

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



ITEM: 3.24
(ID # 24185)

MEETING DATE:
Tuesday, April 09, 2024

FROM : PUBLIC SOCIAL SERVICES:

SUBJECT: DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS): Approve and Authorize the County of Riverside System Improvement Plan 2023-2027 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 the County of Riverside System Improvement Plan 2023-2027 for the Department of Public Social Services: Children's Services Division; and
2. Authorize the Department of Public Social Services to submit the County of Riverside System Improvement Plan 2023-2027 to the California Department of Social Services/Children's Services Outcomes and Accountability Bureau.

ACTION:Policy


Charity Douglas, DPSS Director

3/26/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: April 9, 2024
xc: DPSS

Kimberly A. Rector
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: 22/23- 27/28	

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 (CSD) 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.

The strategies outlined in the SIP are as follows:

Strategy #1: Improve the rate of first placement with relatives and the rate and timeliness of second placement with relatives for children entering foster care to promote placement stability and reduced foster care re-entry rates.

Strategy #2: Increase prevention services with the aim of reducing recurrence of maltreatment.

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

Strategy #3: Improve interagency collaboration between CSD and the Self-Sufficiency Division (SSD) to increase concrete supports to families with the aim of reducing recurrence of maltreatment and foster care re-entries.

Impact on Residents and Business

Approval of the SIP will improve outcomes for children in the child welfare system. The C-CFSR will significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of children who experience maltreatment. Throughout the five-year process, Riverside County DPSS CSD and Probation Department will work in collaboration with their community and prevention partners to analyze strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices, and available resources to maximize services to children and families in Riverside County.

ATTACHMENTS:

- ATTACHMENT A** County of Riverside System Improvement Plan 2023-2027
- ATTACHMENT B** California – Child and Family Services Review Signature Sheet
- ATTACHMENT C** Contact Information




Gregg Gu, Chief of Deputy County Counsel 3/26/2024

California – Child and Family Services Review Signature Sheet

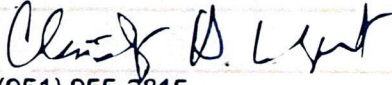
For submittal of: CSA SIP Progress Report

County	Riverside
SIP Period Dates	2023-2027
Outcome Data Period	Q2 2022


County Child Welfare Agency Director

Name	Charity Douglas
Signature*	
Phone Number	(951) 358-6995
Mailing Address	4060 County Circle Drive Riverside, CA 92503


County Chief Probation Officer

Name	Christopher Wright
Signature*	
Phone Number	(951) 955-2815
Mailing Address	3960 Orange Street, Suite 600 Riverside, CA 92501

Public Agency Designated to Administer CAPIT and CBCAP

Name	Harry Freedman (Riverside County DPSS-CSD)
Signature*	
Phone Number	(951) 358-6853
Mailing Address	10281 Kidd Street, 2 nd floor Riverside, CA 92503

Board of Supervisors (BOS) Signature

BOS Approval Date	4/09/2024
Name	CHUCK WASHINGTON
Signature*	

Minh C. Tran
Approval
As to
Form

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

Mail the original Signature Sheet to:

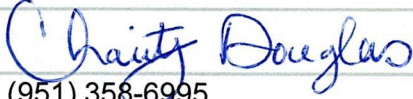


*Signatures must be in blue ink

ATTEST:
KIMBERLY A. RECTOR, Clerk
By 
DEPUTY

APR 09 2024 3.24

California – Child and Family Services Review Signature Sheet

For submittal of: CSA SIP Progress Report

County	Riverside
SIP Period Dates	2023-2027
Outcome Data Period	Q2 2022
County Child Welfare Agency Director	
Name	Charity Douglas
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Signature*	
Phone Number	(951) 358-6853
Mailing Address	10281 Kidd Street, 2 nd floor Riverside, CA 92503
Board of Supervisors (BOS) Signature	
BOS Approval Date	
Name	CHUCK WASHINGTON
Signature*	

Mail the original Signature Sheet to:

*Signatures must be in blue ink

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






DPSS-0005069 - CDSS - SIP Signature Page

Final Audit Report

2024-04-08

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By:	Sonya Wiedeman (SWiedema@rivco.org)
Status:	Signed
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-  Document created by Sonya Wiedeman (SWiedema@rivco.org)
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-  Document emailed to Katherine Wilkins (kawilkins@rivco.org) for signature
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Signature Date: 2024-04-08 - 5:18:40 PM GMT - Time Source: server
-  Agreement completed.
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Contact Information

Child Welfare Agency	Name	Carl Andrew (Drew) Miller
	Agency	Riverside County DPSS – Children’s Services Division
	Phone & E-mail	(951) 413-5204; cmiller@rivco.org
	Mailing Address	10281 Kidd Street, 2 nd floor, Riverside, CA 92503
Probation Agency	Name	Piper Lee-Schultz
	Agency	Riverside County Probation Department
	Phone & E-mail	(951) 358-4336; Pllee@rivco.org
	Mailing Address	23119 Cottonwood Avenue, Bldg B1, Moreno Valley, CA 92553
Public Agency Administering CAPIT and CBCAP (if other than Child Welfare)	Name	
	Agency	
	Phone & E-mail	
	Mailing Address	
CAPIT Liaison	Name	Harry Freedman
	Agency	Riverside County DPSS-CSD
	Phone & E-mail	(951) 358-6853; hfreedma@rivco.org
	Mailing Address	10281 Kidd Street, 2 nd floor, Riverside, CA 92503
CBCAP Liaison	Name	Same as CAPIT Liaison
	Agency	
	Phone & E-mail	
	Mailing Address	
PSSF Liaison	Name	Same as CAPIT Liaison
	Agency	
	Phone & E-mail	
	Mailing Address	

California - Child and Family Services Review

System Improvement Plan

Riverside County

2023-2027



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Introduction

The California Department of Social Services (CDSS) California-Child and Family Services Review (C-CFSR) process was created to include child protective services, foster care, adoption, family preservation, family support, and independent living.¹ The purpose of the C-CFSR is to significantly strengthen the accountability system used in California to monitor and assess the quality of services provided on behalf of children who experience maltreatment.²

As a key component of the C-CFSR process, the purpose of the five-year System Improvement Plan (SIP) is to establish an operational agreement between CDSS, Riverside County Department of Public Social Services (DPSS) - Children's Services Division (CSD), and Riverside County Probation (RCP) delineating how the county will improve the system of care for children and families.³ This process values the principle that preventing child abuse and supporting families is a cost-effective strategy for protecting children, nurturing families, and maximizing the quality of life for California residents.⁴

The 2022 Riverside County Self-Assessment (CSA) C-CFSR planning team, stakeholders group, and peer review participants identified the priority needs and outcome improvement goals for this SIP. Throughout this five-year process, Riverside County CSD and Probation will work in collaboration with their community and prevention partners to analyze strengths and needs from prevention through the continuum of care, including reviews of the current levels of performance, procedural and systemic practices, and available resources to maximize services to children and families in Riverside County.

The C-CFSR team collaborates with the Office of Child Abuse Prevention (OCAP) to ensure the continuous improvement of services provided to children receiving Title IV-B and Title IV-E child welfare funded services. The SIP outcome measures, systemic factors, and strategies will be integrated with OCAP programs, which include Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funding and programs.

The SIP is an obligation to implement specific measurable improvements and is not intended to be Riverside County's comprehensive child welfare plan. The SIP includes a coordinated service

¹ Welfare and Institutions Code sections 10605, 10605.1, and 10605.2; Government Code Section 30026.5

² All County Information Notice I-16-12

³ California-Child and Family Services Review 12/21/12 v.8, p. 45

⁴ <http://calswec.berkeley.edu/peer-quality-case-review>

provision plan for how Riverside County will utilize prevention, early intervention, and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. The SIP is a flexible approach to planning for system change and may be adjusted to address ongoing barriers and challenges to completing strategies. The SIP is updated as necessary, but at least annually, to identify any changes that are made to the plan, to document completed activities, and to describe Riverside County’s successes and barriers in reaching performance goals.

SIP Narrative

C-CFSR TEAM

Per Assembly Bill (AB) 636, Riverside County CSD, RCP, and CDSS partnered together to plan, conduct, and implement the Riverside CSA. The core planning team included:

CSA Core Planning Team		
Name	Organization	Role
Bridgette Hernandez	CSD	Assistant Director
Ben Slagter	CSD	Deputy Director
Carl “Drew” Miller	CSD	Social Services Supervisor II
Stacy Lewis	CSD	Program Specialist II
Tammy Nolan	CSD	Administrative Services Analyst II
Fernando Lamas	CSD	Program Specialist II
Christopher H. Wright	Probation	Chief Probation Officer
Elisa Judy	Probation	Chief Deputy Probation Officer
Natalie Rivera	Probation	Chief Deputy Probation Officer
Shannon Crosby	Probation	Probation Division Director
Raina Perez-Diaz	Probation	Supervising Probation Officer
Rosa Castellanos	Probation	Supervising Probation Officer
Tara Willey	Probation	Supervising Probation Officer
Piper Lee-Schulz	Probation	Senior Probation Officer
Julia Hernandez	UC Davis Human Services	Research and Evaluation Director
Ashleigh Belding	UC Davis Human Services	Project Manager
Ginny Alford	UC Davis Human Services	Facilitator
Davine Jackson	UC Davis Human Services	Facilitator
Eric Branson	UC Davis Human Services	Facilitator

The planning team met regularly via Zoom conference call to identify focus areas, develop targeted strategies, and discuss the SIP report.

CORE REPRESENTATIVES

As part of the CSA, Riverside County sought the participation of key community stakeholders to discuss demographics, regional needs and resources, and individual areas of focus related to outcomes for children and families. This was accomplished through several activities including a Riverside County stakeholder meeting. Findings from the stakeholder meeting and focus groups are discussed throughout the report.

The Riverside Stakeholder Series was held virtually via Zoom on July 21 and 28, 2022. Riverside County sought virtual participation of key community stakeholders as part of the CSA to discuss demographics, regional needs and resources, and individual areas of focus related to outcomes for children and families. University of California (UC) Davis facilitated the stakeholder meetings.

On July 21, 2022, representatives and leaders from various county agencies were invited to participate in a stakeholder meeting, which included a series of mini-sessions. Participants in the stakeholder meeting were given a presentation on safety, permanency, wellbeing, the outcome data, and a brief overview of the event schedule. The mini-sessions occurred in one-hour blocks and focused on the following topics:

- Collaboration
- Preventing Entries to Care
- Service Array
- Probation

On July 28, 2022, stakeholders were invited back to hear a summary of the findings from the mini-sessions.

Nearly all of the required core participants contributed to the CSA. The following attended the Stakeholder Meeting:

Name	Organization
Chelsea Godfrey	Riverside County CSD
Carl (Drew) Miller	Riverside County CSD
Irene Capen	Faith-in-Motion (FosterAll)
Tara Willey	Riverside County Probation
Stacy Lewis	Riverside County CSD

Laura Meusel	Palm Springs Unified School District (USD)
Charity Douglas	Riverside County CSD
Tammy Nolan	Riverside County CSD
Roger De Leon	Riverside County CSD
Lorena Molina	Riverside University Health Systems (RUHS) - Behavioral Health
Maura Rogers	Riverside County CSD
Jessica Muñoz	Voices for Children (Court Appointed Special Advocates or CASA)
Rachel Ligtenberg	Riverside County Probation
Allison Donahoe-Beggs	Riverside County CSD
Ben Slagter	Riverside County CSD
Dariana Ortiz	Family Services Association (FSA) - HOPE Collaborative
Natalie Rivera	Riverside County Probation
Piper Lee-Schulz	Riverside County Probation
Selene Orozco	FSA HOPE Collaborative
Robert Glaser	Riverside County Sheriff's Department
Mireya Chavez-Martinez	Romoland School District
Stacy Gallegos	Palm Springs USD
Rami Qaqish	First 5 Riverside
Karena Brown	California Dept of Social Services (CDSS) - SIS
Monica Mathis	Riverside County CSD
Gabriela Alonso	Riverside USD
Nicole Holt	Resource Parent/Youth Law Center for Quality Parenting Initiative
Olivia Celis	Casey Family Programs
Rachel Cousyn	Riverside County CSD
Michelle Wohl	Riverside County CSD
Monique Jones	Riverside County CSD
Nkoli Nwifo	Riverside County CSD
Robin Reid	Riverside County Board of Supervisors (BOS)
Stephanie Virgen	Riverside County BOS
Sundae Sayles	Riverside County BOS
Mahdere Negash	RUHS – Public Health
Crystal Shackelford	RUHS – Public Health
Piera Causley	First 5 Riverside
Donna Lione	Temecula Valley USD
Deanna Bretado-Chavez	Palm Springs USD
Fernando Lamas	Riverside County CSD
LaTravia Parker	Riverside County Probation
Bridgette Hernandez	Riverside County CSD
Sandra Bowlan	Riverside County CSD
Erica Magee	CDSS – SIS
Cherylyn Klemens	RUHS – Behavioral Health

PRIORITIZATION OF OUTCOMES

Overall Performance of Outcome Data Measures: Child Welfare

Outcome data measures were extracted from the Center for Social Services Research, School of Social Welfare, UC Berkeley website (Q1 2022).⁵

The following outcome data measures were found to be performing *at or ahead* of the established state and/or federal thresholds for child welfare. Note that most of the federal outcomes have no data for the selected quarter:

Measure	National Performance	California	County
P2: Permanency in 12 months for youth in care 12-23 mo.	At or above 43.8%	43.0%	45.1%
P3: Permanency in 12 months for youth in care 24 mo. or more	At or above 37.3%	32.5%	38.1%
P5: Placement Stability	At or below 4.48 moves per 1,000 days of care	3.7	3.49

The following outcome data measures were found to be performing *behind* the established state and/or federal thresholds for child welfare:

Measure	National Performance	California	County
S1: Maltreatment in Foster Care	At or below 9.07 incidents per 100,000 days of care	8.4	9.7
S2: Recurrence of Maltreatment	At or below 9.7%	8.3%	10.2%
P1: Permanency in 12 months for youth entering care	At or above 35.2%	31.6%	37.5%
P4: Reentry to foster care	At or below 5.6%	9.2%	12.0%

Overall Performance of Outcome Data Measures: Probation

The following outcome data measures were found to be performing *at or ahead* of the established state and/or federal thresholds for probation:

⁵ Webster, D., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., Wiegmann, W., Saika, G., Eyre, M., Chambers, J., Min, S., Randhawa, P., Sandoval, A., Yee, H., Tran, M., Benton, C., White, J., & Lee, H. (2018). *CCWIP reports*. Retrieved 5/3/2018, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <http://cssr.berkeley.edu/ucb_childwelfare>

Measure	National Performance	California	County
P5: Placement Stability	At or below 4.48 moves per 1,000 days of care	1.35	1.13

The following outcome data measures were found to be performing *behind* the established state and/or federal thresholds for child welfare:

Measure	National Performance	California	County
S1: Maltreatment in Foster Care	At or below 9.07 incidents per 100,000 days of care	8.30	14.81
P1: Permanency in 12 months for youth entering care	At or above 35.2%	25.1%	37.5%
P2: Permanency in 12 months for youth in care 12-23 mo.	At or above 43.8%	17.2%	14.3%
P3: Permanency in 12 months for youth in care 24 mo. or more	At or above 37.3%	8.0%	25.0%
P4: Reentry to foster care	At or below 5.6%	16.4%	8.8%

Child Welfare

CSD has chosen three outcome measures for specific improvement strategies in the SIP. These selected areas of need were identified by the CSA as well as Outcomes Data. The indicated areas of focus were selected to improve outcomes as well as to maintain practices already developed to support continuing efforts to meet statewide and federal goals. Priority was given to measures in which CSD is not meeting or above the national performance and has identified these measures as areas to focus improvement efforts. The specific data measures CSD has selected to focus on for the 2023-2027 SIP are:

1. S2 – recurrence of maltreatment
2. P4 – reentry to foster care
3. P5 – placement stability

Strategy 1: Improve the rate of first placement with relatives and the rate and timeliness of second placement with relatives for children entering foster care to promote placement stability and reduced foster care re-entry rates.

