

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



ITEM
3.37
(ID # 9771)

MEETING DATE:
Tuesday, July 23, 2019

FROM : PUBLIC SOCIAL SERVICES:

SUBJECT: DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS): Approve and authorize the County of Riverside System Improvement Plan 2018-2022 for the Department of Public Social Services: Children's Services Division. All Districts; [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve and authorize the Chair of the Board to sign/approve the County of Riverside System Improvement Plan 2018-2022 for the Department of Public Social Services: Children's Services Division.
2. Authorize the Department of Public Social Services to submit the County of Riverside System Improvement Plan 2018-2022 to the California Department of Social Services/Children's Services Outcomes and Accountability Bureau.

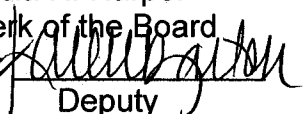
ACTION: Policy


Sarah S Mack, Asst. County Executive Officer 5/28/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Washington, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: July 23, 2019
xc: DPSS

Kecia R. Harper
Clerk of the Board
By 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment:	N/A
			For Fiscal Year:	18/19 – 21/22

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The California Child and Family Service Review (C-CFSR) process was modeled after the Federal Child and Family Service Review process, and is conducted in a five-year cycle. The C-CFSR process creates an effort to improve outcomes for children in the child welfare system and hold counties accountable for their child welfare practices and outcomes while pushing for continuous improvement. Every five years, Riverside County DPSS: Children’s Services Division works with community partners to conduct a County Self-Assessment (CSA) to analyze county demographics and child maltreatment data, assess existing services, and identify gaps in services and/or service delivery. The information gathered during the CSA is used to develop strategies for the System Improvement Plan (SIP). The SIP is a five-year plan that functions as an agreement between the county Child Welfare Agency, Probation Placement Agency, and California Department of Social Services (CDSS), outlining how the county will improve its system of child welfare and probation placement programs for children and families.

The purpose of the SIP is to provide a vehicle for system change that identifies targeted strategies designed to achieve specific measurable improvements in service delivery as well as the federal outcome measures for the children and families served by Riverside County. The SIP also identifies the county’s plan for using federal prevention and intervention funds to preserve and strengthen families and find permanent families for children unable to safely return home. Annual reports are produced to inform community stakeholders and CDSS on the progress of the SIP, including completed action steps, noting challenges or barriers that are inhibiting the county’s performance, and documenting any changes to the plan.

Impact on Residents and Businesses

Riverside County Children’s Services Division 2018-2022 SIP Strategies

Prevention	Strategy #1: Increase community awareness of child maltreatment prevention, parent education, and service availability by strengthening the coordination of the public, private, and community-based organizations within Riverside County.
	Strategy #2: Improve secondary prevention services to at-risk families by developing networks of informal and formal community supports through the coordination of efforts

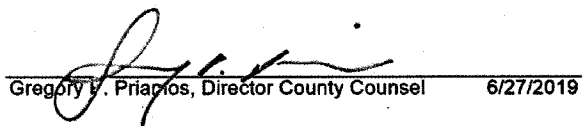
**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

	between public, private, and community-based organizations.
	Strategy #3: Create a culture of system change through focusing available resources on strengthening families to maintain children safely at home.
Families	Strategy #4: Increase parent, child, and care provider engagement while preserving and stabilizing families at all stages of involvement in the Child Welfare System.
Relatives	Strategy #5: Preserve connections with relatives and support relative placements.

ATTACHMENTS:

- ATTACHMENT A.** County of Riverside System Improvement Plan 2018-2022
- ATTACHMENT B.** California – Child and Family Services Review Signature Sheet
- ATTACHMENT C.** Contact Information


Scott Bruckner 7/16/2019


Gregory L. Priaplos, Director County Counsel 6/27/2019

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County: Riverside County
SIP Period Dates: 2018 - 2022
Outcome Data Period: Q2 2017

County Child Welfare Agency Director

Name: Dr. Marie Brown-Mercadel
Signature*: *Marie Brown Mercadel*
Phone Number: 951-358-3000
Mailing Address: Department of Public Social Services
4060 County Circle Drive,
Riverside, CA 92503

County Chief Probation Officer

Name: Mark Hake
Signature*: *Mark A Hake*
Phone Number: 951-955-2830
Mailing Address: Probation Department
3960 Orange Street, Suite 600,
Riverside, CA 92501

Public Agency Designated to Administer CAPIT and CBCAP

Name: Harry Freedman
Signature*: *Harry Freedman*
Phone Number: 951-358-6853
Mailing Address: 10281 Kidd Street,
Riverside, CA 92503

Board of Supervisors (BOS) Signature

BOS Approval Date: 7/23/19
Name: Kevin Jeffries, Chairman
Signature*: *Kevin Jeffries*

Mail the original Signature Sheet to:
Children's Services Outcomes and Accountability Bureau
Attention: Bureau Chief
Children and Family Services Division
California Department of Social Services
744 P Street, MS 8-12-91
Sacramento, CA 95814
*Signatures must be in blue ink

JUL 23 2019 3:37

KECIA R. HARRER, Clerk
BY *[Signature]* DEPUTY

Contact Information

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	Agency	Children's Services Division
	Phone & E-mail	951-358-3939 MBrownme@rivco.org
	Mailing Address	4060 County Circle Drive, Riverside, CA 92503
Probation Agency	Name	David Searing
	Agency	Juvenile Probation
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	Mailing Address	9999 County Farm Road, Riverside, CA 92503
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	Charity Douglas, Deputy Director
	Agency	Children's Services Division
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	Mailing Address	10281 Kidd Street, Riverside, CA 92503
CAPIT Liaison	Name	Harry Freedman, Regional Manager
	Agency	Children's Services Division – Program Development Region
	Phone & E-mail	951-358-6853 HFreedma@rivco.org
	Mailing Address	10281 Kidd Street, Riverside, CA 92503
CBCAP Liaison	Name	Harry Freedman, Regional Manager
	Agency	Children's Services Division – Program Development Region
	Phone & E-mail	951-358-6853 HFreedma@rivco.org
	Mailing Address	10281 Kidd Street, Riverside, CA 92503
PSSF Liaison	Name	Harry Freedman, Regional Manager
	Agency	Children's Services Division – Program Development Region
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	Mailing Address	10281 Kidd Street, Riverside, CA 92503

California - Child and Family Services Review

County of Riverside System Improvement Plan

2018-2022



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Introduction

The California Child and Family Service Review (C-CFSR) process was modeled after the Federal Child and Family Service Review process and is conducted in a five-year cycle. The C-CFSR process was created in an effort to improve outcomes for children in the child welfare system and hold counties accountable for their child welfare practices and outcomes while pushing for continuous improvement. Every five years, counties are required to conduct a County Self-Assessment (CSA) to analyze county demographics, child maltreatment data, assess existing services and gaps in services and/or service delivery. The information gathered during the CSA is used to develop strategies for the System Improvement Plan (SIP). The System Improvement Plan is one component of the C-CFSR process. The SIP is a five-year plan that functions as an agreement between the county Child Welfare Agency, Probation Placement Agency, and California Department of Social Services (CDSS), outlining how the county will improve their system of child welfare and probation placement programs for children and families.

The purpose of the SIP is to provide a vehicle for system change that identifies targeted strategies designed to achieve specific measurable improvements in service delivery as well as the federal outcome measures for the children and families served by Riverside County. The SIP also identifies the county's plan for using federal prevention and intervention funds to preserve and strengthen families and find permanent families for children unable to return home safely. Annual reports are produced to inform community stakeholders and CDSS on the progress of the SIP, including completed action steps, noting challenges or barriers that are inhibiting the county's performance, and documenting any changes to the plan.

Riverside County's Department of Public Social Services (DPSS), Children's Services Division (CSD), and Riverside County Probation (RCP) began the early planning of the CSA in March of 2016 and organized the CSA into four focus areas: prevention, child safety, services, and barriers to services. The data collection efforts were developed with these four focus areas in mind. The CSD and RCP, in partnership with Riverside University Health System-Behavioral Health (RUHS-BH) and Family Service Association (FSA), Riverside County's Child Abuse Prevention Council (CAPC), engaged in multiple data collection efforts throughout Riverside County. This included collecting over 2,300 surveys from community members, service providers and child welfare staff, hosting multiple focus groups and key informant interviews, facilitating guided discussions at our annual Community Partners Forum, and participating in a peer review process in partnership with CDSS and RCP. A Community Needs Assessment was conducted by CSD and recommendations for the Child Abuse Prevention, Intervention, and Treatment Program (CAPIT)/Community Based Child Abuse Prevention (CBCAP)/Promoting Safe and Stable Families (PSSF) service provision are provided to the CAPC and Riverside County Board of

Supervisors (BOS) for approval.

Across all these platforms of data collection, regardless of the stakeholder, consistent themes emerged. Increasing awareness of child abuse and neglect and providing parent education were identified as playing a key role in preventing child maltreatment. Parental substance abuse was the top rated child safety concern reported by all survey participants. Multiple stakeholders brought to light a need for accessible services to be available for all families, including those residing in geographically isolated areas of Riverside County, with service logistics, accessibility, and wait lists were noted as barriers for service delivery. Also highlighted, was the need for additional supportive services to families that have reunified and for relatives, as well as substance abuse treatment services. Perhaps one of the most compelling results of the CSA was the community, service providers, and caregivers all identified a lack of awareness, transportation, and embarrassment as the top rated barriers to service delivery.

In response to the identified needs from the CSA, the SIP for 2018 - 2022 was designed with three areas of focus: prevention, family support, and relative placement. In the next five years, CSD and RCP will be working to focus the efforts of the larger child welfare community (public, private, and community based organizations) to increase coordination of service provision to meet the needs of families before the need reaches crisis levels. The services will occur in neutral, non-stigmatized settings. This SIP incorporates cultural changes within the organization to support stabilizing and strengthening families to maintain children safely in their homes whenever possible, and strives to improve supportive services to relatives, while working to preserve a child's connections to family and community. These strategies provide the necessary flexibility to adjust to changing demands of child welfare practice, while providing a steadfast plan to improve Riverside County's outcomes by increasing safety, permanency, and the well-being of the children and families we serve.

Riverside County's array of CAPIT/CBCAP/PSSF/CTF funded services are determined through a transparent and collaborative effort with the CAPC, and based on an analysis of County needs. DPSS CSD develops an assessment of the community's child abuse prevention needs. The CAPC helps to develop and implement this needs assessment, and the results are shared with them. Recommendations of the types of services most needed are developed by DPSS CSD, approved by CAPC, and approved by the BOS. Once the needs recommendations are approved by CAPC and the BOS, a procurement process Request for Proposal and Request for Qualifications (RFP/RFQ) is developed by DPSS, and approved by the BOS in order to obtain services to meet the identified needs. Responses to the procurement process are evaluated, approved by the CAPC (with appropriate conflict of interest policies adhered to), and then approved by the BOS.

SIP Narrative

Children's Services Division:

C-CFSR TEAM AND CORE REPRESENTATIVES

The C-CFSR team that participated in the planning and coordination of data collection efforts for the County Self-Assessment (CSA) will continue to participate in the implementation of the System Improvement Plan (SIP). CSD collaborated with Riverside County Probation (RCP), Family Services Association (FSA)-HOPE Collaborative, and Riverside County's Child Abuse Prevention Council (CAPC) during the development of the SIP in an effort to achieve common understanding of the CSA results and to identify how the results are integrated into the development of the SIP. The Core Team will expand to include additional members from First 5 Riverside, Riverside County Office of Education, Riverside Unified School District, Family Resource Centers, Riverside University Health System-Behavioral Health (RUHS-BH), Riverside University Health System-Public Health (RUHS-PH), and Voices for Children/Court Appointed Special Advocate (CASA).

There will also be representatives from Today's Urban Renewal Network (TURN), a faith-based community organization, as well as representation from CSDs Cultural Disparity and Disproportionality (CDD) workgroup, Parent Partners, and Fatherhood Initiative. The continued engagement of these stakeholders will be essential in the success of the SIP and will continue throughout the life of the 2018-2022 SIP cycle. The first Core Team meeting commenced August 2018 and will continue monthly, initially, to establish the implementation plan for the SIP, and then will meet quarterly throughout the SIP cycle. The Core Team meetings are used to focus and coordinate the efforts of these stakeholders on the strategies for system improvement within their prospective organizations and/or roles.

CORE REPRESENTATIVES

SIP Core Team Members	
Name	Title
Probation:	
Paria Jaime	Assistant Probation Division Director
Shannon Crosby	Supervising Probation Officer
Raina Perez-Diaz	Deputy Probation Officer
Children's Services Division:	
Charity Douglas	Deputy Director
Sean Sullivan	Deputy Director
Aggie Jenkins	Regional Manager - Continuous Quality Improvement and Planning
Ben Slagter	Regional Manager - Continuous Quality Improvement and Planning
Monique Wilson	Regional Manager - Program Development Region
Loretta Broadnax	Children's Services Supervisor Family Resource Centers (FRCs)
Marnae Potts	Supervising Program Specialist - Program Development
Freddy Harris III	Administrative Services Analyst II - Program Development
Nkoli Nwifo	Sr. Administrative Analyst
Deo Mshigeni	Administrative Analyst
Robert Lough	Children's Social Services Supervisor (Quality Assurance Unit)
Roger De Leon	Parent Partner
Ray Leonard	Supervising Program Specialist (System Improvement Plan Unit)
Michele Kapp	Research Specialist II (SIP)
Kathy Posegate	Program Specialist II (SIP)
Karrie Pena	Program Specialist II (SIP)
Jennifer Rosales	Administrative Services Assistant (SIP)
Family Service Association (FSA) / HOPE Collaborative - Child Abuse Prevention Council	
Veronica Dover	Chief Operating Officer
Shannon Gonzalez	Program and Quality Assurance Administrator
Riverside University Health System - Behavioral Health	
Nisha Elliott	Mental Health Services Supervisor
Glenis Ulloa	Sr. Mental Health Peer Specialist
First Five Riverside	
Piera Causley	Administrative Services Manager II
Rajni Lopez	Research Specialist II
Today's Urban Renewal Network (TURN)	
Madison Twomey	Program Director

PRIORITIZATION OF OUTCOME DATA MEASURES/SYSTEMIC FACTORS AND STRATEGY RATIONALE

Riverside County Summary of CFSR Data
Quarter 2 2017

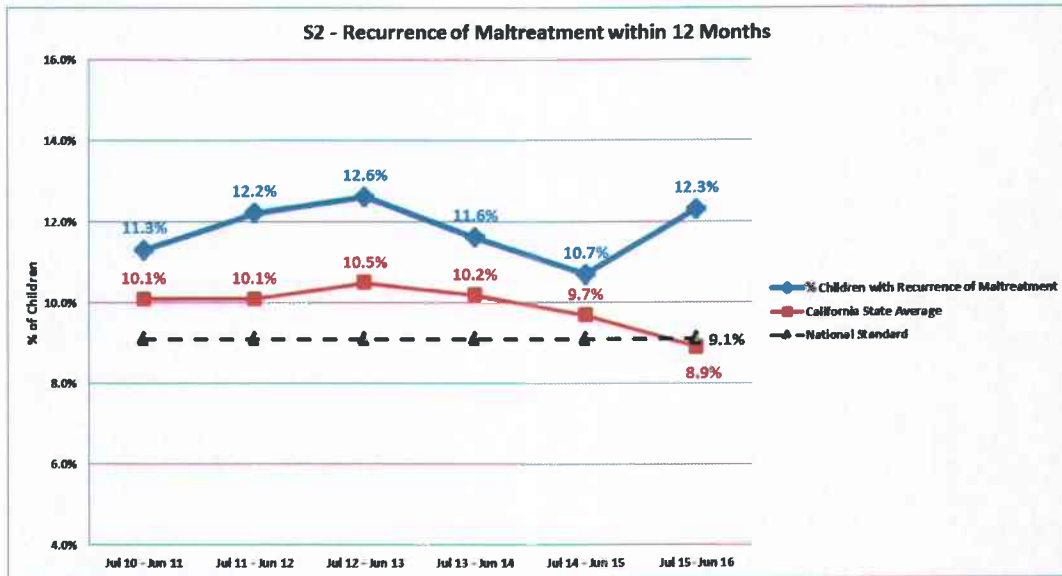
Measure	Federal Standard	Child Welfare Services Performance			Probation Performance		
		Rate / Percentage	Count	Meeting Federal Standard?	Rate / Percentage	Count	Meeting Federal Standard?
3-S1 Maltreatment in foster care	<8.50 (per 100,000)	4.53 (per 100,000)	51/1,125,101	Yes	11.79 (per 100,000)	6/50,906	No
3-S2 Recurrence of maltreatment	<9.1%	12.3%	671/5,442	No	N/A	N/A	N/A
3-P1 Permanency in 12 months for children entering foster care	>40.5%	39.9%	799/2,001	No	24.8%	52/210	No
3-P2 Permanency in 12 months for children in foster care 12-23 months	>43.6%	50.1%	443/884	Yes	22.2%	2/9	No
3-P3 Permanency in 12 months for children in foster care 24 months or	>30.3%	35.1%	292/832	Yes	0.0%	0/2	No
3-P4 Re-entry to foster care	<8.3%	6.2%	60/966	Yes	20.8%	5/24	No
3-P5 Placement Stability	<4.12 (per 1,000)	3.02 (per 1,000)	724/240,017	Yes	0.80 (per 1,000)	23/28,903	Yes

Quarter 2 2017 – http://cssr.berkeley.edu/ucb_childwelfare/Ccfsr.aspx Extract Date: September 27, 2017

3-S2 RECURRENCE OF MALTREATMENT

Of all children with a substantiated allegation during a 12-month period, what percent had another substantiated allegation within 12 months?

The National Standard for the S2 measure is 9.1% (or less).



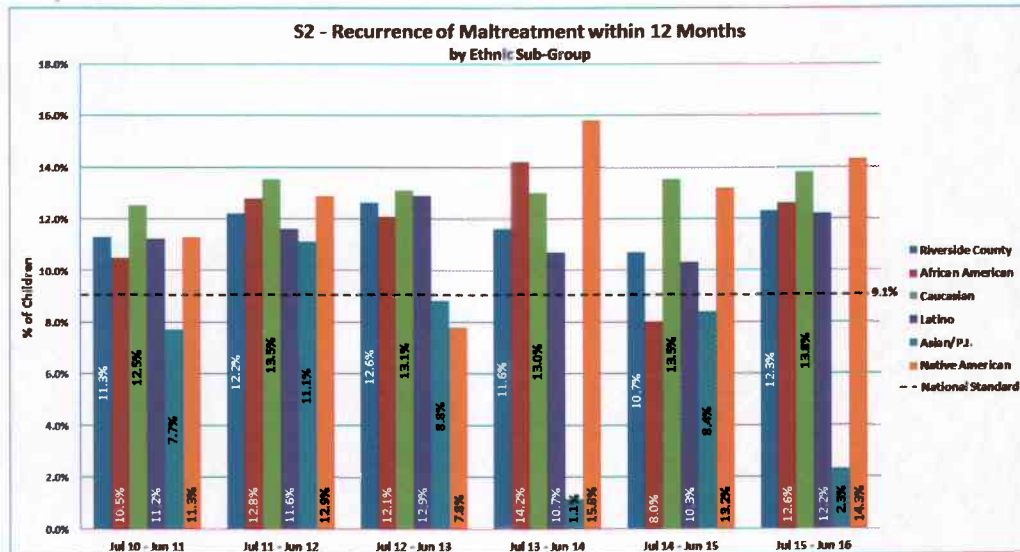
Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx

During the 2012 Riverside County CSA, the Maltreatment in Foster Care measure was CFSR2 S1.1 – No Recurrence of Maltreatment. This safety measure reflected the percentage of children who were victims of a substantiated or indicated child maltreatment allegation within a specified 6-month period for whom there was no additional substantiated maltreatment allegation during the subsequent 6 months.

The National standard for S1.1 was 94.6%. Riverside County’s performance during this period was 93.8%, slightly below the National Standard and slightly above the State of California performance of 93.1%.

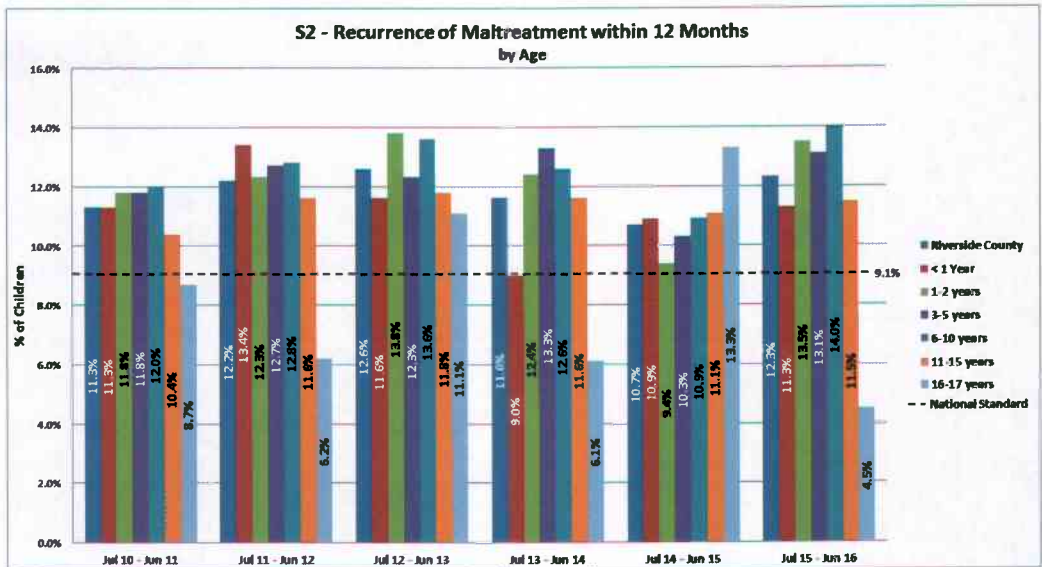
Reviewing the CFSR3-S2 data for the baseline period of the 2012 CSA (Q2 2012), Riverside County’s performance was 11.3%. This is well above the State Average of 10.1% and the National Standard of 9.1%. Riverside County has had very little success in improving the outcomes on measure S2. Systemically, the S2 measure addresses the population of children for whom a child maltreatment investigation was conducted and the allegations detailed in the referral were substantiated. However, the safety issues presented were insufficient to warrant a petition to the Juvenile Court or the removal of the child from the care and custody of their parent or guardian consistent with Welfare and Institutions Code 306 and 309. Under these circumstances, Children’s Services has no authority to direct the parents into services that may help to resolve the issues confronting the family. The current options are to provide immediate services during the period that the investigation is open (no more than 30 days), offer the family a Voluntary Family Maintenance

agreement (FMV) or make referrals to community based services. S2 is one of the measures that will be the focus of the 2018 Riverside County SIP. Riverside County’s Q2 2017 performance for S2 is a rate 12.3%; the State average is 8.9% for the same period.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx

Drilling down the S2 data by ethnic sub-group and rolling year for the period between the baseline of Q2 2012 and Q2 2017, we discover that Caucasian children have a consistently higher recurrence of maltreatment than the overall Riverside County performance and consistently higher than the other ethnic sub-groups. Riverside County’s average recurrence of maltreatment performance over this period is 11.8%. The average for Caucasian children is 13.2%, followed by African American children at 11.7% and Latino children at 11.5%. The Caucasian ethnic sub-group is the only population for which the average maltreatment over time is higher than the County’s average performance.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/S2.aspx

Drilling down the S2 data by age sub-group on a rolling year perspective for the period between the baseline of Q2 2011 and Q2 2017, the age sub-group of 6-10 year-old children have a consistently higher recurrence of maltreatment (12.65%) than the Riverside County average performance (11.8%). This is followed closely by the age groups of 3-5 year olds (12.25%), and under 2 years of age (12.2%).

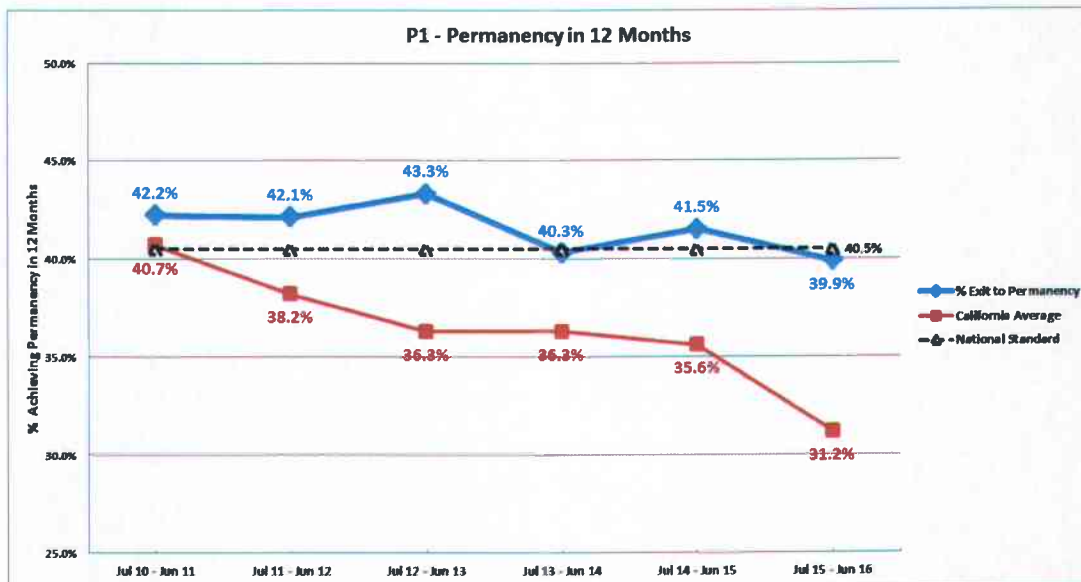
Riverside County is currently investigating methods to better understand these patterns and improve the outcomes for these children through prevention services and coordination with faith-based and community service organizations.



