with Parents Anonymous, Inc. (PA) to evaluate its CAPIT, CBCAP, and PSSF services. PA created the Riverside County

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County: Riverside

Date Approved by OCAP: 05/31/2013

	<p>Evaluation Database (RCEDB) in which all service providers enter client-level data as well as the outcomes for short term, intermediate, and long-term goals for clients receiving services. Three times per year, PA conducts <i>Client Satisfaction Surveys</i> to track overall satisfaction with the county's providers. The surveys are scored and individual comments made by clients regarding their services and experiences with the providers may be reviewed; in this manner, the county is able to gain a clear understanding of how individual service providers are performing, and where we may assist in improving service provision. The three measures utilized by PA to determine the effectiveness of the program's effectiveness include: Exit Assessments, Outcome Measures, and Client Satisfaction Surveys.</p> <p>The County's contract with PA will be terminated by June 30, 2013 and will not be extended as the County is currently in the process of developing its own evaluation plan and database. The County plans to develop outcomes which are measurable by using evidenced-based tools to ensure appropriate services are being provided and are truly meeting the needs of our clients.</p>
Client Satisfaction	<p>A <i>Customer Satisfaction Survey</i> is administered by our contracted service provider, PA to clients three times annually. The surveys gathered responses from clients relating to the overall quality of the services provided, helpfulness, convenience, staff professionalism, location accessibility, and other items. The surveys were provided in English and Spanish.</p> <p>The County will directly administer <i>Customer Satisfaction Surveys</i> to clients in FY 13/14.</p>

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

124



FROM: Department of Public Social Services (DPSS)

SUBMITTAL DATE:
June 12, 2012

SUBJECT: Approval of the Agreement between DPSS and Prevent Child Abuse Riverside County without securing competitive bids

RECOMMENDED MOTION: That the Board of Supervisors:

1. Designate PCARC as the County's Children's Trust Fund Council in accordance with Welfare and Institutions Code Sections 18965 through 18970;
2. Approve and authorize the Chairman of the Board to sign the attached sole source agreement CS-02438 with Prevent Child Abuse Riverside County (PCARC) for the period of July 1, 2012 – June 30, 2013 with the option to renew for two additional one-year periods for an amount not to exceed \$516,328 without securing competitive bids;
3. Authorize the Director of DPSS to administer the agreement;
4. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to exercise the renewal options, based on the availability of fiscal funding, and to sign amendments that do no change the substantive terms of the agreement, including amendments to the compensation provision that do not exceed the annual CPI rates; and

Continued – 2 pages in total

Susan Loew

Susan Loew, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 516,328	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

SOURCE OF FUNDS: Children's Trust Fund 100%	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: **APPROVE**

BY: *Debra Courmoyer*
Debra Courmoyer

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED to approve the contract and return with an RFP process.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
 Nays: None
 Absent: None
 Date: June 12, 2012
 xc: DPSS, Purchasing, COB

Kecia Harper-Ihem
 Clerk of the Board
 BY: *[Signature]*
 Deputy

Prev. Agn. Ref.: 03/17/09 (3.54); 10/6/09 (2.11) | District: All | Agenda Number:

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.17

PURCHASING & FLEET SERVICES
 Robert Howdayshell, Director
 5/29/12
 DATE: 5-24-12
 Departmental Concurrence
 ELENA M. BOEVA
 FORM APPROVED COUNTY COUNSEL
 BY: *[Signature]*
 Dep't Recomm.:
 Per Exec. Ofc.:

RE: Approval of the Agreement between DPSS and Prevent Child Abuse Riverside County without securing competitive bids

Date: June 12, 2012

Page: 2

RECOMMENDED MOTION (CONTINUED)

5. Receive and file the FY2010/2011 Annual Report for PCARC

BACKGROUND:

Per Welfare and Institutions Code Section 18965 through 19070, the County Board of Supervisors must approve and designate a local agency as the lead agency in Riverside County for coordinating regional child abuse prevention councils and as the lead agency for the Children Trust Fund allocation.

PCARC has been the lead agency for child abuse prevention for over 12 years. As an agency, PCARC has improved their outreach efforts and expanded their community resource education efforts to create more public awareness of child abuse.

DPSS Children's Services Division works with PCARC on child abuse issues in Riverside County. PCARC also assists with the County's Community Partners Forum, which is held bi-annually to inform the community about child abuse outcomes. PCARC also takes a lead role for the countywide needs assessment, which leads to funding for the Child Abuse Prevention Intervention and Treatment (CAPIT), Promoting Safe and Stable Families (PSSF), and Community Based Child Abuse Prevention (CBCAP) allocations.

Pursuant to their current agreement, PCARC is required to submit an annual report (attached) which includes more information about their programs and the activities of the regional collaboratives.

DPSS requests that the Board approve the contract with PCARC to align with the requirements of the Welfare and Institutions Code, designate PCARC as the lead child abuse prevention council, and receive and file the FY2010/2011 Annual Report.

FINANCIAL:

The funds for this agreement are from the Children's Trust Fund with no fiscal impact to the County General Fund.

ATTACHMENTS:

Contract CS-02438
Sole Source Justification
FY2010/2011 Annual Report

CONCUR/EXECUTE:

County Purchasing

SL:jsl