Outcome:

- P4 – Re-entry to foster care
- P5 – Placement stability
- 4B – First Placement and Predominant Placement

Justification:

- As to Measure P4 – Re-entry to Foster Care, Riverside County CSD performed outside of the national performance of 5.6% (higher) in all the past five years.
- Re-entry rates appear to be generally trending upward, operating at least three percentage points above the national performance (not the desired direction) for the past five years.
- Data and stakeholder feedback supports an emphasis on relative placements
 - Across all five years of the reporting period, re-entry rates are lower for youth in relative placements than for youth in non-relative placements (9.2% vs 14.2% respectively in April 2020- March 2021).
 - This trend holds true for all ethnic groups except Latinxs and for all age groups except children ages 1 to 2.
 - Stakeholders noted the importance of placing children who enter foster care with relatives, indicating that the lengthy RFA approval process can negatively impact placement with relatives
- Data highlights ethnic disparities in re-entry and a need to focus on re-entry among Black children and youth
 - From April 2021 to March 2022, 18% of Black youth re-entered within 12 months of exiting care, compared to 11.8% of White youth and 7.6% of Latinx youth.
- Although Riverside County CSD is performing well on Measure P5 – Placement Stability (consistently performing inside the national performance of 4.48 moves per 1,000 days of care each year for the past five years), the rate of placement moves appears to be on the rise, increasing from 2.82 to 3.49 over the past five years.
- Feedback from Riverside County’s 2022 CSA activities (stakeholder meeting, focus groups, peer review) recognized that CSD’s commitment to placing children with relatives whenever possible was a leading contributor to the agency doing well on C-CFSR Measure P2 (the focus measure of the peer review) in previous years. This strong foundation makes focusing on increased rate and timeliness of first and second placement with relatives a strategic choice for the 2023-27 SIP cycle; also, building on an already solid foundation increases likelihood for successful outcomes with this strategy.
 - Stakeholders and peers noted a need to build on this success by expanding Family Finding efforts throughout the life of a case
 - Peers identified a need for more concerted efforts to identify and place children with paternal relatives specifically
- This strategy is in line with CSD’s established Strategic Imperative of Operational Excellence, which is part of the division’s larger strategic plan. CSD’s strategic plan – its overall, long-term vision for the future which outlines the division’s goals and helps keep leadership focused on the attainment of those goals – includes three strategic priorities or imperatives: 1) Operational Excellence, 2) Workforce Development, and 3) Customer Service Partnerships. Operational Excellence refers to CSD’s goal to strengthen and

stabilize individuals and families through timely, quality, and efficient delivery of programs and services. Workforce Development highlights the division's priority to build a learning organization with a high-performing and engaged workforce focused on customer-centered outcomes. Customer Service Partnerships refers to the division's aim to meet customers' complex needs through coordinated service delivery.

- Available literature suggests the following:
 - Relative placement reduces the risk of multiple placement changes.
 - Citation: Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review*, 80(3), 398-418.
 - Children who are initially placed with relatives are the least likely to experience placement changes.
 - Citation: <https://www.casey.org/placement-stability-impacts/>
 - "Former foster youth placed with kin benefit across a host of important adult outcomes, including increases in employment and education, and reductions in public assistance, homelessness, and incarceration." Further, that "... kinship care has the potential to improve important adult outcomes for a large, at-risk population and create large social cost savings." This should help to improve/stabilize placement that would otherwise fail.
 - Citation: Lovett, N., & Xue, Y. (2020). Family first or the kindness of strangers? Foster care placements and adult outcomes. *Labour Economics*, 65, 101840.
<https://doi.org/10.1016/j.labeco.2020.101840>.
(<https://www.sciencedirect.com/science/article/pii/S0927537120300440>)
 - "With the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008, relative placement became a preferred placement to foster care and a recognized permanent plan" and is "federal law for many children, and in many states, including California."
 - Citation: Edwards, L. (2018). Relative placement: The best answer for our foster care system. *Juvenile and Family Court Journal*, 69(3), 55-64.
<http://judgeleonardedwards.com/docs/Relative-Placement-JFCJ-69-3-2018.pdf>

Action Steps:

- A. For Social Service Practitioners (SSP) conducting investigations, incorporate routine follow-up questions regarding family finding efforts into the existing System of Supervision (SoS) structure of monthly individual conferences between SSPs and Social Services Supervisors (SSS).
 - I. Develop follow-up questions
 - II. Develop policy on when/how the questions should be incorporated into SoS structure

III. Train SSPs and SSSs on the new policy

For Action Step AI, the projected implementation date is January 2024, with a projected completion date of July 2024. Action Step AII has the same implementation date, with a projected completion date of January 2025. For Action Step AIII, the planned implementation date is January 2025, with projected completion in January 2026.

B. Conduct a root cause analysis regarding the average length of time it takes to fully certify relative caregivers via the Resource Family Approval (RFA) process

- I. Apply the findings toward development of additional actions to increase rate and timeliness of first/second placement with relatives.

For Action Step B, the projected implementation date is July 2024, with projected completion in July 2025. Implementation for Action Step BI is expected to occur in July 2025 and to continue throughout the SIP cycle.

C. Strengthen collaboration between regional Investigative Services (IS) SSPs and Court Officers (CO) to improve timely identification and processing of potential relative caregivers for children entering foster care. Currently, COs review all Detention reports that are prepared by IS SSPs. The idea is to add a collaborative step to that review process by ensuring COs engage all IS SSPs who do not identify a prospective relative caregiver in the Detention report to expedite a referral to CSD's Family Connections Unit for extensive family finding efforts. This is a prospective process to enhance family finding efforts as early in the process as possible; as such, no barriers have yet been identified. The goal of this step is to increase the timeliness and rate of relative placement for children entering foster care, which is applicable to P4 in that re-entry rates are substantially lower for children in relative placements, as previously indicated in this report.

- I. Develop protocol and policy for timely engagement and follow-up
- II. Train SSPs, COs, and SSSs on the new policy and procedure

For Action Step CI, the projected implementation date is January 2024, with completion projected for July 2025. For Action Step CII, implementation is set for January 2025, with completion in July 2026.

D. Expand engagement of relatives of Black children in pre-placement Child/Family Team Meetings (CFTM) with the aim of reducing racial disparity and disproportionality (RDD) in the foster care system.

- I. Identify baseline for current engagement efforts
- II. Engage County RDD workgroup to be involved in the process, who will collectively act as a subject matter expert (SME) in regard to effective engagement as it pertains to this action step
- III. Develop policy/procedure

IV. Train SSPs and SSSs on the new policy and procedure

Action Steps DI and DII are set to implement in January 2024, with completion in July 2024. The projected implementation date for Action Step DIII is July 2024, with completion in July 2025. For Action Step DIV, implementation is planned for July 2025, with completion in July 2026.

Evaluation Methods:

- *Proxy* – California Child Welfare Indicators Project (CCWIP) metrics for Outcome Measure 4B – first placement and predominant placement
- *Lead Measures* – Number of pre-placement Child/Family Team Meetings (CFTM) that included a relative; total number of IS FCU referrals processed; number of Black children served/matched by Family Connections Unit; total number of children in relative placement; finished policy products and training data for items noted above; root cause analysis report
- *Lag Measures* – Second relative placement; first and second relative placement combined
- *Qualitative* – In terms of qualitative evaluation, CSD’s CQIP region will develop a survey tool to assess caregiver satisfaction with the relative placement process; this will include questions that address things such as the relative’s subjective experience of feeling supported, their sense of training needs having been met, and whether they have received sufficient resources and compensation to provide for the children in their care. Satisfied relatives are more likely to maintain placement, which supports P5 and reduces P4 as seen in the data included in this report which shows substantially lower re-entry rates for children placed with relatives.

Also, Items 8, 9A, 11, 12B, 13B and C, and 15 from the Child/Family Services Review (CFSR) data will be used to track family engagement as it relates to this strategy.

Strategy 2: Increase prevention services with the aim of reducing recurrence of maltreatment.

Outcome:

- S2 – Recurrence of maltreatment

Justification:

- Riverside County CSD has historically struggled to maintain a rate lower than the national performance of 9.7% for Measure S2 and has not achieved this rate in the last five years.
- Measure S2 rates increased from the first to the third year during the previous SIP cycle, then began steadily decreasing (the desired direction) from the third year to the end of the cycle, at which time CSD’s rate was approximately one percentage point off the national standard.
- During the 2022 CSA activities, peers and stakeholders indicated wide support for the need to improve the timeliness, quality, and availability of services tailored to people’s individual needs (e.g., child’s developmental stage, family’s culture, etc.) in order to

potentially decrease the rate of maltreatment recurrence. In particular, stakeholders highlighted behavioral and mental health services, substance use treatment, and parenting classes/parent education. These observations and recommendations lend strong support for Strategy 2's emphasis on expanding prevention services.

- Stakeholders reported challenges for increased risk of recurrence of maltreatment to include: limited support for children transitioning home, lack of housing, substance abuse, limited awareness of resources, system bias, lack of specialized resources, generational poverty, relative placement barriers, gentrification, lack of community network/connection, and privacy law barriers. Focusing more on prevention is likely to help mitigate some of these challenges.
- In accordance with the federally mandated 2018 Family First Prevention Services Act (FFPSA), CSD is committed to implementing and engaging in prevention efforts to reduce the maltreatment of children.
- This strategy and its related action steps are in line with CSD's established Strategic Imperatives of Operational Excellence and Workforce Development. For additional information regarding CSD's strategic plan, please refer to pages 9-10 of this report in the Strategy 1 Justification section.
- Available literature suggests the following:
 - Prevention efforts can be implemented on three levels: primary, secondary, and tertiary. CSD provides secondary and tertiary prevention through a combination of direct efforts and work with contracted providers, while primary prevention efforts are provided through a contract with the designated Child Abuse Prevention Center (CAPC), HOPE Collaborative.
 - Citation:
<https://www.childwelfare.gov/topics/preventing/overview/framework/>
 - "The recurrence of child maltreatment often fosters a downward spiraling trajectory for children and families, in which the probability of a recurrence increases with each new incident and the time between episodes decreases. These downward spiraling trajectories may lead to an increased risk of serious child injury. Interventions with empirically based effectiveness are therefore of paramount importance to slow or stop this process." By focusing more resources on prevention interventions, CSD hopes to slow avert or mitigate this downward trajectory toward maltreatment and recurrence thereof.
 - Citation: Morello, L., Caputi, M., Scaini, S., & Forresi, B. (2022). Parenting programs to reduce recurrence of child maltreatment in the family environment: a systematic review. *International Journal of Environmental Research and Public Health*, 19(20), 13283.
<https://doi.org/10.3390/ijerph192013283>
 - Prevention efforts have far-reaching effects, including but not limited to, reduced episodes of abuse, reductions in re-entry of children into the child welfare system, and cost savings as a public agency. A Rand Health study found that expanding

treatment and engaging in prevention efforts is beneficial by “... 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 and that [the] objectives can all be met while also reducing total child welfare system costs.”

- Citation: Ringel, J. S., Schultz, D., Mendelsohn, J., Holliday, S. B., Sieck, K., Edochie, I., & Davis, L. (2018). Improving child welfare outcomes: Balancing investments in prevention and treatment. *Rand Health Quarterly*, 7(4).
- Motivational interviewing interventions are associated with a reduction in parental factors that contribute to maltreatment, such as substance use and domestic violence, and a reduction in subsequent child maltreatment reports.
 - Citation: Hall, M. T., Sears, J., & Walton, M. T. (2020). Motivational interviewing in child welfare services: A systematic review. *Child Maltreatment*, 25(3), 263-276.
 - Citation: McMurrin, M. (2009). Motivational interviewing with offenders: A systematic review. *Legal and Criminological Psychology*, 14(1), 83-100.

Action Steps:

- A. Enhance a prevention mentality at the Children’s Services Division (CSD) Central Intake Center (CIC) through the use of coaching, supervision, and professional development of CIC staff toward more accurately identifying families in need of prevention services.
 - I. Develop procedures for prevention-focused coaching and supervision to include continuing existing projects focused on ensuring the use of Structured Decision Making (SDM) Hotline Tool to fidelity
 - II. Training SSSs on new procedures
 - III. Coaching and professional development will specifically address issues related to racial disparity and disproportionality for Black children and families

For Action Step AI, implementation is projected to begin in January 2024, with completion set to occur in January 2025. The projected implementation date for Action Step AII is January 2025, with completion in July 2025. Action Step AIII is set to begin in July 2025 and continue throughout the SIP cycle.

- B. Expand staffing for CSD’s existing Prevention Services (PS) program. CSD has developed a PS model this is currently in effect with plans to expand delivery during the current SIP cycle. Services provided are based upon the family's individual needs which are determined via assessment. Currently, a specific population is being served, that is, families who have been referred to the CSD hotline but whose referrals were evaluated out because the situation did not rise to the level of requiring a full investigation, but for whom a specific service need was identified in the referral process. Expansion of staffing

is planned, which will extend the number of clients who can be served. Criteria for eligibility to be assessed for PS as described above will be reevaluated and may expand as staffing expands. It is believed that the expansion of prevention services will help reduce the risk of initial as well as recurrent maltreatment.

- I. Confer with CSD Staffing to determine the number of new positions needed
- II. Confirm funding available for new positions
- III. Draft/update position descriptions
- IV. Actively recruit and hire to fill positions

Action Step BI is set for implementation in January 2024, with completion in March 2024. Action Step BII then implements in March 2024, with completion in May 2024. Action Step BIII is then set to implement in May 2024, with completion in January 2025. The projected implementation date for Action Step BIV is January 2025 and will be ongoing until all positions are filled.

- C. Pilot motivational interviewing (MI), an evidence-based engagement practice, with PS SSPs, with a goal to expand MI training to all Investigative Services (IS) SSPs.
 - I. Identify one office or unit to pilot MI
 - II. Provide MI training to pilot office/unit
 - III. Evaluate MI implementation and impact on outcomes
 - IV. Expand to other IS units/offices based upon pilot outcomes

Projected implementation for Action Step CI is July 2024, with completion in January 2025. Action Step CII is set for implementation in January 2025, with completion in January 2026. Action Step CIII is set for implementation in January 2026 and is ongoing throughout the SIP cycle. Action Step CIV will be based upon outcomes of Action Steps CII and CIII.

Evaluation Methods:

- *Proxy* – Internal query identifying rate of future referrals for families who were previously referred to CSD’s PS program
- *Lead Measures* – Number of PS referrals; number of pre-placement CFTMs and timeliness of CFTMs in general (internal query in SafeMeasures); percentage of staff who complete motivational interviewing training
- *Qualitative* – Evaluation of MI implementation and impact on outcomes; develop and implement pre- and post- CIC staff survey to measure expansion of prevention culture

Strategy 3: Improve interagency collaboration between CSD and the Self-Sufficiency Division (SSD) to increase concrete supports to families with the aim of reducing recurrence of maltreatment and foster care re-entries.