3-P1 PERMANENCY IN 12 MONTHS FOR CHILDREN ENTERING FOSTER CARE (ENTRY COHORT):

Of all children who entered care in the 12-month period, what percent discharged to permanency (reunification, guardianship or adoption) within 12 months?

The National Standard for the P1 measure is 40.5% (or more).



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/P1.aspx

During the 2012 Riverside County CSA, all of the Permanency measures were Exit Cohorts focused only on the permanency option of reunification.

The CFSR2 Permanency measure within 12 months was the C1.1 - Reunification within 12 Months (Exit Cohort): Of all children discharged from foster care to reunification during the year that had been in foster care for 8 days or longer, what percent reunified in less than 12 months from the date of the latest removal from home? The National Standard for the C1.1 was 75.2%.

Looking at the differences between the CFSR2 exit cohort permanency measures (C1.1, C1.2, and C1.3) and the CFSR3 entry cohort measures (P1, P2, and P3), significant differences in the approach to evaluating and measuring both outcomes performance of the Child Welfare Agency and the experience of the child population in the child welfare system come to light. The exit cohort data only reported on the children exiting the child welfare system to reunification, irrespective of the length of stay in foster care. The entry cohort data reports on all of the children entering the child welfare system, and expands the definition of permanency to include reunification, guardianship and adoption. Riverside County's performance for the C1.1 measure at the 2012 baseline (Q2 2012) was 60.5% (well below the National Standard); the P1 performance (Q2 2012) was 42.2% (above the National Standard). There does not appear to be any benefit to comparing Riverside County's performance from the 2012 CSA and the current baseline data in development for the 2017 CSA.

Using the P1 measure by rolling year for the time period of Q2 2012 through Q2 2017 will provide some insight to the performance on this measure, with the consideration that Riverside County understood and operated the majority of this time period from an exit cohort viewpoint.

Reviewing the CFSR3-P1 data for the baseline of the 2012 CSA (Q2 2012), Riverside County's performance was 42.2%, the California State average was 40.7% with a National Standard of 40.5%. This data reflects Riverside County's performance to exceed both the California State Average and the National Standard. Riverside County's current performance (Q2 2017) is 39.9%, the State of California performance is 31.2%. Looking at P1 for the period of time Q2 2012 through Q2 2017, Riverside County performs consistently above or is within close proximity of the National Standard throughout this period and exceeds the California State average for the entire five-year period.

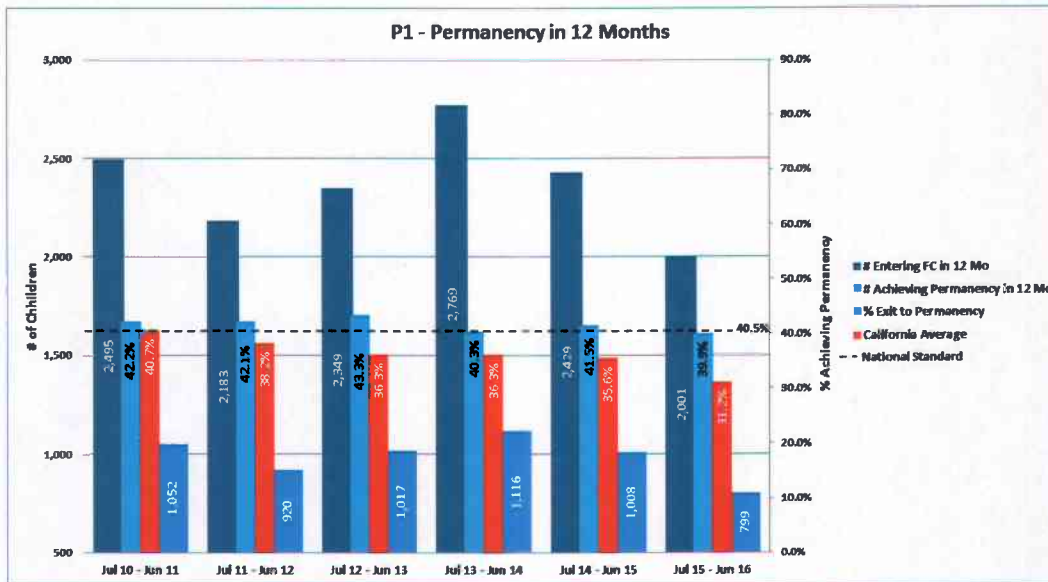
A significant advantage to using entry cohort data is the potential and ability to examine the entire child population entering foster care over a specific 12-month period. This allows for observation of the impact of child welfare statutes, regulations, policy decisions, and social work practice on the outcome performance measures over time and the experience of the children as they make their way through the child welfare system. The P1 measure is an excellent example of child welfare statute influencing a performance measure outcome.

Example: Achieving Permanency with 12 months of entering Foster Care.

The Federal Measure CFSR3-P1 counts the date a child is removed from the custody of their parent or guardian as the Date of Entering Foster Care (Day 1). California statute, Welfare and Institutions Code (W&IC) 361.49 defines the date a child has entered foster care as either the date of the Jurisdictional Hearing (normally held 15 court days following the Detention Hearing, or approximately 25 days following the initial removal), or 60 days after the date the child was initially removed from their parent or guardian.

If a child transitions through the child welfare system without experiencing any delays such as Continued or Contested Hearings, the first Permanency Hearing will be held in accordance with W&IC 366.21(e), six months from the date of the Dispositional Hearing (approximately day 205). The 12 month review hearing will be held in accordance with W&IC 366.21(f) "12 months after the date the child entered foster care, as that date is determined pursuant to Section 361.49" (either day 390 or day 425). In order for a child to be counted as achieving permanency within 12 months of entering foster care (using Federal Measure CFSR3-P1), the child would have to exit foster care with an Exit Status of "reunified, adopted or guardianship" by day 366. The impact of the differences between how the Federal Measures and California Statute define "entry into foster care" and the structure of the child welfare hearings and Judicial Calendars ensures that each child achieving permanency at their 12-month review hearing will not be recognized in the P1 measure. Looking at the P1 data from Q2 2016 (July 2014 – June 2015) Riverside County's performance is recorded as 41.5%. If the children achieving permanency at their 12-month Review Hearing were included in this data,

Riverside County’s performance would be near 59%. Riverside County’s Median Length of Stay in Foster Care is 406 days. This is a clear indication that at least 50% of all the children who make their way through the child welfare system in Riverside County achieve permanency at the W&IC 366.21(f) 12-month review hearing.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/P1.aspx

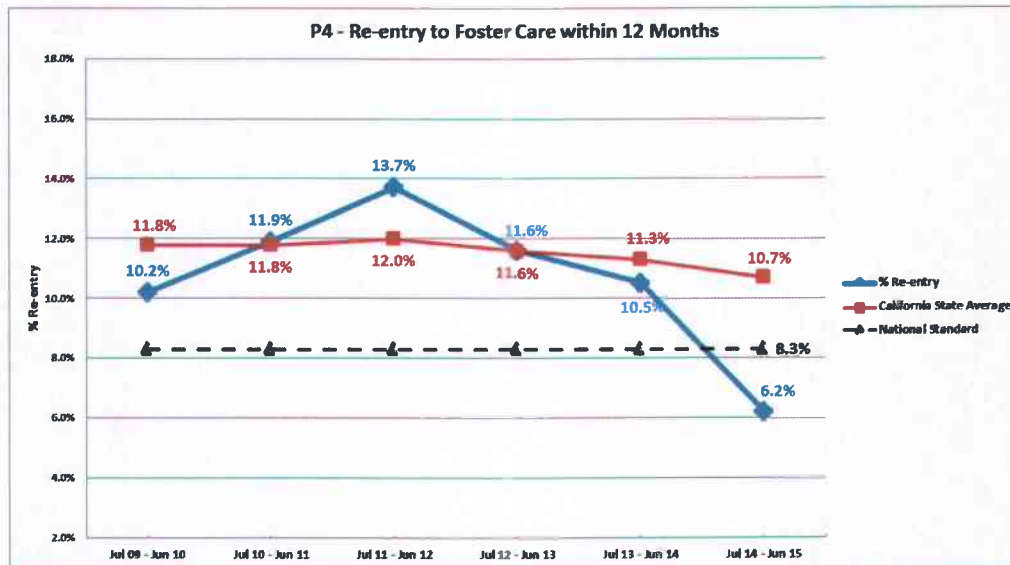
A deconstructed view of the P1 measure, wherein the P1 denominator (# of children entering foster care), the P1 numerator (# of children achieving permanency in 12 months) and the P1 performance are plotted together, appears to show a clear relationship between the cohort population and the number of children achieving permanency. As the number of children entering foster care rises or falls in any 12-month period, the number of children achieving permanency in the following 12-month period will raise or fall at a very similar rate. Riverside County is especially consistent in permanency performance. The average P1 performance for Riverside County over the past six rolling years is 41.6%. The average P1 performance for the State of California is 36.4%.

P1 will continue to be a focus for Riverside County in the SIP. Through enhanced Core Team engagement, Riverside County will investigate the potential for coordination with community based services, faith-based organizations, safety focused case planning, and supportive post-reunification Family Maintenance services to reduce the median length of stay in foster care and therefore improve the P1 performance while maintaining child safety and family stability.

3-P4 RE-ENTRY TO FOSTER CARE IN 12 MONTHS (ENTRY COHORT):

Of all children who enter care in the 12-month period, what percent discharged within 12 months to reunification or guardianship and what percent re-enter foster care within 12 months?

The National Standard for the P4 measure is 8.3% (or less).



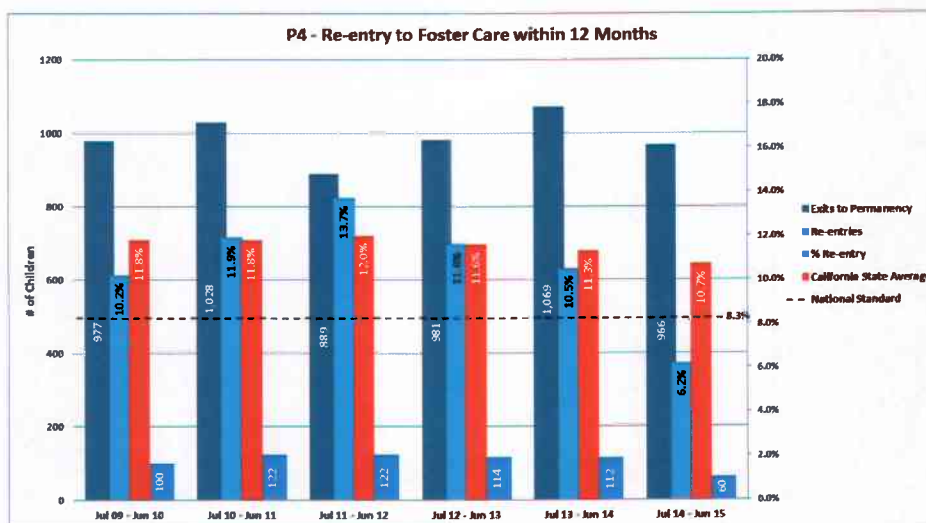
Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx

At the time of the 2012 Riverside County CSA, the CFSR2 Measure for Re-entry was C1.4: Of all children discharged from foster care to reunification during the year, what percent reentered foster care in less than 12 months from the date of the earliest discharge to reunification during the year? The National Standard for the C1.4 was 9.9%.

The CFSR2-C1.4 measure was an exit cohort measure. This means that the denominator of the measure included only children who exited foster care to reunification during a particular one-year period irrespective of when the child entered care or how long they had been in care.

The current CFSR3-P4 measure is an entry cohort measure. This means that the denominator of this measure includes all children who entered foster care during a specified 12-month period, and subsequently exited foster care to either reunification or guardianship within 12 months of entering care. These distinctions have some impact for this outcome measure. Riverside County's performance for C1.4 during this period (Q2 2012) was 10.0%, slightly above the National Standard and just slightly above the State of California performance of 12.2%. Riverside County's performance for CFSR3-P4 during this same period (Q2 2012) was 10.2%, well above the National Standard of 8.3%, but below the State of California performance of 11.8%. The larger impact of the shift from an exit cohort to an entry cohort for the re-entry measure is the ability to observe and measure the impact that child welfare policy or program changes, placement decisions, and social work practice has on both the Permanency measures and re-entry performance.

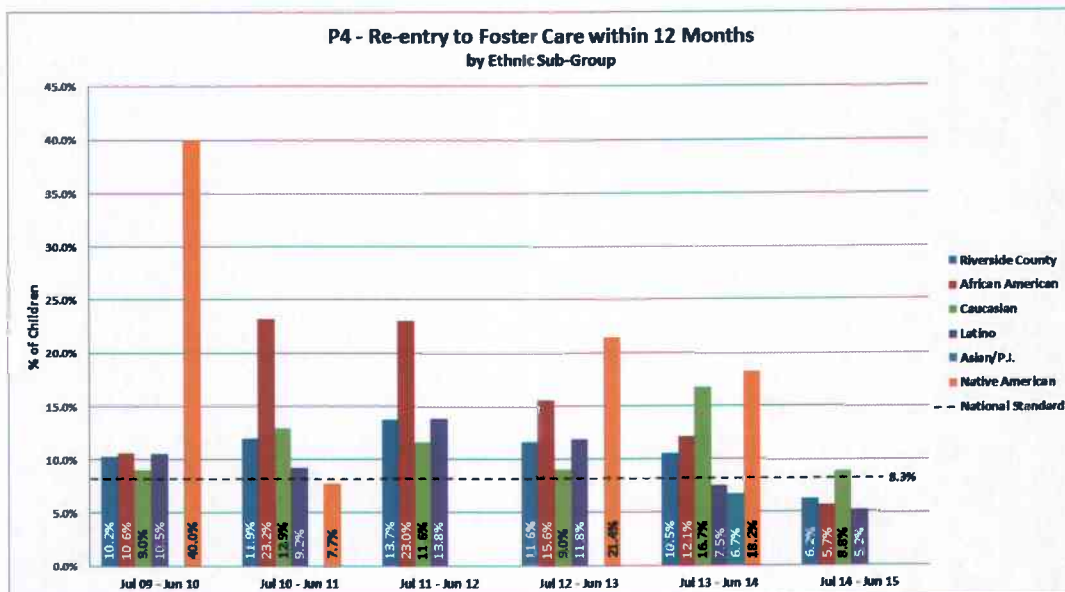
In reviewing the Riverside County's P4 performance from the baseline period (Q2 2012) through the current CSA (Q2 2017), it appears the performance was poor in relation to the National Standard and for a consistent amount of time in relation to the California state average. It is important to remember that through October 2015, our only understanding of the re-entry data was from an exit cohort perspective and the recognized control mechanism from this perspective was balancing "median time to reunification" (CFSR2-C1.2) and "reunification within 12 months (exit cohort)" (CFSR2-C1.1) with the C1.4 performance. The understanding being, if you reunify more children quickly and improve C1.1 and C1.2, the impact could be a declining C1.4 performance. Similarly, if the focus was placed heavily on the C1.4 measure, the impact could be a decline in the performance on C1.1 and C1.2. Following the introduction of the CFSR3 (Entry Cohort) measures at the point of Q3 2015 (October 2015), Riverside County's P4 performance shows a distinctive and consistent improvement. From Q2 2015 to Q2 2017 Riverside County's performance improved from 11.6% (well above the National Standard) to 6.2% (well below the National Standard), an improvement of 46%. This is also a 40% improvement from baseline. The entry cohort data, along with the drill down data options, provides an opportunity to review how various population sub-groups, Social Services Practitioner (SSP) decisions, and placement options relate to re-entry performance. Riverside County is currently investing a significant amount of time and staff resources into better understanding how ethnicity, placement opportunities, SSP engagement, and supportive post-reunification Family Maintenance services impacts both Permanency and Re-entry performance.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx

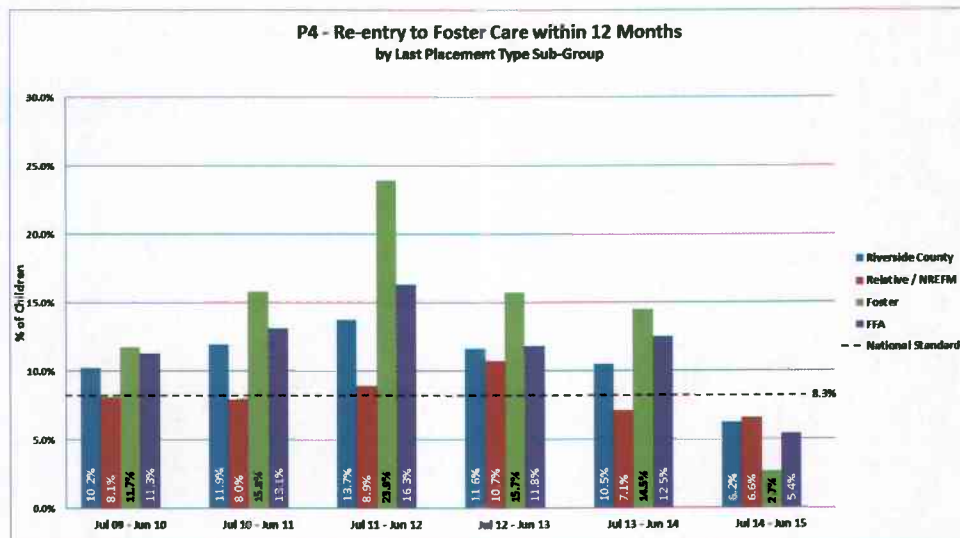
Looking at a deconstructed view of the P4 measure where the P4 denominator (# of child exiting to permanency), the P4 numerator (# of children re-entering) and the P1 performance are plotted together, it reveals very little relationship between the cohort population and the number of children re-entering foster

care. As the denominator rises or falls, it appears to have little or no direct impact on the number of children re-entering. This number remains very steady through Q2 2015 and then begins to consistently fall, even when the population rises.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx

Looking at this same data (Q2 2012 through Q2 2017) by ethnic sub-group, African American children consistently re-entered at a higher rate than other ethnic sub-groups until Q2 2016. At this point, Caucasian children re-entered at a higher rate. Racial disparity and disproportionality, and the role this plays in the experience of children in care, has been a regular focus for Riverside County. The P4 re-entry cohort data made a significant impact on those discussions and decisions and was the identified area of focus for the PR case reviews. A more detailed qualitative look at the Participation Result (PR) is underway but currently unavailable for inclusion in this report. The results will be used to inform our future decisions. The impact of racial disparity and disproportionality and placement options will continue to be a focus for Riverside County in the SIP.



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley
http://cssr.berkeley.edu/ucb_childwelfare/P4.aspx

Looking at the relationship between last placement type and re-entry over the period Q2 2012 through Q2 2017, the data shows that children who exited foster care from a Relative Placement re-entered foster care in consistently and significantly lower numbers. Looking at median length of stay data in relation to Placement Type and Re-entry, children in Relative Care have a median length of stay of 426 days, while the median length of stay for children in Foster Family Agency (FFA) care is 326 days. FFA and Relative Placements make up the vast majority of the placements in Riverside County. Children exiting care from a Relative Placement re-entered at an average rate of 8.2% over this period while children exiting care from FFA placements re-enter at an average rate of 11.7%. The impact of the Resource Family Approval process is still unknown and will be evaluated throughout our SIP.

PRIORITIZATION OF DIRECT SERVICE NEEDS

As described in the Introduction section, priority service need recommendations are based on an analysis of a community needs assessment with participation by the CAPC, and approved by the CAPC and BOS.

Riverside County DPSS/CSD recognizes the value, and place a strong emphasis on evidence-based services. All appropriate service procurements require the use of evidence-based and/or evidence-informed programs, and proposed programs will be reviewed by the CSDs Program Evaluation Unit to determine if this standard is being met. The procurements list the California Evidence-Based Clearinghouse (CEBC) website as a source as well as other legitimate repositories of evidence-based programs (e.g. -Substance Abuse and Mental Health Services Administration (SAMHSA)). As institutional processes are refined, information becomes more accessible and evidence-based programming becomes the standard. Evidence-based programs and strategies are those that have empirical information supporting their efficacy.

Contracts subsidized as a result of the procurement described above, employ a blended finance

strategy, using CAPIT/CBCAP/PSSF/CTF funding as appropriate in order to maximize available resources. As a result, the procurements and subsequent contracts require adherence to all CAPIT/CBCAP/PSSF/CTF requirements as appropriate. The procurements and contracts are also written to ensure service accessibility to the neediest populations and regions of Riverside County. As identified in the Riverside County CSA, the populations greatest at risk of child maltreatment include families experiencing substance abuse, poverty, homelessness, domestic violence, and issues with mental health.

Child Abuse Prevention, Intervention and Treatment (CAPIT) funds support contracts for prevention, intervention and treatment services with a number of non-profit agencies and community based providers, including, but not limited to, Family Services Association, MarSell, RUHS-BH, and My Family, Inc. (MFI).

Community Based Child Abuse Prevention (CBCAP) funds support services such as SafeCare through contracts with the Family Services Association and John F. Kennedy Memorial Foundation and are used to develop/implement or expand/enhance community based family resource and support programs, including the Parent Partner Program.

Promoting Safe and Stable Families (PSSF) funds contracts for prevention and intervention services with a number of non-profit agencies and community based providers, including but not limited to: Family Services Association, RUHS-BH, MFI, Perris Valley Recovery, Cox Romain Psychological Services, LLC, Olive Branch, International Christian Adoptions (ICA), Olive Crest, California Family Life Center (CFLC), and MarSell.

Riverside County Children’s Services Division 2018-2022 SIP Strategies and Action Steps

The Adoption and Safe Family Act of 1997 (Public Law 105-89, Nov. 19, 1997) established the goals of safety, permanency, and well-being for children in the child welfare system in the United States.

The strategies detailed in this plan share the goals of safety, permanency, and well-being and encompass efforts in early prevention, pre-placement prevention, and support for children, parents, and caregivers at every stage of the child welfare system.

The RAND Corporation is a research organization that helps develop solutions to public policy challenges with the goal of making communities safer and more secure. This is accomplished through various means such as research and analysis, publications, and other projects. The RAND Corporation publication entitled, “Improving Child Welfare Outcomes: Balancing Investments in Prevention and Treatment,”¹ describes a model that “identifies ways to target prevention and treatment while achieving multiple objectives: reducing maltreatment and the number of children entering the system, improving a child’s experience moving through the system, and improving outcomes in young adulthood.”²

The focus of the RAND model is to expand prevention and kinship support. Riverside County System Improvement Plan (SIP) parallels this model with strategies designed to increase and improve child maltreatment prevention efforts, improve the coordination and delivery of supports and services to families,

and coordinate support and services to current and prospective relative care providers as well as unrelated out of home care providers.

Ensuring children are safe in their homes or with extended family members when they cannot remain safely at home with parents/guardians is supported throughout child welfare research and literature. The Annie E. Casey Foundation is devoted to strengthening families, building strong communities, and advancing child welfare research by assisting federal, state, and county agencies through grants. In the introduction to the Annie E. Casey Foundation publication “10 Practices: A Child Welfare Leader’s Desk Guide to Building a High-Performing Agency,” it is stated, “in recent years, researchers have underscored just how crucial parenting and living in family homes are to children’s emotional, physical and social development and their long-term outcomes. This work has influenced agencies across the country to change how they deliver services. As a result, the number of children placed with kin is on the rise.”¹

This System Improvement Plan will not cover all the efforts and initiatives Riverside County is engaged in. It does focus and prioritize those areas that have been identified in the CSA as needing attention and the efforts that have the greatest potential to affect positive outcomes for the children and families served.

Child welfare professionals working to prevent child maltreatment often employ ideas and practice models from other disciplines, including public health, education, and mental health. Public health has had a great deal of success in organizing a framework of prevention services. This prevention framework consists of three levels of services: primary prevention, directed at the general public (universal) in an effort to prevent maltreatment before it occurs; secondary prevention, targeted to individuals or families in which maltreatment is more likely (identified as being at risk); and tertiary prevention, targeted toward families in which abuse has already occurred (or is alleged).

The 2018 - 2022 SIP consists of five strategies. Strategy One is focused on primary prevention efforts, which includes public awareness campaigns, Mandated Reporter Training, and parent education opportunities and is directly connected to the 2017 CSA results. Strategy Two emphasizes secondary prevention efforts focused on at risk families who have the opportunity to receive services in their community (not yet referred to child welfare service) but have come to the attention of a community service provider. This strategy is also directly connected to the 2017 CSA results. The focus of Strategy Three is tertiary prevention. This strategy is specific to families who have come to the attention of the county child welfare agency through allegation of maltreatment and pre-placement preventative services are offered to prevent the need for entry into foster care. This strategy is designed to improve the outcomes on federal measure S2: Recurrence of maltreatment (Children with substantiated allegation during 12-month period: Recurrence within 12 months). Strategy Four is focused on supporting and stabilizing families through all stages of involvement in the child welfare system.

¹ Annie E. Casey Foundation (2015) “10 Practices: A Child Welfare Leaders’ Desk Guide to Building a High-Performing Agency,” Baltimore, MD: Retrieved from <http://www.aecf.org/resources/10-practices-part-one/>

The focus of Strategy Five is preserving the connections between families in the child welfare system and their relatives as sources of support for these families, kinship care when necessary, and lifelong connections for children in foster care. Strategies Four and Five are connected directly to the results of the Peer Review process within the 2017 CSA and are intended to improve the federal outcome measure of P1: Permanency in 12 months for children entering foster care (Of all children who entered care in the 12-month period, what percent discharged to permanency within 12 months?), and P4: Re-entry to foster care (Of all children who enter care in the 12-month period who discharged within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?).

Below is a chart of the strategies followed by a description of each along with the associated action steps. Included is discussion of how best practices, promising initiatives, research and literature, federal and state guidance, staff experience, and extensive local input influenced Riverside County’s choice to focus on these efforts to improve our system and increase the likelihood of positive outcomes for the children and families served during the 2018-2022 SIP cycle.

Riverside County Children’s Services Division 2018-2022 SIP Strategies

Prevention	Strategy #1: Increase community awareness of child maltreatment prevention, parent education and service availability by strengthening the coordination of the public, private and community based organizations within Riverside County.
	Strategy #2: Improve secondary prevention services to at risk families by developing networks of informal and formal community supports through the coordination of efforts between public, private, and community based organizations.
	Strategy #3: Create a culture of system change through focusing available resources on strengthening families to maintain children safely at home.
Families	Strategy #4: Increase parent, child and care provider engagement while preserving and stabilizing families at all stages of involvement in the child welfare system.
Relatives	Strategy #5: Preserve connections with relatives and support Relative Placements.

Strategy #1
Increase community awareness of child maltreatment prevention, parent education and service availability by strengthening the coordination of the public, private and community based organizations within Riverside County.

Primary prevention has a wide-ranging focus and seeks to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Primary prevention activities attempt to stop maltreatment before it occurs. Raising awareness of child

maltreatment amongst the general public and community service providers is considered primary prevention or universal prevention and includes the following:

“Services aimed broadly at the general population (e.g., public awareness campaigns about the scope and effects of child maltreatment, parenting classes, efforts to educate children about safety, family supports, family-strengthening programs).”²

Riverside County began the early planning of the CSA in March of 2016 and engaged in multiple data collection efforts throughout 2016 and 2017. These data collection efforts included 2,300 surveys (community, caregivers, service providers and child welfare and probation staff), twelve focus groups, guided discussions, and key informant interviews. Consistent among the results of these efforts, irrespective of the platform, is the ongoing need throughout Riverside County for information and awareness. Parent education, service availability, domestic violence awareness, the impact of substance abuse and mental illness on children, and the need for accessing services without the stigma of being connected to the county child welfare agency were identified as key focus factors.

In the past two decades, child abuse and neglect prevention efforts have highlighted the importance of moving from only reacting to negative events to emphasizing public awareness of the need for early positive relationships with parents or caregivers and community members. This emphasis includes investments in early intervention, education, and community building.

The culmination of these results indicate that providing effective prevention services through increased awareness and parent education, as well as connecting families to prevention services within the community, will be essential to improving outcomes. These findings are the foundation of this System Improvement Plan.

Promoting and supporting innovative community awareness efforts and prevention services, both in quality and quantity, is a key component of Riverside County’s plan. Specific actions include maintaining, updating, and promoting use of the Geographic Information System (GIS)-Services Provider Directory to increase access to community services and allow residents to benefit from services without the perceived stigma or embarrassment reported to be associated with a connection to child welfare services.

Another action includes collaborating with public agencies, such as First 5 and Public Health to increase awareness of Adverse Childhood Experiences (ACE),³ and evidence-based community prevention programs. Awareness of the prevalence and devastating impact of ACE will continue to support trauma

² <https://www.childwelfare.gov/pubs/issue-briefs/cm-prevention/>

³ The initial ten “Adverse Childhood Experiences” (ACE) from the seminal Kaiser study included: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, substance misuse within the household, household mental illness, parental separation or divorce, incarcerated household member. For further information on ACE please see: http://www.cdc.gov/violenceprevention/ACEstudy/about_ace.html

informed services throughout all community organizations including, but not limited to, education, public health, faith-based organizations, social services, juvenile probation, and behavioral health agencies.

Riverside County CAPC (HOPE Collaborative) will work with the Core Team and community partners to measure, collect, and report information regarding primary prevention efforts. Primary reporting will be completed through the CAPC annual fiscal report while quarterly discussions will be held at the Core Team meeting.

Development of the evaluation and monitoring will take place in year one (2019) and year two (2020). CSD will provide the organized structure, the technical assistance with data collection, and annual and quarterly discussions regarding annual reporting.

Strategy #1 - Action Step A

A. CSD will work in coordination with the Riverside County Child Abuse Prevention Council to target public awareness campaigns in communities with high-risk and underserved populations, such as Hemet, San Jacinto, and Calimesa.

Coordination between CSD, the HOPE (Healing. Outreach. Prevention. Education.) Collaborative, Family Resource Centers (FRC), Riverside County Public Health, and other community service providers engaged in prevention services will work jointly to provide child maltreatment prevention awareness campaigns, especially in the underserved and high-risk communities identified in the 2017 County Self-Assessment (CSA). Targets include public awareness campaigns used in schools, community centers, medical facilities, and faith-based communities with a focus on topics such as parent education, substance abuse, and domestic violence.

The Board Chair of the Child Abuse Prevention Council (CAPC) of Riverside County states in their annual report:

“The HOPE Collaborative is the name given to the county’s official Child Abuse Prevention Council and as the name indicates, it is indeed the collaborative efforts of the strong and competent organizations, the caring leadership and the country’s most impressive list of community volunteers that have enabled the HOPE Collaborative to be demonstrably effective in its efforts.”⁴

As mandated in W&IC 18982, HOPE Collaborative is the County of Riverside CAPC. Their primary purpose is to “coordinate the community’s efforts to prevent and respond to child abuse.”⁵ Specific to this action step, the HOPE Collaborative has committed to assist with the Riverside County DPSS System

⁴ H.O.P.E. Collaborative Healing. Outreach. Prevention. Education Annual Report FY 2016-2017 (page 2) available at: <https://www.hopecollaborative.org/publications-reports/>

⁵ Ibid. (page 21)

Improvement Plan and align with the SIP goals.⁶ Additionally, each year as a contract target, HOPE Collaborative identifies and focuses on areas of the county where there are underserved populations. For the 2018-2022 SIP cycle, CSD will support HOPE Collaborative and other community partners to target public awareness campaigns in the Hemet, San Jacinto, and Calimesa communities.

The HOPE Collaborative will coordinate with Mount San Jacinto College, Hemet Unified School District, San Jacinto Unified School District, and FRC to host a Month of the Child (April 2019) resource fair, which will be the kick-off campaign for primary prevention efforts in Hemet and San Jacinto. The resource fair will feature include local service provider booths for face-to-face consultations, on-the-spot referrals, and educational materials. Resource tables will have additional written materials available related to parent education, maltreatment prevention, six protective factors training, and literature related to all of the family resources that are available in the Hemet and San Jacinto areas. The HOPE Collaborative will report the progress and on-going activity to the CSD Program Development Region in their monthly reporting, the CAPC contract requirements are reviewed quarterly at the Joint Operational Meetings (JOM), and the HOPE Collaborative representatives provide feedback to the Core Team workgroup on a quarterly basis and document the all events in the annual CAPC report.

Strategy #1 - Action Step B

B. CSD will coordinate the efforts of the CSD Cultural Disparity and Disproportionality (CDD) workgroup, HOPE Collaborative, and Family Resource Centers (FRC) to incorporate Racial Disparity and Disproportionality (RDD) awareness content to the prevention, awareness, and parenting program curriculum to include Mandated Reporter training, Protective Factors training, culturally relevant parenting training, and all educational workshops.

Riverside County has identified and acknowledged the exceptionally complex issue of racial disparity and disproportionality that is found in the child welfare system throughout the nation, state, and our county. This plan seeks to address the problem and implement programs and interventions at specific stages of a child welfare case including prevention, maintaining children safely at home, teaming, and early identification of relatives.

As previously described, Riverside County experiences both disproportionality and disparity related to African American, Native American and Asian/Pacific Islander (PI) families. These terms are defined as follows:

“Disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population.

⁶ Ibid. (page 21)

Disparity: The unequal outcomes of one racial or ethnic group as compared to outcomes for another racial/ethnic group.”⁷

In reviewing the California Child Welfare Indicators Project (CCWIP) data, the African American population in Riverside County is overrepresented in the number of allegations of child maltreatment, substantiations of allegations, entries into foster care, and the in care rates compared to children of the other ethnic subgroups of the same age. African American children ages 0-2 years are particularly overrepresented within these indices.

CSD is committed to finding a solution to this identified disparity and disproportionality within child welfare in Riverside County. The objective is to better articulate the issue of disparity and disproportionality within CSD and the community and increase the awareness of implicit bias for mandated reporters and community-based organizations. The goal is to decrease overrepresentation of African American children involved in the child welfare system over time. The CCWIP Disparity Indices data will be an indicator of the impact of these efforts.

Members of the CDD workgroup include CSD Deputy Directors, Regional Managers, Children’s Social Services Supervisors, Children’s Social Services Workers, Program Specialists, International Liaison Unit, Policy, FRC, and HOPE Collaborative as well as community members such as faith-based organizations. The CDD workgroup members will share federal outcome measures data trends with the HOPE Collaborative Program Managers to incorporate into the training curriculum for each of the training programs they offer for service professionals to enhance cultural and racial awareness.

Enhancing the mandated reporter training will improve the likelihood that “reporters of maltreatment do not base their suspicions on racial or ethnic biases” and also “is a key component of reducing racial disproportionality and disparities.”⁸ Mandated Reporter and Protective Factors Trainings are among several training opportunities offered by the HOPE Collaborative for all service professionals and child related programs in Riverside County. As reported in the past three annual reports, the HOPE Collaborative conducts an average 30 Mandated Reporter Trainings, for an average of 620 individuals trained each year. Mental Health and Educational professionals make up the largest groups currently receiving this training. An objective of this action step is to increase the number of medical professionals receiving the enhanced mandated reporter training with the goal of reducing the overrepresentation of 0 -2 year-old African American children in CCWIP Participation Rates and Disparity Indices.

Hope Collaborative will report the progress and ongoing activity to the CSD Program Development Region in their monthly reporting, the CAPC contract requirements are reviewed quarterly at the Joint

⁷ <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/> (page 2)

⁸ Ibid. (page 9)

Operational Meetings (JOM), and the HOPE Collaborative representatives provide feedback to the Core Team workgroup on a quarterly basis and document the all events in the annual CAPC report.

Strategy #1 - Action Step C

C. CSD will provide information to families with infants (at first contact) on how to obtain a “New Parent Kit” from First 5 California and assist them in requesting the kit.

The preventative initiatives of First 5 are evident throughout Riverside County and will continue to be a key component of awareness, parent education, and related prevention activities. First 5’s media campaign with an emphasis on “Talk. Read. Sing. It Changes Everything” embodies the message: “The moment babies come into their world, their brains are forming the connections that will determine how they learn, think, and grow.”⁹ Activities that help make connections in the brain of the baby by talking, reading, and singing can also help create a closeness or emotional connection or attachment between the child and the mother or father resulting in bonding that has been identified as a protective factor.

CSD and Riverside County partner agencies will join with First 5 to promote the distribution of the free “Kit for New Parents” which includes:

- Advice for New Parents DVD
- Poison Control Brochure and Magnet
- Paid Family Leave Brochure
- Talk. Read. Sing. It Changes Everything. Information
- “What to Do When Your Child Gets Sick” Book
- “Happy Baby: Puppy and Friends, Touch, Feel and Say” Book¹⁰

Knowing the importance of preventative information, efforts will be made by CSD and the Core Team to increase connecting new parents in Riverside County with this free universal preventative “Kit for New Parents” by exploring venues such as hospitals and pediatricians’ offices where staff may be able to assist parents in receiving their own “kit.” Families learn about the kits through media platforms, Women, Infant and Children (W.I.C.) programs, medical appointments, or through other county services offered.

⁹ First 5 California, Brochure from their free “Kit for New Parents,” available by request on their website: www.First5California.com

¹⁰ For more information or to order your “New Parent Kit” go to: www.First5California.com/parents

Strategy #2

Improve Secondary prevention services to at risk families by developing networks of informal and formal community supports through the coordination of efforts between public, private, and community based organizations.

Secondary prevention has a focus on services to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Secondary prevention activities include:

“Services, such as home-visiting programs, parenting classes, or respite care, that are targeted to populations at higher risk for maltreatment (e.g., single or teenage parents, families living in poverty or with addiction, parents of children with disabilities or behavioral issues).”¹¹

The action steps described in the first strategy will also be employed to serve families identified as at higher risk for maltreatment. Included in this population are families for whom CSD has received a referral of suspected child maltreatment. For the calendar year 2017, Riverside County received allegations of suspected abuse and/or neglect for 39,739 children. Of the allegations received, 4,895 were found to be true (substantiated). Of these children, 1,284 entered foster care in Riverside County.

With these numbers in mind, 3,611 identified children with substantiated allegations did not enter foster care and could be considered at risk for maltreatment and their families are not receiving supervised services to resolve the issues that brought them to the attention of the child welfare agency. Many of these children and families could benefit from preventive services and/or formal or informal support systems. These numbers also reflect that there may be an additional 34,844 children for whom someone in the community had concerns that could also potentially benefit from preventive services.

Strategy #2 - Action Step A

A. CSD will engage the Core Team to promote the use of the 2-1-1 Community Connect and the GIS – Service Provider Directory throughout Riverside County to connect families to community service resources and parent education opportunities without the stigma or embarrassment of child welfare services involvement.

Riverside County is the fourth largest county in the state of California by both population and geographic size according to the 2010 census. It is relatively the size of the state of New Jersey and stretches from Greater Los Angeles in the west to Arizona in the east. Although three major Interstate Highways (I-10, I-15, and I-215) traverse Riverside County, much of the county is considered rural desert. These characteristics contribute to challenges for Riverside County residents to locate and utilize resources and services.

¹¹ <https://www.childwelfare.gov/pubs/issue-briefs/cm-prevention/>

Although there are multiple sources (websites and services lists) to connect families with resources, often those sources are not common knowledge or easily accessible. Riverside County will collaborate with partners to promote the use of two of these comprehensive countywide sources to connect people with community service providers without perceived or actual stigma or embarrassment of being involved with the child welfare system. This development is in the beginning stages. The goal is to collaborate with the Core Team and develop further details in the February 2019 meeting to establish the plan of promoting 2-1-1 and GIS.

Knowing the importance of connecting families at risk with relevant services, county SSPs and staff of partnering agencies are in the practice of providing resource lists or directories to families and individuals. Often those hard copy lists are limited and may not be specific to the unique needs of the family or child. Promoting 2-1-1 Community Connect and the GIS Service Provider Directory will allow service providers the opportunity to teach families how to find resources to meet a specific need and learn more about nearby organizations that could help them.

With California's free cell phone programs and the increase in cell phone use,¹² nearly all Californians have access to both of these resources. For those few families without phones or internet access, CSD SSPs have cell phones and are able to access resource information for families during home visits. Promoting the use of these resources to find services will include training SSPs throughout DPSS to access and navigate the GIS Service Directory and to teach others. Using 2-1-1 Community Connect and the GIS Service Provider Directory can be done without stigma or embarrassment, which is an identified need from the 2017 Community Self-Assessment. Additionally, these can be lasting tools for families to use in the future to access services without any involvement of a public agency.

The wide range of serving organizations and programs included in 2-1-1 Community Connect and the GIS Service Provider Directory is not limited to just traditional social services such as parenting classes or substance abuse treatment but also includes resources that provide concrete basic support for families. In the "2018 Prevention Resource Guide: Keeping Children Safe and Families Strong in Supportive Communities" it was identified that:

"Families whose basic needs (food, clothing, housing, and transportation) are met have more time and energy to devote to their children's safety and well-being...Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment."¹³

¹² <http://www.ppic.org/press-release/big-gains-in-californians-use-of-cell-phones-tablets-to-go-online/>

¹³ 2018 Prevention Resource Guide, page 20 accessible at: https://www.childwelfare.gov/pubPDFs/guide_2018.pdf

The following briefly describe 2-1-1 Community Connect and the GIS Service Provider Directory:

2-1-1 Community Connect:

2-1-1 is a toll free, confidential service providing Riverside County residents access and referrals to community and health information 24 hours a day, 7-days a week and in many languages.

GIS Service Provider Directory:

Web App URL: <http://gis.rivcoit.org/dpssServices>

This web mapping application displays all social service providers that partner with Riverside County DPSS - Children's Services Division (CSD) for Riverside County residents. Data is updated on an as needed basis and is provided by DPSS-CSD-Program Development Region (PDR).¹⁴

Shared evaluation of promoting 2-1-1 and GIS and through the Core Team will allow for an assessment of what impact such additional resources are having on the children and families served.

Strategy #2 - Action Step B

B. CSD will coordinate with the Core Team on the expansion of Secondary Prevention Services in underserved and high-risk communities such as Hemet, San Jacinto and Calimesa using partnerships between prevention agencies such as First 5, FRC, and HOPE Collaborative. Note: Secondary prevention services are services targeted toward 1) First Time Parents 2) Teen Parents 3) Parents of Children with Disabilities, 4) Families with identified high-risk factors.

Access to appropriate relevant services and resources can be critical to the success of families to prevent child abuse and neglect and for families at all stages of child welfare involvement. The Riverside 2017 County Self-Assessment identified a lack of services such as counseling, parent education, mental health, and substance abuse in the Hemet, San Jacinto, and Calimesa communities. During the 2018-2022 SIP cycle, Riverside County will collaborate with identified service providers to increase their offerings of preventive programs and services in these communities. Exploring the option of creating satellite offices or co-locating with partnering agencies in the underserved areas will be encouraged, assessed and implemented when feasible. The process of identifying specific service providers is currently being strategized.

The District 3 Hemet/San Jacinto (D3B) HOPE Collaborative has identified as its Focus Area: Awareness of Resources, a coordinated choice that accurately addresses the identified concern. In addition to a deficit of services, there may be resources that are not well known to community members and could be utilized if they were more widely marketed. Please refer to Strategy #2, Action Step B in this section for details on how this will unfold as we continue to use the Core Team to identify the lack of services and service providers who can assist in offering preventive programs.

¹⁴ <http://gis.rivcoit.org/dpssServices>

As seen in the below map, the five Family Resource Centers in Riverside County are not located near these underserved communities. During the 2018-2022 SIP cycle, opportunities for partnerships and for funding sources will be explored to assess if there is the support and means to open a sixth FRC in the Hemet, San Jacinto, and Calimesa areas.



Strategy #2 - Action Step C

C. CSD will promote and support the use of Family Resource Centers as community service hubs to provide a range of evidence-based and culturally relevant resources and services.

Efforts to promote and support utilization of Family Resource Centers as network hubs will serve to build community capacity. According to one study in the state of Washington, “it is becoming clear that ‘siloed’ interventions focused on a specific problem or set of problems will not result in the kinds of impacts we want for our communities.”¹⁵ As an example, this study suggests that building community capacity has been shown to reduce the impact of ACE in the current generation and the next.

FRC employ prevention strategies to help families in the community overcome:

- Abuse and neglect
- Substance abuse
- Family violence or instability
- Lack of employment
- Family isolation
- Community unity
- Educational issues

¹⁵ Judy Hall, Laura Porter, Dario Longhi, Jody Becker-Green, and Susan Dreyfus. Prev Interv Community. 2012 Oct; 40(4): 325–334. Published online 2012 Sep 12. doi: [10.1080/10852352.2012.707463](https://doi.org/10.1080/10852352.2012.707463) “Reducing Adverse Childhood Experiences (ACE) by Building Community Capacity: A Summary of Washington Family Policy Council Research Finding”

Currently in Riverside County, FRC are located in Desert Hot Springs, Mecca, Mead Valley, Perris Valley, and Rubidoux. The possibility of creating a sixth FRC or satellite site in Hemet, San Jacinto is currently under discussion and consideration.

Riverside County DPSS has embraced the concept of building community capacity through the five Family Resource Centers. Riverside County's Family Resource Centers support the Vision and Mission of DPSS-CSD by promoting an uplifted community that is self-sufficient, strong, educated, and empowered and provides comprehensive services that strengthen and support families with children, moving them towards self-sufficiency. Each Family Resource Center functions as a hub for community services designed to improve family life, particularly for overburdened or disadvantaged families and children. The FRC program focuses on seven core service types: parenting skills, self-sufficiency, community action, child abuse prevention services, information and referral services, education and literacy, and life skills.¹⁶

Additional efforts to build engagement and coordination within the Core Team is through a process being developed for a warm-handoff, allowing service providers to coordinate services among multiple service providers in the community when the needs of the family are complex or require more than one community service provide to meet their needs. When a community service provider is unable to identify or locate a viable service option to meet the complex needs of a family, the five Family Resource Centers will be designated as the reliable warm-handoff option.

By designating the FRC as reliable warm-handoff locations, each community service provider will have a viable option for connecting those families who have complex needs with an organization that can connect them with any other service provider in the county. FRC are currently a significant source of concrete and therapeutic services in the communities in which they are located. As the service hub and reliable warm-handoff, the FRC will have the ability to better identify, track, and measure the needs of families receiving secondary prevention services throughout Riverside County. Each FRC location produces quarterly reports for all the service activities and a cumulative and collective annual report for all the FRC activities. Database modifications will allow for the identification, analysis, and reporting of secondary prevention services as well as the concrete and therapeutic needs for the communities served.

Strategy #2 - Action Step D

D. CSD will implement and promote evidence-based father involvement intervention programs, resources, and services.

Embedded in the child welfare system, possibly in our entire society, is a primary focus on the mother-child relationship, which at times is exclusive of the father's role in nurturing and raising children. Riverside

¹⁶ <http://dpss.co.riverside.ca.us/family-resource-centers>

County has identified the need for father involvement programs. Studies have indicated when fathers are engaged with their children, there are more outcomes that are positive for the child related to health and well-being.¹⁷

The California Evidence-Based Clearinghouse for Child welfare (CEBC) defines and explains father involvement interventions as:

“programs that aim to increase fathers’ active and positive engagement in their children’s lives. Father-focused programs promote involvement, provide support and education, teach fathers new parenting skills, and strengthen families. While all such programs directly or indirectly seek to prevent child abuse or neglect, some programs specifically aim to treat abuse. Studies have shown that when fathers have positive relationships with their children, it can have positive effects on their children’s behavior, social skills, cognitive development, and academic achievement. Children with involved fathers tend to do better in school, have better grades, and are less likely to be expelled and/or repeat grades. In addition, higher levels of father involvement are associated with lower levels of child neglect, and children who live in fatherless households often face higher risks of physical abuse, sexual abuse, and neglect than children who live in households with a father present”¹⁸

Understanding the importance of positive fatherhood involvement as a protective factor in decreasing the likelihood of abuse or neglect, as well as the importance of a father’s involvement throughout child welfare involvement, Riverside County will contract and support a local provider in implementing evidence-based interventions geared toward fathers. The providers are in the process of being selected through the Core Team.

Strategy #2 - Action Step E

E. CSD will coordinate the efforts of Cultural Disparity and Disproportionality (CDD) workgroup and Community based services providers to identify, implement, and maintain culturally relevant services to meet the identifiable and unique needs within communities.

Riverside County CSD trains Social Services Practitioners and staff to practice cultural humility which is defined as:

“Cultural Humility: For development of cultural competence knowledge, training, acquiring, and use of skill sets to be effective, we need to be both aware and attentive to the dynamic quality of

¹⁷ Christian A Campbell, Douglas Howard, Brett S Rayford, and Derrick M Gordon, “Fathers Matter: Involving and Engaging Fathers in the Child Welfare system Process”, Child Youth Services Rev. 2015 Jun 1; 53: 84–91

¹⁸ <http://www.cebc4cw.org/topic/father-involvement-interventions/>

culture and be committed to the practice of cultural humility. Cultural humility refers to the attitude and practice of working with clients at the micro, mezzo, and macro levels with a presence of humility while learning, communicating, offering help, and making decisions in professional practice and settings.”¹⁹

In addition to the practice of cultural humility it has been identified that, “Targeted prevention efforts that include a strong cultural competence component reflected in staffing and training may be especially useful.”²⁰ The CEBC has identified programs that address some components of the racial disparity and disproportionality issues through culturally competent evidence-based or promising practices. Riverside County will encourage, and when possible, contract with local providers to assess these programs and incorporate them into their program offerings with fidelity. A Request for Proposal committee is in the process of being initiated in order to identify and select a service provider that may serve as a cultural broker liaison with children and families involved in child welfare. Some of the key culturally relevant services being sought after are incorporating an awareness of communication style and preferences, parent engagement, language barriers, customs, cultural beliefs, demographic area and population needs.

The target population for cultural broker services are children and families of color ages 0-17 at risk of involvement (secondary prevention) or currently involved with the child welfare system. Pilot regions are expected to include the demographic areas of Moreno Valley, Hemet, Idyllwild, San Jacinto, and Riverside. Updates will be provided in the next SIP progress report regarding the identification of the service provider and the specific services the contract provider will make available.

Strategy #3

Create a culture of system change through focusing available resources on strengthening families to maintain children safely at home.

The third level of prevention includes efforts to keep children safely at home after the family have come to the attention of the County child welfare agency. Tertiary prevention activities focus on families where maltreatment has already occurred and is intended to reduce the negative consequences of the maltreatment and to prevent its recurrence. Tertiary Prevention can be defined as:

Services for families already affected by maltreatment (e.g., family preservation services, parent mentoring and support groups, mental health services)²¹

¹⁹ “Standards and Indicators for Cultural Competence in Social Work Practice,” (page 16) 2015 National Association of Social Workers

²⁰ <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/> (page 8)

²¹ <https://www.childwelfare.gov/pubs/issue-briefs/cm-prevention/>

In a systematic review of child maltreatment prevention effectiveness, it was found that four interventions: home-visiting, parent education, abusive head trauma prevention, and multi-component interventions showed promise in preventing actual child maltreatment. Three of those identified, home visiting, parent education and child sexual abuse prevention appeared effective in reducing risk factors for child maltreatment.²²

In recognition that families are best served when providers work together and coordinate services, this strategy focuses on implementing the Core Practice Model (CPM) value of changing the way we work. Specifically, “from working with children and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families being served jointly.”²³

Strategy Three is designed to improve the outcome for federal measure S2: Recurrence of maltreatment (Of all children with a substantiated allegation during the 12-month period, what percent had another substantiated allegation within 12 months?). The safety outcomes addressed include children maintained safely in their homes whenever possible and appropriate as well as service provision to the family to protect the children in the home and prevent the need for removal or re-entry to foster care. This measure addresses the population of children for whom a child maltreatment investigation was conducted and the allegations detailed in the referral were substantiated, yet the safety issues presented were not significant enough to require the removal of the child from the care and custody of their parent or guardian. The focus becomes connecting the family to relevant services immediately to address the needs of the family and resolve the issues and concerns of child safety and well-being.