Outcome:

- S2 – Recurrence of maltreatment
- P4 – Re-entry to foster care

Justification:

- One of the major themes that emerged from the 2022 CSA activities (stakeholder meeting and focus groups) was the need to improve collaboration with partner departments and agencies.
- CSD elected to focus on improving collaboration with the Self-Sufficiency Division (SSD) of DPSS for the following reasons:
 - Large overlap in the families served by both divisions
 - As part of the same parent department, CSD and SSD have crossover in their leadership and executive teams, which allows CSD to have some influence over SSD practices and policies and over SSD outcomes
- Family engagement as well as improvement of safety and self-sufficiency are major tenets of the Linkages program, the latter of which is the specific focus of Strategy 3.
- Peer review and stakeholder meeting participants identified unstable housing and/or the limited opportunities provided to homeless parents as contributors to maltreatment and foster care entry.
- This strategy and its related action steps are in line with CSD's established Strategic Imperative of Developing Community Partnerships.
- This strategy is also in line with the executive priority of DPSS to align service delivery models for enhanced client experience as seen in the agency's Office of Service Integration.
- Literature validates that a lack of concrete supports promotes the disparity and disproportionality seen in the recurrence of maltreatment and/or re-entry to foster care for Black children.
 - Citation: <https://www.childwelfare.gov/topics/management/practice-improvement/collaboration/>

Action Steps:

- A. Increase the engagement of Linkages Employment Services Counselor (ESC) to participate in CFTMs to expand concrete supports to families with children at risk of entering foster care.
 - I. Create policy and procedures that address when and how ESCs will be invited to CFTMs
 - II. Create email/letter templates for inviting ESCs to CFTMs
 - III. Train SSPs, SSSs, ESCs, and their supervisors on the new policy and procedures
- Action Steps AI and AII are both set for implementation in January 2024. Action Step AI has an anticipated completion date of January 2025, while Action Step AII is expected to complete in March 2024. Action Step AIII is set to begin in January 2025, with completion in July 2025.

- B. In collaboration with SSD, conduct a root cause analysis to identify barriers related to services and processes in the Linkages ecosystem. This Action Step has a projected implementation date of January 2024, with completion expected in January 2025.
- C. In collaboration with SSD, create a targeted process map to help eliminate barriers and increase client participation in Linkages services. This Action Step has a projected implementation date of January 2024, with completion expected in January 2025.
- D. Create process and practice manuals in collaboration with SSD to maintain gains achieved through the above-noted action steps. This Action Step has a projected implementation date of January 2025, with completion expected in July 2026.
- E. Collaborate with SSD to identify specific ways to increase engagement with Black families with the aim of reducing racial disparity and disproportionality for this population
 - I. Use findings from collaborative gathering to identify and plan next steps toward increased engagement

This Action Step is set for implementation in January 2025, with projected completion in July 2025. Action Step EI will commence in July 2025 and continue throughout the SIP cycle.

Evaluation Methods:

- *Proxy* – Number of families who are currently receiving Linkages services (including number of Black families receiving Linkages)
- *Lead Measures* – Number of Linkages ECSs and SSPs who participate in CFTMs; completed products of ESC/CFTM policy/procedure documents, Root Cause Analysis, Targeted Process Map, and Processes/Practices Manual; number of families referred to Linkages (including specific consideration of # of Black families referred to Linkages); number of families receiving Self-Sufficiency services through Linkages (including number of Black families specifically); completed brainstorming session/s between CSD/SDD

Roles of Other Partners in Achieving Goals

Riverside County will continue to work collaboratively with a variety of community partners to ensure positive outcomes for children and families served by the agencies. For example, Strategy Two focuses on the expansion of prevention work. CSD maintains an ongoing partnership with agencies such as Riverside University Health Systems (RUHS) - Behavioral Health (BH), California Family Life Center, and MarSell Wellness Center, with whom the County contracts to provide direct prevention services to meet client needs in an effort to reduce risk of involvement in the child welfare system. CSD also contracts with HOPE Collaborative (the County’s Child Abuse Prevention Council) to provide primary and secondary prevention services in the community (outreach and awareness campaigns, mandated reporter training). Strategy Three involves a unique partnership between the DPSS CSD and the Self-Sufficiency Division; the goal of which is to increase concrete supports and employment-related services to community residents.

Educational and Training Needs to Achieve Goals

For Strategy One, training and ongoing coaching are needed to implement proposed changes in the existing System of Supervision (SoS) structure, enhanced collaboration between IS SSPs and COs, and policy/procedures related to engaging relatives of Black children in pre-placement CFTMs. CSD's Staff Development Division and Training Region will work in collaboration to meet this need.

For Strategy Two, training and ongoing coaching are needed to implement procedures to enhance a prevention mentality at CSD's CIC. As with Strategy One, CSD's Staff Development Division and Training Region will address this need. Training on MI is also needed for PS and potentially IS SSPs. This will be provided by Child Welfare Development Services (CWDS) in coordination with CSD's Staff Development Division.

For Strategy Three, training and ongoing coaching are needed to implement policy and procedures to engage ECSs to participate in CFTMs. CSD's Staff Development Division and Training Region will work together to meet this educational need.

Probation

Probation has chosen two outcome measures for specific improvement strategies in the SIP. As with CSD, these selected areas of need were identified by the CSA as well as Outcomes Data, which indicated areas of focus to improve outcomes as well as to maintain practices that have already been developed to support continuing efforts to meet statewide and federal goals. Priority was given to measures in which Probation is not performing at or above the national standard and has identified these measures as areas to focus improvement efforts. The specific data measures Probation has selected to focus on for the 2022-2026 SIP are:

1. P1 – Permanency within 12 months of entering care
2. P4 – Re-entry to foster care

Strategy 1: Enhance training on and the use of concurrent planning as a way of promoting permanency within 12 months of entering foster care.

Outcome: P1 – Permanency within 12 months of entering care

Justification:

- In the peer review, peers noted a lack of concurrent planning in probation placements, which led to youth having multiple placements when reunification failed. Concurrent planning was linked to positive results, including reduced time to permanency, and establishing appropriate permanency goals, and enhanced reunification by engaging

parents. This study links the importance of concurrent planning when there are set goals and timelines to achieve timely permanency by either reunifying youth with their parents/legal guardians or preparing them for another planned living arrangement in a shorter period of time. Concurrent planning requires not only the identification of an alternative plan but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants to be effective⁶.

- Studies have shown implementing a family finding process and placing children with relatives helps to maintain family connections and cultural traditions that can minimize the trauma of family separation and relieve the anxieties that come with traditional foster placements⁷. Additional studies have found designating a family finding specialist as an efficient mode of meeting state mandates⁸. With all of the mandates probation officers (PO) are required to fulfill, having a dedicated family finding specialist will relieve the case carrying PO of the amount of time it would take to search for and contact all identified and located family members. A creation of a RFA process brochure to enhance family's understanding of the process increase transparency regarding the purpose of family finding.

Action Steps:

- A. Provide concurrent planning training for placement POs.
 - I. Locate and identify probation specific evidence-based ongoing and recurrent concurrent planning training.
 - Chief Probation Officers of California (CPOC) check website for future trainings.
 - II. Use the surveys and data to determine if training should be recurrent for placement POs or all juvenile POs based on relevancy.
 - Determination of who is trained will be based on legislation changes, staff movement, etc.
- B. Explore the possibility of providing resources to natural supports (e.g., gas cards, transportation, overnight visits at hotels close to STRTPs) as part of the concurrent planning process.
 - I. Collaborate with probation fiscal division to discuss streaming fundings and grant options.
- C. Compile resources for parent and relatives.
 - I. Update Placement Orientation for Parents to improve transparency and enhance a more collaborative effort.
- D. Designate one PO as the family finding specialist.

⁶ Child Welfare Information Gateway. (2021). Concurrent planning for timely permanency for children. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

⁷ Child Welfare Information Gateway. (2020). *Partnering with relatives to promote reunification*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau

⁸ Child Welfare Information Gateway. (2021). Family engagement: Partnering with families to improve child welfare outcomes. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/f-fam-engagement/>

- I. Train PO in the work instructions process and SIP strategies.
 - Family Finding PO to be aware of current/relevant legislation and how the SIP strategies correlate to Family Finding/Concurrent Planning priorities.
- II. Implement family finding locator tools.
- III. Research and select evidence-based family finding tools.
 - Refer to the Family Finding and Engagement Toolkit for Probation Officers/Supervisors
https://www.cpoc.org/sites/main/files/file-attachments/cpcf_family_finding_toolkit_august_2023.pdf?1694105833)
- IV. Train designated PO on how to implement the tools.
- V. Create work instructions indicating when and how the tools should be used.
- E. Create online resource repository on family finding for staff.
 - I. Update Family Finding and Engagement training for Placement POs.
 - II. Include work instructions.
 - III. Create RFA process brochure to enhance family's understanding of the family finding purpose.

Evaluation Methods:

- Number of placement and field POs trained in concurrent planning.
- Effectiveness of the family finding tools in locating family members: how many relatives are located per youth by follow-up with designated family finding PO quarterly.
- Evaluate the effectiveness of a designated family finding PO by monitoring the number of family members positively identified through their caseload to whom became involved with a youth's case.
- Track number of CFTMs where the discussion of concurrent planning is the first time it is addressed in the youth's case. Analyze CFTM notes monthly to obtain this information.
- Evaluate implementation by analyzing data outcomes regarding permanency in 12 months within probation's client management system monthly.
- Evaluate engagement of parents and youth regarding the concurrent planning process by contacting a parent and youth to complete a short survey 30 days after the youth's placement.
- Evaluate the usefulness the RFA brochure and online resource repository for staff by collecting feedback via survey sent out monthly.

Strategy 2: Enhance staff training and resources and supports for youth transitioning out of care to reduce the likelihood of re-entry within 12 months of exiting care.

Outcome: P4 – Re-entry to foster care

Justification:

- RCP did not meet the national performance for the P4 measure during the previous reporting period (2018-2022). Within all five years, RCP's re-entry rate was at least three

percentage points higher than the national performance of 5.6%. A major identifiable reason for the higher-than-average re-entry rates may include high rates of youth aged 11-15 years old (23.5%) returning to care. This age group may have a higher probability of being in the judicial and foster care systems longer due to their age of initial entry, which may result in their re-entry into care due to being on probation for longer periods of time.

Hispanic/Latino youth (15%) were less likely to re-enter care than Caucasian (50%) and African American (30%) youth. In a case study submitted to Santa Clara County by the Child Welfare Research Team's College of Social Work at San Jose State University, which combined results from an overall sample of 1720 closed cases, the in-depth record review of 403 child welfare cases and interviews with eight key informants in managerial positions in the Department of Family and Children Services (DFCS) revealed the following overall conclusions:

"African American children are younger than average when they enter the system, have higher than average rates of being assigned to family reunification services and are initially placed with a relative. African American children experience more court hearings, have a higher than average rate of being removed from their families, longer than average stays in each out-of-home placement and a longer average total case duration than children in other groups. At case closure, African American children are less likely to be reunified with their families and most frequently in permanent placement. White children are older than average on entry to (care) and though they are also most often assigned to family reunification services and placed with a relative, they tend to have a shorter than average stay in each out of home placement and a lower than average total case length. At case closure, White children are most likely to be in family maintenance services"⁹.

Although Riverside County populations differ from that of Santa Clara County, this theory could account for higher re-entries among RCP's Caucasian and African American probation foster youth. At this time, RCP has not measured youths' mental health needs, level of aftercare services received prior to re-entry, length of initial placement, or the specific reasons for probation violations to directly evaluate if these attributes correlate to a youth's re-entry into care. However, RCP is currently monitoring age of entry and the reasons youth AWOL from their placements.

⁹ Alice Hines, Peter Lee, Laurie Drabble, Kathy Lemon Osterling, Julian Chow, Alfred Perez, and Lonnie Snowden. "An Evaluation of Factors Related to the Disproportionate Representation of Children of Color in Santa Clara County's Child Welfare System: Child Welfare Practices and Ethnic/Racial Disproportionality in the Child Welfare System," Faculty Publications (2003).

Moving forward, RCP will begin to track potential reasons for a youth's return to care, to include special mental health needs, level of aftercare services provided, and the number of violations received prior to re-entry. Additionally, RCP will create a survey for Placement POs to provide to their families to evaluate family engagement and involvement in case planning throughout the youth's placement. This will hopefully provide quantitative data to drive more family involvement and buy-in when creating the case plan which, in turn, will enhance the family's support system when youths return to their community.

- Continued professional support of juveniles upon their return home is crucial to their continued rehabilitative process. Some key takeaways and promising practices obtained from the peer review to help address this concern from stakeholders during the peer review were introducing programs utilizing a "soft or warm hand off." Surveys conducted by The National Foster Youth and Alumni Policy Council concluded, 71% percent of surveyed youth who reunified reported receiving "hardly any to little information or support" prior to returning home. Another 17% reported receiving "some information and support," with only 3% reporting they received "a lot of information and support" prior to being reunified¹⁰. RCP will update the Warm Handoff protocol and training. A warm handoff would allow for the outgoing and incoming POs to provide a more seamless transition for the youth and family. Having both POs participating in the transitional CFTM would also introduce the incoming PO to the family and provide them with the youth and families' concerns and needs, as well as providing the youth and family with their expectations, so there are no surprises once the case has been transferred.

Additionally, to address the youth's transition from 24-hour supervision and services back to their home in the community, RCP will create and implement post-placement exit training. The intent of post-placement exit training is to provide POs with the tools and resources they would need to support a youth and their family after reunification in an effort to help the youth adjust back in the community, maintain their behavior, provide the family with resources and supports, and ultimately provide the youth and family with that extra attention to make sure the youth is provided with an adequate transition, and ultimately termination of wardship based on the youth's compliance with the Court's orders.

Action Steps:

- A. Update Warm Handoff Protocol to include the following to develop better measurement and accountability:
 - a. Require both the Placement (sending) and Field (receiving) POs to attend the transitional CFTMs to initiate the Warm Handoff process.

¹⁰ Webinar: Improving Policies and Services Supporting Successful Reunification (2018); <https://www.fosterclub.com/blog/announcements/webinar-improving-policies-and-services-supporting-successful-reunification>

- b. Monitor number of transitional CFTMs completed. Stats to be provided from RFA unit.
- c. Measure the number of successful transitional CFTMs after the youth return home by following up every 90 days. Measure successes/failures by new violations, new offenses, commitments to YTEC, re-placed in STRTPs, or wardship terminations (successful/unsuccessful).
- d. Importance of aftercare, extra support, structured supervision
- e. Importance of closely monitoring youth's case after return to community
- B. Warm handoff protocol training
 - a. Make this a required annual training for all juvenile POs
 - b. Incorporate a list of resources.
- C. Create and implement placement exit training.
 - a. Make this a required annual training for all juvenile POs
 - b. Topics: Intensive post-placement supervision, terminating wardship at end of placement (if applicable)
- D. Create an online post-placement resource repository.
 - a. Designated staff to create an online resource repository and locate additional no-cost training for POs.
 - i. PO dedicated to locating, implementing, and monitoring new training/resources which align with improving reentries.
 - ii. Increase the engagement of placement and field POs with the SIP goals.
 - b. Information to include community-based organizations and other county agencies which focus on evidence-based practices.

Evaluation Methods:

- Track number of CFTMs where the a “warm hand off” plan is developed to evaluate the effectiveness of the warm handoff training.
- Evaluate implementation by analyzing data outcomes regarding re-entry within 12 months within probation's client management system monthly.
- Evaluate the effectiveness of placement exiting training by collecting surveys from parents whose youth have returned to the community after 30 days.
- Evaluate the usefulness the placement resource repository for staff by collecting feedback via survey sent out monthly.
- Designated PO to monitor the creation, implementation, and resource relevance of an online post-placement resource repository by sending staff monthly surveys regarding trends and effectiveness of the resources.

Roles of Other Partners in Achieving Goals

RCP will continue to work collaboratively with CSD and our community partners to ensure positive outcomes for youth and their families served by both agencies. RCP will also work closely with RUHS-BH in an effort to initiate preventative services for youth and their families by

providing them with immediate and appropriate behavioral health services to keep youth safely in their homes while also preventing the subsequent need for placement in congregate care. In order to meet our outcome goals, RCP will be reviewing funding sources to support our strategies.

Educational and Training Needs to Achieve Goals

RCP will continue to develop departmental trainings as well as participate in CPOC provided trainings to achieve our SIP goals. For example, RCP will need concurrent planning training, which may be offered by CPOC, but could also be developed within RCP to provide department-wide training to all juvenile POs. Further, technical assistance will be explored for available funding sources to support the programs in our five-year SIP chart.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Funding includes federal Community Based Child Abuse Prevention (CBCAP) and state Child Abuse Prevention Intervention and Treatment (CAPIT) funds to support a network of local prevention and intervention efforts. These efforts must align with the needs identified by the community. Riverside County CSD is the entity designated by the county Boards of Supervisors to distribute and account for CBCAP, CAPIT, and Promoting Safe and Stable Families (PSSF) funds allocated to Riverside County.

To assist in the identification of preventing needs and funding priorities, CSD partnered with UCD to complete a Preventions Needs Assessment in Spring 2022. The Riverside CSA (completed from July-September 2022) and Prevention Needs Assessment generated a number of priority needs that must be met in order to best serve children and families in our community. Across all data collection activities, parental and/or caregiver mental health was consistently identified as the most effective and most needed service. Other top services of importance include parenting education, substance abuse treatment, and domestic violence services. There were no notable differences between the supervisorial districts in terms of the existing services identified as most effective in preventing child abuse and neglect, as well as the most needed services.

Table 1. Most effective services for child abuse and neglect prevention

Service	% of Respondents
Counseling/Mental Health Services	73
Parenting Education	52
Substance Abuse Treatment: Parent/Caregiver	45
Domestic Violence Services/Classes	38

Table 2. Most needed services for child abuse and neglect prevention

Service	% of Respondents
Parenting Education	42
Counseling/Mental Health Services	28
Body Ownership Education	23
Substance Abuse Treatment: Youth	18

To maximize benefit of CBCAP, CAPIT, and PSSF funds, the latter are distributed to direct service provider agencies through a Request for Proposals (RFP) process. Proposals are evaluated by the Riverside County Child Abuse Prevention Council and recommendations for funding made to the county Board of Supervisors.

PSSF: Family reunification services, family support services, and family preservation services are funded by PSSF dollars. For the past several years, the program areas required by PSSF have been delivered through a Memorandum of Agreement with a number of non-profit agencies and community-based providers:

- *Post Adoption*: ChildNet Youth and Family Services
- *Domestic Violence*: Cox Romain Psychological Services and McKinley Children's Center
- *Substance Abuse Treatment (Desert Region)*: Riverside University Health Systems (RUHS) - Behavioral Health (BH) and My Family Incorporated (MFI) Recovery Center
- *Substance Abuse Treatment, Family Preservation Court*: RUHS-BH

CBCAP: These dollars have been used for the past several years to fund SafeCare (in-home parenting education program) for at-risk children and families through the California Family Life Center.

CAPIT: Funds have been granted to multiple agencies to provide counseling, anger management, parenting education, and substance abuse treatment:

- *Counseling/Anger Management*: MarSell Consulting & Mental Health Services (MHS)
- *Parenting Education*: MFI Recovery Center
- *Substance Abuse Treatment*: MFI Recovery Center

Information on Evidence-Based/Evidence-Informed Strategies or Programs

Riverside County uses a variety of Evidence-Based and Evidence-Informed programs within the system of care to serve children and families in our community. CSD utilizes Structured Decision Making (SDM) to assist in case decisions. This evidence and research-based system identifies key

decision points in child welfare cases and uses structured assessments to improve the consistency and validity of each decision. The SDM model includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and mechanisms for ensuring accountability and quality controls. The SDM model also offers a sophisticated, comprehensive way to incorporate research, equity, and consistency into key child welfare decisions.

CSD collaborates with multiple public agency partners who provide evidence-based prevention services, including the following:

- **Healthy Families and Tribes America:** Provided by MCAH at RUHS-PH and First 5 Riverside; this voluntary home visitation program offers a variety of services which assist designated at-risk families with children ages 0-5
- **Nurse Family Partnership:** Provided by MCAH at RUHS-PH, this countywide home visitation program supports young, first-time, low-income mothers; Public Health Nurses (PHN) provide services throughout the client's pregnancy and until their child turns 2 years of age
- **Parents as Teachers:** Provided by Jurupa Unified School District and Blindness Support Services, this program supports expecting parents or a parent of a child ages 0-2
- **Parent-Child Interaction Therapy (PCIT):** Provided by RUHS-BH Prevention and Early Intervention (PEI) and First 5 Riverside: Set 4 School, this countywide, evidence-based treatment program for Medi-Cal eligible clients serves families with young children who exhibit behavioral challenges
- **SafeCare:** Provided by the California Family Life Center, SafeCare is an evidence-based in-home parenting program specifically targeting parents of children ages 0 through 5
- **Trauma Focused Cognitive Behavioral Therapy (TFCBT):** Provided by RUHS-BH, TFCBT is an evidence-based treatment approach shown to help children, adolescents, and their parents (or other caregivers) overcome trauma-related difficulties.

Additionally, CSD utilizes the following evidence-based programs:

- Counseling and Anger Management which incorporate Cognitive Behavioral Therapy practices.
- Kinship Support Services which utilize the Systemic Training for Effective Parenting (STEP), Triple P (Positive Parenting Program), and Parent as Teachers practices.
- Substance Abuse Treatment which utilizes the Matrix Model, Rational Emotive Behavior Therapy (Self-Esteem), and Multi-Dimensional Family Therapy (MDFT) practices.
- Wraparound program
- Independent Living Program
- Parenting Education which utilizes the Triple P (Positive Parenting Program)

Riverside County Probation uses the Ohio Youth Assessment System (OYAS), which identifies youths' risk, need, and responsivity factors across multiple stages of involvement with the juvenile justice system, including: (1) diversion; (2) detention; (3) disposition; (4) residential intake; and (5) community reentry.

The CAPIT/CBCAP/PSSF Service Provision Plan

The CAPIT/CBCAP/PSSF Service Provision Plan is outlined in the Expenditure Workbook (Appendix, page 88).

CAPIT/CBCAP/PSSF Program and Evaluation Description

The templates for the CAPIT/CBCAP/PSSF are attached to this report. These templates were designed to describe the programs selected and the program evaluation needed to ensure compliance with state and federal requirements. See the attached documents in pages 57-88 of this report.

Child Welfare/Probation Placement Initiatives

CHILD WELFARE

Katie A v Bonta

Katie A v. Bonta refers to a class action lawsuit filed in Federal District Court in 2002 concerning the availability of intensive mental health services to children in California who are either in foster care or at imminent risk of entering care. A settlement agreement was reached in the case in December 2011. Child welfare and mental health leaders from state and local levels are working together to establish a sustainable framework for the provision of an array of services that occur in community settings and in a coordinated manner. As part of this agreement, the California Department of Social Services (CDSS) and the California Department of Health Care Services (DHCS) agreed to take specific actions that will strengthen California's child welfare and mental health systems with objectives that include:

- Facilitating the provision of an array of services delivered in a coordinated, comprehensive, community-based fashion that combines service access, planning,

delivery, and transition into a coherent and all-inclusive approach, which is referred to as the Core Practice Model (CPM).

- Addressing the need of some class members with more intensive needs (referred to as “subclass members”) to receive medically necessary mental health services in their own home or family setting in order to facilitate reunification and meet their needs for safety, permanency, and well-being. These more intensive services are referred to as Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Foster Care (TFC).
- Clarifying and providing guidance on state and federal laws as needed to implement the settlement agreement so that counties and providers can understand and consistently apply them.

In response to the *Katie A. vs Bonta* settlement agreement, and to provide timelier and more efficient services to children and families, Riverside County transitioned to a one-meeting model. This model combines the collaborative elements from Team Decision Making (TDM) meetings, Child and Family Team (CFT) meetings, placement screenings, service planning, and permanency planning processes into a single interdisciplinary family-centered meeting which includes children, families, and supportive members of the community to assist in planning for child safety, permanency, and well-being, regardless of the child’s mental health or placement status. The single assessment process creates and establishes authentic partnerships with children and families, which result in coordinated and integrated plans that are individualized to address the unique needs of each child/Non-Minor Dependent (NMD) and family member.

Also in response to the settlement of the *Katie A. vs. Bonta* lawsuit, the Pathways to Wellness Committee was created, which was later renamed the Collaborative System of Care (CSOC) committee. Representatives from three agencies within Riverside County (Probation, CSD, and RUHS-BH) participate in this monthly committee. The ongoing goals are to work with the Core Practice Model framework to provide children with thorough mental health assessments and services.

Continuum of Care Reform (CCR)

CCR is a comprehensive framework that supports children and families in varied placement settings, such as with relatives or in congregate care, with the goal of achieving permanency in the least restrictive environment and with the least reliance on congregate care. From the CCR perspective, Short-Term Residential Therapeutic Programs (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 are returned to the care of their family of origin. Foster Family Agencies (FFA) are also required to provide a

broader range of services, including trauma-informed, culturally relevant mental health services to meet the specialized needs of foster children/youth.

In an effort to reduce reliance on congregate care (a primary tenet of CCR) and to address the specific and specialized complex care needs of foster youth, Riverside County CSD has pioneered innovative models of care. Whenever foster youth have needs in multiple domains (medical, behavioral health, education, probation, etc.), they are identified as youth with complex care needs who require a higher level of care. The more complex the youth's care needs, the more challenging it is to find a placement suitable to address all identified areas of need.

In February 2021, Riverside County CSD, in partnership with a local FFA, created an enhanced Intensive Services Foster Care (ISFC) placement in a home-based setting with a professional parent. Congregate care personnel were utilized for additional support, the result being that this particular youth experienced their most stable and long-lasting placement since entering care. This example became the inspiration to expand similarly structured IFSC placements in Riverside County. An enhanced ISFC placement requires more caregiver training and specialized services and was designed to not only meet the needs of a youth with complex care needs, but to also prevent placement disruption and/or the need for a higher level of care. Currently, program expansion of enhanced ISFC placements is being pursued and seen in multiple FFAs who serve Riverside County.

In April-May 2022, CSD and Riverside County Probation (RCD) collaborated and spearheaded an **STRTP of One** model (a higher level of care than previously seen in an STRTP placement) for a dual status youth with complex care needs. As the name suggests, the placement's capacity of one was designed to specifically address the needs of an identified youth with complex care needs. The level of care required and designed to meet the needs of the one youth did not exist in the continuum prior to Riverside County's placement creation and implementation. Since its inception, 4-5 youths have been placed in an **STRTP of One** home. Additionally, an **STRTP of Two** (a specialized placement with the capacity of two) has emerged as another placement option for foster youth with complex care needs.

Whether in congregate care or a family-based setting, the State recognized there are significant costs involved in creating a multifaceted approach to meet the needs of youth identified with complex care needs. To address the needs of the relatively small population of youth identified as having complex care needs, further advocacy and **complex care funding** emerged. There are currently three (3) components to **complex care funding**:

- **Part One:** Child Specific Funding allows for additional payment assistance in situations where a youth is placed in an enhanced home specifically created to meet the youth's specialized care needs.
- **Part Two:** Capacity Building Funding necessitates a county to submit a plan to the State in an effort to address a county's needs as it pertains to building capacity for placement of youth with complex care needs. Trailblazers in this area, Riverside County CSD, in collaboration with RCP, were the first to submit and receive approval for their plan, which recently led to a funding allocation of over \$2.4 million to create additional enhanced placements and/or **STRTPs of One** for youth with complex care needs.
- **Part Three:** Children's Crisis Continuum Pilot Program (Assembly Bill 153) request for proposal is currently being pursued collaboratively by Riverside and San Bernardino County's Children's Services Divisions, Probation, and Behavioral Health Departments to create a trauma-focused pilot program which addresses different "level of care" needs while also expanding enhanced ISFC and STRTPs of One and Two. By demonstrating that creative alternative placements are needed and that favorable outcomes are experienced by youth placed in specialized care homes, the goal is to have specialized homes available for youth in advance of the need as opposed to creating a placement as the need arises.

Resource Family Approval (RFA)

Implemented on January 1, 2017, the Resource Family Approval (RFA) Program is a family-friendly/child-centered placement approval process for children in foster care. As a part of CCR implementation, the RFA program continues to serve as the single unified approval process for relative, adoption, and guardianship caregivers in Riverside County. The main goals of the program are to streamline the approval process and provide standardized training, which includes a comprehensive family evaluation and home environment check. Better preparing families to meet the needs of the children in foster care creates a smoother transition to permanency with the expected conclusion of greater stability and improved outcomes.

Presumptive Transfer

As part of CCR implementation and in compliance with Pathways to Wellness, Presumptive Transfer (Assembly Bill 1299), also known as All County Letter (ACL) 17-77, was put into effect in 2020 to reduce delays and denials in accessing mental health services for children placed outside of their originating county. Presumptive Transfer requires responsibility for authorization, provision, and payment of Specialty Mental Health Services (SMHS) be transferred from the county of jurisdiction to the foster child's county of residence to ensure timely provision of mental health services to foster children and Non-Minor Dependents placed out of county within California.

When CSD dependent child/NMD is placed outside of Riverside County, the assigned social worker, in collaboration with the Child and Family Team (CFT):

- Notifies required parties of the presumptive transfer requirement and the process to request a waiver based on the exceptions permitted
- Makes a determination regarding presumptive transfer based on the needs of the child/NMD
- Requests a waiver of presumptive transfer if one or more exception exists
- Notifies the CFT members and legal parties to the case of the determination and provides information as to how the legal parties can dispute the determination through judicial review

When SMHS are transferred to the county of residence, the SMHS provider in that county becomes part of the CFT; however, Riverside County CSD retains responsibility for convening the CFT and ensuring that meetings occur within required timeframes.

California Child Welfare Core Practice Model

Riverside County continues to be guided by the theoretical framework of the Integrated Core Practice Model (ICPM). Built upon the foundation created by the California Child Welfare Core Practice Model (CPM), which incorporates casework components and practice elements to guide CSD staff in providing service delivery and decision-making at all levels in child welfare, the ICPM was released in 2018 in support of the Continuum of Care Reform (CCR) and Pathways to Well-Being endeavors. Comprised of six (6) key practice components: Engagement, Assessment, Teaming, Service Planning and Delivery, Monitoring and Adapting, and Transitioning, the California ICPM provides practical guidance and direction to support CSD and their partners in the delivery of timely, effective and collaborative services to children and their families. In Riverside County CSD, Social Services Supervisors (SSS) play a key role in modeling and encouraging ICPM implementation by SSPs in their work with clients, especially those SSSs who serve as field advisors in operational regions of CSD.

Please visit the following website for additional information regarding the California ICPM:
<https://www.cdss.ca.gov/inforesources/the-integrated-core-practice-model/about-icpm>

AB 2083: Child and Youth System of Care

In further support of the CCR, Assembly Bill (AB) 2083 requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of

the various local entities (System Partners) which serve children and youth in foster care who have experienced severe trauma.

Approved by the Board of Supervisors (BOS), executed on 10/26/2021, and consistent with the Integrated Core Practice Model (ICPM), the Riverside County Interagency Child, Youth, and Family Services MOU addresses systemic barriers found in the traditional provision of interagency services and outlines roles and responsibilities of agencies and other organizations that serve this target population by providing client level information and data sharing between County Agencies when determined to be in the best interest of children and families.

The System Partners developed and/or include the following entities:

- Interagency Executive Advisory Committee (IEAC)
- Interagency Leadership Team (ILT)
- Child and Family Team (CFT)
- Interagency Placement Committee (IPC)

Additionally, invested third parties may include local education agencies, managed care organizations, placement agencies, a child's family, a foster youth advisory council, Indian tribes or tribal organizations, CDSS, and/or Riverside Superior Court – Juvenile Division.

Designed to ensure interagency collaboration, the Interagency Leadership Team (ILT) emerged as the governing and coordinating body. The ILT consists of Department Heads or their designees from the following System Partners:

- Department of Public Social Services Children's Services Division (DPSS-CSD)
- Riverside University Health System-Behavioral Health (RUHS-BH)
- Riverside County Probation Department (RCP)
- Riverside County Office of Education (RCOE)
- Inland Regional Center (IRC)
- Riverside County Superior Court of California-Juvenile Branch

The ILT oversees the implementation of the strategic plan approved by the IEAC and provides direction and oversight to the IPC.