SSPs will use the warm-handoff process identified in Strategy 2 to connect families to service providers that can address the identified issues that brought the family to the attention of child welfare. The intent is to connect these families immediately to the community partners with the goal of preserving the family and preventing the need of the family entering the child welfare system. Monitoring and evaluation of this strategy will occur through focus groups, data evaluation, surveys, and quarterly Core Team meetings.

Strategy #3 - Action Step A

A. CSD will promote and support utilization of the Family Resource Centers as a resource for pre-placement preventative services and resources including evidence-based culturally relevant services.

In addition to the primary and secondary preventative community awareness and parent education programing that Family Resource Centers provide, they also serve as a community hub offering multiple

²² Mikton C., Butchart A., Bull World Health Organ. 2009 May; 87(5):353-61. Child maltreatment prevention: a systematic review of reviews.

²³ CDSS Pathways to Mental Health Services Core Practice Model Guide, (page 3) available at: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

services that may prevent the need to remove a child from the parent/guardian’s care or prevent the child from entering foster care. These services can be especially effective and non-stigmatizing due to being provided in the family’s own community and can foster an ongoing relationship with the partnering programs that take place as part of the center’s collaborative offerings.

The Family Resource Centers offer programs and services that are culturally competent and relevant to the racial or cultural makeup of the community while also attempting to be diverse and inclusive.

When a Social Services Practitioner has identified a family as being at risk of entering the child welfare system, pre-placement preventative services to address and resolve the risk and safety issues are essential. Connecting the family immediately to services provides the best chance of preventing the need for entry into foster care. When a Social Service Practitioner is unable to identify or locate viable service options to meet the pre-placement preventative service needs of a family, the five Family Resource Centers will be designated as the reliable warm-handoff option.

Identifying the FRC as the fail-safe for warm-handoffs for pre-placement preventative services provides the Social Services Practitioner a practical option for immediately connecting at-risk families with multiple service providers to meet both concrete and therapeutic needs throughout Riverside County. As the identified hub for pre-placement preventative services, the FRC will have the ability to better identify, track, and measure the services to families receiving tertiary prevention services. The FRC quarterly and annual reporting will allow for the identification, analysis, and reporting of the tertiary services needs in our communities.

Strategy #3 - Action Step B

B. CSD will support community partners such as Faith-In-Motion, Safe Families, and CarePortal in providing families with basic life physical needs and/or temporary childcare without the stigma or embarrassment of child welfare services involvement.

Through the 2018-2022 SIP cycle, Riverside County will continue to collaborate with community providers to offer multiple prevention programs including in-home visiting such as Early SafeCare, Differential Response, evidence-based parenting education such as Triple P (Positive Parenting Program) and Parent Child Interaction Therapy (PCIT). Child sexual abuse prevention efforts such as “Safe and Unsafe Touching” coloring books are offered through the HOPE Collaborative. Additional evidence-based prevention programming will be identified and offered through FRC and other community providers. An ongoing assessment of services provided by the community partners will be evaluated by the Core Team members.

Riverside County has been collaborating with Riverside churches and other faith communities to come together through the Faith-In-Motion initiative, described as a model for creating effective and lasting faith-

based collaboration.²⁴ Riverside Faith-In-Motion received a “Bright Ideas” award from Harvard University’s Ash Center of Democratic Governance and Innovation. Support and collaboration with Faith-In-Motion will continue to be promoted throughout the 2018-2022 SIP cycle. This collaboration will occur through ongoing Core meetings, consultations, identification of CSD families who could benefit from Faith-In-Motion services, and participation in Faith-In-Motion team meetings whenever possible. As an exemplary collaboration, Faith-In-Motion “fills in resource and service gaps by connecting the local faith community to the needs of neglected and abused children, families, elderly and dependent adults. It also establishes lasting relationships for clients through foster parent recruitment, visitation of socially isolated seniors and dependent adults, and mentorship for foster youth and young adults.”²⁵

“Safe Families for Children” is a Riverside County Collaboration between local churches, volunteers and child welfare professionals among other social service agencies. It is an integral component of the Riverside Faith-In-Motion initiative. Safe Families is designed to support at risk children and parents eliminating their need for involvement with the child welfare system. This prevention program assists families needing temporary safe care for their children who might have otherwise entered the child welfare system. Safe Families describes themselves as “a movement of compassion designed to reduce child abuse and return the church to the forefront of caring for children, as it had been throughout history.”²⁶ Partnership with Safe Families provides opportunities for families to find resources for their children during a crisis or at risk event that can keep their children safe and connected to the community and their parents without the need for child welfare involvement.

Riverside County DPSS has connected with a national faith-based organization entitled, CarePortal, in order to connect families in need with community members who are able to meet that need. CarePortal now has a local Riverside County presence and is an involved member of the Faith-In-Motion initiative in Riverside. It is promoted to and through local churches. According to their web site, “CarePortal brings the needs of hurting children and families in your community to your attention. Child welfare workers uncover the needs. CarePortal makes local churches aware, giving them a real-time opportunity to respond.”²⁷ Collaboration with CarePortal will be further established and institutionalized during the 2018-2022 SIP cycle. DPSS staff will be trained in how to connect the needs of children and families they encounter with those in the community who are appropriately able to meet those needs.

²⁴ <https://www.cwda.org/cwda-conferencesymposium-presentation/faith-motion>

²⁵ Ibid.

²⁶ www.olivecrest.org/safe-families/

²⁷ <https://careportal.org/>

Strategy #3 - Action Step C

C. CSD will direct the application of knowledge and expertise in child welfare investigations to case level decision making that focuses on the safety of the child rather than on complicating risk factors within the family through the use of SOP.

It is the intent of CSD during the 2018-2022 SIP cycle to provide staff and partner agencies with training and tools to keep a clear focus on assessing and enhancing child safety at all points in the child welfare intervention and, specific to this Action Step, at the investigative stage. Some of the concepts and tools (not all-inclusive) that will be emphasized in order to apply best practice applications to case level decisions include:

- **Structured Decision Making (SDM):** “The SDM® model incorporates a set of evidence-based assessment tools and decision guidelines designed to provide a higher level of consistency and validity in the assessment and decision making processes and a method for targeting limited system resources to families who are most likely to subsequently abuse or neglect their children. The SDM model is now the most widely used case management model in the United States, and research has demonstrated its effectiveness.”²⁸
- **Family History Mapping and/or Safety Mapping:** “A process of organizing all the key information known about a child and family at any given time into key domains relevant to the goal of enhancing ongoing safety for children. This is a process designed to be inclusive of the family but can also be helpful when done by a SSP and a supervisor, through case consultations, multi-disciplinary teams, etc. It makes use of the common language to help sort and prioritize ambiguous case information allowing increased clarity about the hopes, concerns, and purpose for any particular child welfare intervention.”²⁹ Internal CSD History Mapping will occur when there has been a “History Alert” on a referral where there has been four previous child abuse or neglect referrals in the previous 12 months or seven in the past 36 months.
- **Child Centered Participation:** Using age appropriate tools to obtain children’s perspectives throughout the child welfare involvement including the investigation such as “The Three Houses” and “The Safety House.”³⁰

²⁸ “The Structured Decision Making Model: An Evidence-based Approach to Human Services”, CRC – Children’s Research Center, A division of The National Council on Crime and Delinquency. Available at: http://www.nccdglobal.org/sites/default/files/publication_pdf/2008_sdm_book.pdf

²⁹ “Introducing Safety-Organized Practice” Presentation by Heather Meitner & Margie Albers of NCDD Children’s Research Center, 2012 (page 3). Available at: <http://bayareaacademy.org/wp-content/uploads/2013/05/SOP-Handout-Booklet-9-20-12.pdf>

³⁰ For multiple SOP tools see: <https://drive.google.com/drive/folders/0B0rP4xx2Pj2TamFpNXFuRlh6LTg>

- Safety Networks and behaviorally based Safety Plans: Building a team of formal and informal network of people and/or agencies around the child and family in order to develop and implement a support team and plan to keep the child safe.
- Using Common Language and Definitions: This allows the child, family, SSP, and family to articulate and define what has happened (harm), what is worrisome (danger) and what needs to happen (safety). Specific to investigations, identifying the interplay between harm, danger, and complicating factors allows the team to identify what the caregiver actions were, if there was an impact of those actions on the child and if so, how to create a safety network and plan to mitigate the danger.³¹

Clear definitions and articulation of what has happened and the impact on the child allow the team to make the distinctions between past harm, risk, and credible danger versus (or combined with) complicating factors that are defined as “literally anything that complicates efforts to make the child safe that are not direct harm to the child by the caregiver.” Identifying if there is an impact on the child further helps the team use their critical thinking skills and allows for better assessments, greater clarity, and can help temper our own internal lenses, assumptions, and biases with more factual data and more concrete definitions. This allows for the likelihood of more accurate and effective shared decisions and plans.

During the 2018-2022 SIP cycle, training, coaching, and skill building in using best practice knowledge and tools in investigations will focus on safety and when possible, help build networks and plans to maintain children safely in their own homes.

Strategy #3 - Action Step D

D. CSD will promote and support the use of Safety Organized Practice (SOP) techniques and tools for referrals at intake and initial investigations to establish reliable safety networks along with formal or informal safety plans that will allow children to remain safely at home, whenever possible. SOP has been incorporated into CSD policy and staff trainings in an effort to help empower and strengthen children and families involved with child welfare.

In order to increase the potential of maintaining children safely at home, Riverside County intends to increase the use of an integrated approach to child welfare assessments, investigations, and interventions including using Safety Organized Practice (SOP), Structured Decision Making (SDM), Case Plan Field Tool (CPFT), and Child and Family Teams (CFT).

Safety Organized Practice (SOP) refers to a comprehensive approach to day-to-day child welfare casework that keeps a clear focus on assessing and enhancing child safety at all points in the process.

³¹ For more information on using common language and definitions visit websites related to Safety Organized Practice (SOP) such as: <https://theacademy.sdsu.edu/programs/pcwta/sop/>

Riverside County is investing a great deal of resources in the training and coaching of all CSD staff on SOP and use of the SOP tools in order to integrate the approach into all day to day activities and practices within the agency. The overarching objectives of integrating SOP, CFTMs, and SDM creates a rigorous model that includes:

- Assessing child safety at all points in the process
- Solution focused and strength-based perspective
- Structured Decision Making, research-based decision-support assessment
- Developing good working relationships using practices of family engagement
- Meaningful age appropriate child participation
- Common language and operational definitions for safety, harm, danger, risk, complicating factors...
- Clear CSD and family goals
- Giving the child, parents, and family a voice, preference, choice
- Building safety networks
- Creating behaviorally based case plans and safety plans

Specific to the earliest child welfare contact, referrals and the resulting assessments, CSD will increasingly use SOP tools and practices to build safety networks and safety plans in order to keep children safely at home whenever possible.

Strategy #3 - Action Step E

E. CSD will increase and support the use of Child and Family Team Meeting (CFTM) along with SOP tools to create, implement, and monitor formal and informal Safety Plans and safety networks to safely maintain children in their own home.

Riverside DPSS will be increasingly convening Child and Family Teams early on in our contact with the family in order to engage a team and ascertain if a safety network can be enlisted to create a plan where the child(ren) can remain safely at home with the involvement and implementation of a system or network of protection.

Previously called Team Decision Making (TDM), or in some child welfare agencies, the evidence-based Family Group Decision Making (FGDM), Riverside County will implement a variation of those meetings as a Child and Family Team Meeting (CFTM) convened at all stages of child welfare involvement. Prior to legal intervention, and when there are identified harm and danger issues that might result in removal, the parents will be engaged to identify anyone who could participate as a team member to support them in their support and safety network.

As identified in the California Core Practice Model, “Children are first and foremost protected from abuse and neglect, and maintained safely in their own homes.”³² The goal of the pre-adjudication CFTM is to call together identified formal and informal participants to determine if a safety network and a safety plan can be designed to create safety and avoid removal. The following are some of the operational definitions that frame the team discussions and planning.³³

Harm - Past actions by a caregiver to a child that hurt the child physically, emotionally, or developmentally.
Danger - Credible concerns that child welfare or members of the child’s community have about the caregivers future actions that may harm the child.
Risk - The statistical likelihood that a child may be harmed in the future.
Complicating Factors - Literally anything that complicates efforts to make the child safe, excluding direct harm to the child by the caregiver.
Safety - Actions of protection taken by the caregivers that directly address the danger are demonstrated over time.
Strengths - Coping skills/qualities in an individual or a family that contribute in positive ways to family life but do not, in and of themselves, directly enhance protection of children from the danger over time.
Safety Plan - Detailed behaviorally based actions of the parents and the safety network to keep the child safely at home.

Strategy #4
Increase parent, child and care provider engagement, and preserve and stabilize families at all stages of their involvement in the child welfare system.

Two of the practice behaviors identified in the California Core Practice Model include “Engagement Behaviors” and “Teaming Behaviors,” as described below. Riverside County DPSS embrace these behaviors and will train and embed both engagement and teaming actions more deeply as a foundation in the day-to-day practice of staff throughout the 2018-2022 SIP cycle.

Engagement Behaviors

- Listen to the child, youth, young adult, and family, and demonstrate that genuine care and concern about his/her thoughts and experiences.
- Demonstrate an interest in connecting with the child, youth, young adult, and family and helping him/her identify and meet goals.

³² CDSS Pathways to Mental Health Services Core Practice Model Guide (page 8) available at: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

³³ For further information about SOP please see: <http://bayareaacademy.org/wp-content/uploads/2013/05/SOP-Handout-Booklet-9-20-12.pdf>

- *Identify and engage family members and others who are important to the child, youth, young adult, and family.*
- *Support and facilitate the family's capacity to advocate for themselves.*

Teaming Behaviors

- *Work with the family to build a supportive team that engages family, cultural, community, and Tribal connections as early as possible.*
- *After exploring with the family how their culture may affect teaming processes, facilitate a culturally sensitive team process and engage the team in planning and decision-making with and in support of the child, youth, young adult, and family.*
- *Work with the team to address the evolving needs of the child, youth, young adult, and family.*
- *Work collaboratively with community partners to create better ways for children, youth, young adults, and families to access services.³⁴*

The beginning of collaborative relationships requires engagement, although it is difficult to describe accurately what “engagement” is within child welfare. Within the context of child welfare, successfully engaging with parents can present unique challenges. Due to the involuntary nature of the required mandatory child protection investigation with families, the SSP may encounter a variety of complicated responses, including fleeing, withdrawal, manipulation, dishonesty, and sometimes open hostility. Breaking through those normal and expected responses³⁵ to nurture a helping relationship requires special skills, training, a non-judgmental approach and often a supportive team environment. An SSP must captivate and maintain the family's attention in order to have them participate in the child welfare assessment, investigation, and when necessary, mandated intervention.

Riverside County DPSS places a high premium on hiring for and enhancing the SSPs abilities to overcome distrust and withdrawal, de-escalate hostility, build trust, and positively engage with the vulnerable populations we serve. This is accomplished beginning in recruitment, induction training, ongoing coaching, emphasizing strength-based and customer service practices, and in demonstrating universal respect for others.

According to the Child Welfare Information Gateway, “Engaging families in the casework process promotes the safety, permanency, and well-being of children and families in the child welfare system and is central to successful practice. Effective family engagement occurs when child welfare practitioners actively

³⁴ For more detailed information about the California Core Practice Model please go to: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

³⁵ Mirick, R. (2014). The relationship between reactance and engagement in a child welfare sample. *Child & Family Social Work, 19*, 333-342.

collaborate and partner with family members throughout their involvement with the child welfare system, recognizing them as the experts on their respective situations and empowering them in the process.”³⁶

It is further identified that family engagement as a mindset rather than a single tool can reap the following benefits:

- Family preservation
- An enhanced helping relationship
- Increased family buy-in
- Expanded options
- Improved quality and focus of caseworker visits
- Enhanced family decision-making skills
- More targeted services³⁷

The family engagement mindset can also be described as a paradigm shift from a past perspective of “we’ll tell you what you need to do,” to an attitude demonstrating that “the family is treated as the expert on its unique situation and encouraged to draw on its specific strengths and resources to ensure more positive long-term outcomes.”³⁸

As articulated in the California Core Practice Model, “At every point in a child and family’s involvement with child welfare and mental health, whether it is the initial contact; the initial assessment process, service planning, monitoring, or transition-successfully engaging everyone involved is a key ingredient for promoting positive outcomes.”³⁹

SSPs will be trained in and incorporate into their daily work the “Standards of Practice for Engagement” and the “Practice Activities for Engagement” as detailed in the California Core Practice Model.⁴⁰ Additional and complementary perspectives and practices that emphasize engagement will be incorporated into the practice of child welfare staff in Riverside County including:

- Motivational Interviewing⁴¹
- Leadership in the Age of Complexity: Hero to Host⁴²

³⁶ Child Welfare Information Gateway. (2016). *Family engagement: Partnering with families to improve child welfare outcomes*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Available online at: <https://www.childwelfare.gov/pubs/f-fam-engagement/>.

³⁷ Ibid. (pages 2-3)

³⁸ Ibid. (page 12)

³⁹ CDSS Pathways to Mental Health Services Core Practice Model Guide, (page 19) available at: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

⁴⁰ Ibid. (pages 19-20).

⁴¹ For more information, see: <https://www.psychologytoday.com/us/therapy-types/motivational-interviewing>

⁴² See: <http://www.margaretwheatley.com/articles/Leadership-in-Age-of-Complexity.pdf>

- Appreciative Inquiry⁴³
- Cultural Humility and Cultural Competence⁴⁴
- Individualized Strength-based Approach⁴⁵
- DPSS Mission and Values⁴⁶
- California CWS System VISION⁴⁷
- Child and Family Teaming⁴⁸

According to the Annie E. Casey Foundation, “In child welfare , actively involving children, parents and families – often called “engagement” – is believed to improve child and family outcomes” and “Family meetings (sometimes call family conferencing or teaming) are a primary family engagement strategy.”⁴⁹

Central and interrelated with engagement is the practice of teaming, both as a tool to increase engagement and as a process in and of itself to set the stage to produce better outcomes. Additionally, teaming can serve to increase across the board accountability by implementing a comprehensive and integrated approach for families and for those jointly serving children and families. As articulated in the Core Practice Model (CPM):

“The CPM is about changing the way one works; from working with children and families in an individual system or agency to working within a team environment to build a culturally relevant and trauma informed system of supports and services that is responsive to the strengths and underlying needs of families being served jointly by child welfare and mental health.”⁵⁰

For over a decade, Riverside County has implemented a form of teaming called Team Decision Making (TDM). There are various models and approaches for team meetings with variations in who is involved, what is emphasized, and the goals of the meeting.^{51 52}

Riverside County is in the process of expanding from primarily offering TDM’s which focus on placement issues to offering Child and Family Team Meetings (CFTMs). The CFTM model is able to adapt the meeting process to include a variety of discussion topics, multiple goals, specific requirements to ensure the

⁴³ For more information see: <https://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/>

⁴⁴ For more information see: <http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>

⁴⁵ For more information see: <https://www.childwelfare.gov/pubs/acloserlook/strengthsbased/>

⁴⁶ <http://dpss.co.riverside.ca.us/about-us>

⁴⁷ See the California Department of Social Services 2015-2019 Child and Family Services Plan, page 7, found at:

http://www.childsworld.ca.gov/res/TitleV-B/CFSP_2015-2019.pdf

⁴⁸ For more information on Child and Family Teams in California see: www.cdss.ca.gov/ccr/res/FactSheets/ChildFamilyTeamFS.docx

⁴⁹ See: <http://www.aecf.org/resources/four-approaches-to-family-team-meetings/>

⁵⁰ CDSS Pathways to Mental Health Services Core Practice Model Guide, (page 3) available at:

<http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

⁵¹ <https://www.cssp.org/publications/child-welfare/child-welfare-misc/bringing-families-to-the-table-a-comparative-guide-to-family-meetings-in-child-welfare.pdf>

⁵² <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/pediatrics/subs/can/FGDM/Documents/2.%20Quick%20Reference%20Guide%20to%20Family%20Engagement%20Approaches.pdf>

child’s mental health needs are met, build relationships between parents and other care providers, and can occur at all stages of the child welfare involvement. Although the CFTM model can be titled a “one meeting model,” it is actually adaptable to multiple decision points in the child welfare involvement including regularly scheduled times and whenever anyone on the team requests a meeting.

Expanding CFTMs as the hallmark of family engagement will be a primary focus of the 2018-2022 SIP cycle in Riverside County with the broader goal of preserving and stabilizing families at all stages of their child welfare involvement. Although CFTMs can be modified to fit the individual unique situation of each family. Some of the foundational tenants of CFTMs in Riverside County include:

- Strength-based, solution focused team members who are guided to value the child, youth, and family’s voice, choice, and preference.
- Inclusive of family members, including extended family and non-related family identified neighbors, friends, and community members. It especially involves those who can contribute to the long-term well-being of the children.
- Non-oppressive practices that encourage the team, including the child and family, to identify strengths, state possible concerns or worries, discuss the issues, consider alternative solutions, make decisions, develop a plan, enlist commitment by each team member to fulfill their part of the plan, and include additional meetings for follow up.

In July of 2017, DPSS instituted new CSD policy related to Child and Family Team Meetings, which stated:

“CFTMs facilitate family-centered decision-making from the earliest stages of CSD involvement by eliciting participation directly from the child/non-minor dependent (NMD), family, and other supportive team members in assessing and monitoring services, as well as planning for the child/NMD’s safety, permanence, and well-being.”⁵³

The policy contains specific guidelines interpreted and detailed from All County Letter 16-84, Welfare and Institutions Code (W&IC) 1650(a)(4)(B), W&IC 832, as well as integrating federal, state, and local best practices information related to child and family teams. All specific components of CFTMs, including state mandated timelines and required participants, will be progressively and then fully implemented with fidelity as resources are available during the 2018-2022 SIP cycle.

CSD is providing clear guidance and messages that engaging families while keeping children safe is a foundational strategy that puts children and families at the forefront of child welfare. Some of the messages addressed at a 2018 semi-annual CSD All Staff Meeting attended by all Riverside County CSD staff included:

⁵³ Children’s Services Handbook, Module 11, Chapter 1, Section C (page 1), Release Date: 07/17/2017.

- *“We are improving engagement and the customer service experience.”*
- *“We are strengthening our culture and becoming a strength-based organization that better engages children and families.”*
- *“We are using Safety Organized Practice (SOP) throughout the organization, not as a way to determine to keep the child at home, but as an engagement strategy using SOP as a common language.”*
- *“We give families what they need, not what we think they need.”⁵⁴*

Although family engagement is a primary strategy, goals and desired outcomes of CSD are not forgotten or minimized as evidenced by the following statements at the CSD All Staff Meeting:

- *“We have 800 fewer kids in the system than two years ago.”*
- *“We don’t compromise the safety of children for numbers.”*
- *“Engagement does not mean we keep a child in a situation that’s not safe.”*
- *“Safely reducing the numbers of kids in care.”*
- *“We are turning compliance into commitment.”*
- *“Using critical thinking; no forms, policy, or process can take the place of critical thinking and consultation as we break down the silos and learn together collectively.”⁵⁵*

Monitoring and evaluation of this strategy will occur through focus groups, data evaluation, surveys and quarterly Core Team meetings.

Strategy #4 - Action Step A

A. **Fatherhood Engagement: CSD will improve the early identification and active engagement of fathers.**

CSD Social Services Practitioners have articulated that fathers can be difficult to identify, may not live nearby, can be challenging to engage, and are often in conflict with the child’s mother. These barriers to fatherhood involvement mean potentially important relationships and permanency options are overlooked and underrepresented. The findings from previous case reviews on a national level found that fathers were engaged in less than half of nationally reviewed child welfare cases – only 47% compared to mothers, which was 71%.⁵⁶

Recognizing that children involved in child welfare are more likely to have positive health and well-

⁵⁴ Dr. Marie Brown-Mercadel, Assistant Director of DPSS at the May 15, 2018 Semi-Annual CSD All Staff Meeting.

⁵⁵ Ibid.

⁵⁶ Round 2 of the Federal Child and Family Services Reviews (CFSRs) U.S. Department of Health and Human Services (HHS) as stated in Child Welfare Information Gateway “Family Engagement: Partnering With Families to Improve Child Welfare Outcomes” accessible at: <https://www.childwelfare.gov>

being outcomes relating to positive father involvement, it is imperative that efforts are made to engage fathers. According to a 2015 study, “Of children who become involved in the child welfare system, involving multiple parents in the case (e.g. mother and father) often results in a greater chance of a child returning home, fewer placement episodes, and reduced trauma that may be caused by separation anxiety.”⁵⁷

Recognizing the importance of identifying and engaging fathers and the historical absence of fathers engaged in the child welfare system, Riverside County is making specific efforts to increase father finding and father’s engagement throughout child welfare involvement. Trainings have been implemented for SSPs on Father Engagement techniques to incorporate into practice. CSD staff members who are a part of the Parent Partners program act as mentors and engage fathers in their respective child welfare case plans. Additionally, CSD will initiate a Request for Proposal in an effort to contract services to engage fathers in early prevention and case plan engagement.