Sharing information to conduct treatment, coordinate care, and deliver quality services cannot be effectively done without the exchange of confidential information. The frequently identified systemic barrier of information sharing between System Partners was addressed initially by AB 2083, which permits the ILT to disclose and exchange confidential information as permitted by

federal law. Secondly, the obstacle was addressed by a blanket court order signed on 11/19/2021 by the presiding Riverside County Juvenile Court Judge, which addressed the remaining statutory disclosure restrictions.

Family Urgent Response System (FURS)

Implemented on March 1, 2021, the FURS is a program which necessitates counties to develop a crisis mobile response capacity in order to respond to calls from a state hotline for current and former foster youth and caregivers. The program is intended to maintain placements that are in danger of disruption, as well as increase stability for CSD customers. CSD partnered with RUHS-BH to expand their existing crisis response program. A FURS response requires consideration of the following criteria:

- Current/Former Dependent youth up to age 21
- Current/Former Probation youth up to age 21
- Caregivers
- Currently residing in Riverside County (dependents placed out of county but within California will be served by the residing County's crisis team)

Riverside County referrals received from the FURS state hotline remain low. In an effort to increase FURS referrals as an intervention that could potentially maintain a placement, CSD has disseminated FURS outreach materials to all regions and has presented at various agency meetings. CSD is also ensuring the FURS program is being shared as a resource during induction training, Field Advisor consistency meetings, and in the training region so that staff being mentored and coached after induction are aware of this resource.

Child/Adolescent Needs & Strengths (CANS)

Every child and Non-Minor Dependent (NMD) with an open child welfare services case must be screened for possible behavioral health needs by completing the Child and Adolescent Needs and Strengths (CANS) assessment at the initiation of the case, at a minimum of every 6 months thereafter, and whenever there is a significant change in the child/NMD's behavioral health.

The CANS Assessment Tool is used by the assigned social services practitioner (SSP), RUHS-BH, and the CFT to complete the following:

- Assess well-being
- Assess trauma indicators
- Identify a range of social and behavioral strengths and healthcare needs

- Identify any immediate support needs of the family or caregiver
- Support care coordination and collaborative decision-making
- Inform determinations regarding Level of Care (LOC) and service planning

Riverside County CSD began implementing CANS in 2018 and contracts with RUHS-BH for the completion of all initial CANS for children entering foster care as well as 6-month updates for all dependents eligible for specialty mental health services. In 2018, DPSS began providing CANS training to all social workers and supervisors; the CANS training prepared staff to complete testing to become CANS certified through the Praed Foundation. Due to a revised CANS training curriculum and staff turnover, Child Welfare Digital Services (CWDS) provided CANS training to over 200 SSP IIIs in 2021.

Beginning May 1, 2021, CSD began entering CANS into the transitional data system which will ultimately replace CWS/CMS (CARES Live). Staff began entering CANS in CARES Live for children over 5 years of age beginning July 1, 2021.

A CANS/CFTM implementation workgroup was created in partnership between CSD and RUHS-BH which meets monthly and developed a joint CANS policy. The workgroup continues to address any issues and plans to improve performance. According to Safe Measures, Riverside County CSD is substantially out of compliance in regard to the completion of initial CANS as well as reassessments. The workgroup is actively exploring strategies to improve performance in this area, including adjustments to monitor and track CANS completion.

Continuous Quality Improvement (CQI)

Committed to improving child welfare practices and outcomes, Riverside County CSD's Continuous Quality Improvement (CQI) program spent more than two years recalibrating the system and procedures in place to create a shift in culture within the child welfare agency, which promotes a learning culture that is both aligned and predictable. Teaming, process, and data are the three distinct areas of focus utilized to proactively track, analyze, and modify processes with the continuous goal to enhance social work practice and improve outcomes for families.

The CQI Team is a unit of individuals with significant experience in child welfare, including child abuse investigations, specialized child welfare case management, and child welfare administration. CQI is comprised of four (4) main units which make up the CQI system:

- Child and Family Services Review (CFSR)
- System Improvement Plan (SIP)
- Quality Review
- Process & Outcomes Improvement

CFSR is a State and Federal mandate that extensively assesses the State's performance related to child welfare. The CQI region is tasked with conducting 100 CFSR case reviews for Riverside County CSD and Probation youth. The CFSR process was implemented in Riverside County in 2015 and currently maintains 6 full-time case reviewers, 3 back-up case reviewers, one full-time QA Staff, and one back-up QA Staff.

Identified Riverside County practice strengths based on CFSR findings include:

- Children seen monthly with few exceptions
- Children typically seen timely for investigations
- Initial assessments and service referrals completed timely
- Practice improvement resulting from case reviewer/SSP interviews

Areas of need have been seen in the ability of Riverside County to complete the required number of reviews due to staff attrition/staffing shortages, as well as the following identified areas of need for SSPs:

- Inconsistent utilization of SDM
- Limited collaboration with family members for case planning
- Limited meaningful engagement with children, parents, and foster parents
- Lack of uniformity in application of "concerted efforts"

Commissioned to address the requirements of the SIP agreement between CDSS, RCP, and CSD, the SIP unit is responsible for developing a plan, which focuses on specific strategies and actions steps to strengthen child welfare practice and improve outcomes for children and families. The County Self-Assessment (CSA) is the first step in the five-year cycle that involves collaborating with various community agencies and neighboring counties to conduct a community needs assessment. The findings of the CSA are synthesized into an extensive report, which requires the approval of CDSS and becomes the foundation for determining the focus of the SIP. The SIP unit in Riverside County is also responsible for overseeing a large-scale annual community partners forum that engages various community service providers to work together toward improved outcomes for the children and families of Riverside County.

When CSD is notified of a child fatality or near fatality and the circumstances surrounding the incident warrant an investigation, the Quality Review Team conducts a critical incident review. The review is comprehensive and includes an assessment of the following:

- Any previous child welfare history
- Investigation documentation

- Case notes
- Services provided
- Engagement with the family and collateral contacts
- Outcomes and conclusions
- Potential practice concerns (if identified)

The Quality Review Team also conducts ongoing review of randomly selected referrals and cases that provide the data for CSD’s safety, permanency, and well-being dashboards (described below).

During the recent CSD CQI revamping, the following Process and Outcomes Improvement projects emerged to address identified areas of need:

- **Line of Sight (LoS)** encompasses development of a series of dashboards, which allow for a quick, real-time review of the division’s performance on a variety of measures relevant to safety, permanency, and well-being. This team meets weekly to develop, monitor, and review the maintenance and sharing of dashboard data with the division.
- **Comprehensive and Timely Investigations (CTI)** is the result of an in-depth analysis of data, wherein over 500 insights from 50 participants and numerous discussion groups led to a prototype process for investigations which included the recommendation and approval of 6 improvement projects. The first process improvement project began in November 2021, located at the Central Intake Center, known colloquially as Central Intake Plus. This project focuses on improving referral quality, fidelity to SDM tools, and call queue management. Phase Two will focus on a delivery service and staffing model for prevention services with future projects to include enhanced referral research, triage and assignment, placement support, and legal support.

Implemented in 2021, the CSD Permanency dashboard was created to improve permanency outcome rates and demonstrates how fieldwork impacts outcomes by tracking performance over time. Widely distributed Dashboards are a vital component of improvement within Riverside County’s CSD Line of Sight system, which provides a clear and uninterrupted view of performance by ensuring all CSD staff not only understand the identified goal but commit to accomplishing it. LoS utilizes data to link work performed by social workers to CSD’s three strategic fundamentals:

- Excellence in Practice (CQI)
- Workforce Development
- Customer Focus Partnerships

Historically, CSD has lacked a consistent and coherent way to organize and present information to CSD regions, and instead presented varying data reports that did not facilitate a meaningful discussion to address countywide trends, successes, and/or opportunities for improvement. This approach led to individual areas within the County singularly addressing presented concerns, thereby creating a silo effect. Successful implementation of LoS has the potential to not only reduce, but to eventually eliminate this hindrance, with the ultimate goal of positively effecting change countywide.

The identified key steps for a robust LoS include:

- Organizational Commitment to CQI
- Identification of the Strategic Objectives or Outcomes (Lag)
- Collaborative Selection of the Performance Indicators (Lead)
- Data Collection, Visualization, Analysis Cycle
- Reporting Ceremony
- Improvement Planning and Decision-Making (Process)

Additionally, thorough documentation of the key steps in a well communicated CQI plan is necessary. A workgroup comprised of regional managers and other subject matter experts was developed and meets weekly to discuss dashboard development items and to better ensure adherence to the identified process. In 2020, the CQI Council and Executives approved the development of three dashboards to display metrics for tracking outcome performance. At this time, two dashboards, Safety and Permanency, have been developed. These dashboards are region specific and include lead (quantitative and qualitative metrics) and lag measures that were selected through a collaborative process. Each region provides quarterly reports on their progress towards:

- Established Goals
- Challenges
- Strengths
- Areas in Need of Improvement

Line of Sight communicates the division's vision, mission, strategies, and objectives to staff at all levels to ensure they know how their roles and efforts contribute to the achievement of targeted goals. Not just a dashboard with visuals, LoS is a powerful communication tool that connects the data back to the work done by field staff. The CQI Team is also responsible for communicating with CDSS regarding child fatality and near fatality investigations.

Family First Prevention Services Act (FFPSA)

The goal of the FFPSA is to increase prevention services and decrease reliance on congregate care. In 2018, FFPSA was signed into law with the expectation to strengthen support services for families who are at risk of becoming involved with the child welfare system, which permitted Title IV-E funding for in-home parenting education as well as mental health and substance abuse treatment services.

Additional information regarding FFPSA can be found on the [National Conference of State Legislatures website](#).

Collaboration is being pursued with public agency partners for the evidenced based practices they currently offer. The prevention services currently offered by Riverside County Title IV-E agencies are as follows:

- **Healthy Families and Tribes America:** Provided by MCAH at RUHS-PH and First 5 Riverside; this voluntary home visitation program offers a variety of services which assist designated at-risk families with children, ages 0-5
- **Nurse Family Partnership:** Provided by MCAH at RUHS-PH, this countywide home visitation program supports young, first-time, low-income mothers; Public Health Nurses (PHN) provide services throughout the client's pregnancy and until their child turns 2 years of age
- **Parents as Teachers:** Provided by Jurupa Unified School District and Blindness Support Services, this program supports expecting parents or a parent of a child ages 0-2
- **Parent-Child Interaction Therapy (PCIT):** Provided by RUHS-BH Prevention and Early Intervention (PEI) and First 5 Riverside: Set 4 School, this countywide, evidence-based treatment program serves Medi-Cal eligible families with young children who exhibit behavioral challenges

Additionally, FFPSA-Part IV focuses on enhancing support services, increasing oversight, and court placement requirements to ensure a child/nonminor dependent (NMD) placed in a Short-Term Residential Therapeutic Program (STRTP) receives emotional and behavioral treatment to meet their needs. As of October 1, 2021, STRTP placement requirements are as follows:

- The child/NMD receives an assessment within 30 calendar days of entering a STRTP from a Qualified Individual (QI) to:
 - Evaluate the strengths and needs of the child/NMD
 - Develop strategies and interventions to address identified short-term and long-term mental and behavioral goals

- Determine whether the needs of the child/NMD can be met in a family-based setting
- Make recommendations regarding the need for a STRTP placement, if the needs of the child/NMD cannot be met in a family-based setting
- Request juvenile court approval for any STRTP placement
- Provide 6 months of aftercare services through a Wraparound program for a child/NMD stepping down from a STRTP placement

Riverside County CSD is adhering to the required mandates set forth in FFPSA. Some barriers have included timeliness of assessment submission within the allotted 30 days due to staffing shortages, the QI not being in agreement with the submitted recommendation, and the youth's court hearing for placement not being set within the specified 60 days. Steps already being pursued and/or utilized to address these barriers include monthly workgroups and trainings with RCP and RUHS-BH, as well as having a designated staff person specifically assigned to complete the assessment.

Child and Family Team Meetings (CFTM)

CFTMs are held for every child within the first 60 days of entering the child welfare system in Riverside County, and at any time thereafter to address the following:

- Safety factors rising to levels of imminent risk
- Safety planning purposes
- Addressing mental health needs
- Creation of support networks
- Placement changes

The primary goal of CFTMs is to maintain and preserve family units while ensuring safety of the child in the home. In Riverside County CSD, the CFTM consists of facilitators and additional support staff whose aim is to ensure the children and families that CSD interacts with receive increased engagement. Additionally, when ICWA is applicable, caregivers and tribal representatives are included in CFTMs.

The CFTM process demonstrates a belief that families have capacity to address their problems and achieve success if given the opportunity and supports to do so. Respecting that the family holds a significant amount of influence and choice in the decision making is key to the success of any CFTM. When families are invested in the CFTM process, they will often come to recognize their own strengths and build natural supports that outlast any agency interventions.

PROBATION

Continuum of Care Reform (CCR)

In January 2017, RCP fully implemented the [CCR](#) process regarding RFA. RCP converted its final Non-Relative Extended Family Member (NREFM) placement to a Resource Family in July 2019. RCP also has two Child and Family Team (CFT) Facilitators who facilitate CFT meetings for potential placement youth and on-going placement case management. RCP continues to utilize the Interagency Placement Committee (IPC) to screen cases for STRTP eligibility and suitability, and all staff have been trained extensively on how and when to refer cases to IPC in accordance with the vision and mission of CCR.

Families First Prevention Services Act (FFPSA)

In October 2021, RCP implemented [Part IV of FFPSA](#) by incorporating the Qualified Individual (QI) in the process of determining placement suitability. RCP and CSD have partnered with the QI representatives who are employed by RUHS-BH. According to the CDSS website, “The FFPSA will enhance support services for families to help children remain at home and reduce the use of unnecessary congregate care placements by increasing options for prevention services, increased oversight and requirements for placements, and enhancing the requirements for congregate care placement settings.”

Resource Family Approval (RFA)

RCP’s Resource Family Approval (RFA) Unit is responsible for conducting the RFA process and monitoring RCP’s approved Resource Families in the State of California. Placement with a Resource Family is a less restrictive setting and is considered when removing a youth from the home due to the parents’/legal guardian’s inability to properly supervise the youth, the youth’s delinquent behaviors, and/or the youth’s rehabilitative treatment needs. The potential applicant is provided an RFA orientation and a background check. Resource Families are approved through the RFA process [Resource Family Approval Program](#), which is guided by the Written Directives - 16519.5(f)(1)(A) WIC [RFA WD version 7 \(ca.gov\)](#) and the Background Assessment Guide (BAG) - 16519.5(d) (A) (i) (I) WIC. [Resource Family Approval Background Assessment Guide \(BAG\) \(ca.gov\)](#)

California Fostering Connections to Success Act (AB12) Extended Foster Care (EFC)

Assembly Bill (AB) 12 [Extended Foster Care \(AB 12\)](#) created California’s EFC Program, which allows eligible youth in the child welfare and probation systems to voluntarily remain in foster care until age 21. Youth may leave EFC and later choose to re-enter the program up to age 21.

To remain eligible for EFC, youth must meet at least one of five participation criteria pursuant to 11403(b) WIC. Since 2012, RCP continues to serve youth, upon reaching the age of majority, who desire to voluntarily remain in care through EFC after successful completion of their probation case plan goals.