Including fathers as critical members of the child and family team and ensuring that fathers and paternal relatives are invited participants from the earliest opportunity, will be a priority for CFTM facilitators, SSPs, and Social Services Supervisors.

When restraining orders are in place which don’t allow a father and mother to meet together for CFTMs, efforts will be made to ensure that both parents and extended family members on both sides of the family have a voice in CFTMs. Holding two separate CFTMs or finding some other solution to create equal access for fathers and paternal family members will help engage them as meaningful participants in the efforts to ensure safety, permanency, and well-being for their child. The facilitator engages all family members present at CFTMs and elicits responses regarding the needs of the focus family. These efforts will increasingly extend to permanency planning considerations of paternal relatives when the children cannot be reunited with the father or mother.

CSD will participate with the FRC on the statewide initiative of engaging fathers in services, identifying paternal relatives and paternal lifelong connections. The goal is to develop programs throughout Riverside County to improve fatherhood involvement. Quarterly meetings are planned to focus efforts on preventive and intervention services for fathers involved with child welfare.

Early intervention strategies include training CSD staff to engage fathers and paternal family members early in the process with the family and identifying an early intervention framework for initial engagement.

Long-term strategies will include identifying policies and processes involving fatherhood engagement efforts, documentation in Child Welfare Services/Case Management System (CWS/CMS) regarding case plans and monthly contacts with fathers and programs for engaging fathers.

As identified in the Children’s Services Handbook Module 9, Chapter 1, Section A, the Family

⁵⁷ Christian A Campbell, Douglas Howard, Brett S Rayford, and Derrick M Gordon, “Fathers Matter: Involving and Engaging Fathers in the Child welfare system Process”, Child Youth Services Rev. 2015 Jun 1; 53: 84–91

Connections Unit and Extreme Recruitment Unit within CSD assists in identifying missing or unknown fathers, mothers, relatives, and extended family members.

Strategy #4 - Action Step B

B. CSD will strengthen and expand the use of Pre-Placement Preventative and Post-Reunification Family Maintenance Services with culturally relevant, needs driven and family-focused supportive services to meet the unique needs of the family.

An area identified for improvement, and in need of better outcomes, relates to meeting the cultural needs of families in Riverside County. Disparities and disproportionalities have been identified in the families served through child welfare in Riverside County. The African American population in Riverside County is approximately 5.5% and are overrepresented in out of home placements by as much as 17%. In reviewing Q2 2012 through Q2 2017 indicators, the African American ethnic sub-group was identified as consistently re-entering the child welfare system at a higher rate than other sub-groups until 2016.

Efforts to identify and implement strategies to reduce disparity and disproportionality continue to be addressed through the workgroup, Cultural Disparity and Disproportionality (CDD), which is comprised of various CSD staff and community partners, such as faith-based providers. A Request for Proposal will be identified to contract services with a Cultural Broker agency to help further engage families receiving child welfare services. Cultural Brokers help increase the quality of the child welfare relationship between CSD and the families served by helping increase better outcomes by acting as liaisons and advocates.

Pre-placement preventative services for SSPs include culturally sensitive education and introducing practice bias awareness during induction training. Safety Organized Practice is an engagement tool utilized by SSPs and SSSs to elicit information to identify the needs of a family and offer services as needed. A family strength inquiry is also included at the Riverside County Children's Services hotline during referral calls. Family team meetings held in the initial stages of involvement with families help identify potential services to stabilize families prior to entry into child welfare.

Further efforts regarding post-reunification family maintenance services, include culturally sensitive parenting education and the use of cultural brokers, once identified. As other indicators of unique needs are identified for families, relevant services will be offered accordingly.

Strategy #4 - Action Step C

C. CSD will increase the use of Child and Family Team Meetings (CFTM) for all children and families receiving child welfare services.

Welfare and Institutions Code – W&IC 16501 (a)(4) states:

“Child and family team” means a group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.”⁵⁸

Riverside County CSD embraces Child and Family Teams and the team meetings with full commitment as an integral component of child welfare best practices at all stages of involvement with the child and family.

Following the guidance of federal, state, and local mandates, best practice, research, literature, legislation, and staff experience related to teaming, Riverside County has created policy for staff to incorporate the essential elements that are best supportive of effective teaming practices into a one meeting model called in Riverside the Child and Family Team Meeting.⁵⁹ This policy details guiding information on the following:

- Team Composition
- CFTM Overview
- CFTM Purpose
- Meeting Location and Planning
- Facilitating a CFTM
- Group Agreements
- Confidentiality
- CFTMs Throughout CSD Involvement
- Emergency Response/Imminent Risk
- Jurisdiction/Disposition
- Special Cases
- Family Reunification/Family Maintenance
- Permanency Planning
- Adoption
- Supportive Transition

⁵⁸ For further information and details regarding CFTs see:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.&lawCode=WIC

⁵⁹ Children’s Services Handbook, Module 11, Chapter 1, Section C (page 1), Release Date: 07/17/2017.

Convening Child and Family Teams and instituting meetings of these supportive teams throughout the life of the family involvement with CSD is transformational. Although engagement and family strength-based interaction has been the practice of many SSPs, the practice of children and families being intimately involved in their own case planning at all decision points, family and team buy-in and ownership of the case management process while keeping the children safe, is a significant and productive shift.

In addition to following the protocol and procedures inherent in the CSD CFTM policy, CFTMs can have a broad scope with a variety of goals, purposes, areas of focus, and specific nuances. As part of this Action Step C “To Increase the Use of CFTMs,” Riverside County will engage in the following activities:

- Hire, re-assign staff, or contract for an increased number of CFTM facilitators (with California Department of Social Services (CDSS) required qualifications) to enable compliance with CFTM timelines.
- Increase the percentage of children and families in compliance with CFTM timelines: within 60 days for all detained children, every 90 days for children receiving specialized mental health services, every six months for all other children, and whenever a team participant requests a meeting.
- Prioritize CFTM timeline compliance for children/youth coming into care and in group homes. Reach the end goal of timely CFTMs for all children/youth in all placement types.
- Review parent and child contact and frequency plus quality of visitation for all out of home children at each CFTM to ensure it is as consistent and liberalized as appropriate and permitted by court order.
- Obtain, customize for Riverside County CSD, reproduce, and distribute CDSS developed CFTM brochures to target audience of youth, parents, and professionals.
- Ensure that appropriate Inland Regional representative is invited to participate in CFTMs to coordinate services, when appropriate.
- Schedule CFTMs with a priority to the time and place most convenient to the child and family and with the best potential to include all team participants.
- Keeping in mind the Pathways to Wellness (Katie A.) initiatives, all CFTMs where the child is receiving specialized mental health services will require the participation of a mental health professional.
- When appropriate, hold a CFTM as soon as possible following out of home placement in order to engage all participants in an “icebreaker” meeting specifically to include the goal of creating and nurturing a partnership between the care providers (resource family) and the biological parents. As encouraged and adopted by CSD through the Quality Parenting Initiative (QPI), “CSD strives to

redefine the expectations of foster parents and caregivers and view them as partners that play a significant role in the reunification process.”⁶⁰ The Child Welfare Information Gateway states:

“When a child enters out-of-home care, a vital step in establishing communication and building a relationship with the family is the “icebreaker meeting” between birth and foster families that ideally should take place within the first week of removal. These meetings allow for valuable information sharing about a child’s needs, strengths, and preferences, helping to minimize the trauma a child may experience as a result of placement.”^{61 62}

- CSD staff and facilitators will implement CFTMs according to the CSD CFTM policy demonstrating fidelity to the W&IC’s, CDSS All-County Letters, CDSS Training, and the California Core Practice Model “Teaming” guidelines.⁶³
- Although California does not require pre-removal family meetings, Riverside County will consistently use pre-removal CFTMs to engage the family in safety planning and creating a safety network with the goal of keeping the child safely at home whenever possible. Using family meetings to involve parents and kin when child removals are being considered is Practice #6 “Develop Competent Front End Decision Making” of Building a High-Performance Agency.⁶⁴

Strategy #4 - Action Step D

D. CSD will increase and enhance the use of Core Practice Model values and engagement principles within CSD and all contracted service providers.

Practice #5 of The Annie E. Casey Desk Guide to Building a High-Performing Agency is “Use a Practice Model.” It further describes a practice models as, “conceptual maps that reflect organizational ideology and describe how the agency’s employees, families, and stakeholders work together.”⁶⁵

⁶⁰ Internal CSD document titled “Children’s Services Division,” as an attachment to an email titled “May CSD Practice Overview” by Dr. Marie Brown Mercadel sent to CSD staff on May 9, 2018.

⁶¹ Child Welfare Information Gateway. (2016). *Family engagement: Partnering with families to improve child welfare outcomes*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. (page 4). Available online at: <https://www.childwelfare.gov/pubs/f-fam-engagement/>.

⁶² For more information, see Resources for Planning Icebreaker Meetings between Birth and Foster Parents, a 2012 guide issued by the Annie E. Casey Foundation, at: <http://www.aecf.org/resources/icebreaker-meetings/>.

⁶³ CDSS Pathways to Mental Health Services Core Practice Model Guide, (pages 12-16) available at: <http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf>

⁶⁴ Annie E. Casey Foundation, (2015) “10 Practices: A Child Welfare Leaders’ Desk Guide to Building a High-Performing Agency,” (page 20) Baltimore, MD: Retrieved from <http://www.aecf.org/resources/10-practices-part-one/>

⁶⁵ Annie E. Casey Foundation, (2015) “10 Practices: A Child Welfare Leaders’ Desk Guide to Building a High-Performing Agency,” (page 18) Baltimore, MD: Retrieved from <http://www.aecf.org/resources/10-practices-part-one/>

The California Child Welfare Core Practice Model began in 2012 when efforts were made by the child welfare community to develop a model that could be a framework to support child welfare SSPs and guides service delivery and decision-making at all levels in all California counties.⁶⁶

Although some of the values illustrated in the Core Practice Model are somewhat familiar to SSPs who have been introduced to the National Association of Social Workers Association (NASW) Code of Ethics, the CPM is more comprehensive and specific to child welfare.

In March of 2017, CSD revised policy in the “Mission Statement and Vision of Children’s Services Division” section of the Children’s Services Handbook to state:

“CSD is guided by the theoretical framework of the California Child Welfare Core Practice model (CPM) which utilizes casework components and practice elements that guide and support CSD staff to provide service delivery and decision making at all levels in child welfare. CPM integrates key elements of current initiatives, such as Pathways to Wellness, Safety Organized Practice (SOP), and Resource Family Approval (RFA), to achieve better outcomes for children and families.”⁶⁷

It is further stated that the CPM is a framework used by CSD to:

- outline how services should be developed and delivered
- support consistent implementation of child welfare practice
- allow Social Services Practitioners to be more effective in their roles, and
- improve accountability and outcomes for children and families.⁶⁸

The CPM informs and supports the development of existing and emerging initiatives that are incorporated throughout CSD, including all CSD programs, casework components, and practice elements.⁶⁹

CPM values, as listed below will be promoted, taught, and marketed at multiple gatherings, in unit meetings, through posters, and additional methods, yet to be determined, in order to establish those values solidly within CSD staff activities as the foundation for our beliefs, attitudes, interactions and service. Of specific note, the bi-annual CSD All Staff Meeting is a valuable venue utilized to educate, inspire, and reinforce the Core Practice Model elements to all staff and not just to SSPs.

⁶⁶ “California Child Welfare Core Practice Model: A Guiding Framework for Child Welfare Practice “overview informational brochure, September, 2016, (page 1), available at: https://calswec.berkeley.edu/sites/default/files/cpm_packet_rev0816_p7.pdf

⁶⁷ Children’s Services Handbook, Module 1, Chapter 1, Section A (page 1), Release Date: 03/10/2017

⁶⁸ Ibid. (page 5 of the CSD Handbook but cited from the “California Child Welfare Core Practice Model – A guiding Framework for Child Welfare Practice.”)

⁶⁹ Ibid. (page 10)

California Core Practice Model Values

The Core Practice Model values reflect the theoretical framework and form a path from theory to practice, guiding the development of the core components, elements, and practice behaviors. The following value statements are an expression of our beliefs and explain what we are striving for in our work with families:

- We believe in using prevention and early intervention to help keep children and youth safe from abuse and neglect.
- We believe the best way to support families is to honor their experiences and work together to build partnerships based on mutual respect and trust.
- We believe children, youth, and young adults need lifelong, loving permanent families and connections to family members, communities, and tribes.
- We believe children, youth, and young adults should have access to effective services that support their overall well-being and help them achieve their full potential.
- We believe that honestly sharing our assessment of strengths and concerns is essential for engaging with families and building connections.
- We believe in listening to families to learn about their culture and community.
- We believe that families can grow and change.
- We believe in helping families connect with effective, family focused, strength-based services and supports.
- We believe in creating a competent and professional workforce through quality recruitment, training, and support.
- We believe in individual development, critical thinking, self-reflection, and humility.
- We believe in creating an organizational culture and climate that supports learning and development.

Strategy #4 - Action Step E

E. CSD will train, coach, and encourage the ongoing use of the Case Plan Field Tool, Safety Organized Practice (SOP), Child and Family Teams (CFT), and Core Practice Model (CPM) best practices to develop successful formal and informal safety and resource networks for families receiving child welfare services.

With the implementation of new perspectives and practices in child welfare plus the increase in the numbers of Child and Family Team Meetings, CSD staff will need training and coaching. In partnership with the Riverside County Staff Development, Public Child Welfare Training Academy (PCWTA) of the Academy for Professional Excellence at San Diego State University School of Social Work, CDSS developed training and technical assistance as well as internal supervisory training and staff development. SSPs and other CSD staff

will be provided with multiple opportunities to continue their learning, receive coaching, and practice these new skills and processes in order to engage children and families.

In concert with the PCWTA, CSD adopted a train-the-trainer model to prepare selected staff as trainers to teach Safety Organized Practice (SOP) to all operational and administrative CSD staff. This comprehensive interactive two-day orientation followed by 10 three-hour training and practice sessions will be completed for all staff in 2019. SOP is an approach to day-to-day child welfare casework that keeps a clear focus on assessing and enhancing child safety at all points in the case process.⁷⁰ SOP tools and practices can be effectively integrated into CFTMs, CPM, and the Case Plan Field Tool to enhance engagement of children and families at all levels and stages of child welfare involvement.

CSD has contracted with the PCWTA for two training and coaching staff to offer “Practice Coaching” in each of the operational regions. PCWTA describes coaching and the topics covered as:

- Coaching is the collaboration or teaming of a coach and a Social Services Practitioner for the purpose of enhancing skills or personal development in their child welfare practice.
- It is SSP led: the identified skill or goal to be explored during the coaching session is determined by the SSP.
- Coaching for transfer of learning, skill and practice development, can be done around:
 - Safety Organized Practice
 - Appreciative Inquiry
 - Child Family Teams
 - Case Plan Field Tool
- Some practices that fall under these categories are:
 - Safety Planning
 - Solution Focused Questions
 - Structured Decision Making
 - Motivational Interviewing
 - Trauma Informed Care
 - Facilitation Skills
 - Engagement
 - Case Planning
 - Safety Networks
 - Supervisor Coaching
 - Impact on Child

⁷⁰ Internal CSD document titled “Children’s Services Division,” as an attachment to an email titled “May CSD Practice Overview” by Dr. Marie Brown Mercadel sent to CSD staff on May 9, 2018

As an example of the scope of these sessions, the coaches scheduled 13 work days covering 13 operational regional offices during the month of May 2018 setting up individual sessions with SSPs and supervisors. The coaches state, “The session is considered a safe place to explore and practice their strength-based critical thinking skills and is not used as supervision or as a place to grade worker performance.”⁷¹ These individual training and coaching sessions will continue during the 2018-2022 SIP cycle.

Continuing to embrace and demonstrate implementation of the California Core Practice Model is being integrated into all components of CSDs child welfare practice during the 2018-2022 SIP cycle. The model as described in the CPM is guiding service delivery and decision-making at all levels of child welfare.⁷² An example of implementing the Core Practice Model specific to this Action Step is the emphasis on “Engagement” one of the CPMs “Casework Components – What We Do,” as described:

“Family engagement is a family-centered and strength-based approach to partnering with families in making decisions, setting goals, and achieving desired outcomes. It is founded on the principle of respect-communicating openly and honestly with families in a way that supports disclosure of preferences, family dynamics and culture, and individual experiences, so that the individual needs of every family and child can be met.”⁷³

This CPM description of engagement is demonstrated throughout SSP and family involvement including creation of the Case Plan Field Tool (CPFT), completion of the tools associated with Safety Organized Practice, and throughout the CFTM interaction. All these tasks and interactions include practices to develop successful formal and informal safety and resource networks for families.

The following is a chart with some of the specifics of how SOP, CFTM, and CPM practices might be integrated into CSD day-to-day practice, as appropriate to the stage of involvement and the uniqueness of each family.

⁷¹ Heesen, N., Cathell, K., Bourdage, J., & Chase, C. “Public Child Welfare Training Academy presents: Practice Coaching” flyer emailed to CSD staff with dates and times for available coaching sessions in May, 2018.

⁷² “California Child Welfare Core Practice Model: A Guiding Framework for Child Welfare Practice” overview informational brochure, September, 2016, (page 1), available at: https://calswec.berkeley.edu/sites/default/files/cpm_packet_rev0816_p7.pdf

⁷³ Ibid. (page 3)

Integrating SOP and CFTM's into Child Welfare Involvement

When:	What:	Who:	Tasks / Goals:
Intake Referral	SOP Tools: Three Questions	Intake Specialist Reporter	Identify: Concerns/Worries (Allegations) Complicating Factors (Substance Abuse, Mental Health etc.) Impact on the Child Strengths (What's Going Well?)
Investigation	Interviews: SOP Tools: Three Questions Safety Mapping Three Houses Safety House Future House Safety Circles Genogram	Social Worker Child Family Collateral Reporter	Develop Good Working Relationship: spirit of curiosity, practices of family engagement, shared non-judgmental language. Trauma informed practice throughout. "Keep a clear focus on assessing and enhancing child safety" SDM Assessments Identify and clarify: Harm -Past actions by caregiver that hurt (impact) the child. Danger -Concerns about future actions that might harm the child. Risk -Likelihood that the child may be harmed in the future. Complicating Factors -Anything that complicates efforts to make the child safe (substance abuse, mental health issues...) Safety is: "Actions of protection taken by the caregiver that mitigate the danger; demonstrated over time."
Substantiated Allegation	Child and Family Team Meeting (CFTM) SOP Tools: Harm/Danger Statements Safety Circles Safety Plan Solution Focused Inquiry	Child Family Relatives Social Worker Supervisor Support Network CFTM Facilitator Cultural Broker Service Providers	Create detailed plan to enhance safety Clear agency and family goals set Build a Safety Network Create a Safety Plan that is behaviorally based rather than service driven. Detailed actions to which parents and extended family members have agreed in order to show everyone involved that the child will be safe. Determine Level of Intervention: Safe with a Plan = (Low/Moderate Risk) or (high-risk: Need to See the plan working longer? Family Maintenance Voluntary (FMV)? Not Safe (Detain)?
Court Intervention	CFTM (asap but always within 60 days) All of the above plus: Case Plan Field Tool Safety Case Plan	All of the above plus: Behavioral Health Parent Partner CASA Anyone family identifies as supportive.	If detained: early identification of relative or non-related family member (NRFM) placement. Placement preference for relatives. Unsafe (low/moderate risk) Is a quick return home possible? Unsafe (high-risk) Sustainable safety in the home before returned. Clarify and revised, if needed, harm and danger statements. Identification and Involvement in Appropriate Services Safety Goal =Vision of what will the future look like: 1. Who is Part of the Network? 2. What will the parent/caregiver do differently? 3. For how long? Clear harm, danger, and safety goals to prevent case drift. Nurture team relationship between parents and resource family.
Family Reunification Permanency	CFTM (every 90 days or 6 months and whenever a team member requests a CFTM) All of the above.	All of the above	At each CFTM review the following in order to reunify or move to permanency as soon as possible: Three Questions: What is working well? Concerns? Strategies? Is visitation liberal, consistent, and of quality? Progress on the Safety Plan: Has Safety Been Demonstrated? Safety is: "Actions of protection taken by the caregiver that mitigate the danger; demonstrated over time." Are lifelong connections for the child being maintained and nurtured? Permanency achieved as soon as possible. After Care Safety Plan

Strategy #5

Preserve connections with relatives and support relative placements.

Rigorous peer reviewed research studies have found that placing children with relatives has multiple positive outcomes. There are positive child welfare outcomes in addition to the obvious emotional comfort and trauma minimizing effects of removal when children are placed with appropriate loving relatives or non-related extended family members. A summary of the findings of one of those studies states:

“The documented growth of kinship care has boldly thrust this topic into the forefront of child welfare practice. This study compares the permanency, safety, and stability outcomes for a matched group of children placed in kinship care and foster care. After controlling for demographic and placement characteristics, children in kinship care had significantly fewer placements than did children in foster care, and they were less likely to still be in care, have a new allegation of institutional abuse or neglect, be involved with the juvenile justice system, and achieve reunification. These findings call for a greater commitment by child welfare professionals, policy makers, and researchers to make kinship care a viable out-of-home placement option for children and families.”⁷⁴

Kinship care can be described as “full-time care and nurturing of a child by a relative or someone who has a significant emotional relationship with the child.”⁷⁵ As concluded by the Children’s Bureau in their “Working with Kinship Caregivers” bulletin for professionals:

“When children are raised by kinship caregivers, they experience greater continuity of care and family preservation. Children living with kin have a sense of permanency, nurturing, safety, and well-being. Kinship care also assists in maintaining the family’s culture, traditions, values, and goals, and kinship placements help children maintain connections not only to family members, but often to their schools and communities. Agencies that cultivate a culture that welcomes kinship caregivers as partners and that gives them support, training, and resources through family-centered practice should reap the benefits of knowing that they are providing children with safety, permanency, and the well-being that comes from being with family.”⁷⁶

Riverside County has promoted kinship care through policy and practice and will take action during this 2018-2022 SIP cycle to increase relative placements and provide increased support to caregiving relatives.

⁷⁴ Winokur, M., Crawford, G., Longobardi, R., Valentine, D., “Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes.” *Families in Society: The Journal of Contemporary Social Services*: 2008, Vol. 89, No. 3, pp. 338-346.

⁷⁵ Child Welfare Information Gateway. (February 2012). “*Working With Kinship Caregivers*” Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. (Page 1). Available on line at: <https://www.childwelfare.gov/pubs/kinship/>

⁷⁶ Ibid. (Page 14)

Monitoring and evaluation of this strategy will occur through focus groups, data evaluation, surveys and quarterly Core Team meetings.

Strategy #5 - Action Step A

A. CSD will engage the Core Team to promote the use of community partners such as Faith-In-Motion, CarePortal, and community based organizations to support relatives through the successful completion of the Resource Family Approval (RFA) process.

In 2017, California CDSS revamped the foster care licensing process. The new Resource Family Approval (RFA) program is described as:

RFA is a new family friendly and child-centered caregiver approval process that combines elements of the current foster parent licensing, relative approval and approvals for adoption and guardianship and replace those processes. RFA:

- is streamlined and eliminates the duplication of existing processes.
- unifies approval standards for all caregivers regardless of the child's case plan.
- includes a comprehensive psychosocial assessment, home visit and training for all families, including relatives.
- prepares families to meet the needs of vulnerable children in the foster care system.
- allows seamless transition to permanency.⁷⁷

According to the California Department of Social Services, February 17, 2016, ALL COUNTY LETTER NO.

16- SUBJECT: RESOURCE FAMILY APPROVAL PROGRAM:

"It is anticipated that the RFA Program will result in better outcomes for children and families by simultaneously addressing the safety of children in foster care and the length of time it takes for them to achieve permanency when they cannot return to their parents. The goal is to improve caregiver standards and better prepare families to meet the needs of children in the foster care system by providing increased support and training. Families who are better prepared and supported will mean that children in their care will experience less placement changes and exit foster care in less time than under the current processes."⁷⁸

The new RFA process focuses on lifelong relationships by determining permanency approval upfront rather than later in the case. RFA is a process for related or unrelated resource families that includes one

⁷⁷ "Resource Family Approval (RFA) Program Overview," Rev.12/7/17, "Contact CDSS with questions or comments at: RFA@dss.ca.gov" Available to view at: <http://www.cdss.ca.gov/Portals/9/CCR/RFA/RFA%20Overview%2012.7.17.pdf?ver=2017-12-20-092153-747>

⁷⁸ California Department of Social Services, February 17, 2016, ALL COUNTY LETTER NO. 16- SUBJECT: RESOURCE FAMILY APPROVAL PROGRAM available at: <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-10.pdf>

application, one background investigation, and a combined home environment and permanency assessment for all family members. Although the new process has distinct and significant advantages for the children and families served, it has presented some challenges in completing the more comprehensive requirements (including increased pre and post placement training) to become approved and being able to receive the financial support needed to care for the child or children. Interim temporary funds have been made to families who have pending RFA applications and are caring for children on an emergency basis.

Riverside County will continue to work towards full implementation of the RFA program and during the 2018-2022 SIP cycle.

As part of the Child and Family Team Meeting (CFTM) process, relative care providers play a dual role as both support network relatives and resource family care providers. At the CFTM, they are able to share any concerns or worries they have about the parents and the children. If a family is providing emergency care (most often a relative or non-related extended family member) and is in the process of being approved, they can make their concerns known at the CFTM and team members strategize to meet those needs for the child. Giving relative care providers a voice and active participation in supporting the parents and protecting the child.

Preserving connections and supporting relatives is implemented through CFTMs in the following ways:

- Initial (within 60 days of detention) CFTM can be an “icebreaker” meeting to allow for information sharing about the child including strengths, needs, preferences, concerns, helping to minimize trauma related to removal. This also can set the stage to engage the relative caregiver as a full partner in the team and to build a supportive relationship with the birth parents in order mentor them and join together for reunification and permanency. These are qualities described in the Quality Parenting Initiative (QPI) currently being implemented in Riverside County and listed below.

Characteristics of a quality CAREGIVER:

- **A quality caregiver is a full partner in a team supporting the healthy development and achieving permanency for children who cannot live with their parents.**
- The specific job of the caregiver is to provide high quality parenting by assuming a parental role and providing for the child’s needs while the child is in their home.
- Provide the foster child with food, shelter, medical care, education, safety, support, encouragement, reassurance, self-esteem, self-worth, safety, permanence and overall well-being.
- **When appropriate, serving as a mentor to the biological parent(s).**
- **Maintain a lifelong commitment to the child regardless of where the child resides.**⁷⁹

⁷⁹ As described on the CDSS website: Quality Parenting Initiative (QPI) available at: <http://www.fosterfamilyhelp.ca.gov/PG2997.htm>

- Involve community based organizations in supporting the child, family, and caregivers as part of the child and family team participating in CFTMs.
- Allow the parents to identify additional relatives who may be able to provide an additional lifelong connection to the child, serve as a potential back up placement, and provide additional permanency and emotional support for the child.
- Increase engagement and communication between the relative care providers and all other members of the CFT throughout the life of the case and after child welfare involvement is terminated.
- Allow all CFT members the opportunity to focus on the child keeping the goals of safety, permanency, and well-being at the forefront.

Sometimes relatives have tangible barriers that community partners are able to meet. As an example, a family who wants placement of a sibling group of related children but they don't have beds, clothing, or the financial resources to provide some of the children's needs can receive a variety of helpful assistance when the SSP connects the needs of the family with the community partners, Faith-In-Motion or CarePortal. Faith-based community partners are able to assist resource families with donation items such as clothing, beds, school items, grooming kits, holiday events, tutoring, respite care, and community support through mentoring. SSPs and community members can access the CarePortal to assist relatives and resource families with utility bill assistance, cribs, and other developmentally appropriate items. Other needs identified by the relative resource family can be communicated to the SSP or at the various CFTMs in order to make the referrals and plans to connect the family with a community provider.

Another specific example of the importance of connecting relative resource families to community services is the need for mental health services for the children in care. To help a child with trauma informed specialized mental health services, every child is screened and receives emergency treatment when needed. Through contact between therapists, SSPs, and CFTMs, the mental health needs, treatment, progress, and successes can be shared thereby helping the child, parents, and relative care providers feel confident that they are receiving what is needed and specifically and uniquely helpful for each individual child.

During the 2018-2022 SIP cycle, Riverside County CSD will work to nurture and institutionalize the helpful connections between relative resource families and community partners in order to support Resource Family Approvals and continue that support throughout the child welfare involvement and aftercare.

Strategy #5 - Action Step B

B. CSD will establish and support the use of the CSD Family Connections Unit for African American families to increase locating and engaging relatives.

As one component to decrease racial disproportionality and disparity, CSD will include prioritizing referrals for African American and Native American children as a target population for the new Family Connections Unit to locate and engage relatives. As stated on the CSD referral form:

*“The Family Connections Unit focuses on the hardest to place children: ages 10-17, NMD, dual status with DPSS as the lead agency, sibling groups, **populations that are disproportionately represented in child welfare**, and children with medical, behavioral, or emotional issues. Referral criteria: Cases must be in Post Permanency status, have little to no communication with family, failed or denied relative/ (Non-Related Extended Family Member) NREFM placement, and open to permanency or reconnecting with family.”⁸⁰*

As identified in the 2017 CSA, the data from Q2 2012 through Q2 2017 revealed that African American children consistently re-entered foster care at a higher rate than other ethnic sub-groups until 2016. Additionally, African American children make up 5.5% of the child population in Riverside County and are overrepresented in out of home placements at a rate of 17.7%. When reviewing the median length of stay data in relation to Placement Type for Children on their second or successive entry into foster care, children in non-relative care have a median length of stay of 545 days, while the median length of stay for children in relative care is approximately 60 days shorter. As a result, the impact of racial disparity and disproportionality continues to be a focus in Riverside County.

The objective of this strategy action step is to effectively increase the number of relative and kinship placement opportunities for African American children who enter foster care in Riverside County. An additional objective is to transition increasing numbers of African American children in non-relative care, into relative or kinship placements within the first few months in care. The Family Connections unit will assist the CSD case carrying Social Services Practitioner in identifying and contacting potential relatives and non-related extended family members. The goal is to increase the permanency and stability outcomes for the African American children in foster care and improve the opportunities for permanency through guardianship and adoption when reunification with the family of origin is not possible.

CSD is currently piloting the assistance of the Family Connections unit in the Moreno Valley area. Ten years of CDD data reflects that the Moreno Valley area has the highest population concentration of African American families in Riverside County. Success with these efforts should reflect in future improvements for

⁸⁰ Internal CSD Document: “Children’s Services Division Family Connections CS Referral – CSD 1003)

permanency rates in all three of the permanency options (Reunification, Adoptions, and Guardianship) and in a reduction in the re-entry rates for African American children.

Strategy #5 - Action Step C

C. CSD will establish needs driven, strength-based, and family focused supportive services to relative care providers with a specific focus on including communities of high-risk and underserved populations, such as Hemet, San Jacinto, and Calimesa.

Supporting relative care providers is imperative to the success of improving outcomes for the children in their care. These supportive actions and services take many forms and vary dependent on the needs and specific situations in each family. What follows are some of the actions that CSD and supportive programs will do in order to increase support for extended family care providers.

CSD is implementing Quality Parenting Initiative (QPI) for all resource families including those who are relatives. As previously mentioned, QPI identifies a quality caregiver as a “full partner in the team,” and with the opportunity to “mentor the biological parent(s).”⁸¹ Mentoring the biological parent might include “co-parenting” with the biological parents while teaching and demonstrating skilled and loving parenting practices.

Including relative caregivers as part of the team with the chance to mentor the parents empowers them to have a voice and a choice in what happens with the child and how to provide quality care for the child.

The goal of the Level of Care (LOC) Out-of-Home Placement Rate Determination Matrix, is to ensure that the needs of the child are accurately identified and the appropriate level of financial support is available to the caregivers. Supporting relative caregivers includes aligning expectations based on quality parenting standards responsive to the needs of the child. An integral component of supporting the relative caregivers is to provide above the Basic Level Rate when warranted.

In addition to the required pre and post training, all resource families participate in and the quarterly resource family meetings and training offered in each region. Training components are outlined in CSD policy Module 6, Chapter 1, Section F and include: duties and responsibilities, grief and loss, attachment, impact of maltreatment, a child’s response to trauma, post-traumatic stress disorder, resilience, meeting developmental milestones, specialized training as needed, cultural competency, personal rights and existing child welfare laws, common health issues, Cardio-Pulmonary Resuscitation (CPR) and First Aid.

These trainings hold the promise of supporting parents, relative caregivers, and other resource families using age appropriate, trauma-informed attachment-based interventions and noting signs of trauma. The goal is to address behavioral issues and trauma symptoms associated with relationship disruptions before

⁸¹ As described on the CDSS website: Quality Parenting Initiative (QPI) available at: <http://www.fosterfamilyhelp.ca.gov/PG2997.htm>

they affect the overall well-being of the child and family unit. Additional training resources for families are offered online at FosterParentCollege.com.

CSD will be offering the CDSS caregiver training regarding trauma and psychotropic medication treatments when it becomes available to Riverside County.

Probation Department:

The Riverside County Probation Department (RCP) has a unique role in the criminal justice system with an overall mission of serving the courts, protecting our community, and changing lives. RCP is one of the most diversified criminal justice agencies in the county and enjoys an excellent reputation for working in a collaborative manner with other county agencies and various organizations in the community.⁸² RCP relies upon a variety of the Continuum of Care Reform (CCR) goals, evidence-based practices (EBP), and new initiatives with informed practices to promote the safety, well-being, and stability of at risk youth and families that are receiving services from RCP. According to the 2016 Juvenile Justice in California report, juvenile arrests made by law enforcement agencies consisted of 57% juveniles arrested for misdemeanor offenses, 31.3% for felony offenses, and 11.7% for status offenses. Additionally, eight out of ten juveniles arrested were referred to county juvenile probation departments.⁸³ Nationwide in 2015, 48,000 justice-involved youth were housed in a juvenile residential facility. Of those 48,000 juveniles, 10,610 were detained awaiting placement or in placement.⁸⁴ Of those 10,610 juveniles, 5,775 were placed in a public California placement facility. RCP recognizes the need for early and comprehensive intervention in order to break the cycle of violence and reduce the number of youth in congregate care.

RCP seeks to implement and maintain CCR's goals of ensuring youth and families are provided the support and services that meet their specific needs in order to maintain stable, permanent families. This goal will continue to guide administration on the delivery of services throughout the system of care to improve outcomes for youth and families. The services that will be promoted by RCP include:

- Family Finding Efforts,
- Youth and Parent Partners,
- 2-1-1 Community Connect and Geographic Information System (GIS) - Service Provider Directory,
- Family Resource Centers (FRC) - each FRC functions as a hub for community services designed to improve family life, particularly for at risk families and youth,

⁸² United States, Riverside County, Department of Social Services and Probation Department. (2013). California Department of Social Services. Retrieved May 22, 2018, from <http://www.childsworld.ca.gov/res/SIPs/2016/RiversideCSA.pdf>

⁸³United States, California Department of Justice, Office of the Attorney General. (2017). *State of California Department of Justice*. Retrieved May 22, 2018, from <https://openjustice.doj.ca.gov/downloads/pdfs/jj16.pdf>

⁸⁴ Sickmund, M., Sladky, T.J., Kang, W., & Puzanchera, C. (2017). "Easy Access to the Census of Juveniles in Residential Placement." Available at: <http://www.ojdp.gov/ojstatbb/ezacirp/>

- Youth Opportunity Centers (YOC) - provides job training, individual and family counseling, anger management courses, tutoring, and fitness and nutrition programs,
- United Way of the Inland Valley - provides resources to the community.

Along with best practice efforts, RCP plans to continue to use Evidence-Based Practices (EBPs) in all interactions with youth and their families. EBPs are those that have empirical research supporting their efficacy. This method was implemented during the 2013-2018 System Improvement Plan (SIP) to help provide evidence-based research with appropriate intervention services.⁸⁵ EBP services that will continue to be provided by RCP include:

- Functional Family Therapy (FFT)
- Parent Project
- Youth Accountability Teams (YAT)
- Multidimensional Family Therapy (MDFT)
- Kids-N-Crime
- Oak Grove Thrive Program (Independent Living Skills, Mentoring, and collocation of CWS, mental health, and public health)
- Motivational Interviewing
- Child and Family Team Meetings (CFTM)
- Opportunity with Education (OWE) program partnered with Riverside Police Department
- Functional Family Probation Services (FFPS)
- Successful Short Term Supervision (SSTS)
- Wraparound program
- Resilient Brave Youth (RBY)

In order to ensure RCP is offering effective services, RCP will need to expand the partnership with community programs and other county resources. This will assist in identifying specific EBPs that will advance RCPs service delivery to probation youth and their families in an effort to continue the goal of reducing the number of youth in congregate care.

The Core Team began data collection efforts in July 2016, by coordinating 12 focus groups with various stakeholders including focus groups with participants from all three juvenile court sites, a tribal focus group with representation from several local tribes, and several community focus groups with educators, health care professionals, service providers, and community advocates. In addition to the focus groups, a Community Partners Forum was held on September 29, 2016, with the following partners in attendance:

⁸⁵ United States, Riverside County, Department of Social Services and Probation Department. (2013). California Department of Social Services. Retrieved May 24, 2018, from <http://www.childsworld.ca.gov/res/SIPs/2016/RiversideCSA.pdf>

- Riverside County Board of Supervisors
- Riverside County Office of Education (RCOE)
- Riverside University Health System - Public Health (RUHS-PH)
- Riverside University Health System - Behavioral Health (RUHS-BH)
- First 5 Riverside
- Schools and school districts
- Community based organizations
- Faith-based organizations
- Service providers
- Foster family and group home agencies
- Court Appointed Special Advocates (CASA)
- Mexican Consulate
- Parent partners and Youth Partners
- Children’s Services Division and RCP staff

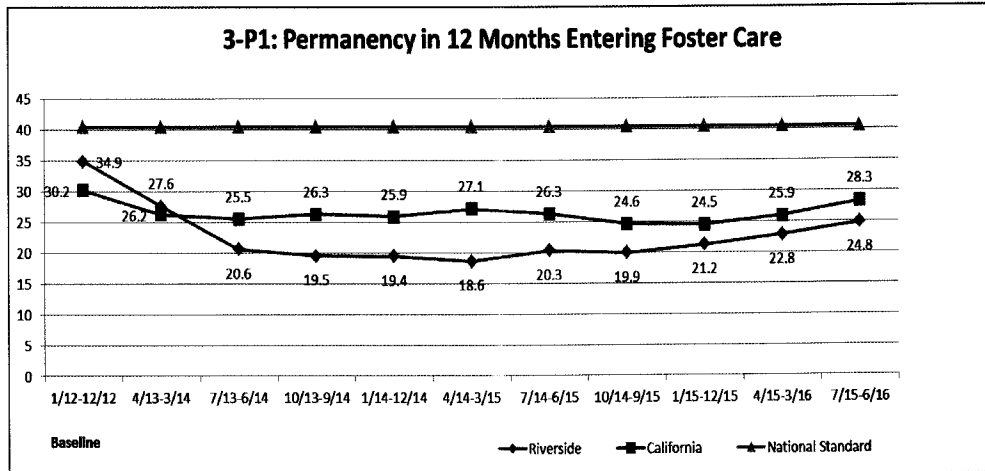
During this forum, the community partners completed surveys and participated in an in-depth guided discussion to collect information for processing and preparation of the County Self-Assessment (CSA) development. The CSA identified areas of concern, which are to be the focus of the Riverside County System Improvement Plan (SIP). The SIP, guided by the identified areas of the CSA, provides an outline for how RCP will improve their system of care for youth and families. Selected strategies for the 2018-2022 SIP period includes outcome measures of permanency in 12 months for youth entering foster care and re-entry within 12 months for youth entering foster care. RCP gave priority to these outcome measures as RCP was below California’s outcome data measures, which was also below National Standard data. In addition to the CSA, nearly 1,500 surveys were collected from community members in Riverside County, including 300 service provider surveys, over 500 CSD staff surveys, and 106 probation youth. Furthermore, in July 2017, a Peer Review (PR) was coordinated with CDSS. Probation peers from San Diego, Los Angeles, and Orange Counties, who were performing better in the selected focus area than Riverside County, were invited. The PR allowed the opportunity for counties to learn from each other based on actual case scenarios and interviews with county case-carrying probation officers regarding county practices. RCPs performance outcomes needing improvement were identified from a review of the findings and strategies of the CSA, PR, and SIP planning process, and were identified as follows:

PROBATION AREA NEEDING IMPROVEMENT:

3-P1 PERMANENCY IN 12 MONTHS FOR YOUTH ENTERING FOSTER CARE (EXIT COHORT)

Of all youth who enter care in the 12-month period, what percent discharges to permanency (reunification, guardianship, or adoption) within 12 months?

The National Standard for the P1 measure is 40.5% (or more).



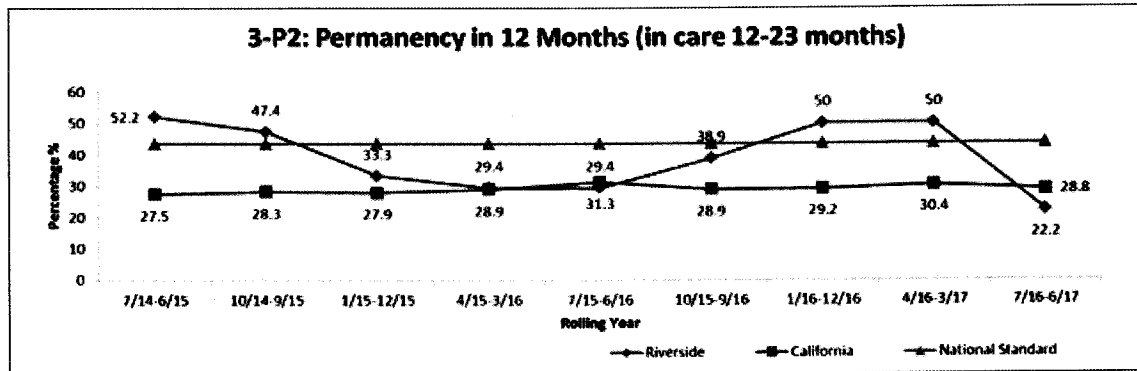
Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

The most current data (7/01/15-06/30/16) indicates 24.8% of placement youth achieved family reunification within the target 12-month period. The measure is indicating that beginning October 2014, there is an increase of youth achieving permanency within 12 months. Although RCP has been below national standards in the past, influencing factors may include more thorough and comprehensive services being offered by Short-Term Residential Therapeutic Program (STRTP) facilities to all family members to assist in stabilizing the home. The lift of a hiring freeze resulted in an increase of the number of probation staff, which in turn allowed more in-depth supervision by staff to assist effectively with the youth’s rehabilitation and reunification. It was also noted continuing the use of evidence-based practices throughout the youth’s transition back to the community can assist with youth returning home at a more rapid rate. Conversely, according to the PR results, one of the barriers to a timely reunification appears to be gaps in community resources for families of placement youth.

3-P2 PERMANENCY IN 12 MONTHS FOR YOUTH IN FOSTER CARE 12-23 MONTHS (EXIT COHORT)

Of all the youth in care on the first day of the 12-month period who have been in care between 12 and 23 months, what percent discharges to permanency (reunification, guardianship or adoption) within 12-23 months?

The National Standard for the P2 measure is 43.6% (or more).

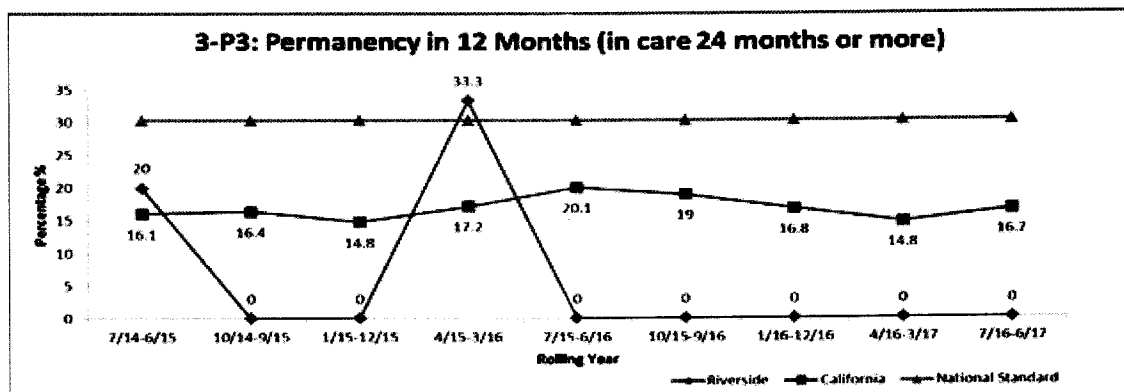


Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

3-P3 PERMANENCY IN 12 MONTHS FOR YOUTH IN FOSTER CARE 24 MONTHS OR MORE (EXIT COHORT)

Of all the youth in care on the first day of the 12-month period who have been in care for 24 months or more, what percent discharges to permanency (reunification, guardianship, or adoption) within 12 months?

The National Standard for the P3 measure is 30.3% (or more).



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

RCPs performance regarding 3-P2 and 3-P3 Permanency in 12 months has reflected variability in comparison to both the state average and National Standard. Factors contributing to overall decreases in permanency other than those stated above regarding these measures may include the issue of residential juvenile sex offenders who remain in treatment between 18-24 months due to the treatment curriculum length. Because the count is low, any changes in numbers will reflect a more significant change. This can be attributed to youth who runaway, were removed, or changed programs while under one foster care order. For example, if a youth was placed at a facility and ran away three months after he or she was placed, the youth

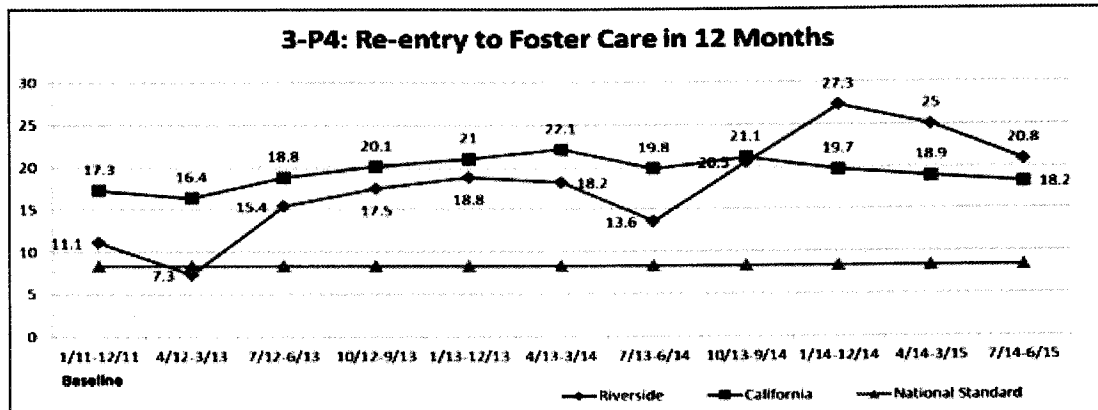
would have to start a new program from the beginning if he or she were to be located and re-placed two months later. This could extend his/her stay in care past 18 months if the youth required a specialized program such as sexual offender treatment. Likewise, if the youth was to run away from his/her placement for a second time, his/her program would restart again upon apprehension but his/her in-care period would not.

To counteract the possibility of youth prolonging their permanency time frame, CFTMs have been implemented. The CFTM is conducted for the purpose of creating a Needs and Services Plan (NSP) to support the youth and family. The NSP provides the team with a summary of their discussion and a care plan considering the input from all members. The NSP will provide a roadmap for the team to assist the youth and family to successfully reach their goals. RCPs data indicate in 2017, 68% of youth who ran away from placement did so prior to participation in a CFTM; however only 16% of youth who participated in a CFTM subsequently ran away from placement. As CFTMs have shown a significant drop in youth running away from placement, RCP plans to extend the use of CFTMs to more youth involved in the juvenile justice system as a preventative and aftercare measure. Further details on implementation can be found under the corresponding action step.

3-P4 RE-ENTRY TO FOSTER CARE (EXIT COHORT)

Of all youth who enter care in the 12-month period and discharge within 12 months to reunification or guardianship, what percent re-enter foster care within 12 months?

The National Standard for the P4 measure is 8.3% (or less).

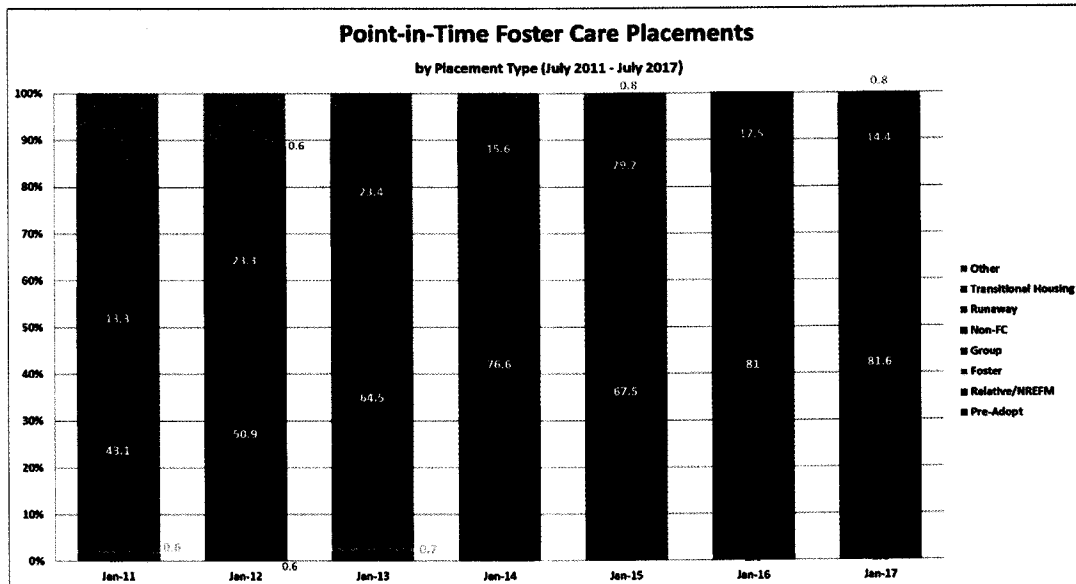


Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

The most current data reflects a 20.8% rate of re-entry following reunification in 12 months. Since 2012, RCP has seen increased rates of re-entry to foster care in a 12-month period. Re-entry continues to pose a challenge for RCP. In response to the increase of the re-entry rates, RCP implemented the Wraparound Step Down program in March 2015, targeting youth who enter placement under the age of 16 years old. As previously stated, the program creates a network of professionals who support the youth and family with the

goal of supporting the youth’s reintegration into the home. It should be noted the effectiveness and long-term benefits of this program is still under review. Additionally, while implementing CCR, RCP will simultaneously continue to explore new programs, which can provide additional preventative services and aftercare efforts. It is anticipated that due to the above mentioned efforts, improvements regarding permanency data will be noted in the coming years.

4B LEAST RESTRICTIVE PLACEMENT (POINT IN TIME)



Source: California Child Welfare Indicators Project (CCWIP) University of California at Berkeley

RCPs Point-in-Time placement data by placement type does not appear to show a clear pattern and has fluctuated over the years. When looking from a percentage standpoint, the number of group home facility placements increased by 89.3% from July 2011 to July 2017. However, the actual number of youth in group homes only increased by 30.8% over time (78 in July 2011 compared to 102 in July 2017). There were 181 youth in foster care in July 2011 as compared to 125 youth in July 2017, amounting to an overall 30.9% decrease.