Juvenile Justice Crime Prevention Act (JJCPA)

The JJCPA was created by the Crime Prevention Act of 2000 (Chapter 353) to provide a stable funding source for local juvenile justice programs aimed at curbing crime and delinquency among at-risk youth and juvenile offenders. (See Gov. Code, § 30061, subd. (b)(4).) JJCPA funds are available to address a continuum of responses including prevention, intervention, supervision, and incarceration. State law requires that JJCPA-funded programs be modeled on strategies that have demonstrated effectiveness in curbing juvenile delinquency. Beyond that, counties have broad discretion in how they use JJCPA funds to support and enhance their juvenile justice systems. To encourage coordination and collaboration among the various local agencies serving at-risk youth and young offenders, JJCPA requires a county Juvenile Justice Coordinating Council (JJCC) to develop and modify the county's juvenile justice plan. The JJCC is chaired by the county's chief probation officer and its members include representatives of law enforcement and criminal justice agencies, the Board of Supervisors, social services, education, mental health, and community-based organizations. The JJCC is required to meet at least annually to review and update the county juvenile justice plan. JJCPA relies on a partnership between the state, local agencies and stakeholders. Local officials and stakeholders determine where to direct resources through an interagency planning process. The State Controller's Office distributes the appropriated JJCPA funds to counties based on population. Local agencies and community-based organizations deliver programs and services. This partnership acknowledges the value the state places on local discretion and multiagency collaboration in addressing the problem of juvenile crime in California's communities. (JJCPA-YOBG Legislative Report (2020); <http://www.bscc.ca.gov/wp-content/uploads/2020-JJCPA-YOBG-Leg-Report-FINAL.pdf>)

Some services offered by RCP, partner agencies, and CBOs through JJCPA funding include the following:

- Successful Short-Term Supervision (SSTS)
 - RCP's SSTS program serves youth ages 12–18 to assist youth and their families to successfully complete probation by their first review hearing
 - The goal of SSTS is to provide appropriate supervision to support youth's improvement in school attendance and performance, abstinence from alcohol/substance abuse, participation in appropriate counseling (based on their needs), and positive community involvement through community service and/or participation in pro-social activities

- SSTS intervention strategies included reduction in time for Probation’s first appointment to meet with youth and family (youth are seen within 15 days of dispositional hearings) and mandatory attendance in four-week follow-up Child Advocate Team meetings
- 654.1 WIC DUI Program
 - A state-mandated diversion program (pursuant to 654.1 WIC) for youth who are alleged to have driven under the influence
 - Youth who participate in this approximately six-month drug and alcohol awareness program agree to have their cases heard and dismissed by a juvenile court judge upon successful program completion
 - The primary focus is to motivate youth to successfully complete a drunk driving program as outlined by law
 - Youth utilizing the program will be provided mentorship and programming designed to meet their specific needs
- De-escalation and Assistance Resource Team (DART)
 - A Riverside County District Attorney’s Office (RCDAO) program to teach strategies that can help participants de-escalate negative emotions; prevent violence and retaliation; educate youth regarding penal consequences that can occur if they break the law; encourage appropriate responses to incidents of hate, anger, violence, or injustice; and provide resources to help youth deal with their emotions
 - The DART program proposed to partner with the Probation Department, local law enforcement, the Department of Behavioral Health, and community organizations
 - DART began offering services in 2022
- Student Attendance Review Board (SARB)
 - RCDAO and the SAFE Family Justice Center focus on truancy prevention efforts in partnership with schools, students, and families
 - RCDAO and the SAFE Family Justice Center work to prevent truancy through three levels of intervention: School Attendance Review Team (SART) meetings, SARB meetings, and truancy mediation meetings
 - Co-facilitated SART meetings are aimed to educate students and families about supporting and protecting children’s education
 - RCDAO provides legal expertise related to truancy in the SARB meetings
 - Truancy mediation meetings are the final phase in the SARB process

- Deputy District Attorneys meet with students and families who continue to fail to improve their truancy
 - Families are informed about education laws and potential penalties for noncompliance
 - Truancy mediation meetings serve as the last intervention before referral to law enforcement for prosecution
- Support, Partnerships, Advocacy, and Resources for Kids (SPARK)
 - SPARK is an intervention and prevention program focused on serving middle and high school youth whom Riverside County Law Offices of the Public Defender represent.
 - SPARK aims to address youth academic and mental health needs and provide referrals to community resources.
 - SPARK's two major goals
 - Prevent youth from full entry into the juvenile justice system
 - Reduce recidivism and promote favorable outcomes
- Youth Empowerment and Safety (YES)
 - RCDAO's YES program consists of presentations that educate the public, families, educators, and youth about the dangers associated with peer pressure, unsupervised internet use, improper youth/adult relationships, unhealthy teen relationships, and the over-sexualization and exploitation of vulnerable youth.
 - The YES program consists of six types of presentations:
 - Bullying/Cyberbullying
 - Healthy Relationships/Teen Dating Violence
 - Hate Crimes
 - Internet Safety
 - Human Trafficking
 - Juveniles and the Law
- Opportunity with Education (O.W.E.)
 - A collaborative effort between law enforcement and community-based organizations created by the Riverside Police Department
 - Juvenile intervention & prevention program, to provide education and mentoring to youth through positive interactions with police officers, educators, prosecutors, and other professionals
 - 15-week program designed to positively redirect "at-risk" youth between the ages of 12 to 17 through topic lectures, tours, physical fitness, community service, and close order drill

- The program is designed to build self-esteem, leadership qualities, and change to positive social behaviors
- Parents' participation in the program is mandatory
- Classes are held on Saturdays at California Baptist University (CBU)
- Therapeutic Behavioral Services (TBS)
 - A time-limited, intensive, individualized, one-on-one behavioral health service available to children under 21 years, with serious emotional challenges
 - TBS can also be provided in conjunction with Wraparound Services and Intensive Services Foster Care (ISFC). TBS is available for youth being considered for removal from their homes to reduce the risk of placement in a residential treatment facility. TBS also targets youth who are at risk of hospitalization in an acute care psychiatric facility.
 - TBS, in conjunction with a specialty mental health service, helps youth, parents, caregivers, resource parents, and school staff or others involved in the youth's life to learn new ways of reducing and managing challenging behaviors. TBS utilizes strategies and skill-building interventions to increase the kinds of behavior that will allow youth to be successful in their current environment. It is designed to help youth and their parents/caregivers manage these behaviors utilizing short-term, measurable goals based on the needs of the child and family
- Wraparound
 - Family centered, individualized, community based, strength focused, needs driven collaborative case management approach to mental health treatment. A team of professionals including Clinical Therapists, Behavioral Health Specialists, and Parent Partners persistently work together with Probation Officers, nurses, and community members to ensure the family reaches their goals.
- Multi-Dimensional Family Therapy (MDFT)
 - Provides an evidence-based approach to the treatment of adolescents who have behavioral and substance use disorders.
 - Clinical Therapists and Behavioral Health Specialists provide intensive, community-based services which include therapy for the adolescent and his or her parent(s) and family members along with case management and other support services.

- Transitional Aged Youth (TAY) Services
 - Provides treatment and support services to transition age youth, adults and older adults who have a mental illness and children who are seriously emotionally disturbed.
 - Services include outpatient services, medication, peer recovery services, education, housing, residential care, as well as subacute and acute care
 - Peer-to-peer support services are a component of the program and are provided in clinics and by contract providers
 - Services to individuals who are homeless and mentally ill are also provided across the county.

- Kids in Konflikt (KIK)
 - A prevention, intervention, and suppression program working with at risk youth and young adults from ages 13-24, offering the following services:
 - Community Service
 - Gang Awareness
 - Victim Awareness
 - Substance Awareness
 - Anger Management
 - Parenting Classes
 - Tutoring
 - Life Skills
 - Cultural Diversity

Title IV-E

Title IV-E provides federal reimbursement for the maintenance and administration incurred by public agencies for working with youth at imminent risk of foster care. RCP uses a Title IV-E case plan as the preferred option to identify a probation youth as a candidate. RCP's case plan identifies the services needed to prevent removal of the youth from the home. RCP probation officers also assess all youth at imminent risk of removal from home by completing the evaluation of imminent risk and reasonable candidacy tool. The youth identified as imminent risk of removal from home are visited, face-to-face, at a minimum of once per month. Each visit is documented in the client management system and the youth is listed as a Title IV-E eligible youth in the data management system. The case plan is to be updated every six months or as a new material change occurs. If the youth continues to be at risk of removal even after receiving preventative services, the case plan must reflect a revised plan to address the youth's needs.

Pathways to Wellness Committee

Katie A. was a class action lawsuit that was filed in 2002 against the California Department of Social Services (CDSS), the California Department of Health Care Services (DHCS), and the County of Los Angeles. Plaintiffs alleged that foster children do not receive adequate assessments and referrals for behavioral health services and, as a result, suffered through placement in multiple unnecessarily restrictive foster care placements. As a response to the settlement of the Katie A. lawsuit, the Pathways to Wellness Committee was created, which was later renamed the Collaborative System of Care (CSOC) committee. Representatives from various agencies within Riverside County (including Probation, DPSS, RCOE, and RUHS-BH) sit on this committee and collaborate as to how county resources may be used to ensure youth in care receive the necessary behavioral health services. The CSOC committee meets monthly to discuss issues on continuity of care and collaboration across systems in order to achieve positive outcomes for safety, permanency, and well-being of the youth and families all three agencies serve.

5 – YEAR SIP CHART – CHILD WELFARE

Priority Outcome Measure: S2 – Recurrence of Maltreatment

National Performance: At or below 9.7%

CSA Baseline Performance: 10.2%

Target Improvement Goal: Continue to perform less than or equal to the national performance.

Priority Outcome Measure: P4 – Foster Care Re-Entry

National Performance: At or below 5.6%

CSA Baseline Performance: 12.0%

Target Improvement Goal: Continue to perform less than or equal to the national performance.

Priority Outcome Measure: P5 – Placement Stability

National Performance: At or below 4.48 moves per 1,000 days in care

CSA Baseline Performance: 3.49

Target Improvement Goal: Continue to perform less than or equal to the national performance.

Strategy 1: Improve the rate of first placement with relatives and the rate and timeliness of second placement with relatives for children entering foster care to promote placement stability and reduced foster care re-entry rates.	<input type="checkbox"/> CAPIT	Applicable Outcome Measures and/or Systemic Factors: <ul style="list-style-type: none"> • Federal Outcome/s – P4, P5 • Other Outcome Measure – 4B (least restrictive) • CFSR – Items 8, 9A, 11, 12B, 13B and C, and 15 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person/s Responsible:
A. For Social Service Practitioners (SSP) conducting investigations, incorporate routine follow-up questions regarding family finding efforts into the existing System of Supervision (SoS) structure of monthly individual conferences between SSPs and Social Services Supervisors or SSS.	January 2024	January 2026	<ul style="list-style-type: none"> • CSD Training Region Managers • Court & Special Investigations (CSI) Regional Manager • Policy, Administrative Resources, & Technology (PART) Regional Managers and Policy Supervisor • CSD Staff Development Manager
B. Conduct a root cause analysis regarding the average length of time it takes to fully certify relative caregivers via the Resource Family Approval (RFA) process.	July 2024	Ongoing throughout cycle	<ul style="list-style-type: none"> • CQIP Regional Managers and Administrative Services Managers • Resource Family Approval (RFA) Regional Managers
C. Strengthen collaboration between regional Investigative Services (IS) SSPs and Court Officers (CO) to improve timely identification and processing of potential relative caregivers for children entering foster care.	January 2024	July 2026	<ul style="list-style-type: none"> • CSI Regional Managers • PART Regional Managers • CSD Training Region Managers

<p>D. Expand engagement of relatives of Black children in pre-placement Child/Family Team Meetings (CFTM) with the aim of reducing racial disparity and disproportionality (RDD) in the foster care system.</p>	<p>January 2024</p>	<p>July 2026</p>	<ul style="list-style-type: none"> • Process and Outcomes Improvement (POI) Unit Supervisor • Child/Family Team Meeting (CFTM) Consistency Group • CSD Staff Development Manager • PART Regional Managers • CSD Training Region Managers
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Strategy 2: Increase prevention services with the aim of reducing recurrence of maltreatment.	<input checked="" type="checkbox"/> CAPIT	Applicable Outcome Measures and/or Systemic Factors: <ul style="list-style-type: none"> • Federal Outcome: S2 	
	<input checked="" type="checkbox"/> CBCAP		
	<input checked="" type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person/s Responsible:
A. Enhance a prevention mentality at the Children’s Services Division (CSD) Central Intake Center (CIC) through the use of coaching, supervision, and professional development of CIC staff toward more accurately identifying families in need of prevention services.	January 2024	Ongoing throughout cycle	<ul style="list-style-type: none"> • CIC Regional Manager and Prevention Services Supervisors • CSD Training Region Managers • CSD Staff Development Manager • CSD Racial Disparity & Disproportionality (RDD) Workgroup
B. Expand staffing for CSD’s existing Prevention Services (PS) program.	January 2024	January 2025 and ongoing until positions are filled	<ul style="list-style-type: none"> • CIC Regional Manager • CSD Staffing Unit Supervisor • PART Regional Managers
C. Pilot motivational interviewing (MI), an evidence-based engagement practice, with PS SSPs, with a goal to expand MI training to all Investigative Services (IS) SSPs.	July 2024	Ongoing through remainder of cycle	<ul style="list-style-type: none"> • CSD Training Region Managers • CSD Staff Development Manager • CQIP Regional Managers

<p>Strategy 3: Improve interagency collaboration between CSD and the Self-Sufficiency Division (SSD) to increase concrete supports to families with the aim of reducing recurrence of maltreatment and foster care re-entries.</p>	<input type="checkbox"/> CAPIT	<p>Applicable Outcome Measures and/or Systemic Factors:</p> <ul style="list-style-type: none"> • Federal Outcomes – S2, P4 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A	<p>Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
Action Steps:	Implementation Date:	Completion Date:	Person/s Responsible:
A. Increase the engagement of Linkages Employment Services Counselor (ESC) to participate in CFTMs to expand concrete supports to families with children at risk of entering foster care.	January 2024	July 2025	<ul style="list-style-type: none"> • CSD Program Development Region (PDR) Manager • PART Regional Managers • CSD Training Region Managers • CSD Staff Development Manager • SSD Regional Managers
B. In collaboration with SSD, conduct a root cause analysis to identify barriers related to services and processes in the Linkages ecosystem.	January 2024	January 2025	<ul style="list-style-type: none"> • CQIP Regional Managers • PDR Regional Manager • SSD Regional Managers
C. In collaboration with SSD, create a targeted process map to help eliminate barriers and increase client participation in Linkages services.	January 2024	January 2025	<ul style="list-style-type: none"> • CQIP Regional Managers • PDR Regional Manager • SSD Regional Managers

<p>D. Create process and practice manuals in collaboration with SSD to maintain gains achieved through the above-noted action steps.</p>	<p>January 2025</p>	<p>July 2026</p>	<ul style="list-style-type: none"> • CQIP Regional Managers • PDR Regional Manager • SSD Regional Managers
<p>E. Collaborate with SSD to identify specific ways to increase engagement with Black families with the aim of reducing racial disparity and disproportionality for this population</p>	<p>January 2025</p>	<p>Ongoing for remainder of cycle</p>	<ul style="list-style-type: none"> • CQIP Regional Managers • PDR Regional Manager • SSD Regional Managers • CSD RDD Workgroup Lead

5 – YEAR SIP CHART – PROBATION

Priority Outcome Measure: P1 Permanency within 12 months of Entering Foster Care

National Performance: At or above 35.2%

CSA Baseline Performance: 20.3%

Target Improvement Goal: Perform at or above the national performance.

Priority Outcome Measure: P4 Re-Entry into Foster Care within 12 Months

National Standard: less than or equal to 5.6%

CSA Baseline Performance: 8.8%

Target Improvement Goal: Perform at or below the national performance.

Strategy 1: Enhance training on and the use of concurrent planning as a way of promoting permanency within 12 months of entering foster care.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): <ul style="list-style-type: none"> Federal Outcome: P1 	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Provide concurrent planning training for placement POs.	January 2024	December 2027	Special Services Division CPOC
B. Explore the possibility of providing resources to natural supports (e.g., gas cards, transportation, overnight visits at hotels close to STRTPs) as part of the concurrent planning process.	January 2024	December 2027	Special Services Division Fiscal Services Division
C. Compile resources for parent and relatives.	January 2024	December 2027	Juvenile Units Department-wide Special Services Division
D. Designate one PO as the family finding specialist.	January 2024	December 2027	Juvenile Units Department-wide Special Services Division

E. Create online resource repository on family finding for staff.

January 2024

December 2027

Special Services Division

Strategy 2: Enhance staff training and resources and supports for youth transitioning out of care to reduce the likelihood of re-entry within 12 months of exiting care.	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): • Federal Outcome: P4	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Update Warm Handoff Protocol to develop better measurement and accountability.	January 2024	December 2027	Special Services Division Juvenile Units Department – wide Aftercare Units
B. Warm handoff protocol training	January 2024	December 2027	Special Services Division
C. Create and implement placement exit training.	July 2024	December 2027	Special Services Division
D. Create an online post-placement resource repository.	July 2024	December 2027	Special Services Division

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

SafeCare/In-Home Parent Education

SERVICE PROVIDER

California Family Life Center

PROGRAM DESCRIPTION

In-home parenting education program consists of an 18-20-week course that addresses three (3) modules: Home Safety, Health, and Parent/Infant-Child Interaction. Each module contains six sessions with activities to gauge the participant's learning and increase engagement. Sessions can be facilitated virtually if and/or when needed. The intended population for this service is families with children age 5 and younger who are at risk of involvement with the child welfare system or families with children who have already experienced maltreatment.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	SafeCare/In-Home Parent Education
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CWSOIP	SafeCare/In-Home Parent Education

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Parent education programs with practical application that are developmentally appropriate (page 268 of 2022 Riverside County Self Assessment or CSA report)
- Behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

SafeCare targets families with children ages 0 to 5 who have a history of child maltreatment and/or are at risk of child maltreatment. These families participate on a voluntary basis and may or may not have an open dependency case with Children's Services Division (CSD). At risk families are served with a different funding stream than families who have experienced child maltreatment.

TARGET GEOGRAPHIC AREA

Mid-County, Southwest, Desert and Eastern

TIMELINE

FY 21/22 TO FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
The goal of SafeCare is to increase knowledge of developmentally appropriate parenting skills (Protective Factor #2).	After completion of the SafeCare program, participating clients will demonstrate a 15% increase in parental competence (parent self-efficacy and satisfaction) as measured by a difference in scores using an evaluation tool.	Pre & Post Parenting Sense of Competence Scale (PSoC)	Prior to participation in SafeCare (Pre) & Subsequent to participation in SafeCare (Post)

Quality Assurance (QA) Monitoring

Riverside County’s Continuous Quality Improvement (CQI) process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency’s Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	To be determined (TBD)	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Post Adoptions Services (i.e. counseling, case management, respite care, educational services, etc.)

SERVICE PROVIDER

ChildNet Youth and Family Services Inc.

PROGRAM DESCRIPTION

ChildNet Youth and Family Services, Inc. Post Adoption Services shall offer support groups for post-adoptive families as requested, to include, but not be limited to addressing experiences in overcoming post-adoptive challenges not apparent at the time of adoption, and any other needed resources such as counseling, respite care, case management etc.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	Post Adoptions/ Counseling, etc.
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral/mental health services; aftercare services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Service all Riverside County post-adoptive individual(s) and/or families who request services

TARGET GEOGRAPHIC AREA

Post Adoptions Services should be available to all Riverside County post-adoptive individuals and/or families who request services and reside in the County of Riverside, including Blythe.

TIMELINE

FY 21/22 to FY 24/25

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Post-Adoption services are intended to strengthen and stabilize the family by reducing parental stress and promoting parental resilience (Protective Factor #3).	After completion of the provided Post Adoption services, participating parents will demonstrate a reduction of 6% in parental stress	Post Adoption Services Program Evaluation Tools Pre- and Mid/Post-test: Parental Stress Scale (PSS)	Pre-tests are administered prior to participation in the program; Mid/Post tests are administered subsequent to participation in the program

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence (Individual counseling, group counseling)

SERVICE PROVIDER

Cox Romain Psychological Services

PROGRAM DESCRIPTION

Domestic Violence

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Domestic Violence (individual & group counseling)
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic violence programs that are robust and impactful; behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Services are delivered to adult victims/survivors and/or perpetrators of domestic violence who interface with Riverside County DPSS Children’s Services Division (CSD) because of allegations of abuse/neglect as to their children

TARGET GEOGRAPHIC AREA

Western County, Desert & Eastern County

TIMELINE

FY 22/23 to FY 26/27

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
<p><u>Perpetrators:</u> Perpetrators will exhibit a reduction in abusive behaviors supported by improved relational/social connections (Protective Factor #4)</p> <p><u>Victims/Survivors:</u> Victims/survivors will demonstrate increased self-efficacy by improved relational/social connections</p>	<p><u>Perpetrators:</u> 1.) After completion of the Domestic Violence (DV) batterer intervention program, participating clients will demonstrate a 10% reduction in abusive behaviors</p> <p><u>Victims/Survivors:</u> 1.) After completion of the DV survivor intervention program, participating clients will demonstrate a 10% increase in domestic violence coping self-efficacy</p>	<p>Pre and Post-test for <u>Perpetrators:</u> University of Rhode Island Change Assessment Scale; Abusive Behavior Inventory-Partner Form</p> <p>Pre and Post-test for <u>Victims/Survivors:</u> Knowledge of Domestic Violence; Domestic Violence Coping Self-Efficacy Measure; Domestic Violence Survivor Assessment</p>	<p>Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program</p>

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Counseling (individual, conjoint, family, group) and Anger Management

SERVICE PROVIDER

MarSell Consulting (MarSell Wellness Center)

PROGRAM DESCRIPTION

Counseling/Anger Management

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Counseling & Anger Management
CBCAP	
PSSF Family Preservation	Counseling & Anger Management
PSSF Family Support	Counseling & Anger Management
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): CWS, which is to be used last, only if needed	Counseling & Anger Management

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

CSD-referred and/or self-referred parents/caregivers who have been identified as needing counseling and/or anger management treatment, as well as children/youth from reported and/or at-risk families.

TARGET GEOGRAPHIC AREA

Desert, Mid County, Southwest, Valley, West Corridor, Diamond Valley, Metro

TIMELINE

FY 21/22 TO FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
<p><u>Counseling:</u> Improve client self-efficacy to effectively manage difficult tasks by improved relational/social connections (Protective Factor #4)</p> <p><u>Anger Management:</u> Improve client knowledge and application of effective anger management techniques by improved relational/social connections (Protective Factor #4)</p>	<p>Counseling Leading Indicator: 1.) After completion of the counseling program, participating clients will demonstrate a 7% increase in general self-efficacy to manage difficult tasks.</p> <p>Anger Management Program Leading Indicators: 1.) After completion of the Anger Management counseling program, participating clients will demonstrate a 20% increase in their knowledge of techniques for dealing effectively with anger. 2.) After completion of the Anger Management and Counseling Program, participating clients will demonstrate a 4% decrease in anger.</p>	<p><u>Counseling Pre and Post-Test:</u> General Self-Efficacy Scale</p> <p><u>AM Pre and Post-test:</u> Watt Anger Knowledge Scale; Multidimensional Anger Inventory</p>	<p>Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program</p>

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing	TBD	TBD	TBD

client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs			
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CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence Services (Individual counseling, group counseling)

SERVICE PROVIDER

MarSell Consulting (MarSell Wellness Center)

PROGRAM DESCRIPTION

Domestic Violence Services

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Domestic Violence
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic violence programs that are robust and impactful; behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Services are delivered to adult victims/survivors and/or perpetrators of domestic violence who interface with Riverside County DPSS Children’s Services Division (CSD) because of allegations of abuse/neglect as to their children

TARGET GEOGRAPHIC AREA

Desert, Mid County, Southwest, Valley, West Corridor, Diamond Valley, Metro

TIMELINE

FY 22/23 to FY 26/27

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
<p><u>Perpetrators:</u> Perpetrators will exhibit a reduction in abusive behaviors supported by improved relational/social connections (Protective Factor #4)</p> <p><u>Victims/Survivors:</u> Victims/survivors will demonstrate increased self-efficacy by improved relational/social connections</p>	<p><u>Perpetrators:</u> After completion of the DV batterer intervention program, participating clients will demonstrate a 10% reduction in abusive behaviors as measured by a difference in scores between pre- and post-test performance.</p> <p><u>Victims/Survivors:</u> After completion of the DV survivor intervention program, participating clients will demonstrate a 10% increase in domestic violence coping self-efficacy as measured by a difference in scores between pre- and post-test performance.</p>	<p>Upon the initial assessment, clinicians will administer the Knowledge of Domestic Violence, Domestic Violence Coping Self-Efficacy Measure, Domestic Violence Survivor Assessment, Assessments for Survivors.</p> <p>Clinicians will also administer the University of Rhode Island Change Assessment Scale, and Abusive Behavior Inventory for Batterers.</p>	<p>Prior to and upon completion of the program, clinicians will administer the aforementioned tools as pre- and post-test measures along with the client satisfaction survey.</p> <p>Upon completion of the program, clinicians will administer the aforementioned tools as a post-test during the termination session along with the client satisfaction survey.</p>

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

SafeCare/In-Home Parent Education

SERVICE PROVIDER

MarSell Consulting (MarSell Wellness Center)

PROGRAM DESCRIPTION

In-home parenting education program consists of an 18-20-week course that addresses three (3) modules: Home Safety, Health, and Parent/Infant-Child Interaction. Each module contains six session with activities to gauge the participants learning and increase engagement. Sessions can be facilitated virtually if and/or when needed.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	In- Home Parent Education
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Parent education programs with practical application that are developmentally appropriate (page 268 of 2022 Riverside CSA report)
- Behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

SafeCare targets families with children ages 0 to 5 who have a history of child maltreatment and/or are at risk of child maltreatment. These families participate on a voluntary basis and may or may not have an open dependency case with Children's Services Division (CSD).

TARGET GEOGRAPHIC AREA

Western Region of Riverside County

TIMELINE

FY 21/22 TO FY 23/24

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
The goal of SafeCare is to increase knowledge of developmentally appropriate parenting skills (Protective Factor #2).	After completion of the SafeCare program, participating clients will demonstrate a 15% increase in parental competence (parent self-efficacy and satisfaction) as measured by a difference in scores using an evaluation tool.	Pre & Post Parenting Sense of Competence Scale (PSoC)	Prior to participation in SafeCare (Pre) & Subsequent to participation in SafeCare (Post)

Quality Assurance (QA) Monitoring

Riverside County’s CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency’s Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Parenting Education Program

SERVICE PROVIDER

My Family Incorporated (MFI) Recovery Center

PROGRAM DESCRIPTION

Parenting Education Program

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Parent Education Program
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Parent education programs with practical application that are developmentally appropriate (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Parents/caregivers of children and youth demonstrating moderate to severe behavioral and/or emotional problems, and/or are at risk of demonstrating such behaviors, who have been identified as needing parent training

TARGET GEOGRAPHIC AREA

Western County, Mid County, and Southwest County

TIMELINE

FY 21/22 to FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
To increase knowledge of developmentally appropriate parenting skills (Protective Factor #2).	After completion of the Out-of-Home Parenting Education Program, participating clients will demonstrate a 7% increase in knowledge of effective parenting practices	Pre and Post-tests: Knowledge of Effective Parenting Scale; Parenting sense of competence scale; Parenting stress scale	Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Substance Abuse Treatment (individual/group counseling, testing related to treatment, parenting education when needed, inpatient treatment when needed, 12 step meetings, and case management)

SERVICE PROVIDER

My Family Incorporated (MFI) Recovery Center

PROGRAM DESCRIPTION

Substance Abuse Treatment

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Substance Abuse Treatment
PSSF Family Support	
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Substance abuse treatment programs, including more inpatient programs (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Parents/Caregivers of children and youth who are at risk and/or have been reported for maltreatment, related to their abuse of substances

TARGET GEOGRAPHIC AREA

Western Riverside County and Mid & Southwest County

TIMELINE

FY 21/22 to FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
To increase knowledge and application of effective coping skills for abstaining from primary substance use by improved relational/social connections (Protective Factor #4)	After completion of the Substance Abuse Program, participating clients will demonstrate a 10% increase in effective coping strategies to abstain from primary drug use	Pre and Post-tests: Discharge Summary; Pre-Drug Use Screener; consequences of alcohol and drug use; Alcohol and Drug Use Abstinence Self-Efficacy Scale-12; Coping strategies scale	Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Domestic Violence Services (Individual counseling, group counseling)

SERVICE PROVIDER

Perris Valley Recovery

PROGRAM DESCRIPTION

Domestic Violence Services

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Domestic Violence
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic violence programs that are robust and impactful; behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Services are delivered to adult victims/survivors and/or perpetrators of domestic violence who interface with Riverside County DPSS Children’s Services Division (CSD) because of allegations of abuse/neglect as to their children

TARGET GEOGRAPHIC AREA

Central County

TIMELINE

FY 21/22 to FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
<p><u>Perpetrators:</u> Perpetrators will exhibit a reduction in abusive behaviors supported by improved relational/social connections (Protective Factor #4)</p> <p><u>Victims/Survivors:</u> Victims/survivors will demonstrate increased self-efficacy by improved relational/social connections</p>	<p><u>Perpetrators:</u> After completion of the Domestic Violence (DV) batterer intervention program, participating clients will demonstrate a 10% reduction in abusive behaviors</p> <p><u>Victims/Survivors:</u> After completion of the DV survivor intervention program, participating clients will demonstrate a 10% increase in domestic violence coping self-efficacy</p>	<p>Pre- and Post-test for <u>Perpetrators:</u> University of Rhode Island Change Assessment Scale; Abusive Behavior Inventory-Partner Form</p> <p>Pre and Post-test for <u>Victims/Survivors:</u> Knowledge of Domestic Violence; Domestic Violence Coping Self-Efficacy Measure; Domestic Violence Survivor Assessment</p>	<p>Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program</p>

Quality Assurance (QA) Monitoring

Riverside County's CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency's Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Substance Abuse Treatment for Family Preservation Court clients (individual/group counseling, testing related to treatment, parenting education when needed, inpatient treatment when needed, 12 step meetings, and case management)

SERVICE PROVIDER

Riverside University Health System (RUHS) – Behavioral Health (BH)

PROGRAM DESCRIPTION

Substance Abuse Treatment – Family Preservation Court

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Substance Abuse Treatment for Family Preservation Court clients (individual/group counseling, testing, case management, etc.)
PSSF Family Reunification	Substance Abuse Treatment for Family Preservation Court clients (individual/group counseling, testing, case management, etc.)
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Substance abuse treatment programs, including more inpatient programs (page 268 of 2022 Riverside CSA report)
- Behavioral/mental health services (page 268 of 2022 Riverside CSA report)
- Parent education programs with practical application that are developmentally appropriate (page 268 of 2022 Riverside CSA report)
- Increased collaboration/partnership between County Counsel, Juvenile Defense Panel, and Bench Officers (page 268 of Riverside CSA report)
- Services organized into “hubs” for ease of access (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Parents/caregivers of dependent children/youth and children/youth at risk of or who have been reported for child maltreatment in collaboration with DPSS, Law Enforcement, and juvenile court dependency systems, and who require integrated alcohol and other drug treatment services

TARGET GEOGRAPHIC AREA

All Riverside County

TIMELINE

FY 21/22 to FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
The Family Preservation Court Program is designed to increase knowledge and application of effective coping skills for abstaining from primary substance use by improved relational/ social connections (Protective Factor #4)	After completion of the Family Preservation Court program, participating clients will demonstrate a 10% increase in effective coping strategies to abstain from primary drug use	Pre and Post-test: Drug Use Screener; Modified Knowledge of Effective Parenting Scale; Alcohol and Drug Use Abstinence Self Efficacy Scale-12; Coping strategies scale	Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program

Quality Assurance (QA) Monitoring

Riverside County’s CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency’s Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION

PROGRAM NAME

Substance Abuse Prevention and Treatment (SAPT) (individual/group counseling, testing related to treatment, parenting education when needed, inpatient treatment when needed, 12 step meetings, and case management)

SERVICE PROVIDER

Riverside University Health Systems (RUHS) – Behavioral Health (BH)

PROGRAM DESCRIPTION

Substance Abuse Prevention and Treatment (SAPT)

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Substance Abuse Treatment (individual/group counseling, testing, case management, etc.)
PSSF Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Substance abuse treatment programs, including more inpatient programs (page 268 of 2022 Riverside CSA report)
- Behavioral/mental health services (page 268 of 2022 Riverside CSA report)

TARGET POPULATION

Parents/Caregivers of children and youth with moderate to severe substance abuse who have been identified as needing substance abuse treatment as well as children/youth from reported and/or at risk families in need of substance abuse treatment services

TARGET GEOGRAPHIC AREA

Desert and Eastern County

TIMELINE

FY 21/22 to FY 23/24

EVALUATION

PROGRAM OUTCOMES AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
To increase knowledge and application of effective coping skills for abstaining from primary substance use by improved relational/social connections (Protective Factor #4)	After completion of SAPT, participating clients will demonstrate a 10% increase in effective coping strategies to abstain from primary drug use	Post-test: California Outcomes Measurement System (CALOMS) Pre and Post-test: Drug Use Screener; Consequences of Alcohol and Drug use; Alcohol and Drug Use Abstinence Self Efficacy Scale-12; Coping strategies scale	Pre-tests are administered prior to participation in the program; post-tests are administered subsequent to participation in the program

Quality Assurance (QA) Monitoring

Riverside County’s CQI process includes monthly and quarterly reports, quarterly joint operational meetings (JOM), and submission of pre- and post-evaluations to the agency’s Child & Family Evaluation (CAFE) team

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
CSD is in the process of implementing client satisfaction surveys (CSS) with all contracted service providers; this includes amending contracts to require CSSs	TBD	TBD	TBD

APPENDIX

Click the image to open the expenditure workbook as a PDF.