RCPs number of youth on runaway status has also significantly decreased; decreasing from 24.3% of the foster care population in July 2011 to just 1.6% in July 2017. This could be attributed to the creation of a placement warrant caseload in which a probation officer is tasked with locating youth who ran away from their placements. In addition, since the implementation of CFTMs in 2017, the number of youth running away from placement has declined.

Currently, probation youth who have been placed in a STRTP are required to participate in a CFTM every six months, or every 90 days if they are identified to have Specialty Mental Health Services (SMHS) needs. CFTMs can also be held more often if requested by anyone on the team.

Likewise, the Interagency Placement Committee (IPC), which consists of representatives from RCP, RUHS-BH, RUHS-PH, and RCOE is tasked with analyzing each youth's case and determining the best placement fit for the youth upon first placement. It is anticipated with the continued implementation of CCR, the number of youth placed in group homes and STRTPs will decrease over the next several years.

Overall, RCP believes that with the resources provided through the CFTMs, IPC screenings, Wraparound and Resources Families, more youth will receive early intervention before being considered for removal from home and placed into congregate care. These programs will further help address the concerns raised during the PR and community surveys.

RIVERSIDE COUNTY PROBATION DEPARTMENT PRIORITIZATION OF OUTCOME DATA MEASURES AND STRATEGY RATIONALE

Based on achievable and measureable strategies and available resources, two top priority goals and outcome measures were selected that best fit the needs and are most beneficial for at risk youth and families serviced by RCP. Additionally, RCP focused on improving the areas of concern identified during the PR and those areas identified during the CSA. The predominant concerns found in the CSA include efforts to improve service delivery and outcomes for youth and their families. Likewise, the PR revealed much needed improvements regarding family findings, engagement with other family members for concurrent planning, frequent caseload changes, youth reunifying prematurely, aftercare services provided to youth prior to reunification, preplacement prevention efforts, and lack of mentors for youth and family.

RCP will continue to use various management information systems to track the efforts in developing, implementing, and following through with each strategy. The Child Welfare Services/Case Management System (CWS/CMS) is utilized by designated staff to input placement facilities, contacts and service delivery for foster care youth. Staffs also use the system to obtain information regarding abuse/neglect referrals made on behalf of any probation youth. RCP also utilizes the Juvenile and Adult Management System (JAMS), which was designed to increase RCPs technological capacity for overall case management of all youth on probation and client data quality assurance. JAMS is utilized for entering contact information with clients, creating court reports, developing case plans, and documenting all case relevant information. Using JAMS, supervisors can assign and monitor active probation cases, review and approve case plans and court reports, facilitate case transfers and closures, and monitor client contacts, services and probationary progress. Programs recently added to JAMS are designed to improve the quality and quantity of services provided to probation clients. This includes risk assessment tools, EBP tracking tools, and alerts to better coordinate services and provide safety to both probation staff and probation clients regarding home and community contact. Additionally, RCP uses Efforts to Outcome (ETO) software, which is designed to assist in tracking the effectiveness of certain programs, demonstrating impact to the community and assisting with the improvement of program implementation. RCP currently uses the ETO system to track Independent Living Program (ILP) service

provision and activities. RCP also uses the ETO system to enter Resource Family Approval (RFA) information for the purpose of tracking the status of each applicant and acquiring statistical data. Each strategy listed below will include a data review pulled from one or more of the above-mentioned data management systems to evaluate and monitor each strategy.

Regarding case management, RCP uses the Division 31-201 process on an ongoing basis for developing the case plan template utilized by the department. The case plan includes specific goals, visitation needs, and service objectives. In order to ensure that the service objectives are met by the youth and family, RCP is currently in the process of replacing the Wisconsin Youth Assessment Tool with the Ohio Youth Assessment System (OYAS). The latter assessment tool allows RCP to assess risk more effectively, needs, and responsibility factors at each stage of the Juvenile Justice System.⁸⁶ The importance of the application of risk-needs assessment instruments in creating a treatment plan is to ensure that services are matched appropriately to the youth's learning styles and cognitive abilities, allowing a more effective response to services.⁸⁷ Rather than focusing solely on the identification of the risk and needs, OYAS will also be utilized to assist RCP in considering barriers to services.⁸⁸ The OYAS will assist in determining to which type of community based programs the youth should be referred. This assessment will work together to assist in identifying desirable community based treatment services. It can also guide RCP in improving the Outcome Data Measures with an overall goal of working toward RCPs identified strategies.

The youth represented in RCPs data are those who are removed from their home due to their criminal behaviors and their family's failed attempts to address the behavior prior to law enforcement intervention. Thus, RCP is focusing on the population at risk for removal or at risk of re-entry into placement. Research conducted by the Office of Juvenile Justice and Delinquency Prevention highlights the need for returning youth from structured supervision to community settings, accomplished by clear communication among the different agencies and individuals involved in the re-entry process.⁸⁹ In January 2017, RCP began applying provisions of CCR to its practices. A majority of group homes servicing RCP youth have begun their conversion to a STRTP. This conversion requires the facilities meet the new licensing standards requirements set forth by the California Department of Social Services (CDSS). As previously stated the requirements provide an integrated program of high quality, therapeutic interventions and 24-hour supervision on a short-term basis.

RCP is focusing its efforts in expanding CCR in all areas of the juvenile services. Currently, probation

⁸⁶ Latessa, E., Lovins, B. and Lux, J. (2018). Handbook of Recidivism Risk/Needs Assessment Tools. [online] Available at: https://www.uc.edu/content/dam/uc/ccir/docs/reports/project_reports/OYAS_final_report.pdf [Accessed 25 May 2018].

⁸⁷ Schlager, Melinda D., and Daniel Pacheco. 2011. "An Examination of Changes in LSI-R Scores Over Time: Making the case for Needs-Based Case Management." *Criminal Justice and Behavior* 38(6):541-53

⁸⁸ Latessa, E., Lovins, B. and Lux, J. (2018). Handbook of Recidivism Risk/Needs Assessment Tools. [online] Available at: https://www.uc.edu/content/dam/uc/ccir/docs/reports/project_reports/OYAS_final_report.pdf [Accessed 25 May 2018].

⁸⁹ Development Services Group, Inc. 2017. "Juvenile Re-entry." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/aftercare.pdf>

youth who have been placed in STRTPs are required to hold a CFTM every six months, or 90 days if they require SMHS. A Child and Family Team (CFT) is a group of individuals, including the youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the youth and family's success. CFTMs are youth and family centered and driven, as well as culturally relevant. The goal of providing CFTMs and increasing the availability of services and support in home-based family care settings is to decrease the number of youth sent to congregate care at the beginning and to decrease re-entry. RCP has begun identifying the CFT at the beginning of each youth entering the juvenile justice system. A section in the youth's initial court report is dedicated to identifying individuals involved in the youth's life who could potentially participate in the CFTM. This will allow the supervision probation officer to conduct these meetings throughout the youth's entire time on probation supervision. According to the Office of Juvenile Justice and Delinquency, re-entry encompasses the provision of intervention strategies and community restraint. Meta-analyses of similar research determined the effectiveness of intervention programs in reducing delinquency and reoffending.⁹⁰ However, both approaches should consider the youth's past trauma, fear of stigma, and need for trusting connections with adults. The development of a partnership between RUHS-BH and RCP to streamline and improve communication would assist in achieving this goal.

Based on the above-mentioned, the following strategies were selected for RCP to refine the outcome measures of permanency in 12 months for youth entering foster care and re-entry within 12 months for youth entering foster care for the 2018-2022 SIP years. While each strategy is presented individually, it is important to note that several of these strategies work collectively to produce the indicated result. A description of the specific action steps can be found under each strategy. With each action step, RCP has included a discussion on how best practices, promising initiatives, evidence-based practices, research and literature, and CCR guidelines will be the groundwork to progress the system of care for youth and families.

⁹⁰ Development Services Group, Inc. 2017. "Juvenile Re-entry." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/aftercare.pdf>

RIVERSIDE COUNTY PROBATION DEPARTMENT STRATEGIES AND ACTION STEPS

Pre-Placement Prevention	Families, Relatives & Resource Families	Applicable Outcome Measure(s):
<p>Strategy #1: Improve support and services for parents, relatives, and caregivers.</p>	<p>Strategy #2: Implement Family Finding and engagement and support activities to improve permanency and connections for probation youth.</p>	<p>3-P1 Permanency in 12 months for youth entering foster care: Of all youth who enter foster care in a 12-month period, what percent discharge to permanency within 12 months?</p> <p>3-P4 Re-entry within 12 months for youth entering foster care: Of all youth who enter care in the 12 month period who discharge within 12 months to reunification or lesser restrictive placement, what percent re-enter foster care within 12 months?</p>

Strategy #1:
Improve support and services for parents, relatives, and caregivers.

Findings indicate a need to increase family participation and engagement to create a smooth transition at 12 months and to decrease re-entry. Although several support systems and services are being used while the youth is in placement, the involvement of family members during this time is minimal. Engaging families and increasing their involvement within the community prior to the removal of youth may assist in continuing their involvement throughout the youth’s placement. Ultimately, this may also decrease the number of youth entering placement and re-entering foster care.

A number of key concerns identified in the PR will be addressed using this strategy. For example, it was noted there are minimal aftercare services and placement prevention services provided to youth currently in the community who are at risk for removal and youth who returned to the community from placement. The measures intended to be affected by this strategy are 3-P1 and 3-P4. A meta-analysis by Bouchard and Wong (2017) looked at 10 studies of supervision-oriented aftercare/re-entry programs for juveniles. They found that juveniles who participated in re-entry services were significantly less likely to be charged or arrested upon release compared with those who did not participate.⁹¹ RCP chose to increase partnerships with community based organizations (CBO), coordinating with other county agencies, exploring youth and parent mentoring positions, engagement of caregivers with youth involved in ILP services, and completion of an evaluation of all services and support systems placed into action. The key component of RCPs plan is collaboration and supporting both service directories and CBO prevention services that use EBP both in quality and quantity. RCP will enhance the current partnerships as well as develop new ones. Lists of current partnerships are added below for reference:

⁹¹ Development Services Group, Inc. 2017. “Juvenile Re-entry.” Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/aftercare.pdf>

CBO PARTNERS:

- **Functional Family Therapy (FFT)** - a family intervention program for at risk and delinquent youth who are 11-18 years of age provided by Riverside University Health System - Behavioral Health. FFT therapists increase motivation to change by disrupting youth and family dysfunctional attributions about themselves and each other.
- **Parent Project** - a parent-training program for parents raising difficult or out-of-control youth provided by trained probation officers.
- **Youth Accountability Teams (YAT)** - a collaborative and integrated multi-agency approach to rapid and effective intervention with at risk youth and less serious juvenile offenders by providing necessary services to the youth and their families. Services may include weekly contact, school and home visits, drug testing, referrals to community resources, community service, counseling, mentorship, and accountability. The agencies/organizations involved in this program are probation, sheriff, district attorney, and community based organizations providing counseling components.
- **Multidimensional Family Therapy (MDFT)** - an evidence-based approach to the treatment of adolescents who have behavioral and substance use disorders provided by Riverside University Health System - Behavioral Health.
- **Kids-N-Crime** - a community partner with classes offered in legal awareness, anger control, drug and alcohol education, Teens "N" Cars, shoplifting/petty theft, Teens "N" Truancy, Teen DUI, and parenting classes.
- **Oak Grove Thrive Program** - a community partner providing independent living skills, mentoring, and collocation of CWS, mental health, and public health services.
- **Opportunity with Education (OWE)** - a juvenile intervention and prevention program, provided through Riverside Police Department with the assistance of RCP, providing education and mentoring to community youth through positive interactions with police officers, educators, prosecutors, and other professionals, rather than the influences from the culture of criminal elements. The goal of OWE is to assist parents and their youth bring a sense of family back to their homes.
- **Full-Service Partnership (FSP) Program** - through Riverside University Health System - Behavioral Health, the Transition Age Youth (TAY) FSP program provides intensive wellness and recovery based services for previously unserved or underserved individuals who carry a serious behavioral health diagnosis and who are also homeless, at risk of homelessness, and/or have experienced incarceration related to their mental health disorder.
- **Successful Short Term Supervision (SSTS)** - RCP provides intensive and family centered probation supervision to youth placed on court ordered informal or limited probation. The probation officers

utilize youth and family centered supervision tactics with the goal of reducing this population's recidivism rate.

- **Wraparound program** - RCP partners with Riverside University Health System – Behavioral Health to provide support and case management services to families. The work is collaborative with the family to provide them with community based services to assist them in maintaining a safe environment for them and their family.
- **Voices for Children** - Court Appointed Special Advocates (CASA) volunteers provide foster youth with an advocate who will work one-on-one with a youth in foster care to ensure their needs are met. They provide training, supervision, and continuing education for volunteers who advocate for the best interest of foster youth and provide vital information to judges.
- **Family Resource Centers (FRC)** - provided by Riverside County Department of Public Social Services (DPSS), FRC promote strong partnerships and increase community involvement by offering services that bolster self-sufficiency and well-being in the communities they serve. The FRC program focuses on four practice methods of civic engagement, community building, growth and development, and well-being services. Each FRC functions as a hub for the community services designed to improve family life, particularly for overburdened or disadvantaged families and youth.

Strategy #1 - Action Step A

A. Increase partnership between the Juvenile Project Unit, Placement Unit probation officers, and Core Team to utilize community programs for families and caregivers of at risk youth.

The importance of collaboration between RCP and the current and innovative community based organizations is the center of RCPs plan. RCP can be more effective to the community by collaborating with several agencies and groups who can contribute their expertise and valuable insight. Riverside County government agencies can be the hub of public organization and have the potential to bring together multiple county departments that could genuinely impact the health, well-being, and resilience of the youth that we serve.

The primary provisions and supports used by RCP to assist caregivers come from four dedicated units: The Juvenile Projects Unit (JPU) and three Placement Units. RCP established the dedicated and specialized JPU for interpreting and implementing the Continuum of Care Reform (CCR) legislation. JPU identified areas in need of restructuring as well as programs and processes in need of development. The unit created an implementation plan for CFTMs, ensured the IPC was in line with new legislation, and provides ongoing training to the entire department on the implementation of CCR. Assistance is also received from the collaboration between other county child welfare, behavioral health and probation agencies within the State of California; as well as community based organizations (CBOs). RCP collaborated with Riverside County

Department of Public Social Services – Children’s Services Division (DPSS-CSD), the HOPE Collaborative, and the Riverside University Health System – Behavioral Health (RUHS-BH) as the Core Team. As illustrated in the Child and Family Services Review Instruction Manual, the purpose for the SIP is for the county to utilize prevention, early intervention and treatment funds to strengthen and preserve families. It is anticipated that further partnerships will assist RCP with utilizing such programs to promote the family’s safety, well-being, and permanency. As RCP and the Core Team agencies share a mutual vision, we will begin to work more collaboratively to identify those services which would address the criminogenic needs of the child and their families earlier during the process and more effectively. Coordinating prevention efforts with these agencies by sending referrals and having effective communication across the board will assist with creating a community support team for the youth and parents/caregivers RCP serves.

In order to begin supporting at risk youth and their families, RCP must first reach out and develop partnerships with the Core Team. RCP currently participates in many committees which serve to provide the best services to foster youth and their families, including but not limited to, Interagency Committee on Placement (ICOP), Support Letter Subcommittee, CFT Subcommittee, Continuum of Services Committee (CSCO), Training Subcommittee, RFA Subcommittee, Commercially Sexually Exploited Children (CSEC) Subcommittee, the Presumptive Transfer Subcommittee, the Levels of Care Subcommittee, the Placement Directors Meeting, and the Joint Provider Meeting. These committees are pathways to new programs and essentially share the same goal of bettering the community. With these partnerships, RCP will be able to tap into the pool of additional programs to be provided to youth and families. Upon further review of the programs gathered from the Core Team, RCP plans to provide SIP/CSA overview training to all juvenile probation officers (PO) regarding the SIP strategies of the department and the importance of community partnership. During this training JPU will discuss community programs the Core Team has to offer and their referral process. POs will be able to give feedback on any current programs being used and solicit questions about pending programs. RCP will use the county’s JAMS system to track youth program participation and completion. By tracking program participation, it is hoped RCP will be able to send out satisfaction survey to determine the correlation between program success rates, program failures, and pre/post-congregate care entry and re-entry rates.

In evaluating this action step, RCP will assess each program for further analysis and review. Once partnerships are established, RCP will look into programs’ statements to identify the benefits the programs can provide to probation youth and their families. RCP will provide ongoing oversight and evaluation into each program to ensure the continued use of evidence-based curriculum. This is vital because several comprehensive reviews concentrating on delinquency prevention and treatment programs have indicated

such focused evaluations produce positive results.⁹² On June 4, 2018, a meeting was held with JAMS Quality Assurance (QA) regarding systematic factors. It was determined that RCPs JAMS system is capable of documenting the data and no changes are needed at this time. Participation in each program will be monitored by the number of referrals sent by the probation officers and their outcomes documented through RCPs data management system (JAMS). RCPs target improvement goal is to decrease the number of youth removed from their homes and lower the re-entry rate for youth who have completed a placement program. The coordination is to be implemented by June 2018 and maintained throughout the five-year span to determine the direction of community programs.

Strategy #1 - Action Step B

B. Coordinate with child welfare and behavioral health agencies to assist with providing services related to training and support for parents, relatives, and caregivers.

As explained above the need for services to RCPs youth and families is apparent. Unfortunately, as illustrated in California's Program Improvement Plan (PIP), the services to probation youth are far and few between. With Action Step A, RCP hopes to minimize the stigma of working with troubled youth to providers by demonstrating to potential partners the effective supervision deputy probation officers offer. Ultimately, providing more guidance to caregivers and expanding program options will assist in creating flexibility when it comes to program options for at risk youth and their families. Accomplishing Action Step A will make a pathway to begin providing services for training and support to parents, relatives, and caregivers. RCP will evaluate and monitor Action Step B as mentioned above, utilizing the JAMS system management software.

This action step is anticipated to be implemented as programs continue to be used or are approved by RCPs management team. Annual data reviews of each referral to CBOs documented in JAMS, surveys collected from participating youth and families, and the annual re-entry and entry data provided by CWS/CMS, will assist in the direction of RCPs use of each program. Along with these steps, RCP will request that partners provide data reviews of probation youth enrolled in their program with entry assessments and exiting assessments. As these programs are evidence-based, it is assumed they will have implemented assessments to achieve their own data. On June 4, 2018, QA determined JAMS is capable of collecting data of parents, relatives, and caregivers referred to program for training and support services. JAMS QA will need a list of available service providers to input into the system and probation officers will need to be trained on the process of inputting the services referred to the family in JAMS. The implementation of this action step will begin upon the development and implementation of the partnerships in Action Step A in June 2019 and is anticipated to be fully implemented in June 2021.

⁹² Steinberg, Laurence 2008. Introducing the Issue. Future of Our Children. www.futureofchildren.org

Strategy #1 - Action Step C

- C. Use the Core Team to promote the use of the 2-1-1 Community Connect and the Geographic Information System (GIS) – Service Provider Directory throughout Riverside County to connect families to community based resources, parent education opportunities, Mental Health and Substance Abuse services.

2-1-1 Community Connect:

2-1-1 Community Connect is a toll free, confidential service providing Riverside County residents access and referrals to community and health information 24 hours a day, 7-days a week and in many languages. Residents can receive information about food and shelter, suicide prevention hotline, health care and mental health services, job training and unemployment services, education and the arts, rent and mortgage assistance, financial assistance, youth services including day care, senior services including social security, help with healthcare options, and/or ways to volunteer.⁹³

GIS Service Provider Directory:

Web App URL: <http://gis.rivcoit.org/dpssServices>

This web mapping application displays all social service providers that are partnered with Riverside County Department of Public Social Services (DPSS) - Children's Services Division (CSD) for Riverside County residents. Data is updated on an as needed basis and is provided by DPSS-CSD-Program Development Region (PDR).⁹⁴

Feedback from the county's distributed surveys and Peer Review (PR) indicated a need for more resources to provide to RCP youth and their families. Although there are multiple sources available to connect families with resources, often those sources are not well known to the public or easily accessible. Additionally, it can be particularly difficult to find resources or services sorted by location, making them less accessible. DPSS has collaborated with partners to promote the use of at least two of these comprehensive countywide resources to connect people with community providers who may be able to meet their needs.

Probation officers know the importance of connecting youth with community based programs, which provide relevant services to assist the youth in the community. Probation officers are in the practice of providing resource lists or directories to families and individuals. Probation officers often rely on a program list located in JAMS for providers; however, this list is not properly maintained as new providers are not added in a timely manner and providers who are not in operation are not removed in a timely manner. Additionally, hard copy lists are limited and often not passed along. Promoting 2-1-1 Community Connect and the GIS Service Provider Directory will allow probation officers the opportunity to teach families how to find resources

⁹³ <http://connectriverside.org/about-2-1-1/>

⁹⁴ <http://gis.rivcoit.org/dpssServices>

that meet a specific need and learn more about nearby organizations that could support youth. The use of 2-1-1 Community Connect also does not require a referral from the probation officer, allowing the family to utilize it freely and as often as needed on their own time.

With California's free cellular telephone programs and the increase in cell phone use⁹⁵, nearly all Riverside County residents have access to both of these resources. For those few families without phones or internet access, probation officers have department-issued cell phones and tablets to access resource information for families during home visits. Promoting use of these resources to find services will include training probation officers and support staff throughout the county on how to access and navigate the GIS Service Directory. Using 2-1-1 Community Connect and the GIS Service Provider Directory can be done without stigma or embarrassment, which is an identified need from the 2017 CSA. Additionally, these tools can be used on an ongoing basis to meet the need for services in the future as the families learn how to use them. The implementation of the promotion is anticipated to begin by August 2018, and surveys of usage will be collected throughout the five-year span to determine the direction of community programs.

The wide range of service organizations and programs included in 2-1-1 Community Connect and the GIS Service Provider Directory is not limited to just traditional social services such as parenting classes or substance abuse treatment, but also includes resources that provide concrete basic support for families. RCPs system management, JAMS, is capable of collecting data regarding probation officers' use of each directory. Probation officers will need training on how to input their use of each directory in JAMS.

Strategy #1 - Action Step D

D. Evaluate the outcomes of the parents, relatives, and caregivers receiving the services with surveys and assessments.

Along with Action Step B this action step will be ongoing to provide RCP with direction. This Action Step can be monitored through RCPs data management system and the collaboration with other county agencies and CBOs within Riverside County. RCP will establish guidelines with CBOs to offer entry assessments and exit assessments for youth and their families. The outcomes of these assessments will assist RCP to determine on how each youth and their families/caregivers have been affected through their participation in each agency's program. The assessments will also be used to determine the effectiveness of the materials being taught. For example, the assessments can assist in determining the level of success of each of the programs presented in preparing youths and families to use positive social and coping skills. Furthermore, RCP will develop a satisfaction survey to be completed by the stakeholders who participate in providing services to youths and families served by RCP as well as from individuals who are receiving placement services or have received placement services. The survey can be used as a needs assessment for the subsequent planning of

⁹⁵ <http://www.ppic.org/press-release/big-gains-in-californians-use-of-cell-phones-tablets-to-go-online/>

changes in a program or of the introduction of new programs and interventions. Moreover, the survey will be used to obtain the overall parents/relatives/ or caregivers opinion of the program and the services being offered to them. The evaluation of the outcomes will determine the level of effectiveness of the services to the youths and families/caregivers and their perception of the effectiveness on themselves and/or family members. Surveys are beneficial in obtaining simple feedback regarding each provider, while assessments are useful in obtaining a deeper insight of the curriculum being offered by the providers. The process will begin with the development of guidelines for a survey. Once a survey is developed the collection process can be discussed and implemented. Of note, the completion of these surveys and assessments by the youth is voluntarily, but RCP will encourage the youth to complete the surveys/assessments. RCP will review these assessments and surveys annually to determine RCPs successes and challenges with the CBO programs. Collecting both types of data will assist in determining the use of underutilization services. Moreover, RCP will utilize the county's JAMS system to determine if there is a correlation between the completion rate of a Core Team agencies program and recidivism. An overview of the findings will be reiterated to POs during the SIP overview training. This training focuses on providing an overview of RCPs strategies and the areas of focus for the next five years. The implementation of the survey/assessment is anticipated to begin by December 2018, and collected throughout the five-year span to determine the direction of community programs.

Strategy #1 - Action Step E

E. Promote and support the use of Family Resource Centers (FRC) as community service hubs to provide a range of evidence-based and culturally relevant resources and services.

RCP has implemented the concept of developing community networking with other government agencies; however, RCP has not used the partnership to its full potential to assist families. Riverside County DPSS has five Family Resource Centers, which provide comprehensive services that strengthen and support families moving towards self-sufficiency. Their goal is to develop healthy families who live in healthy communities. Each Family Resource Center functions as a hub for community services designed to improve family life, particularly for overburdened or disadvantaged families and youth. The FRC program focuses on seven core service types: parenting skills, self-sufficiency, community action, child abuse prevention services, information and referral services, education and literacy, and life skills.⁹⁶ Promoting these services to youth's families who are currently in placement may assist in engaging them and motivating them to participate more in their youth's program. According to Laurence Steinberg, during the rehabilitation process, youth in the community can benefit from family-based programs, such as Functional Family Therapy. This is so because a family-centered or a family-based program is more consistently effective than those that focus on treating the

⁹⁶ <http://dpss.co.riverside.ca.us/family-resource-centers>

individual youth alone.⁹⁷

To begin this action step Probation will develop an educational training presentation highlighting all that FRC have to offer. These trainings can spread awareness of FRC services to Probation Officers (PO). In turn, POs can refer youths and family members to the nearest center. The networking between FRC and POs has already begun in the desert region. Probation's desert region collaborated with the local FRC to meet with youths and their caregiver at their facilities. This creates a reasonable effort on Probation's part to connect youths and their families to resources within their community. By meeting families at the FRC, FRC staff can be on hand to answer any of the families' questions, thus creating a warm hand-off to a knowledgeable organization. Probation will continue to expand this collaboration to other Probation regions.