(1) DATE SUBMITTED:		(2) DATES FOR THIS WORKBOOK:		(3) DATE APPROVED BY OCAP:																	
		7/1/21 thru 6/30/22		Internal Use Only																	
(4) COUNTY: Riverside				(5) PERIOD OF SIP: 0m		(6) YEARS:															
(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):				CAPIT: \$ 619,556		CBCAP: \$83,953		PSSF: \$1,972,413													
No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Worksheet to be Submitted to OCAP	CAPIT		CBCAP		PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL					
					Dollar amount to be spent on OCAP Programs	OCAP's specific administration	Dollar amount to be spent on CBCAP Programs	Dollar amount to be spent on OCAP's administration	Dollar amount to be spent on (Item A) / (Item B) / (Item C) / (Item D) / (Item E) / (Item F) / (Item G) / (Item H) / (Item I) / (Item J) / (Item K) / (Item L) / (Item M) / (Item N) / (Item O) / (Item P) / (Item Q) / (Item R) / (Item S) / (Item T) / (Item U) / (Item V) / (Item W) / (Item X) / (Item Y) / (Item Z) / (Item AA) / (Item AB) / (Item AC) / (Item AD) / (Item AE) / (Item AF) / (Item AG) / (Item AH) / (Item AI) / (Item AJ) / (Item AK) / (Item AL) / (Item AM) / (Item AN) / (Item AO) / (Item AP) / (Item AQ) / (Item AR) / (Item AS) / (Item AT) / (Item AU) / (Item AV) / (Item AW) / (Item AX) / (Item AY) / (Item AZ) / (Item BA) / (Item BB) / (Item BC) / (Item BD) / (Item BE) / (Item BF) / (Item BG) / (Item BH) / (Item BI) / (Item BJ) / (Item BK) / (Item BL) / (Item BM) / (Item BN) / (Item BO) / (Item BP) / (Item BQ) / (Item BR) / (Item BS) / (Item BT) / (Item BU) / (Item BV) / (Item BW) / (Item BX) / (Item BY) / (Item BZ) / (Item CA) / (Item CB) / (Item CC) / (Item CD) / (Item CE) / (Item CF) / (Item CG) / (Item CH) / (Item CI) / (Item CJ) / (Item CK) / (Item CL) / (Item CM) / (Item CN) / (Item CO) / (Item CP) / (Item CQ) / (Item CR) / (Item CS) / (Item CT) / (Item CU) / (Item CV) / (Item CW) / (Item CX) / (Item CY) / (Item CZ) / (Item DA) / (Item DB) / (Item DC) / (Item DD) / (Item DE) / (Item DF) / (Item DG) / (Item DH) / (Item DI) / (Item DJ) / (Item DK) / (Item DL) / (Item DM) / (Item DN) / (Item DO) / (Item DP) / (Item DQ) / (Item DR) / (Item DS) / (Item DT) / (Item DU) / (Item DV) / (Item DW) / (Item DX) / (Item DY) / (Item DZ) / (Item EA) / (Item EB) / (Item EC) / (Item ED) / (Item EE) / (Item EF) / (Item EG) / (Item EH) / (Item EI) / (Item EJ) / (Item EK) / (Item EL) / (Item EM) / (Item EN) / (Item EO) / (Item EP) / (Item EQ) / (Item ER) / (Item ES) / (Item ET) / (Item EU) / (Item EV) / (Item EW) / (Item EX) / (Item EY) / (Item EZ) / (Item FA) / (Item FB) / (Item FC) / (Item FD) / (Item FE) / (Item FF) / (Item FG) / (Item FH) / (Item FI) / (Item FJ) / (Item FK) / (Item FL) / (Item FM) / (Item FN) / (Item FO) / (Item FP) / (Item FQ) / (Item FR) / (Item FS) / (Item FT) / (Item FU) / (Item FV) / (Item FW) / (Item FX) / (Item FY) / (Item FZ) / (Item GA) / (Item GB) / (Item GC) / (Item GD) / (Item GE) / (Item GF) / (Item GH) / (Item GI) / (Item GJ) / (Item GK) / (Item GL) / (Item GM) / (Item GN) / (Item GO) / (Item GP) / (Item GQ) / (Item GR) / (Item GS) / (Item GT) / (Item GU) / (Item GV) / (Item GW) / (Item GX) / (Item GY) / (Item GZ) / (Item HA) / (Item HB) / (Item HC) / (Item HD) / (Item HE) / (Item HF) / (Item HG) / (Item HH) / (Item HI) / (Item HJ) / (Item HK) / (Item HL) / (Item HM) / (Item HN) / (Item HO) / (Item HP) / (Item HQ) / (Item HR) / (Item HS) / (Item HT) / (Item HU) / (Item HV) / (Item HW) / (Item HX) / (Item HY) / (Item HZ) / (Item IA) / (Item IB) / (Item IC) / (Item ID) / (Item IE) / (Item IF) / (Item IG) / (Item IH) / (Item II) / (Item IJ) / (Item IK) / (Item IL) / (Item IM) / (Item IN) / (Item IO) / (Item IP) / (Item IQ) / (Item IR) / (Item IS) / (Item IT) / (Item IU) / (Item IV) / (Item IW) / (Item IX) / (Item IY) / (Item IZ) / (Item JA) / (Item JB) / (Item JC) / (Item JD) / (Item JE) / (Item JF) / (Item JG) / (Item JH) / (Item JI) / (Item JJ) / (Item JK) / (Item JL) / (Item JM) / (Item JN) / (Item JO) / (Item JP) / (Item JQ) / (Item JR) / (Item JS) / (Item JT) / (Item JU) / (Item JV) / (Item JW) / (Item JX) / (Item JY) / (Item JZ) / (Item KA) / (Item KB) / (Item KC) / (Item KD) / (Item KE) / (Item KF) / (Item KG) / (Item KH) / (Item KI) / (Item KJ) / (Item KK) / (Item KL) / (Item KM) / (Item KN) / (Item KO) / (Item KP) / (Item KQ) / (Item KR) / (Item KS) / (Item KT) / (Item KU) / (Item KV) / (Item KW) / (Item KX) / (Item KY) / (Item KZ) / (Item LA) / (Item LB) / (Item LC) / (Item LD) / (Item LE) / (Item LF) / (Item LG) / (Item LH) / (Item LI) / (Item LJ) / (Item LK) / (Item LL) / (Item LM) / (Item LN) / (Item LO) / (Item LP) / (Item LQ) / (Item LR) / (Item LS) / (Item LT) / (Item LU) / (Item LV) / (Item LW) / (Item LX) / (Item LY) / (Item LZ) / (Item MA) / (Item MB) / (Item MC) / (Item MD) / (Item ME) / (Item MF) / (Item MG) / (Item MH) / (Item MI) / (Item MJ) / (Item MK) / (Item ML) / (Item MM) / (Item MN) / (Item MO) / (Item MP) / (Item MQ) / (Item MR) / (Item MS) / (Item MT) / (Item MU) / (Item MV) / (Item MW) / (Item MX) / (Item MY) / (Item MZ) / (Item NA) / (Item NB) / (Item NC) / (Item ND) / (Item NE) / (Item NF) / (Item NG) / (Item NH) / (Item NI) / (Item NJ) / (Item NK) / (Item NL) / (Item NM) / (Item NN) / (Item NO) / (Item NP) / (Item NQ) / (Item NR) / (Item NS) / (Item NT) / (Item NU) / (Item NV) / (Item NW) / (Item NX) / (Item NY) / (Item NZ) / (Item OA) / (Item OB) / (Item OC) / (Item OD) / (Item OE) / (Item OF) / (Item OG) / (Item OH) / (Item OI) / (Item OJ) / (Item OK) / (Item OL) / (Item OM) / (Item ON) / (Item OO) / (Item OP) / (Item OQ) / (Item OR) / (Item OS) / (Item OT) / (Item OU) / (Item OV) / (Item OW) / (Item OX) / (Item OY) / (Item OZ) / (Item PA) / (Item PB) / (Item PC) / (Item PD) / (Item PE) / (Item PF) / (Item PG) / (Item PH) / (Item PI) / (Item PJ) / (Item PK) / (Item PL) / (Item PM) / (Item PN) / (Item PO) / (Item PP) / (Item PQ) / (Item PR) / (Item PS) / (Item PT) / (Item PU) / (Item PV) / (Item PW) / (Item PX) / (Item PY) / (Item PZ) / (Item QA) / (Item QB) / (Item QC) / (Item QD) / (Item QE) / (Item QF) / (Item QG) / (Item QH) / (Item QI) / (Item QJ) / (Item QK) / (Item QL) / (Item QM) / (Item QN) / (Item QO) / (Item QP) / (Item QQ) / (Item QR) / (Item QS) / (Item QT) / (Item QU) / (Item QV) / (Item QW) / (Item QX) / (Item QY) / (Item QZ) / (Item RA) / (Item RB) / (Item RC) / (Item RD) / (Item RE) / (Item RF) / (Item RG) / (Item RH) / (Item RI) / (Item RJ) / (Item RK) / (Item RL) / (Item RM) / (Item RN) / (Item RO) / (Item RP) / (Item RQ) / (Item RR) / (Item RS) / (Item RT) / (Item RU) / (Item RV) / (Item RW) / (Item RX) / (Item RY) / (Item RZ) / (Item SA) / (Item SB) / (Item SC) / (Item SD) / (Item SE) / (Item SF) / (Item SG) / (Item SH) / (Item SI) / (Item SJ) / (Item SK) / (Item SL) / (Item SM) / (Item SN) / (Item SO) / (Item SP) / (Item SQ) / (Item SR) / (Item SS) / (Item ST) / (Item SU) / (Item SV) / (Item SW) / (Item SX) / (Item SY) / (Item SZ) / (Item TA) / (Item TB) / (Item TC) / (Item TD) / (Item TE) / (Item TF) / (Item TG) / (Item TH) / (Item TI) / (Item TJ) / (Item TK) / (Item TL) / (Item TM) / (Item TN) / (Item TO) / (Item TP) / (Item TQ) / (Item TR) / (Item TS) / (Item TT) / (Item TU) / (Item TV) / (Item TW) / (Item TX) / (Item TY) / (Item TZ) / (Item UA) / (Item UB) / (Item UC) / (Item UD) / (Item UE) / (Item UF) / (Item UG) / (Item UH) / (Item UI) / (Item UJ) / (Item UK) / (Item UL) / (Item UM) / (Item UN) / (Item UO) / (Item UP) / (Item UQ) / (Item UR) / (Item US) / (Item UT) / (Item UY) / (Item UZ) / (Item VA) / (Item VB) / (Item VC) / (Item VD) / (Item VE) / (Item VF) / (Item VG) / (Item VH) / (Item VI) / (Item VJ) / (Item VK) / (Item VL) / (Item VM) / (Item VN) / (Item VO) / (Item VP) / (Item VQ) / (Item VR) / (Item VS) / (Item VT) / (Item VU) / (Item VV) / (Item VW) / (Item VX) / (Item VY) / (Item VZ) / (Item WA) / (Item WB) / (Item WC) / (Item WD) / (Item WE) / (Item WF) / (Item WG) / (Item WH) / (Item WI) / (Item WJ) / (Item WK) / (Item WL) / (Item WM) / (Item WN) / (Item WO) / (Item WP) / (Item WQ) / (Item WR) / (Item WS) / (Item WT) / (Item WU) / (Item WV) / (Item WX) / (Item WY) / (Item WZ) / (Item XA) / (Item XB) / (Item XC) / (Item XD) / (Item XE) / (Item XF) / (Item XG) / (Item XH) / (Item XI) / (Item XJ) / (Item XK) / (Item XL) / (Item XM) / (Item XN) / (Item XO) / (Item XP) / (Item XQ) / (Item XR) / (Item XS) / (Item XT) / (Item XU) / (Item XV) / (Item XW) / (Item XX) / (Item XY) / (Item XZ) / (Item YA) / (Item YB) / (Item YC) / (Item YD) / (Item YE) / (Item YF) / (Item YG) / (Item YH) / (Item YI) / (Item YJ) / (Item YK) / (Item YL) / (Item YM) / (Item YN) / (Item YO) / (Item YP) / (Item YQ) / (Item YR) / (Item YS) / (Item YT) / (Item YU) / (Item YV) / (Item YW) / (Item YX) / (Item YZ) / (Item ZA) / (Item ZB) / (Item ZC) / (Item ZD) / (Item ZE) / (Item ZF) / (Item ZG) / (Item ZH) / (Item ZI) / (Item ZJ) / (Item ZK) / (Item ZL) / (Item ZM) / (Item ZN) / (Item ZO) / (Item ZP) / (Item ZQ) / (Item ZR) / (Item ZS) / (Item ZT) / (Item ZU) / (Item ZV) / (Item ZW) / (Item ZX) / (Item ZY) / (Item ZZ)												
1	C/AM		Marzell Consulting		\$618,300					\$295,539	\$91,336							\$186,809	\$416,966	CWS	\$1,402,232
2	C/AM		Center Against Sexual Assault							\$75								\$75			\$75
3	DV		Marzell Consulting							\$203,786								\$203,786			\$203,786
4	DV		Kim Eversen Psychological Services							\$62,113								\$62,113			\$62,113
5	DV		Perris Valley Recovery							\$83,681								\$83,681			\$83,681
6	Parenting		Marzell Consulting							\$3,980								\$3,980			\$3,980
7	Parenting		MFT Recovery							\$12,225								\$12,225			\$12,225
8	Past Adoptions		ChildNet Youth and Family Services Inc															\$53,112			\$53,112
9	SafeCare		California Family Life Center							\$83,513								\$83	\$417,633	CWS/CP	\$501,166
10	Substance Abuse		MFT Recovery							\$41,268								\$41,268			\$41,268
11	Substance Abuse		RHS-RH							\$102,689								\$102,689			\$102,689
12	Substance Abuse - Family Pres. Court		RHS-RH							\$73,301								\$73,301			\$145,990
13	Administration Costs		Administrative Costs															\$753,459			\$753,459
14																		\$8			\$8
15																		\$8			\$8
Totals					\$618,300	\$83,513			\$609,540	\$416,114	\$836,671	\$92,450	\$1,873,740		\$834,933			\$3,814,933			\$3,814,933