This action step is anticipated to be implemented as programs continue to be used or are approved by RCP. Annual data reviews of each referral to CBOs documented in JAMS, surveys collected from participating youth and families, and the annual re-entry and entry data provided by CWS/CMS will assist in the direction of RCPs participation in each program. RCPs current data management system is capable of collecting this data for future analysis. The implementation of this action step will begin on August 2018, with the Juvenile Service Division (JSD) coordinating a spokesperson to collaborate and coordinate between probation officer, support staff, and Riverside County DPSS to provide information regarding the services and resources offered at FRC. This is set to be fully implemented by August 2019. However, this action step will be updated throughout the duration of the five-year span.

Strategy #1 - Action Step F

F. Expand the Parent Project and encourage parents whose youth are already in placement to participate in the Parent Project to help prepare for reunification.

As referenced above, there is an identified gap in services offered to parents while the youth is in placement. This is due to a lack of awareness of the available resources and underutilization of the current resources offered by RCP. Probation placements currently offer monthly family therapy to all Riverside County youth in their care; however, few placement facilities offer parenting courses. Parent Project is a program developed specifically for use in juvenile courts and probation. The program offers concrete, no-nonsense answers for some of the most difficult parenting questions and high-risk adolescent behaviors. The Parent Project uses a behavioral model to address critical issues such as: Arguing and family conflict, poor school performance, media influences, early teen sexuality, teen drug use, youth gangs, teen violence and bullying, and runaways. The programs goals are to reduce family conflict, juvenile crime, and recidivism, and further improve school attendance and performance.⁹⁸ Currently, the program is provided by trained probation

⁹⁷ Steinberg, Laurence 2008. Introducing the Issue. Future of Our Children. www.futureofchildren.org

⁹⁸ User, S. (2018). Juvenile Courts and Probation - The Parent Project. [online] Parentproject.com. Available at: <https://www.parentproject.com/index.php/about-us/juvenile-courts-and-probation> [Accessed 29 May 2018].

officers at four juvenile probation offices through activity-based instruction, cooperative learning norms, need-based parenting, and integrated support groups. Due to misconceptions, this program was not offered to placement youth's families as it was believed they were outside the scope of the program since the youth were not at home. Current management established the need to provide this program to all families within Riverside County. This program is now offered to families as a preventive measure to law enforcement intervention to help address negative behavior and provide integrated parent support groups through ongoing emotional and practical support. RCP will need to designate a monitor to collect results regarding attendance and follow-up with facilitators to train them in inputting parent attendance in JAMS. Data will be evaluated regarding the parents of placement probation youth to determine if the classes make a significant impact on re-entry and release dates.

The implementation of this action step will begin on June 2018, with the Juvenile Service Division (JSD) coordinating a spokesperson to collaborate and coordinate a Parent Project presentation with currently trained Parent Project Probation Officers to provide information regarding the services and resources offered to families by the Parent Project curriculum. This is set to be fully implemented by June 2019. Full implementation means all parents, relative, or caregivers who are currently in placement will be advised to attend Parent Project if they are not currently participating in another parenting course. RCPs current data management system is capable of collecting this data for future analysis.

Strategy #1 - Action Step G

G. Identify, select and provide initial and ongoing training and coaching in family engagement strategies for probation staff (such as Motivational Interviewing, Cultural Diversity, and Cultural Competency: Creating Respectful Cross-Cultural Environments).

Family engagement is a fast-paced process, involving the youth in an age-appropriate manner at every stage of their case. Through the CSA process, RCP identified the importance of expanding their efforts to identify the family members of the foster youth and focus on permanency planning. Of importance, during stakeholder meetings it was determined family involvement was difficult to maintain once the youth was removed from the home and there was often disengagement by the family. There appears to be a need to train staff regarding family engagement strategies to continue to motivate families to be involved throughout RCPs involvement with their child. The department training curriculum currently offers courses that provide officers with motivational interviewing tools and creating therapeutic relationships to assist them with communication engagement strategies to lead individuals to change. As the courses evolve through time, Probation's Staff Development Unit is tasked with updating/finding new relevant training and instructors to allow employees to become effective and productive in their roles. Further, training in the topics of cultural diversity and family engagement will assist probation officers in understanding the implication of bias toward

youth and families. Given the current social and political climate, cultural competency is critical in developing interpersonal competency in cross-cultural situations to create environments that are safe. If members of the community feel their own concerns are not understood, their confidence in law enforcement personnel meeting their needs may be severely diminished. Although Probation’s training curriculum does not currently offer courses in cultural diversity and competency along with family engagement, Probation highly encourages probation officers to utilize external resources, such as Standards and Training for Corrections (STC) courses through the University of California (UC) Davis Center for Human Services campus. UC Davis offers multiple family engagement courses such as Building Skills for Working with Families, Creating the Family Support Team, Family Engagement, and Engaging Families and Youth through Pop Culture. Further additions of training courses will be explored throughout the SIP five-year cycle.

The completion of these training courses, both internal and external, will be tracked through RCPs Management and Team Training System (MATTS). MATTS tracks all probation officer required training. As part of RCPs vision “to provide the citizens of Riverside County with quality public safety services and an environment that is conducive to a safe, healthy and productive lifestyle,” supervisors will prioritize the above mentioned trainings for all placement probation officers. This goal is to be implemented during the next fiscal year (July 2018- June 2019), and be continued throughout the duration of the five-year SIP. It is hoped the concerns of lack of family engagement during the youth’s placement stay will diminish with the assistance of probation officer training.

Strategy #1 - Action Step H

H. Increase parent voice in decision making by developing a parent mentoring program (Parent Partners).

Consistent with CCR’s goals of revamping the system of care to youth in placement, this action step is to assist with engaging the family in participation. Feedback from the community surveys indicated most parents were not included in the development of case plan goals. This was also a concern voiced during the PR. To remedy this concern, RCP will implement a parent mentoring program. According to the California Evidence-Based Clearing House, parent partner programs for families involved in the child welfare system are defined as programs that include parents with experience in the child welfare system as mentors, advocates, and/or peer support to parents currently involved with the child welfare system. The goal of parent partner programs may vary, but are typically to engage parents more fully in the child welfare case planning and services process; provide information to parents about the child welfare system and their rights and responsibilities; and provide support, modeling, and linkages to assist families in meeting their case plan goals,

permanency, and well-being.⁹⁹ RCP will research the process of partnering with an established parent mentoring program offered within Riverside County. By September 2018, information as to this program will be obtained, which paves the way for evaluation and implementation. Depending on the direction provided from RCP management, the completion of this program is anticipated by December 2022. Evaluation will be completed by tracking the number of families who engage with a parent partner through the JAMS system. RCPs current data management system is capable of collecting this data for future analysis. RCP will also track reunification rates of families who have engaged with a parent mentor. Once the program is implemented, probation officers will be trained and oriented to the use of this resource.

Strategy #2:

Implement family finding and engagement, and support activities to improve permanency and connections for recently reunified youth.

In connection to Strategy 1, Strategy 2 will use the same EBPs and CBOs. Responses from the community survey and Peer Review (PR) indicated a need to increase family engagement and support along with furthering family finding efforts. Often youth who do well in a structured environment struggle to apply their newly acquired skills and implement their conflict resolution techniques to real-life situations. Throughout this transitional period, the goal of preventing and reducing re-entry is the main focus. Aftercare programs provide an extended period of supervision, monitoring, and resource assistance during this timeframe. As indicated in the introduction, past research indicated that a “seamless” transition back to the community will positively affect re-entry rates.¹⁰⁰ To achieve this, RCP began applying provisions of CCR such as CFTMs, Resource Family Approval (RFA), and increasing access to behavioral health services. Additionally, RCP will propose a youth partner opportunity, and explore the implementation of a placement aftercare program. It is believed by focusing on these three areas to improve permanency rates at 12-months and rates of entry, RCP will be able to provide the greatest benefit to the youth served.

Strategy #2 – Action Step A

A. Expand the use of Child and Family Team Meetings (CFTM) for prevention measures to all youth at risk of removal.

Although introducing family inclusion practices where identifying a network of informal and formal team participants usually happens after the youth is removed from the home, RCP will identify Child and Family Teams early on in the adjudication process in order to establish a safety network. This practice will be

⁹⁹ Cebc4cw.org. (2018). CEBC » Topic » Parent Partner Programs for Families Involved in the Child Welfare system. [online] Available at: <http://www.cebc4cw.org/topic/parent-partner-programs-for-families-involved-in-the-child-welfare-system/> [Accessed 29 May 2018].

¹⁰⁰ Development Services Group, Inc. 2017. “Juvenile Re-entry.” Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/aftercare.pdf>

implemented in the investigation phase during the initial interview with the youth and caregiver(s). Establishing the team participants early on can assist with the creation of a plan in which the youth can safely remain in a home-like environment. Moreover, while at home, the youth can benefit from a system or network of protection provided by the Child and Family Team, in addition to benefiting from available community resources.

An area of concern revealed in the PR was RCPs minimal family finding efforts to discover relatives to serve as lifelong connections for the youth and/or to provide a placement option to maintain the youth in a family like environment. RCP plans to promote training in this area for all probation officers who supervise at risk youths, which can be found under Action Step E.

The rationale and definition of CFTMs has been described under the rationale of developing the current RCP strategies. RCP will implement the CFTMs once the youth is deemed to be at risk of removal from the community. It is hoped CFTMs will increase the parent's or caregiver's involvement by engaging them in identifying other individuals who can provide support and assistance in developing a plan and safety network for their youth.

The goal of the preventative CFTM is to call together identified participants to devise a plan to monitor the youth and keep the community safe while the youth remains in the community. Additionally, RCP plans to implement a required CFTM prior to each case being screened by the Interagency Placement Committee (IPC). This step will allow the IPC to collaborate with CFTs prior to a need to remove the youth from the community. Moreover, an important topic discussed during each meeting is the youth's concurrent plan. A proper concurrent plan would include a relative or family friend who has a positive impact on the youth's life. Therefore, if it is determined the youth is unable to return home, an RFA application can be submitted to the Juvenile Project's Unit (JPU) for further processing. RCPs current data management system is capable of collecting CFTM data for future analysis. Of note, although early CFTM stats for the placement youth are promising, the effectiveness and long term benefits of CFTMs for youth prior to removal is still being reviewed by the JPU unit. The implementation of this action step will begin in January 2019 and be fully implemented by January 2020.

Strategy #2 – Action Step B

B. Improve use of underutilization aftercare services for youth and caregivers returning to their community after placement.

Under CCR standards, a core service that needs to be made available to youth is transition services.¹⁰¹ This can be made directly or secured through formal agreements with other agencies, which are trauma-

¹⁰¹ Cdss.ca.gov. (2018). [online] Available at: http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR/CYCCCR_Toolkit.pdf [Accessed 31 May 2018].

informed and culturally relevant for youth and families who assume permanency through reunification, adoption, or guardianship. Since the implementation of CCR in January 2017, county placing agencies (probation and CSD) have been encouraged to reduce the use of congregate care and expand placement in home-based care. This shift has prompted probation and CSD to re-assess treatment options and pursue alternatives to decrease reoffending, improve reunification and ultimately reduce re-entry to both private and local county facilities. This in turn has established a network of services that can be utilized for early intervention, prevention and reunification treatment services. Youth returned home will be referred to Riverside University Health System-Behavioral Health to receive Functional Family Therapy (FFT), Multi-Dimensional Family Therapy (MDFT), Wraparound services, and/or Resilient Brave Youth (RBY).

Juvenile probation officers will need to be trained regarding the referral process and services offered through the listed resources. Further, juvenile probation officers will be instructed to use the previously mentioned OYAS assessment when determining the youth's needs and appropriate services. Studies have found that childhood abuse, neglect, and trauma are associated with increased risk of committing serious, violent, and repeat offenses.¹⁰² Therefore, the use of OYAS assessment will allow RCP to identify the youth's needs based on the above mentioned factors and pair the youth with appropriate services needed. The re-entry resources identified by the probation officer should consider the youth's unique life experiences and address the effects of past trauma. With the established network of services, juvenile probation officers will have more options in programs that are the best fit for each individual youth. RCP will research existing programs such as MDFT and FFT as well as other resource services to improve the use of aftercare services to newly reunified youths and their parents/caregivers/relative. As probation youths are often reunified with their parents after completion of their court order placement services, establishing a support system for their return to the community and family is critical. These services will be offered to the youth and their parents and or caregivers of youth leaving congregate care or stepping down to a lower level of care from congregate care to in-home based care.

Implementations will begin in January 2019, with attaining information and progress from there. Depending on the direction provided from RCP management, the completion of this program is anticipated by December 2022.

¹⁰² Development Services Group, Inc. 2017. "Juvenile Re-entry." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. <https://www.ojjdp.gov/mpg/litreviews/aftercare.pdf>

Strategy #2 – Action Step C

C. Begin recruitment of Foster Families for probation youth.

During the SIP planning, it was discovered the development of a concurrent plan early on upon the youth's placement may decrease the length of time spent in placement for foster care youth. To assist with the implementation of this process, Probation and CDSS have established an MOU with Dr. Denise Goodman. She is a nationally recognized consultant and child professional who will provide on-site training and technical assistance (TA), as required by the Continuum of Care Reform. The aspect of networking with other agencies will allow for the JPU to learn new methods and innovated practices that will assist with the process; specifically, with the recruitment and retention processes, identify opportunities to engage potential caregivers.

This is a compressive approach used to approve willing care providers for the care and supervision of children, youth and non-minor dependents (NMD) in the foster care system. This process includes the recruitment and retention of said caregivers and entails the participation of behavioral health, child welfare, educational, Foster Family Agencies (FFA) and other community based organizations (CBO). FFA are organizations engaged in the recruiting, certifying, and training of, and providing professional support to, foster parents, or in finding homes for placement of children for temporary or permanent care who require that level of care as an alternative to a group home. Probation's Public Relations Unit will be utilized as a vital part of the solicitation process through marketing campaigns such as social media, flyers, billboards, radio broadcasting, etc.

Probation has never worked with FFA; however, through the collaboration and expertise offered by Dr. Goodman, it is anticipated the connections made with the FFA will increase Probation's family home based services. As Probation currently recruits child specific cases, any community applicant (unmatched family), will be referred to the FFA agency. Courses (committees, orientations and trainings) have been established between FFA and Probation to educate each other regarding the processes, policies and expectations of each respective agency specific to CCR. The Riverside County Department of Public Social Services (DPSS), Children's Division is already contracted with certain FFA, which will be utilized by Probation and have already agreed to accept community applications; thus, ready to provide said families with the required process and training to become a Resource Family Home (RFH). A RFH is an individual or family that a county determines to have successfully met the application and assessment criteria, the Resource Family Approval (RFA) process, necessary for providing care for a youth or non-minor dependent who is under the jurisdiction of the juvenile court, or otherwise in the care of a county child welfare agency or probation department. The RFA process combines elements of licensing, relative approval, and approvals for adoption and guardianship processes. Caregivers receive training regarding trauma, including the essential elements of trauma informed care, the

impact of trauma on children, parenting traumatized children, Post-Traumatic Stress Disorder (PTSD), resilience, secondary trauma, and self-care. The onsite training and TA services from Dr. Goodman will include an assessment of the county, evaluation of the county's policy and practice, evaluation of the county data and work plans, which will lead to the development of the targeted recruitment strategies for RFAs. Further assistance and support will aid in implementation of policy and practice changes in the recruitment and retention of RFAs. Both of these resources/services are ongoing as Probation continues to explore ways to assist families.

Further, RCP also established MOUs with Riverside County Department of Public Social Services and Riverside County Department of Behavioral Health agencies to assist with services related to the RFA process. These services are specific to health screenings, caregiver pre/post trainings (CPR/First Aid), psychosocial assessments, and the data collection/tracking system Efforts to Outcome (ETO). The collection of data in the ETO system includes, but is not limited to: referrals, emergency placements, submitted RFA applications and pending status (withdrawals, exemptions, approvals, denials, etc.), status of background check, status of pre/post training, psychosocial assessments and completed written reports, type of RFA (relative, non-relative or unmatched member), date of annual RFA assessment, youth in RFA placement, youth pending RFA placement (detained or step down), average length of time elapsed for the completion of an RFA, and youth reunified with family/permanency. The collection of data needed from FFA will be entered into the ETO system in the same manner. The recruitment of RFA homes has already begun and currently RCP has 10 RFA homes. Although the recruitment of Foster Family Agencies and RFAs has begun, it is anticipated an established working relationship will be fulfilled by July 2021.

Strategy #2 – Action Step D

D. Train and encourage juvenile probation officers to utilize CCR practices to develop the support for the youth and family.

An additional concern noted during the PR was the need for placement specific training. Continuum of Care Reform (CCR) was developed to reduce the child welfare system's dependence on congregate care. To provide this performance and oversight, the state has provided funding to ensure safety, permanency, and the well-being of foster youth. In turn, RCP developed the Juvenile Projects Unit (JPU). JPU is comprised of two Senior Probation Officers dedicated to Child and Family Team (CFT) processes, two Deputy Probation Officers dedicated to Resource Family Approval (RFA) processes, and one Office Assistant dedicated to the unit's organizational tasks, specific to CFTs and RFAs. The JPU has aligned not only with the county's child welfare and behavioral health agencies, but other agencies statewide to discuss legislation, the impact on child welfare and probation agencies, the implementation process, challenges, and the differences in systems between child welfare and probation, as well as finding ways to improve the processes while promoting consistency when possible.

The emphasis of CCR is based on the following principles, which RCP has established and will continue to refine as time goes on: Effective and timely mental health services to all youth in foster care, including those housed at the Short-Term Residential Therapeutic Programs (STRTP); the transitioning of group homes to STRTPs; the facilitation of Child and Family Team (CFT) meetings; the utilization of an Interagency Placement Committee (IPC), with the focus on STRTP criteria; the reduction of congregate care through the recruitment and retention process of potential caregivers based on the establishment of the Resource Family Approval (RFA) process; and finding permanency for all foster youth by returning them home to their biological parents, approving families for legal guardianship or adoption.

In accordance with legislation, by reviewing updated legislation, incorporating said information into the processes, and sharing processes amongst other agencies, RCP will continue to collaborate, and build strong working relationships with the county's behavioral health and child welfare agencies as well as other related statewide agencies and CBOs. Furthermore, RCP will continue to seek approaches and strategies to assist STRTPs with the transitioning process; recruit family and community applicants by continuing collaboration with Dr. Goodman. The RCPs Public Relations Unit will assist Dr. Goodman's project by creating and publishing foster family finding and recruitment and advertisements to increase the number of in-home based beds for RCPs youth. Furthermore, RCP will continue to solicit FFA as another option for securing additional resource families. Likewise, RCP will participate in the Quality Parenting Initiative (QPI) conferences for the purpose of retaining RCP approved families, and educating the QPI members on various methods of improving the process to create and retain nurturing homes for foster care youth. Finally, RCP will continue its efforts to establish a financial process to make funds easily accessible to potential caregivers undergoing the RFA process for the purpose of a youth's board and care, as well utilizing these funds to expedite the RFA process when a family is in need of meeting the home environment standards. To promote awareness and collaboration regarding CCR, RCP will continue providing fundamental in-house training to probation officers. This in-house training will focus on educating officers about the importance of reducing the reliance on congregate care and looking for other, more permanent, family oriented placement options. Training will also focus on the legal obligations surrounding youth in out-of-home care, the rights of these youth, and the ultimate goal of family preservation and permanence.

Further expansion of the use of RFAs and FFA to reduce placement in congregate care is discussed Strategy 2 Action Step C. RCP plans to promote family finding training to juvenile probation officers as a method to locate and engage relatives of youth at risk of removal and those currently living in out-of-home care. The goal of family finding is to connect each youth with a family, so that every youth may benefit from the lifelong connections that only a family provides. Moreover, JPU has collaborated with other probation agencies and Wraparound teams to discuss additional services which may better assist families and caregivers. Likewise, the Interagency Placement Committee (IPC), which consists of representatives from RCP, RUHS-BH,

RUHS-PH, and RCOE is tasked with analyzing each youth's case and determining the best placement fit for the youth upon first placement. It is anticipated with the continued implementation of CCR, the number of youth placed in group homes and STRTPs will decrease over the next several years.

Overall, RCP believes with the resources provided through the CFTMs, IPC screenings, Wraparound and Resources Families, more youth will receive early intervention before being considered for removal from home and placed into congregate care. These programs will further help address the concerns raised during the PR and community surveys.

Although the JPU unit was established in March 2016, the implementation of CCR started in January 2017, and is ongoing. As the CCR implementation process is consistently evolving, training will continue to be refined throughout the five-year span. As it is anticipated that CDSS could change the CCR implementation guidelines periodically, the Juvenile Projects Unit will update its training manuals and presentations accordingly.

Strategy #2 – Action Step E

E. Evaluate the outcomes of the youth receiving the services with exiting surveys.

As explained under Strategy One, Action Step E, evaluations provide important information on program performance and client outcomes (e.g. effect on youth and their families/caregivers, effectiveness of the materials being taught, and distinguishing a correlation between successful probation terminations post-congregant care and program participation) that can be used to justify the need and expenditure of the program. They can also determine which programs are most effective for which youth, thereby ensuring better matches between the youth's need and intervention. The findings can be used as a needs assessment for the subsequent planning of changes in a program or of the introduction of new programs and interventions. Furthermore, a key element of CCR is the implementation of a youth satisfactory survey. With this survey, youth will have the opportunity to give constructive feedback about their placement. In turn, a survey can be completed regarding the individual program that a youth is referred to. These feedback results will be recorded to capture appropriate data for each program. An evaluation of each program's services and ability to affect change will be requested from the youth, as each youth should leave a program with sufficient understanding of the harm caused by their maladaptive behaviors. The preliminary process includes the development of guidelines for a survey. Once a survey is developed, the collection process will be discussed and implemented. As reported under Strategy One, Action Step E, an overview of the findings will be discussed during the SIP overview training provided to juvenile supervising probation officers. An update of RCPs strategies along with program evaluation findings will be fully discussed during these training sessions. The implementation of the survey is anticipated to begin by December 2018, and collected throughout the five-year span to determine the direction of community programs and placement facilities.

Child Welfare /Probation Placement Initiatives

Children's Services Division:

Riverside County Children's Services Division continues to work in partnership with other child serving agencies including Behavioral Health, Juvenile Probation and Education. Monthly Collaborative Systems of Care (CSOC) meetings are held. Subcommittees continue implementation efforts of newly shared initiatives which currently include AB1299 Presumptive Transfer, Child and Family Team Meeting consistency across agencies, and the Child and Adolescent Needs and Strengths (CANS).

One hundred percent of children in out of home placement have received at least one mental health screening and reports are distributed to inform operational regions of new out of home placements that need their initial 60-day Child and Family Team Meeting.

Continuum of Care Reform (CCR)

Enacted in January of 2017, Continuum of Care Reform (CCR) came from the understanding that children, unable to safely live with their biological families, do best when placed in homes with nurturing and committed caregivers. The goal of this initiative is to ensure children, youth, and families are provided the support and services that meet their specific needs in order to maintain stable permanent families. Congregate care, also known as group home placements, is being converted to Short-Term Residential Therapeutic Program (STRTPs). STRTPs are to be used as temporary placement resources to stabilize children, youth, and young adults and provide therapeutic interventions before they transition into a foster home, relative placement, or returned to the care of their family of origin. Foster Family Agencies are also required to provide a broader range of services including mental health services that are trauma-informed and culturally relevant to meet the specialized needs of foster children/youth.

Resource Family Approval (RFA)

The Resource Family Approval (RFA) Program was implemented on January 1, 2017. RFA is a family-friendly/child-centered approval process that blends the essential elements of foster parent licensing, relative approval, and approvals for adoption and guardianship to create a standardized approval process for all types of substitute caregivers. The goal of the program is to streamline the approval process, standardize the training standards, and includes a comprehensive psychosocial assessment and home environment check. Implementation of RFA has the potential to shorten time to permanency as additional requirements or assessments will not be required of the resource family prior to approval for adoption or guardianship.

Level of Care (LOC)

As a component of CCR, Riverside County CSD has instituted a LOC Rate Protocol that was developed as a strength-based approach for determining rates for resource families. By following the LOC Flowchart for out-of-home placements, SSPs and eligibility workers in concert with the team members at CFTMs are able to match the individual care and supervision needs of foster children with a resource parent's level of support. The LOC protocol is comprised of a matrix that lists five domains (Physical, Behavioral/Emotional, Health, Education and Permanency/Family Services Domain, that are scored separately and totaled to translate to a LOC rate. Implementing LOC with reviews to match needs and care with appropriate rates has the promise of stabilizing placements and increasing the potential to ensure least restrictive placements.

Quality Parenting Initiative (QPI)

In order to strengthen the capacity of caregivers by focusing on quality parenting, CSD is implementing the Quality Parenting Initiative (QPI). This effort includes a rebranding of foster care by changing the expectations of and support of resource families. It includes an expectation that resource families will have a role as partners or co-parents with the birth parents and the SSP. Strategies include community specific ways to recruit and retain quality resource families through enhanced training and support thereby increasing placement stability. Included in this initiative at Riverside CSD is an emphasis on training related to trauma informed caregiving. QPI California, along with nine other states has formed a network that shares information and ideas about how to improve parenting, recruit, and retain excellent resource families.